THE NATIONAL ASSEMBLY FOR WALES

AUDIT COMMITTEE

Committee Report (2)05-04 presented to the National Assembly for Wales on 5 August 2004 in accordance with section 102(1) of the Government of Wales Act 1998

The management of sickness absence by NHS trusts in Wales

ANNEXES

Introduction

1. In this report, we examine the management of sickness absence by NHS trusts in Wales. Staff sickness absence has a significant impact on the NHS in terms of money, management time and the availability of staff to deliver quality patient care.

2. On 12 February, on the basis of a report by the Auditor General for Wales, we took evidence from Mrs Ann Lloyd, Director of NHS Wales, supported by Mr Stephen Redmond, Human Resources Director for NHS Wales.[1] Our main focus on this occasion was the role of the Assembly's NHS Wales Department in ensuring that sickness absence is effectively managed by the NHS in Wales.

3. On 11 March we took further evidence from Mr Martin Turner, Chief Executive of Gwent Healthcare NHS Trust, supported by Ms Tracey Myhill, the Trust's Director of Human Resources, and from Ms Allison Williams, Chief Executive of Ceredigion and Mid Wales NHS Trust, supported by Ms Jo Davies, the Trust's Head of Personnel. This reflected our awareness that sickness absence management is ultimately the responsibility of individual NHS employers and provided the opportunity to explore the views and experience of those at the front line of managing sickness absence across the NHS in Wales. Consistent with the objectives of the National Assembly to conduct its business throughout Wales, this evidence session took place in Newtown, Powys.

4. In making its report and recommendations, the Committee recognises that a certain amount of sickness absence is inevitable and that the characteristics of working life within the NHS can present particular health risks. We also acknowledge that the presence in work of NHS staff who are suffering or recovering from illness or injury carries its own risks, and that they should not be expected to return to full duties unless fit to do so.[2] Nevertheless, our report examines the scope to improve the management of sickness absence across the NHS in Wales, particularly by introducing greater consistency in management information, ensuring that procedures for the management of sickness absence are implemented effectively, and delivering improvements in the provision of occupational health support for NHS staff. Underlying all this is the need to recognise staff sickness absence as a significant issue that affects the ability of the NHS to deliver other health policy objectives, and for this to be reflected in the priority that is given to this issue by NHS employers in Wales and by the Assembly's NHS Wales Department.

Levels of sickness absence across the NHS in Wales

5. Figures reported by NHS trusts in Wales indicate that, in 2002-03, an average of six per cent of contracted staff hours were lost to sickness absence, equivalent to nearly 16 working days per year for full time staff.[3] We were anxious about the impact that this was having on the delivery of wider

[1] Auditor General for Wales (AGW) report, *The management of sickness absence by NHS trusts in Wales*, presented to the National Assembly for Wales on 30 January 2004.
[2] AGW report, paragraphs 1.4-1.5
[3] AGW report, paragraph 2.2

NHS objectives, both through the loss of staff effort and by incurring costs which draw resources away from other areas. We were also disappointed to learn that the level of sickness absence had increased from 5.7 per cent of contracted hours lost in 2000-01 and 2001-02, and that these figures compared unfavourably with the average 4.7 per cent of contracted time lost reported by NHS trusts in England during 2002.[4]

6. Recording errors mean that the actual levels of sickness absence are even higher than those reported,[5] although Ms Williams was confident that the Ceredigion and Mid Wales NHS Trust had adopted greater rigour in its recording of sickness absence since the period highlighted in the Auditor General's report.[6] Mr Turner believed that the main area of under recording was among senior managers and medical and dental staff, reflecting the concerns expressed within the Auditor General's report[7], but he agreed that it was important for sickness absence to be seen to be recorded and monitored in the same way for all staff.[8] **We recommend that, in reviewing and monitoring their systems for recording sickness absence, NHS trusts ensure that procedures are applied consistently and with equal rigour across all staff groups**.

7. There was considerable variation in the levels of sickness absence reported by the 15 NHS trusts in Wales, with the highest figures in 2002-03 reported by Bro Morgannwg NHS Trust, at almost seven per cent of contracted hours lost. However, we were surprised to see that trusts had been using at least six different definitions to calculate their levels of sickness absence, preventing reliable comparison of these figures between trusts. This was in contrast to the position in England where sickness absence had been established as a national performance indicator by the Department of Health, under a common definition.[9] It was, therefore, pleasing to hear that progress had already been made on this issue, with NHS trusts in Wales agreeing to implement one corporate definition of sickness absence from 1 April 2005, the value of which was clearly supported by witnesses from the two NHS trusts.[10] **We recommend that, following the introduction of a common definition for the measurement of sickness absence, the Assembly's NHS Wales Department updates us on the levels of sickness absence across the NHS in Wales at the end of the 2004-05 financial year.**

8. Regardless of these differences in definition, Gwent Healthcare was one of only two NHS trusts in Wales to have achieved sustained reductions in sickness absence between 2000-01 and 2002-03.[11] Mr Turner and Ms Myhill highlighted senior management commitment and improved sickness absence management, brought about in part by enhanced support and training for managers, as critical factors in this reduction. They also stressed the importance of having policies that give staff

[4] AGW report, paragraphs 2.2-2.3
[5] AGW report, paragraph 2.5
[6] Qs 146-147
[7] Q 155 and AGW report, paragraph 2.12
[8] Q 156
[9] AGW report, paragraph 2.7-2.8
[10] Qs 54 and 137-139
[11] AGW report, paragraph 2.10

the flexibility to work around family and other commitments, reducing the risk of them being forced to call in sick in order to balance these demands.[12] Mr Turner also felt that the Trust was in a position to be confident about the potential for further reductions in sickness absence levels in the future.[13] **We recommend that the Assembly's NHS Wales Department ensure that the lessons learnt from organisations that have achieved reductions in sickness absence, such as in Gwent Healthcare NHS Trust, are shared across the NHS in Wales.**

9. Some of the highest levels of sickness absence were reported for nursing and midwifery staff who comprise almost half of the total NHS workforce and fulfil a key operational role.[14] Although unable to provide specific evidence, Mrs Lloyd and Ms Williams drew on their experience to highlight the historical problem of work related injuries among nursing staff, especially back injuries. However, Mrs Lloyd drew attention to the significant investment in manual handling training that has been delivered across the NHS in Wales in recent years, including the introduction of a new manual handling training passport for all staff who come into direct contact with patients.[15] **We recommend that, in seeking to address their levels of sickness absence, NHS trusts focus particular attention upon front line staff such as nurses and midwives, as it is among these staff that reductions in sickness absence are likely to deliver the greatest operational and financial benefits.**

10. The size and demographic profile of the NHS workforce, workplace health risks, and the relative generosity of NHS occupational sick pay provisions were among the explanations put forward by witnesses to help account for the generally high levels of sickness absence across the NHS Wales workforce.[16] Mrs Lloyd also noted that ill health and sickness absence was a problem throughout Welsh industry, not just within the NHS.[17] Nevertheless, we were concerned that the current levels of sickness absence might also reflect the low priority that has been given to this issue in recent years, one indicator of which may be the fact that only ten of the 15 NHS trusts in Wales had established corporate targets for sickness absence, with only four trusts setting specific deadlines for their achievement.[18] Mr Redmond stated that Trust Chief Executives had recently admitted to him that that their eye had been off this particular issue as they dealt with other priorities such as waiting times.[19] That said, Mr Turner and Ms Williams each regarded the level of sickness absence as an important indicator of organisational performance and they each accepted their accountability for it.[20]

[12] Q 144
[13] Q 143
[14] AGW report, paragraph 2.12
[15] Qs 32-37 and 150
[16] Qs 3, 133 and 136
[17] Q 23
[18] AGW report, paragraph 3.2
[19] Q 57
[20] Q 191

11. Mrs Lloyd also recognised that her Department should have had a grip on this issue at an earlier stage,[21] admitting that it was only recently that she had become aware that sickness absence was not being managed as well as she had expected.[22] Although the Department had established a target of a 30 per cent reduction in sickness absence for 2003-04 from a 2000-01 baseline, it was apparent that none of the trusts were likely to achieve this, and in some cases trusts did not even have comparable baseline data. The Auditor General's report also notes the concerns expressed by some NHS trusts that generic targets of this nature can place an undue burden on organisations that are already performing well.[23] While suggesting that some target was better than none[24], Mr Redmond also said that he should have been more pro-active in calling trusts to account on this issue, particularly as regards setting targets for sickness absence and monitoring progress.[25] **We recommend that, in setting revised targets for NHS trusts and more closely monitoring trends in sickness absence in future years, the Assembly's NHS Department publicises figures on the levels of sickness absence in the same way as it publicises other key workforce information such as staff numbers and vacancies. This will help to ensure that the management of sickness absence maintains a high profile across NHS Wales.**

12. Recognising these previous failings, Mrs Lloyd welcomed the Auditor General's report for the heightened priority that it had given to the management of sickness absence across NHS Wales. Mrs Lloyd also informed us that she had already established a high level group, to be chaired by Ms Williams, which she has charged with overseeing action in response to the recommendations contained within the report.[26] We welcome this development for the direction it should offer in improving the management of sickness absence across the NHS in Wales and **we recommend that the Assembly's NHS Department places particular priority on the work of the high level group tasked with taking forward the recommendations of the Auditor General's report and updates us in a year's time on the progress that has been made.**

The costs of sickness absence

13. The Auditor General's report indicates that the value of staff time lost to sickness absence exceeded £66 million in 2002-03, of which £48 million is estimated to have been paid out to staff in occupational sick pay.[27] NHS employers are able to reclaim the salary costs of sickness absence where this results from incidents involving liable third parties, such as in the case of road traffic accidents**.** However, the Auditor General's report shows that trusts were not routinely and rigorously doing this, a fact acknowledged by witnesses from the two NHS trusts.[28] Although the monies

[21] Q 28
[22] Q 68
[23] AGW report, paragraph 2.9
[24] Q 21
[25] Q 69
[26] Qs 68 and 129
[27] AGW report, paragraph 2.13
[28] Qs 176-178 and AGW report, paragraph 2.14

involved are likely to represent only a small fraction of the total salary payments made to staff while off sick[29], Mrs Lloyd confirmed her belief that trusts should seek to reclaim these costs wherever possible and explained that she had requested that trusts account for these monies separately from 1 April 2004.[30] To assist in this, Ms Davies told us that Ceredigion and Mid Wales NHS Trust was in the process of amending their sickness absence returns to enable them to identify instances where there was the scope to reclaim these costs. However, Ms Williams noted that there may be occasions where the costs of doing so would exceed the amounts to be reclaimed.[31] **We recommend that, where it is likely to be cost effective to do so, NHS trusts should seek to reclaim sickness absence costs from liable third parties.**

14. We were troubled by the substantial expenditure incurred by trusts to employ bank, agency and locum cover for staff sickness absence, estimated by the Auditor General to be in excess of £14 million per annum.[32] Mrs Lloyd recognised that overall expenditure on replacement bank and agency staff had been increasing in recent years and she shared our concern about these costs, informing us that she had previously established a pilot project with Gwent Healthcare NHS Trust and Cardiff and Vale NHS Trust in an attempt to look at the ways in which these costs could be reduced.[33] Mr Turner explained that, in his view, the key benefit of a reduction in sickness absence levels was a reduced reliance upon external agency staff in particular who cost more money and are less familiar with the Trust environment. He noted that while agency nurses cost his Trust around £30 an hour, internal bank nurses cost around £11 an hour.[34] Similarly, Ms Williams noted that Ceredigion and Mid Wales NHS Trust was fortunate to be able to have a bank system which supported the organisation's needs and which meant that they did not have to use agency nursing staff at all.[35] **We recommend that good practice in using internal bank nurses is extended across NHS Wales with the aim of greatly reducing the use of agency nurses and thus reducing costs.**

15. As well as the direct costs incurred by NHS trusts through staff sickness absence, 883 NHS Trust staff in Wales were retired early on ill health grounds between April 2000 and March 2003, at a cost to the NHS Pensions Agency of almost £37 million.[36] Given the scale of this cost, we were anxious to confirm that staff are only retired on ill health where there is no viable alternative, such as redeployment in a different role. Witnesses assured us that there were lengthy and rigorous procedures in place for managing ill health retirement, and that it was not in the interests of the service to support applications made by staff for ill health retirement where this was not genuinely believed to be the best option, or where there was not a real possibility of the retirement being

[29] AGW report, paragraph 2.14
[30] Qs 39-40
[31] Q 178
[32] AGW report, paragraph 2.16
[33] Q 41
[34] Q 160
[35] Q 161
[36] AGW report, paragraph 2.17

granted.[37] Ms Myhill also observed that, in her experience, it was becoming more difficult to get ill health retirements granted by the Pensions Agency.[38] Nevertheless, we were pleased to learn that Mrs Lloyd had asked for a piece of work to be carried out to assess the potential future liabilities of ill health retirements, particularly in the context of an ageing workforce.[39]

Improving the quality and consistency of management information

16. The Auditor General's report highlights a number of deficiencies in the extent of information available to NHS trusts in Wales with which to understand local trends in sickness absence and its impact.[40] In particular, the report highlights the lack of robust data on the causes and costs of sickness absence as limiting the extent to which trusts can effectively prioritise resources at the areas of greatest concern, or evaluate the impact of any action taken.[41]

17. We were especially concerned that so little progress had been made by trusts in measuring the levels of work related ill health and absence in response to the targets set in the UK Government and Health and Safety Commission's *Revitalising Health and Safety* strategy, and that there remained no common definition to assist trusts in recording this information.[42] Ms Myhill noted that there have been discussions at an all Wales level with a view to establishing such a definition, but that in the meantime Gwent Healthcare NHS Trust had been reluctant to move forward in isolation with their definitions because of the differences that may have arisen later.[43] However, Ms Williams stressed that the group established by the Director of NHS Wales to drive forward the recommendations of the Auditor General's report had a clear remit to develop common definitions and datasets for issues such as work related ill health.[44] **We recommend that the NHS in Wales places particular emphasis on the need to robustly identify the extent and causes of work related ill health, enabling employers to effectively and proportionately target resources aimed at addressing this problem.**

18. The Auditor General's report draws attention to the new Electronic Staff Record (ESR) system being developed for the NHS in England and Wales, which it is hoped will facilitate a significant improvement in the quality and consistency of management information available, as well as allowing the identification of trends at an all Wales level. The contract for the development and implementation of the Electronic Staff Record (ESR) system is worth £400 million over 10 years.[45] Although the NHS in Wales represents only seven per cent of the contract value, witnesses on all sides were confident that the views of the NHS in Wales were able to be heard in the development of

[37] Qs 45, 51 and 184-186
[38] Q 184
[39] Q55
[40] AGW report, paragraphs 3.5-3.12
[41] AGW report, *The Big Picture*, page 3
[42] AGW report, paragraphs 3.9-3.11
[43] Q 216
[44] Q 218
[45] AGW report, Appendix 3, page 38

the system. Particular mention was made of the Welsh board for ESR development, an ESR Project Manager for Wales employed within the Assembly's NHS Wales Department and the involvement of North East Wales NHS Trust as a pilot site for the new system.[46]

19. We were pleased to receive confirmation from the Assembly's NHS Wales Department that the system would allow consistent monitoring of the salary costs of sickness absence and of the reasons for booking replacement staff shifts.[47] We expect that this will facilitate improved estimation of the sickness absence related costs of these replacement staff. We were also encouraged that the system will incorporate common categories for recording the medical causes of sickness absence and that the Assembly's NHS Wales Department has already requested that the system be able to distinguish whether these causes were work related or not.[48] However, we were concerned that both Mr Redmond and Ms Myhill were not fully satisfied with the breakdown of the causes of absence developed within the system to date, although Mr Redmond believed that the categories shown were still open to change.[49] **We recommend that the Assembly's NHS Wales Department seeks urgent clarification on the categories to be used for recording the causes of sickness absence within the Electronic Staff Record (ESR) system, to enable NHS trusts to train managers in the use of these categories in advance of the introduction of the system.**

20. Despite the apparent benefits that it will bring, we were anxious about the delays that had occurred in the implementation of the ESR system and any logistical difficulties that this was causing for the NHS in Wales. For example, Ms Davies alluded to the balance that has been faced by trusts where, whilst waiting for the introduction of the ESR system, they may have been reluctant to invest in improving their existing systems.[50] Ms Myhill also highlighted the competing workforce related pressures as a result of the Agenda for Change programme and the implementation of a new consultant contract. Nevertheless, she and Ms Davies noted that their trusts were already beginning to prepare for the introduction of the system.[51] Mr Redmond stressed that the delays in the development of the ESR system were due to technical problems relating to the capability of the software, rather than any other reason, but he confirmed his hope that NHS trusts in Wales would 'go live' with the system during 2005.[52] Mr Redmond also explained that the NHS Wales Department would be running training and development programmes to equip trusts in readiness for the system.[53]

[46] Qs 72-75 and 230
[47] Note provided by the Assembly's NHS Wales Department (Annex D)
[48] Qs 64-65
[49] Qs 65 and 208
[50] Q 226
[51] Q 232
[52] Qs 74-76
[53] Q 77

Ensuring that sickness absence management procedures are effectively implemented

21. Whilst all of the NHS trusts in Wales have developed policies and procedures for the management of sickness absence, we were concerned that the evidence in the Auditor General's report showed that routine elements of these procedures, such as return to work interviews and management intervention in response to recurring periods of sickness absence, were not consistently being implemented.[54] One reason for this may be the widespread lack of formal training received by staff with responsibility for managing staff sickness absence.[55]

22. Ms Williams recognised that the implementation of procedures was an issue for Ceredigion and Mid Wales NHS Trust and particularly felt that they had not put enough emphasis on the importance of return to work interviews as a means of preventing problems further down the line. However, she believed that improvements were being made, both in the implementation of these procedures, and in the management training that underpins them, ensuring that procedures are not only implemented, but that they are implemented in a supportive rather than punitive manner.[56] Similarly, Ms Myhill pointed to the contribution made by the introduction of the Sickness Management Toolkit and other initiatives within Gwent Healthcare NHS Trust, which had helped to improve both the extent of management intervention and the evidencing of this intervention.[57] **We recommend that, in developing guidance on the management of sickness absence, the Assembly's NHS Wales Department establishes minimum standards for training in the management of sickness absence.**

Improving occupational health provision

23. Excluding income from external contracts, NHS trusts in Wales spent between £18 and £65 per full time member of staff on occupational health provision from their own budgets in 2001-02.[58] We were surprised at the extent of variation in this expenditure, even taking into account economies of scale, although Mrs Lloyd and Mr Redmond were more concerned about whether the range of services provided met the needs of staff than in how much money was invested per person. This said, Mr Redmond recognised that more investment was clearly required and suggested that, as a minimum, trusts might ideally have access to a senior occupational health physician, occupational health nurses, counsellors and possibly physiotherapists.[59] Mr Turner noted that counselling was a particular area of underinvestment for Gwent Healthcare NHS Trust, although he also suggested that this was a service which, by its nature needed to be independent and might be best provided on a

[54] AGW report, paragraphs 4.4-4.13
[55] AGW report, paragraphs 4.17-4.18
[56] Qs 241-247 and 253-254
[57] Q 248
[58] AGW report, Figure 20, page 29
[59] Qs 96-97

national basis.[60] **We recommend that, in seeking to improve occupational health services across the NHS in Wales, the Assembly's NHS Wales Department consider whether elements of this provision, such as counselling, would be better provided on an all Wales basis.**

24. The Auditor General's report highlights a particular concern about the speed of turnaround for occupational health referrals and the impact of any delays. Although no standards exist for the NHS in Wales, guidance issued by the UK Department of Health to NHS trusts in England recommends that appointments with occupational health nurses should be offered within five working days of referral and appointments with physicians offered within 10 days.[61] Ms Myhill noted that that, within Gwent Healthcare NHS Trust, they hoped to be in a position to meet these targets by the end of March 2004, although she recognised that sustaining this position may prove difficult.[62] Ms Williams stressed that the particular difficulty for her Trust was meeting the standard for physician referrals as a result of only having a part time physician in post.[63] **We recommend that the Assembly's NHS Wales Department establishes its own guidance and standards for the provision of occupational health services across NHS Wales and actively monitors the progress of trusts in meeting these standards.**

25. The Auditor General's report also expresses concern that some NHS trusts risk spending a disproportionate amount of time servicing external occupational health contracts, relative to the income gained from these contracts.[64] Although not discouraging trusts from seeking external occupational health contracts, the Director of NHS Wales emphasised that the servicing of these contracts should not result in a diminished service for NHS Trust staff. Mr Redmond pointed out that local authorities across Wales have been addressing similar issues and that he had recently been in discussion with their heads of personnel or human resources. As a result, he stated that he had agreed to have talks about sharing approaches to occupational health provision, with the aim of reducing the need to generate income and focusing on serving the needs of employees.[65] **We recommend that the possibility of amalgamating approaches to occupational health provision between the NHS and local authorities across Wales is explored with a view to serving better the needs of employees in both sectors.**

26. We were interested in the fact that at least six of the 15 NHS trusts in Wales had developed some sort of fast tracking mechanisms for staff who require treatment,[66] although Mr Turner suggested that in Gwent Healthcare NHS Trust this often took place covertly rather than overtly.[67] Whilst we recognise the argument that getting NHS staff back to work as swiftly as possible, particularly the

[60] Q 256
[61] AGW report, paragraphs 4.24-4.26
[62] Q 257
[63] Q 258
[64] AGW report, paragraph 4.23
[65] Q 98
[66] AGW report, paragraph 4.27
[67] Q 261

patient related staff, offers clear benefits to the NHS as a whole, there are clearly important ethical issues to be considered and the lack of guidance on this issue raises questions of equality in the way that NHS staff are being treated across the service in Wales. We therefore welcome the discussions being held between Mr Redmond, the Chief Medical Officer and the British Medical Association with a view to resolving these issues and introducing a more formalised fast track scheme for health service employees.[68]

Promoting workplace health

27. Workplace health promotion has been the responsibility of individual NHS employers and, although national campaigns relating to issues such as smoking and alcohol consumption inevitably include NHS employers, the NHS Wales Department confirmed that there have been no national campaigns targeted specifically at NHS staff.[69] As a general demonstration of their commitment to promoting workplace health, NHS trusts in Wales have been expected to obtain the Assembly's Corporate Standard for workplace health. Although 13 of the 15 NHS trusts in Wales had been assessed against this standard by the end of January 2004, only two trusts had achieved a gold award.[70] Mrs Lloyd pointed out that she would like to see an improvement across all of the NHS trusts over the coming year, with the hope that all will move up to achieve at least the silver standard.[71]

28. However, the Auditor General's report raises some doubts as to the validity of the Corporate Standard assessment process. In particular it questions whether trusts should achieve a gold award without having any information on the causes or costs of sickness absence, thus limiting their ability to prioritise their resources effectively or evaluate the impact of any interventions.[72] We also noted that Pembrokeshire and Derwen NHS Trust had achieved a gold award in its Corporate Standard assessment, despite having experienced a substantial and sustained increase in its levels of sickness absence since 2000-01. Mrs Lloyd recognised these concerns, although she emphasised that the Corporate Standard assessments were carried out by independent scrutineers who must have been satisfied enough to make the award of a gold standard to the two NHS trusts. However, she also stated that her Department was in the process of investigating why, in the case of Pembrokeshire and Derwen NHS Trust, there was this apparent anomaly.[73]

Recommendations

29. In the light of these findings and conclusions, we recommend that:

[68] Qs 100 and 104-105
[69] Letter from Ceri Thomas, Acting Compliance Officer (Annex E)
[70] AGW report, paragraphs 4.29-4.30
[71] Q 109
[72] AGW report, paragraph 4.30
[73] Qs 111-113

i. **in reviewing and monitoring their systems for recording sickness absence, NHS trusts ensure that procedures are applied consistently and with equal rigour across all staff groups;**

ii. **following the introduction of a common definition for the measurement of sickness absence, the Assembly's NHS Wales Department updates us on the levels of sickness absence across the NHS in Wales at the end of the 2004-05 financial year;**

iii. **the Assembly's NHS Wales Department ensure that the lessons learnt from organisations that have achieved reductions in sickness absence, such as in Gwent Healthcare NHS Trust, are shared across the NHS in Wales;**

iv. **in seeking to address their levels of sickness absence, NHS trusts focus particular attention upon front line staff such as nurses and midwives, as it is among these staff that reductions in sickness absence are likely to deliver the greatest operational and financial benefits;**

v. **in setting revised targets for NHS trusts and more closely monitoring trends in sickness absence in future years, the Assembly's NHS Department publicises figures on the levels of sickness absence in the same way as it publicises other key workforce information such as staff numbers and vacancies. This will help to ensure that the management of sickness absence maintains a high profile across NHS Wales;**

vi. **the Assembly's NHS Department places particular priority on the work of the high level group tasked with taking forward the recommendations of the Auditor General's report and updates us in a year's time on the progress that has been made;**

vii. **where it is likely to be cost effective to do so, NHS trusts should seek to reclaim sickness absence costs from liable third parties;**

viii. **good practice in using internal bank nurses is extended across NHS Wales with the aim of greatly reducing the use of agency nurses and thus reducing costs;**

ix. **the NHS in Wales places particular emphasis on the need to robustly identify the extent and causes of work related ill health, enabling employers to effectively and proportionately target resources aimed at addressing this problem;**

x. **the Assembly's NHS Wales Department seeks urgent clarification on the categories to be used for recording the causes of sickness absence within the Electronic Staff Record (ESR) system, to enable NHS trusts to train managers in the use of these categories in advance of the introduction of the system;**

xi. **in developing guidance on the management of sickness absence, the Assembly's NHS Wales Department establishes minimum standards for training in the management of sickness absence;**

xii. **in seeking to improve occupational health services across the NHS in Wales, the Assembly's NHS Wales Department consider whether elements of this provision, such as counselling, would be better provided on an all Wales basis;**

xiii. **the Assembly's NHS Wales Department establishes its own guidance and standards for the provision of occupational health services across NHS Wales and actively monitors the progress of trusts in meeting these standards;**

xiv. **the possibility of amalgamating approaches to occupational health provision between the NHS and local authorities across Wales is explored with a view to serving better the needs of employees in both sectors.**

Concluding Comments

30. The staff of the NHS are its most important asset and they are vital to the achievement of wider policy objectives for healthcare in Wales. It is therefore essential that NHS employers manage sickness absence effectively, as well as generally seeking to promote and protect the health of their workforce. The Auditor General's report leaves us in little doubt that sickness absence is having an increasingly significant impact on the NHS in Wales, both operationally and financially. Moreover, it is apparent that the importance of this issue has not fully been recognised in recent years, both by the NHS trusts in Wales and the Assembly's NHS Wales Department.

31. The Auditor General's report demonstrates that there is substantial scope for improvement in the management of sickness absence by NHS trusts in Wales. This suggests that, given the required effort, we could expect to see a reduction in the levels of absence in future years. Furthermore, we are encouraged that the issue of sickness absence is now firmly back on the agenda of all the parties involved, and the establishment by the Director of NHS Wales of a group tasked specifically to address this issue should ensure that real progress is made. We therefore look forward to real improvements in the management of sickness absence across NHS trusts in Wales and the knock on benefits this will provide for the wider delivery of health services for the people of Wales.

Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Rheoli Absenoldeb Oherwydd Salwch gan Ymddiriedolaethau'r GIG yng Nghymru
The Management of Sickness Absence by NHS Trusts in Wales

Cwestiynau 1-130
Questions 1-130

Dydd Iau 12 Chwefror 2004
Thursday 12 February 2004

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I ask the witnesses to introduce themselves, please.

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

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: No, I do not consider them to be acceptable at the moment, and, in particular, I am not at all happy that we are still unable to acquire from the vast majority of trusts the breakdown of for what reason their staff are unable to work. You are quite right, Chair, in

Ms Lloyd: Na, nid wyf yn ystyried eu bod yn dderbyniol ar hyn o bryd, ac yn arbennig nid wyf yn hapus o gwbl ein bod yn dal yn methu cael gan y mwyafrif helaeth o ymddiriedolaethau y dadansoddiad o'r rheswm pam nad yw eu staff yn gallu

saying that working in the NHS does, in itself, present risks and dangers to staff, and it is one of the responsibilities of their main employer to ensure that those risks are minimised. We have to separate general illness from the risks that their own work presents to staff, so that you can start to eliminate those risks in a much more systematic way. I do not consider 6 per cent to be satisfactory, but I would very much urge the NHS trusts to get into a proper system whereby they can adjudicate against general ill health and ill health caused through the employment itself, because then they can have a better action plan to try to eliminate those risks.

gweithio. Yr ydych yn hollol gywir, Gadeirydd, wrth ddweud bod gweithio yn y GIG, ynddo'i hun, yn achosi risgiau a pheryglon i staff, ac un o gyfrifoldebau eu prif gyflogwr yw sicrhau bod y risgiau hynny mor fychan â phosibl. Mae'n rhaid i ni wahanu salwch cyffredinol a'r risgiau y mae eu gwaith eu hunain yn eu creu i staff, er mwyn i chi allu dechrau dileu'r risgiau hynny mewn ffordd lawer mwy systematig. Nid wyf yn ystyried bod 6 y cant yn foddhaol, ond byddwn yn annog yr ymddiriedolaethau GIG yn frwd i ddilyn system fanwl er mwyn iddynt allu gwahaniaethu rhwng salwch cyffredinol a salwch a achosir gan y gwaith ei hun, oherwydd wedyn bydd modd iddynt gael gwell cynllun gweithredu i geisio dileu'r risgiau hynny.

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

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

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

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

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

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

can be reduced also. So, I think that they have taken the messages from this report very seriously, as have I, and they have already put into place action to try to ensure that they keep a much more careful eye on it in the future.

a achosir trwy salwch cyffredinol. Felly, credaf eu bod wedi derbyn y negeseuon o'r adroddiad hwn o ddifrif calon, fel yr wyf finnau wedi gwneud, ac maent eisoes wedi cymryd camau i geisio sicrhau eu bod yn cadw llygad llawer mwy gofalus ar hyn yn y dyfodol.

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

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

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

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

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

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

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

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

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

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

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

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

Alun, do you wish to come in?

Alun, a ydych am gyfrannu?

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: Yes.

Ms Lloyd: Oeddwn.

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

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

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

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

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

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

Ms Lloyd: It was not put out for good measure; it was part of the Government's 'Revitalising Health and Safety' initiative in the NHS. Now that we are aware of the precise nature of illness and the variability in illness throughout the NHS in Wales, I think that to ask people who are already down to 4.2 per cent to reduce by 30 per cent is unachievable. Certainly, we are collecting the figures for how they have performed against their baseline of 2001, to see exactly what measures they have put in place to achieve that target. My personal view is that it was

Ms Lloyd: Ni er mwyn llenwi bwlch y gwnaed hynny; yr oedd yn rhan o fenter 'Adfywio Iechyd a Diogelwch' y Llywodraeth yn y GIG. Gan ein bod bellach yn ymwybodol o union natur salwch a'r amrywioldeb mewn salwch trwy'r GIG yng Nghymru, credaf fod gofyn i bobl sydd wedi dod i lawr i 4.2 y cant yn barod i ostwng 30 y cant yn amhosibl ei gyrraedd. Yn sicr, yr ydym yn casglu'r ffigurau ar y ffordd maent wedi perfformio yn erbyn eu llinell sylfaen yn 2001, i weld yn union pa fesurau y maent wedi'u rhoi ar waith i gyrraedd y targed

too ambitious, particularly as the information source was so uncertain at the time. I have asked my director of human resources, Mr Redmond, to take this up with the organisations—indeed, he started so to do in the last month—to ensure that we get a more realistic target that means something to the people whom we employ.

hwnnw. Fy marn bersonol yw bod hynny'n rhy uchelgeisiol, yn arbennig gan fod y ffynhonnell wybodaeth mor ansicr ar y pryd. Yr wyf wedi gofyn i'm cyfarwyddwr adnoddau dynol, Mr Redmond, fynd i'r afael â'r mater hwn gyda'r sefydliadau—yn wir, mae wedi dechrau gwneud hynny yn ystod y mis diwethaf—i sicrhau ein bod yn cael targed mwy realistig sy'n golygu rhywbeth i'r bobl yr ydym yn eu cyflogi.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Er mwyn egluro, cefais gyfarfod â'r holl gyfarwyddwyr AD, ar ôl i ni ysgrifennu'r strategaeth AD ar gyfer Cymru, yn ystod yr hydref 2000 ac yn gynnar yn 2001. Yr oeddent yn adrodd i mi ar lafar ac yn ysgrifenedig, oherwydd, gan fy mod yn newydd i'r swydd, yr oeddwn yn asesu eu sefyllfaoedd i gyd. Bryd hynny, dywedwyd wrthyf fod salwch, ar gyfartaledd, oddeutu 6 y cant yn gyffredinol. Wrth geisio cyrraedd targed corfforaethol o 4.2 y cant, cefais gyngor gan y Sefydliad Siartredig Personél a Datblygiad, y sefydliad AD proffesiynol. Yr oedd y 30 y cant yn amlwg yn 30 y cant o'r 6 y cant, a fyddai'n ei ostwng i 4.2 y cant.

may have sounded, to give them three years to try to achieve the 4.2 per cent. Where I failed, really, was in policing that and making sure that I got regular reports to bring them to that 4.2 per cent.

Dyma pam y creais y targed, er ei fod hwyrach yn ymddangos yn rhydd, i roi tair blynedd iddynt geisio cyrraedd y 4.2 y cant. Methais, mewn gwirionedd, wrth blismona hynny a sicrhau fy mod yn cael adroddiadau rheolaidd i ddod â hwy i lawr i'r 4.2 y cant hwnnw.

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

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

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: I do not think that it is a question of acceptance. It could be cultural. There is an issue within Wales about the levels of sickness right throughout industry, not just in the NHS. But, quite frankly, until and unless

Ms Lloyd: Nid wyf yn credu mai mater o dderbyn yw hyn. Gallai fod yn fater o ddiwylliant. Mae lefelau salwch yn bwnc trafod trwy ddiwydiant i gyd yng Nghymru, nid yn y GIG yn unig. Ond, a bod yn blwmp

we get the information back from the trusts about the reason for those absences, I cannot give you anything but a speculative answer to that question. That is why it is so important that we get exact and precise details from the organisations as to why their staff are absent, because it could be for a vast variety of reasons—and it must be for a vast variety of reasons, because some of them are performing very well and others, which have extremely good management teams, are not performing very well. So, it is not a question of an inadequate management team causing this ill health, or not recording it or not managing it effectively, because it seems to be spread in quite an aberrant manner across Wales.

ac yn blaen, nes i ni gael gwybodaeth yn ôl gan yr ymddiriedolaethau am y rheswm dros yr absenoldebau hynny, ac oni chawn y wybodaeth honno, ni allaf roi i chi ond ateb damcaniaethol i'r cwestiwn hwnnw. Dyna pam mae mor bwysig i ni gael manylion manwl a chywir gan y sefydliadau pam mae eu staff yn absennol, oherwydd gallai fod am amrywiaeth helaeth o resymau—ac mae'n rhaid bod amrywiaeth helaeth o resymau, oherwydd mae rhai ohonynt yn perfformio'n dda iawn ac eraill, sydd â thimau rheoli hynod o dda, heb fod yn perfformio'n dda iawn. Felly, nid yw'n gwestiwn o dîm rheoli annigonol yn achosi'r salwch hwn, neu'n peidio â'i gofnodi neu'n peidio â'i reoli'n effeithiol, oherwydd ymddengys ei fod wedi'i wasgaru'n afreolaidd ledled Cymru.

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

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

Ms Lloyd: I think that it started to take it more seriously before we did here. However, you have to remember that we put other initiatives into the services, such as corporate health standards, that had to be acquired at some level by 2003, and people have done that, looking at health promotion and a healthy workplace for our staff in the NHS. This has become a performance measure, or a performance indicator, in the scorecard since 2002-03, and it now forms a part of it. The first results of that will be available in the next two months, when we do the review for December. However, I do not think that organisations did not take sickness seriously: it is such an important thing for our staff, and all the trusts say in their mission statements that staff are their most important asset. Therefore, they should live by their mission statements and do something about trying to help their staff remain at work, and be supportive.

Ms Lloyd: Credaf ei fod wedi dechrau cymryd hyn yn fwy o ddifrif cyn i ni wneud hynny yma. Fodd bynnag, mae'n rhaid i chi gofio ein bod wedi rhoi mentrau eraill ar waith yn y gwasanaethau, fel safonau iechyd corfforaethol, a oedd yn gorfod cael eu gweithredu ar ryw lefel erbyn 2003, ac mae pobl wedi gwneud hynny, gan edrych ar hybu iechyd a gweithle iach i'n staff yn y GIG. Mae hyn wedi dod yn fesur perfformiad, neu'n ddangosydd perfformiad, yn y cerdyn sgorio ers 2002-03, ac mae bellach yn rhan ohono. Bydd canlyniadau cyntaf hynny ar gael yn y deufis nesaf, pan fyddwn yn cynnal yr adolygiad ar gyfer Rhagfyr. Fodd bynnag, ni chredaf nad oedd sefydliadau'n cymryd salwch o ddifrif: mae'n beth mor bwysig i'n staff, ac mae'r holl ymddiriedolaethau'n dweud yn eu datganiadau cenhadaeth mai staff yw eu hased pwysicaf. Felly, dylent gadw at eu datganiadau cenhadaeth a mynd ati i geisio cynorthwyo eu staff i aros yn y gwaith, a bod yn gefnogol.

[25] **Alun Cairns:** Thank you. Figure 5 shows the unreliability of the data that the Auditor General collected—when he pursued it a bit further the unreliability was exposed. Do you think that, when the recording issues

[25] **Alun Cairns:** Diolch. Mae ffigur 5 yn dangos mor annibynadwy yw'r data y mae'r Archwilydd Cyffredinol wedi ei gasglu—pan aeth i'r afael â'r mater ymhellach, datgelwyd ei fod yn annibynadwy. A ydych yn credu, ar

are corrected, the position will get worse before it gets better?

ôl cywiro'r materion cofnodi, y bydd y sefyllfa'n gwaethygu cyn gwella?

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

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

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

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

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

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

[27] **Alun Cairns:** Figures 4 and 5 show, in very general terms, an increase in sickness over recent years. Then, figure 7 specifically highlights individual trusts where two trusts have experienced a considerable increase in sickness absence levels over the last three

[27] **Alun Cairns:** Mae ffigurau 4 a 5 yn dangos, yn gyffredinol iawn, gynnydd mewn salwch yn ystod y blynyddoedd diwethaf. Yna, mae ffigur 7 yn amlygu'n benodol ymddiriedolaethau unigol lle mae dwy ymddiriedolaeth wedi gweld cynnydd

years. Has your department sought any explanation from these trusts as to the reason for those increases?

sylweddol mewn lefelau absenoldeb salwch yn ystod y tair blynedd diwethaf. A yw eich adran wedi ceisio cael unrhyw esboniad gan yr ymddiriedolaethau hyn am y rheswm dros y cynnydd hwnnw?

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: I am.

Ms Lloyd: Ydwyf.

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

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

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

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

[32] **Denise Idris Jones:** Diolch, Gadeirydd. Figure 9 on page 13 demonstrates that the average rate of absence reported by the trusts

[32] **Denise Idris Jones:** Diolch, Gadeirydd. Mae ffigur 9 ar dudalen 13 yn dangos bod cyfartaledd yr absenoldeb a gofnodir gan yr

hides particular problems in the maintenance, nursing, midwifery and ancillary staff groups. Do you know of any particular issues, or pressures possibly, that are contributing towards the high-level absence, especially among nurses and midwives?

ymddiriedolaethau yn celu problemau penodol yn y grwpiau staff cynnal a chadw, nyrsio, bydwreigiaeth a staff cynorthwyol. A wyddoch am unrhyw faterion penodol, neu bwysau o bosibl, sy'n cyfrannu at y lefel uchel o absenoldeb, yn arbennig ymhlith nyrsys a bydwragedd?

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

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

I have to commend the service, because of the seriousness of this, for having done something about it. Nevertheless, I think that we have to retain vigilance. We have a manual handling group that constantly reviews and revises the sort of equipment that can be used and the sort of training that should be imparted. We have implemented a new manual handling training passport for all staff in the NHS in Wales who come into direct contact with patients. That is an initiative that is here, but not elsewhere in the UK. So, I think that, from the point of view of manual handling, we must always be diligent, but much has been done to eliminate the problems that we face. However, it still means that that particular group of staff will be exposed to more work-related risk than others. The accurate assessment of risk is part of the new manual-handling project, because, unless you assess risk effectively, you cannot possibly go about eliminating it.

Mae'n rhaid i mi ganmol y gwasanaeth, oherwydd difrifoldeb hyn, am wneud rhywbeth i geisio datrys y sefyllfa. Fodd bynnag, credaf fod yn rhaid i ni barhau'n wyliadwrus. Mae gennym grŵp trafod â llaw sy'n adolygu ac yn diwygio'n gyson y math o offer y gellir ei ddefnyddio a'r math o hyfforddiant y dylid ei gynnig. Yr ydym wedi gweithredu pasport newydd mewn hyfforddiant trafod â llaw ar gyfer holl staff y GIG yng Nghymru sy'n dod i gysylltiad uniongyrchol â chleifion. Mae'r fenter hon ar waith yma, ond nid mewn rhannau eraill o'r DU. Felly, credaf, o safbwynt trafod â llaw, fod yn rhaid i ni fod yn ddygn bob amser, ond mae llawer wedi'i wneud i gael gwared â'r problemau sy'n ein hwynebu. Fodd bynnag, mae'n golygu o hyd y bydd y grŵp penodol hwnnw o staff yn agored i fwy risg sy'n gysylltiedig â gwaith nag eraill. Mae asesu risg yn gywir yn rhan o'r prosiect newydd trafod â llaw, oherwydd os nad asesir risg yn effeithiol mae'n amhosibl i chi geisio ei ddileu.

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

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

[34] **Jocelyn Davies:** How much of that

[34] **Jocelyn Davies:** Faint o'r absenoldeb

absence is due to the work-related injuries that you just mentioned?

hwnnw sy'n deillio o'r anafiadau sy'n gysylltiedig â gwaith yr oeddech yn eu crybwyll yn awr?

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

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

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

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

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

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

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

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

Ms Lloyd: That is right.

Ms Lloyd: Mae hynny'n gywir.

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

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

Ms Lloyd: I do not know at the moment.

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

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

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

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

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

cyflog lle mae trydydd parti yn atebol?

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

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

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

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

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

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

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

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

Ms Lloyd: Well the answer to that, fortunately, is yes, because we have been very concerned over the past two years at the rise of bank and agency staff, and, of course, that figure is regarded as a lump sum. It does not differentiate between internal bank and external agency staff. There have been

Ms Lloyd: Yr ateb i hynny, yn ffodus, yw do, oherwydd i ni fod yn bryderus iawn yn ystod y ddwy flynedd diwethaf am y cynnydd mewn staff banc ac asiantaeth, ac wrth gwrs, ystyrir y ffigur hwnnw fel cyfanrif. Nid yw'n gwahaniaethu rhwng staff banc mewnol a staff asiantaeth allanol. Rhoddwyd cynnig ar gynlluniau yn Lloegr i gael gwared ag asiantaethau allanol a

schemes tried in England to eradicate external agencies and to form almost an internal agency for the NHS. Unfortunately, they failed—that was in 2001-02—and we were tracking their progress before putting something in ourselves. I established a major project with both Gwent Healthcare Trust and Cardiff and the Vale Trust as pilots last year, as they were the trusts with the biggest expenditure in terms of bank and agency staff, to look at the ways in which bank and agency costs can be eradicated. Most trusts, indeed, have their own internal bank and, of course, that does not cost as much as an agency, and it means that those members of staff will be more familiar with the wards and the environment in which they are asked to work. You have to be very careful about internal banks, because we cannot push our staff beyond—

ffurfio asiantaeth fewnol bron ar gyfer y GIG. Yn anffodus, methodd y rheiny—yr oedd hynny yn 2001-02—ac yr oeddem yn olrhain eu cynnydd cyn cyflwyno rhywbeth ein hunain. Sefydlais brosiect sylweddol ar y cyd ag Ymddiriedolaeth Gofal Iechyd Gwent ac Ymddiriedolaeth Caerdydd a'r Fro fel arbrofion y llynedd, oherwydd mai hwy oedd yr ymddiriedolaethau gyda'r gwariant mwyaf o ran staff banc ac asiantaeth, i edrych ar ffyrdd i gael gwared â chostau banc ac asiantaeth. Yn wir, mae gan y mwyafrif o ymddiriedolaethau eu banc mewnol eu hunain, ac wrth gwrs nid yw hynny'n costio cymaint ag asiantaeth, ac mae'n golygu y bydd yr aelodau staff hynny yn fwy cyfarwydd â'r wardiau a'r amgylchedd y gofynnir iddynt weithio ynddynt. Mae'n rhaid bod yn ofalus iawn ynglŷn â banciau mewnol, oherwydd ni allwn wthio'n staff y tu hwnt i—

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: My experience tells me that that is not the case. We have spent a great deal of money on training and developing the staff that we employ, and to just opt for ill-health retirement would be a huge waste of that asset. We are not exactly blossoming with too many staff in the NHS, and good practice dictates that, where you have an individual, say a nurse, who is no longer able to work as a nurse, every effort should be made to review the competence that they have, and to

Ms Lloyd: Mae fy mhrofiad yn dweud wrthyf nad yw hynny'n wir. Yr ydym wedi gwario llawer iawn o arian ar hyfforddi a datblygu'r staff a gyflogwn, a byddai dewis ymddeol oherwydd salwch yn unig yn wastraff enfawr ar yr ased hwnnw. Ni ellir dweud bod gormodedd o staff yn y GIG, ac mae arfer gorau yn awgrymu, lle mae yna unigolyn, fel nyrs, nad yw'n gallu gweithio mwyach fel nyrs, y dylid ymdrechu'n galed i adolygu'r cymhwysedd sydd ganddo ef neu

retrain them where necessary, so that they can be redeployed. Not all nursing jobs now require direct manual contact with patients, and many nurses have been deployed into advisory roles, which are becoming more prevalent in the NHS. I do not believe that ill-health retirement is an easy option, and certainly all ill-health retirements have to be reported to trust boards. As we have spent a lot of resources on ensuring that our staff are able to work, and as they have given a lot to us, our responsibility is to redeploy them, wherever possible. However, you should not deny them ill-health retirement if that is what is right for them.

hi, a'i ailhyfforddi os oes angen, er mwyn gallu ei cyflogi rywle arall. Nid yw pob swydd nyrsio yn golygu trafod cleifion â llaw yn uniongyrchol bellach, ac mae nifer o nyrsys wedi'u cyflogi mewn swyddi ymgynghorol, sy'n dod yn fwy amlwg yn y GIG. Nid wyf yn credu bod ymddeol oherwydd salwch yn ddewis hawdd, ac yn sicr mae'n rhaid rhoi gwybod i fyrddau ymddiriedolaethau am bob achos o ymddeol oherwydd salwch. Gan ein bod wedi gwario llawer o adnoddau ar sicrhau bod ein staff yn gallu gweithio, a chan eu bod nhw wedi rhoi llawer i ni, ein cyfrifoldeb ni yw eu cyflogi rywle arall, ble bynnag y bydd yn bosibl. Fodd bynnag, ni ddylid gwrthod iddynt gael ymddeol oherwydd salwch os hynny sy'n iawn ar eu cyfer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mr Redmond: It is not so much guidance from us at this moment in time, as every trust has its own policies for sickness absence, retirement, redundancy and so on. It is quite specific in all of them that there is quite a process to go through. If we accept that the person is ill and that that illness is likely to be a consideration for ill-health retirement, not only does their own general practitioner and a consultant need to support that, but the trust can call upon an independent consultant and their own occupational health service. Also, the pension agency itself, before it makes a decision, may even refer to another consultant. So, there is quite a procedure to go through, and, obviously, the unions and others are involved. You will see in the figure that something like 883 have been reported as suffering ill health, out of 81,400 NHS staff in NHS Wales—that is just over 1 per cent. There is quite a thorough procedure there, but, obviously, following this review, I shall make sure, on Ms Lloyd's behalf, that all the information is made available.

Mr Redmond: Ni ellir eu galw'n ganllawiau gennym ni ar hyn o bryd, oherwydd bod gan bob ymddiriedolaeth ei pholisïau ei hun ar gyfer absenoldeb salwch, ymddeol, diswyddo, ac ati. Mae'n eithaf penodol ymhob un ohonynt fod proses go sylweddol i'w dilyn. Os derbyniwn fod yr unigolyn yn sâl a bod y salwch hwnnw'n debygol o fod yn rheswm dros ymddeol oherwydd salwch, mae angen nid yn unig i'w feddyg teulu ei hun ac ymgynghorydd ategu hynny, ond gall yr ymddiriedolaeth alw ar ymgynghorydd annibynnol a'i gwasanaeth iechyd galwedigaethol ei hun. Yn ogystal, gall yr asiantaeth bensiynau ei hun, cyn dod i benderfyniad, gyfeirio at ymgynghorydd arall. Felly, mae gweithdrefn sylwseddol i'w dilyn, ac yn amlwg mae'r undebau ac eraill yn cyfrannu. Byddwch yn gweld yn y ffigur fod oddeutu 883 wedi cofnodi eu bod yn dioddef salwch, o 81,400 o staff y GIG yn GIG Cymru—mae hynny ychydig yn fwy nag 1 y cant. Mae gweithdrefn ddigon trylwyr ar waith, ond yn dilyn yr adolygiad hwn byddaf yn sicrhau, ar ran Ms Lloyd, bod yr holl wybodaeth ar gael.

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

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

Ms Lloyd: We do.

Ms Lloyd: Mae gennym gofnodion.

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

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

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

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

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

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

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

Ms Lloyd: Well, we have to remember that our workforce is getting older, which is why the management of long-term sickness and the possibility of ill-health retirement is very important, and why it will be effectively highlighted by the work that the HR directors have been doing and in the recommendations that they have made in taking this whole issue forward. It is important that the NHS does report in what it believes its projections

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

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

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

Ms Lloyd: Wel, mae'n rhaid i ni gofio bod ein gweithlu yn mynd yn hŷn, a dyna pam mae rheoli salwch hirdymor a phosibilrwydd ymddeol oherwydd salwch yn bwysig iawn. A dyna pam y tynnir sylw ato mewn gwirionedd gan y gwaith y mae'r cyfarwyddwyr AD wedi bod yn ei wneud ac yn yr argymhellion y maent wedi'u gwneud wrth fynd â'r mater hwn yn ei flaen. Mae'n bwysig i'r GIG gofnodi yn yr hyn y mae'n

per year will be on ill-health retirement, because many of these cases have been prolonged and the staff absence has been prolonged. I have asked for a piece of work to be done on the profiling of employees throughout the NHS in Wales and the possible escalation of ill-health retirement or early retirement. As Mr Redmond said, to be able to grant ill-health retirement, one has to to go through quite a difficult and very rigorous process. It usually takes some time in order to get an adjudication from Fleetwood at the end of the day. So, we ask that each of the organisations should track and map across what they think the liability will be to the whole of the NHS because, although a trust will not personally bear the costs, the NHS will.

credu fydd ei ragamcanion y flwyddyn ar ymddeol oherwydd salwch, oherwydd mae nifer o'r achosion hyn yn rhai maith ac absenoldeb y staff wedi bod yn faith. Yr wyf wedi gofyn am ddarn o waith ar broffilio gweithwyr cyflogedig ledled y GIG yng Nghymru a chynnydd posibl mewn ymddeol oherwydd salwch neu ymddeol yn gynnar. Fel y dywedodd Mr Redmond, er mwyn gallu cynnig ymddeoliad oherwydd salwch, mae'n rhaid mynd trwy broses ddigon anodd a manwl iawn. Fel rheol mae'n cymryd cryn amser i gael arfarniad gan Fleetwood yn y pen draw. Felly, gofynnwn i bob un o'r sefydliadau olrhain a nodi beth a gredant fydd yr atebolrwydd i'r GIG i gyd, oherwydd, er na fydd ymddiriedolaeth ei huj yn gorfod ysgwyddo'r costau, bydd y GIG yn gorfod gwneud hynny.

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

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

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

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

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

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

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

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

Mr Redmond: I will refer to my earlier answer: when I met with all the HR directors and some of their chief executives, they were telling me at that stage that maybe they had

Mr Redmond: Cyfeiriaf at fy ateb cynharach. Yn fy nghyfarfod â'r holl gyfarwyddwyr AD a rhai o'u prif weithredwyr, yr oeddent yn dweud wrthyf

not been concentrating on it. I see it as one of the quite normal, basic duties of an HR practitioner and an HR team. This is routine work. I mean, again, I can only use my own experience, I was reporting to my boards, normally on a quarterly basis, on how much sickness we had, and whether we were into disciplinaries or redundancies, and also calculating how much ill health or sickness was costing us. Okay, I was in England doing that, but when I realised that some of them—they all, of course, gave me a commitment that they would have information available and so on. I suppose that, as chief executives admitted to me this week, their eye has been off this particular issue—that is not to defend it—and they have been concentrating on waiting times and other important issues. So, I was only aware by verbal briefing that we are having problems, which we are trying to identify. They are all also hanging on for—or waiting—in a way for the new England and Wales electronic staff record system that we have been trying to get to for the last handful of years. It is still in sight, but it is maybe a year away yet. So, we were aware that they were trying to bring their records and their systems up to date.

bryd hynny efallai nad oeddent wedi canolbwyntio ar hyn. Yr wyf yn ystyried hyn yn un o ddyletswyddau arferol, sylfaenol ymarferydd AD a thîm AD. Gwaith o ddydd i ddydd yw hyn. Eto, ni allaf wneud dim mwy na defnyddio fy mhrofiad fy hun. Byddwn yn adrodd i'm byrddau, bob chwarter fel rheol, ar faint o salwch a oedd gennym, ac a oeddem yn wynebu achosion disgyblu neu ddiswyddiadau. Byddwn hefyd yn cyfrifo faint oedd salwch neu waeledd yn ei gostio i ni. Iawn, yn Lloegr yr oeddwn yn gwneud hynny. Ond pan sylweddolais fod rhai ohonynt—rhoddodd pawb, wrth gwrs, ymrwymiad i mi y byddai ganddynt wybodaeth ar gael ac ati. Mae'n debyg, fel y cyfaddefodd prif weithredwyr wrthyf yr wythnos hon, nad ydynt wedi canolbwyntio ar y mater penodol hwn—nid amddiffyn hynny yr wyf—ac maent wedi bod yn canolbwyntio ar amseroedd aros a materion pwysig eraill. Felly, trwy gyfarwyddyd llafar yn unig yr oeddwn yn ymwybodol fod gennym broblemau, ac yr ydym yn ceisio'u nodi. Maent i gyd hefyd yn disgwyl—neu'n aros—mewn ffordd am y system cofnodion staff electronig yng Nghymru a Lloegr yr ydym wedi bod yn ceisio'i chael ers blynyddoedd. Mae'n dal o fewn cyrraedd, ond efallai y bydd o leiaf blwyddyn tan hynny. Felly, yr oeddem yn ymwybodol eu bod yn ceisio diweddaru eu cofnodion a'u systemau.

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: No.

Ms Lloyd: Na allaf.

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

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

Ms Lloyd: It would be.

Ms Lloyd: Byddai.

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

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

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

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

[63] **Jocelyn Davies:** You mentioned the ESR system, which is detailed on page 39 of

[63] **Jocelyn Davies:** Yr ydych wedi crybwyll y system ESR, a drafodir yn fanwl

the report, in appendix 3. Are you satisfied with this system, and do you think that those categories are appropriate?

ar dudalen 39 yn yr adroddiad, yn atodiad 3. A ydych yn fodlon â'r system hon, ac a ydych yn credu bod y categorïau hynny'n briodol?

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

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

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

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

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

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

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

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

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

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

Mr Redmond: I will just raise an issue, if I may, because I am able to input into all of this, both for Wales and the England and Wales project. There are many things missing that we are still discussing. The system shown is not final. Some people, just to give an example, might already have diabetes as a condition, but they get on with their work and so on, and then, for some reason, the diabetes becomes unbalanced, and they have some time off because of that, to rebalance. Well,

Mr Redmond: Yr wyf am drafod un mater, os caf, oherwydd fy mod yn gallu cyfrannu at hyn i gyd, ar gyfer prosiect Cymru a phrosiect Cymru a Lloegr. Mae nifer o bethau ar goll yr ydym yn parhau i'w trafod. Nid yw'r system a ddangosir yn un derfynol. Efallai fod rhai pobl, er enghraifft, eisoes yn dioddef gan y cyflwr diabetes, ond yn mynd ymlaen â'u gwaith ac ati, ac yna, am ryw reswm, mae'r diabetes yn ansefydlogi, a byddant yn cael amser o'r gwaith oherwydd

there is nowhere in the list shown to reflect that, so there is a lot more to do. 'Not known' is of no help to anyone really. It has to be really rare that anyone would put 'not known', because if you are interviewing people at the end of sickness, and so on, it can be clarified, unless there are real reasons for confidentiality. So I think that this is certainly not exhaustive, and it needs to be exhaustive. It needs to be a full, comprehensive list.

hynny, i'w sefydlogi. Wel, nid oes dim yn y rhestr a ddangosir i adlewyrchu hynny, felly mae llawer mwy i'w wneud. Nid yw 'anhysbys' yn helpu neb mewn gwirionedd. Rhaid mai achos prin iawn fydai i rywun roi 'anhysbys' fel ateb, oherwydd os ydych yn cyfweld pobl ar ddiwedd cyfnod o salwch, ac ati, gellir ei egluro, oni fydd rhesymau gwirioneddol dros gyfrinachedd. Felly, credaf yn sicr nad yw hon yn gynhwysfawr, ac mae angen iddi fod yn gynhwysfawr. Mae angen iddi fod yn rhestr lawn a chyflawn.

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

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

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: The NHS is a complex business, but we have all managed it, and we have all had to manage it effectively. The staff account for 80 per cent of the money that is spent. They are really important, and it is a real priority to keep your staff healthy, to keep them happy working within the NHS, to support them when they are unwell and to ensure that they can return to work as effectively as possible. So, as far as I am

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

concerned, the management of your staff is absolutely critical, because, without your staff, you cannot deliver care to patients.

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

rhan i, mae rheoli eich staff yn hollol hanfodol, oherwydd, heb eich staff, ni allwch ofalu am gleifion.

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

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

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

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

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

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

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

to be effected.

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

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

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

Mr Redmond: Well, I suppose that it is partially true if you are in an England and Wales sort of situation. England has 74 per cent of the NHS in the UK. However, we do make ourselves heard. I and the finance director for the NHS in Wales are both involved, and we have service representatives as well—chief executives, finance directors, and so on. I think that all you have to do is make sure that your voice is heard, and that you come up with some good ideas when we are in an England and Wales situation. However, based on common sense now, regardless of the England/Wales sort of scenario, as long as we have good ideas—for example, as I said earlier on in terms of the categories of sickness—that are obviously common sense and practical, they are listened to and amendments are made. However, financially, if you think of the 15 trusts in

weithredu.

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

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

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

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

Wales—or the 14 now—and the 400-odd trusts in England, it is a massive exercise there. It is still big to us, but on the logistics sort of side we are much smaller. Nevertheless, our voice is heard, we are listened to and we can make amendments.

bynnag, yn ariannol, os ydych yn meddwl am y 15 ymddiriedolaeth yng Nghymru—neu'r 14 bellach—a'r oddeutu 400 ymddiriedolaeth yn Lloegr, mae'n ymarfer enfawr yno. Mae'n waith mawr i ni hefyd, ond yr ydym yn llawer llai o ran logisteg. Fodd bynnag, mae ein llais yn cael ei glywed, mae pobl yn gwrando arnom a gallwn wneud diwygiadau.

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

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

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

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

Mr Redmond: Right. I will come to the last one last. The main problems have not been particularly Welsh or English problems, or manifest from here. The software itself has not been totally robust enough for such a massive exercise, because it is quite a complex procedure. I mean, all the time that I have been in the health service, I have really wanted to see a system—and I know that chief executives have—where, at the end of each month, you could know how much your workforce has cost, what the sickness has been, the turnover and everything like that. We have waited years for this, in England and Wales. It is a big system. It has been designed so that it can also handle workforce planning and so on, and that it can be used for management accountancy reasons, but the software has let us down. That is the main reason for the delay. We have three pilot trusts, one of which is in north Wales, and it is nothing to do with the pilots other than that it is taking longer than they thought—the software has let us down. They had to rewrite and re-programme it. So, that is sad in itself. The pilots—particularly the English pilots rather than the Welsh one—were taking a lot longer to go through the robust testing of what was going to happen with ESR than anyone ever anticipated. There is a national England and Wales board; I sit on that. We have a Welsh board as well, and we have

Mr Redmond: Iawn. Byddaf yn dod at yr un olaf i orffen. Nid yw'r prif broblemau wedi bod yn rhai penodol i Gymru neu Loegr, nac yn dod i'r amlwg oddi yma. Nid yw'r feddalwedd ei hun wedi bod yn ddigon cryf i ymarfer mor fawr, oherwydd mae'n weithdrefn eithaf cymhleth. Ers i mi fod yn y gwasanaeth iechyd, yr wyf wedi bod gwir eisiau gweld system—ac yr wyf yn gwybod bod y prif weithredwyr yn cytuno—lle, ar ddiwedd pob mis, y gallech wybod faint mae eich gweithlu wedi'i gostio, faint o salwch sydd wedi bod, y trosiant a phopeth fel hynny. Yr ydym wedi disgwyl ers blynyddoedd am hyn, yng Nghymru ac yn Lloegr. Mae'n system fawr. Mae wedi'i chynllunio i allu ymdopi â chynllunio gweithlu ac ati hefyd, ac i allu ei defnyddio ar gyfer rhesymau rheoli cyfrifyddiaeth, ond mae'r feddalwedd wedi ein siomi. Dyna'r prif reswm dros yr oedi. Mae gennym dair ymddiriedolaeth beilot, ac mae un yng ngogledd Cymru, ac nid oes a wnelo hyn â'r ymddiriedolaethau peilot eraill ac eithrio ei fod yn cymryd mwy o amser na'r disgwyl—mae'r feddalwedd wedi ein siomi. Yr oedd yn rhaid iddynt ei hailysgrifennu a'i hailraglennu. Felly, mae hynny'n drist yn ei hun. Yr oedd yr ymddiriedolaethau peilot—yn arbennig yr ymddiriedolaethau peilot o Loegr yn hytrach na'r rhai o Gymru—yn cymryd llawer mwy o amser na'r disgwyl i

meetings coming up. So, it has been a corporate decision that has delayed it, because of software and the unsuitability of that software.

fynd trwy'r profi cadarn i weld beth a fyddai'n digwydd gyda'r system cofnodion electronig staff. Mae bwrdd Cymru a Lloegr gwladol; yr wyf yn aelod o hwnnw. Mae gennym fwrdd Cymru hefyd, a chynhelir cyfarfodydd cyn hir. Felly, penderfyniad corfforaethol sydd wedi'i ohirio, oherwydd meddalwedd ac anaddasrwydd y feddalwedd honno.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

distinguish between work-related and non-work-related absence.

gwahaniaethu rhwng absenoldeb sy'n gysylltiedig â gwaith ac absenoldeb nad yw'n gysylltiedig â gwaith.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: Oh yes, I think so. You may not know that we took the decision in Wales to adopt the Institute of Healthcare Management standards, principles and values as a mandatory part of the employment contract for all managers in Wales some 18 months ago and have developed a training and development manual for all managers, be they clinical or other general managers. This underlines the sorts of values that we expect to see coming through the management

Ms Lloyd: Gall, mae'n debyg. Efallai nad ydych yn gwybod ein bod yng Nghymru wedi penderfynu mabwysiadu safonau, egwyddorion a gwerthoedd y Sefydliad Rheoli Gofal Iechyd fel rhan orfodol o'r contract cyflogaeth ar gyfer pob rheolwr yng Nghymru oddeutu 18 mis yn ôl ac wedi datblygu llawlyfr hyfforddi a datblygu ar gyfer yr holl reolwyr, rhai clinigol neu reolwyr cyffredinol eraill. Mae hyn yn pwysleisio'r mathau o werthoedd yr ydym yn

cadre, and that is associated with our succession planning and development scheme that I have started to run. This is all encapsulated in a document called 'Pathways to Performance'. My personal belief is that managers can make or break an organisation and its culture, and we want, in Wales, managers who are very knowledgeable about care systems and the outcomes of care, and about the standards that should be applied to clinical services and the standards that should be applied to the employment of individuals and the management of patients. That is why we took the decision to make compliance with the institute's charter mandatory. As a consequence of that, this has been rolled out across Wales in the past year to ensure that the sort of old-fashioned, or non-acceptable, behaviour in management is eradicated, and that all our managers are developed to a standard—which we hope that they will achieve, and certainly over-achieve—that ensures that the culture of working creatively with staff, as well as working creatively with unions, because they are a very important component in this, in order to ensure that we get the very best from our staff so that we can provide the very best service, is fundamentally embedded within all managers in the NHS in Wales.

disgwyl eu gweld yn y fframwaith rheoli, ac mae hynny'n gysylltiedig â'n cynllun datblygu a chynllunio olyniaeth yr wyf wedi dechrau rhoi ar waith. Mae hyn i gyd wedi'i grynhoi mewn dogfen o'r enw 'Pathways to Performance'. Fy marn bersonol yw y gall rheolwyr hybu neu ddifetha sefydliad a'i ddiwylliant, ac yr ydym am gael rheolwyr, yng Nghymru, sy'n wybodus iawn am systemau gofal a chanlyniadau gofal, ac am y safonau y dylid eu defnyddio mewn gwasanaethau clinigol a'r safonau y dylid eu defnyddio o ran cyflogi unigolion a rheoli cleifion. Dyna pam ein bod wedi penderfynu cydymffurfio â mandod siarter y sefydliad. O ganlyniad i hynny, mae hyn wedi'i gyflwyno fesul cam ledled Cymru yn ystod y flwyddyn ddiwethaf i sicrhau bod yr ymddygiad hen ffasiwn, neu annerbyniol, mewn rheolaeth yn cael ei ddileu, a bod ein holl reolwyr yn datblygu i safon—yr ydym yn gobeithio y byddant yn ei chyflawni, ac yn sicr yn gor-gyflawni—sy'n sicrhau bod y diwylliant o weithio'n greadigol â staff, ynghyd â gweithio'n greadigol ag undebau, oherwydd eu bod yn bwysig iawn i hyn, er mwyn sicrhau ein bod yn cael y gorau o'n staff er mwyn i ni allu darparu y gwasanaeth gorau oll, wedi'i wreiddio'n ddwfn yn yr holl reolwyr yn y GIG yng Nghymru.

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

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

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

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

defnyddio ffactor Bradford.

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

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

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

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

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

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

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

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

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

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

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

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

be the minimum, almost.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[95] **Carl Sargeant:** I will just pick up on one of the particular cases on that then, if I may, which is case example D on page 27, regarding where the NHS trusts are prepared to invest additional resources in the management of sickness absence and in training. We have talked about good practice. What will you be doing to ensure that examples of good practice are being rolled out to individual trusts, such as the lessons learnt from Gwent Healthcare NHS Trust in reducing sickness absence levels, and to ensure that they are shared among the ones

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

that are not perhaps achieving these results?

salwch, ac i sicrhau eu bod yn cael eu rhannu ymhlith y rhai nad ydynt o bosibl yn cyflawni'r canlyniadau hyn?

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

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

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

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

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

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

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

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

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

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

Mr Redmond: I think, just to add to what Mrs Lloyd has said, that in an ideal world you would have the use or the services of an occupational health physician who was a senior doctor, occupational health nurses, counsellors, possibly physiotherapists, and some coaching also—it all depends on the reasons for the sickness. It can be done on a shared basis, so it does not have to be per trust, because Cardiff and Vale NHS Trust employs 13,000, Gwent Healthcare NHS Trust employs 12,000 and Velindre NHS Trust employs 1,000 or so. I think that I would recommend a shared approach, so that people or employees can have all of the required occupational health services, even if

Mr Redmond: Credaf, i ychwanegu at yr hyn a ddywedodd Mrs Lloyd, mewn byd delfrydol y byddai gennych ddefnydd neu wasanaethau meddyg iechyd galwedigaethol a oedd yn uwch feddyg, nyrsys iechyd galwedigaethol, cynghorwyr, ffisiotherapyddion o bosibl, a rhywfaint o hyfforddiant hefyd—mae hyn i gyd yn dibynnu ar y rhesymau dros y salwch. Gellir ei wneud trwy rannu'r gwaith, felly nid yw'n gorfod bod fesul ymddiriedolaeth, oherwydd mae Ymddiriedolaeth GIG Caerdydd a'r Fro yn cyflogi 13,000, mae Ymddiriedolaeth GIG Gofal Iechyd Gwent yn cyflogi 12,000 ac mae Ymddiriedolaeth GIG Felindre yn cyflogi oddeutu 1,000. Credaf y byddwn yn

they are sited in different places, and not necessarily just have them as part of one trust team. We are not looking so much at how much per person is invested per trust, as how comprehensive the service is. I think that that is a better approach to take, so that the quality is there.

argymell dull a rennir, er mwyn i bobl neu gyflogwyr dderbyn yr holl wasanaethau iechyd galwedigaethol gofynnol, hyd yn oed os ydynt wedi'u lleoli mewn gwahanol leoedd, ac nid eu cael o reidrwydd fel rhan o un tîm ymddiriedolaeth. Nid ydym yn edrych cymaint ar faint a fuddsoddir fesul ymddiriedolaeth, ond ar ba mor gynhwysfawr yw'r gwasanaeth. Credaf fod hynny'n well dull i'w ddefnyddio, er mwyn sicrhau bod y safon yno.

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

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

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

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

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

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

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

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

up the referrals?

Mr Redmond: I believe so.

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

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

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

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

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

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

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

Mr Redmond: Yes. We were not as proactive as we could have been. We have apologised for that, and we have tried to explain that we are going to be far more

eraill i gyflymu'r cyfeiriadau?

Mr Redmond: Credaf hynny.

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

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

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

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

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

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

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

Mr Redmond: Ie. Nid oeddem mor rhagweithiol ag y gallem fod wedi bod. Yr ydym wedi ymddiheuro am hynny, ac yr ydym wedi ceisio egluro ein bod yn mynd i

proactive now and, as regards the sort of guidance that has been issued in England, we will probably have more comprehensive guidance issued, and monitored, in Wales in the future.

fod yn llawer mwy rhagweithiol yn awr, o ran y math o ganllawiau sydd wedi'u cyhoeddi yn Lloegr, mae'n debyg y byddwn yn cyhoeddi, a monitro, canllawiau mwy cynhwysfawr yng Nghymru yn y dyfodol.

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

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

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

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

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

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

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

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

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

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

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

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

Mr Redmond: Again, as part of the partnership working approach in Wales, with members of trust management, or representatives, and the trade unions and civil servants from my division, we have formed an occupational health sub-group. Clearly, there needs to be a greater investment—I am back to the answers given to Carl Sargeant in

Mr Redmond: Eto, fel rhan o'r dull gweithio mewn partneriaeth yng Nghymru, gydag aelodau o reolwyr ymddiriedolaethau, neu gynrychiolwyr, a'r undebau llafur a gweision sifil o'm his-adran, yr ydym wedi sefydlu is-grŵp iechyd galwedigaethol. Yn amlwg, mae angen rhagor o fuddsoddiad—yr wyf yn mynd yn ôl at yr atebion a roddwyd i Carl

a way, in that the best way to do it is to make it comprehensive and to have a shared service. As I said, local authorities are also keen on helping. That is the sort of route that we are going down, and it is being done democratically and fairly. It will go back to the all-Wales partnership forum and then we will have recommendations to make on an all-Wales basis. Everyone at those talks is keen on getting a comprehensive occupational health service for the 81,500 NHS employees.

Sargeant mewn ffordd, oherwydd mai'r ffordd orau i wneud hyn yw i'w wneud yn gynhwysfawr a chael gwasanaeth a rennir. Fel y dywedais, mae awdurdodau lleol hefyd yn awyddus i gynorthwyo. Dyna'r math o lwybr yr ydym yn ei ddilyn, ac mae'n cael ei wneud yn ddemocrataidd ac yn deg. Bydd yn mynd yn ôl at y fforwm partneriaeth Cymru gyfan ac yna bydd gennym argymhellion i'w gwneud ar sail Cymru gyfan. Mae pawb sy'n rhan o'r trafodaethau hynny'n awyddus i gael gwasanaeth iechyd galwedigaethol cynhwysfawr ar gyfer yr 81,500 o weithwyr cyflogedig y GIG.

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

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

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

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

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

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

Ms Lloyd: No, not at the moment. That is why we asked the HR directors to look at how we might take forward best practice on a universal basis and ensure that this really does rise up to the priorities of the NHS in Wales. We know already that one of them, which only has a bronze medal at the moment, namely Ceredigion, given its new chief executive, has started to affect the sickness levels of the staff of that trust enormously—not in the wrong way. Therefore, I think that, already, some of the action that has been taken as a consequence of the HR directors reporting in October last year, and promulgating the practice that they are espousing, has started to work. We have to question how accurate the information to get a gold medal is, but, nevertheless, when we re-look—I will do this with the chief medical officer—at the corporate health standard and at where all the organisations are on the scale this time next year, we hope

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

to see that there is nobody in the bronze medal state and that many of those in the silver state have gone up to gold. It is quite difficult to get gold; you must be an exemplar. I think that we are quite lucky to have two gold medals at the moment, because some of it is quite hard.

y flwyddyn nesaf, yr ydym yn gobeithio gweld nad oes unrhyw un yn y cyflwr medal efydd a bod llawer o'r rhai hynny yn y cyflwr arian wedi mynd i fyny i aur. Mae'n eithaf anodd cael aur; mae'n rhaid i chi fod yn esiampl. Credaf ein bod yn gymharol ffodus i feddu ar ddwy fedal aur ar hyn o bryd, oherwydd mae peth ohono'n anodd iawn.

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: Well, I think that if you look at how the assessments are done—and they are done independently—the independent scrutineers will have been satisfied that they have been able to award a gold standard to these organisations, based on the data. What we must now do is make sure that the data remains accurate and reflects actual practice. When you look at the standard itself—I do not know whether it says in here—you will

Ms Lloyd: Wel, credaf os edrychwch ar sut y cyflawnwir yr asesiadau—ac maent yn cael eu gwneud yn annibynnol—bydd yr archwilwyr annibynnol wedi bod yn fodlon eu bod wedi gallu dyfarnu safon aur i'r sefydliadau hyn, ar sail y data. Yr hyn sy'n rhaid i ni ei wneud yn awr yw sicrhau bod y data'n parhau'n gywir ac yn adlewyrchu arferion gwirioneddol. Wrth edrych ar y safon ei hun—nid wyf yn gwybod a yw'n

see that they will have gone around and interviewed vast wodges of staff about the issues that arise in the corporate health standard, and they will have to have satisfied themselves that what they were told was capable of being awarded a gold standard. However, because of the data, we must simply re-check all the time that we are confident that they are achieving the standards that are prescribed in the report. The external scrutineers will have been satisfied, but we will re-check it every year, just to make sure.

dweud hyn yn hwn—byddwch yn gweld eu bod wedi mynd o gwmpas a chyfweld llawer o staff am y materion sy'n codi yn y safon iechyd gorfforaethol, a bydd yn rhaid iddynt fod yn fodlon bod gan yr hyn a ddywedwyd wrthynt y gallu i sicrhau'r safon aur. Fodd bynnag, oherwydd y data, mae'n rhaid i ni ail-gadarnhau drwy'r amser ein bod yn hyderus eu bod yn cyflawni'r safonau a nodir yn yr adroddiad. Bydd yr archwilwyr allanol wedi'u bodloni, ond bydd yn rhaid i ni ail-gadarnhau hynny bob blwyddyn, er mwyn bod yn siŵr.

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

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

Ms Lloyd: Yes.

Ms Lloyd: Ydwyf.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms Lloyd: Of course.

Ms Lloyd: Wrth gwrs.

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

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

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

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

[120] **Mick Bates:** Very good. In using this information on the causes of sickness and absence, available through the ESR system,

[120] **Mick Bates:** Da iawn. Drwy ddefnyddio'r wybodaeth hon ar achosion salwch ac absenoldeb, sydd ar gael drwy'r

do you intend to target the funding of health promotion programmes, so that you look at your evidence and say 'right, this is working, so we will give this programme more money if it is working particularly effectively'?

system cofnodion electronig staff, a ydych yn bwriadu targedu'r cyllid ar gyfer rhaglenni hybu iechyd, fel eich bod yn edrych ar eich tystiolaeth a dweud 'iawn, mae hyn yn gweithio, felly yr ydym am roi rhagor o arian i'r rhaglen os yw'n gweithio'n hynod o effeithiol'?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[125] **Mick Bates:** Yes. We have been talking

[125] **Mick Bates:** Iawn. Yr ydym wedi bod yn

about improving health all morning, but if there are no programmes that are targeted at staff, there seems to be a bit of a hole in the strategy.

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

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

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

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

Ms Lloyd: Yes.

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

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

Ms Lloyd: I have already written to NHS trusts in Wales and to the local health boards, telling them that, as a consequence of the Auditor General's report and the work that has been done by the human resources directors on this topic, which was informed largely by some of the evidence coming from the Auditor General, I have established this high-level group, chaired by Alison Williams, from whom I think you are taking evidence next time, to really push forward the proposals and the recommendations contained within this report. That is, first, so that we implement the common sickness definition, and that we start to manage long-term sickness against best practice. Then that we start to record, on the basis of ESR, before it is in, the sorts of sickness that are occurring in Wales, and, particularly, so that attention is drawn to work-related sickness and how we manage that, and how we get a grip on it. It is to look at the whole issue of

trafod gwella iechyd drwy'r bore, ond os nad oes unrhyw raglenni wedi'u targedu at staff, ymddengys bod bwlch yn y strategaeth.

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

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

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

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

Ms Lloyd: Byddaf.

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

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

Ms Lloyd: Yr wyf eisoes wedi ysgrifennu i ymddiriedolaethau GIG yng Nghymru a'r byrddau iechyd lleol yn dweud wrthynt, o ganlyniad i adroddiad yr Archwilydd Cyffredinol a'r gwaith sy'n rhaid ei wneud gan y cyfarwyddwyr adnoddau dynol ar y pwnc hwn, a gafodd y wybodaeth yn bennaf gan beth o'r dystiolaeth gan yr Archwilydd Cyffredinol, yr wyf wedi sefydlu'r grŵp lefel uchel hwn, sy'n cael ei gadeirio gan Alison Williams, a fydd yn rhoi tystiolaeth i chi y tro nesaf yn ôl yr hyn a ddeallaf, i yrru'r cynigion a'r argymhellion yn yr adroddiad hwn ymlaen. Mae hynny, yn y lle cyntaf, er mwyn i ni allu gweithredu'r diffiniad o salwch cyffredin, a'n bod yn dechrau rheoli salwch hirdymor yn erbyn arferion gorau. Bydd yn rhaid i ni wedyn ddechrau cofnodi, ar sail y system cofnodion electronig staff, cyn ei fod i mewn, y mathau o salwch sy'n digwydd yng Nghymru, ac, yn benodol, er mwyn tynnu sylw at

occupational health and manual handling, how it is achieved in Wales and what best practice can be rolled out immediately, so that, by this time next year, we get a much better statement of how all the organisations are managing their sickness levels to ensure that the staff are well supported. It is also to set individual arrangements with trusts and local health boards for reducing the sickness levels within their organisations, and to ensure that they do have effective occupational health services and good systems in place in order to ensure that their staff can remain at work for as long as is possible. So, there is a lot of work to do, but the Auditor General's recommendations have been very helpful in informing us all, and in heightening the priority that is given to this very important area. So that is what we shall be doing.

salwch sy'n gysylltiedig â gwaith a sut yr ydym yn rheoli hynny, a sut yr ydym yn cael gafael arno. Mae hyn er mwyn edrych ar fater iechyd galwedigaethol a thrafod â llaw yn ei gyfanrwydd, sut y caiff ei gyflawni yng Nghymru a pha arferion gorau ellir eu cyflwyno fesul cam yn syth, er mwyn sicrhau, erbyn yr adeg hon y flwyddyn nesaf, ein bod yn cael datganiad llawer gwell o sut y mae'r holl sefydliadau yn rheoli eu lefelau salwch i sicrhau bod y staff yn cael pob cymorth. Mae hyn hefyd er mwyn pennu trefniadau unigol gydag ymddirieolaethau a byrddau iechyd lleol ar gyfer lleihau lefelau salwch o fewn eu sefydliadau, ac i sicrhau bod ganddynt wasanaethau iechyd galwedigaethol effeithiol a systemau da ar waith er mwyn sicrhau bod eu staff yn parhau yn y gwaith cyhyd â phosibl. Felly, mae llawer o waith i'w wneud, ond mae argymhellion yr Archwilydd Cyffredinol wedi bod yn ddefnyddiol iawn i'n hysbysu i gyd, ac i amlygu'r flaenoriaeth a roddir i'r maes hynod bwysig hwn. Felly dyna beth y byddwn yn ei wneud.

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

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

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

Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Rheoli Absenoldeb oherwydd Salwch gan Ymddiriedolaethau'r GIG yng Nghymru

The Management of Sickness Absence by NHS Trusts in Wales

Cwestiynau 131-270
Questions 131-270

Dydd Iau 11 Mawrth 2004
Thursday 11 March 2004

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

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

Tystion: Martin Turner, Prif Weithredwr, Ymddiriedolaeth GIG Gofal Iechyd Gwent; Tracy Myhill, Cyfarwyddwr Personél, Ymddiriedolaeth GIG Gofal Iechyd Gwent; Allison Williams, Prif Weithredwr, Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru; Jo Davies, Cyfarwyddwr Adnoddau Dynol, Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru.

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

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

Witnesses: Martin Turner, Chief Executive, Gwent Healthcare NHS Trust; Tracy Myhill, Personnel Director, Gwent Healthcare NHS Trust; Allison Williams, Chief Executive, Ceredigion and Mid Wales NHS Trust; Jo Davies, Director of Human Resources, Chief Executive, Ceredigion and Mid Wales NHS Trust.

Dechreuodd y cyfarfod am 9.29 a.m.
The meeting began at 9.29 a.m.

[131] **Janet Davies:** Bore da. Croeso i'r cyfarfod cyntaf o'r Pwyllgor Archwilio i gael ei gynnal y tu allan i Gaerdydd. Yr wyf yn falch iawn i fedru dod â'r Pwyllgor yma.

[131] **Janet Davies:** Good morning. Welcome to the first meeting of the Audit Committee to be held outside Cardiff. I am very pleased to have been able to bring the Committee here.

I remind attendees that the Committee operates biligually. Headsets are available for translations of Welsh contributions, or to hear the proceedings more clearly.

Atgoffaf bawb fod y Pwyllgor yn gweithredu'n ddwyieithog. Mae clustffonau ar gael ar gyfer cyfieithiad o gyfraniadau Cymraeg, neu i glywed y trafodion yn gliriach.

Atgoffaf bawb i ddiffodd eu ffoniau symudol neu unrhyw ddyfais electronig, gan eu bod yn ymyrryd â'r offer cyfieithu a darlledu. Yr wyf wedi derbyn ymddiheuriad gan Leighton Andrews. A oes buddiannau i'w datgan? Gwelaf nad oes.

I remind everyone to switch off their mobile phones or any other electronic devices, as they interfere with the translation and broadcasting equipment. I have received an apology from Leighton Andrews. Are there any interests to declare? I see that there are none.

Bydd Aelodau yn cofio cymryd tystiolaeth gan Mrs Ann Lloyd, Cyfarwyddwr GIG Cymru, a Mr Stephen Redmond, cyfarwyddwr adnoddau dynol y GIG, yn dilyn cyhoeddi adroddiad yr Archwilydd Gyffredinol. Yn eu tystiolaeth, yr oedd Mrs

Members will recall taking evidence from Mrs Ann Lloyd, Director of NHS Wales, and Mr Stephen Redmond, the human resources director of the NHS, following the publication of the Auditor General's report. In their evidence, Mrs Lloyd and Mr

Lloyd a Mr Redmond yn cydnabod y dylai adran gwasanaeth iechyd y Cynulliad fod wedi mynd i'r afael yn well ag absenoldeb salwch, ac nad oedd yr adran wedi gwneud digon i ledaenu arferion da neu osod targedau ystyrlon ar gyfer absenoldeb salwch. Serch hynny, pwysleisiwyd bod rheoli absenoldeb salwch yn y pendraw yn fater i gyflogwyr yn y gwasanaeth iechyd. Ym Medi 2002, yr oedd tua 60,000 o staff llawn amser wedi'u cyflogi'n uniongyrchol gan y gwasanaeth iechyd yng Nghymru. Yr oedd tua 98 y cant ohonynt yn gweithio i'r 15 ymddiriedolaeth iechyd a oedd yn bodoli ar y pryd. Mae sesiwn heddiw yn rhoi cyfle inni ystyried barn a phrofiadau y rhai sydd ar ochr blaen y gwaith o reoli absenoldeb salwch yn y gwasanaeth iechyd yng Nghymru. Yr ydym yn croesawu Mr Martin Turner, prif weithredwr Ymddiriedolaeth GIG Gofal Iechyd Gwent a Ms Allison Williams, prif weithredwr Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru. Mae'r rheolwyr uwch sydd â chyfrifoldeb dros reoli absenoldeb drwy salwch yn eu hymddiriedolaethau hefyd yn bresennol.

Redmond recognised that the Assembly health service department should have taken a firmer hold of sickness absence, and that the department had not done enough to share best practice or to set meaningful targets for sickness absence. However, it was emphasised that sickness absence management was ultimately a matter for health service employers. In September 2002, the health service in Wales directly employed around 60,000 full-time staff. Around 98 per cent of these staff worked for the 15 health trusts that existed at that time. Today's session gives us an opportunity to consider the views and experiences of those in the front line of managing sickness absence in the health service in Wales. We welcome Mr Martin Turner, chief executive of Gwent Healthcare NHS Trust, and Ms Allison Williams, chief executive of Ceredigion and Mid Wales NHS Trust. The senior managers with responsibility for managing sickness absence in their trusts are also present.

I welcome the witnesses and ask them to introduce themselves, please.

Croesawaf y tystion a gofynnaf iddynt gyflwyno eu hunain, os gwelwch yn dda.

Ms Myhill: My name is Tracy Myhill, I am the personnel director at Gwent Healthcare NHS Trust.

Ms Myhill: Tracy Myhill ydw i, cyfarwyddwr personél Ymddiriedolaeth GIG Gofal Iechyd Gwent.

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

Mr Turner: Martin Turner ydw i, prif weithredwr Ymddiriedolaeth GIG Gofal Iechyd Gwent.

Ms Williams: I am Allison Williams, chief executive of Ceredigion and Mid Wales NHS Trust.

Ms Williams: Allison Williams ydw i, prif weithredwr Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru.

Ms Davies: I am Jo Davies, human resources director for Ceredigion and Mid Wales NHS Trust.

Ms Davies: Jo Davies ydw i, cyfarwyddwr adnoddau dynol Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru.

[132] **Janet Davies:** Thank you. We will go straight into the evidence session. I would like to begin by asking each of you to set out for us the relative roles and responsibilities with regard to sickness absence management across your organisations, from yourselves as chief executives, down to managers and staff at the departmental levels. Mr Turner, would you like to start?

[132] **Janet Davies:** Diolch. Fe awn yn syth at y sesiwn dystiolaeth. Hoffwn gychwyn drwy ofyn i chi i gyd osod allan i ni y swyddogaethau a'r cyfrifoldebau perthnasol o ran rheoli absenoldeb oherwydd salwch yn eich sefydliadau, o'ch rhai chi fel prif weithredwyr, i lawr i reolwyr a staff ar lefel adrannol. Mr Turner, hoffech chi gychwyn?

Mr Turner: Of course. I suppose they are twofold in many respects. One, we have an obligation to look after our staff in terms of where they work, giving them good working conditions and so on and so forth. So, as employers, we see that as a responsibility. We also see ourselves as having a responsibility for managing sickness and absence, and making sure that we can eradicate and eliminate, as best we can, time spent by staff away from their workplace because of those circumstances. So, I suppose those are two main responsibilities, Chairman.

Mr Turner: Wrth gwrs. Mae'n debyg eu bod yn ddeublyg ar lawer ystyr. Yn gyntaf, mae'n ofynnol i ni ofalu am ein staff o ran ble maent yn gweithio, gan roi amodau gwaith da iddynt ac ati. Felly, fel cyflogwyr, yr ydym yn ystyried hynny'n gyfrifoldeb. Yr ydym hefyd yn ystyried bod gennym gyfrifoldeb dros reoli salwch ac absenoldeb, a sicrhau ein bod yn gallu dileu a chael gwared, hyd eithaf ein gallu, â'r amser a dreulir gan staff i ffwrdd o'u gweithle oherwydd yr amgylchiadau hynny. Felly, mae'n debyg mai'r rhain yw'r ddau brif gyfrifoldeb, Gadeirydd.

Ms Williams: The approach that we take in Ceredigion is focusing on attendance management, not just sickness and absence management. Attendance management encompasses a much broader spectrum of issues relating to the welfare of our staff and their ability to come to work and to work effectively. As chief executive, ultimately, that is my responsibility within the organisation, ably supported by all of the management team. The HR team, under the leadership of Mrs Davies, has the responsibility for monitoring and providing professional advice to front-line managers, who are clearly accountable for working within the trust framework to deliver attendance management, particularly sickness absence management, for all of the staff within the scope of their responsibility. The scope of responsibility extends throughout the organisation, from supervisors and front-line managers through to the board, which must set the direction and the context within which that absence management should be carried out.

Ms Williams: Y dull yr ydym yn ei ddefnyddio yng Ngheredigion yw canolbwyntio ar reoli presenoldeb, nid rheoli salwch ac absenoldeb yn unig. Mae rheoli presenoldeb yn cwmpasu ystod llawer ehangach o faterion sy'n ymwneud â lles ein staff a'u gallu i ddod i'r gwaith ac i weithio'n effeithiol. Fel prif weithredwr, yn y pen draw, fy nghyfrifoldeb i yn y sefydliad yw hynny, gyda chefnogaeth fedrus yr holl dîm rheoli. Mae'r tîm AD, dan arweiniad Mrs Davies, yn gyfrifol am fonitro a darparu cyngor proffesiynol i reolwyr rheng flaen, sy'n amlwg yn atebol am weithio o fewn fframwaith yr ymddiriedolaeth i reoli presenoldeb, yn arbennig rheoli absenoldeb oherwydd salwch, ar gyfer yr holl staff o fewn cylch eu cyfrifoldeb. Mae cwmpas y cyfrifoldeb yn ymestyn drwy'r sefydliad, o oruchwylwyr a rheolwyr rheng flaen i'r bwrdd, sy'n gorfod gosod y cyfeiriad a'r cyd-destun lle dylai'r rheoli absenoldeb hwnnw ddigwydd.

[133] **Janet Davies:** Okay, thank you. Setting aside the trends within your own trusts, were you surprised by the average level of sickness absence that came out in the Auditor General's report? I do not know which one of you wants to go first.

[133] **Janet Davies:** Iawn, diolch. Gan roi tueddiadau yn eich ymddiriedolaethau eich hunain o'r neilltu, a gawsoch eich synnu gan gyfartaledd y lefel absenoldeb oherwydd salwch a ddaeth i'r amlwg yn adroddiad yr Archwilydd Cyffredinol? Nid wyf yn gwybod pa un ohonoch sydd am fynd yn gyntaf?

Mr Turner: Okay. Anticipating that question, we had a look at some reports that would suggest why Wales, particularly, may be different from England. That was the one

Mr Turner: Iawn. Gan ein bod yn rhag-weld y cwestiwn hwnnw, bu i ni edrych ar rai adroddiadau a fyddai'n awgrymu pam y gall Cymru, yn benodol, fod yn wahanol i Loegr.

bit of the report that surprised me. There are enough reports around—I have one here from the Chartered Institute of Personnel and Development, published back in 2002, which gives you some insight into why there are different sickness levels in different industries and in different parts of the country. It says in there that you would anticipate Wales being quite a bit higher than England anyway. According to this report, something like 5.1 per cent of time was lost in Wales's workforce, compared with 4.4 per cent across the UK. The other thing that was in the report was that the level in the health service—or the public sector—was high; that is high generally across the UK. So, there are indicators there. Do not ask me why. It just gives you these sort of bald facts, if you like, that help you to understand the context of this report perhaps. It tells you that the bigger the organisation, the more likely you are to have sickness absentees. The other fact, which is, again, peculiar to the NHS, is that women are more likely to be sick than men in a workforce environment.

Dyna'r unig ran yn yr adroddiad a oedd yn fy synnu. Mae digon o adroddiadau o gwmpas—mae gennyf un yma gan y Sefydliad Siartredig Personél a Datblygu, a gyhoeddwyd yn ôl yn 2002, sy'n rhoi rhyw syniad i chi pam mae gwahanol lefelau salwch mewn gwahanol ddiwydiannau ac mewn gwahanol rannau o'r wlad. Mae'n dweud yno y byddech yn disgwyl i Gymru fod dipyn yn uwch na Lloegr beth bynnag. Yn ôl yr adroddiad hwn, collwyd rhyw 5.1 y cant o amser yng ngweithlu Cymru, o'i gymharu â 4.4 y cant ledled y DU. Y peth arall a oedd yn yr adroddiad oedd bod y lefel yn y gwasanaeth iechyd—neu'r sector cyhoeddus—yn uchel; mae hynny'n uchel yn gyffredinol ledled y DU. Felly, mae rhai dangosyddion yno. Peidiwch â gofyn i mi pam. Mae'n rhoi'r math yma o ffeithiau moel i chi, os mynnwch, sy'n eich cynorthwyo i ddeall cyd-destun yr adroddiad hwn, efallai. Mae'n dweud wrthych po fwyaf yw'r sefydliad, mwyaf tebygol yr ydych o gael absenoldeb oherwydd salwch. Y ffaith arall, sydd eto'n hynod i'r GIG, yw bod menywod yn fwy tebygol na dynion o fod yn sâl mewn amgylchedd gweithlu.

Having said that, you asked me whether we were surprised: the surprise was in the difference between English hospitals or English trusts and Welsh trusts. That was quite stark, really. Over the last couple of weeks, in anticipation of this meeting, we have tried to understand that. We have talked to colleagues in England about the way in which they measure sickness, and our view—and this is based on a sample of about 20 hospitals in England—is that maybe 0.5 per cent of the difference can be accounted for by the way in which English trusts estimate or calculate their sickness. So, there is something there.

Wedi dweud hynny, gofynnech a oeddem yn ein synnu: y syndod oedd yn y gwahaniaeth rhwng ysbytai Lloegr neu ymddiriedolaethau Lloegr ac ymddiriedolaethau Cymru. Yr oedd hynny'n amlwg iawn, a dweud y gwir. Yn ystod yr wythnos neu ddwy ddiwethaf, gan rag-weld y cyfarfod hwn, yr ydym wedi ceisio deall hynny. Yr ydym wedi siarad â chydweithwyr yn Lloegr am y ffordd y maent yn mesur salwch, a'n barn ni—ac mae hyn yn seiliedig ar sampl o tuag 20 ysbyty yn Lloegr—yw fod efallai 0.5 y cant o'r gwahaniaeth yn deillio o'r ffordd mae ymddiriedolaethau Lloegr yn amcangyfrif neu'n cyfrifo eu salwch. Felly, mae yna rywbeth yna.

The other thing is that the trusts in England used as a comparator did not include primary healthcare trusts, but included all the other trusts: ambulance trusts, acute trusts, mental health trusts. Maybe there is also an answer there, because, to be honest, I cannot explain, and do not understand, the difference between English and Welsh health services. That is still a mystery.

Y peth arall yw nad oedd yr ymddiriedolaethau yn Lloegr a ddefnyddiwyd fel cymaryddion yn cynnwys ymddiriedolaethau gofal iechyd sylfaenol, ond yn cynnwys yr holl ymddiriedolaethau eraill: ymddiriedolaethau ambiwlans, ymddiriedolaethau acíwt, ymddiriedolaethau iechyd meddwl. Fe all fod ateb yma hefyd, oherwydd, i fod yn onest, ni allaf egluro ac nid wyf yn deall y gwahaniaeth rhwng

gwasanaethau iechyd Cymru a Lloegr. Mae hyn yn ddirgelwch o hyd.

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

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

Ms Williams: Chairman, just to put it into context for you, this report arrived on my desk when I was 12 weeks into my post as chief executive, and the same is true for Mrs Davies. So, this was information that was new to us, which was coming into the organisation, and I had returned from three years working in the NHS in Scotland. There were clearly some differentials, and there were some surprises in there for me in terms of my own organisation, the comparators with the rest of the organisations in Wales and, indeed, my experience in Scotland. I think that while, very clearly, we do not dispute anything that is in the report—we are very happy to accept the evidence that is in the report and, indeed, the recommendations—building on what Mr Turner has said, there are some things that are particularly explainable in terms of our own organisation. While not necessarily wanting to make excuses for that, there is this dimension that we have some more work to do both locally and nationally to get underneath why this differential exists, how much of it is accounting artefact, if at all, and how much of it is a genuine difference in sickness and absence management having, perhaps, an adverse effect on the outcome for us, generally, in Wales. So, there were some surprises, but I think that, having looked at that in more detail, there is a lot of work that we are doing, and can do, to redress some of that balance.

Ms Williams: Gadeirydd, i osod hyn mewn cyd-destun i chi, cyrhaeddodd yr adroddiad fy nesg pan oeddwn wedi bod yn fy swydd fel prif weithredwr am 12 wythnos, ac mae'r un peth yn wir am Mrs Davies. Felly, yr oedd hon yn wybodaeth newydd i ni a oedd yn dod i mewn i'r sefydliad. Yr oeddwn wedi dychwelyd ar ôl tair blynedd yn gweithio yn y GIG yn yr Alban. Yr oedd rhai gwahaniaethau yn amlwg, ac yr oedd rhai'n peri syndod i mi o ran fy sefydliad fy hun, y cymaryddion â gweddill sefydliadau Cymru ac, yn wir, fy mhrofiad yn yr Alban. Er nad ydym, yn amlwg iawn, yn amau unrhyw beth sydd yn yr adroddiad—yr ydym yn hapus iawn i dderbyn y dystiolaeth sydd yn yr adroddiad ac, yn wir, yr argymhellion—gan ychwanegu at yr hyn a ddywedodd Mr Turner, mae rhai pethau y gellir eu hegluro'n hawdd o ran ein sefydliad ein hun. Er nad ydym o reidrwydd am wneud esgusodion am hynny, mae yna'r syniad bod gennym ychydig yn fwy o waith i'w wneud yn lleol ac yn genedlaethol i fynd at wraidd y rheswm dros y gwahaniaethau, faint o hyn sy'n ymwneud â ffactor cyfrif, os o gwbl, a faint ohono sy'n wahaniaeth gwirioneddol mewn rheoli salwch ac absenoldeb sy'n cael effaith niweidiol, o bosibl, ar y canlyniad i ni, yn gyffredinol, yng Nghymru. Felly, yr oedd rhai elfennau'n peri syndod, ond credaf, o edrych ar hynny'n fanylach, fod yna lawer o waith yr ydym yn ei wneud ac y gallwn ei wneud i gywiro rhywfaint o'r cydbwysedd hwnnw.

[135] **Janet Davies:** Right. Thanks.

[135] **Janet Davies:** Iawn. Diolch.

[136] **Jocelyn Davies:** I will just ask a question here, if I may, Chair. We are often told that people in Wales suffer worse ill health than people in England, so could it just be that you are drawing your workforce from the Welsh population, which is actually sicker than the English population?

[136] **Jocelyn Davies:** Yr wyf am ofyn cwestiwn yma, os caf fi, Gadeirydd. Clywn yn aml ofd pobl yng Nghymru yn dioddef mwy o salwch na phobl yn Lloegr. Felly, a yw'n bosibl efallai eich bod yn denu eich gweithlu o boblogaeth Cymru, sy'n fwy sâl mewn gwirionedd na phoblogaeth Lloegr?

Mr Turner: That is absolutely true. That is what came out of this other report that I talked about earlier, which is about the general health—or ill health, if you like—of

Mr Turner: Mae hynny'n hollol wir. Dyna a ddaeth allan o'r adroddiad arall hwn yr oeddwn yn ei drafod yn gynharach, ynglŷn ag iechyd cyffredinol—neu salwch, os

the population of Wales. That will certainly account for some of it.

The one thing that I did not mention—and I do not know if Allison has found the same thing in her part of the world—is that when you look at the analysis of the sickness around England and Wales, one of the things that is starkly different in Wales is long-term sickness. Long-term sickness is defined as being away for more than four weeks. If you look at under four weeks, the comparisons seem to be pretty much the same, but as soon as you go to over four weeks, certainly in our trust, we had more than double the average for sickness levels within that sort of workforce. We have 12,000 staff, and we can look at a lot of them in terms of trying to understand this and that was a real surprise to us. Broadly speaking, the way that we see it is that something like 10 per cent of our staff are accounting for 50 per cent of our sickness levels—that is unusual. It is both unusual in terms of the public sector and unusual in terms of any workforce anywhere in the country. When you look at it and ask, 'Why would that be?', that is really hard to answer unless it comes back to the point that you made about chronic sickness in the Welsh population.

It could also be related to things like the generous nature of our sickness schemes. The one thing that I did find—you are looking for correlation here—is that when you look around the country, once you get to six-month sickness levels, you find that a lot of companies around the country—big or small—tend not to pay their staff beyond that point. Now, whether that becomes a trigger and an incentive for people to come back to work, I do not know. In our system, as you know from the report, you can get up to six months' full pay and six months' half pay, which, by any comparison, is quite a generous scheme. That could have an impact, but my view is that one of the things that we could take away from this is the need to research this long-term sickness, which seems to be a problem, certainly in our trust.

Ms Williams: I will, if I may, just add that I think that you also have to look at this in the context of the age profile of the workforce, because that has a significant bearing,

mynnwch chi—pobl Cymru. Bydd hynny'n sicr yn cyfrif am rywfaint ohono.

Un peth na chrybwyllais—ac ni wn a yw Allison wedi gweld yr un peth yn ei rhan hi o'r byd—sef wrth edrych ar y dadansoddiad o salwch ledled Cymru a Lloegr, mai un o'r pethau sy'n hollol wahanol yng Nghymru yw salwch hirdymor. Diffinnir salwch hirdymor fel bod i ffwrdd o'r gwaith am fwy na phedair wythnos. Os ydych yn edrych ar lai na phedair wythnos, mae'r cymariaethau'n ddigon tebyg. Ond pan ewch dros bedair wythnos, yn sicr yn ein hymddiriedolaeth ni yr oedd gennym fwy na dwywaith y cyfartaledd ar gyfer lefelau salwch o fewn y math hwnnw o weithlu. Mae gennym 12,000 o staff, a gallwn edrych ar nifer ohonynt o ran ceisio deall hyn, ac yr oedd hynny'n syndod mawr i ni. Yn gyffredinol, y ffordd yr ydym yn gweld hyn yw bod rhywbeth tebyg i 10 y cant o'n staff yn cyfrif am 50 y cant o'n lefelau salwch—mae hynny'n anarferol. Mae'n anarferol o ran y sector cyhoeddus ac yn anarferol o ran unrhyw weithlu mewn unrhyw ran o'r wlad. Wrth edrych ar hyn a gofyn, 'Pam fyddai hynny'n digwydd?', mae'n anodd iawn ateb os nad yw'n dod yn ôl at y pwynt yr oeddech yn ei wneud am salwch cronig ymhlith pobl Cymru.

Gallai fod yn gysylltiedig hefyd â phethau fel natur hael ein cynlluniau salwch. Yr un peth a welais—yr ydych yn chwilio am gydberthynas yma—wrth edrych o gwmpas y wlad, ar ôl cyrraedd lefelau salwch chwe mis, gwelwch fod nifer o gwmnïau o gwmpas y wlad—mawr neu fach—yn tueddu i beidio â thalu eu staff ar ôl yr amser hwnnw. Yn awr, ni wn a yw hynny'n sbarduno ac yn ysgogi pobl i ddod yn ôl i'r gwaith. Yn ein system ni, fel y gwyddoch o'r adroddiad, gallwch gael hyd at chwe mis o gyflog llawn a chwe mis o hanner cyflog, sydd, mewn unrhyw gymhariaeth, yn gynllun digon hael. Gallai hynny gael effaith, ond yn fy marn i, un o'r pethau y gallem ei ddysgu o hyn yw'r angen am ymchwilio i'r salwch hirdymor hwn, sy'n ymddangos yn broblem, yn sicr yn ein hymddiriedolaeth ni.

Ms Williams: Hoffwn ychwanegu, os caf, fy mod yn credu ei bod yn rhaid i chi hefyd edrych ar hyn yng nghyd-destun proffil oedran y gweithlu, oherwydd mae hynny'n

according to some initial work that we have done, on the general health and the chronic disease elements of the workforce, which are unlikely to be very different from those of the general population. As we move forward, and as you will be aware from the previous evidence given to you by Mrs Lloyd, the task and finish group that I will chair on her behalf will have to look very much at these definitions and understand the impact of chronic illness and age-related chronic illness on the workforce. If I take my own trust as an example, 48 per cent of my trust are part-time workers, which is a very high percentage of part-time workers and is perhaps indicative of the local population in west Wales. A significant proportion of my staff are over 45 years old and in the bracket where we are seeing cancers and chronic illness at the levels that you would expect in the general population. That inevitably has an impact. So, I think that while there is no absolute direct correlation at the moment, from the evidence that we have, there is enough indication there that we have to look at this quite critically when we are planning how we will take action against this in the future.

cael effaith sylweddol, yn ôl ychydig waith cychwynnol a wnaed gennym, ar iechyd cyffredinol ac elfennau afiechyd cronig y gweithlu. Mae hynny'n annhebygol o fod yn wahanol iawn i rai'r boblogaeth yn gyffredinol. Wrth i ni symud ymlaen, ac fel y byddwch yn ymwybodol o'r dystiolaeth flaenorol a gawsoch gan Mrs Lloyd, bydd yn rhaid i'r grŵp gorchwyl a gorffen y byddaf yn ei gadeirio ar ei rhan edrych yn ofalus iawn ar y diffiniadau hyn, a deall effaith salwch cronig a salwch cronig sy'n gysylltiedig ag oedran ar y gweithlu. I gymryd fy ymddiriedolaeth fy hun fel enghraifft, mae 48 y cant o staff fy ymddiriedolaeth yn weithwyr rhan-amser, sy'n ganran uchel iawn o weithwyr rhan-amser ac sydd, efallai, yn arwydd o'r boblogaeth leol yng ngorllewin Cymru. Mae cyfran sylweddol o fy staff dros 45 oed ac yn y grŵp lle yr ydym yn gweld canserau a salwch cronig ar y lefelau y byddech yn disgwyl eu gweld yn y boblogaeth gyffredinol. Mae hyn yn anochel yn cael effaith. Felly, credaf er nad oes cydberthynas uniongyrchol lwyr ar hyn o bryd, o'r dystiolaeth sydd gennym, mae digon o arwyddion ei bod yn rhaid i ni edrych ar hyn yn ddigon beirniadol wrth i ni gynllunio sut y byddwn yn cymryd camau yn erbyn hyn yn y dyfodol.

[137] **Janet Davies:** So, would I be correct in saying that one of the problems that you have, and perhaps a major problem in getting to grips with this, is that there is a lack of central data and a lack of consistency? Would you both say that that was causing you problems, because I think that we will be going into this more deeply this morning? Would you agree that that is a major problem for you?

[137] **Janet Davies:** Felly, a fyddai'n gywir i mi ddweud mai un o'r problemau sydd gennych, sydd efallai'n broblem fawr wrth fynd i'r afael â hyn, yw bod diffyg data canolog a diffyg cysondeb? A fyddech eich dau yn dweud bod hynny'n achosi problemau i chi, oherwydd credaf y byddwn yn trafod hyn yn fwy trylwyr y bore yma? A fyddech yn cytuno bod hon yn broblem fawr i chi?

Ms Williams: I think that what we are seeing is that each individual organisation has varying levels of information, collected in very different ways, which makes comparison very difficult, and it makes absolute interrogation of that information very difficult. One of the very positive things that has come out of this piece of work is an agreement that we have to move forward collectively, with a corporate definition of sickness for NHS Wales, corporate categorisations, and consistent data collection

Ms Williams: Credaf mai'r hyn yr ydym yn ei weld yw bod gan bob sefydliad unigol lefelau amrywiol o wybodaeth sy'n cael ei chasglu mewn ffyrdd gwahanol iawn ac sy'n golygu bod cymharu'n anodd iawn, ac mae'n golygu bod archwilio'r wybodaeth honno'n llwyr yn anodd iawn. Un o'r pethau positif iawn i ddod allan o'r gwaith hwn yw ein bod yn cytuno bod yn rhaid i ni symud ymlaen gyda'n gilydd, gyda diffiniad corfforaethol o salwch ar gyfer y GIG yng Nghymru, categorïau corfforaethol, a dulliau casglu data

methods. So I think that that will inevitably help us, and I have no doubt that the task and finish group will take this one step further in looking at what else we need to do to ensure the consistency and robustness of the collection of information and the interpretation of that information to help management.

cyson. Felly, credaf y bydd hynny'n rhwym o'n cynorthwyo, ac nid oes gennyf amheuaeth na fydd y grŵp gorchwyl a gorffen yn mynd â hyn un cam ymhellach wrth edrych ar beth arall sydd angen i ni ei wneud i sicrhau cysondeb a chadernid wrth gasglu data gwybodaeth ac wrth ddehongli'r wybodaeth honno i gynorthwyo rheolwyr.

[138] **Janet Davies:** Thank you. Val, do you want to come in?

[138] **Janet Davies:** Diolch. Val, ydych chi'n dymuno cyfrannu yma?

[139] **Val Lloyd:** Thank you, Chair. Good morning. I will turn first to the methods used to calculate sickness absence. The definition of the percentage of contracted hours lost that is recommended in the report is already in use across both your trusts. Notwithstanding that, are you satisfied that that is the most meaningful measure of sickness absence that you could possibly use?

[139] **Val Lloyd:** Diolch, Gadeirydd. Bore da. Yr wyf am droi yn y lle cyntaf at y dulliau a ddefnyddir i gyfrifo absenoldeb oherwydd salwch. Mae'r diffiniad o'r ganran o oriau contract a gollir fel sy'n cael ei argymell yn yr adroddiad hwn eisoes yn cael ei ddefnyddio yn eich ymddiriedolaethau. Er hynny, a ydych yn fodlon mai dyna'r dull mwyaf ystyrlon posibl y gallech ei ddefnyddio i fesur absenoldeb oherwydd salwch?

Ms Myhill: I am sure that that is certainly the most common one used, and it appears to be the most valid. At the end of the day, we need a consistent measure so that we can compare. If it is hours lost or days lost, you may get a different percentage. I think that Mr Turner mentioned earlier that we did some comparison within some of the divisions in our own trusts in terms of what happens with some of the English scenarios, where they would use days as opposed to hours, and we got a very different percentage sickness absence rate. As long as you are consistent, be it days or hours, that is the key thing, so that you can see where you are and benchmark yourself against other organisations to see whether you are making progress. From our point of view, however—and certainly the directors of personnel and the deputy directors who did some work on this for us recommended to us contracted hours as the appropriate measure—we are all very happy with that as a way forward.

Ms Myhill: Yr wyf yn sicr mai hwnnw yw'r dull mwyaf cyffredin a ddefnyddir heb amheuaeth, ac mae'n ymddangos mai dyna'r dull un mwyaf dilys. Yn y pen draw, mae arnom angen mesur cyson fel y gallwn gymharu. O ystyried oriau a gollir neu ddyddiau a gollir, gallech gael canran wahanol. Credaf fod Mr Turner wedi crybwyll yn gynharach ein bod wedi gwneud rhai cymariaethau â rhai o'r is-adrannau yn ein hymddiriedolaethau ein hunain i weld beth sy'n digwydd gyda rhai o'r sefyllfaoedd yn Lloegr, lle byddent yn defnyddio dyddiau yn hytrach nag oriau, a chafwyd cyfradd wahanol iawn o absenoldeb oherwydd salwch. Cyhyd â'ch bod yn gyson, boed yn ddyddiau neu'n oriau, dyna'r peth allweddol, er mwyn i chi allu gweld ble'r ydych a gallu meincnodi'ch hun yn erbyn sefydliadau eraill i weld a ydych yn gwneud cynnydd. O'n safbwynt ni, fodd bynnag—ac yn sicr, yr oedd y cyfarwyddwyr personél a'r dirprwy gyfarwyddwyr a wnaeth rywfaint o'r gwaith ar hyn i ni yn argymell mai oriau contract oedd y mesur priodol—yr ydym i gyd yn hapus iawn gyda hynny fel ffordd ymlaen.

Ms Davies: I would endorse that. Its prime purpose is to make sure that we have collected data so that we can undertake the benchmarking. That will also enable us—as

Ms Davies: Byddwn yn cadarnhau hynny. Ei brif bwrpas yw sicrhau ein bod wedi casglu data er mwyn i ni allu gwneud y meincnodi. Bydd hynny hefyd yn ein galluogi—gan mai

that is the measure that is used, obviously, in England—to benchmark more readily against what is going on in England. That does not stop us, as individual organisations, from looking to understand our own environments, and, in different staff groups as well, using other methods if that helps us to understand in more detail. The issue, however, is that we have that headline and definition so that we can do the benchmarking.

hwnnw yw'r mesur a ddefnyddir, yn amlwg, yn Lloegr—i feincnodi'n fwy parod yn erbyn yr hyn sy'n digwydd yn Lloegr. Nid yw hynny'n ein rhwystro, fel sefydliadau unigol, rhag ceisio deall ein hamgylcheddau ein hunain, ac mewn grwpiau staff gwahanol yn ogystal rhag defnyddio dulliau eraill os yw hynny'n ein cynorthwyo i ddeall yn fanylach. Y pwnc trafod, fodd bynnag, yw bod gennym y pennawd a'r diffiniad hwnnw er mwyn i ni allu meincnodi.

[140] **Val Lloyd:** Before this report, were you aware that six out of the 15 trusts in Wales were using different definitions?

[140] **Val Lloyd:** Cyn yr adroddiad hwn, a oeddech yn ymwybodol bod chwech o'r 15 ymddiriedolaeth yng Nghymru yn defnyddio gwahanol ddiffiniadau?

Mr Turner: No. I mean, that is probably why the Chairman asked the question—there was no consistency. We were trying to manage our sickness levels by using independent systems. The one thing that was lacking was that, while you knew what your sickness levels were, you did not know whether they were good, bad or indifferent. That is the thing that really helps you to understand whether you need to target certain problems within your trust or not, which comes back to the point that it does not matter as much what the definition is, as long as it is consistent.

Mr Turner: Nac oeddwn. Mae'n debyg mai dyna pam y gofynnodd y Cadeirydd y cwestiwn—nid oedd cysondeb. Yr oeddem yn ceisio rheoli'n lefelau salwch drwy ddefnyddio systemau annibynnol. Un gwendid oedd hwn: er eich bod yn gwybod beth oedd eich lefelau salwch, nid oeddech yn gwybod a oeddynt yn dda, yn wael neu'n gyffredin. Dyna'n wir sy'n eich cynorthwyo i ddeall a oes angen i chi dargedu problemau penodol yn eich ymddiriedolaeth ai peidio. Ac mae hynny'n dod yn ôl at y pwynt nad oes llawer o wahaniaeth beth yw'r diffiniad, cyhyd â'i fod yn gyson.

Ms Williams: I would just say, if I may add to that, that the report is very timely. This was something that the HR directors and their deputies in Wales were already trying to grapple with, because there was an awareness that, in trying to benchmark, they were struggling to get that comparative data. It was timely, therefore, that the two things came together.

Ms Williams: Hoffwn ddweud, os caf ychwanegu at hynny, fod yr adroddiad yn amserol iawn. Yr oedd hyn yn rhywbeth yr oedd y cyfarwyddwyr AD a'u dirprwyon yng Nghymru eisoes yn ceisio mynd i'r afael ag ef, oherwydd yr oedd ymwybyddiaeth, wrth geisio meincnodi, eu bod yn cael trafferth cael gafael ar y data cymharol hynny. Yr oedd yn amserol, felly, fod y ddau beth wedi dod â'i gilydd.

[141] **Val Lloyd:** I was going to focus on the comparison between England and Wales, but I think that you jumped the gun on that very well indeed and have already answered it very comprehensively. You also brought up the issue of benchmarking and the importance of that. Have you attempted, at all, to benchmark at the levels across all trusts with those in England, or are you waiting?

[141] **Val Lloyd:** Yr oeddwn am ganolbwyntio ar y gymhariaeth rhwng Cymru a Lloegr, ond credaf eich bod wedi rhoi'r drol o flaen y ceffyl o ran hynny'n dda iawn ac wedi ateb y cwestiwn yn gynhwysfawr iawn. Yr ydych hefyd wedi codi mater meincnodi a phwysigrwydd hynny. A ydych wedi ceisio o gwbl feincnodi ar y lefelau ar draws yr holl ymddiriedolaethau gyda'r rheiny yn Lloegr, neu a ydych yn disgwyl?

Mr Turner: We are at a stage where we

Mr Turner: Yr ydym mewn cyfnod lle yr

have started doing it, but I cannot say that we have done a lot on it, to be frank. The first thing was to get our own house in order—our own systems in Wales, that is—and use those comparators. We do use benchmarking across England, and what we tend to do is look for similar trusts, in fact. Rather than look at England as a total, we look for trusts that are similar in size and nature to our own, and then it is easier to go in and look at straightforward comparisons about not just their sickness levels, but what they are doing about it, and learn from each other. That has been quite important. I think that, in Wales, over the last three or four years, we are more inclined to that than we were before that maybe. Do not forget that when trusts were set up under the last Government we were set up to compete, so our readiness to learn from each other was probably less then than it is today. I think that that is true, and we are starting to perhaps learn from each other much more than ever was the case before.

ydym wedi dechrau gwneud hyn, ond ni allaf ddweud ein bod wedi gwneud llawer o waith arno, i fod yn onest. Y peth cyntaf i'w wneud oedd cael trefn arnom ein hunain—hynny yw, ein systemau ni yng Nghymru—a defnyddio'r cymaryddion hynny. Byddwn yn meincnodi ledled Lloegr, a'r hyn yr ydym yn tueddu i'w wneud yw chwilio am ymddiriedolaethau cyffelyb, mewn gwirionedd. Yn hytrach nag edrych ar Loegr gyfan, byddwn yn chwilio am ymddiriedolaethau sy'n debyg o ran maint a natur i'n rhai ni, ac yna mae'n haws mynd i mewn ac edrych ar gymariaethau syml, nid yn unig o ran eu lefelau salwch, ond yr hyn y maent yn ei wneud amdano, a dysgu gan ein gilydd. Mae hynny wedi bod yn ddigon pwysig. Credaf, yng Nghymru, yn y tair neu bedair blynedd diwethaf, ein bod yn symud mwy tuag at wneud hynny nag yn y gorffennol, efallai. Cofiwch, pan gafodd yr ymddiriedolaethau eu sefydlu dan y Llywodraeth ddiwethaf, i ni gael ein sefydlu i gystadlu, ac felly mae'n debyg ein bod yn llai parod i ddysgu gan ein gilydd bryd hynny nag ydym heddiw. Credaf fod hynny'n wir, ac yr ydym yn dechrau dysgu gan ein gilydd efallai lawer yn fwy nag erioed o'r blaen.

Ms Myhill: I will just add to that in terms of benchmarking, if I may. We have subscribed to a benchmarking service since we became a trust in Gwent. It is not within Wales, but there is an organisation called NHSP, which is almost like an internal human resources consultancy within the NHS, and that organisation undertakes surveys on salaries, pay, sickness absence and turnover—loads of different HR indicators. We have subscribed to that. So, when we consider our sickness absence data within the trust, we always have a benchmark against which to compare it. Therefore, in every report that we produce, we say that our absence for nurses is whatever the percentage is, and that that compares with whatever the national benchmark is, so that we know where we are, and we do exactly the same thing with labour turnover, vacancies and other information. That had not been available, certainly not in Wales, but that is what we will now have. Again, even with the surveys to which you subscribe, you have to use a common definition to subscribe to it, so you know that, where you are using that information, it

Ms Myhill: Hoffwn ychwanegu at hynny o ran meincnodi. Yr ydym wedi tanysgrifio i system feincnodi ers ein sefydlu fel ymddiriedolaeth yng Ngwent. Nid yw ar gael yng Nghymru, ond mae yna sefydliad o'r enw NHSP, sydd bron fel ymgynghoriaeth adnoddau dynol fewnol yn y GIG. Bydd y sefydliad hwnnw'n gwneud arolygon o gyflogau, tâl, absenoldeb oherwydd salwch a throsiant—toreth o wahanol ddangosyddion AD. Yr ydym wedi tanysgrifio i hwnnw. Felly, pan fyddwn yn ystyried ein data absenoldeb oherwydd salwch o fewn yr ymddiriedolaeth, mae gennym bob amser feincnod i gymharu ag ef. Felly, ym mhob adroddiad a gynhyrchwn, byddwn yn dweud bod ein habsenoldeb ar gyfer nyrsys yn beth bynnag yw'r ganran, a bod hynny'n cymharu â beth bynnag yw'r meincnod cenedlaethol, er mwyn i ni wybod ble'r ydym yn sefyll. A byddwn yn gwneud yn union yr un peth gyda throsiant llafur, swyddi gwag a gwybodaeth arall. Nid oedd hynny ar gael, yn sicr nid yng Nghymru, ond dyna beth fydd gennym yn awr. Eto, hyd yn oed gyda'r arolygon yr ydych yn tanysgrifio iddynt, mae'n rhaid i chi

is common, but it is not universal. That is probably the best way to describe it.

ddefnyddio diffiniad cyffredin i danysgrifio iddo, er mwyn i chi wybod, pan fyddwch yn defnyddio'r wybodaeth honno, ei bod yn gyffredin, ond nid yn gyffredinol. Mae'n debyg mai dyna'r ffordd orau i'w disgrifio.

Ms Davies: As a trust, we also subscribe to that benchmarking. However, one of the other difficulties—and this is leading from one of the early answers—is that we are still integrated trusts. The report itself makes the point that the English trusts that are, in fact, above the benchmark figure of 4.7 per cent are, for example, the primary care or mental health trusts. In a sense, to benchmark, you have to benchmark similar trusts; you do not need to benchmark apples and pears.

Ms Davies: Fel ymddiriedolaeth, yr ydym ni hefyd yn tanysgrifio i'r meincnodi hwnnw. Fodd bynnag, un o'r anawsterau eraill—ac mae hyn yn dilyn o un o'r atebion cynharach—yw ein bod yn dal ynymddiriedolaethau integredig. Mae'r adroddiad ei hun yn gwneud y pwynt mai'r ymddiriedolaethau yn Lloegr sydd mewn gwirionedd yn uwch na'r ffigur meincnod o 4.7 y cant, er enghraifft, yw'r ymddiriedolaethau gofal sylfaenol neu iechyd meddwl. Mewn ffordd, er mwyn meincnodi rhaid i chi feincnodi yn erbyn ymddiriedolaethau cyffelyb; nid oes angen i chi feincnodi dau beth hollol wahanol.

[142] **Janet Davies:** Alun, you have some questions?

[142] **Janet Davies:** Alun, mae gennych rai cwestiynau?

[143] **Alun Cairns:** My first questions are to Mr Turner. I refer you to figure 7 on page 11 of the report, Mr Turner, which shows an improvement in the trends over recent years in Gwent Healthcare NHS Trust. Based on that trend, can you tell us whether you expect to see a further reduction in sickness absence for the 2003-04 financial year?

[143] **Alun Cairns:** Mae fy nghwestiynau cyntaf i Mr Turner. Cyfeiriaf at ffigur 7 ar dudalen 11 yn yr adroddiad, Mr Turner, sy'n dangos gwelliant yn y tueddiadau dros y blynyddoedd diwethaf yn Ymddiriedolaeth GIG Gofal Iechyd Gwent. Ar sail y duedd hon, allwch chi ddweud a ydych yn disgwyl gweld gostyngiad pellach mewn absenoldeb oherwydd salwch am y flwyddyn ariannol 2003-04?

Mr Turner: I would love to be able to say 'yes', and we have, in fact, brought our sickness levels down. The issue for us is whether or not—I am sure that somebody at some stage in this morning's meeting will ask what is achievable in terms of the NHS in Wales. My view is that probably somewhere around the 4.5 per cent mark is something that we could and should be able to achieve in Wales. We have got our levels down to below 5 per cent at the moment, and you can see that the trend came from almost 6 per cent. I think that that is one of the reasons for our having focused on this—that level was not good enough. If you look behind that data, you will see that there were certain areas within the trust that really needed to be sorted out, but that was not universal. It is interesting that you can look through this

Mr Turner: Byddwn wrth fy modd yn gallu dweud 'ydw', ac yr ydym, mewn gwirionedd, wedi dod â'n lefelau salwch i lawr. Y cwestiwn i ni yw a allwn—yr wyf yn sicr y bydd rhywun rywbryd yn y cyfarfod y bore yma yn gofyn beth sy'n bosibl ei gyflawni o ran y GIG yng Nghymru. Fy marn i yw bod rhywbeth tebyg i 4.5 y cant yn rhywbeth y gallem ac y dylem ei gyrraedd yng Nghymru. Yr ydym wedi cael ein lefelau i lawr yn is na 5 y cant erbyn hyn, a gallwch weld bod y duedd wedi dod o bron i 6 y cant. Credaf mai hyn yw un o'r rhesymau pam yr ydym wedi canolbwyntio ar hyn—nid oedd y lefel honno'n ddigon da. Os edrychwch y tu ôl i'r data hynny, gwelwch fod gwir angen cael trefn ar rai meysydd yn yr ymddiriedolaeth, ond nid oedd hynny'n gyffredinol. Mae'n ddiddorol i chi allu edrych drwy'r adroddiad

report and you can see that there are different groups of staff that have different sickness levels and so on and so forth. It is the same with organisations. Now, if you are asking about my trust, or our trust, yes, I think that we are in a position to be fairly confident that we can bring that down. When you talk about Wales, I am probably not in a position to answer for the rest of Wales.

hwn a gweld bod gwahanol lefelau salwch ymhlith gwahanol grwpiau o'r staff, ac yn y blaen. Mae'r un peth yn wir gyda sefydliadau. Yn awr, os ydych yn holi am fy ymddiriedolaeth i, neu ein hymddiriedolaeth ni, ydw, yr wyf yn credu ein bod mewn sefyllfa i fod yn weddol hyderus y gallwn ddod â hynny i lawr. A siarad am Gymru, mae'n debyg nad wyf mewn sefyllfa i ateb ar ran gweddill Cymru.

[144] **Alun Cairns:** Okay. I am sure that we will come onto the wider issue. What do you think are the critical factors, then, in the improvements that you have made?

[144] **Alun Cairns:** Iawn. Yr wyf yn sicr y byddwn yn trafod y mater ehangach yn y man. Beth gredwch chi yw'r ffactorau tyngedfennol, felly, yn y gwelliannau yr ydych wedi'u gwneud?

Mr Turner: I think that there are about two or three factors, and I am sure that Tracy Myhill can add to this. One of them is about having policies that enable staff to not take sickness as an alternative. If they have a problem at home, if there are issues, sometimes you find that the NHS has, you know, 20 or 30-year-old policies that some trusts have not altered or changed and which do not give people the flexibility that they perhaps require in this day and age, particularly when you have an 80 per cent female workforce that still, very often, has responsibilities inside the home, for example. So, I think that it is about those sorts of flexibilities—things like flexible working hours—and those sorts of policies. So, if somebody has a sick child, instead of ringing in sick, there are alternatives: they can come in on a different day, for example. Those sorts of policies, certainly, are important.

Mr Turner: Credaf fod rhyw ddau neu dri ffactor, ac yr wyf yn sicr y gall Tracy Myhill ychwanegu at hyn. Mae un ohonynt yn ymwneud â chael polisïau sy'n galluogi staff i beidio â chymryd salwch fel dewis. Os oes ganddynt broblem gartref, os oes problemau, weithiau mae gan y GIG, fel y gwyddoch, bolisïau sy'n 20 neu 30 oed ac sydd heb eu d Diwygio na'u newid gan rai ymddiriedolaethau. Nid ydynt yn rhoi i bobl yr hyblygrwydd y mae arnynt ei angen yn y byd sydd ohoni, yn arbennig pan fydd gennych weithlu sy'n cynnwys 80% o fenywod a'r rheiny, yn aml iawn, yn dal yn gyfrifol am y cartref, er enghraifft. Felly, credaf fod hyn yn ymwneud â'r mathau hynny o hyblygrwydd—pethau fel oriau gwaith hyblyg—a'r mathau hynny o bolisïau. Felly, os oes gan rywun blentyn sâl, yn hytrach na ffonio i mewn i ddweud ei fod yn sâl, mae yna ddewisiadau eraill: gallant ddod i mewn ar ddiwrnod arall, er enghraifft. Mae'r mathau hynny o bolisïau, yn sicr, yn bwysig.

The other one is about culture, which, in my view, it is much harder to be tangible about. In my view, punitive cultures, for example, do not work; they probably have the opposite impact. So, if you work for an organisation that tends to be more likely to blame and autocratically manage their staff, I would not mind betting that there is a correlation between that and higher sickness levels.

Mae'r llall yn ymwneud â diwylliant, sydd, yn fy marn i, lawer yn anos bod yn bendant amdano. Yn fy marn i, nid yw diwylliannau cosbi, er enghraifft, yn gweithio; maent yn fwy tebygol o gael effaith i'r gwrthwyneb. Felly, os ydych yn gweithio i sefydliad sy'n dueddol o fod yn fwy tebygol o weld bai a rheoli eu staff yn awdurdodus, byddwn yn fodlon haeru bod cysylltiad rhwng hynny a lefelau salwch uwch.

The third thing is probably about sickness management—in other words, you can

Mae'r trydydd peth yn ymwneud â rheoli salwch—hynny yw, gallwch reoli salwch.

manage sickness. Yes, people get ill, they have coughs and colds and they cannot come into work. However, there is an issue about managing, and this report—it is very difficult to say, 'that is the thing to do' or 'that is the thing not to do'—spells out what is regarded as good practice. Arguably, where you see that good practice, you see lower sickness levels. Now, we have concentrated quite a lot on that side of things. For example, if people are off sick, what do you do? Do you leave them alone? Actually, you do not; you keep in touch with these people, particularly if they have longer-term sickness. It is probably more important then. So it is policies like that. I do not know whether Tracy could add to the detail.

Ydynt, mae pobl yn mynd yn sâl, byddant yn cael peswch ac annwyd ac yn methu dod i'r gwaith. Fodd bynnag, mae yna fater o reoli, ac mae'r adroddiad hwn—mae'n anodd iawn dweud, 'dyna'r peth i'w wneud' neu 'dyna beth na ddylid ei wneud'—yn nodi'r hyn a ystyrir yn arfer da. Gellir dadlau, lle gwelwch arfer da, y byddwch yn geld lefelau salwch is. Yn awr, yr ydym wedi canolbwyntio cryn dipyn ar yr ochr hon o bethau. Er enghraifft, os yw pobl i ffwrdd o'r gwaith yn sâl, beth wnewch chi? A ydych yn gadael llonydd iddynt? Mewn gwirionedd, nac ydych; yr ydych yn cadw mewn cysylltiad â'r bobl hyn, yn arbennig os oes ganddynt salwch hirdymor. Mae'n debygol o fod yn bwysicach bryd hynny. Felly, polisïau fel hynny. Ysgwn i a all Tracy fanylu?

Ms Myhill: I will just add a few things, if I may. Just to confirm one of the points that Mr Turner mentioned in terms of flexible working, career breaks and a flexible approach to people's employment is really important. There is some evidence that demonstrates that that does reduce sickness absence rates, because if you can ring in and say, 'My child is ill today', and we can accommodate that and we can help people to deal with those situations, that is good. If we cannot, they will ring in and say, 'I'm ill'. That is life, and we need to be flexible and supportive and to support people in those situations, and we do that quite a bit within the trust.

Ms Myhill: Yr wyf am ychwanegu pwynt neu ddau, os caf fi. Dim ond cadarnhau un o'r pwyntiau a grybwyllodd Mr Turner o ran bod gweithio'n hyblyg, seibiant gyrfa ac agwedd hyblyg at gyflogaeth pobl yn bwysig iawn. Mae rhywfaint o dystiolaeth sy'n dangos bod hynny'n gostwng cyfraddau absenoldeb oherwydd salwch. Oherwydd os gallwch ffonio i mewn i ddweud, 'Mae fy mhlentyn yn sâl heddiw', ac ninnau'n gallu gwneud trefniadau ar gyfer hynny a chynorthwyo pobl i ddelio â'r sefyllfaoedd hynny, mae hynny'n beth da. Os na allwn, byddant yn ffonio i mewn a dweud, 'Rwyf yn sâl'. Dyna yw bywyd, ac mae angen i ni fod yn hyblyg ac yn gefnogol a chefnogi pobl yn y sefyllfaoedd hynny. Yr ydym yn gwneud cryn dipyn o hynny yn yr ymddiriedolaeth.

The other issue that I think that has been really important in our trust is top-level commitment. I think that if you discuss these issues at senior levels within the trust, have good information, and the chief executive shows a commitment to this as an important issue, as does the board, it makes a difference. There is no doubt that it makes a difference if we are regularly reviewing it. We review the absence levels through a quarterly performance review with all our clinical divisions, so people have to talk to us about what is happening. There is no doubt that attention like that makes a very big difference.

Credaf mai'r mater arall sydd wedi bod yn bwysig iawn yn ein hymddiriedolaeth yw ymrwymiad ar y lefel uchaf. O trafodwch y materion hyn ar lefelau uwch yn yr ymddiriedolaeth, credaf eich bod yn cael gwybodaeth dda, a bydd y prif weithredwr yn dangos ymrwymiad i hyn fel mater pwysig, fel y mae'r bwrdd. Mae hynny'n gwneud gwahaniaeth. Mae'n sicr ei fod yn gwneud gwahaniaeth os byddwn yn ei adolygu'n rheolaidd. Byddwn yn adolygu'r lefelau drwy adolygiad chwarterol o berfformiad ein holl is-adrannau clinigol, er mwyn sicrhau bod pobl yn gorfod siarad â ni am yr hyn sy'n digwydd. Nid oes amheuaeth nad yw sylw felly'n gwneud gwahaniaeth mawr iawn.

From an HR professional point of view, I think that we can do a lot, and we do a lot and we provide a lot of advice and we put systems in place, but you need that top-level, senior commitment to make it happen, and to go to the nth degree, if you like. So I think that that has been helpful for us. You will know from the report that there are some things that we have introduced that we think have been helpful. For example, the sickness toolkit that you may have seen, or will certainly have heard referred to, which brings all the support that managers can have in managing sickness absence into one document to help them to do that. We have invested in sickness tsars, as we call them, who are basically employees who do not a lot else other than work on sickness absence with managers, training and supporting managers, and looking at the trigger points from our policy and making sure that we intervene where we should. So there are lots of things that you can do, but we will never get down to nought. I think that we have to be realistic in terms of what we can get down to. Those sorts of actions will probably get you down to 4.5 per cent, if we keep that up. From then on, there is more that we need to do.

O safbwynt gweithiwr proffesiynol AD, credaf y gallwn wneud llawer, ac yr ydym yn gwneud llawer. Yr ydym yn darparu llawer o gyngor ac yn rhoi systemau ar waith, ond mae angen yr ymrwymiad hwnnw o'r lefel uchaf, uwch er mwyn iddo ddigwydd, ac i fynd i'r eithaf, os mynnwch. Felly, credaf i hynny fod yn ddefnyddiol i ni. Byddwch yn gwybod o'r adroddiad fod rhai pethau wedi eu cyflwyno gennym sydd wedi bod yn ddefnyddiol yn ein barn ni. Er enghraifft, y pecyn salwch y byddwch wedi'i weld, hwyrach, neu'n sicr y byddwch wedi clywed cyfeirio ato. Mae'n cyfuno'r holl gymorth y gall rheolwyr ei gael i reoli absenoldeb oherwydd salwch mewn un ddogfen i'w cynorthwyo i wneud hynny. Yr ydym wedi buddsoddi mewn tsariaid salwch, fel y byddwn yn eu galw, sef gweithwyr cyflogedig, yn y bôn, nad ydynt yn gwneud llawer mwy na gweithio ar absenoldeb oherwydd salwch gyda rheolwyr, yn hyfforddi ac yn cynorthwyo rheolwyr, ac yn edrych ar y cyraeddnodau yn ein polisi gan sicrhau ein bod yn ymyrryd lle dylem wneud hynny. Felly, mae nifer o bethau y gallwch eu gwneud, ond ni allwn fyth gyrraedd sero. Credaf fod yn rhaid i ni fod yn realistig o ran y lefel isaf y gallwn ei chyrraedd. Mae'n debyg y bydd camau fel hyn yn mynd â chi i lawr i 4.5 y cant, os daliwn ati. O hynny ymlaen, mae angen i ni wneud mwy.

[145] **Alun Cairns:** On that basis, then, Mr Turner, are you satisfied with your performance against the other trusts in Wales?

[145] **Alun Cairns:** Ar y sail honno, felly, Mr Turner, a ydych yn fodlon â'ch perfformiad o'i gymharu â'r ymddiriedolaethau eraill yng Nghymru?

Mr Turner: No. I believe—and you do not have the detail that I have available to me about what is happening behind those figures—that we have some pockets of real problem areas that we need to concentrate on. It is our view that we can still make inroads into that. It is probably more about the management side of it, than it is about the other things that I talked about. It is about managing, and particularly in relation to the point I made about long-term sickness, I am worried about our long-term sickness levels within the trust. Again, I guess that one of the things that we need to do is to research that and understand it. I do not fully understand that. We know that we have it. Later on, we will be talking about reasons for sickness, I

Mr Turner: Na. Nid oes gennych y manylion sydd ar gael i mi am yr hyn sy'n digwydd y tu ôl i'r ffigurau hynny, ond credaf fod gennym rai pocedi o feysydd problemus gwirioneddol y mae angen i ni ganolbwyntio arnynt. Ein barn ni yw y gallwn fynd i'r afael â hynny o hyd. Mae'n debygol ei fod yn ymwneud mwy â'r ochr reoli nag â'r pethau eraill yr wyf wedi'u crybwyll. Mae'n ymwneud â rheoli, ac yn arbennig mewn perthynas â'r pwynt a wneuthum am salwch hirdymor. Yr wyf yn bryderus ynglŷn â'n lefelau salwch hirdymor yn yr ymddiriedolaeth. Eto, mae'n sicr gennyf mai un o'r pethau y mae angen i ni eu gwneud yw ymchwilio i hynny a'i ddeall. Nid wyf yn deall hyn yn llwyr. Gwyddom ei

am sure, and there is an issue there about our lack of understanding about why we have a long-term sickness problem. Tackling that, I think, will bring this down significantly.

fod yn digwydd. Yn ddiweddarach, byddwn yn siarad am y rhesymau dros salwch, yr wyf yn sicr, ac mae cwestiwn yma am ein diffyg dealltwriaeth pam mae gennym broblem salwch hirdymor. Bydd mynd i'r afael â hynny, yn fy marn i, yn dod â hyn i lawr yn sylweddol.

[146] **Alun Cairns:** Thank you very much. Ms Williams, if I can turn to Ceredigion and Mid Wales NHS Trust, sickness absence increased sharply in 2002-03 to almost 7 per cent of contracted hours. Why was this?

[146] **Alun Cairns:** Diolch yn fawr iawn. Ms Williams, os y caf droi at Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru, cynyddodd absenoldeb oherwydd salwch yn sylweddol yn 2002-03 i bron 7 y cant o oriau contract. Beth oedd y rheswm am hyn?

Ms Williams: I would just like to explain, if I may, that I was not working in the trust prior to 2003, so I hope that you will acknowledge that some of the information that I will give you is second-hand information. The biggest concern I have is about 2001-02, because I think that what we have suffered from is under-reporting of sickness in the trust historically. So what appeared to be an improved position was quite possibly an artefact. However, I would not dispute the figure that was quoted for 2002-03, partly because there was a significant improvement over the latter period of the data collection in recording sickness and absence—

Ms Williams: Hoffwn egluro, os caf fi, nad oeddwn yn gweithio yn yr ymddiriedolaeth cyn 2003. Felly, gobeithio y byddwch yn cydnabod y bydd rhywfaint o'r wybodaeth a roddaf i chi yn wybodaeth ail-law. Fy mhryder mwyaf yw 2001-02, oherwydd credaf mai'r hyn yr ydym wedi dioddef o'i oherwydd yw peidio â chofnodi salwch yn ddigonol yn yr ymddiriedolaeth yn hanesyddol. Felly, nid yr oedd yr hyn a oedd yn ymddangos yn sefyllfa well yn ddim myw nag arteffact, o bosibl. Fodd bynnag, ni fyddwn yn amau'r ffigur a roddwyd ar gyfer 2002-03, yn rhannol oherwydd bod cynnydd sylweddol wedi digwydd dros y cyfnod diweddaraf o gasglu data wrth gofnodi salwch ac absenoldeb—

[147] **Alun Cairns:** Can I just cut across you? I apologise for intervening. On the under-reporting, what was the cause of that? Would you say that that was wilful or would you say that that was just neglect in terms of the way that the statistics were collated?

[147] **Alun Cairns:** A gaf fi dorri ar eich traws? Mae'n ddrwg gennyf am ymyrryd. O ran peidio â chofnodi'n ddigonol, beth oedd y rheswm am hynny? A fyddech yn dweud bod hynny'n fwriadol, neu a fyddech yn dweud mai esgeulustod oedd hynny yn y ffordd y câi'r ystadegau eu crynhoi?

Ms Williams: No. I actually think that, culturally—there are two ways that we get sickness data. One is from the payroll system and one is from managers reporting that directly through to the human resources department for them to record sickness and absence. I think that, to some extent, sickness absence reporting has not been given the priority historically in the NHS in general—I am being very generalist here—that really it should have. That is an issue for us and something that we have tackled very actively over the last 12 months. I was very unhappy to see the sort of position of the trust in

Ms Williams: Na. Credaf mewn gwirionedd fod dwy ffordd—yn ddiwylliannol-o gael data salwch. Y naill yw drwy'r system gyflogres, a'r llall yw gan reolwyr sy'n nodi hynny'n uniongyrchol drwy'r adran adnoddau dynol er mwyn i honno gofnodi salwch ac absenoldeb. Credaf, i ryw raddau, nad yw cofnodi absenoldeb oherwydd salwch wedi cael y flaenoriaeth yn hanesyddol yn y GIG ar y cyfan—yr wyf yn cyffredinoli yma—y dylai ei chael mewn gwirionedd. Mater i ni yw hynny, a rhywbeth yr ydym wedi mynd i'r afael ag ef yn rymus iawn yn ystod y 12 mis diwethaf. Yr oeddwn yn

comparison with others. While all trusts are different, you will have unique problems. You cannot make direct comparisons, for example, between Ceredigion and Gwent. They are very different trusts and very different in size. However, you would not expect the scope to be so significant.

anhapus iawn i weld y math o sefyllfa yr oedd yr ymddiriedolaeth ynddi o'i chymharu ag eraill. Er bod pob ymddiriedolaeth yn wahanol, bydd gennych broblemau unigryw. Ni allwch wneud cymariaethau uniongyrchol, er enghraifft, rhwng Ceredigion a Gwent. Maent yn ymddiriedolaethau gwahanol iawn ac yn wahanol iawn o ran maint. Fodd bynnag, ni fyddech yn disgwyl i'r ystod fod mor sylweddol.

The issue for us is about what we have done over the last 12 months and what we are continuing to do to bring that down. I was very pleased that, in the last quarter, we recorded a sickness level of 4.67 per cent. No doubt, the next quarter will be different, because it is seasonal and you cannot take the quarters just in isolation. However, we are on target at the moment for about a 5.5 per cent overall rate in this year. That is down to a lot of the actions. It is always very good when the chief executives are saying the same things, but what Mr Turner has already said in terms of culture and in terms of priorities is true. There is one thing that I would add to what was said by my colleagues from Gwent, and that is about the partnership approach with the trade unions and how you work in partnership with them. Attendance management, rather than sickness management, is an issue for all staff and an issue for the trade unions as much as it is for the managers of the trust. We have done a tremendous amount of work locally with our trade union colleagues to look at maximising attendance across the board, because non-attendance impacts so significantly on the rest of the workforce. I would not underestimate the power of that partnership approach to achieve a very sustainable resolution.

Y mater i yw'r hyn yr ydym wedi ei wneud yn ystod y 12 mis diwethaf, a'r hyn yr ydym yn parhau i'w wneud i ddod â hynny i lawr. Yr oeddwn yn falch iawn, yn y chwarter diwethaf, ein bod wedi cofnodi lefel salwch o 4.67 y cant. Heb os, bydd y chwarter nesaf yn wahanol, oherwydd bod hyn yn dymhorol ac ni allwch ystyried chwarteri ar eu pen eu hunain. Fodd bynnag, yr ydym o fewn ein targed ar hyn o bryd i gyrraedd cyfradd gyffredinol o tua 5.5 y cant am eleni. Mae hynny i'w briodoli i nifer o'r camau. Mae'n dda iawn bob amser pan fydd y prif weithredwyr yn dweud yr un pethau, ond mae'r hyn y mae Mr Turner wedi ei ddweud eisoes o ran diwylliant ac o ran blaenoriaeth yn wir. Mae un peth y byddwn yn ei ychwanegu at yr hyn a ddywedwyd gan fy nghydweithwyr o Went, sef am y dull partneriaeth gyda'r undebau llafur a sut i weithio mewn partneriaeth â hwy. Mae rheoli absenoldeb, yn hytrach na rheoli salwch, yn fater i'r staff i gyd ac yn gymaint o fater i'r undebau llafur ag ydyw i reolwyr yr ymddiriedolaeth. Yr ydym wedi gwneud llawer iawn o waith yn lleol gyda'n hundeb llafur i geisio sicrhau'r presenoldeb uchaf drwyddi draw, oherwydd bod absenoldeb yn effeithio mor sylweddol ar weddill y gweithlu. Ni fyddwn dibrisio grym y dull partneriaeth hwnnw i gyflawni ateb cynaliadwy iawn.

[148] **Alun Cairns:** Thank you, Mrs Williams; that is very useful. I now refer both Mr Turner and Mrs Williams to figure 9 on page 13. Do the levels of sickness absence shown for different NHS staff groups in figure 9 on page 13 broadly reflect the trends in your trusts? Mrs Williams, would you like to kick off?

[148] **Alun Cairns:** Diolch, Mrs Williams, mae hynny'n ddefnyddiol iawn. Cyfeiriaf Mr Turner a Mrs Williams yn awr at ffigur 9 ar dudalen 13. A yw'r lefelau absenoldeb oherwydd salwch a ddangosir ar gyfer gwahanol grwpiau staff GIG yn ffigur 9 ar dudalen 13 yn adlewyrchu'n fras y tueddiadau yn eich ymddiriedolaethau? Mrs Williams, hoffech chi gychwyn?

Ms Williams: Yes, they do, is the short

Ms Williams: Yr ateb yr fyr yw eu bod yn

answer. There is nothing very significant that would deviate from that at all.

gwneud hynny. Nid oes unrhyw beth arwyddocaol iawn a fyddai'n tynnu oddi ar hynny o gwbl.

[149] **Alun Cairns:** Mr Turner?

[149] **Alun Cairns:** Mr Turner?

Mr Turner: Ditto. Exactly the same.

Mr Turner: Eto. Yn union yr un peth.

[150] **Alun Cairns:** Okay, thank you. Can you tell me then why, do you think, there is so much sickness absence among nursing and midwifery staff?

[150] **Alun Cairns:** Iawn, diolch. A allwch ddweud wrthyf, felly, pam yn eich tyb chi mae cymaint o absenoldeb oherwydd salwch ymhlith staff nyrsio a bydwragedd?

Ms Williams: I will answer first, if I may. I think it is multifactorial. We have to look at the age profile of the workforce, as I related earlier. A lot of the nurses are women and, referring back to Mr Turner's earlier points about the flexibility of working arrangements and its relationship with sickness management, I think that it is particularly significant within that group of staff. Manual handling and back injuries and musculo-skeletal injuries are the highest in that group of staff. I guess that when we come to talk about prevention, which no doubt we will later on in the morning, that is a significant factor within that group and, indeed, with the ancillary staff. I think that we still have a lot of work culturally to do around job satisfaction in the ancillary staff group, because that is something that is very difficult to measure. The impact of job satisfaction of roles, and flexibility within roles, and its impact on sickness is something that we are very much aware of and starting to do some work around.

Ms Williams: Hoffwn am ateb gyntaf, os caf. Credaf fod llawer ffactor yn hyn. Mae'n rhaid i ni edrych ar broffil oedran y gweithlu, fel y soniais yn gynharach. Mae nifer o'r nyrsys yn fenywod, a chan gyfeirio'n ôl at bwyntiau cynharach Mr Turner am hyblygrwydd trefniadau gwaith a'r cysylltiad â rheoli salwch, credaf fod hynny'n arbennig o arwyddocaol yn y grŵp staff hwnnw. Gwaith trafod â llaw ac anafiadau cefn ac anafiadau cyhyrysgerbydol yw'r uchaf yn y grŵp staff hwnnw. Wrth drafod atal, a byddwn yn gwneud hynny'n sicr yn ddiweddarach yn y bore, mae'n sicr gennyf fod hynny'n ffactor pwysig yn y grŵp hwnnw ac, yn wir, ymhlith y staff cynorthwyol. Credaf fod gennym lawer o waith i'w wneud o hyd yn ddiwylliannol o ran boddhad mewn swydd yn y grŵp staff cynorthwyol, oherwydd mae hynny'n beth anodd iawn ei fesur. Mae effaith boddhad mewn swyddi, a hyblygrwydd mewn swyddi, ac effaith hynny ar salwch yn rhywbeth yr ydym yn ymwybodol iawn ohono ac yn dechrau mynd i'r afael ag ef.

[151] **Alun Cairns:** Mr Turner?

[151] **Alun Cairns:** Mr Turner?

Mr Turner: Yes, I have a similar response. I think that I can probably add a couple of comments that have not been made. On nurses and midwives, you cannot have ill people looking after ill people, I guess. So, with nurses being front-line staff, you are more likely, perhaps, to have people with coughs and colds in the nursing force staying away than maybe other groups of staff. So, I think that that is one reason. It is speculation: I do not have the facts available to me. We have talked about the fact that most nurses are women. One of the other things that we know a bit about is that about 50 per cent of

Mr Turner: Oes, mae gennyf ateb tebyg. Credaf y gallaf yn ôl pob tebyg ychwanegu sylw neu ddau nad ydynt wedi'u gwneud. O ran nyrsys a bydwragedd, ni allwch gael pobl sâl i ofalu am bobl sâl, mae'n debyg. Felly, gan fod nyrsys yn staff rheng flaen, hwyrach eich bod yn fwy tebygol o gael pobl gyda pheswch ac annwyd ymhlith y staff nyrsio yn aros gartref na grwpiau eraill o staff. Felly, credaf mai dyna un rheswm. Dyfalu yw hyn: nid oes gennyf y ffeithiau. Yr ydym wedi siarad am y ffaith mai menywod yw'r mwyafrif o nyrsys. Un o'r pethau eraill y gwyddom ychydig amdano yw bod oddeutu

our sickness, or long-term sickness particularly, is related to stress-related absence, and about 40 per cent is related to musculo-skeletal problems—back problems and so on.

50 y cant o'n cyfraddau salwch, neu salwch hirdymor yn arbennig, yn gysylltiedig ag absenoldeb oherwydd straen, a bod oddeutu 40 y cant yn gysylltiedig â phroblemau cyhyrysgerbydol—problemau cefn, ac ati.

Again, one of the issues that I know that you have talked about with Ann Lloyd et al, was about understanding how much of this is work related and how much is not. So, at this stage, we know that much: that those are probably the main causes of these absences. The bit that we cannot answer, and maybe we will talk about a bit later, is the relationship between stress and musculo-skeletal problems and workforce injuries, and whether it comes from work or home, or both.

Eto, un o'r materion y gwn i chi eu trafod gydag Ann Lloyd ac eraill oedd deall faint o hyn sy'n gysylltiedig â gwaith a faint nad yw. Felly, ar hyn o bryd, gwyddom gymaint â hynny: mai'r rheiny, yn ôl pob tebyg, yw prif achosion yr absenoldebau hyn. Yr hyn na allwn ei ateb, ac efallai y byddwn yn siarad am hyn yn ddiweddarach, yw'r berthynas rhwng straen a phroblemau cyhyrysgerbydol ac anafiadau gweithlu, ac a yw hyn yn digwydd gartref neu yn y gwaith, neu'r ddau.

[152] **Alun Cairns:** Thank you. Finally, do you think that the levels of violence experienced by nursing staff play any part at all?

[152] **Alun Cairns:** Diolch. I gloi, a ydych yn credu bod i'r lefelau trais y mae staff nyrsio yn ei ddioddef unrhyw ran yn hyn?

Mr Turner: Interesting. We have a report on this from our staff, and we experience about 1,600 to 1,700 instances per annum of recorded violence to staff within our trust. Most of them are actually physical abuse, particularly within mental health and, sometimes, community settings. Interestingly enough, they account for very little sickness: it is 0.01 per cent; it is nothing. However it is, nevertheless, a factor that could come back to the stress-related issues that might, at a later date, cause people to go off work if they are working in those environments.

Mr Turner: Diddorol. Mae gennym adroddiad am hyn gan ein staff, a byddwn yn cael oddeutu 1,600 i 1,700 o ddigwyddiadau bob blwyddyn o drais a gofnodir yn erbyn staff yn ein hymddiriedolaeth. Mae'r mwyafrif o'r digwyddiadau'n ymwneud â cham-drin corfforol, yn arbennig mewn iechyd meddwl, ac weithiau mewn lleoliadau cymunedol. Yn ddiddorol iawn, maent yn cyfrif am ychydig iawn o salwch: 0.01 y cant; nid yw hynny'n ddim. Fodd bynnag, mae'n ffactor a allai fod yn gysylltiedig â'r materion sy'n ymwneud â straen ac a allai, yn ddiweddarach, achosi i bobl fod i ffwrdd o'r gwaith os ydynt yn gweithio yn yr amgylcheddau hynny.

[153] **Alun Cairns:** Ms Williams, would you agree?

[153] **Alun Cairns:** Ms Williams, a fyddech yn cytuno?

Ms Williams: Yes, I would, entirely.

Ms Williams: Byddwn, yn llwyr.

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

[154] **Janet Davies:** Carl, a oes gennych gwestiynau?

[155] **Carl Sargeant:** Thank you, Chair. Can we go back again to the recording of absences, particularly the under-recording of absences? Both your health trusts were included in this, where the Auditor General identified the recording as a problem. Why

[155] **Carl Sargeant:** Diolch, Gadeirydd. A gawn ni fynd yn ôl at gofnodi absenoldebau, yn arbennig peidio â chofnodi absenoldebau'n ddigonol? Mae'r naill ymddiriedolaeth iechyd a'r llall wedi'u cynnwys yn hyn, lle nododd yr Archwilydd

do these recording errors exist in your opinion? What are you doing to achieve accurate results?

Cyffredinol bod cofnodi yn broblem. Pam mae'r camgymeriadau cofnodi hyn yn digwydd, yn eich barn chi? Beth ydych chi'n ei wneud i sicrhau cael canlyniadau cywir?

Mr Turner: I think that the main area of under-recording is among senior managers and medical and dental staff; that is what the report suggests. Within our trust, we do not think—certainly on the management side—that that is significant. Medical and dental staff are very different, and there may be some under-recording, certainly at consultant level—not at junior staff level, that is pretty well tied up. If you take our organisation, we have 12,000 staff, and 250 of them are consultants. So, the level of under-recording is probably relatively insignificant in terms of the greater scheme of things. However, if it is anywhere, there is a slight under-recording among consultant staff.

Mr Turner: Credaf mai ymhlith uwch reolwyr a staff meddygol a deintyddol y mae'r diffyg cofnodi digonol yn bennaf; dyna mae'r adroddiad yn ei awgrymu. Yn ein hymddiriedolaeth ni, nid ydym yn credu—yn sicr ar yr ochr reoli—fod hynny'n sylweddol. Mae staff meddygol a deintyddol yn wahanol iawn, ac efallai nad oes cofnodi digonol, yn sicr ar lefel ymgynghorwyr—nid ar lefel staff iau: mae hynny'n ddigon effeithiol. O gymryd ein sefydliad ni, mae gennym 12,000 o staff, 250 ohonynt yn ymgynghorwyr. Felly, mae'n debygol fod y lefel o fethu cofnodi'n ddigonol yn gymharol ddi-nod o ran y darlun ehangach. Fodd bynnag, os yw'n digwydd rywle, mae ychydig gofnodi annigonol ymhlith staff ymgynghori.

Ms Williams: I would agree with that. I think that, particularly within my own trust, there is also an issue about people understanding absolute accountability for reporting sickness. We had to do a piece of work on this in the early days of arriving at the trust, and on the relationship between line managers' reporting and the HR function reporting, and how that links to payroll. What we have done to address this is to make those accountabilities very clear. There is only one route for reporting sickness. Sometimes people were reporting sickness in dual ways—reporting it on the pay cards to payroll, reporting it through to HR. Getting correlation between that information was difficult—ultimately it was very inconsistent. So, the methods of reporting and the accountability for that, over and above what Mr Turner has said within the specific staff groups, was an issue for our trust, and is something that we have addressed.

Ms Williams: Byddwn yn cytuno â hynny. Credaf hefyd, yn arbennig yn ein hymddiriedolaeth ni, fod yna broblem o ran cael pobl i ddeall atebolrwydd llwyr dros roi gwybod am salwch. Bu'n rhaid i ni wneud darn o waith ar hyn yn y dyddiau cynnar ar ôl dod at yr ymddiriedolaeth, ac ar y berthynas rhwng rhoi gwybod gan reolwyr llinell a swyddogaeth AD wrth roi gwybod, a sut y mae hynny'n cysylltu â chyflogres. Yr hyn yr ydym wedi'i wneud i fynd i'r afael â hyn yw gwneud yr atebolrwydd hwnnw'n glir iawn. Un llwybr yn unig sydd i gofnodi salwch. Weithiau, byddai pobl yn cofnodi salwch mewn dwy ffordd—ei gofnodi ar y cardiau tâl i'r adran gyflogres, a'i gofnodi gyda'r adran AD. Yr oedd yn anodd cael cydberthynas rhwng y wybodaeth honno—yr oedd yn anghyson iawn yn y pen draw. Felly, yr oedd y dulliau cofnodi a'r atebolrwydd am hynny, yn ychwanegol at yr hyn a ddywedodd Mr Turner o fewn grwpiau staff penodol, yn broblem yn ein hymddiriedolaeth ni, ac yn rhywbeth yr ydym wedi mynd i'r afael ag ef.

[156] **Carl Sargeant:** Okay, thank you. On the point that Mr Turner made, do you not consider that it is important that sickness absence is seen to be recorded and monitored in the same way for all groups, at all levels?

[156] **Carl Sargeant:** Iawn, diolch. O ran y pwynt a wnaeth Mr Turner, onid ydych yn credu ei bod yn bwysig gweld bod absenoldeb oherwydd salwch yn cael ei gofnodi a'i fonitro yn yr un ffordd ar gyfer pob grŵp, ar bob lefel?

Mr Turner: Yes, absolutely. It should and must be.

[157] **Carl Sargeant:** On that basis, how do you intend to address the Auditor General's recommendation that trusts review their sickness absence recording systems, and establish a rolling auditing programme? How will you do that?

Mr Turner: Well, one way that we would do it—I think that Tracy Myhill mentioned this earlier—is that we have what we call a performance review process, which engages us at executive level within the organisation with our general managers and our consultant staff. We would ensure that that process is undertaken through that review. The other obvious methodology to use is, literally, an audit framework, where a separate department—particularly our personnel or HR departments—would take a look at how these recording systems are being operated by our staff.

Ms Williams: Within Ceredigion trust, we have done a concerted piece of work looking at these accountabilities and putting the accountability framework in place for sickness absence reporting, and at new revised methods of reporting, with the consistent definitions that we are going to be working with from 1 April.

Over and above that, it has to form part of the balance scorecard performance management arrangements of the trust in general, and that is at directorate, divisional and corporate levels. We also use our HR professionals to do regular audits with the managers at grass-roots level. We have very much changed their functions from policing at a day-to-day level to place accountability firmly with the managers, where the HR role is to provide professional advice and to undertake that audit function. So, it is reasonably robust in terms of the overall position on that. I would be far more confident today than in the periods of the data collection that are referred to in the report.

Mr Turner: Ydwyf, yn sicr. Dylid gwneud hynny ac mae'n rhaid gwneud.

[157] **Carl Sargeant:** Ar sail hynny, sut y bwriadwch ddelio ag argymhelliad yr Archwilydd Cyffredinol y dylai ymddiriedolaethau adolygu eu systemau cofnodi absenoldeb oherwydd salwch, a sefydlu rhaglen archwilio dreigl? Sut fyddwch yn gwneud hynny?

Mr Turner: Wel, un ffordd y byddem yn gwneud hynny—credaf fod Tracy Myhill wedi crybwyll hyn yn gynharach—yw cael yr hyn a elwir yn broses adolygu perfformiad, sy'n ein cynnwys ni ar lefel weithredol o fewn y sefydliad gyda'n rheolwyr cyffredinol a'n staff ymgynghorol. Byddem yn sicrhau bod y broses honno'n cael ei chyflawni drwy'r adolygiad hwnnw. Y fethodoleg amlwg arall i'w defnyddio, yn llythrennol, yw fframwaith archwilio, lle byddai adran ar wahân—yn arbennig ein his-adrannau personél neu AD—yn edrych i weld sut y mae'r systemau cofnodi hyn yn cael eu gweithredu gan ein staff.

Ms Williams: Yn ymddiriedolaeth Ceredigion, yr ydym wedi gwneud darn cydunol o waith i edrych ar yr atebolrwydd hwn, a rhoi'r fframwaith atebolrwydd ar waith ar gyfer cofnodi absenoldeb oherwydd salwch, ac ar ddulliau diwygiedig newydd o gofnodi, gyda'r diffiniadau cyson y byddwn yn gweithio gyda hwy o 1 Ebrill.

Yn ychwanegol at hynny, rhaid iddo fod yn rhan o drefniadau rheoli perfformiad cerdyn sgorio cytbwys yr ymddiriedolaeth yn gyffredinol, ac mae hynny ar lefelau cyfarwyddiaeth, is-adrannol a chorfforaethol. Yr ydym hefyd yn defnyddio'n gweithwyr proffesiynol AD i wneud archwiliadau rheolaidd gyda'r rheolwyr ar lawr gwlad. Yr ydym wedi newid eu swyddogaethau'n helaeth, o blismona o ddydd i ddydd i osod atebolrwydd yn llwyr yn nwylo'r rheolwyr. Swyddogaeth yr AD yw darparu cyngor proffesiynol a chyflawni'r swyddogaeth archwilio honno. Felly, mae'n gymharol gadarn o ran y sefyllfa gyffredinol. Byddwn lawer yn fwy hyderus heddiw nag yn y cyfnodau casglu data y cyfeirir atynt yn yr adroddiad.

[158] **Carl Sargeant:** Thank you. I know that we will be touching on the electronic staff records a little bit later, but do you think that that would be helpful for you in terms of the collection of data in the future?

[158] **Carl Sargeant:** Diolch. Gwn y byddwn yn trafod mater cofnodion staff electronig yn ddiweddarach, ond a ydych yn credu y byddai hynny'n ddefnyddiol i chi o ran casglu data yn y dyfodol?

Ms Myhill: From our point of view, I think that we are lucky in that we already have a good system. However, I know that my colleagues around Wales will be waiting for this much more than we will, in some ways, because the systems out there are not good in many of the employers, and I am sure that Jo would agree with that.

Ms Myhill: O'n safbwynt ni, credaf ein bod yn ffodus fod gennym system dda eisoes. Fodd bynnag, gwn y bydd fy nghydweithwyr o gwmpas Cymru yn disgwyl am hyn lawer yn fwy na ni, ar lawer ystyr, oherwydd nad oes systemau da ar waith gyda nifer o'r cyflogwyr, ac yr wyf yn sicr y byddai Jo yn cytuno â hynny.

Ms Davies: We do not have an integrated system, so we have stand-alone spreadsheets for sickness management and we have an HR system, with which we have some major problems. So, it will be of benefit to us, but the key issue, again, is that the way the data goes on to that system is via line managers. So the critical issue is very much getting managers to undertake that reporting role and then having the audit mechanisms to ensure that that is being carried out.

Ms Davies: Nid oes gennym system integredig, felly, mae gennym daenlenni arunig ar gyfer rheoli salwch. Mae gennym hefyd system AD, ac mae gennym rai problemau difrifol ynglŷn â hyn. Felly, bydd o fudd i ni, ond y mater allweddol, eto, yw mai'r ffordd y bydd y data'n cael eu hychwanegu at y system honno yw drwy reolwyr llinell. Felly, y mater hollbwysig yw cael rheolwyr i gyflawni'r swyddogaeth gofnodi honno ac yna gael y mecanweithiau archwilio i sicrhau bod hynny'n cael ei wneud.

[159] **Janet Davies:** Jocelyn, you wanted to look at the impact of sickness absence?

[159] **Janet Davies:** Jocelyn, yr oeddech am edrych ar effaith absenoldeb oherwydd salwch?

[160] **Jocelyn Davies:** Yes. No-one would disagree that to have a good delivery of the health service, you are very reliant on the wellbeing of the staff. I think that Mr Turner mentioned that earlier. So, what impact is staff sickness absence having on the ability of your trusts to address other health policy objectives, like waiting times?

[160] **Jocelyn Davies:** Oeddwn. Ni fyddai neb yn anghytuno eich bod yn ddibynnol iawn ar les y staff os yw'r gwasanaeth iechyd i gael ei ddarparu'n dda. Credaf fod Mr Turner wedi crybwyll hynny'n gynharach. Felly, pa effaith y mae absenoldeb oherwydd salwch yn ei chael ar allu'ch ymddiriedolaethau i fynd i'r afael ag amcanion polisi eraill, fel amseroedd aros?

Mr Turner: I think that one of the biggest ones that is covered in this report is the cost of sickness absence, particularly in terms of the reliance—certainly in Gwent—on agency staff to fill gaps left by sickness and absence, particularly among our nursing staff. If I can pick on one issue, it is not just the cost of it, but it is the fact that the agency staff are not as good as your own staff. They are not as familiar with the procedures and the teams that people are working in all day and every

Mr Turner: Credaf mai un o'r rhai mwyaf a drafodir yn yr adroddiad hwn yw cost absenoldeb oherwydd salwch, yn arbennig o ran dibynnu—yn sicr yng Ngwent—ar staff asiantaeth i lenwi bylchau a adewir gan salwch ac absenoldeb, yn arbennig ymhlith ein staff nyrsio. Os caf fanylu ar un mater, mae mwy i'w ystyried na'r gost yn unig, sef nad yw'r staff asiantaeth cystal â'n staff ein hunain. Nid ydynt mor gyfarwydd â'r gweithdrefnau a'r timau y bydd pobl yn

day. So, our view is that trying to eradicate sickness reduces our reliance on agency staff.

That is not the only thing that we are doing. We are trying to use bank nurses, which is still second-best to having your own staff working on the wards, but you can train and manage them, and have bank staff devoted to your trust, if you like, and thus have that familiarity, which certainly agencies do not offer. The cost is obviously an issue referred to in this report. Agency staff, on average, cost us not far off from £30 an hour. Our own bank staff cost us around £11 an hour. When you are spending what we spend—around £11 million per year—on bank and agency staff, you can understand the significance of the cost associated with that. It is not all to do with sickness; some of it is to do with vacancies and perhaps initiatives into which we cannot appoint permanent staff. However, that is probably the biggest single problem that we have with it.

[161] **Jocelyn Davies:** Ms Williams, do you want to add to that?

Ms Williams: In Ceredigion, and this is partly due to demography, we are very fortunate in that we do not use agency nursing staff at all. We have a bank system that supports the organisation's needs. I think that it is important, when we look at the impact of sickness absence, that we manage it in two parallel tracks, because managing long-term sickness requires quite different strategies, in terms of backfill and maintaining the workforce, to managing short-term sickness. When you are managing long-term sickness, you have a degree of predictability—if someone has cancer, you know that they are going to be off for a period of months—and we have a system whereby we can draw in extra staff from our bank and pool arrangements to backfill on a fairly stable basis. The strategy for managing short-term, last-minute sickness inevitably has to be very different because it is so unpredictable. Culturally, if it is not easy to get agency nurses, which, our being in the very west of Wales, it is not, that does have an impact in terms of the civic responsibility

gweithio gyda hwy drwy'r dydd bob dydd. Felly, ein barn ni yw bod ceisio dileu salwch yn lleihau ein dibyniaeth ar staff asiantaeth.

Nid dyna'r unig beth yr ydym yn ei wneud. Yr ydym yn ceisio defnyddio nyrsys banc, sef y peth agosaf at gael ein staff ein hunain yn gweithio ar y wardiau. Ond mae modd i chi eu hyfforddi a'u rheoli, a chael staff banc wedi'u neilltuo ar gyfer eich ymddiriedolaeth chi, os dymunwch, ac sydd felly'n gyfarwydd. Yn sicr nid yw asiantaethau'n cynnig hynny. Mae'r gost yn amlwg yn fater y cyfeirir ato yn yr adroddiad hwn. Bydd staff asiantaeth, ar gyfartaledd, yn costio bron i £30 yr awr i ni. Mae'n staff banc ein hunain yn costio oddeutu £11 yr awr i ni. Wrth wario'r hyn yr ydym yn ei wario—oddeutu £11 miliwn y flwyddyn—ar staff banc ac asiantaeth, gallwch ddeall pwysigrwydd y gost sy'n gysylltiedig â hynny. Mae mwy iddo na salwch yn unig; mae rhywfaint ohono'n ymwneud â swyddi gwag ac efallai â mentrau lle na allwn benodi staff parhaol. Fodd bynnag, mae'n debyg mai dyna'r broblem unigol fwyaf ynglŷn â'r mater.

[161] **Jocelyn Davies:** Ms Williams, a ydych am ychwanegu at hynny?

Ms Williams: Yng Ngheredigion, ac mae hyn yn rhannol oherwydd demograffeg, yr ydym yn ffodus iawn nad ydym yn defnyddio staff nyrsio o asiantaeth o gwbl. Mae gennym system fanc sy'n bodloni anghenion y sefydliad. Credaf ei bod yn bwysig, wrth i ni edrych ar effaith absenoldeb oherwydd salwch, ein bod yn ei reoli mewn dau ddull cyfochrog, oherwydd y mae rheoli salwch hirdymor yn gofyn am strategaethau eithaf gwahanol, o ran adlenwi a chynnal y gweithlu, i reoli salwch tymor byr. Wrth reoli salwch hirdymor, mae modd rhagweld i ryw raddau—os oes canser ar rywun, yr ydych yn gwybod na fyddant yn y gwaith am gyfnod o fisoedd—ac mae gennym system lle y gallwn ddefnyddio staff ychwanegol drwy ein trefniadau banc a chronfa i adlenwi yn weddol reolaidd. Mae'n rhaid i'r strategaeth ar gyfer rheoli salwch tymor byr, munud olaf, fod yn wahanol iawn yn anorfod oherwydd na ellir ei ragweld. Yn ddiwylliannol, os nad yw'n hawdd cael nyrsys asiantaeth, a chan ein bod yn y Gorllewin eithaf, nid yw'n hawdd, mae hynny'n cael effaith o ran y

that staff have, so we are fairly fortunate in that context. However, it does have an impact, and there are times when staff are pressured if they are one or two people down, and the organisation has to manage that as best it can. However, there is very much a philosophy that we manage that in a safe way and, as best we can, do not allow that impact on patient care.

cyfrifoldeb dinesig sydd gan y staff, felly yr ydym yn eithaf ffodus yn hynny o beth. Fodd bynnag, mae yn cael effaith, ac mae adegau pan fydd y staff dan bwysau os byddant weithiwr neu ddau yn brin, ac mae'n rhaid i'r sefydliad reoli hynny hyd eithaf ei allu. Fodd bynnag, mae gennym athroniaeth yn sicr ein bod yn rheoli hynny mewn ffordd ddiogel a, hyd eithaf ein gallu, nid ydym yn caniatáu i hynny effeithio ar ofal cleifion.

[162] **Jocelyn Davies:** We know that, recently, the Morriston cardiac unit was closed for a week because—well, in the newspaper it said that the staff were exhausted, so the best thing to do was to close it for a week, which obviously meant that no patients were treated there for that week. It was said that staff had been working overtime to hit the waiting time targets. So, have there been any occasions when sickness absence has been so severe as to result in wards or departments being closed?

[162] **Jocelyn Davies:** Gwyddom i uned y galon yn Nhreforys gael ei chau am wythnos yn ddiweddar oherwydd—wel, yn y papur newydd yr oedd yn dweud bod y staff wedi blino'n lân, felly y peth gorau i'w wneud oedd ei chau am wythnos, a oedd yn amlwg yn golygu nad oedd cleifion yn cael eu trin yno yr wythnos honno. Dywedwyd bod y staff wedi bod yn gweithio goramser i gyrraedd y targedau o ran amseroedd aros. Felly, a fu unrhyw achlysuron pan oedd absenoldeb oherwydd salwch mor ddifrifol fel bod wardiau neu adrannau wedi gorfod cau?

Ms Williams: If I can respond for my own trust, 'no' is the short answer. There are times when we may have to scale down some of the work due to sickness, but in my experience, it has not happened since I have been in the trust. There was an outbreak of diarrhoea and vomiting among the local population and staff were affected about 18 months ago, and that caused some fairly severe restrictions over a very short period of time, but, on the whole, no.

Ms Williams: Os caf ymateb ar ran fy ymddiriedolaeth fy hun, 'naddo' yw'r ateb cryno. Efallai y bydd cyfnodau pan fydd yn rhaid i ni leihau rhywfaint o'r gwaith oherwydd salwch, ond yn ôl fy mhrofiad i, nid yw wedi digwydd ers i mi fod gyda'r ymddiriedolaeth. Bu achos o ddolur rhydd a chyfogi ymhlith y boblogaeth leol ac effeithiwyd ar y staff oddeutu 18 mis yn ôl, ac achosodd hynny gyfyngiadau cymharol lym am gyfnod byr, ond, ar y cyfan, naddo.

Mr Turner: I think that the answer is the same for us. Occasionally, you get diarrhoea and vomiting on a ward, which can close it because of staffing as much as for any other reason. That is rare, but it does happen. It is not a big issue, actually.

Mr Turner: Credaf fod yr ateb yr un peth o'n rhan ninnau. O bryd i'w gilydd, yr ydych yn cael dolur rhydd a chyfogi ar ward, sy'n gallu ei chau oherwydd staffio yn gymaint ag unrhyw reswm arall. Mae hynny'n anghyffredin, ond mae'n digwydd. Nid yw'n broblem fawr, mewn gwirionedd.

[163] **Jocelyn Davies:** Can you tell me what percentage of your staff are frequently asked to work overtime?

[163] **Jocelyn Davies:** A allwch ddweud wrthyf pa ganran o'ch staff y gofynnir iddynt weithio goramser yn aml?

Ms Williams: From our point of view, the majority of our bank staff are actually our own staff who work extra shifts through the bank. However, bearing in mind that 48 per cent of my workforce is part-time, we are

Ms Williams: O'n safbwynt ni, ein staff ni ein hunain yw mwyafrif ein staff banc sy'n gweithio shifftiau ychwanegol drwy'r banc. Fodd bynnag, o gofio bod 48 y cant o'm gweithlu yn rhan-amser, yr ydym yn ofalus

very careful to look at how we manage that, so that we do not have full-time staff regularly working over and above full-time hours. You have more flexibility where you have a greater proportion of your workforce being part-time.

iawn wrth edrych ar y ffordd yr ydym yn rheoli hynny, er mwyn sicrhau nad oes gennym staff llawnamser yn gweithio mwy nag oriau llawnamser yn rheolaidd. Cewch fwy o hyblygrwydd os oes gennych gyfran uwch o'ch gweithlu'n rhan-amser.

Mr Turner: It is a hard question to answer, because we give a lot of information to our managers about overtime and we expect them to limit overtime, not particularly because it is an expensive way of employing staff—it is about having too much stress or people working long hours. However, a lot of the overtime that our staff undertake is very often undertaken by part-time staff who are employed to do 20 hours but are doing 30. That is still 10 hours overtime. So we tend to channel our overtime into those people, rather than having our full-time staff, who do 40 hours, suddenly doing 50 hours. Overtime is a way of life, and sometimes with our part-time staff, we would rather look to them than go to our bank or agency options if the staff want to do it. Some of the staff work part-time because they do not want a full-time commitment, but they are prepared occasionally to do overtime.

Mr Turner: Mae'n gwestiwn anodd ei ateb, oherwydd yr ydym yn rhoi llawer o wybodaeth i'n rheolwyr am oramser ac yr ydym yn disgwyl iddynt gyfyngu ar eu goramser, nid yn arbennig oherwydd ei fod yn ddull drud o gyflogi staff—ond oherwydd ei fod yn rhoi gormod o straen neu am fod pobl yn gweithio oriau hir. Fodd bynnag, mae llawer o'r goramser a wneir gan ein staff yn cael ei wneud yn amlach na pheidio gan staff rhan-amser sy'n cael eu cyflogi i wneud 20 awr ond sy'n gwneud 30. Mae hynny'n 10 awr o oramser er hynny. Felly yr ydym yn tueddu i neilltuo ein goramser ar gyfer y bobl hynny, yn hytrach na gofyn i'n staff llawnamser, sy'n gweithio 40 awr, wneud 50 awr. Mae goramser yn rhan o fywyd, ac o bryd i'w gilydd gyda'n staff rhan-amser, byddai'n well gennym eu defnyddio hwy na defnyddio ein hopsiynau banc neu asiantaeth os yw'r staff am ei wneud. Mae rhywfaint o'r staff yn gweithio'n rhan-amser oherwydd nad ydynt am gael ymrwymiad llawnamser, ond maent yn fodlon gwneud goramser o bryd i'w gilydd.

[164] **Jocelyn Davies:** So it is not frequently?

[164] **Jocelyn Davies:** Felly nid yw hyn yn digwydd yn aml?

Mr Turner: No.

Mr Turner: Nac ydyw.

[165] **Jocelyn Davies:** Could you let us have a note on that, please?

[165] **Jocelyn Davies:** A gawn ni nodyn ar hynny, os gwelwch yn dda?

Mr Turner: Yes, we will certainly do that.

Mr Turner: Iawn, fe wnawn hynny'n sicr.

[166] **Jocelyn Davies:** You have mentioned staff shortages. What actions are you taking to try to address underlying staff shortages?

[166] **Jocelyn Davies:** Yr ydych wedi crybwyll prinder staff. Pa gamau yr ydych yn eu cymryd i geisio rhoi sylw i brinder sylfaenol o ran staff?

Mr Turner: Let us take nurses, which is probably the biggest area. With other staff, we do reasonably well in Gwent. We are an attractive employer for a lot of professional staff, largely because of the size of the organisation. They are not in one in four rotas—they tend to be in one in six, for

Mr Turner: Gadewch i ni ystyried nyrsys, sef y maes mwyaf yn ôl pob tebyg. O ran y staff eraill, yr ydym yn gwneud yn weddol dda yng Ngwent. Yr ydym yn gyflogwr atyniadol i lawer o staff proffesiynol, yn bennaf oherwydd maint y sefydliad. Nid ydynt yn gweithio ar rotâu un mewn

example, and it is, of course, a matter of location. However, when it comes to nursing staff, which is our biggest issue, the issue there is about recruitment and retention, particularly recruitment. We need more staff in the system and more trainees coming off the system, and that is relying on a Welsh investment rather than a trust investment. The money is top-sliced at an NHS level in Wales and put into the training programmes for nurses. That is our biggest area. That is happening, to be fair. In the meantime, we are trying our best to build up our bank staff and reduce our use of agency staff, but that is a stopgap measure. At some stage in the future, we would like to see no bank or agency staff used.

pedwar—maent yn tueddu i fod ar rota un mewn chwech, er enghraifft, ac mae a wnelo â lleoliad wrth gwrs. Fodd bynnag, o ran y staff nyrsio, sef ein problem fwyaf, y mater dan sylw yno yw recriwtio a chadw, yn arbennig recriwtio. Mae arnom angen rhagor o staff yn y system a rhagor o hyfforddeion yn dod drwy'r system, ac mae hynny'n dibynnu ar fuddsoddiad gan Gymru yn hytrach na buddsoddiad gan yr ymddiriedolaeth. Mae'r arian yn cael ei frigdorri ar lefel y GIG yng Nghymru ac yn cael ei roi i'r rhaglenni hyfforddi ar gyfer nyrsys. Dyna'n prif faes. Mae hynny'n digwydd, a bod yn deg. Yn y cyfamser, yr ydym yn gwneud ein gorau i gynyddu ein staff banc a lleihau ein defnydd o staff asiantaeth, ond mesur dros dro yw hynny. Rywbryd yn y dyfodol, hoffem pe na bai staff banc nac asiantaeth yn cael eu defnyddio.

Ms Williams: Recruitment is probably a very different issue in west Wales compared to on the border areas, where there is a more mobile workforce. The issues for us are more about the age of our workforce. To take my maintenance staff as an example, 50 per cent of them are over the age of 50, and we are not training tradesmen—I do not mean the NHS, but the population generally. So, we have issues that we are looking at, and we are looking at working with local schools and local colleges to look at how we are growing the workforce for the future. So, some quite innovative practice around that is going on within the locality.

Ms Williams: Mae'n debyg bod recriwtio yn fater hollol wahanol yn y Gorllewin o'i gymharu ag ardaloedd y ffin, lle y ceir gweithlu mwy symudol. Mae'r cwestiynau sy'n ein hwynebu ni'n ymwneud mwy ag oedran ein gweithlu. A defnyddio fy staff cynnal a chadw fel enghraifft, mae 50 y cant ohonynt dros 50 oed, ac nid ydym yn hyfforddi crefftwyr—nid y GIG yr wyf yn ei olygu, ond y boblogaeth yn gyffredinol. Felly mae gennym faterion yr ydym yn edrych arnynt, ac yr ydym yn ystyried gweithio gydag ysgolion lleol a cholegau lleol i ystyried sut yr ydym yn magu'r gweithlu ar gyfer y dyfodol. Felly, mae ymarfer eithaf arloesol yn digwydd yn gysylltiedig â hynny yn lleol.

In terms of nursing, the biggest sort of benefit that we are drawing on at the moment is the return-to-practice initiatives within our population, where we are having more success in getting people back into the nursing workforce than perhaps we have had in the past. Another peculiarity, perhaps, of west Wales, is how we work very closely, particularly with the clinical school in Swansea, to make sure that, in terms of nurse recruitment, student nurses continue to be placed within Bronglais, because they are our workforce of the future.

O ran nyrsio, y mentrau dychwelyd-i'r-gwaith yn ein poblogaeth yw'r hyn yr ydym yn manteisio fwyaf arno ar hyn o bryd, lle yr ydym yn cael mwy o lwyddiant wrth gael pobl yn ôl i'r gweithlu nyrsio nag yn y gorffennol o bosibl. Nodwedd arall yn y Gorllewin, o bosibl, yw'r ffordd yr ydym yn gweithio'n agos iawn, yn arbennig gyda'r ysgol glinigol yn Abertawe, i sicrhau, o ran recriwtio nyrsys, fod myfyrwyr nyrsio yn parhau i gael eu lleoli ym Mronglais, oherwydd mai hwy yw gweithlu'r dyfodol inni.

We do not tend to import very much into west Wales; we are very much more reliant

Nid ydym yn arfer mewnforio llawer i'r Gorllewin; yr ydym yn llawer mwy dibynnol

on growing our own workforce. So our strategies for recruitment and retention and for future employees may be really quite different to those in other parts of Wales.

ar fagu ein gweithlu ein hunain. Felly gall ein strategaethau ar gyfer recriwtio a chadw staff ac ar gyfer gweithwyr y dyfodol fod yn wahanol iawn, mewn gwirionedd, i'r rhai mewn rhannau eraill o Gymru.

[167] **Jocelyn Davies:** One last question, if I may, Chair. Both of you mentioned earlier the fact that people were taking time off work pretending to be sick, because they might have childcare problems and so on. Do you have any evidence at all to support that?

[167] **Jocelyn Davies:** Un cwestiwn i gloi, os caf fi, Gadeirydd. Bu ichi eich dau grybwyll yn gynharach fod pobl gartref o'r gwaith gan gymryd arnynt eu bod yn sâl, oherwydd efallai fod ganddynt broblemau o ran gofal plant ac yn y blaen. A oes gennych unrhyw dystiolaeth o gwbl i ategu hynny?

Ms Williams: We do not have any robust evidence, but there is a lot of anecodotal evidence. This is partly cultural. Historically, we have not encouraged people to say, 'Actually, I have problems with my childcare', or to tell us that their child is ill or that their childcare arrangements have broken down. It has almost been seen as a very negative thing, that you are not a very valued member of the workforce if you cannot be in work. So, culturally, I think that that is a big barrier that we are having to overcome, and it is not unique to the NHS. However, anecdotally, that is a feature.

Ms Williams: Nid oes gennym dystiolaeth gadarn, ond mae llawer o dystiolaeth anecdotaidd. Mae a wnelo hyn â diwylliant yn rhannol. Yn hanesyddol, nid ydym wedi annog pobl i ddweud, 'A dweud y gwir, mae gennyf broblemau gyda gofal plant', neu i ddweud wrthym fod eu plentyn yn sâl neu fod eu trefniadau gofal plant wedi mynd i'r gwellt. Yr oedd hyn bron â chael ei ystyried yn beth negyddol iawn, nad ydych yn aelod a werthfawrogir o'r gweithlu os nad ydych yn gallu bod yn y gwaith. Felly, yn ddiwylliannol, credaf fod hyn yn rhwystr mawr y mae'n rhaid i ni ei oresgyn, ac nid yw'n unigryw i'r GIG. Fodd bynnag, yn anecdotaidd, mae hyn yn wir.

Ms Myhill: There is also evidence that flexible working does reduce sickness absence. There are Chartered Institute of Personnel and Development surveys that demonstrate that, so you can gauge from that the opposite, I suppose. If there is not flexible working then, obviously, it is likely that there will be more sickness absence.

Ms Myhill: Mae tystiolaeth hefyd fod trefniadau gweithio hyblyg yn lleihau absenoldeb oherwydd salwch. Mae arolygon gan Sefydliad Siartredig Personél a Datblygu sy'n dangos hynny, felly gallwch gasglu bod y gwrthwyneb i hynny'n wir, am a wn i. Os nad oes trefniadau gweithio hyblyg yna, yn amlwg, mae'n debygol y bydd mwy o absenoldeb oherwydd salwch.

Ms Williams: I would just say that it is not just women, either.

Ms Williams: Hoffwn ddweud nad o ran menywod yn unig y mae hyn, chwaith.

[168] **Jocelyn Davies:** I did not say it was women, I said 'people'.

[168] **Jocelyn Davies:** Ni ddywedais mai o ran menywod yr oedd, 'pobl' a ddywedais i.

Ms Williams: No, no. It is my comment, I guess, that I am going back to, because more and more we are finding that men in the non-traditional areas are having more and more responsibility for childcare. So, we are having to look at it not just in the traditional areas, but across the whole workforce.

Ms Williams: Na, na. Mynd yn ôl at fy sylw i yr wyf, mae'n debyg gen i, oherwydd yr ydym yn gweld fwyfwy fod dynion yn y meysydd anhraddodiadol yn cael mwy a mwy o gyfrifoldeb am ofal plant. Felly, yr ydym yn gorfod edrych ar hyn nid yn unig yn y meysydd traddodiadol, ond ar draws y gweithlu i gyd.

Ms Myhill: I will just add to that briefly, if I may. You mentioned recruitment and retention and some of the initiatives that are taking place to improve that. Within Gwent, we have a recruitment and retention strategy that I am sure that most of the trusts, if not all the trusts in Wales, have, which focuses on what we need to do to improve the position within our own trusts. However, as part of that, we have developed a self-assessment evaluation tool, which we expect our clinical divisions to use to evaluate their progress against the trust's strategy. Again, through quarterly performance reviews and quarterly meetings with divisions, we talk to them about their workforce plans and their projections for the future and their recruitment and retention plans, which we expect them to develop locally, and the progress against that in terms of the trust's strategy. I think that that focus helps, in terms of people focusing on recruitment and retention issues locally.

Ms Myhill: Yr wyf am ychwanegu at hynny'n gryno, os caf fi. Bu i chi grybwyll recriwtio a chadw a rhai o'r mentrau sydd ar waith i wella hynny. Yng Ngwent, mae gennym strategaeth recriwtio a chadw yr wyf yn sicr ei bod gan y mwyafrif o'r ymddiriedolaethau, os nad pob ymddiriedolaeth yng Nghymru, sy'n canolbwyntio ar yr hyn sydd angen i ni ei wneud i wella'r sefyllfa yn ein hymddiriedolaethau ni ein hunain. Fodd bynnag, fel rhan o hynny, yr ydym wedi datblygu dull gwerthuso hunanasesu, yr ydym yn disgwyl i'n his-adrannau clinigol ei ddefnyddio i werthuso eu cynnydd yn erbyn strategaeth yr ymddiriedolaeth. Eto, drwy adolygiadau chwarterol o berfformiad a chyfarfodydd chwarterol gydag is-adrannau, yr ydym yn siarad â hwy am eu cynlluniau ar gyfer y gweithlu a'u rhagamcanion ar gyfer y dyfodol a'u cynlluniau recriwtio a chadw, yr ydym yn disgwyl iddynt eu datblygu'n lleol, a'r cynnydd yn erbyn hynny o ran strategaeth yr ymddiriedolaeth. Credaf fod y ffocws hwnnw'n gymorth, o ran bod pobl yn canolbwyntio ar faterion yn ymwneud â recriwtio a chadw yn lleol.

There is also the work that we have being doing with our divisions around staffing levels. If the staffing levels are right in the first place, then recruitment and retention is better. We have done quite a bit of work to assess whether the staffing levels that we have are appropriate, particularly around nursing. We have used some software called 'teamwork', which has enabled us to assess, right across the board, whether the levels are appropriate for the activity that is going through the wards and the clinical areas. That is really helpful. If you know that your staffing baseline is right, then that helps in terms of recruitment and retention, absence and all the other indicators that we have mentioned so far this morning.

Hefyd mae'r gwaith yr ydym wedi bod yn ei wneud gyda'n his-adrannau ar lefelau staffio. Os yw'r lefelau staffio'n iawn yn y lle cyntaf, yna mae'r recriwtio a'r cadw'n well. Yr ydym wedi gwneud cryn waith i asesu a yw'r lefelau staffio sydd gennym yn briodol, yn arbennig o ran nyrsio. Yr ydym wedi defnyddio meddalwedd o'r enw 'teamwork', sydd wedi ein galluogi i asesu, yn gyffredinol, a yw'r lefelau'n briodol ar gyfer y gweithgareddau a wneir drwy'r wardiau a'r meysydd clinigol. Mae hynny'n ddefnyddiol iawn. Os ydych yn gwybod bod eich llinell sylfaen o ran staffio yn iawn, yna mae hynny'n eich cynorthwyo o ran recriwtio a chadw, absenoldeb a'r holl ddangosyddion eraill yr ydym wedi'u crybwyll hyd yma y bore yma.

[169] **Janet Davies:** Ms Williams, I would just like to come back to an issue that would concern you more than Mr Turner, for reasons which will become obvious. When you were talking about the agency and bank nurses, you said that you do not use agency nurses, you use bank nurses. Do you find that

[169] **Janet Davies:** Ms Williams, hoffwn ddod yn ôl at fater a fyddai'n ymwneud mwy â chi na Mr Turner, am resymau a ddaw'n amlwg. Pan oeddech yn sôn am nyrsys asiantaeth a banc, dywedasoch nad ydych yn defnyddio nyrsys asiantaeth, eich bod yn defnyddio nyrsys banc. A ydych yn canfod

there is a problem in bringing nurses in from a bank with regard to language? Clearly, in Ceredigion, older people in particular, who are ill and may be confused, really do need to have nurses who speak Welsh available to them. Do you find any particular problems coming out of that?

bod problem o ran iaith wrth ddod â nyrsys i mewn o fanc? Yn amlwg, yng Ngheredigion, mae ar bobl hŷn yn arbennig, sy'n sâl ac yn ddryslyd o bosibl, angen cael nyrsys sy'n siarad Cymraeg ar gael iddynt. A ydych yn dod ar draws unrhyw broblemau penodol yn sgîl hynny?

Ms Williams: We do not find specific problems; if you look at our workforce across the board, not just bank nurses, they tend to be drawn from the local community, and there will be a spread of Welsh-speaking and non Welsh-speaking staff within that. Interestingly, a lot of the residents of Ceredigion have come into the area to retire and are of English origin, so it has not been a major problem as far as we are concerned.

Ms Williams: Nid ydym yn dod ar draws problemau penodol; os ydych yn edrych ar ein gweithlu yn gyffredinol, nid ar nyrsys banc yn unig, maent yn tueddu i ddod o'r gymuned leol, a bydd amrywiaeth o staff sy'n siarad Cymraeg a rhai nad ydynt yn siarad Cymraeg o fewn hynny. Yn ddiddorol, mae llawer o breswylwyr Ceredigion wedi dod i'r ardal i ymddeol ac o dras Seisnig, felly nid yw wedi bod yn broblem fawr o'n rhan ni.

[170] **Janet Davies:** I know a lot of elderly people in Ceredigion, and I know that they do, if they are a bit confused, have problems sometimes with that issue.

[170] **Janet Davies:** Yr wyf yn adnabod llawer o bobl hŷn yng Ngheredigion, ac os ydynt ychydig yn ddryslyd, gwn eu bod yn cael problemau gyda'r mater hwnnw weithiau.

Ms Williams: Yes, and a lot of attention has been paid to it, particularly, for example, in our stroke unit, where people have had particular difficulties. Where people's language skills are redeveloping, the importance of language—and language of choice—is very much focused in the minds of staff. We try, as best we can, to balance that up. However, it has not been a specific issue for us.

Ms Williams: Ydynt, ac mae llawer o sylw wedi'i roi i hyn, yn arbennig, er enghraifft, yn ein huned strôc, lle y mae pobl wedi wynebu anawsterau neilltuol. Wrth i bobl ailddatblygu eu sgiliau iaith, mae pwysigrwydd iaith—a'u dewis iaith—yn ganolog iawn ym meddyliau'r staff. Yr ydym yn ymdrechu, hyd eithaf ein gallu, i gadw cydbwysedd o ran hynny. Fodd bynnag, nid yw wedi bod yn broblem benodol i ni.

[171] **Janet Davies:** Okay. Thank you. Mick?

[171] **Janet Davies:** Iawn. Diolch. Mick?

[172] **Mick Bates:** Thank you, Chair. Moving to paragraph 2.13, we see that estimates for the total value of staff time lost to sickness absence across NHS trusts in Wales exceeded £66 million in 2002-03. As chief executives, what information do you have available to you on the cost of sickness absence across your trusts, including the value of staff time lost?

[172] **Mick Bates:** Diolch, Gadeirydd. A symud at baragraff 2.13, gwelwn fod yr amcangyfrifon o gyfanswm gwerth yr amser staff a gollir drwy absenoldeb oherwydd salwch yn ymddiriedolaethau'r GIG drwy Gymru yn fwy na £66 miliwn yn 2002-03. Fel prif weithredwyr, pa wybodaeth sydd ar gael i chi am gostau absenoldeb oherwydd salwch yn eich ymddiriedolaethau, gan gynnwys gwerth yr amser staff a gollir?

Mr Turner: Not a lot is the answer. We know what we are spending on overtime, and we know what we are spending on sickness. What we do not, probably, measure is the cost of covering sickness as opposed to the

Mr Turner: Dim llawer yw'r ateb. Gwyddom faint yr ydym yn ei wario ar oramser, a gwyddom faint yr ydym yn ei wario ar salwch. Yr hyn nad ydym yn ei fesur, yn ôl pob tebyg, yw'r gost o gael

cost of what we pay our staff when they are off sick. We do not tend to relate overtime payments, or cover arrangements, to particular reasons. That is just an information analysis issue. Do not forget, to some extent, the systems that we have, and that we have worked with for many years—certainly the payroll systems—are there to help you accurately pay your staff, not to analyse the expenditure associated with the payroll, if you like. We are talking about the systems that are coming in later to help us do that, but we do not analyse probably anything like enough of our costs associated with sickness.

rhywun yn lle rhywun sy'n sâl yn hytrach na chost yr hyn yr ydym yn ei dalu i'n staff pan fônt gartref oherwydd salwch. Nid ydym yn arfer cysylltu taliadau goramser, neu drefniadau staff wrth gefn, â rhesymau penodol. Mater sy'n ymwneud â dadansoddi gwybodaeth yn unig yw hwnnw. Cofiwch, i ryw raddau, fod y systemau sydd gennym, yr ydym wedi gweithio â hwy ers cynifer o flynyddoedd—yn sicr y systemau cyflogres—yno i'ch cynorthwyo i dalu eich staff yn iawn, nid i ddadansoddi'r gwariant sy'n gysylltiedig â'r gyflogres, os mynnwch. Yr ydym yn sôn am y systemau sy'n cael eu cyflwyno'n ddiweddarach i'n cynorthwyo i wneud hynny, ond mae'n debyg nad ydym yn dadansoddi hanner digon ar ein costau sy'n gysylltiedig â salwch.

Ms Williams: I would agree with that. The other issue is to recognise that there are some tolerances built within the establishment, so we do not automatically backfill all sickness. So, depending on what you use as a proxy for the calculation, it could actually be quite different. The information on the absolute costs of sickness is not very robust and is something that we are going to have to look at as we move this agenda forward.

Ms Williams: Byddwn yn cytuno â hynny. Y mater arall sydd dan sylw yw cydnabod bod rhywfaint o amrywio'n cael ei dderbyn o fewn y sefydliad, felly nid ydym yn adlenwi oherwydd pob salwch yn awtomatig. Felly, gan ddibynnu ar yr hyn yr ydych yn ei ddefnyddio fel dirprwy i gyfrifo, gallai fod yn dra gwahanol mewn gwirionedd. Nid yw'r wybodaeth am union gostau salwch yn gadarn iawn ac mae'n rhywbeth y bydd yn rhaid i ni edrych arno wrth i ni symud yr agenda hon yn ei blaen.

[173] **Mick Bates:** Will the electronic staff record system address that?

[173] **Mick Bates:** A wna'r system cofnodion staff electronig fynd i'r afael â hynny?

Ms Williams: Jo, do you want to answer that?

Ms Williams: Jo, a ydych am ateb hynny?

Ms Davies: I think that it will help, but it will not necessarily address the underlying issue, because it is the complexity of, you know, when do you backfill staff, and so on, and actually isolating whether an additional shift was to cover sickness or whether it was to cover somebody's study leave, for example. It will help. I am not entirely sure, to be perfectly honest; I do not know whether Tracy has a view.

Ms Davies: Credaf y bydd yn cynorthwyo, ond ni fydd o reidrwydd yn mynd i'r afael â'r broblem sylfaenol, oherwydd y cymhlethdod, fel y gwyddoch, o ran pryd yr ydych yn adlenwi staff, ac yn y blaen, a phenderfynu yn wir a oedd shifft ychwanegol ar gyfer salwch neu a oedd ar gyfer absenoldeb astudio rhywun, er enghraifft. Bydd yn gymorth. Nid wyf yn hollol sicr, a bod yn gwbl onest; nid wyf yn gwybod a oes gan Tracy farn.

Ms Myhill: I am absolutely sure that it will help, because the information will be better. We talked about agencies earlier—I cannot tell you what agency staff are used for,

Ms Myhill: Yr wyf yn hollol sicr y bydd yn gymorth, oherwydd y bydd y wybodaeth yn well. Bu i ni sôn am asiantaethau'n gynharach—ni allaf ddweud wrthych i beth y

currently, as I do not have the technology to do that because, within our agency system, it is all manual. We book shifts manually, and we record information manually. We are in the process of procuring a software package to enable us to do that through technology, and that will help, because then I would be able to tell you that, of the agency shifts that we booked last week, 30 per cent were for absences, and 20 per cent were for vacancies. The ESR, as baseline information, is bound to help with that.

defnyddir staff asiantaeth, ar hyn o bryd, gan nad yw'r dechnoleg gennyf i wneud hynny oherwydd, yn ein system asiantaeth, mae'n system â llaw yn gyfan gwbl. Yr ydym yn archebu shifftiau â llaw, ac yr ydym yn cofnodi gwybodaeth â llaw. Yr ydym ar ganol caffael pecyn meddalwedd i'n galluogi i wneud hynny drwy dechnoleg, a bydd hynny'n ein cynorthwyo, oherwydd wedyn byddwn yn gallu dweud wrthych, o ran y shifftiau asiantaeth a archebwyd gennym yr wythnos diwethaf, fod 30 y cant oherwydd absenoldeb, ac 20 y cant oherwydd swyddi gwag. Mae'r ESR, fel gwybodaeth llinell sylfaen, yn sicr o gynorthwyo â hynny.

[174] **Mick Bates:** I think that we will have to have clarification on that particular point because, in the report, the sum of £66 million is an estimate. Since we are all concerned about data collection, it seems that we will have to have a note, possibly, confirming that ESR will address the issue of cost.

[174] **Mick Bates:** Credaf y bydd yn rhaid i ni gael eglurhad ar y pwynt penodol hwnnw, oherwydd, yn yr adroddiad, amcangyfrifir swm o £66 miliwn. Gan ein bod ni i gyd yn bryderus ynghylch casglu data, ymddengys y bydd yn rhaid i ni gael nodyn, o bosibl, yn cadarnhau y bydd yr ESR yn mynd i'r afael â mater y costau.

Moving then to the Auditor General's recommendation, do you agree that all trusts should systematically capture the cost of sickness absence in terms of lost staff time and—this is the crucial bit—report these costs alongside their sickness absence percentage rates?

A symud ymlaen at argymhelliad yr Archwilydd Cyffredinol, a ydych yn cytuno y dylai pob ymddiriedolaeth gasglu costau absenoldeb oherwydd salwch yn systematig o ran amser staff a gollir a—dyma'r peth hanfodol—adrodd ar y costau hyn ochr yn ochr â'u canrannau absenoldeb oherwydd salwch?

Mr Turner: I think that establishing the exact cost of sickness is important. We already know that the existing systems will tell you how much you are paying the staff who are off sick. We know that already. The bit that we do not know is probably the smaller proportion, but it is significant nevertheless—I think that the report says that the cost of sickness is something like £66 million, of which I think £14 million is associated with cover. We know the first bit, and we can analyse it, but it is the second bit, the bit that we are talking about, that the systems do not allow us to analyse at the moment. Whether that would be important, I am not sure. Certainly, in terms of managing sickness, it is not a big issue. We know what our sickness levels are, and we know that they cost money—to put a sum to it is perhaps helpful but will not essentially lead us in a different direction to the one in which

Mr Turner: Credaf fod pennu union gostau salwch yn bwysig. Gwyddom eisoes y bydd y systemau cyfredol yn dweud wrthych faint yr ydych yn ei dalu i'r staff sydd gartref oherwydd salwch. Gwyddom hynny eisoes. Cyfran lai, yn ôl pob tebyg, yw'r hyn nad ydym yn ei wybod, ond mae'n arwyddocaol fodd bynnag—credaf fod yr adroddiad yn dweud bod cost salwch oddeutu £66 miliwn, a chredaf fod £14 miliwn o hynny yn ymwneud â chostau staff wrth gefn. Gwyddom beth yw'r peth cyntaf, a gallwn ei ddadansoddi, ond yr ail beth, y peth yr ydym yn ei drafod, yw'r hyn nad yw'r systemau yn caniatáu i ni ei ddadansoddi ar hyn o bryd. Ni allaf ddweud a fyddai hynny'n bwysig. Yn sicr, o ran rheoli salwch, nid yw'n broblem fawr. Gwyddom beth yw ein lefelau salwch, a gwyddom eu bod yn golygu costau ariannol—gall rhoi swm ar ei gyfer fod yn ddefnyddiol o bosibl ond nid yw o reidrwydd

we are going. Another thing is that if you look at sickness levels in the UK, saying that we waste £66 million because of sickness is perhaps overstating the position, because there is a 4 per cent sickness level in the whole of the UK workforce. So, should we be better or worse or the same as that? If you say that we should be the same, then, arguably, 1 per cent is wasteful. We are worse as employers, if you like, than the rest of the employers in the UK, and maybe that is the bit that we focus on, which is probably around the £15 million-mark as far as Wales is concerned.

am ein harwain i gyfeiriad gwahanol i'r un yr ydym yn ei ddilyn. Rhywbeth arall yw os ydych yn edrych ar lefelau salwch yn y DU, efallai fod dweud ein bod yn gwastraffu £66 miliwn ar salwch yn gorbwysleisio'r sefyllfa, oherwydd bod lefel salwch o 4 y cant yng ngweithlu'r DU gyfan. Felly, a ddylem fod yn well neu'n waeth neu'r un fath â hynny? Os ydych yn dweud y dylem fod yr un peth, yna, gellir dadlau bod 1 y cant yn wastraffus. Yr ydym yn waeth fel cyflogwyr, os mynnwch, na gweddill cyflogwyr y DU, ac efallai mai dyna'r peth yr ydym yn canolbwyntio arno, sef oddeutu £15 miliwn, yn ôl pob tebyg, cyn belled ag y mae Cymru yn bod.

[175] **Mick Bates:** Mrs Williams, do you want to add to that?

[175] **Mick Bates:** Mrs Williams, a ydych am ychwanegu at hynny?

Ms Williams: No. I would endorse that entirely.

Ms Williams: Na. Byddwn yn ategu hynny'n llwyr.

[176] **Mick Bates:** Okay, thank you. Moving on to the salary costs of sickness absence due to accidents and incidents, what action do your trusts take to regain the salary costs of staff sickness absence from third parties?

[176] **Mick Bates:** Iawn, diolch. A symud ymlaen at gostau cyflog absenoldeb oherwydd salwch o achos damweiniau a digwyddiadau, pa gamau y mae eich ymddiriedolaethau'n eu cymryd i adennill costau cyflog absenoldeb oherwydd salwch staff gan drydydd partïon?

Mr Turner: We do not take any action.

Mr Turner: Nid ydym yn cymryd camau.

[177] **Mick Bates:** You do not do that? I know that it is a very small percentage.

[177] **Mick Bates:** Nid ydych yn gwneud hynny? Gwn mai canran fach iawn ydyw.

Mr Turner: For us, we worked out that it would amount to about £80,000 a year. Funnily enough, we talked to our finance director in anticipation of that question and asked why we do not do it. The answer is that we do not know why we do not do it, but we do not do it. I think that there is an issue about when we would know and how would we know whether a third party was involved—that is partly it. We know when our staff are off sick because they have broken a leg, but we do not know whether it was in an accident that was insurable. We, as an organisation, just have not done it, and I put it that everybody in Wales is the same. We have not done it and we probably should do it.

Mr Turner: I ni, cyfrifwyd y byddai'n costio oddeutu £80,000 y flwyddyn. Yn rhyfedd ddigon, bu i ni siarad â'n cyfarwyddwr cyllid am ein bod yn rhagweld y cwestiwn hwnnw a gofyn pam nad ydym yn gwneud hynny. Yr ateb a roddwyd yw nad ydym yn gwybod pam nad ydym yn gwneud hynny, ond nid ydym yn ei wneud. Credaf fod cwestiwn ynglŷn â phryd y byddem yn gwybod a sut y byddem yn gwybod a oes trydydd parti yn gysylltiedig—dyna'r rheswm yn rhannol. Byddwn yn gwybod pan fydd ein staff gartref oherwydd salwch o achos bod rhywun wedi torri ei goes, ond ni fyddwn yn gwybod a oedd hynny mewn damwain oedd yn yswiriadwy. Nid ydym, fel sefydliad, wedi gwneud hynny, ac yr wyf yn awgrymu bod pawb yng Nghymru yn yr un sefyllfa. Nid ydym wedi ei wneud a dylem yn ôl pob tebyg

ei wneud.

[178] **Mick Bates:** Very good. It does amount to less than 1 per cent in the report—0.6 per cent, or something like that—but what are the practical difficulties of identifying those actual costs and whether they are recoverable?

[178] **Mick Bates:** O'r gorau. Mae hyn i gyfrif am lai nag 1 y cant yn yr adroddiad—0.6 y cant, neu rywbeth felly—ond beth yw'r anawsterau ymarferol o ran gwybod beth yw'r gwir gostau hynny ac a ellir eu hadennill?

Mr Turner: Again, we talked to our finance folk, and it will be difficult. It will not be easy, and, on the potential £80,000—I have forgotten where that figure came from—we just worked out a percentage that would be attributable to our trust. I do not know how we would do it. You know when somebody is off sick, so we will obviously have to engage in some sort of questionnaire and form-filling with staff who are off sick due to a car accident or whatever, and then pursue the insurance companies. I do not think that it is a mechanistic problem for us, we just need to put in a procedure and policy and follow them to see if they give us £80,000 a year. Hopefully everybody will then be happy—except the insurance companies, I guess.

Mr Turner: Eto, yr ydym wedi siarad â'n swyddogion cyllid, a bydd yn anodd. Ni fydd yn hawdd, ac, o ran y £80,000 posibl—nid wyf yn cofio o ble y daeth y ffigur hwnnw—bu i ni gyfrifo canran a fyddai'n cael ei phriodoli i'n hymddiriedolaeth. Nid wyf yn gwybod sut y byddem yn gwneud hynny. Yr ydych yn gwybod pan fo rhywun gartref oherwydd salwch, felly mae'n amlwg y bydd yn rhaid i ni ofyn i'r staff sydd gartref oherwydd salwch o achos damwain car neu rywbeth felly ateb holiadur a llenwi ffurflenni, ac yna mynd ar ôl y cwmnïau yswiriant. Ni chredaf fod hyn yn broblem fecanistig i ni, mae'n rhaid i ni roi gweithdrefn a pholisi ar waith a'u dilyn i weld a ydynt yn rhoi £80,000 y flwyddyn i ni. Gobeithio y bydd pawb yn hapus wedi hynny—ar wahân i'r cwmnïau yswiriant, fe dybiaf.

Ms Davies: When we do know about it, we do attempt to recover the costs, and it is incredibly small numbers. Certainly some of the other trusts in Wales have suggested that when they find out, they do attempt to recover it, and they do that through established procedures through the payroll departments. However, one of the things in our revised recording mechanisms—we have done a lot of work in the past year, and we are introducing some new mechanisms from 1 April, as a result of some of the recommendations—is that we are going to put that as an indicator on the return. It is attributed so that we can at least explore it.

Ms Davies: Pan fyddwn yn gwybod am hyn, byddwn yn ceisio adennill y costau, a ffigurau bach iawn, iawn ydynt. Yn sicr mae rhai o'r ymddiriedolaethau eraill yng Nghymru wedi awgrymu pan fyddant yn ei ganfod, y byddant yn ceisio ei adennill, a byddant yn gwneud hynny drwy weithdrefnau sefydledig drwy'r adrannau cyflogres. Fodd bynnag, un o'r pethau yn ein mecanweithiau cofnodi diwygiedig—yr ydym wedi gwneud llawer o waith yn ystod y flwyddyn ddiwethaf, ac yr ydym yn cyflwyno mecanweithiau newydd o 1 Ebrill, o ganlyniad i rai o'r argymhellion—yw y byddwn yn defnyddio hynny fel dangosydd ar gyfer yr enillion. Mae wedi'i briodoli er mwyn i ni allu ei archwilio o leiaf.

Ms Williams: I think that one of the things that we may want to pick up through the task and finish group is the cost benefit, because, sometimes, the cost of actually recovering this money is greater than the amount that you recover. We may want to look, on a more collective basis, at the mechanism for that,

Ms Williams: Credaf mai un o'r pethau y byddwn efallai am eu dilyn drwy'r grŵp gorchwyl a gorffen yw'r gost a'r budd, oherwydd, o bryd i'w gilydd, mae'r gost o adennill yr arian hwn yn fwy na'r swm yr ydych yn ei adennill. Efallai y byddwn am edrych, ar sail fwy cyfunol, ar y mecanwaith

once we have the data collection process more firmly in place.

ar gyfer hynny, ar ôl i ni roi'r broses casglu data ar waith yn fwy cadarn.

[179] **Mick Bates:** Of course, you hit the nail on the head really—it is having the data in the first place. Finally, do you have any specific data about road traffic accidents, for example—or something like that—to which lost time can be directly attributable?

[179] **Mick Bates:** Wrth gwrs, yr ydych wedi taro'r hoelen ar ei phen mewn gwirionedd—mae'n ymwneud â chael y data yn y lle cyntaf. Yn olaf, a oes gennych unrhyw ddata penodol am ddamweiniau traffig ffyrdd, er enghraifft—neu unrhyw beth cyffelyb—y gellir priodoli amser a gollir yn uniongyrchol iddynt?

Ms Williams: No.

Ms Williams: Nac oes.

Mr Turner: No.

Mr Turner: Nac oes.

[180] **Mick Bates:** Thank you, Chair.

[180] **Mick Bates:** Diolch, Gadeirydd.

[181] **Alun Cairns:** Some of the themes have been covered, but I want to just press you a little further. Do you know what the cost of replacement bank, agency and locum staff was for last year in your trust? How much of that do you estimate was due to sickness?

[181] **Alun Cairns:** Mae rhai o'r themâu wedi'u trafod, ond yr wyf am eich holi ychydig ymhellach. A ydych yn gwybod beth oedd costau staff cyflenwi banc, asiantaeth a locwm y llynedd yn eich ymddiriedolaeth? Faint o hynny yr ydych yn amcangyfrif ei fod yn deillio o salwch?

Ms Myhill: I know that we spent £10.6 million last year on bank and agency. I cannot tell you the sickness percentage of that for the reasons that I mentioned earlier, in that I do not have the systems yet to break that down.

Ms Myhill: Yr wyf yn gwybod ein bod wedi gwario £10.6 miliwn y llynedd ar staff banc ac asiantaeth. Ni allaf ddweud wrthych faint o ganran o hynny oedd o achos salwch am y rhesymau a grybwyllais yn gynharach, oherwydd nad yw'r systemau gennyf eto i ddadansoddi hynny.

[182] **Alun Cairns:** Does Mrs Davies or Mrs Williams have the answer?

[182] **Alun Cairns:** A yw'r ateb gan Mrs Davies neu Mrs Williams?

Ms Williams: In terms of the Ceredigion trust, £250,000 was spent on bank staff. The only locums that we use are medical locums. We had a £400,000 spend on medical locums, a very large chunk of which related to one individual consultant who was on sick leave for six months. We only know that, however, because we know that. In terms of the recording, I would estimate that probably between 20 per cent and 30 per cent of it relates to sickness, but that would be an estimate—that is not a robust figure.

Ms Williams: O ran ymddiriedolaeth Ceredigion, gwariwyd £250,000 ar staff banc. Yr unig locymau a ddefnyddiwn yw locymau meddygol. Gwariwyd £400,000 gennym ar locymau meddygol, ac yr oedd cyfran fawr iawn o hyn yn ymwneud ag un ymgynghorydd unigol a oedd yn absennol oherwydd salwch am chwe mis. Yr unig reswm yr ydym yn gwybod hynny, fodd bynnag, yw am ein bod yn gwybod hynny. O ran y cofnodi, byddwn yn amcangyfrif bod rhwng 20 y cant a 30 y cant ohono yn ôl pob tebyg yn ymwneud â salwch, ond amcangyfrif fyddai hynny—nid yw hwnnw'n ffigur cadarn.

[183] **Alun Cairns:** But the new software and systems that are about to be introduced

[183] **Alun Cairns:** Ond bydd y feddalwedd a'r systemau newydd sydd ar fin cael eu

will give us that information in the future, will it not?

Ms Williams: Yes, it will.

[184] **Alun Cairns:** Okay, thank you. I would like to move on to something that came out of our February meeting with Mr Redmond. He noted that the decision-making process for ill health retirement is often a lengthy affair that involves both the trust and the NHS Pensions Agency. Could you briefly tell us about the procedure of managing ill health retirements among your staff?

Ms Myhill: There are two ways of processing ill health retirement, which in some ways makes it difficult for us to understand exactly what is going on because employees can apply independently to the pensions agency—rightly so—for ill health retirement. They can do that with or without the employer's support. We are not therefore engaged—sometimes we are informed, and sometimes we are not informed or engaged in that process. In terms of when we are engaged, there is a very lengthy process before we even get anywhere near deciding that ill health retirement is an appropriate option. We use our occupational health department for assessments and we follow our processes in terms of how we deal with the long-term sick by keeping in touch with people, getting assessments, getting them help and fast-tracking them through our own health service where we are able to do that to enable them to return to work. Much work is done to bring them back, and that is where we start. However, some people, for right and proper reasons, cannot come back. They pay into their pensions and we would support them in an application. Before they can even be agreed—it is a Fleetwood decision, not a trust decision as to whether they can go on the grounds of ill health or not—much independent medical opinion is needed as to whether they will ever be able to work again or whether they will ever be able to work again in that role. I am just giving you a flavour, if you will, of the complexity, from someone being ill to someone retiring on the grounds of ill health. My experience over recent years is that it is becoming more and

cyflwyno yn rhoi'r wybodaeth honno i ni yn y dyfodol, oni fydd?

Ms Williams: Bydd, fe fydd.

[184] **Alun Cairns:** Iawn, diolch. Hoffwn symud ymlaen at rywbeth a ddeilliodd o'n cyfarfod ym mis Chwefror gyda Mr Redmond. Dywedodd fod y broses o wneud penderfyniadau ar gyfer ymddeol o ganlyniad i salwch yn broses hirfaith yn aml sy'n cynnwys yr ymddiriedolaeth ac Asiantaeth Bensiynau'r GIG. A allech ddweud wrthym yn gryno am y weithdrefn o reoli ymddeoliadau o ganlyniad i salwch ymhlith eich staff?

Ms Myhill: Mae dau ddull o brosesu ymddeol o ganlyniad i salwch, sydd mewn rhai ffyrdd yn ei gwneud yn anodd i ni ddeall yn union beth sy'n mynd ymlaen oherwydd gall gweithwyr cyflogedig wneud cais yn annibynnol i'r asiantaeth bensiynau—ac mae ganddynt bob hawl i wneud hynny—am ymddeol o ganlyniad i salwch. Gallant wneud hynny gyda neu heb gefnogaeth y cyflogwr. Nid ydym felly'n rhan o'r broses—weithiau rhoddir gwybod i ni, ac weithiau ni roddir gwybod i ni na'n cynnwys yn y broses honno. Pan fyddwn yn cael ein cynnwys, mae proses hirfaith iawn cyn i ni allu bod yn agos i benderfynu bod ymddeol o ganlyniad i salwch yn opsiwn priodol. Yr ydym yn defnyddio ein hadran iechyd galwedigaethol ar gyfer asesiadau ac yr ydym yn dilyn ein prosesau o ran sut yr ydym yn delio â gweithwyr sy'n sâl yn yr hirdymor drwy gadw mewn cysylltiad â phobl, cynnal asesiadau, rhoi cymorth iddynt a'u rhoi ar y trywydd cyflym drwy ein gwasanaeth iechyd ni ein hunain lle yr ydym yn gallu gwneud hynny i'w galluogi i ddychwelyd i'r gwaith. Mae llawer o waith yn cael ei wneud i'w cael yn ôl, a dyna lle'r ydym yn cychwyn. Fodd bynnag, ni all rhai, am resymau priodol a chywir, ddod yn ôl. Maent yn cyfrannu at eu pensiynau a byddem yn eu cefnogi gyda'u cais. Cyn y gellir cytuno arnynt hyd yn oed—penderfyniad Fleetwood ydyw, nid penderfyniad gan yr ymddiriedolaeth o ran a allant adael ar sail salwch ai peidio—mae angen llawer o farn feddygol annibynnol o ran a fyddant yn gallu gweithio eto neu a fyddant yn gallu gweithio eto yn y swydd honno. Y cwbl yr wyf yn ei wneud yw rhoi

more difficult to get a ‘yes’ from the pensions agency. Sometimes, we are not happy with that because the people concerned really cannot work. They have paid into the pension and worked in the NHS for however many years and we want them to get that support because we know that they need it, but it is harder to get. So it is not an easy option; there is no doubt about that.

blas i chi, os mynnwch, ar y cymhlethdod, o rywun sy’n sâl i rywun sy’n ymddeol o ganlyniad i salwch. Fy mhrofiad i yn y blynyddoedd diwethaf yw ei bod yn mynd yn anos cael ‘iawn’ gan yr asiantaeth bensiynau. O bryd i’w gilydd, nid ydym yn hapus â hynny oherwydd na all y bobl dan sylw weithio mewn gwirionedd. Maent wedi cyfrannu at eu pensiynau ac wedi gweithio i’r GIG am hyn a hyn o flynyddoedd ac yr ydym am iddynt gael y cymorth hwnnw oherwydd ein bod yn gwybod bod arnynt ei angen, ond mae’n anos ei gael. Felly nid yw’n opsiwn hawdd; nid oes amheuaeth am hynny.

[185] **Alun Cairns:** Can I go back to your first answer in terms of some members of staff who put themselves forward for early retirement as a result of ill health? Can you give us a note on the proportion of those people who would put themselves forward and the proportion that you put forward? That would be quite useful to have for us to analyse that. Also, because the costs of ill health retirement are met by the pensions agency, rather than the trust, what assurance can you give us that, for staff that you put forward—because you just talked about the difficulties you face sometimes in getting them signed off on ill health retirement—that is the only option?

[185] **Alun Cairns:** A gaf fi fynd yn ôl at eich ateb cyntaf o ran rhai aelodau o’r staff sy’n cynnig eu hunain ar gyfer ymddeoliad cynnar o ganlyniad i salwch? A allwch roi nodyn i ni ar y gyfran o’r bobl hynny a fyddai’n cynnig eu hunain a’r gyfran yr ydych chi’n ei chynnig? Byddai hynny’n eithaf defnyddiol i ni ei gael er mwyn dadansoddi hynny. Yn ogystal, oherwydd mai’r asiantaeth bensiynau sy’n talu costau ymddeol o ganlyniad i salwch, yn hytrach na’r ymddiriedolaeth, pa sicrwydd y gallwch ei roi i ni, o ran y staff y byddwch chi’n eu cyflwyno—oherwydd eich bod newydd grybwyll yr anawsterau sy’n eich wynebu weithiau wrth eu cael i ymddeol o ganlyniad i salwch—mai dyna’r unig opsiwn?

Ms Myhill: If you look at our policies as a first example, you will see the process through which we go before we get to that stage—and it is very complex. We also work very hard with people in terms of redeployment and rehabilitation. Within our trust, we have a redeployment register, as we call it, whereby we have people who cannot do their current jobs but they could do other jobs. We have worked very hard to do that and to try to find suitable jobs. People are trained, they have skills and they have experience, and we need to keep that in the NHS as much as we can.

Ms Myhill: Os edrychwch ar ein polisïau fel yr enghraifft gyntaf, gwelwch y broses yr ydym yn ei dilyn cyn cyrraedd y cam hwnnw—ac mae’n gymhleth iawn. Yr ydym hefyd yn gweithio’n galed iawn gyda phobl o ran adleoli ac adsefydlu. O fewn ein hymddiriedolaeth, mae gennym gofrestr adleoli, fel yr ydym yn ei galw, sy’n cynnwys pobl nad ydynt yn gallu gwneud eu swyddi presennol ond a allai wneud swyddi eraill. Yr ydym wedi gweithio’n galed iawn i wneud hynny a cheisio dod o hyd i swyddi addas. Mae pobl wedi’u hyfforddi, mae ganddynt sgiliau ac mae ganddynt brofiad, ac mae angen i ni gadw hynny yn y GIG hyd y gallwn.

In terms of figures, which you talked about, just in Gwent, 46 employees went on ill health retirement last year, 46 the year before, and 44 the year before that, so that is almost four to every 1,000, which is in line

O ran ffigurau, y buoch yn sôn amdanynt, yng Ngwent yn unig, ymddeolodd 46 o weithwyr cyflogedig o ganlyniad i salwch y llynedd, 46 y flwyddyn flaenorol, a 44 y flwyddyn cyn hynny, felly mae hynny bron

with a recommended target. However, I am not sure whether that came from the National Audit Office or wherever.

yn bedwar o bob 1,000, sydd yn unol â'r targed a argymhellir. Fodd bynnag, nid wyf yn sicr a gafwyd hynny gan y Swyddfa Archwilio Genedlaethol neu ble bynnag.

[186] **Alun Cairns:** Mrs Williams or Mrs Davies, do you have similar figures to hand or not? You can supply us with a note. That will be fine.

[186] **Alun Cairns:** Mrs Williams neu Mrs Davies, a oes gennych ffigurau tebyg wrth law ai peidio? Gallwch roi nodyn i ni. Bydd hynny'n iawn.

Ms Williams: We will lodge a note, if we may; I do not have figures to hand. If I may just add to that though, it is not in an employer's interest to back a horse that it feels will lose in this context. If we are supporting somebody in applying for ill health retirement and they are unsuccessful in going through the pensions agency process, then, ultimately, we could end up with a very disgruntled employee, whose skills we want and who we want to integrate back into the workforce. So, as an employer, there is really no incentive to support somebody along the ill health route, unless we absolutely feel that there is no alternative.

Ms Williams: Cyflwynwn nodyn, os cawn; nid oes gennyf ffigurau wrth law. Hoffwn ychwanegu at hynny os caf, nad yw o fudd i gyflogwr roi arian ar geffyl a fydd yn colli yn ei farn ef yn y cyd-destun hwn. Os ydym yn cynorthwyo rhywun i wneud cais am ymddeol o ganlyniad i salwch a hwythau'n aflwyddiannus wrth fynd drwy broses yr asiantaeth bensiynau, yna, yn y pen draw, gallem fod â gweithiwr cyflogedig anfodlon iawn ar ein dwylo, sydd â'r sgiliau yr ydym am eu cael ac yr ydym am ei integreiddio'n ôl i'r gweithlu. Felly, fel cyflogwr, nid oes cymhelliant o gwbl mewn gwirionedd i gynorthwyo rhywun ar hyd llwybr ymddeol o ganlyniad i salwch, oni bai ein bod yn gwbl bendant nad oes dewis arall.

[187] **Alun Cairns:** What proportion of those that you put forward would you say are accepted by the pensions agency?

[187] **Alun Cairns:** Pa gyfran o'r rhai yr ydych yn eu cyflwyno sy'n cael eu derbyn gan yr asiantaeth bensiynau, meddech chi?

Ms Myhill: I do not have those exact figures.

Ms Myhill: Nid yw'r union ffigurau hynny gennyf.

[188] **Alun Cairns:** A note on that would also be useful. Thank you.

[188] **Alun Cairns:** Byddai nodyn ar hynny hefyd yn ddefnyddiol. Diolch.

[189] **Jocelyn Davies:** The Assembly's original service and financial framework target of a 30 per cent reduction in sickness absence for 2003-04 has now been recognised, of course, as unrealistic. Were you consulted on that original target? Did you think that you would be able to meet it, and, if not, did you make it known that you probably would not be able to meet it?

[189] **Jocelyn Davies:** Derbyniwyd bellach, wrth gwrs, fod fframwaith gwasanaeth ac ariannol gwreiddiol y Cynulliad o ostyngiad o 30 y cant mewn absenoldeb oherwydd salwch ar gyfer 2003-04 yn afrealistig. A ymgynghorwyd â chi ynghylch y targed gwreiddiol hwnnw? A oeddech yn credu bod modd i chi ei gyrraedd, ac, os nad oeddech, a roesoch wybod na fyddech yn gallu ei gyrraedd yn ôl pob tebyg?

Mr Turner: There are a few questions there. Certainly, on the first one, we would not have accepted the target of a 30 per cent reduction, given our knowledge that some are on nearly 7 per cent and some are on nearly 4 per cent. It would be unrealistic to impose that, so we

Mr Turner: Mae amryw o gwestiynau yma. Yn sicr, o ran yr un cyntaf, ni fyddem wedi derbyn y targed o ostyngiad o 30 y cant, o ystyried ein bod yn gwybod bod rhai bron yn 7 y cant a rhai bron yn 4 y cant. Byddai'n afrealistig gofyn am hynny, felly ni fyddem

would not have accepted it. I do not think that we were consulted—and somebody can tell me if I am wrong there—and, therefore, we were not given the opportunity to comment.

wedi'i dderbyn. Nid wyf yn credu bod ymgynghori â ni wedi bod—a gall rhywun ddweud wrthyf os wyf yn anghywir yma—ac, felly, ni roddwyd cyfle i ni roi sylwadau.

[190] **Jocelyn Davies:** Okay. I would imagine that the answer would be the same for you, Mrs Williams?

[190] **Jocelyn Davies:** Iawn. Mae'n debyg y byddai'r ateb yr un peth gennych chithau, Mrs Williams?

Ms Williams: I apologise, Chair, I was not working in Wales at the time that that target was set, so I have no reason to dispute what Mr Turner has said.

Ms Williams: Mae'n ddrwg gennyf, Gadeirydd, nid oeddwn yn gweithio yng Nghymru pan bennwyd y targed hwnnw, felly nid oes gennyf le i amau'r hyn a ddywedodd Mr Turner.

Ms Myhill: May I just add to that? We did have discussions with the Assembly about appropriate targets, not just around sickness absence, but in terms of other indicators also. So, there was discussion and, originally, the discussion was around a 4 per cent absolute target. I do not know what happened to that, but we did have discussions about it originally, to be fair. The 30 per cent target came out in the service and financial framework target. We have gone from 6.2 per cent in 1999, to 5.1 per cent as an average this year. That is a 16 per cent improvement. We think that we have done well, and we have worked very hard to do that. It is half, in a way, of the 30 per cent, is it not? So, we would not have accepted the 30 per cent target.

Ms Myhill: A gaf ychwanegu at hynny? Cawsom drafodaethau gyda'r Cynulliad am dargedau priodol, nid yn unig ar absenoldeb oherwydd salwch, ond o ran dangosyddion eraill hefyd. Felly, bu trafodaeth ac, yn wreiddiol, yr oedd y drafodaeth ynglŷn â tharged pendant o 4 y cant. Nid wyf yn gwybod beth a ddigwyddodd i hynny, ond cawsom drafodaethau am hynny yn wreiddiol, a bod yn deg. Daeth y targed o 30 y cant o'r targed fframwaith gwasanaeth ac ariannol. Yr ydym wedi mynd o 6.2 y cant yn 1999, i 5.1 y cant fel cyfartaledd eleni. Mae hynny'n welliant o 16 y cant. Credwn ein bod wedi gwneud yn dda, ac yr ydym wedi gweithio'n galed iawn i wneud hynny. Mewn ffordd, mae'n hanner y 30 y cant, onid yw? Felly, ni fyddem wedi derbyn y targed o 30 y cant.

Ms Davies: The only comment that I want to make is that the English target that was set in 2000—I was working in England before I came to Wales—was in fact 30 per cent, albeit that it was staged: 10 per cent initially and then a 20 per cent target. At the moment, our trust is static in terms of that target, but the point that Mr Turner made about setting targets as broadly as that, when we are all at very different starting points, means that it would be very difficult to achieve.

Ms Davies: Yr unig sylw yr wyf am ei wneud yw bod targed Lloegr a bennwyd yn 2000—yr oeddwn yn gweithio yn Lloegr cyn i mi ddod i Gymru—yn 30 y cant mewn gwirionedd, er ei fod fesul cam: 10 y cant i ddechrau ac wedyn targed o 20 y cant. Ar hyn o bryd, mae ein hymddiriedolaeth yn ddisymud o ran y targed hwnnw, ond mae'r pwynt a wnaeth Mr Turner am bennu targedau mor eang â hynny, a phob un ohonom yn cychwyn o bwyntiau gwahanol iawn, yn golygu y byddai'n anodd iawn ei gyflawni.

[191] **Jocelyn Davies:** Well, some trusts have made that point, namely that you are set a generic target and, if you are performing well, it is very difficult to achieve it. Would you agree with that? Do you think that you should be more accountable for the level of

[191] **Jocelyn Davies:** Wel, mae rhai ymddiriedolaethau wedi gwneud y pwynt hwnnw, sef bod targed generig yn cael ei bennu ar eich cyfer, ac, os ydych yn perfformio'n dda, y mae'n anodd iawn ei gyflawni. A fyddech yn cytuno â hynny? A

sickness absence in your trust?

ydych yn credu y dylech fod yn fwy atebol am y lefel o absenoldeb oherwydd salwch yn eich ymddiriedolaeth?

Ms Williams: As a chief executive, yes. This is one of the performance measurement indicators for the organisation as a whole, and I am happy to accept my accountability in that. The issue is about our having realistic targets, and I am very happy to be accountable for a realistic target and to be accountable for the progress that we need to make to achieve it.

Ms Williams: Fel prif weithredwr, ydwyf. Mae hyn yn un o'r dangosyddion mesur perfformiad ar gyfer y sefydliad cyfan, ac yr wyf yn fodlon derbyn fy atebolrwydd o ran hynny. Mae'r mater yn ymwneud â chael targedau realistig, ac yr wyf yn fodlon iawn bod yn atebol am darged realistig a bod yn atebol am y cynnydd sydd angen i ni ei wneud i'w gyflawni.

Mr Turner: Ditto. It is a key indicator. It gives you a lot of information about the organisation, not just purely about its sickness absence levels, it does tell you where, or it is a good indicator of, things that may be going wrong—or right, to be frank. So, yes, I would accept the view that it should be an accountable target against which organisations are measured.

Mr Turner: Yr un peth. Mae'n ddangosydd allweddol. Mae'n rhoi llawer o wybodaeth i chi am y sefydliad, nid am ei lefelau absenoldeb oherwydd salwch yn unig, mae'n dweud wrthych ymhle y mae pethau a allai fynd o chwith, neu mae'n ddangosydd da ar gyfer hynny—neu bethau sy'n iawn, a bod yn blwmp ac yn blaen. Felly, byddwn, byddwn yn derbyn y farn y dylai fod yn darged atebol i sefydliadau gael eu mesur yn ei erbyn.

[192] **Jocelyn Davies:** And to whom should you be accountable?

[192] **Jocelyn Davies:** Ac i bwy y dylech fod yn atebol?

Mr Turner: Well, the accounting officer—yes, to whom should we be accountable?

Mr Turner: Wel, y swyddog cyfrifo—ie, i bwy y dylem fod yn atebol?

[193] **Jocelyn Davies:** We do know from our last meeting that Mrs Lloyd was pretty annoyed with the trusts over the performance in this particular area. Is it Mrs Lloyd to whom you should be accountable? Is she the one to come and tell you off?

[193] **Jocelyn Davies:** Gwyddom wedi ein cyfarfod diwethaf fod Mrs Lloyd yn eithaf dig wrth yr ymddiriedolaethau oherwydd eu perfformiad yn y maes penodol hwn. Ai i Mrs Lloyd y dylech fod yn atebol? Ai hi ddylai ddweud y drefn wrthych?

Mr Turner: After you, Mrs Williams. [*Laughter*.]

Mr Turner: Ar eich ôl chi, Mrs Williams. [*Chwerthin*.]

Ms Williams: That is what they call a hospital pass.

Ms Williams: Dyna a elwir yn bas ysbyty.

[194] **Jocelyn Davies:** She is not here, so you can—

[194] **Jocelyn Davies:** Nid yw yma, felly gallwch—

Ms Williams: To be fair, as accounting officers, which chief executives are, we are accountable to our boards for the performance of the organisation, but we are also directly accountable to Mrs Lloyd for our performance. So yes, I think that it is a dual accountability—an accountability to the trust board and accountability directly

Ms Williams: A bod yn deg, fel swyddogion cyfrifo, a dyna yw prif weithredwyr, yr ydym yn atebol i'n byrddau am berfformiad y sefydliad, ond yr ydym hefyd yn atebol yn uniongyrchol i Mrs Lloyd am ein perfformiad. Felly ydyw, credaf ei fod yn atebolrwydd deublyg—atebolrwydd i fwrdd yr ymddiriedolaeth ac atebolrwydd yn

through to the director of the NHS. That would be my personal view.

uniongyrchol trwodd i gyfarwyddwr y GIG. Dyna fyddai fy marn bersonol i.

[195] **Jocelyn Davies:** I think that my other questions have been covered, Chair.

[195] **Jocelyn Davies:** Credaf fod fy nghwestiynau eraill wedi'u trafod, Gadeirydd.

[196] **Janet Davies:** Okay. Val, do you have a question?

[196] **Janet Davies:** Iawn. Val, a oes gennych gwestiwn?

[197] **Val Lloyd:** Yes. I think that we have touched on some of my questions, but not this one. I am relating this to figure 11 on page 17. Could you let us know how you communicate local sickness absence rates with managers and staff?

[197] **Val Lloyd:** Oes. Credaf ein bod wedi trafod rhai o'm cwestiynau, ond nid hwn. Yr wyf yn cysylltu hyn â ffigur 11 ar dudalen 17. A allech roi gwybod i ni sut yr ydych yn cyfathrebu cyfraddau absenoldeb oherwydd salwch lleol gyda rheolwyr a staff?

Ms Myhill: I did not hear that, sorry.

Ms Myhill: Mae'n ddrwg gennyf, ni chlywais hynny.

[198] **Val Lloyd:** Sorry. The question really was asking what you did in relation to letting staff and managers know the rates of sickness absence in your trust, and it arose because the graph on page 17 is quite disturbing in that those rates are quite on the low side.

[198] **Val Lloyd:** Mae'n ddrwg gennyf. Yr oedd y cwestiwn mewn gwirionedd yn gofyn beth yr oeddech yn ei wneud o ran hysbysu'r staff a'r rheolwyr am y cyfraddau absenoldeb oherwydd salwch yn eich ymddiriedolaeth, a chododd oherwydd bod y graff ar dudalen 17 yn peri cryn bryder oherwydd bod y cyfraddau hynny'n gymharol isel.

Ms Williams: Shall I go first? I think that there are a variety of ways in which we would ensure that this is publicised to staff. Clearly, reporting to our boards, and the briefings that come out of our board for all of our staff, in terms of both targets and performance against those targets, is critical. We have a system of cascade team briefing that comes out of our board that gets that information down to department levels. We also deal with this very firmly through the performance management arrangements that we have for our directorates and departments within the trust. Mr Turner said that he met quarterly with his divisions, and that is absolutely right and proper in a trust of his size. I do that monthly within my organisation, which is much smaller, and so that is discussed there.

Ms Williams: A gaf fi fynd yn gyntaf? Credaf fod amrywiaeth o ffyrdd i ni sicrhau ein bod yn tynnu sylw'r staff at hyn. Yn amlwg, mae adrodd i'n byrddau, a'r briffio sy'n dod gan ein bwrdd i'n staff i gyd, o ran targedau a'r perfformiad yn erbyn y targedau hynny, yn hanfodol. Mae gennym system o drosglwyddo briffio tîm a gyflwynir gan ein bwrdd sy'n cael y wybodaeth honno i lawr i'r adrannau. Yr ydym hefyd yn delio'n gadarn iawn â hyn drwy'r trefniadau rheoli perfformiad sydd gennym ar gyfer ein cyfarwyddiaethau a'n hadrannau yn yr ymddiriedolaeth. Dywedodd Mr Turner ei fod yn cyfarfod â'i is-adrannau bob chwarter, ac mae hynny'n hollol gywir a phriodol mewn ymddiriedolaeth o'r maint sydd ganddo ef. Yr wyf yn gwneud hynny bob mis yn fy sefydliad i, sydd yn llawer llai, ac felly trafodir hynny yno.

It is quite interesting that, in discussion with our trade unions—because we feel that they are a very integral part of this; it is not just a management message, it is a trade union message as well—they were very reluctant to

Mae'n ddiddorol gweld, mewn trafodaethau â'n hundebau llafur—oherwydd teimlwn eu bod yn rhan ganolog iawn o hyn; nid neges gan y rheolwyr yn unig ydyw, mae'n neges gan yr undebau llafur hefyd—eu bod yn

publish targets. We set ourselves a 5 per cent when we came into post: to reduce to 5 per cent by the end of this financial year. The unions were very reluctant to publish that, because they were concerned that staff might see that as an entitlement, that they were entitled to 5 per cent sickness. So the different views are quite interesting. We felt that it was very important that we got that message absolutely out there—that 5 per cent is our target and next year it is going to be lower—and the trade unions felt that that might act as a perverse incentive for some staff groups.

amharod iawn i gyhoeddi targedau. Bu inni bennu targed o 5 y cant wrth ddechrau ar y swydd: gostwng i 5 y cant erbyn diwedd y flwyddyn ariannol hon. Yr oedd yr undebau'n amharod iawn i gyhoeddi hynny, oherwydd eu bod yn bryderus y gallai'r staff ystyried hynny fel hawl, fod ganddynt hawl i 5 y cant o salwch. Felly mae'r gwahanol safbwyntiau'n eithaf diddorol. Teimlem ei bod yn bwysig iawn i ni gyfleu'r neges honno'n hollol glir—mai 5 y cant yw ein targed ac y bydd yn is y flwyddyn nesaf—a theimlai'r undebau llafur y gallai hynny fod yn gymhelliad gwrthnysig i rai grwpiau o'r staff.

However, there is that balance. We do have mechanisms by which that is cascaded down through the organisation now.

Fodd bynnag, mae cydbwysedd. Mae gennym fecanweithiau i'w throsglwyddo i lawr drwy'r sefydliad yn awr.

[199] **Val Lloyd:** Earlier on, you spoke of the systems that you had already started to put in place. Do you feel that those are robust now and, in line with what you said about the cascade system, do you feel that those who need to know know, as well as staff in general?

[199] **Val Lloyd:** Yn gynharach, bu i chi sôn am y systemau yr oeddech wedi dechrau eu rhoi ar waith eisoes. A ydych yn teimlo bod y rheini yn gadarn yn awr ac, yn unol â'r hyn a ddywedasoch am y system drosglwyddo, a ydych yn teimlo bod y rhai sydd angen gwybod yn gwybod, yn ogystal â'r staff yn gyffredinol?

Ms Williams: Yes I do. I think that we still have a long way to go though in changing the culture, because culture does not change overnight. We have done a lot of management training, we have put new policies and procedures in place and the culture change that goes along with that is probably going to take us more time to work through. However, certainly, in terms of those systems and processes, compared to when the audit was done, if we were to look again at those now we would see a marked improvement. Indeed, we are seeing the benefit of that in the reducing sickness absence rates as well.

Ms Williams: Ydwyf. Credaf, er hynny, fod gennym lawer o waith i'w wneud o hyd o ran newid y diwylliant, oherwydd nid yw diwylliant yn newid dros nos. Yr ydym wedi cynnal llawer o hyfforddiant i'r rheolwyr, yr ydym wedi rhoi polisïau a gweithdrefnau newydd ar waith ac mae'n debyg y bydd y newid mewn diwylliant sy'n cyd-fynd â hynny yn cymryd mwy o amser i'w gyflawni. Fodd bynnag, yn sicr, o ran y systemau a'r prosesau hynny, o'i gymharu â phan wnaed yr archwiliad, pe baem yn edrych eto ar y rheini yn awr byddem yn gweld gwelliant amlwg. Yn wir, yr ydym yn gweld y budd sy'n deillio o hynny yn y cyfraddau absenoldeb oherwydd salwch sy'n gostwng hefyd.

[200] **Val Lloyd:** Mr Turner or Ms Myhill, do you want to come in?

[200] **Val Lloyd:** Mr Turner neu Ms Myhill, a ydych am gyfrannu?

Ms Myhill: I will just add to that. Some of the things that Ms Williams said are exactly the same within our trust, as you would imagine, particularly in terms of communicating targets and progress through

Ms Myhill: Dim ond ychwanegu at hynny a wnaf fi. Mae rhai o'r pethau a ddywedodd Ms Williams yr un peth yn union yn ein hymddiriedolaeth ni, fel y byddech yn tybio, yn arbennig o ran trosglywddo targedau a

management channels. The key responsibility for communication with staff is through managers but we always supplement that, just to help. We are a very big, complex organisation, so whatever we can do to get the message out, we do. We have a trade union partnership forum within the trust—where the executive team and chief executive meet all the trade unions quarterly, so we discuss it there.

chynnydd drwy sianeli rheoli. Mae'r cyfrifoldeb allweddol am gyfathrebu â'r staff yn nwylo'r rheolwyr ond yr ydym yn ategu hynny bob tro, er mwyn cynorthwyo. Yr ydym yn sefydliad cymhleth, mawr iawn, felly beth bynnag y gallwn ei wneud i drosglwyddo'r neges, byddwn yn gwneud hynny. Mae gennym fforwm partneriaeth undebau llafur yn yr ymddiriedolaeth—lle y mae'r tîm gweithredol a'r prif weithredwr yn cyfarfod â'r holl undebau llafur bob chwarter, felly yr ydym yn ei drafod yno.

We publish it in the chief executive's report, which is a monthly report that is available to all employees. It does not go in every report, but, periodically, we will report in that about our progress towards our sickness absence target. Training is an absolutely key issue for us. We provide corporate training across the trust, but we also undertake a lot of local training divisionally, focused with teams and departments, so that we can make it real for them. Although our trust target is 4 per cent, we have different targets for different divisions within the trust because we do not expect everybody to be at 4 per cent. We accept that maybe nursing will be 5 per cent and allied health professionals will be 3 per cent, or that people within the trust are starting from different positions. So, just like we need to agree targets externally, we also need to agree them with our managers internally. So, we do a lot of work around that to make it local and more relevant. Four per cent means nothing, probably, to a ward in a community hospital in north Gwent. However, if we talk about what it means for that ward, and what the absence rates are there and what the issues are there, then that makes it more real. So, we do that as well.

Yr ydym yn ei gyhoeddi yn adroddiad y prif weithredwr, sef adroddiad misol sydd ar gael i'r holl weithwyr cyflogedig. Nid yw'n cael ei roi ym mhob adroddiad, ond, o dro i dro, byddwn yn adrodd ynddo ar ein cynnydd tuag at gyrraedd ein targed absenoldeb oherwydd salwch. Mae hyfforddiant yn fater hollol allweddol i ni. Yr ydym yn darparu hyfforddiant corfforaethol ar draws yr ymddiriedolaeth, ond yr ydym hefyd yn cynnal llawer o hyfforddiant lleol mewn is-adrannau, sy'n canolbwyntio ar dimau ac adrannau, er mwyn i ni allu ei wneud yn real iddynt hwy. Er mai 4 y cant yw targed ein hymddiriedolaeth, mae gennym wahanol dargedau ar gyfer gwahanol is-adrannau yn yr ymddiriedolaeth oherwydd nad ydym yn disgwyl i bawb fod â tharged o 4 y cant. Derbyniwn y bydd nyrsio efallai yn 5 y cant a gweithwyr proffesiynol perthynol i iechyd yn 3 y cant, neu fod pobl yn yr ymddiriedolaeth yn dechrau o wahanol fannau. Felly, yn union fel y mae angen i ni gytuno ar dargedau'n allanol, mae angen hefyd i ni gytuno arnynt â'n rheolwyr yn fewnol. Felly, yr ydym yn gwneud llawer o waith ar hynny i'w wneud yn lleol ac yn fwy perthnasol. Nid yw 4 y cant yn golygu dim, mae'n debyg, i ward mewn ysbyty cymuned yng ngogledd Gwent. Fodd bynnag, os ydym yn sôn am yr hyn y mae'n ei olygu i'r ward honno, a beth yw'r cyfraddau absenoldeb yno a beth yw'r materion sydd yno, yna mae hynny'n ei wneud yn fwy real. Felly, yr ydym yn gwneud hynny hefyd.

[201] **Val Lloyd:** Thank you.

[201] **Val Lloyd:** Diolch.

[202] **Janet Davies:** Thank you, Val. Before I go on to Mick, who wants to look at the identification of the underlying causes of staff sickness, I point out that some people

[202] **Janet Davies:** Diolch, Val. Cyn i mi fynd ymlaen at Mick, sydd am edrych ar bennu achosion sylfaenol salwch staff, yr wyf am nodi ei bod yn bosibl bod rhai sy'n

present may be using headphones for hearing reasons. Therefore, using electronic equipment, even though there is no translation going on, is not really acceptable. Mick?

bresennol yn defnyddio clustffonau er mwyn clywed. Felly, nid yw defnyddio cyfarpar electronig, er nad oes cyfieithu'n digwydd, yn dderbyniol mewn gwirionedd. Mick?

[203] **Mick Bates:** Thank you. What electronic equipment is being used? Moving to paragraphs 3.7 and 3.8, they note that most NHS trusts in Wales lack systems capable of identifying the medical causes of sickness absence across their organisation. Quite simply, why have your trusts not established systems to capture data on the underlying medical causes of sickness absence across your workforce?

203] **Mick Bates:** Diolch. Pa gyfarpar electronig sy'n cael ei ddefnyddio? A symud ymlaen at baragraffau 3.7 a 3.8, maent yn nodi nad oes gan y mwyafrif o ymddiriedolaethau'r GIG yng Nghymru systemau sy'n gallu pennu achosion meddygol absenoldeb oherwydd salwch yn eu sefydliad. Yn syml, pam nad yw eich ymddiriedolaethau wedi sefydlu systemau i gasglu data ar achosion meddygol sylfaenol absenoldeb oherwydd salwch yn eich gweithlu?

Mr Turner: If I can start, I will let Tracy Myhill come in with a bit more detail. One of the problems that we have is that when people go off sick, they often go to their GP and we get a sick note, or it is self-certification, and you get bland, open statements under the cause, such as 'debility' or 'stress', maybe. Occasionally you get a bit more detail. From a payment point of view, that is acceptable. In other words, it enables us, organisationally, to pay that individual for the period of time that they were off sick. What it does not do, of course, is give us any more information about their reasons for sickness. Certainly, with short-term sickness, that is a problem. With long-term sickness, we are much more aware, because of the policies that we have of getting in touch with staff about why they are away. Having said that, again, some of the analysis is difficult to interpret. For example, I know that this report makes a lot about work-related illnesses. When you come to musculo-skeletal issues and stress issues, which count for 90 per cent of long-term sickness in our trust, establishing whether they are work-related or not is a problem for us. It can help us in the fact that we know that 'okay, there is a stress-related illness here', and maybe we can help manage that and bring that person back to work quicker. However, the thing that we are not able to do at this moment in time—and, again, I am not clear how we will get to that stage—is to relate that sickness to work or not. We do not do it often, probably because of the systems and partly because of the

Mr Turner: Os caf fi gychwyn, gadawaf i Tracy Myhill fanylu. Un o'r problemau sydd gennym yw pan fo pobl gartref oherwydd salwch, maent yn aml yn mynd at eu meddyg teulu ac yr ydym yn cael nodyn salwch, neu hunan-dystiolaeth, ac yr ydych yn cael datganiadau annelwig, penagored dan yr achos, fel 'gwendid' neu 'straen', o bosibl. O bryd i'w gilydd yr ydych yn cael ychydig mwy o fanylion. O safbwynt talu, mae hynny'n dderbyniol. Mewn geiriau eraill, mae'n ein galluogi, o ran y sefydliad, i dalu i'r unigolyn hwnnw am yr amser yr oedd gartref o'r gwaith. Yr hyn nad yw'n ei wneud, wrth gwrs, yw rhoi rhagor o wybodaeth i ni am y rhesymau dros eu salwch. Yn sicr, gyda salwch tymor byr, mae hynny'n broblem. Gyda salwch hirdymor, yr ydym yn llawer mwy ymwybodol, oherwydd y polisïau sydd gennym ar gyfer cysylltu â'r staff i holi pam nad ydynt yn y gwaith. Ar ôl dweud hynny, eto, mae'n anodd dehongli rhywfaint o'r dadansoddi. Er enghraifft, gwn fod yr adroddiad hwn yn rhoi llawer o sylw i salwch sy'n gysylltiedig â gwaith. Wrth ystyried afiechydon cyhyrysgerbydol a salwch sy'n ymwneud â straen, sy'n cyfrif am 90 y cant o salwch hirdymor yn ein hymddiriedolaeth, mae pennu a ydynt yn gysylltiedig â gwaith ai peidio yn broblem i ni. Gall ein cynorthwyo o ran ein bod yn gwybod 'iawn, mae salwch sy'n ymwneud â straen yma', ac efallai y gallwn gynorthwyo i reoli hynny a dod â'r unigolyn hwnnw yn ôl i'r gwaith yn gynt. Fodd bynnag, yr hyn nad ydym yn gallu ei wneud ar hyn o bryd—ac,

difficulty in definition, I guess.

eto, nid wyf yn sicr sut y byddwn yn cyrraedd y cam hwnnw—yw cysylltu'r salwch hwnnw â gwaith ai peidio. Nid ydym yn gwneud hyn yn aml, oherwydd y systemau, yn ôl pob tebyg, ac yn rhannol oherwydd yr anhawster wrth ddiffinio, fe dybiaf.

Ms Myhill: I will just supplement that, if I may. I think that what happens is that people locally know why people are off. It may be bland, and it might not be as detailed as we might want it to be, but, locally, that information is there. What we do not have is that corporately. We cannot tell you for the 5 per cent in Gwent at the moment exactly what the causes are and the breakdown at that trust-wide level. However, it would not be right to say that the managers in the trust do not have any idea as to why their staff are off. They do know why their staff are off. They talk to their staff immediately when they come back or while they are off. It is just the level of detail sometimes and, because of patient confidentiality in some ways, it is not appropriate to know of that detail. So, we do know the reasons but we do not know them corporately and I do not think that we know them exhaustively, if you like, in terms of across the piece. We have done some work on this to try to identify what might be the appropriate categories on which to record. What we want is consistency, again, across Wales as a minimum, in terms of how we record the reasons for sickness absence.

Ms Myhill: Ychwanegaf at hynny, os caf. Credaf mai'r hyn sy'n digwydd yw bod pobl yn lleol yn gwybod pam mae pobl gartref o'r gwaith. Efallai y bydd yn annelwig, ac efallai na fydd mor fanwl ag y byddem yn dymuno iddi fod, ond, yn lleol, mae'r wybodaeth honno ar gael. Yr hyn nad yw gennym yw'r wybodaeth honno'n gorfforaethol. Ni allwn ddweud wrthych o ran y 5 y cant yng Ngwent ar hyn o bryd beth yn union yw'r achosion a'r dadansoddiad ar lefel yr ymddiriedolaeth gyfan. Fodd bynnag, ni fyddai'n iawn dweud nad oes gan y rheolwyr yn yr ymddiriedolaeth ddim syniad pam mae eu staff gartref o'r gwaith. Maent yn gwybod pam mae eu staff gartref o'r gwaith. Maent yn siarad â'u staff yn syth ar ôl iddynt ddod yn ôl neu tra bônt gartref. Ni cheir digon o fanylion o bryd i'w gilydd ac, oherwydd cyfrinachedd y cleifion i ryw raddau, nid yw'n briodol gwybod y manylion hynny. Felly, yr ydym yn gwybod beth yw'r rhesymau ond nid ydym yn gwybod beth ydynt yn gorfforaethol ac ni chredaf ein bod yn eu gwybod yn llwyr, os mynnwch, yn gyffredinol. Yr ydym wedi gwneud peth gwaith ar hyn i geisio pennu beth fyddai'r categorïau priodol i gofnodi. Yr hyn yr ydym am ei weld yw cysondeb, eto, ledled Cymru fan leiaf, o ran sut yr ydym yn cofnodi'r rhesymau dros absenoldeb oherwydd salwch.

The electronic staff record has been mentioned; there are going to be categories within that against which people can record absence. Then we can get, hopefully, some dialogue and some benchmarks and comparisons. I am not happy with those categories at the moment; from what I understand, unless it has been updated more recently than I know of, there is still nothing in there about work-related health. We need to do some work on that. If you look at page 19 of the document that you referred to, as an example, Conwy and Denbighshire NHS Trust has attempted to categorise the reasons for absence, which is very good. However, under non-work-related illness, just to give

Mae'r cofnod staff electronig wedi'i grybwyll; bydd categorïau o fewn hwnnw i bobl allu cofnodi absenoldeb. Wedi hynny, y gobaith yw y gallwn gynnal rhywfaint o drafodaethau a chael rhai meincnodau a chymariaethau. Nid wyf yn fodlon ar y categorïau hynny ar hyn o bryd; yn ôl yr hyn yr wyf yn ei ddeall, oni bai ei fod wedi ei ddiweddaru heb imi wybod am hynny, nid oes dim byd yno o hyd am salwch sy'n gysylltiedig â gwaith. Mae gennym waith i'w wneud ar hynny. Os edrychwch ar dudalen 19 yn y ddogfen y bu i chi gyfeirio ati, er enghraifft, mae Ymddiriedolaeth GIG Conwy a Sir Ddinbych wedi ceisio categoreiddio'r rhesymau dros absenoldeb, sy'n dda iawn.

you an example, it has diarrhoea and vomiting, but a lot of the diarrhoea and vomiting that we have is caused through work. How do you determine whether you hurt your back in the garden or hurt your back in somebody's house as a district nurse last Saturday, when you lifted him or her? It is very complex, but I would not want you to think that the NHS in Wales does not know why its staff is not there; it just cannot tell you that comprehensively.

Fodd bynnag, dan salwch nad yw'n gysylltiedig â gwaith, dim ond i roi enghraifft i chi, mae dolur rhydd a chyfogi, ond mae llawer o'r dolur rhydd a'r cyfogi sydd gennym ni yn cael ei achosi gan y gwaith. Sut yr ydych yn penderfynu a ydych wedi anafu eich cefn yn yr ardd neu wedi anafu eich cefn yn nhŷ rhywun fel nyrs ardal ddydd Sadwrn diwethaf, wrth i chi godi'r claf? Mae'n gymhleth iawn, ond ni fyddwn am i chi feddwl nad yw'r GIG yng Nghymru yn gwybod pam nad yw ei staff yn y gwaith; yr hyn na all ei wneud yw dweud hynny wrthych mewn modd cynhwysfawr.

[204] **Mick Bates:** I will return to that in a moment. Allison, would you like to comment further on that?

[204] **Mick Bates:** Byddaf yn dod yn ôl at hynny yn y man. Allison, a hoffech roi sylwadau pellach ar hynny?

Ms Williams: Yes, we have a very similar scenario. The smaller the organisation, actually, the more is known about why people are away from work, which is not always a good thing, I would hasten to add. Particularly, in terms of reporting that in small organisations, confidentiality is something that we have to pay some attention to as well. If it is 'an AHP off with cancer', it will not take much to work out who that person is, so we have to bear that in mind. We have been doing some work since July last year, trying to synchronise the details on sick notes, our occupational health database, and the categories in the electronic staff record system, in preparation for looking at how helpful that is going to be to us. However, I think that the dimension in here is that when, eventually, hopefully, we agree on some common categories across Wales, we are probably going to have some educating to do with GPs and our occupational health doctors, to ensure that they understand them, and that, when they are reporting and filling out sick notes, they do it with a mind to how we collect the information as well. There is an element of interpretation then by managers of what is said on the sick note and how that relates to categories. So, we still have a lot of work to do around that.

Ms Williams: Hoffwn, mae gennym sefyllfa debyg iawn. Po leiaf yw'r sefydliad, mewn gwirionedd, po fwyaf sy'n hysbys am y rhesymau pam fod pobl i ffwrdd o'r gwaith, ac nid yw hynny'n beth da bob amser, ychwanegaf yn gyflym. Yn benodol, o ran cofnodi hynny mewn sefydliadau bach, mae cyfrinachedd yn rhywbeth y mae'n rhaid i ni roi peth sylw iddo hefyd. Os yw'n 'AHP i ffwrdd â chanser', ni fydd yn cymryd llawer i ddyfalu pwy yw'r unigolyn dan sylw, felly mae'n rhaid i ni gofio hynny. Yr ydym wedi gwneud peth gwaith ers Gorffennaf y llynedd, yn ceisio cydamseru manylion nodynnau salwch, ein cronfa ddata iechyd galwedigaethol, a'r categorïau yn y system cofnodion staff electronig, i baratoi ar gyfer edrych ar ba mor ddefnyddiol y bydd hynny i ni. Fodd bynnag, credaf mai'r peth i'w gofio yma yw pan, yn y pen draw, gobeithio, y byddwn yn cytuno ar gategorïau cyffredin ledled Cymru, mae'n debyg y byddwn yn gorfod addysgu meddygon teulu a'n meddygon iechyd galwedigaethol, i sicrhau eu bod yn eu deall, a, phan fyddant yn cofnodi a llanw nodynnau salwch, eu bod yn gwneud hynny gan ystyried sut yr ydym yn casglu'r wybodaeth hefyd. Mae elfen o ddehongli i'w wneud wedyn gan reolwyr o'r hyn a ddywedir ar y nodyn salwch a sut y mae hynny'n berthnasol i gategorïau. Felly, bydd gennym lawer o waith i'w wneud o ran hynny.

[205] **Mick Bates:** I have just a couple of issues. I take it that both trusts are not happy

[205] **Mick Bates:** Mae gennyf fater neu ddau yn unig. Yr wyf yn cymryd nad yw'r

with the categories outlined in appendix 3, in terms of ESR recording, so, hopefully, the pilot schemes will address that issue. Briefly, is that a widespread complaint among trusts in Wales currently?

naill ymddiriedolaeth na'r llall yn hapus gyda'r categorïau a amlinellir yn atodiad 3, o ran cofnodi ESR, felly, gobeithio, bydd y cynlluniau peilot yn mynd i'r afael â'r mater hwnnw. Yn gryno, a yw honno'n gŵyn gyffredin ymhlith ymddiriedolaethau yng Nghymru ar hyn o bryd?

Ms Williams: It is not something that I have solicited views on particularly; I am not sure whether, through the HR directors, there is a clearer view.

Ms Williams: Nid yw'n rhywbeth yr wyf wedi rhoi fy marn arno'n benodol; nid wyf yn sicr a oes, drwy'r cyfarwyddwyr AD, farn fwy clir.

Ms Davies: I think that it is actually mentioned in the report—the issue about work-related ill health, and how it needs to be picked up. Certainly, the deputies' forum has done quite a lot of work on that. I think that it is a fairly generally held view.

Ms Davies: Credaf ei fod yn cael ei grybwyll mewn gwirionedd yn yr adroddiad—mater salwch sy'n gysylltiedig â gwaith, a sut y mae angen mynd i'r afael â hyn. Yn sicr, mae fforwm y dirprwyon wedi gwneud cryn waith ar hynny. Credaf ei bod yn farn gymharol gyffredin.

[206] **Mick Bates:** You made a couple of interesting points about training, Tracy, particularly. To what extent are you allocating resources to meet the demands that will be placed on you from the ESR, in terms of training? What resources are you making available?

[206] **Mick Bates:** Bu i chi wneud ambell bwynt diddorol ynlgŷn â hyfforddiant, Tracy, yn arbennig. I ba raddau yr ydych yn dyrannu adnoddau i fodloni'r gofynion a fydd yn cael eu rhoi arnoch chi gan yr ESR, o ran hyfforddiant? Pa adnoddau a fydd ar gael gennych?

Ms Myhill: In terms of preparation for the ESR, we are anticipating that it will be coming in next year, 2005, so where we are with that at the moment is that we are planning whether we have the right technology in the right places, and what the preparations should be to enable us to be ready to take that system when it comes. In terms of training and preparation around sickness absence, we are well under way in relation to that.

Ms Myhill: O ran paratoi ar gyfer yr ESR, yr ydym yn rhagweld y bydd yn cael ei gyflwyno y flwyddyn nesaf, 2005, felly ar hyn o bryd yr ydym yn cynllunio a oes gennym y dechnoleg iawn ar waith yn y llefydd iawn, a beth ddylai'r paratoadau fod i'n galluogi i fod yn barod i roi'r system ar waith pan fydd yn barod. O ran hyfforddi a pharatoi ar gyfer absenoldeb oherwydd salwch, mae digon o waith yn cael ei wneud o ran hynny.

[207] **Mick Bates:** What about liaison with GPs, to ensure that there is consistency about the reasons given, so that you can enter that into your systems?

[207] **Mick Bates:** Beth am gadw mewn cysylltiad â meddygon teulu, i sicrhau bod cysondeb am y rhesymau a roddir, er mwyn i chi allu rhoi hynny yn eich systemau?

Ms Williams: I think so. Just to be clear, that is a personal view that I hold.

Ms Williams: Credaf hynny. I fod yn glir, fy marn bersonol i yw honno.

[208] **Mick Bates:** It is quite interesting.

[208] **Mick Bates:** Mae'n eithaf diddorol.

Ms Williams: Hopefully, through the working group that we are going to have—that is something that I would like to feed through there, and for us to get a collective

Ms Williams: Gobeithio, drwy'r gweithgor a fydd gennym—mae hynny'n rhywbeth yr hoffwn ei gyflwyno drwy hynny, ac i ni gael barn gyfunol arno, oherwydd os ydym am

view on, because if we are going to use the information as a management tool, it has to be reliable and consistent. So, I think that it does play a part in that.

Ms Myhill: It also needs to be simple. It needs simplicity, because if it is complex—. There are 20 reasons. I do not know whether you understand them, but I do not understand half of those reasons myself. So, how are we going to get people to record against them? It needs to be simple; I would rather have five simple categories that we know that people can relate to than have 20 categories, because people will be put in the wrong category and then we will be talking to you in a years' time, saying that we have information, but it is not robust. So, there is still some work to do on that. Sixty-four per cent of public sector employees say that colds and flu are the top reasons for absence, and that is not included as a category. So, there is work to be done.

[209] **Janet Davies:** Mick, can I bring Jocelyn in on this point, before you go onto the next one?

[210] **Mick Bates:** Carry on.

[211] **Jocelyn Davies:** It is on the inaccuracy of the data and especially in relation to Tracy Myhill's answer about back injuries and that you cannot really tell how someone hurt their back, so you are not quite sure whether it is work-related. However, both Mr Turner and Ms Williams gave us the answer earlier when we were asking you about nurses and midwives. They said that one of the main reasons for the high sickness absence—and I think that it was in response to a question from Mr Cairns—was work-related injury to the back. So, do we understand then that you know that nurses and midwives have hurt their backs in work, but there are other categories where you cannot tell whether or not people have injured themselves when they have been doing the garden?

Mr Turner: When I gave my answer, I said that we knew the injuries were musculo-skeletal, but not whether or not they were

ddefnyddio'r wybodaeth fel dull rheoli, mae'n rhaid iddi fod yn ddibynadwy ac yn gyson. Felly, credaf ei fod yn chwarae rhan yn hynny.

Ms Myhill: Mae hefyd angen iddo fod yn syml. Mae angen iddo fod yn syml, am ei fod yn gymhleth—. Mae 20 rheswm. Nid wyf yn gwybod a ydych yn eu deall, ond nid wyf yn deall hanner y rhesymau hynny fy hun. Felly, sut yr ydym yn mynd i gael pobl i gofnodi yn eu herbyn? Mae angen iddo fod yn syml; byddai'n well gennyf gael pum categori syml yr ydym yn gwybod y gall pobl uniaethu â hwy na chael 20 categori, oherwydd bydd pobl yn cael eu rhoi yn y categori anghywir ac wedyn byddwn yn siarad â chi ymhen blwyddyn, yn dweud bod gennym wybodaeth, ond nad yw'n gadarn. Felly, mae rhywfaint o waith i'w wneud o hyd ar hynny. Mae 64 y cant o weithwyr cyflogedig y sector cyhoeddus yn dweud mai annwyd a ffliw yw'r prif resymau am absenoldeb, ac nid yw hynny wedi'i gynnwys fel categori. Felly, mae gwaith i'w wneud.

[209] **Janet Davies:** Mick, a gaf fi ofyn i Jocelyn gyfrannu yma, cyn i chi fynd ymlaen at yr un nesaf?

[210] **Mick Bates:** Ar bob cyfrif.

[211] **Jocelyn Davies:** Mae'n ymwneud â gwallusrwydd y data ac yn arbennig o ran ateb Tracy Myhill ynglŷn ag anafiadau cefn ac na allwch ddweud yn union sut y mae rhywun yn anafu eu cefn, felly nid ydych yn hollol sicr a yw'n gysylltiedig â gwaith. Fodd bynnag, rhoddodd Mr Turner a Ms Williams yr ateb i ni yn gynharach pan yr oeddem yn gofyn i chi am nyrsys a bydwragedd. Yr oeddent yn dweud mai un o'r prif resymau dros yr absenoldeb oherwydd salwch uchel—a chredaf ei fod mewn ymateb i gwestiwn gan Mr Cairns—oedd anafiadau i'r cefn sy'n gysylltiedig â gwaith. Felly, a ydym yn deall felly eich bod yn gwybod bod nyrsys a bydwragedd wedi anafu eu cefnau yn y gwaith, ond bod categorïau eraill lle na allwch ddweud a yw pobl wedi anafu eu hunain wrth arddio ai peidio?

Mr Turner: Pan roddais fy ateb, dywedais ein bod yn gwybod bod yr anafiadau'n rhai cyhyrysgerbydol, ond nid a oeddent yn

work-related—that bit we did not know.

[212] **Jocelyn Davies:** Certainly, Ms Williams mentioned back injuries related to work, because of the type of work that they do.

Ms Williams: I think that, historically, that has been a real issue for us to ascertain and it has almost been generally accepted that there is a higher risk of these people getting back injuries, which is why there has been such a significant investment in manual handling training within trusts and other organisations.

[213] **Jocelyn Davies:** May I just ask if there is any evidence that you have collected, that nurses and midwives suffer from work-related injuries to their backs?

Ms Myhill: I can tell you, and this point was raised earlier, that 0.01 per cent of our absence figures relate to incidents or accidents at work. So, it is very small. If someone hurts their back through a slip, trip or fall, we can record those sorts of incidents and we do record it and we report on that. What we cannot tell is if someone has a back problem because they have spent 20 years on their knees as a district nurse in someone's front room without the equipment. It is very difficult to say then whether that is because of work or something else. However, where it is very clear, in terms of an accident or a slip, we can record those incidents.

[214] **Jocelyn Davies:** That is one event.

Ms Myhill: Yes.

[215] **Jocelyn Davies:** So, there is no evidence for the answer that we were given earlier? There is an assumption there.

Ms Williams: There is an assumption there, and if you actually look back in terms of litigation against the health service and the record of that over the last few years as a proxy, then that could be determined as evidence. However, one would hope that with

gysylltiedig â gwaith ai peidio—nid ydym yn gwybod hynny.

[212] **Jocelyn Davies:** Yn sicr, bu i Ms Williams grybwyll anafiadau cefn sy'n gysylltiedig â gwaith, oherwydd y math o waith y maent yn ei wneud.

Ms Williams: Credaf, yn hanesyddol, fod hynny wedi bod yn fater pwysig i ni i'w bennu ac mae wedi'i dderbyn yn gyffredinol fwy neu lai bod risg uwch i'r bobl hynny gael anafiadau cefn, a dyna pam ein bod wedi buddsoddi mor sylweddol mewn hyfforddiant trafod â llaw o fewn ymddiriedolaethau a sefydliadau eraill.

[213] **Jocelyn Davies:** A gaf ofyn a oes unrhyw dystiolaeth yr ydych wedi'i chasglu, fod nyrsys a bydwragedd yn dioddef o anafiadau cefn sy'n gysylltiedig â gwaith?

Ms Myhill: Gallaf ddweud wrthych, a chodwyd y pwynt hwn yn gynharach, bod 0.01 y cant o'n ffigurau absenoldeb yn ymwneud â digwyddiadau neu ddamweiniau yn y gwaith. Felly, mae'n isel iawn. Os yw rhywun yn anafu ei gefn drwy lithro, baglu neu ddisgyn, gallwn gofnodi'r mathau hynny o ddigwyddiadau ac yr ydym yn eu cofnodi ac yn adrodd ar hynny. Yr hyn na allwn ei ddweud yw a oes gan rywun broblem cefn oherwydd eu bod wedi treulio 20 mlynedd ar eu gliniau fel nyrs ardal yn lolfa rhywun heb y cyfarpar. Mae'n anodd iawn dweud a yw hynny oherwydd gwaith neu rywbeth arall. Fodd bynnag, lle mae'n glir iawn, o ran damwain neu lithro, gallwn gofnodi'r digwyddiadau hynny.

[214] **Jocelyn Davies:** Mae hynny'n un digwyddiad.

Ms Myhill: Ydy.

[215] **Jocelyn Davies:** Felly, nid oes tystiolaeth ar gyfer yr ateb a roddwyd i ni yn gynharach? Rhagdybiaeth yw hynny.

Ms Williams: Mae rhagdybiaeth yno, ac os ydych yn edrych yn ôl o ran ymgyfreithio'n erbyn y gwasanaeth iechyd a'r cofnod o hynny yn ystod yr ychydig flynyddoedd diwethaf fel dirprwy, yna gellid pennu hynny fel tystiolaeth. Fodd bynnag, byddai rhywun

the tremendous investment in manual handling training and manual handling support for staff, that should be something that we are seeing reducing over time.

yn gobeithio gyda'r buddsoddiad sylweddol mewn hyfforddiant trafod â llaw a chymorth trafod â llaw i staff, y dylai hynny fod yn rhywbeth yr ydym yn ei weld yn gostwng dros amser.

[216] **Mick Bates:** This is quite a critical issue, because in 2000, the Government commissioned 'Revitalising Health and Safety', in which there were targets for reduction, and my understanding from the report—I think that it was case study 8—is that only possibly two trusts have detailed data differentiating between work-related illness and accidents. Why has your trust not established similar robust data collection in line with the recommendations of 'Revitalising Health and Safety' targets?

[216] **Mick Bates:** Mae hwn yn fater eithaf tyngedfennol, oherwydd yn 2000, comisiynodd y Llywodraeth 'Adfywio Iechyd a Diogelwch', lle nodwyd targedau ar gyfer gostyngiad, ac o'r hyn a ddeallaf o'r adroddiad—credaf mai astudiaeth achos 8 ydoedd—dim ond dwy ymddiriedolaeth o bosibl sydd â data manwl sy'n gwahaniaethu rhwng salwch a damweiniau sy'n gysylltiedig â gwaith. Pam nad yw eich ymddiriedolaeth wedi sefydlu system o gasglu data cadarn cyffelyb yn unol ag argymhellion targedau 'Adfywio Iechyd a Diogelwch'?

Ms Myhill: When 'Revitalising Health and Safety' came out, we actually had a lot of discussion at that time about those targets, because it does talk about reduction in work-related illness over 10 years and we did not have the systems to be able to identify the baseline, let alone where we were at the end of the target. We actually had been in discussion at an all-Wales level about trying to identify common definitions. We wrote to the Assembly in 2002 about that very issue, because there are work-related issues that we do and can report on, but we would like to see a common definition that we can all subscribe to for the rest of the issues, and we do not have that yet. However, I think that, through the work of the deputies and the work of the group that is now being set up, hopefully we will get that. We have our own propositions, but we were reluctant to go forward with our own categories when we knew that there will be different categories. It would be better to have it at an all-Wales level. However, it is a gap.

Ms Myhill: Pan gyflwynwyd 'Adfywio Iechyd a Diogelwch', cafwyd cryn drafodaethau ynglŷn â'r targedau hynny, oherwydd ei fod yn siarad am ostyngiad mewn salwch sy'n gysylltiedig â gwaith dros 10 mlynedd ac nid oedd gennym y systemau i allu nodi'r llinell sylfaen, heb sôn am lle yr oeddem ar ddiwedd y targed. Yr oeddem wedi trafod ar lefel Cymru gyfan ynglŷn â cheisio nodi diffiniadau cyffredin. Bu i ni ysgrifennu at y Cynulliad yn 2002 ynglŷn â'r union fater hwnnw, oherwydd mae materion sy'n gysylltiedig â gwaith yr ydym ac y gallwn adrodd arno, ond hoffem weld diffiniad cyffredin y gallwn i gyd danysgrifio iddo o ran gweddill y materion, ac nid oes gennym hynny eto. Fodd bynnag, credaf, drwy waith y dirprwyon a gwaith y grŵp a sefydlir yn awr, gobeithio y byddwn yn cael hynny. Mae gennym ein cynigion ein hunain, ond yr oeddem yn amharod i fynd ymlaen â'n categorïau ein hunain gan wybod y bydd gwahanol gategorïau. Byddai'n well i'w gael ar lefel Cymru gyfan. Fodd bynnag, mae'n fwlch.

[217] **Mick Bates:** It is a gap. What about in Ceredigion?

[217] **Mick Bates:** Mae'n fwlch. Beth am Geredigion?

Ms Williams: I would echo that and I think that the only thing that we do have very robust information on is incidents and accidents at work. That is a very robust process, which is followed up through regular audit and action through risk management

Ms Williams: Buaswn yn ategu hynny a chredaf mai'r unig beth y mae gennym wybodaeth gadarn iawn yn ei gylch yw digwyddiadau a damweiniau yn y gwaith. Mae honno'n broses gadarn iawn, sy'n cael ei dilyn gan archwiliadau rheolaidd a chamau

processes. The bit that is not so robust is the work-related illness, for the reasons that have already been mentioned.

gweithredu drwy brosesau rheoli risg. Y rhan nad yw mor gadarn yw'r salwch sy'n gysylltiedig â gwaith, am y rhesymau sydd wedi'u crybwyll eisoes.

[218] **Mick Bates:** Finally, there is a recommendation that there is consistency in this report, which I am sure you will agree with. However, it appears that not much action has been taken to provide a consistent and robust recording system. In the report, I think that it is Conwy and Denbighshire NHS Trust that has done that. Are you looking at that example in the report and saying that you will follow it, or not?

[218] **Mick Bates:** I gloi, mae argymhelliad bod cysondeb yn yr adroddiad hwn, a chredaf y byddwch oll yn cytuno â hynny. Fodd bynnag, ymddengys nad oes llawer o gamau wedi'u cymryd i ddarparu system gofnodi gyson a chadarn. Yn yr adroddiad, credaf mai Ymddiriedolaeth GIG Conwy a Sir Ddinbych sydd wedi gwneud hynny. A ydych yn edrych ar yr enghraifft yn yr adroddiad ac yn dweud y byddwch yn ei dilyn, ai peidio?

Ms Myhill: The deputy directors have done some work on this for us and they have now proposed to us—Conwy and Denbighshire NHS Trust is part of that group—a list that we should use, and that is what we will consider now in the group that has been set up at Ann Lloyd's direction, chaired by Allison. So we will be discussing that and coming up with an agreed list. It will still be difficult to know, for some of the reasons that we talked about earlier, whether things are work-related or not. Sometimes it is just not clear cut. However, we need the definitions and we have a proposition now that we need to agree, move forward and start to work towards.

Ms Myhill: Mae'r dirprwy gyfarwyddwyr wedi gwneud rhywfaint o waith i ni ac maent bellach wedi cynnig i ni—mae Ymddiriedolaeth GIG Conwy a Sir Ddinbych yn rhan o'r grŵp hwnnw—restr y dylem ei defnyddio, a dyna beth y byddwn yn ei ystyried yn awr yn y grŵp sydd wedi'i sefydlu dan gyfarwyddyd Ann Lloyd, a gadeirir gan Allison. Felly byddwn yn trafod hynny a chyflwyno rhestr y cytunir arni. Bydd yn parhau'n anodd i wybod, am rai o'r rhesymau y siaradwyd amdanynt yn gynharach, a yw pethau'n gysylltiedig â gwaith ai peidio. Nid yw'n glir bob tro. Fodd bynnag, yr ydym angen y diffiniadau ac mae gennym gynnig yn awr y mae angen i ni gytuno arno, symud ymlaen a dechrau gweithio arno.

Ms Williams: Just to be clear, the task and finish group has a very clear brief in terms of getting these common definitions and the data sets, and that is going to be something that, because of the background work done by the deputy directors of HR—looking at good practice and not wanting to reinvent the wheel—should be in place very quickly within the service and will give us that consistent baseline against which we will be able to move forward and measure consistently in future.

Ms Williams: Er mwyn bod yn glir, mae gan y grŵp gorchwyl a gorffen gyfarwyddyd clir iawn o ran casglu'r diffiniadau cyffredin hyn a'r cyfresi data, ac mae hynny'n rhywbeth a ddylai, oherwydd y gwaith cefndirol a wnaed gan y dirprwy gyfarwyddwyr AD—o edrych ar arferion da a pheidio â gorfod ailddyfeisio'r hyn sydd yno'n barod—fod ar waith yn fuan iawn yn y gwasanaeth a bydd yn rhoi'r llinell sylfaen gyson honno i ni er mwyn i ni allu symud ymlaen a mesur yn gyson yn y dyfodol.

[219] **Mick Bates:** A final question, Chair, if I may. That was a very brave statement, and you talked about implementation happening very quickly. When?

[219] **Mick Bates:** Un cwestiwn terfynol. Gadeirydd, os y caf. Yr oedd hynny'n ddatganiad dewr iawn, ac yr ydych wedi siarad am ei roi ar waith yn gyflym iawn. Pryd?

Ms Williams: I think what we have to look

Ms Williams: Credaf mai'r hyn y mae'n

at is that there are going to be certain things that we can get in place reasonably quickly in terms of common definitions and common ways of collecting information, because we are all collecting information at present. The ESR is clearly going to be an enabler, which may delay some of our ability to interrogate some of the information, but I think that we can get some of the common definitional issues in place within the next six months.

rhaid i ni edrych arno yw y bydd pethau penodol y gellir eu rhoi ar waith gennym yn eithaf cyflym o ran diffiniadau cyffredin a ffyrdd cyffredin o gasglu gwybodaeth, oherwydd yr ydym i gyd yn casglu gwybodaeth ar hyn o bryd. Mae'r ESR yn amlwg yn mynd i fod yn alluogwr, a allai atal rhywfaint o'n gallu i gwestiynu rhywfaint o'r wybodaeth, ond credaf y gallwn gael rhywfaint o'r materion diffinio cyffredin ar waith yn y chwe mis nesaf.

[220] **Janet Davies:** Denise, you have a question on the issue of work-related injuries?

[220] **Janet Davies:** Denise, mae gennych gwestiwn ar anafiadau sy'n gysylltiedig â gwaith?

[221] **Denise Idris Jones:** If we look at page 19 of the report, and footnote 12 at the very bottom, it states that NHS trusts statistics across Wales attributed 14 per cent of the total sickness absence to work-related stress, which is a different thing altogether. So, what efforts have your trusts made to tackle that issue? For example, have you helped them back into work on a reduced workload, and possibly on shorter hours, to build up their confidence?

[221] **Denise Idris Jones:** Os edrychwn ar dudalen 19 yr adroddiad, a throednodyn 12 ar y gwaelod un, mae'n nodi bod ystadegau ymddiriedolaethau GIG ledled Cymru yn priodoli 14 y cant o gyfanswm yr absenoldeb oherwydd salwch i straen sy'n gysylltiedig â gwaith, sy'n beth hollol wahanol. Felly, pa ymdrechion a wnaed gan eich ymddiriedolaeth i fynd i'r afael â'r mater hwnnw? Er enghraifft, a ydych wedi eu cynorthwyo yn ôl i'r gwaith ar lwyth gwaith wedi ei ostwng, ac efallai ar oriau llai, i roi hwb i'w hyder?

Ms Williams: I will respond first, if I may. We have done a lot of work on this, and you may be aware that the Health and Safety Executive is now including stress at work as part of its inspection processes. I am not sure if we were fortunate or unfortunate that the time at which we were inspected last year was at the cusp of that coming in. So we agreed with the Health and Safety Executive that we would look at our stress management policies with its inspectorate at the time, and we were highly commended on the work that we had done in the six months that we had been looking at that in the trust. We have a robust stress management policy that is very much linked in with occupational health. We have discussed all of those issues with the Health and Safety Executive.

Ms Williams: Yr wyf am ymateb gyntaf, os y caf. Yr ydym wedi gwneud llawer o waith ar hyn, ac efallai eich bod yn ymwybodol bod yr Awdurdod Gweithredol Iechyd a Diogelwch bellach yn cynnwys straen yn y gwaith fel rhan o'i broses arolygu. Nid wyf yn sicr a oeddem yn ffodus neu'n anffodus bod amser yr arolygiad y llynedd yn cyd-daro â chyflwyno hynny. Felly bu i ni gytuno â'r Awdurdod Gweithredol Iechyd a Diogelwch y byddem yn edrych ar ein polisïau rheoli straen gyda'i arolygiaeth ar y pryd, ac fe'n canmolwyd yn fawr am y gwaith yr oeddem wedi'i wneud yn ystod y chwe mis yr oeddem wedi bod yn edrych ar hynny yn yr ymddiriedolaeth. Mae gennym bolisi rheoli straen cadarn sy'n cael ei gysylltu'n gryf ag iechyd galwedigaethol. Yr ydym wedi trafod yr holl faterion hynny gyda'r Awdurdod Gweithredol Iechyd a Diogelwch.

Stress management is very individual, and the policy is only a framework for managers, and can only ever be a framework for managers, to individualise how we deal with

Mae rheoli straen yn fater unigol iawn, a fframwaith yn unig yw'r polisi ar gyfer rheolwyr, ac ni all fyth fod yn fwy na fframwaith ar gyfer rheolwyr, i unigoli sut yr

work-related stress and how we can integrate people back into the workplace. Stress is a very difficult thing for anybody to diagnose and find an absolute answer to, and it is often difficult, in our experience, to absolutely differentiate between personal stress and work-related stress. However, as a good employer we must look at stress, whether it is work-related or otherwise, as something that we need to work with and address to get people back into work.

ydym yn delio â straen sy'n gysylltiedig â gwaith a sut y gallwn integreiddio pobl yn ôl i'r gweithle. Mae straen yn beth anodd iawn i unrhyw un ei ddiagnosio a dod o hyd i ateb llwyr ar ei gyfer, ac yn aml mae'n anodd iawn, yn ein profiad ni, i wahaniaethu'n llwyr rhwng straen personol a straen sy'n gysylltiedig â gwaith. Fodd bynnag, fel cyflogwr da mae'n rhaid i ni edrych ar straen, boed yn gysylltiedig â gwaith ai peidio, fel rhywbeth y mae angen i ni weithio arno a mynd i'r afael ag ef i gael pobl yn ôl i'r gwaith.

We have done things like stopping people from being on-call for three months as a sort of integrated way back into work. We also have reduced hours, a phased return to work or we allow staff to return to work in a different environment if the stress has been caused by their environment. So there is a whole range of flexible options to address that, but within the context of a robust stress management policy. I think that we also have to flag up the stigma that is associated with stress. We have to overcome it culturally, because it is often something that staff feel quite uncomfortable about saying. It is not the done thing, the British thing, to say, 'I am stressed'. So we also have to encourage culture changes, particularly in relationships between managers and staff, so that if they are under pressure, these issues are being addressed before they tip into stress. So, that is an integral part of the work that we have to do and are doing with training also.

Yr ydym wedi gwneud pethau fel gadael i bobl peidio â bod ar-alwad am dri mis fel rhyw fath o ffordd integredig yn ôl i'r gwaith. Mae hefyd yn bosibl gweithio llai o oriau, mynd yn ôl i'r gwaith yn raddol, neu ganiatáu i staff ddychwelyd i'r gwaith mewn gwahanol amgylchedd os yw'r straen wedi'i achosi gan eu hamgylchedd. Felly mae amrywiaeth llawn o opsiynau hyblyg i fynd i'r afael â hynny, ond o fewn cyd-destun polisi cadarn o reoli straen. Credaf fod yn rhaid i ni hefyd dynnu sylw at y stigma sy'n gysylltiedig â straen. Mae'n rhaid i ni ei oresgyn yn ddiwylliannol, oherwydd mae'n aml yn rhywbeth nad yw staff yn gyfforddus yn ei ddweud. Nid yw'n beth hawdd, y peth Prydeinig, i ddweud, 'yr wyf dan straen'. Felly, mae'n rhaid i ni hefyd annog newidiadau mewn diwylliant, yn arbennig yn y berthynas rhwng rheolwyr a staff, er mwyn sicrhau, os ydynt dan bwysau, fod y materion hyn yn cael eu datrys cyn iddynt arwain at straen. Felly, mae hynny'n rhan ganolog o'r gwaith y mae'n rhaid i ni ei wneud, ac yr ydym yn gwneud hynny â hyfforddiant hefyd.

[222] **Denise Idris Jones:** So they are improving?

[222] **Denise Idris Jones:** Felly, maent yn gwella?

Ms Williams: I guess that, until we have gone through a period of monitoring this, it is going to be difficult because it will not be short term. However, what I think we are seeing, as we train managers more effectively, is this improved flexibility, and, often, stress is related anecdotally to lack of flexibility. Hopefully, the more flexible that our working practices are, the more we will see this becoming less of an issue. However, that remains to be seen at this stage.

Ms Williams: Mae'n debyg gen i, tan ein bod wedi cael cyfnod o fonitro hyn, ei fod yn mynd i fod yn anodd oherwydd nad yw'n mynd i fod yn fyr dymor. Fodd bynnag, yr hyn y credaf ein bod yn ei weld, wrth i ni hyfforddi rheolwyr yn fwy effeithiol, yw'r hyblygrwydd gwell hwn, ac mae llawer yn aml yn cysylltu straen â diffyg hyblygrwydd. Po fwyaf hyblyg yw ein harferion gwaith, po fwyaf y byddwn yn gweld hyn yn dod yn fater llai pwysig, gobeithio. Fodd bynnag, ar

hyn o bryd, rhaid aros i weld a yw hynny'n digwydd.

[223] **Denise Idris Jones:** So, if a line manager is aware that one of the staff is possibly going to have a stress-related illness, they could intervene, could they not?

[223] **Denise Idris Jones:** Felly, os yw rheolwr llinell yn ymwybodol bod un o'r staff, o bosibl, yn mynd i ddioddef salwch sy'n gysylltiedig â straen, gallent ymyrryd, oni allent?

Ms Williams: We would hope that they would intervene before that, because they would see that individuals are under pressure and, often, coming back to sickness and absence reporting, looking at trends can give you a pretty good indicator that somebody is under pressure. If they are regularly taking the odd day off, you would ask the question in a very supportive way, rather than in a punitive way, because it may be that stress is an underlying cause. However, again, it comes back to what is then put on the sickness certificates. Are people going to say, 'I was off sick because I was stressed'—

Ms Williams: Byddem yn gobeithio y byddent yn ymyrryd cyn hynny, oherwydd y byddent yn gweld bod unigolion dan bwysau ac, yn aml, gan ddychwelyd at adrodd ar salwch ac absenoldeb, gall edrych ar batrymau roi arwydd go dda i chi bod rhywun dan bwysau. Os ydynt yn cymryd diwrnod i ffwrdd yma ac acw yn rheolaidd, byddech yn gofyn y cwestiwn mewn ffordd gefnogol iawn, yn hytrach nag mewn ffordd gosbol, oherwydd ei bod yn bosibl mai straen sydd wrth wraidd y broblem. Fodd bynnag, unwaith eto, mae'n dod yn ôl at beth sydd wedyn yn cael ei roi ar y tystysgrifau salwch. A yw pobl yn mynd i ddweud, 'Yr oeddwn i ffwrdd yn sâl oherwydd fy mod dan straen'—

[224] **Denise Idris Jones:** That is very unlikely.

[224] **Denise Idris Jones:** Mae hynny'n annhebygol iawn.

Ms Williams: Yes—or is it easier to say, 'I have had a cold'?

Ms Williams: Ydy—neu a yw'n haws dweud, 'Yr oedd annwyd arnaf'?

Ms Davies: The whole ethos of the policy that was put into place is that we actually try to predict areas, and we look at work patterns in advance, so that we actually know where perhaps our high-risk areas are. In addition to that, we have tried to do some work on it and have introduced much more robust exit processes, so that you have that data as well, to look back to see if it was a reason for somebody's leaving, and so on. So, we are trying for a much more holistic approach to the whole issue, and to not just be reactive when a problem arises.

Ms Davies: Holl ethos y polisi a roddwyd ar waith yw ein bod mewn difrif yn ceisio rhagweld meysydd, ac yr ydym yn edrych ar batrymau gwaith o flaen llaw, fel ein bod yn gwybod mewn gwirionedd ble mae ein meysydd perygl uchel o bosibl. Yn ogystal â hynny, yr ydym wedi ceisio gwneud rhywfaint o waith arno ac wedi cyflwyno prosesau ymadael llawer mwy cadarn, er mwyn casglu'r data hwnnw hefyd, i edrych yn ôl i weld a oedd yn rheswm pam y gadawodd rhywun, ac ati. Felly, yr ydym yn gweithio ar ymagwedd lawer mwy cyfannol at y mater cyfan, yn hytrach nag ymateb pan fo problem yn codi yn unig.

[225] **Janet Davies:** We now go on to look at the electronic staff record system. I know that we have discussed it a little bit, but I think that we want to look more deeply at it. Carl, I think that you would like to take up this issue.

[225] **Janet Davies:** Awn ymlaen yn awr i edrych ar y system cofnodion staff electronig. Gwn ein bod wedi sôn ychydig amdani, ond credaf ein bod am edrych arni yn fanylach. Carl, credaf eich bod am drafod y mater hwn.

[226] **Carl Sargeant:** Yes, thank you, Chair. Allison, your trust has chosen to record the system manually, rather than taking statistics from the payroll or other human-resources-generated data. Could you tell me why you decided to do that?

[226] **Carl Sargeant:** Ydw, diolch, Gadeirydd. Allison, mae eich ymddiriedolaeth wedi dewis cofnodi'r system â llaw, yn hytrach na chymryd ystadegau o'r gyflogres neu ddata arall a gynhyrchir gan adnoddau dynol. A allech ddweud wrthyf pam i chi benderfynu gwneud hynny?

Ms Williams: The big issue for us is the electronic infrastructure, and Jo can comment on this in more detail than I can. However, I think that it is important that we look at both. We have to reconcile the payroll information with the other ways in which we collect data within the trust. It is only when all of that comes together that we will get a comprehensive overview of it through the ESR. I do not know if you want to comment on the detail of the data collection, Jo.

Ms Williams: Y prif fater i ni yw'r rhwydwaith electronig, a gall Jo sôn am hyn mewn mwy o fanylder nag y gallaf fi. Fodd bynnag, credaf ei bod yn bwysig i ni edrych ar y ddau. Rhaid i ni gysoni'r wybodaeth gyflogres gyda'r ffyrdd eraill a ddefnyddiwn i gasglu data yn yr ymddiriedolaeth. Ni allwn gael gorolwg cynhwysfawr ohoni drwy'r ESR tan fod hynny i gyd yn dod ynghyd. Ni wn a ydych am drafod manylder y gwaith casglu data, Jo.

Ms Davies: It is simply that we do not have our own payroll department; we have an exchequer service with Carmarthen, and it is very much an issue about the software. The human resources system that we have is not an integrated system. It was introduced, I think, three years ago, and we have, in fact, had major problems with that system. To some extent, the issue is whether we should invest more time and money into that system to enable it to undertake this role, when we have the ESR coming. It was more pragmatic to develop a stand-alone database.

Ms Davies: Yn syml, nid oes gennym ein hadran gyflogres ein hunain; mae gennym wasanaeth trysorlys gyda Chaerfyrddin, a mater ynglŷn â'r feddalwedd ydyw i raddau helaeth. Nid yw'r system adnoddau dynol sydd gennym yn system integredig. Credaf iddi gael ei chyflwyno dair blynedd yn ôl, ac yr ydym wedi cael problemau mawr gyda'r system honno, fel mae'n digwydd. I ryw raddau, y cwestiwn yw a ddylem fuddsoddi mwy o amser ac arian yn y system honno i'w galluogi i gyflawni'r swyddogaeth hon, pan fo'r ESR ar ei ffordd. Yr oedd yn fwy ymarferol datblygu cronfa ddata annibynnol.

Ms Williams: It is probably more realistic in a trust of our size to be able to do that, although it is not a particularly good use of people's time.

Ms Williams: Mae'n fwy ymarferol gallu gwneud hynny mewn ymddiriedolaeth o'n maint yn ôl pob tebyg, er nad yw'n ddefnydd da iawn o amser pobl.

[227] **Carl Sargeant:** So, you probably agree with me that there are limitations in the timely aspects of the management of sickness absence data?

[227] **Carl Sargeant:** Felly, mae'n debyg eich bod yn cytuno â mi bod cyfyngiadau yn yr agweddau amseru ar reoli data absenoldeb oherwydd salwch?

Ms Williams: I think that there are issues in as much as the onus is very much on managers to do that reporting. It comes back to the training. In fact, over the last six months we have seen a tremendous improvement in that, because it has become very much a daily part of what people do—as important as their finance returns and other returns that they provide as part of their management information. So, it is not

Ms Williams: Credaf fod materion i'r graddau y mae'r cyfrifoldeb ar reolwyr i wneud y gwaith adrodd hwnnw i raddau helaeth. Mae'n dod yn ôl at yr hyfforddiant. Mewn gwirionedd, yr ydym wedi gweld gwelliant aruthrol yn hwnnw dros y chwe mis diwethaf, oherwydd ei fod wedi dod yn rhan ddyddiol o'r hyn y mae pobl yn ei wneud i raddau helaeth—cyn bwysiced â'u hadroddiadau cyllid ac adroddiadau eraill y

perfect, but I am much more satisfied that it is robust enough at this stage, prior to the full implementation of the ESR.

darparant fel rhan o'u gwybodaeth reoli. Felly, nid yw'n berffaith, ond yr wyf yn llawer mwy bodlon ei fod yn ddigon cadarn ar hyn o bryd, cyn gweithredu'r ESR yn llawn.

[228] **Carl Sargeant:** Do you accept the view expressed by the Assembly's NHS Wales department that the NHS in Wales has historically underinvested in human resource systems, thereby creating difficulty in recording and monitoring sickness absence? If you do, why do you believe that the trust has underinvested in this area?

[228] **Carl Sargeant:** A ydych yn derbyn y farn a fynegwyd gan adran GIG Cymru'r Cynulliad bod traddodiad o dan-fuddsoddi mewn systemau adnoddau dynol yn y GIG yng Nghymru, a bod hynny wedi gwneud cofnodi a monitro absenoldeb oherwydd salwch yn anodd? Os ydych, pam y credwch fod yr ymddiriedolaeth wedi tan-fuddsoddi yn y maes hwn?

Mr Turner: I think that the answer to your all-Wales question is, yes, we have underinvested in information systems that support this area of management information development. Having said that, some trusts—and Tracy can talk about our trust in a bit more detail in a second—have decided to use the limited capital available to them to develop systems in-house. That is, arguably, not a good thing to do sometimes, because, when the Wales scene catches up with you, if you like, you might find that you have a system that is not compatible with an all-Wales, all-singing, all dancing system that comes in. However, Tracy might talk about our trust.

Mr Turner: Credaf mai'r ateb i'ch cwestiwn am Gymru yn gyffredinol yw ei bod yn wir ein bod wedi tan-fuddsoddi mewn systemau gwybodaeth sy'n cefnogi'r maes hwn o ddatblygu gwybodaeth reoli. Wedi dweud hynny, mae rhai ymddiriedolaethau—a gall Tracy siarad yn fanylach am ein hymddiriedolaeth mewn eiliad—wedi penderfynu defnyddio'r cyfalaf cyfyngedig sydd ar gael iddynt i ddatblygu systemau'n fewnol. Gellid dadlau nad yw hynny yn beth da i'w wneud weithiau, oherwydd, pan fo'r sefyllfa yng Nghymru yn dal i fyny gyda chi, fel pe bai, mae'n bosibl y gwelwch fod gennych system nad yw'n cydweddu â system Cymru gyfan sy'n gwneud pob dim, sy'n cael ei rhoi ar waith. Fodd bynnag, efallai y bydd Tracy yn siarad am ein hymddiriedolaeth ni.

Ms Myhill: I think that our trust, like most trusts in Wales, was created from a merger of other trusts. There were three trusts in Gwent that merged into one. Two of the three trusts in Gwent had integrated HR payroll systems. We are lucky in that respect, and I recognise how difficult it is for people who do not have that system. The choice for us was which system we would take into the new trust as opposed to not having a system at all. So that has helped, undoubtedly, in our approach to it.

Ms Myhill: Credaf i'n hymddiriedolaeth ni, fel y rhan fwyaf o ymddiriedolaethau yng Nghymru, gael ei chreu drwy uno ymddiriedolaethau eraill. Yr oedd tair ymddiriedolaeth yng Ngwent a gafodd eu huno'n un. Yr oedd systemau cyflogres AD integredig gan ddwy o'r tair ymddiriedolaeth yng Ngwent. Yr ydym yn lwcus o ran hynny, ac yr wyf yn cydnabod pa mor anodd yw hi i bobl nad oes ganddynt y system honno. Y dewis i ni oedd pa system y byddem yn ei defnyddio yn yr ymddiriedolaeth newydd yn hytrach na bod heb system o gwbl. Felly nid oes amheuaeth fod hynny wedi helpu yn ein hymagwedd tuag ato.

Ms Williams: It is probably just worth noting that this is not peculiar to Wales. This is a UK-wide issue in terms of the investment

Ms Williams: Efallai ei bod yn werth nodi nad yw hyn yn unigryw i Gymru. Mae hwn yn fater DU gyfan o ran y buddsoddiad mewn

in HR systems, and it is well recognised throughout the HR world.

[229] **Janet Davies:** Okay. Christine, I think that you want to pursue this point, do you not?

[230] **Christine Gwyther:** Thank you, Chair. I want to pursue, if I may, the way in which we have been able to influence the development of the electronic staff record system throughout England and Wales. Obviously, we only represent, I think, 7 per cent of the input into it. On some of the things that you were saying about catch-all categories, such as colds and flu, as far as I am concerned, that can be shorthand for: 'I am suffering stress', 'I am being bullied at work', 'I have a hangover', 'the childminder hasn't turned up', and so on. It can encompass a myriad of reasons as to why people are not coming in to work. Is that sort of thinking being factored into the categories of the ESR? Are there any particular or peculiar aspects that we have in Wales that they do not have in England, and how have we been able to influence that development in that light?

Ms Williams: In terms of the ESR, I will ask my HR colleagues to comment on the specifics of how that has been influenced. I think that we need to be careful that we do not see the ESR as a proxy for good sickness management and have this view that, whatever it ends up being like, and whatever its roll-out ends up achieving for us, we then abdicate management responsibility at a front-line level in terms of dealing with sickness and absence. I do not think that we will ever get over the fact that what people record will not necessarily reflect the reasons for the absence. Therefore, we cannot substitute that for people sitting down with their managers and having very honest conversations about what is going on in their lives and what difficulties they are experiencing. We may have to accept that some of that recording will not be absolutely accurate, but it will be far better than it is currently, and we link that very much to the actions at local level. Therefore, I think that the two have to go hand in hand. I have not answered your question about the specifics, but I think that that was an important point to

systemau AD, ac mae'n cael ei gydnabod yn iawn ledled y byd AD.

[229] **Janet Davies:** O'r gorau. Christine, credaf eich bod am drafod y pwynt hwn, onid ydych?

[230] **Christine Gwyther:** Diolch, Gadeirydd. Yr wyf am drafod, os y caf, y modd yr ydym wedi gallu dylanwadu ar ddatblygiad y system cofnodion staff electronig ledled Cymru a Lloegr. Yn amlwg, yr ydym ond yn cynrychioli, yn fy nhyb i, 7 y cant o'i mewnbwn. O ran rhai o'r pethau yr oeddech yn eu dweud am gategorïau cyffredinol, megis annwyd a ffliw, yn fy marn i, gall hynny fod yn llaw-fer am: 'yr wyf yn dioddef o straen', 'yr wyf yn cael fy mwlio yn y gwaith', 'mae gennyf ben mawr', 'nid yw gwarchodwr y plant wedi dod', ac ati. Gall gwmpasu amrywiaeth o resymau pam nad yw pobl yn dod i'r gwaith. A yw'r math hwnnw o feddwl yn cael ei ystyried yng nghategorïau'r ESR? A oes unrhyw agweddau penodol neu unigryw gennym yng Nghymru nad oes ganddynt yn Lloegr, a sut yr ydym wedi gallu dylanwadu ar y datblygiad hwnnw yn y goleuni hwnnw?

Ms Williams: O ran yr ESR, gofynnaf i'm cydweithwyr AD sôn am fanylion sut y dylanwadwyd ar honno. Credaf fod angen i ni fod yn ofalus nad ydym yn ystyried yr ESR fel procsi am reolaeth salwch dda a bod o'r farn, sut bynnag y bydd hi yn y pen draw, a beth bynnag y bydd ei chyflwyno yn ei gyflawni i ni, ein bod wedyn yn ildio cyfrifoldeb rheoli ar lefel rheng flaen o ran delio â salwch ac absenoldeb. Ni chredaf y gallwn byth newid y ffaith na fydd yr hyn y mae pobl yn ei gofnodi o reidrwydd yn adlewyrchu'r rhesymau dros yr absenoldeb. Felly, ni allwn ei defnyddio ar draul pobl yn eistedd gyda'u rheolwyr ac yn cael sgyrsiau gonest am yr hyn sy'n digwydd yn eu bywydau a pha anawsterau sydd ganddynt. Mae'n bosibl y bydd yn rhaid i ni dderbyn na fydd rhai o'r cofnodion hynny yn hollol gywir, ond byddant yn llawer gwell nag y maent ar hyn o bryd, ac yr ydym yn cysylltu hynny â'r camau gweithredu lleol i raddau helaeth. Felly, credaf fod yn rhaid i'r ddau fynd law yn llaw. Nid wyf wedi ateb eich cwestiwn am y manylion, ond credaf i hwnnw fod yn bwynt pwysig i'w wneud. Ni

make. I do not know whether Tracy or Jo want to comment on the actual influence on the record itself.

wn a yw Tracy neu Jo am drafod y dylanwad gwirioneddol ar y cofnod ei hun.

Ms Davies: We do have a pilot trust, as you know, in north-east Wales and, from quite an early stage, we have certainly been represented on the national groups to look at the development of ESR. I have no reason to believe that we have not been able to influence it, but I am not in a position to answer that categorically. I do not know whether Tracy can.

Ms Davies: Mae gennym ymddiriedolaeth beilot, fel y gwyddoch, yng ngogledd-ddwyrain Cymru ac, ers yn gynnar yn y broses, yr ydym yn sicr wedi cael ein cynrychioli ar y grwpiau cenedlaethol i edrych ar ddatblygiad ESR. Nid oes gennyf reswm i gredu nad ydym wedi gallu dylanwadu arni, ond nid wyf mewn sefyllfa i ateb hynny'n bendant. Ni wn a all Tracy wneud hynny.

Ms Myhill: There is also a Welsh board in terms of ESR development. I have very recently been invited to join that board, so I have attended one of its meetings, which is helpful, as, hopefully, I will be able to influence it. We are small in comparison with the overall size of the project, but I have no reason to believe that, because we are small, we cannot make a quality contribution, and it is exactly the same on other issues where we have a UK-wide approach. Pay is a good example and we have a very strong influence in the UK discussions around 'Agenda for Change' and the changes in pay. We are small, but it is quality that is important in terms of contribution. There is no doubt that we do influence it, so there is no reason why we should not be able to influence this.

Ms Myhill: Mae hefyd fwrdd Cymru o ran datblygu ESR. Yn ddiweddar iawn, cefais fy ngwahodd i ymuno â'r bwrdd hwnnw, felly yr wyf wedi mynychu un o'i gyfarfodydd, sydd o gymorth, oherwydd, gobeithio, y byddaf yn gallu dylanwadu arno. Yr ydym yn fach o gymharu â maint y prosiect cyfan, ond nid oes gennyf reswm dros gredu na allwn wneud cyfraniad o ansawdd oherwydd ein bod yn fach, ac mae'n union yr un peth mewn perthynas â materion eraill lle y mae gennym ddull DU gyfan. Mae cyflog yn enghraifft dda, ac mae gennym ddylanwad cryf yn y trafodaethau DU am 'Agenda ar gyfer Newid' a'r newidiadau mewn cyflog. Yr ydym yn fach ond ansawdd sy'n cyfrif o ran cyfraniad. Nid oes amheuaeth ein bod yn dylanwadu arno, felly nid oes rheswm pan na ddylem allu dylanwadu ar hon.

[231] **Christine Gwyther:** I think that it is important that our cultural differences are understood, and I do not just mean in terms of the Welsh language. Earlier on, Martin Turner, you mentioned that there was a culture of consultants perhaps not recording sickness. I think the statistic that you quoted was that there are only 250 consultants in your organisation, and so that maybe had a low statistical effect on overall performance. I think that I would probably disagree with that because, if a consultant does not turn up for work, that has all sorts of ramifications: elective surgery is cancelled, for example, and people do not get treated. Are you planning to improve the support that you give to people at the very top of the tree in terms of their own sickness and absence management?

[231] **Christine Gwyther:** Credaf ei bod yn bwysig cael dealltwriaeth o'n gwahaniaethau diwylliannol, ac nid wyf yn golygu o ran yr iaith Gymraeg yn unig. Yn gynharach, Martin Turner, soniasoch fod diwylliant lle nad yw ymgynghorwyr yn cofnodi salwch o bosibl. Credaf mai'r ystadegyn y bu i chi ei ddyfynnu oedd mai 250 yn unig o ymgynghorwyr sydd yn eich sefydliad, ac felly efallai fod hynny wedi cael effaith ystadegol fach ar y perfformiad cyffredinol. Credaf y byddwn yn anghytuno â hynny oherwydd, os nad yw ymgynghorydd yn dod i'r gwaith, mae hynny'n creu pob math o effeithiau: caiff llawdriniaeth ddewisol ei chanslo, er enghraifft, ac ni chaiff pobl eu trin. A ydych yn bwriadu gwella'r gefnogaeth a roddir gennych i bobl ar ben uchaf yr ysgol o ran sut y maent yn rheoli eu salwch a'u habsenoldeb eu hunain?

Mr Turner: Just to clarify a point, I guess, that you may have misinterpreted, I did not say that sickness was not important and that the management of their sickness was not important just because they were consultants; I said that they were under-recording, and I think that the expectations on consultants to tell salaries and wages departments when they are off has not been as high as it is with other grades of staff. Having said that, my view is that quite a few of these staff do fill in returns. So, the point that I was getting at was that what we are missing in terms of recording was probably insignificant in the greater scheme of things as far as trust-wide sickness is concerned. There is an expectation now, though, that consultants conform absolutely with everything else that is expected of other staff within the organisation.

Mr Turner: Er mwyn egluro pwynt, tybiaf, eich bod wedi ei gamddehongli efallai, ni ddywedais nad oedd salwch yn bwysig ac nad oedd rheoli eu salwch yn bwysig oherwydd eu bod yn ymgynghorwyr; dywedais eu bod yn tan-gofnodi, a chredaf nad yw'r disgwyl i ymgynghorwyr hysbysu'r adrannau taliadau a chyflogau pan fônt yn absennol wedi bod mor uchel ag yw gyda graddau eraill o staff. Wedi dweud hynny, yr wyf o'r farn bod llawer o'r staff hyn yn llenwi'r adroddiadau. Felly, y pwynt yr oeddwn yn ei wneud oedd bod yr hyn yr ydym yn ei hepgor o ran cofnodi yn ddibwys, yn ôl pob tebyg, yn y darlun cyfan cyn belled ag y mae salwch ledled yr ymddiriedolaeth yn y cwestiwn. Serch hynny, mae disgwyl bellach i ymgynghorwyr gydymffurfio'n llawn â phob peth arall a ddisgwylir gan staff eraill yn y sefydliad.

[232] **Christine Gwyther:** Finally, I will touch on the lateness of the electronic staff record system coming through. It is already a year later than we originally anticipated. You touched very briefly on some of the difficulties that that has caused you in terms of not knowing whether to introduce other systems in the meantime. What resources are you committing to support the introduction of the new system, and are there any competing pressures affecting the time that your human resources and finance teams are able to commit to the introduction of the ESR? Will it come in as seamlessly as we hope?

[232] **Christine Gwyther:** Yn olaf, soniaf yn fyr am ba mor hwyr yw'r system cofnodion staff electronig yn cael ei chyflwyno. Mae eisoes flwyddyn yn hwyrach nag y rhagwelwyd yn wreiddiol. Soniasoch yn fyr iawn am rai o'r anawsterau y mae hynny wedi eu hachosi i chi o ran nad oeddem yn gwybod a ddylid cyflwyno systemau eraill yn y cyfamser. Pa adnoddau yr ydych yn eu hymrwymo i gefnogi'r gwaith o gyflwyno'r system newydd, ac a oes unrhyw ffactorau sy'n cystadlu â'r gwaith hwnnw o ran yr amser y gall eich timau adnoddau dynol a chyllid ei ymroi i gyflwyno'r ESR? A fydd yn cael ei chyflwyno mor rhywdd ag yr ydym yn ei obeithio?

Ms Myhill: Are there competing pressures? Always. The timing is an issue for us because 'Agenda for Change', which I have mentioned, is a very big change in terms of the pay and conditions of all our staff, excluding medical staff, that we will introduce within the next year. The issue is about the timing of the two major projects. As you are probably aware, we are also implementing a consultant contract, so there are very big changes that we are implementing in workforce terms within the NHS in Wales. However, there will always be competing pressures; that is the nature of the job that we do, I guess. However, we are, as I briefly mentioned earlier, beginning to

Ms Myhill: A oes ffactorau sy'n cystadlu? Yn ddi-eithriad. Mae'r amseru yn bwysig i ni oherwydd bod 'Agenda ar gyfer Newid', yr wyf wedi ei grybwyll, yn newid mawr iawn o ran tâl ac amodau ein staff i gyd, ac eithrio staff meddygol, y byddwn yn ei gyflwyno o fewn y flwyddyn nesaf. Mae'r mater yn ymwneud ag amseru'r ddau brosiect mawr. Fel y gwyddoch mae'n siŵr, yr ydym hefyd yn gweithredu contract ymgynghorwyr, felly mae newidiadau mawr iawn yr ydym yn eu gweithredu o ran y gweithlu yn y GIG yng Nghymru. Fodd bynnag, bydd bob amser ffactorau sy'n cystadlu; dyna natur y gwaith a wnawn, am wn i. Fodd bynnag, yr ydym, fel y soniais yn fyr yn gynharach, yn dechrau

prepare for its introduction. I think that, for us, it will be easier because we have done it before, we have experience of introducing these systems, and they take a lot of time, a lot of resource and a lot of effort. You get bugs in the system and you may get people's pay wrong—that is one thing that you do not do too often. It is a very important system, and it will take a lot of time, effort and training to introduce it, but there is time. We still have at least a year, I would guess, until it is introduced.

paratoi ar gyfer y gwaith cyflwyno hwn. Credaf, yn ein hachos ni, y bydd yn haws oherwydd yr ydym wedi ei wneud o'r blaen, mae gennym brofiad o gyflwyno'r systemau hyn, ac maent yn cymryd llawer o amser, llawer o adnoddau a llawer o ymdrech. Yr ydych yn cael problemau yn y system ac efallai eich bod yn cael cyflog pobl yn anghywir—mae hynny'n un peth nad ydych yn ei wneud yn rhy aml. Mae'n system bwysig iawn, a bydd angen llawer o amser, ymdrech a hyfforddiant i'w chyflwyno, ond mae amser. Tybiaf fod gennym o leiaf blwyddyn o hyd tan y caiff ei chyflwyno.

Ms Davies: It is very much the same in our organisation. At the moment, it is very much about the planning stages, and the first stage for us has been around the infrastructure, and in terms of the technical capacity, in terms of our PCs, and whether they are the right specification, and so on. Also, the deputy directors group, again, has quite a lot of input from the pilot trust, and it is things like trying to get some of your paper-based systems and things that will feed ESR to be compatible in advance. So, it is very much at the early stages, and it is that sort of planning work. We have exactly the same issues and agenda as the larger trusts.

Ms Davies: Mae'r un peth yn ein sefydliad ni i raddau helaeth. Ar hyn o bryd, mae'r pwyslais i raddau helaeth ar gamau cynllunio, ac mae'r cam cyntaf i ni wedi ymwneud â'r rhwydwaith, ac o ran y gallu technegol, o ran ein cyfrifiaduron, ac a ydynt yn addas, ac ati. Yn ogystal, mae'r grŵp dirprwy gyfarwyddwyr, unwaith eto, yn cael tipyn o fewnbwn gan yr ymddiriedolaeth beilot, ac mae'n ymwneud â phethau fel ceisio cael rhai o'ch systemau papur a phethau a fydd yn bwydo'r ESR i gydweddu o flaen llaw. Felly, mae'n ddyddiau cynnar o hyd, a'r math hwnnw o waith cynllunio ydyw. Mae gennym yr un materion ac agenda yn union â'r ymddiriedolaethau mwy.

[233] **Christine Gwyther:** Thank you very much.

[233] **Christine Gwyther:** Diolch yn fawr iawn.

[234] **Janet Davies:** Right. We will now turn to part 4 of the report. Mark, would you like to pursue that?

[234] **Janet Davies:** Iawn. Trown yn awr at ran 4 yr adroddiad. Mark, a hoffech drafod honno?

[235] **Mark Isherwood:** Thank you, Chair. I think Mrs Williams suggested earlier that there was a link between motivation and absenteeism among ancillary workers, and she mentioned that measures were to be put in place to address that. If you do all accept that there is a link between motivation and absenteeism, as one factor among many others, how can you address that in order to recognise staff needs for growth, responsibility, development and recognition and, therefore, to generate their identification at every level with your organisational goals?

[235] **Mark Isherwood:** Diolch, Gadeirydd. Credaf i Mrs Williams awgrymu yn gynharach fod cysylltiad rhwng cymhelliant ac absenoldeb ymysg gweithwyr cynorthwyol, a bu iddi sôn y bydd mesurau'n cael eu rhoi ar waith i fynd i'r afael â hynny. Os ydych i gyd yn derbyn bod cysylltiad rhwng cymhelliant ac absenoldeb, fel un ffactor ymhlith llawer eraill, sut y gallwch fynd i'r afael â hwnnw er mwyn cydnabod anghenion staff o ran twf, cyfrifoldeb, datblygiad a chydnabyddiaeth ac, felly, sicrhau eu bod yn uniaethu â'ch amcanion trefniadol ar bob lefel?

Mr Turner: Shall I kick off? I mentioned

Mr Turner: A wnaf fi ddechrau? Bu i mi

earlier, almost at the beginning of the meeting, what I regarded as the importance of culture and sickness and absence. We spend a lot of time talking within the organisation about the impact that we as managers have on the motivation of our staff and, therefore, presumably, the sickness levels of the people who work for the organisation. So, we see that as an important part of the process. Again, we do not punish managers, if you like, for high sickness levels; it is also an issue about how you manage the managers within the process. So, the culture has to be a supportive one and one that gives people the tools to do their jobs. I am talking about the managers in terms of managing sickness as well as the staff that they are managing. There are a lot of management books that people like me obviously read over the years that will argue this point time and time again. They can only say that good practice tends to give you these sorts of results. So, if you believe that and understand it and it becomes an ethos within the organisation, then it should pay dividends. It is not quite as tangible as giving somebody a policy document, very often; it is how they work with that policy document and how they relate to staff that will make the difference in our opinion and, certainly, in my experience.

grybwyll yn gynharach, bron ar ddechrau'r cyfarfod, yr hyn yr oeddwn yn ei ystyried fel pwysigrwydd diwylliant a salwch ac absenoldeb. Yr ydym yn treulio llawer o amser yn siarad yn y sefydliad am yr effaith a gawn fel rheolwyr ar gymhelliant ein staff ac, felly, gellid tybio, ar lefelau salwch y bobl sy'n gweithio i'r sefydliad. Felly, gwelwn hynny fel rhan bwysig o'r broses. Eto, nid ydym yn cosbi rheolwyr, os hoffech chi, am lefelau salwch uchel; mae hefyd yn fater o sut yr ydych yn rheoli'r rheolwyr o fewn y broses. Felly, rhaid i'r diwylliant fod yn un cefnogol ac yn un sy'n rhoi'r offer i bobl gyflawni eu swyddi. Yr wyf yn sôn am y rheolwyr o ran rheoli salwch yn ogystal â'r staff y maent yn eu rheoli. Mae llawer o lyfrau rheoli y mae pobl fel minnau yn amlwg yn eu darllen dros y blynyddoedd a fydd yn dadlau'r pwynt hwn dro ar ôl tro. Ni allant ond dweud bod arferion da yn tueddu i roi canlyniadau o'r math hwn i chi. Felly, os ydych yn credu hynny ac yn ei ddeall ac mae'n datblygu i fod yn ethos yn y sefydliad, dylai dalu ar ei ganfed. Nid yw yn llawn mor amlwg â rhoi dogfen bolisi i rywun, yn aml iawn; sut y maent yn gweithio gyda'r ddogfen bolisi honno a sut y maent yn ymwneud â staff a fydd yn gwneud y gwahaniaeth yn ein barn ni ac, yn sicr, yn fy mhrofiad.

Ms Williams: I think that I would add to that that we have a lot of data from the staff surveys that have been done over the last few years that look at how valued staff feel. That has to be an integral part of this whole process of culture change. However, we must continually play the staff partnership card in this whole management process, because we will not change this culture, we will not make people feel more valued and we will not increase their motivation unless they are totally involved in that change process. It is how we do that, through the partnership fora that we have within our organisations and through managers engaging at a grass roots level with the staff, and how we look at what those motivational factors are that is important. I think that we constantly see the theme of flexible working practices and an open culture where people do not feel that absence management is punitive as being pillars in the improved practice in the round. So, I think that there is good work going on,

Ms Williams: Credaf y byddwn yn ychwanegu at hynny fod gennym lawer o ddata o'r arolygon staff sydd wedi eu cynnal yn yr ychydig flynyddoedd diwethaf sy'n edrych ar ba mor werthfawr y mae staff yn ei deimlo. Rhaid i hynny fod yn rhan annatod o'r holl broses hon o newid diwylliant. Fodd bynnag, rhaid i ni barhau i bwysleisio partneriaeth staff yn yr holl broses reoli hon, oherwydd ni newidiwn y diwylliant hwn, ni fyddwn yn llwyddo i wneud i bobl deimlo'n fwy gwerthfawr ac ni fyddwn yn cynyddu eu cymhelliant oni bai eu bod yn ymwneud yn llwyr â'r broses honno o newid. Credaf mai'r hyn sy'n bwysig yw sut yr ydym yn gwneud hynny, drwy'r fforymau partneriaeth sydd gennym yn ein sefydliadau a thrwy reolwyr yn ymwneud â staff ar lefel sylfaenol, a sut yr ydym yn edrych ar beth yw'r ffactorau ysgogol hynny. Credaf ein bod yn gweld yn gyson bod y thema o arferion gwaith hyblyg a diwylliant agored lle nad yw pobl yn teimlo bod rheoli absenoldeb yn gosbol yn sail i'r

but we have to do it in partnership with our staff.

arferion gwell yn gyffredinol. Felly, credaf fod gwaith da yn cael ei gyflawni, ond mae'n rhaid i ni ei wneud mewn partneriaeth â'n staff.

[236] **Mark Isherwood:** Thank you. We will move on briefly to paragraph 4.3 and the issue of good practice, and we will develop that theme. How much has sickness absence management been a feature of the Assembly's HR good practice visits to your trusts?

[236] **Mark Isherwood:** Diolch. Symudwn ymlaen yn fyr at baragraff 4.3 a'r mater o arferion da, a byddwn yn datblygu'r thema honno. I ba raddau y bu rheoli absenoldeb oherwydd salwch yn rhan o ymweliadau arferion da AD y Cynulliad â'ch ymddiriedolaethau?

Ms Myhill: Regarding the good practice visits to our trusts and, I think, all trusts in a way, the focus was around recruitment and retention. So, that was the nature of the visits that have taken place so far. Recruitment and retention, in effect, covers everything. So, it is not only about how you recruit or keep people, it is about how you employ people, what happens with absence and how you deal with all manner of issues in relation to employment, such as the training programmes that we have in place, what comes out of our staff attitude surveys and what the culture is from the top. All of those issues are part, certainly, of the good practice visit that we received, where we were able to demonstrate, across a whole range of people issues, the progress that we have made and the progress that we want to make. It was not about sickness absence, but it was about good practice in employment, and absence and attendance is obviously part of that. So, it did feature.

Ms Myhill: O ran yr ymweliadau arferion da â'n hymddiriedolaethau ac, yn fy nhyb i, â phob ymddiriedolaeth mewn ffordd, yr oedd y ffocws ar recriwtio a chadw staff. Felly, dyna oedd natur yr ymweliadau sydd wedi eu cynnal hyd yn hyn. Mae recriwtio a chadw, i bob pwrpas, yn cwmpasu popeth. Felly, nid yn unig y mae'n ymwneud â sut yr ydych yn recriwtio neu'n cadw pobl, mae'n ymwneud â sut yr ydych yn cyflogi pobl, beth sy'n digwydd gydag absenoldeb a sut yr ydych yn delio â phob math o faterion mewn perthynas â chyflogaeth, megis y rhaglenni hyfforddiant sydd gennym ar waith, canlyniadau ein harolygon o ymagwedd staff a beth yw'r diwylliant o'r lefelau uchaf. Mae'r materion hynny i gyd yn rhan, yn sicr, o'r ymweliad arferion da a gawsom, lle bu modd i ni ddangos, mewn perthynas ag ystod lawn o faterion yn ymwneud â phobl, y cynnydd yr ydym wedi ei wneud a'r cynnydd yr ydym am ei wneud. Nid oedd yn ymwneud ag absenoldeb salwch, ond yr oedd yn ymwneud ag arferion cyflogi da, ac mae absenoldeb a phresenoldeb yn amlwg yn rhan o hynny. Felly, yr oedd yn rhan o'r ymweliadau.

[237] **Mark Isherwood:** Mrs Williams or Ms Davies, do you have a comment?

[237] **Mark Isherwood:** Mrs Williams neu Ms Davies, a oes gennych sylwadau?

Ms Davies: The situation for us is that neither Mrs Williams nor I were actually there for the good practice visits. We came just after it. However, having read the report, our visit had exactly the same sort of structure, and I have actually participated in such a visit from the other side. Certainly, it is the breadth of the whole of the employment experience for an individual, and it looks at the whole range of issues that Tracy has just outlined.

Ms Davies: Y sefyllfa yn ein hachos ni yw nad oedd Mrs Williams na minnau yno a dweud y gwir ar gyfer yr ymweliadau arferion da. Daethom yn fuan ar eu hôl. Fodd bynnag, wedi darllen yr adroddiad, yr un peth o strwythur yn union oedd i'n hymweliad, ac yr wyf wedi cymryd rhan mewn ymweliad o'r fath ar ochr arall y geiniog fel mae'n digwydd. Yn bendant, mae'n ymwneud â hyd a lled profiad cyflogaeth cyfan unigolyn, ac mae'n edrych ar yr amrywiaeth llawn o faterion y mae Tracy newydd eu hamlinellu.

[238] **Mark Isherwood:** So, there was not actually a sickness absence category within the recruitment and retention issue during those visits?

[238] **Mark Isherwood:** Felly, nid oedd categori absenoldeb oherwydd salwch mewn gwirionedd o fewn y thema recriwtio a chadw yn ystod yr ymweliadau hynny?

Ms Myhill: Not specifically in terms of sickness absence. However, the whole issue of employment is covered within it.

Ms Myhill: Nid yn benodol o ran absenoldeb oherwydd salwch. Fodd bynnag, mae'n cwmpasu mater cyflogaeth yn ei gyfanrwydd.

[239] **Mark Isherwood:** Did you find those visits and the sharing of expertise in this way useful?

[239] **Mark Isherwood:** A oeddech yn ystyried yr ymweliadau hynny a rhannu arbenigedd yn y modd hwn yn ddefnyddiol?

Ms Myhill: Yes, very, and it was very useful doing them, actually, because we have been done and we have done it to others, if you like. So, it has been very helpful to learn from others. It is also an opportunity to show people what you are doing, which is good.

Ms Myhill: Oeddwn, yn ddefnyddiol iawn, ac yr oedd yn ddefnyddiol iawn eu gwneud, mewn gwirionedd, oherwydd yr ydym wedi cael ymweliad ac yr ydym wedi ymweld ag eraill, os hoffech chi. Felly, bu'n ddefnyddiol iawn dysgu gan eraill. Mae hefyd yn gyfle i ddangos i bobl beth yr ydych yn ei wneud, sy'n dda.

Ms Davies: I think that the key benefit from them, by virtue of their name, is that they are actually designed to go around and look at good practice and then to share it across the organisation and across the service.

Ms Davies: Credaf mai eu prif fantais, yn rhinwedd eu henw, yw eu bod wedi eu cynllunio mewn gwirionedd i fynd o amgylch ac edrych ar arferion da ac yna eu rhannu ledled y sefydliad a ledled y gwasanaeth.

[240] **Mark Isherwood:** In the absence of formal guidance, how have you ensured that your policies and procedures for managing sickness absence and related matters, such as ill health retirement, meet with accepted good practice? How systematic is the sharing of good or best practice within NHS Wales?

[240] **Mark Isherwood:** Gan nad oes canllawiau ffurfiol, sut yr ydych wedi sicrhau bod eich polisïau a gweithdrefnau ar gyfer rheoli absenoldeb oherwydd salwch a materion cysylltiedig, megis ymddeol oherwydd salwch, yn bodloni arferion da cymeradwy? Pa mor systematig yw'r gwaith o rannu arferion da neu orau yn GIG Cymru?

Mr Turner: I will make two observations about that, if I may. I am not sure that I will directly answer your question, but I think that one of the things that trusts have not yet done for themselves is work together. I made the point earlier that I think that we do not learn as much from each other as we probably could. To some extent, that is because we often wait for guidance from maybe the Assembly or others. Perhaps that is not always what we should be doing. We should probably be networking with each other more and perhaps with colleagues in England and working on best practice and maybe networking with other industries also. I talked earlier about a report that talks about good practice in industry and manufacturing

Mr Turner: Gwnaf ddau sylw am hynny, os caf. Nid wyf yn siŵr a wnaf ateb eich cwestiwn yn uniongyrchol, ond credaf mai un o'r pethau nad yw ymddiriedolaethau wedi ei wneud hyd yn hyn drostynt eu hunain yw gweithio gyda'i gilydd. Gwneuthum y pwynt yn gynharach fy mod o'r farn nad ydym yn dysgu cymaint gan ein gilydd ag y gallem yn ôl pob tebyg. I ryw raddau, mae hynny oherwydd ein bod yn aml yn disgwyl am ganllawiau gan efallai'r Cynulliad neu eraill. Efallai nad dyna y dylem fod yn ei wneud. Yn ôl pob tebyg, dylem fod yn rhwydweithio mwy gyda'n gilydd ac efallai gyda chydweithwyr yn Lloegr ac yn gweithio ar arferion gorau ac efallai rhwydweithio gyda diwydiannau eraill hefyd. Siaradais yn

areas, and so on and so forth, and we possibly could and should learn from those. I think that trusts, to some extent, should do that for themselves maybe, and not wait for guidance and information from above, essentially, to do that.

gynharach am adroddiad sy'n sôn am arferion da ym meysydd diwydiant a gweithgynhyrchu, ac ati, ac mae'n bosibl y gallem ac y dylem ddysgu gan y rheini. Credaf y dylai ymddiriedolaethau, i ryw raddau, wneud hynny drostynt eu hunain efallai, yn hytrach nag aros am ganllawiau a gwybodaeth gan awdurdodau uwch, yn y bôn, i wneud hynny.

Ms Williams: I would agree with that entirely. Interestingly, having come into this trust in the last 15 months, we took a review of all of our policies and procedures and, as part of that review, we did actually, through the HR directors network, look at the policies and procedures of other trusts. There is no shame in acknowledging that we took the areas of good practice out of a lot of those policies and incorporated them into our own. So, some of that was opportune. Through the HR deputy directors network, that is becoming a more formal feature of looking at this. However, I would concur with Mr Martin's view: I think that, historically, we have tended to wait for guidance from the centre, whereas we have to balance that out with a proactive approach ourselves, as employers within a common system, to look at how we drive that forward in a coherent and comprehensive way as partners.

Ms Williams: Byddwn yn cytuno'n llwyr â hynny. Yn ddiddorol, gan fy mod wedi ymuno â'r ymddiriedolaeth hon yn y 15 mis diwethaf, bu i ni adolygu ein holl bolisïau a gweithdrefnau ac, fel rhan o'r adolygiad hwnnw, bu i ni fel mae'n digwydd, drwy rwydwaith y cyfarwyddwyr AD, edrych ar bolisïau a gweithdrefnau ymddiriedolaethau eraill. Nid oes cywilydd mewn cyfaddef i ni gymryd arferion da llawer o'r polisïau hynny a'u hymgorffori yn ein rhai ni. Felly, yr oedd rhywfaint o hynny yn fanteisiol. Drwy rwydwaith y dirprwy gyfarwyddwyr AD, mae hynny'n dod yn nodwedd fwy ffurfiol o edrych ar hyn. Fodd bynnag, byddwn yn cytuno â safbwynt Mr Martin: credaf, yn y gorffennol, ein bod wedi tueddu i aros am ganllawiau o'r canol, tra bod yn rhaid i ni gydbwyso hynny ag ymagwedd ragweithiol ein hunain, fel cyflogwyr mewn system gyffredin, i edrych ar sut yr ydym yn gwneud cynnydd gyda hynny mewn modd cydlynol a chynhwysfawr fel partneriaid.

[241] **Mark Isherwood:** I think that a cultural switch has also affected the private sector over the last several years. However, moving on, in reference to figure 13 on page 23, how concerned are you that routine requirements for sickness certification and return-to-work interviews are being overlooked and that that may in fact be undermining the effective management of sickness absence?

[241] **Mark Isherwood:** Credaf fod newid diwylliannol hefyd wedi effeithio ar y sector preifat yn yr ychydig flynyddoedd diwethaf. Fodd bynnag, gan symud ymlaen, o gyfeirio at ffigur 13 ar dudalen 23, i ba raddau yr ydych yn pryderu bod gofynion rheolaidd am dystysgrifau salwch a chyfweliadau dychwelyd i'r gwaith yn cael eu hesgeuluso ac efallai fod hynny mewn gwirionedd yn tanseilio rheoli absenoldeb oherwydd salwch yn effeithiol?

Ms Williams: I think that if we look at the return-to-work interviews first, we have not placed sufficient emphasis on them in the past as early indicators of how we might prevent further problems down the line. Return-to-work interviews have been seen as a punitive process and, indeed, have perhaps even been conducted as such. That is a real cultural shift. However, there is a huge

Ms Williams: Credaf os edrychwn ar y cyfweliadau dychwelyd i'r gwaith yn gyntaf, nid ydym wedi rhoi digon o bwyslais arnynt yn y gorffennol fel dangosyddion cynnar o sut y gallem rwystro problemau pellach maes o law. Mae cyfweliadau dychwelyd i'r gwaith wedi eu hystyried yn broses gosbol ac, yn wir, efallai hyd yn oed wedi eu cynnal yn y fath fodd. Mae hwnnw'n newid

benefit, if it is done in a supportive way, in preventing future problems. I think that, in terms of the self-certification, that is the area that gives me the greatest cause for concern, and it is more a process one rather than anything else. For short-term absence, managers have to be very much on top of chasing individuals for their self-certifications, and they need to do that in conjunction with return-to-work interviews. The two need to be seen as part and parcel of the same end. The medical certification is less of a problem because people, as individuals, are more tuned into the fact that if they do not get their sickness certificated, they will not get paid. So the link to payment in the view of staff is much more real in the longer periods of certificated sickness. The first two are integral and cultural issues, and we are working very hard in our own trust to push that issue forward.

diwylliannol enfawr. Fodd bynnag, mae mantais enfawr o rwystro problemau yn y dyfodol, o'i wneud mewn modd cefnogol. Credaf, o ran yr hunan-ardystio, mai dyna'r maes sy'n peri'r gofid mwyaf i mi, ac mae'n ymwneud â'r broses yn fwy nag unrhyw beth arall. Yn achos absenoldeb byrdymor, rhaid i reolwyr sicrhau eu bod yn pwyso ar unigolion am eu hunan-ardystiadau, ac mae angen iddynt wneud hynny ar y cyd â chyfweliadau dychwelyd i'r gwaith. Rhaid i'r ddau gael eu hystyried fel rhan o'r un diben. Mae'r ardystio meddygol yn llai o broblem oherwydd bod pobl, fel unigolion, yn fwy ymwybodol o'r ffaith na fyddant yn cael eu talu os nad ydynt yn cael tystysgrif salwch. Felly mae'r cysylltiad â thâl ym marn staff yn llawer mwy real yn y cyfnodau hwy o salwch ardystiedig. Mae'r ddau gyntaf yn faterion integrol a diwylliannol, ac yr ydym yn gweithio'n galed iawn yn ein hymddiriedolaeth ein hunain i ddatblygu'r mater hwnnw.

[242] **Mark Isherwood:** How can you ensure that managers do start to enforce these requirements, not just the certification, which is, of course, very important, but also the face-to-face, return-to-work interviews and that they are conducted constructively rather than critically?

[242] **Mark Isherwood:** Sut y gallwch sicrhau bod rheolwyr yn dechrau gorfodi'r gofynion hyn, nid yn unig yr ardystio, sydd, wrth gwrs, yn bwysig iawn, ond hefyd y cyfweliadau dychwelyd i'r gwaith, wyneb yn wyneb a'u bod yn cael eu cynnal mewn modd cadarnhaol yn hytrach nag mewn modd beirniadol?

Ms Williams: I think that there are several dimensions to that. One is the training of managers, so that they, as managers, also recognise the benefits of the return-to-work interview. Training is an important issue within that. It is also about the performance management of the managers themselves and how that becomes an integral part of their individual performance management.

Ms Williams: Credaf fod sawl agwedd ar hynny. Un yw hyfforddi rheolwyr, fel eu bod hwy, fel rheolwyr, hefyd yn cydnabod manteision y cyfweliad dychwelyd i'r gwaith. Mae hyfforddiant yn fater pwysig o fewn hynny. Mae hefyd yn ymwneud â rheoli perfformiad y rheolwyr eu hunain a sut y mae hynny yn datblygu i fod yn rhan annatod o'u rheoli perfformiad unigol.

[243] **Mark Isherwood:** Thank you very much indeed.

[243] **Mark Isherwood:** Diolch yn fawr iawn.

[244] **Janet Davies:** Denise, you have some questions?

[244] **Janet Davies:** Denise, mae gennych gwestiynau?

[245] **Denise Idris Jones:** If we turn to page 24 and look at figure 15, which is quite interesting, it suggests that managers within your trust were not intervening in response to your prescribed trigger points for short-term sickness absence. For example, Cerdigion

[245] **Denise Idris Jones:** Os trown at dudalen 24 ac edrych ar ffigur 15, sy'n eithaf diddorol, mae'n awgrymu nad oedd rheolwyr yn eich ymddiriedolaeth yn ymyrryd mewn ymateb i'ch cyraeddnodau ar gyfer absenoldeb byrdymor oherwydd salwch. Er

and Mid Wales NHS Trust was using a trigger of three absences in two months, whereas Gwent Healthcare NHS Trust had a trigger point of three in six months. Why do you think that that was the case?

enghraifft, yr oedd Ymddiriedolaeth GIG Ceredigion a Chanolbarth Cymru yn defnyddio cyrhaeddnod o dri absenoldeb mewn deufis, tra yr oedd gan Ymddiriedolaeth GIG Gofal Iechyd Gwent gyrhaeddnod o dri mewn chwe mis. Beth oedd y rheswm am hynny yn eich barn chi?

Ms Williams: In terms of my own trust, this is part of the problem of our not having consistent trigger mechanisms and definitions, although one could argue that some of that should be localised, because the circumstances will be different. However, as a rule of thumb, we need to look at standards rather than standardisation, and we need to have some flexibility within that. The issue for me is not the trigger point, but the management adherence to whatever that trigger point actually is. That comes back again to the point that I made earlier about culture and about people seeing this not as a punitive process, but as a developmental and staff management process. I would be reasonably confident that our performance against that has significantly improved. However, it also comes back to how we train the managers and the staff themselves, so that they see this as an integral part of absence management.

Ms Williams: O ran fy ymddiriedolaeth fy hun, mae hyn yn rhan o'r broblem nad oes gennym fecanweithiau a diffiniadau cyrhaeddnod cyson, er y gellid dadlau y dylai rhywfaint o hynny gael ei wneud yn lleol, oherwydd bydd yr amgylchiadsau'n wahanol. Fodd bynnag, yn y bôn, mae angen i ni edrych ar safonau yn hytrach na safoni, ac mae angen i ni gael rhywfaint o hyblygrwydd o fewn hynny. Nid y cyrhaeddnod sy'n bwysig i mi, ond cydymffurfiad rheolwyr â beth bynnag yw'r cyrhaeddnod hwnnw mewn gwirionedd. Daw hynny yn ôl eto at y pwynt a wneuthum yn gynharach am ddiwylliant ac am bobl yn gweld hon fel proses reoli a datblygu staff, yn hytrach na phroses gosbol. Byddwn yn eithaf hyderus bod ein perfformiad yn erbyn hynny wedi gwella'n sylweddol. Fodd bynnag, daw hefyd yn ôl at sut yr ydym yn hyfforddi'r rheolwyr a'r staff eu hunain, fel eu bod yn gweld hyn fel rhan annatod o reoli absenoldeb oherwydd salwch.

[246] **Denise Idris Jones:** But they actually do interviews?

[246] **Denise Idris Jones:** Ond maent yn gwneud cyfweliadau mewn gwirionedd?

Ms Williams: Yes.

Ms Williams: Ydynt.

[247] **Denise Idris Jones:** That could be quite threatening in a way, could it not? If you have been off, and you know that as soon as you go back, you are going to be interviewed, that will possibly delay your going back.

[247] **Denise Idris Jones:** Oni allai hynny fod yn eithaf bygythiol mewn ffordd? Os ydych wedi bod i ffwrdd o'r gwaith, ac yr ydych yn gwybod eich bod yn mynd i gael eich cyfweld cyn gynted â'ch bod yn dychwelyd, efallai y bydd hynny'n gohirio eich dychweliad.

Ms Williams: I think that it depends on how those interviews are conducted, and often—I can only relate to my own experience as a junior manager—you would not necessarily haul someone into the office and ask, 'Why have you been off sick?' It would be a conversation like, 'It's really great to see you back. Are you okay?' It is very much about that. A lot of that will be going on, but the issue is that it has not been recorded, because it has been at a very informal level. What we

Ms Williams: Credaf ei fod yn dibynnu ar sut y cynhelir y cyfweliadau hynny, ac yn aml—ac ni allaf ond sôn am fy mhrofiad fy hun fel is-reolwr—ni fyddech o reidrwydd yn tynnu rhywun i'r swyddfa a gofyn, 'Pam yr ydych wedi bod i ffwrdd yn sâl?' Byddai'r sgwrs yn mynd rhywbeth fel, 'Mae'n braf eich cael yn ôl. A ydych yn iawn?' Dyna yw'r cyfweliad i raddau helaeth. Bydd llawer o hynny'n digwydd, ond y pwynt yw nad yw wedi ei gofnodi, oherwydd iddo fod ar lefel

are having to do through training is to emphasise the importance of that. It does need to be recorded, because it is only then that we can really establish trends and look at what remedial action needs to be taken. I think that it very much comes back to the culture and to people knowing that if they have been off, someone will check whether they are okay. Another example in relation to longer-term sickness is that, if, for example, someone is off with cancer and is going to be off for several months, some managers you talk to will say, 'Well, actually, I don't want to ring them up because they may think that I am checking up on them', whereas other managers will say, 'Well, of course I am going to ring them, because I want them to know that we care.' It is about, through the training of managers, finding that balance between being supportive and dealing with the difficult issues when they arise. It comes back to culture and training, I am afraid.

anffurfiol iawn. Yr hyn yr ydym yn gorfod ei wneud drwy hyfforddiant yw pwysleisio pwysigrwydd hynny. Mae angen ei gofnodi, oherwydd dim ond wedyn y gallwn fynd ati o ddifrif i ganfod tueddiadau ac edrych ar ba gamau unioni sydd angen eu cymryd. Credaf ei fod, i raddau helaeth, yn dod yn ôl at y diwylliant a bod pobl yn gwybod y bydd rhywun yn gwneud yn siŵr a ydynt yn iawn ai peidio os ydynt wedi bod yn absennol. Enghraifft arall mewn perthynas â salwch yn y tymor hwy yw, er enghraifft, os oes rhywun yn absennol oherwydd canser ac yn mynd i fod i ffwrdd am sawl mis, bydd rhai rheolwyr y byddwch yn siarad â hwy yn dweud, 'Wel, a dweud y gwir, nid wyf am eu ffonio oherwydd efallai y byddant yn meddwl fy mod yn cadw llygad arnynt', tra bydd rheolwyr eraill yn dweud, 'Wel, wrth gwrs fy mod yn mynd i'w ffonio, oherwydd fy mod am iddynt wybod ein bod yn poeni.' Mae'n fater, drwy hyfforddi rheolwyr, o ganfod y cydbwysedd hwnnw rhwng bod yn gefnogol a delio â'r materion anodd pan fônt yn codi. Mae'n dod yn ôl at ddiwylliant a hyfforddiant, mae arnaf ofn.

[248] **Denise Idris Jones:** So you do think, therefore, that the introduction of your sickness absence management toolkit and initiatives have improved the management of sickness absence?

[248] **Denise Idris Jones:** A ydych o'r farn, felly, bod cyflwyno eich offer a mentrau rheoli absenoldeb oherwydd salwch wedi gwella'r rheolaeth absenoldeb oherwydd salwch?

Ms Myhill: Those are initiatives that we introduced in 2002 in Gwent, and I informed you earlier of the successive reduction in absence. I think that those initiatives helped to highlight the issues and to ensure that it is on managers' agendas, and they undoubtedly improved the reporting and evidencing of intervention, which, I think, is a key point. I think that there is a lot more intervention than there is evidence of it, and for us in future to build on the work of this report and audit ourselves internally, we need that evidence. If managers are seeing people, and talking to people on the day that they come back, we need the evidence to be able to see whether we are making progress. So there is still some work to do there, but there is no doubt that those initiatives help.

Ms Myhill: Mae'r rheini yn fentrau y bu i ni eu cyflwyno yn 2002 yng Ngwent, a bu i mi eich hysbysu yn gynharach o'r lleihad mewn absenoldeb o ganlyniad. Credaf i'r mentrau hynny gynorthwyo i dynnu sylw at y materion a sicrhau eu bod ar agendâu rheolwyr, ac nid oes amheuaeth iddynt wella'r gwaith o adrodd ar ymyrryd a rhoi tystiolaeth ohono, sydd, yn fy marn i, yn bwynt allweddol. Credaf fod llawer mwy o ymyrraeth nag y ceir tystiolaeth ohoni, ac mae angen y dystiolaeth honno arnom i allu adeiladu ar waith yr adroddiad hwn ac archwilio'n hunain yn fewnol yn y dyfodol. Os yw rheolwyr yn gweld pobl, ac yn siarad â phobl y diwrnod y maent yn dychwelyd, mae angen y dystiolaeth arnom i allu gweld a ydym yn gwneud cynnydd. Felly mae rhywfaint o waith i'w wneud o hyd mewn perthynas â hynny, ond nid oes amheuaeth fod y mentrau hynny yn helpu.

[249] **Denise Idris Jones:** So you have the evidence, even though it is not recorded? That was what you said, was it not, Ms Williams, that the interview was never recorded?

[249] **Denise Idris Jones:** Felly mae gennych y dystiolaeth, er nad yw wedi ei chofnodi? Onid dyna a ddywedasoch, Ms Williams, na chafodd y cyfweliad ei gofnodi?

Ms Williams: I think that the recording issue is a big issue. Again, it comes back to culture as to whether you have something written down. People do not often acknowledge the importance of recording those particularly supportive discussions that they have with people, because they see that as being humane and as part of their relationship with colleagues, rather than as good management practice. It is about how we are, through training, shifting that mindset.

Ms Williams: Credaf fod y mater o gofnodi yn fater pwysig. Eto, mae'n dod yn ôl at ddiwylliant ynglŷn ag a oes gennych rywbeth ar bapur. Yn aml, nid yw pobl yn cydnabod pwysigrwydd cofnodi'r trafodaethau arbennig o gefnogol hynny y cânt gyda phobl, oherwydd maent yn ystyried hynny fel bod yn ddyngarol ac fel rhan o'u perthynas â chydweithwyr, yn hytrach na fel arferion rheoli da. Mae'n ymwneud â sut yr ydym, drwy hyfforddiant, yn newid y ffordd honno o feddwl.

[250] **Val Lloyd:** At the February evidence session, Ms Lloyd suggested that she was keen that the trusts make greater use of the Bradford scoring system. Have either of your trusts made any attempt to apply the Bradford scoring system to your data?

[250] **Val Lloyd:** Yn y sesiwn dystiolaeth ym mis Chwefror, awgrymodd Ms Lloyd ei bod yn awyddus i'r ymddiriedolaethau wneud mwy o ddefnydd o system sgorio Bradford. A oes unrhyw un o'ch ymddiriedolaethau wedi gwneud unrhyw ymgais i gymhwyso system sgorio Bradford i'ch data?

Ms Williams: We have not, and there are mixed views about the Bradford scoring system as a tool. I do not know whether my HR colleague wants to respond to that.

Ms Williams: Nac ydym, ac mae gwahaniaeth barn ynglŷn â system sgorio Bradford fel offeryn. Ni wn a yw fy nghydweithiwr AD am ymateb i'r cwestiwn hwnnw.

Ms Davies: We have not explored it in any great depth. There are benefits to using Bradford—the key benefit is when it illustrates when a pattern of absence is particularly disruptive and so on. In all honesty, we have not had a very serious look at it. We have had a member of staff who has been on the deputies' group, and I know that the deputies have advocated that we use it.

Ms Davies: Nid ydym wedi ei archwilio yn fanwl iawn. Mae manteision o ddefnyddio Bradford—y brif fantais yw pan fo'n dangos pan fo patrwm absenoldeb yn arbennig o drafferthus ac yn y blaen. A bod yn hollol onest, nid ydym wedi edrych arni o ddifrif. Bu gennym aelod o staff a oedd wedi bod yn aelod o'r grŵp dirprwyon, a gwn fod y dirprwyon wedi argymell i ni ei defnyddio.

Ms Myhill: We used it in Gwent Community Trust prior to the joining of the three trusts. It was part of the sickness absence policy. The Bradford score was the way that you identified the triggers. If you are off once a week for 12 weeks, or for one time for three months, that is very different in terms of management intervention. It was very helpful. When we looked at new policies for the new trust, however, there was quite some reluctance from the other two trusts to incorporate it into the policy. Although we

Ms Myhill: Bu i ni ei defnyddio yn Ymddiriedolaeth Cymuned Gwent cyn cyfuno'r tair ymddiriedolaeth. Yr oedd yn rhan o'r polisi absenoldeb oherwydd salwch. Sgôr Bradford oedd y modd yr oeddech yn nodi'r cyraeddnodau. Os ydych i ffwrdd unwaith yr wythnos am 12 wythnos, neu'n absennol am dri mis, mae hynny'n wahanol iawn o ran ymyrraeth rheolwyr. Yr oedd yn ddefnyddiol iawn. Pan y bu i ni edrych ar bolisïau newydd ar gyfer yr ymddiriedolaeth newydd, fodd bynnag, yr oedd cryn

use it as guidance, and people can use it, it is not part of our policy now in the new trust. However, from the points that have been made, I think that it will certainly be recommended that we look at it again. The trade unions were not happy to put it into the policy for the new trust for various reasons. At the end of the day, we need a system where we intervene at the appropriate points, and if we have a consistent system, yet again, that will help us.

amharodrwydd yn y ddwy ymddiriedolaeth arall i'w chynnwys yn eu polisi. Er ein bod yn ei defnyddio fel canllaw, a gall pobl ei defnyddio, nid yw bellach yn rhan o'n polisi yn yr ymddiriedolaeth newydd. Fodd bynnag, o'r pwyntiau a wnaed, credaf y bydd yn sicr yn cael ei argymell ein bod yn edrych arni eto. Nid oedd yr undebau llafur yn fodlon ei rhoi yn y polisi ar gyfer yr ymddiriedolaeth newydd am amrywiaeth o resymau. Yn y pen draw, mae arnom angen system lle yr ydym yn ymyrryd ar yr adegau priodol, ac os oes gennym system gyson, unwaith eto, bydd hynny'n ein helpu.

[251] **Val Lloyd:** Thank you, you have answered my second point as well, about potential resistance. Thank you, Chair.

[251] **Val Lloyd:** Diolch, yr ydych wedi ateb fy ail bwynt hefyd, am wrthwynebiad posibl. Diolch, Gadeirydd.

[252] **Janet Davies:** Denise, I think that some of the things that you wanted to take up have been answered.

[252] **Janet Davies:** Denise, credaf fod rhai o'r pethau yr oeddech am eu holi wedi cael eu hateb.

[253] **Denise Idris Jones:** There is almost a contradiction, though, because we were talking about management responsibility for staff sickness and line managers having the correct training, but the report actually shows us, on page 27, figure 18, that a substantial proportion of those with line management responsibility for staff sickness had received no training. When the staff return to work, line managers have not had any training on how to talk to them and counsel them.

[253] **Denise Idris Jones:** Mae gwrth-ddweud bron, fodd bynnag, oherwydd yr oeddem yn sôn am gyfrifoldeb rheolwyr dros salwch staff a rheolwyr llinell yn cael yr hyfforddiant priodol, ond mae'r adroddiad mewn gwirionedd yn dangos i ni, ar dudalen 28, ffigur 18, nad oedd cyfran sylweddol o'r rheini â chyfrifoldeb rheoli llinell dros salwch staff wedi derbyn unrhyw hyfforddiant. Pan fo'r staff yn dychwelyd i'r gwaith, nid yw rheolwyr llinell wedi cael unrhyw hyfforddiant ar sut i siarad â hwy a'u cynghori.

Ms Williams: I will respond to that, if I may. I think that this is probably reflective of the time at which this data was collected. Certainly within the last year, we have done a lot of work around the training of managers, particularly focusing on absence management and on the softer skills of people management as well, because they go hand in hand. I think that the focus of that training is paying dividends for us, but it has to be an ongoing and dynamic process; you cannot just train somebody once, and then assume that they are going to know it for the rest of their career. We have put in a system whereby we now have regular six-monthly update training for managers. It is not necessarily telling them anything new, but it is almost refocusing the mind on the skills

Ms Williams: Ymatebaf i hynny, os y caf. Credaf fod hyn yn adlewyrchu, yn ôl pob tebyg, yr adeg pan gasglwyd y data hwn. Yn ystod y flwyddyn ddiwethaf yn sicr, yr ydym wedi cyflawni llawer o waith ynghylch hyfforddi rheolwyr, gan ganolbwyntio'n arbennig ar reoli absenoldeb ac ar sgiliau mwy ysgafn rheoli pobl hefyd, oherwydd eu bod yn mynd law yn llaw. Credaf fod ffocws yr hyfforddiant hwnnw yn talu ar ei ganfed i ni, ond rhaid iddo fod yn broses barhaus a deinamig; ni allwch hyfforddi rhywun unwaith, ac wedyn tybio ei fod yn mynd i'w wybod am weddill ei yrfa. Yr ydym wedi sefydlu system fel bod gennym hyfforddiant diweddaru chwe-misol rheolaidd i reolwyr bellach. Nid yw o reidrwydd yn dysgu unrhyw beth newydd iddynt, ond mae fwy

and the actions that they need to be taking. We felt that update training was probably the best way of doing that.

neu lai'n ail-ganolbwyntio'r meddwl ar y sgiliau a'r camau gweithredu y mae angen iddynt fod yn eu cymryd. Yr oeddem o'r farn mai hyfforddiant diweddaru oedd y ffordd orau o wneud hynny yn ôl pob tebyg.

[254] **Denise Idris Jones:** So, they are having practical training are they, rather than writing everything down, which is easier? The practical part is not so easy—actually dealing with the person who has been off, perhaps because of stress.

[254] **Denise Idris Jones:** Felly, maent yn cael hyfforddiant ymarferol a ydynt, yn hytrach nag ysgrifennu popeth, sy'n haws? Nid yw'r rhan ymarferol mor hawdd—sef delio â'r unigolyn sydd wedi bod yn absennol, oherwydd straen o bosibl.

Ms Williams: I think that the other thing to recognise is that we also have HR professionals who are available to sit alongside managers in a coaching way, to take them through this. What we have found since putting these new procedures and new training in place, is that, over time, the HR folk have been able to withdraw from sitting with managers as they feel more and more confident in those interactions with staff members. That is entirely appropriate, providing that we keep this update system in place, so that we do not slip into any bad practice, and that, when we have new procedures coming in, we are able to ensure that the staff are fully up to date with the best practice.

Ms Williams: Credaf mai'r peth arall i'w gofio yw fod gennym weithwyr AD proffesiynol sydd ar gael i eistedd wrth ochr rheolwyr fel hyfforddwyr, i'w harwain drwy hyn. Yr hyn yr ydym wedi ei ganfod ers rhoi'r gweithdrefnau newydd a'r hyfforddiant newydd hyn ar waith, yw, dros amser, bod y bobl AD wedi gallu camu'n ôl o eistedd gyda rheolwyr wrth iddynt deimlo'n fwy a mwy hyderus wrth ymwneud ag aelodau staff. Mae hynny'n hollol briodol, cyhyd â'n bod yn cadw'r system ddiweddaru hon ar waith, fel nad ydym yn dechrau llithro i unrhyw arferion gwael, a, phan fo gennym weithdrefnau newydd yn cael eu cyflwyno, yr ydym yn gallu sicrhau bod y staff yn hollol ymwybodol o'r arferion gorau.

[255] **Janet Davies:** I think that we need to move on a bit now, so I will turn to Christine.

[255] **Janet Davies:** Credaf fod angen i ni symud ymlaen ychydig yn awr, felly trof at Christine.

[256] **Christine Gwyther:** Thank you, Chair. I will be brief, as I realise that the witnesses have been on the stand for rather a long time. It probably contravenes your human rights, or something. [*Laughter.*] Never mind.

[256] **Christine Gwyther:** Diolch, Gadeirydd. Byddaf yn fyr, oherwydd sylweddolaf fod y tystion wedi bod yn y blwch tystion ers cryn dipyn. Mae'n siŵr ei fod yn groes i'ch hawliau dynol, neu rywbeth. [*Chwerthin.*] Ta waeth.

I will turn to Martin Turner first, on the provision of occupational health services. I do not know if you have a prepared answer for this. The report identifies Gwent Healthcare NHS Trust as being one of three trusts where the amount of time spent by occupational health staff servicing external contracts was disproportionately high, compared with the income received. Given those sort of trends, are you satisfied that those external contracts are not being serviced to the detriment of your own staff?

Trof at Martin Turner yn gyntaf, am y ddarpariaeth gwasanaethau iechyd galwedigaethol. Ni wn a ydych wedi paratoi ateb ar gyfer hwn. Mae'r adroddiad yn enwi Ymddiriedolaeth GIG Gofal Iechyd Gwent fel un o dair ymddiriedolaeth lle yr oedd yr amser a dreuliwyd gan staff iechyd galwedigaethol yn cyflawni contractau allanol yn anghymesur o uchel, o gymharu â'r incwm a dderbyniwyd. O ystyried tueddiadau o'r math hwnnw, a ydych yn fodlon nad yw'r contractau allanol hynny yn cael eu gwasanaethu ar draul eich staff eich

hun?

Mr Turner: The contracts were inherited by the organisation, so we have not gone out seeking to develop income-generating ideas. On the occupational health contracts, you need to go back many years; I believe that they were originally managed by local authorities. When they came over to health, many years ago, the existing contracts with local authorities, police forces and local industry were just continued by the existing trusts. It has not been a deliberate policy to switch what we were doing in terms of occupational health for our own workforce over to the others; they were always resourced by those external contracts that the trusts inherited. Having said that, we believe that we need to invest more in occupational health for our staff. We use them quite a lot—certainly with long-term sickness. We do not use them for short to medium-term sicknesses. We find them really helpful in terms of helping us to understand what is happening with our long-term sickness.

Mr Turner: Etifeddwyd y contractau gan y sefydliad, felly nid ydym wedi mynd ati i geisio datblygu syniadau cynhyrchu incwm. Yn achos y contractau iechyd galwedigaethol, rhaid i chi fynd yn ôl sawl blwyddyn; credaf iddynt gael eu rheoli gan awdurdodau lleol yn wreiddiol. Pan gawsant eu trosglwyddo i iechyd, flynyddoedd lawer yn ôl, cafodd y contractau a oedd yn bodoli gydag awdurdodau lleol, yr heddlu a diwydiant lleol eu parhau gan yr ymddiriedolaethau a oedd yn bodoli ar y pryd. Ni fu'n bolisi bwriadol i newid yr hyn yr oeddem yn ei wneud o ran iechyd galwedigaethol ar gyfer ein gweithlu ein hunain i'r rhai eraill; yr oeddynt bob amser yn cael eu hadnoddu gan y contractau allanol hynny a etifeddwyd gan yr ymddiriedolaethau. Wedi dweud hynny, credwn fod angen i ni fuddsoddi mwy mewn iechyd galwedigaethol ar gyfer ein staff. Yr ydym yn eu defnyddio cryn dipyn—yn sicr gyda salwch hirdymor. Nid ydym yn eu defnyddio ar gyfer salwch byr dymor a thymor canolig. Fe'u hystyriwn yn ddefnyddiol o ran ein cynorthwyo i ddeall beth sy'n digwydd gyda'n salwch hirdymor.

The area that we particularly think that we need to invest in—which was mentioned in the report—is counselling for staff. The reason that we did not get the gold star was because, according to that report, we did not invest enough in counselling services. Again, there is an issue here—and maybe a recommendation that we will be taking to the Assembly—in that we are not sure that, essentially, counselling services for staff should be provided by the organisation. Very often, counselling, by its very nature, needs to be independent of the organisation. There may be an argument for having something more on an all-Wales basis, covering that part of the service. I have taken a long route to answer your question, but we do not think that our external contracts are actually hindering us in any way. That does not mean to say that we should not invest more in local services for our staff.

Y maes yr ydym yn meddwl yn arbennig bod angen i ni fuddsoddi ynddo—a gafodd ei grybwyll yn yr adroddiad—yw cynghori ar gyfer staff. Y rheswm pam na chawsom y seren aur oedd, yn ôl yr adroddiad hwnnw, nad oeddem yn buddsoddi digon mewn gwasanaethau cynghori. Eto, mae mater yn y fan hon—ac efallai argymhelliad y byddwn yn ei gyflwyno gerbron y Cynulliad—sef nad ydym yn siŵr, yn y bôn, a ddylai gwasanaethau cynghori i staff gael eu darparu gan y sefydliad. Yn aml iawn, mae angen i gynghori, oherwydd ei natur, fod yn annibynnol ar y sefydliad. Efallai fod dadl dros gael rhywbeth sy'n fwy ar lefel Cymru gyfan, gan gwmpasu'r rhan honno o'r gwasanaeth. Yr wyf wedi ateb eich cwestiwn mewn ffordd hir, ond nid ydym o'r farn bod ein contractau allanol yn ein rhwystro mewn unrhyw ffordd mewn gwirionedd. Nid yw hynny i ddweud na ddylem fuddsoddi mwy mewn gwasanaethau lleol ar gyfer ein staff.

[257] **Christine Gwyther:** Thanks. May I just press you briefly on the timescales for

[257] **Christine Gwyther:** Diolch. A gaf fi bwyso arnoch yn fyr ar yr amserlenni ar gyfer

delivering these things? For instance, are you able to offer staff an appointment with an occupational health nurse within five days of referral and an appointment with a physician within 10 days? That is the NHS England gold star standard.

cyflawni'r pethau hyn? Er enghraifft, a ydych yn gallu cynnig apwyntiad gyda nyrs iechyd galwedigaethol i staff o fewn pum niwrnod o gael eu cyfeirio ac apwyntiad gyda meddyg o fewn 10 diwrnod? Dyna yw safon seren aur GIG Lloegr.

Mr Turner: At this moment in time, the answer is 'no', but by the end of March, it is our intention to be able to meet those deadlines. So, we should be meeting those within a matter of weeks.

Mr Turner: Ar hyn o bryd, yr ateb yw 'na', ond erbyn diwedd mis Mawrth, ein bwriad yw gallu bodloni'r amserlenni hynny. Felly, dylem fod yn bodloni'r rheini ymhen rhai wythnosau.

Ms Myhill: That is the target that we have set, and I meet with the occupational health physician monthly to monitor progress towards that target, because we have a waiting list in occupational health, in the same way that we have waiting lists in other specialties. By the end of March, the position will be that there will not be any waiting list within occupational health. The issue will be sustaining that.

Ms Myhill: Dyna'r targed yr ydym wedi ei osod, ac yr wyf yn cyfarfod â meddyg iechyd galwedigaethol bob mis i fonitro cynnydd tuag at y targed hwnnw, oherwydd bod gennym restr aros yn iechyd galwedigaethol, yn yr un modd ag y mae gennym restrau aros mewn arbenigeddau eraill. Erbyn diwedd mis Mawrth, y sefyllfa fydd na fydd unrhyw restr aros ym maes iechyd galwedigaethol. Y mater fydd cynnal y sefyllfa honno.

[258] **Christine Gwyther:** Thank you very much. Finally, Chair, to Allison Williams—and I understand, given the smaller nature of your organisation, why this might be more difficult for you to achieve—case example E on page 31 highlights an example of the very slow turnaround of your in-service occupational health referrals. Staff had to wait between four and six weeks for an appointment. Do you collate any data on the turnaround time for that sort of service?

[258] **Christine Gwyther:** Diolch yn fawr iawn. Yn olaf, Gadeirydd, i Allison Williams—ac yr wyf yn deall, o gofio bod eich sefydliad yn llai, pam y gallai hyn fod yn anoddach i chi ei gyflawni—mae enghraifft achos E ar dudalen 31 yn pwysleisio enghraifft o'r amser hir iawn a gymerir i staff weld nyrs iechyd galwedigaethol mewnol. Bu'n rhaid i staff aros rhwng pedair a chwe wythnos am apwyntiad. A ydych yn coladu unrhyw ddata ar yr amser a gymerir ar gyfer y math hwnnw o wasanaeth?

Ms Williams: Yes, we do. There are three dimensions to this. We are meeting the target for a five-day appointment with the occupational health nurse: because we are a small organisation, we have a part-time occupational health physician. The nurse triages those patients, and some of them are actually seen very quickly, because of the nature of their need, and will be well within the 10 days; others, unfortunately, have to wait longer. On this specific case—it is a case in terms of what we need to do with local general practitioners as well—often, after seeing an occupational health nurse or doctor, we are reliant upon information coming in from general practice to enable us to take it to the next level of management. We are doing some work locally with the

Ms Williams: Ydym. Mae tri dimensiwn i hyn. Yr ydym yn bodloni'r targed am apwyntiad pum niwrnod gyda'r nyrs iechyd galwedigaethol: gan mai sefydliad bach ydym, mae gennym feddyg iechyd galwedigaethol rhan-amser. Mae'r nyrs yn blaenoriaethu'r cleifion hynny, a chaiff rhai ohonynt eu gweld yn gyflym iawn mewn gwirionedd, oherwydd natur eu hangen, a bydd hynny ymhell o fewn y 10 diwrnod; mae'n rhaid i eraill, yn anffodus, ddisgwyl yn hwy. Yn yr achos penodol hwn—mae'n fater o ran beth sydd angen i ni ei wneud gyda meddygon teulu lleol hefyd—yn aml, ar ôl gweld nyrs neu feddyg iechyd galwedigaethol, yr ydym yn dibynnu ar wybodaeth gan feddygfeydd i'n galluogi i fynd i'r afael ag ef i'r lefel reoli nesaf. Yr

GPs to look at that, to improve that turnaround time. So we are looking at de-bottlenecking the whole of the process of management, because it is rarely just to do with occupational health. General practice is often, if not always, involved in some part of that individual employee's health management as well. So, we have to adopt a partnership approach in looking at the way forward with that.

ydym yn gwneud rhywfaint o waith yn lleol gyda meddygon teulu i edrych ar hynny, i wella'r amser hwnnw. Felly, yr ydym yn edrych ar ddileu tagfa'r broses reoli gyfan, oherwydd yn anaml iawn y mae'n ymwneud â iechyd galwedigaethol yn unig. Mae ymarfer cyffredinol yn aml, os nad bob amser, yn ymwneud â rhyw ran o reolaeth iechyd gweithiwr cyflogedig unigol hefyd. Felly, rhaid i ni fabwysiadu dull partneriaeth wrth edrych ar y ffordd ymlaen gyda hynny.

[259] **Christine Gwyther:** Thank you very much. That is all.

[259] **Christine Gwyther:** Diolch yn fawr iawn. Dyna'r cyfan.

[260] **Janet Davies:** Thank you, Christine. Mark, I am not sure how many of the things that you wanted to ask about have been taken up. I believe that you want to come back in.

[260] **Janet Davies:** Diolch, Christine. Mark, nid wyf yn siŵr faint o'r pethau yr oeddech am ofyn amdanynt sydd wedi eu trafod. Credaf eich bod am gyfrannu eto.

[261] **Mark Isherwood:** Very briefly, on fast-tracking NHS staff for treatment, I refer you to case example F on page 31, which shows a cost-effective link between an English NHS trust and a private health provider. What progress have any of your trusts made in terms of fast-tracking staff for treatment, either through your own NHS services or to private providers elsewhere?

[261] **Mark Isherwood:** Yn fyr iawn, ynglŷn â rhoi staff GIG ar drywydd cyflym i driniaeth, hoffwn eich cyfeirio at enghraifft achos F ar dudalen 31, sy'n dangos cyswllt cost-effeithiol rhwng ymddiriedolaeth GIG Lloegr a darparwr iechyd preifat. Pa gynnydd y mae unrhyw un o'ch ymddiriedolaethau wedi ei wneud o ran rhoi staff ar drywydd cyflym i driniaeth, naill ai drwy eich gwasanaethau GIG eich hun neu at ddarparwyr preifat yn rhywle arall?

Mr Turner: I am glad that you asked this question. It is a really big issue, in fact, that we think that we do not do as well—interestingly enough—as the private sector, where they tend to invest in health service provision for staff who would otherwise be on NHS waiting lists. Our view is that we should be quite overt about it and give our staff preferential treatment if they are on waiting lists, waiting for treatment within our own services. That is quite controversial perhaps, and it may need the support of the Assembly Government to do it, but to spend money on the health service having people off sick because they are waiting—arguably there is a financial argument, as well as other arguments there. Going to the private sector, which is what industry tends to do, seems a strange thing to do, actually, when we are an NHS provider and probably, quite rightly, should give our staff the advantages that many other people in private industry would get when they were off sick. So, I would be a

Mr Turner: Yr wyf yn falch i chi ofyn y cwestiwn hwn. Mae'n fater pwysig iawn, mewn gwirionedd, ein bod o'r farn nad ydym yn gwneud cystal—yn ddiddorol iawn—â'r sector preifat, lle y maent yn tueddu i fuddsoddi mewn darpariaeth gofal iechyd ar gyfer staff a fyddai ar restrau aros y GIG fel arall. Yr ydym o'r farn y dylem fod yn eithaf agored yn ei gylch a rhoi triniaeth ffafriol i'n staff os ydynt ar restrau aros, yn aros am driniaeth yn ein gwasanaethau ein hunain. Mae hynny'n eithaf dadleuol efallai, ac mae'n bosibl y bydd angen cefnogaeth Llywodraeth y Cynulliad i'w wneud, ond i wario arian ar y gwasanaeth iechyd oherwydd bod pobl i ffwrdd yn sâl oherwydd eu bod yn aros—gellid dadlau bod dadl ariannol, yn ogystal â dadleuon eraill yn y fan honno. Mae troi at y sector preifat, sef yr hyn y mae diwydiant yn tueddu i'w wneud, yn ymddangos yn beth rhyfedd i'w wneud, mewn gwirionedd, pan yr ydym yn ddarparwr GIG ac y dylem yn ôl pob tebyg,

great fan of it. We do it informally, it has to be said. Occasionally, you are able to get your staff in to see a physiotherapist, or maybe a consultant, but it is covert rather than overt, if you like. I think that that is the difference.

yn gwbl briodol, roi i'n staff y manteision y byddai llawer o bobl eraill mewn diwydiant preifat yn eu cael pan fyddent i ffwrdd yn sâl. Felly, buaswn yn gefnogwr mawr ohono. Yr ydym yn ei wneud yn anffurfiol, rhaid dweud. O bryd i'w gilydd, gallwch gael apwyntiad i'ch staff weld ffisiotherapydd, neu ymgynghorydd efallai, ond mae'n gudd yn hytrach nag yn agored, os hoffech chi. Credaf mai dyna yw'r gwahaniaeth.

Ms Myhill: We have a protocol, not a policy, I suppose. It may be not quite covert, but we could not get a formal policy agreed to do that, so what we have agreed with our clinicians is a formal protocol, which recommends that that is what we do. We do have fast-tracking: direct referrals to physiotherapy is a good example. That does happen. We get very positive feedback in terms of diagnostics for our staff and diagnostic testing. In some specialties, we get more resistance than others, but it is definitely something that we want to progress.

Ms Myhill: Mae gennym brotocol, nid polisi, am wn i. Efallai nad yw'n hollol gudd, ond ni fu modd i ni sicrhau cydsyniad i bolisi ffurfiol i wneud hynny, felly yr hyn yr ydym wedi ei gytuno â'n clinigwyr yw protocol ffurfiol, sy'n argymell mai dyna yw'r hyn a wnawn. Mae gennym gynllun trywydd cyflym: mae cyfeiriadau uniongyrchol at ffisiotherapi yn enghraifft dda. Mae hynny'n digwydd. Yr ydym yn cael adborth cadarnhaol iawn o ran diagnosteg ar gyfer ein staff a phrofion diagnostig. Mewn rhai meysydd arbenigol, yr ydym yn cael mwy o wrthwynebiad nag eraill, ond mae'n sicr yn rhywbeth yr ydym am ei ddatblygu.

Ms Williams: I think that it is important to recognise the role of occupational health and the consultants' own clinical prioritisation processes within this, because it could be argued, from the other side, that this is a moral and ethical issue for us as well. We have had individual cases, for example, where you could envisage a scenario where other people are having operations cancelled because a staff member is waiting for an operation themselves. So, I think that clinicians have to take a view on this in terms of the overall clinical priority of the patients. I do not think that we can rule for it, and each case, to some extent, has to be judged on its merits. We have appropriate fast-track systems for physiotherapy and other therapy services but those are done very much through the occupational health route, which, in my view, is entirely appropriate.

Ms Williams: Credaf ei bod yn bwysig cydnabod rôl iechyd galwedigaethol a phrosesau blaenoriaethu clinigol yr ymgynghorwyr eu hunain o fewn hyn, oherwydd gellid dadlau, o'r ochr arall, bod hyn yn fater moesol a moesegol i ninnau hefyd. Mae gennym achosion unigol, er enghraifft, lle y gallech ddychmygu sefyllfa lle mae pobl eraill yn cael llawdriniaethau wedi eu canslo oherwydd bod aelod staff yn aros am lawdriniaeth ei hun. Felly, credaf fod yn rhaid i glinigwyr wneud penderfyniad ar hyn o ran blaenoriaeth glinigol gyffredinol y cleifion. Ni chredaf y gallwn greu rheolau yn ei gylch, a rhaid barnu pob achos, i ryw raddau, yn ôl ei haeddiant. Mae gennym systemau trywydd cyflym priodol ar gyfer ffisiotherapi a gwasanaethau therapi eraill ond caiff y rheini eu gwneud drwy'r llwybr iechyd galwedigaethol i raddau helaeth, sydd, yn fy marn i, yn hollol briodol.

[262] **Mark Isherwood:** Would you like to see a Wales-wide agreement and guidance that takes the ethical issues away from you?

[262] **Mark Isherwood:** A hoffech weld cytundeb a chanllawiau Cymru gyfan sy'n ysgwyddo'r materion moesegol yn eich lle?

Ms Williams: That would be extremely helpful.

Ms Williams: Byddai hynny'n ddefnyddiol tu hwnt.

[263] **Mark Isherwood:** Moving on finally to paragraph 4.30, do you believe that corporate standard assessments give a fair representation of the extent to which trusts are effectively addressing issues of workplace health?

[263] **Mark Isherwood:** Gan symud ymlaen yn olaf at baragraff 4.30, a ydych o'r farn fod asesiadau cyrraedd y nod yn rhoi cynrychiolaeth deg o i ba raddau y mae ymddiriedolaethau yn mynd i'r afael â materion iechyd y gweithle yn effeithiol?

Mr Turner: I think that the conclusion in the report is fairly accurate. If you look at good practice, you expect to see good results. You have to question, to some extent, whether or not the criteria used in those reports are necessarily borne out by fact. I think that that point is made in there. The argument is really that we probably should reassess that process. You should see correlation between good practice and good results. It says that you are not getting that here, so maybe there is an issue to do with the process of assessment. I would accept that.

Mr Turner: Credaf fod y casgliad yn yr adroddiad yn eithaf cywir. Os edrychwch ar arferion da, yr ydych yn disgwyl gweld canlyniadau da. Rhaid i chi amau, i ryw raddau, a yw'r meini prawf a ddefnyddir yn yr adroddiadau hynny o reidrwydd yn cael eu cefnogi gan ffeithiau ai peidio. Credaf fod y pwynt hwnnw yn cael ei wneud yn yr adroddiad. Y ddadl mewn gwirionedd yw y dylem ailasesu'r broses honno yn ôl pob tebyg. Dylech weld perthynas rhwng arferion da a chanlyniadau da. Mae'n dweud nad ydych yn cael honno yn y fan hon, felly efallai fod mater ynglŷn â'r broses asesu. Byddwn yn derbyn hynny.

[264] **Mark Isherwood:** Do you feel the same?

[264] **Mark Isherwood:** A ydych yn cytuno?

Ms Williams: Yes, I do.

Ms Williams: Ydw, yr wyf.

[265] **Mark Isherwood:** So, if that improvement could be incorporated, you feel that it would be constructive and a good move forward?

[265] **Mark Isherwood:** Felly, pe gellid ymgorffori'r gwelliant hwnnw, yr ydych o'r farn y byddai'n gadarnhaol ac yn gam da ymlaen?

Ms Williams: Yes.

Ms Williams: Ydw.

[266] **Mark Isherwood:** Are there any other issues that you felt should have been addressed but were not?

[266] **Mark Isherwood:** A oes unrhyw faterion eraill y credwch y dylid fod wedi mynd i'r afael â hwy ond na wnaed?

Mr Turner: In the report?

Mr Turner: Yn yr adroddiad?

[267] **Mark Isherwood:** Yes.

[267] **Mark Isherwood:** Ie.

Mr Turner: I think that there were two things that you could perhaps say that it was light on—we have picked on fast-tracking as the third. One is the issue of research. I think that, as you would expect, in preparation for this meeting, people like Allison and me started looking at what is around to help us answer difficult questions from the Committee today, and there is not a lot available. It is interesting how little there is to help you understand things like long-term

Mr Turner: Credaf fod dau faes y gallech efallai ddweud ei fod yn wan yn eu cylch—yr ydym wedi nodi'r cynllun trywydd cyflym fel y trydydd. Un yw mater ymchwil. Credaf, fel y byddech yn disgwyl, er mwyn paratoi ar gyfer y cyfarfod hwn, i bobl fel Allison a minnau ddechrau edrych ar yr hyn sydd ar gael i'n cynorthwyo i ateb cwestiynau anodd gan y Pwyllgor heddiw, ac nid oes llawer ar gael. Mae'n ddiddorol cyn lleied sydd i'ch cynorthwyo i ddeall pethau fel salwch

sickness in the NHS, although there is probably a fair bit on what is good and bad practice. I think that there is probably an area there around research. We are spending £66 million on sickness absence; it is probably worth spending £1 million or so on research to see whether that would help us to understand and maybe to manage it better.

hirdymor yn y GIG, er mae'n debyg bod cryn dipyn ar yr hyn sy'n cael ei ystyried yn arferion da a gwael. Credaf fod mater ynghylch ymchwil yn y fan honno yn ôl pob tebyg. Yr ydym yn gwario £66 miliwn ar absenoldeb oherwydd salwch; mae'n siŵr ei bod yn werth gwario oddeutu £1 miliwn ar ymchwil i weld a fyddai hynny o gymorth i ni ei ddeall a'i reoli'n well.

The other issue, which is more related to the Welsh population, I guess, is that we employ something like 60,000 people, which probably accounts for 0.25 million families and extended families, yet I have to say that the opportunities that we have for health promotion with our staff are very limited. That could probably be added to this report as something that we should do.

Y mater arall, sy'n ymwneud yn fwy â phoblogaeth Cymru, am wn i, yw ein bod yn cyflogi rhyw 60,000 o bobl, sy'n cyfateb i 0.25 miliwn o deuluoedd neu deuluoedd estynedig yn ôl pob tebyg, ac eto rhaid i mi ddweud bod y cyfleoedd sydd gennym ar gyfer hybu iechyd gyda'n staff yn gyfyngedig iawn. Mae'n debyg y gellid ychwanegu hynny at yr adroddiad hwn fel rhywbeth y dylem ei wneud.

[268] **Mark Isherwood:** Thank you. You will be very pleased to hear me say that I am passing back to the Chair, who will conclude this evidence session.

[268] **Mark Isherwood:** Diolch. Byddwch yn falch o glywed fy mod am drosglwyddo'r awenau yn ôl at y Cadeirydd, a fydd yn cloi'r sesiwn dystiolaeth hon.

[269] **Janet Davies:** Thank you, Mark.

[269] **Janet Davies:** Diolch, Mark.

This has been quite a lengthy session, and you may feel that you have already put forward your ideas for the last point that I want to make. We have looked at a range of issues, but is there anything that you would like to say regarding the key priorities for action for your trust and for NHS Wales? If you do not feel that there is anything to add, that is all right, but you may want to add something.

Mae hon wedi bod yn sesiwn eithaf hir, ac mae'n bosibl eich bod o'r farn eich bod eisoes wedi mynegi eich syniadau ar y pwynt olaf yr wyf am ei wneud. Yr ydym wedi edrych ar amrywiaeth o faterion, ond a oes unrhyw beth yr hoffech ei ddweud mewn perthynas â'r blaenoriaethau gweithredu allweddol ar gyfer eich ymddiriedolaeth ac ar gyfer GIG Cymru? Os nad ydych o'r farn bod unrhyw beth i'w ychwanegu, popeth yn iawn, ond efallai eich bod am ychwanegu rhywbeth.

Ms Williams: I think that I would add to the health promotion aspects and the opportunities for health promotion but, otherwise, we embrace the report's recommendations. In terms of prioritisation, we must ensure that we have robust data in a common way, to allow us to benchmark for the future. We have to be clear that we have standards for practice that are not so restrictive that we end up with standardised practice that is not flexible enough to meet the needs of individual organisations. Organisations' needs, cultures and styles of addressing these issues will be different. That

Ms Williams: Credaf y byddwn yn ychwanegu at yr agweddau hybu iechyd a'r cyfleoedd i hybu iechyd ond, fel arall, yr ydym yn croesawu argymhellion yr adroddiad. O ran blaenoriaethu, rhaid i ni sicrhau bod gennym ddata cadarn mewn modd cyffredin, fel y gallwn feincnodi ar gyfer y dyfodol. Rhaid i ni fod yn sicr bod gennym safonau ymarfer nad ydynt mor gyfyngedig i'r graddau ein bod yn cael ymarfer wedi ei safoni nad yw'n ddigon hyblyg i ddiwallu anghenion sefydliadau unigol. Bydd anghenion, diwylliannau ac arddulliau sefydliadau a'u ffyrdd o fynd i'r

is all that I would add. We embrace the report and its recommendations. The challenge for us, as a service, is to get on and improve the situation in Wales. That is something for which I know Martin and I and, I am sure, our chief executive colleagues, accept accountability on a personal and professional level.

afael â'r materion hyn yn wahanol. Dyna'r cyfan y byddwn yn ei ychwanegu. Yr ydym yn croesawu'r adroddiad a'i argymhellion. Yr her i ni, fel gwasanaeth, yw mynd ati a gwella'r sefyllfa yng Nghymru. Mae hynny'n rhywbeth y gwn fod Martin a minnau ac, yr wyf yn siŵr, ein cyd-brif weithredwyr, yn derbyn cyfrifoldeb drosto ar lefel bersonol a phroffesiynol.

Mr Turner: Very briefly, on the Welsh counselling occupational health service, I do not think that that will happen locally, unless there is an initiative from the centre. I think that there is some significance and importance to developing something along the lines that I have mentioned. The issue about research is a good one, which is worth taking on to understand a lot more about sickness absence within the NHS in Wales. The other issue has already been covered by the report, namely consistency and the ability for us to use information better, so that when we look at other organisations, certainly within Wales, at least we know that they are comparable in terms of the information and data systems that we are using. That is probably it, Chair.

Mr Turner: Yn fyr iawn, ynglŷn â'r gwasanaeth iechyd galwedigaethol cynghori yng Nghymru, ni chredaf y bydd hwnnw yn digwydd yn lleol, oni bai fod menter o'r canol. Credaf y bydd datblygu rhywbeth tebyg i'r hyn yr wyf wedi ei grybwyll yn eithaf arwyddocaol a phwysig. Mae'r mater ynglŷn ag ymchwil yn un da, sy'n werth mynd i'r afael ag ef i ddeall llawer mwy am absenoldeb oherwydd salwch yn y GIG yng Nghymru. Mae'r mater arall eisoes wedi ei drafod yn yr adroddiad, sef cysondeb a'r gallu i ni ddefnyddio gwybodaeth yn well, felly pan fyddwn yn edrych ar sefydliadau eraill, yn sicr yng Nghymru, gwyddom o leiaf eu bod yn debyg o ran y systemau data a gwybodaeth a ddefnyddiwn. Dyna'r cyfan yn ôl pob tebyg, Gadeirydd.

[270] **Janet Davies:** We have come to the end of the session. I thank the witnesses very much for their very helpful and courteous answers. As you know, you will receive a copy of the verbatim report, which you can correct before it is published. Thank you.

[270] **Janet Davies:** Yr ydym wedi dod i ddiwedd y sesiwn. Diolch yn fawr i'r tystion am eu hatebion hynod ddefnyddiol a chwrtais. Fel y gwyddoch, byddwch yn derbyn copi o'r adroddiad gair am air, y gallwch ei gywiro cyn iddo gael ei gyhoeddi. Diolch.

Daeth y sesiwn cymryd tystiolaeth i ben am 11.58 a.m.
The evidence-taking session ended at 11.58 a.m.

Annex B

ADRAN ADNODDAU DYNOL
HUMAN RESOURCES DEPARTMENT

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1 April 2004

Ms E Wilkinson
Deputy Committee Clerk
Local Government and Public Services Committee
Welsh Assembly Government
Cathays Park
Cardiff

Dear Ms Wilkinson

Audit Committee – 11 March 2004

I refer to your e-mail communication of 18 March 2004 regarding the agreed action points from the evidence session of the above Committee.

In response to the question regarding the scale of overtime worked by staff of the Trust to cover sickness absence, whilst I can confirm the financial cost of overtime for the financial year in question was £325,552 and that the number of working days lost due to sickness was 21,085, I am unable to accurately state how much of that cost was attributable to cover sickness absence.

In 2002 / 2003, 6 staff were advised that Occupational Health would support their application to the Pensions Agency for ill health retirement. Of these, three applications were successful in the financial year in question and three were unsuccessful. Of the three who were unsuccessful, two were later successful on appeal. Therefore five out of the six applications for ill health retirement made to the Pensions Agency in the period in question were successful.

All were supported by the Trust's Occupational Health Service, however the Trust is not able to nominate staff for ill health retirement as this has to be via self application.

I trust that this information is sufficient for you to include in the Committee's Report. If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely

Jo Davies
Director of Human Resources

Annex C

Note from Martin Turner, Chief Executive of Gwent Healthcare NHS Trust

Ill Health Retirements - All applications can only be generated by the scheme member, therefore no application is 'nominated' by the employer irrespective of the circumstances. The employer can only inform the member of possible eligibility, but cannot nominate a members application.

Ill Health Premature Retirements 2002/2003

No. of applications 72
Successful % 64%
Unsuccessful % 36%

Overtime - the trust is unable to identify the proportion of overtime used to cover sickness absence. The overall overtime expenditure for the trust for 2003/2004 is £3,073,781, but as indicated the trust is unable to differentiate how much of this is used to cover sickness and how much is used to cover other forms of absence.

2 April 2004

Annex D

Electronic Staff Record

- The Electronic Staff Record (ESR) will provide the facility for NHS Wales to collect sickness/absence data and associated costs in a consistent manner across the service.
- The 'Bank Administration' function records the reason for the employment of bank/agency staff e.g. bank holiday, compassionate leave, long term sickness, short term sickness, study leave etc.
- At the local level, Trusts will be able to readily analyse the level and cost of sickness/absence together with the reasons for employing bank/agency staff.
- At the All Wales level, the ESR Data Warehouse will provide consistent information on sickness/absence and associated costs for the first time.
- Information on costs of bank/agency staff will also be available on the Data Warehouse, although at the moment, the reason for employing bank/agency staff is not transferred to the Data Warehouse.

NHS Wales Department

Annex E

Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

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Caerdydd / Cardiff
CF10 3NQ

Liz Wilkinson
Deputy Clerk
Audit Committee
National Assembly for Wales
Cardiff Bay
CARDIFF CF99 1NA

Eich cyf / Your ref
Ein cyf / Our ref

Dyddiad / Date 14 May 2004

Dear Liz

Management of Sickness in the NHS –Evidence Session 11 February 2004

In the course of the evidence to the National Assembly's Audit Committee on 11 February 2004, Ann Lloyd undertook to provide information on the amount of Assembly Health Promotion funding that was allocated to the NHS in Wales. I am responding on behalf of Mrs Lloyd.

Mrs Lloyd has confirmed that all NHS organisations are being monitored on the health promotion activities they undertake as part of their employment processes.

There are no National Assembly health promotion programmes or workplace health campaigns targeted specifically or solely at NHS Wales staff. The Corporate Standard for Health at Work (CHS) is a programme run by Office of the Chief Medical Officer /Health Promotion Division for workplaces in general, including the NHS. NHS organisations have been required to achieve the CHS as part of the performance management of the NHS in Wales and 14 NHS Trusts currently hold the award at bronze, silver or gold level. The deliverables from the CHS programme are assessment, support and advice. The total budget for the work for 2004-2005 is £90,000, but it is not possible to disaggregate the expenditure applied to the NHS. The budget does not include expenditure by NHS organisations to promote the health of their staff, which would come from the allocations to the service made by the Health and Social Care Department.

I am coping this letter to the Auditor General For Wales, Mrs Ann Lloyd and Dr Ruth Hall.

Ceri M Thomas

CERI THOMAS
ACTING COMPLIANCE OFFICER

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Annex F

THE AUDIT COMMITTEE

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

The membership of the Committee as appointed on 3 June 2003:

Janet Davies (Plaid Cymru) - Chair
Leighton Andrews (Labour)
Mick Bates (Liberal Democrat)
Alan Cairns (Conservative)
Jocelyn Davies (Plaid Cymru)
Christine Gwyther (Labour)
Denise Idris-Jones (Labour)
Mark Isherwood (Conservative)
Val Lloyd (Labour)
Carl Sargeant (Labour)

Further information about the Committee can be obtained from:

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