Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio

The National Assembly for Wales
Audit Committee

Esgeulustod Clinigol yn y GIG yng Nghymru
Clinical Negligence in the NHS in Wales

Cwestiynau (91-221)
Questions (91-221)

Dydd Iau 3 Mai 2001
Thursday 3 May 2001

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Lynne Neagle, Dafydd Wigley, Kirsty Williams.

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

Tystion: David Edwards, Prif Weithredwr, Ymddiriedolaeth GIG Caerdydd a'r Fro; Susan Hobbs, Prif Nyrs, Ymddiriedolaeth GIG Caerdydd a'r Fro; Hilary Peplar, Prif Weithredwr Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru; Julie Parry, Pennaeth Rheoli Risg Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Assembly Members present: Janet Davies (Chair), Alun Cairns, Jocelyn Davies, Janice Gregory, Alison Halford, Ann Jones, Lynne Neagle, Dafydd Wigley, Kirsty Williams.

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

Witnesses: David Edwards, Chief Executive, Cardiff and Vale NHS Trust; Susan Hobbs, Chief Nurse, Cardiff and Vale NHS Trust; Hilary Peplar, Chief Executive, North East Wales NHS Trust; Julie Parry, Head of Risk Management, North East Wales NHS Trust.

Dechreuodd y cyfarfod am 1.57 p.m.
The meeting began at 1.57 p.m.

[91] **Janet Davies:** Good afternoon. I welcome everybody to this hearing of the Audit Committee. The purpose of the meeting is to take evidence in connection with the National Audit Office report for the Auditor General for Wales, *Clinical Negligence in the NHS in Wales*.

[91] **Janet Davies:** Prynhawn da. Croeso i bawb i'r eisteddiad hwn o'r Pwyllgor Archwilio. Pwrpas y cyfarfod yw derbyn tystiolaeth mewn perthynas ag adroddiad y Swyddfa Archwilio Genedlaethol i Archwilydd Cyffredinol Cymru, *Esgeulustod Clinigol yn y GIG yng Nghymru.*

We heard evidence on this last month, no, sorry on 8 March—we are into May by this time, are we not?—from the director of NHS Wales and others with Assembly-wide responsibilities regarding clinical negligence. Today we are looking forward to hearing from representatives of two of Wales's national health service trusts. The Committee hopes that, by hearing from you and the trusts, it can gain a perspective from those who are responsible for managing clinical negligence on the ground, and a sense of the day-to-day issues that confront you in the trusts.

Clywsom dystiolaeth ar hyn y mis diwethaf, na, mae'n ddrwg gennyf, ar 8 Mawrth—mae'n fis Mai arnom erbyn hyn, onid ydyw?—gan gyfarwyddwr NHS Cymru ac eraill â chyfrifoldebau ar draws y Cynulliad parthed esgeulustod clinigol. Heddiw yr ydym yn edrych ymlaen at glywed oddi wrth gynrychiolwyr dwy o ymddiriedolaethau gwasanaeth iechyd gwladol Cymru. Gobaith y Pwyllgor yw y gall, drwy wrando arnoch chi a'r ymddiriedolaethau, gael safbwynt gan y rheini sydd yn gyfrifol am reoli esgeulustod clinigol ar y llawr, ac ymdeimlad o'r materion dydd-i-ddydd sydd yn eich wynebu chi yn yr ymddiriedolaethau.

Janice Gregory is substituting for Peter Law, who is not missing for any voluntary reason, but because he was previously a Member of the Cabinet and is therefore now excluded, unfortunately, from most of the Committee

Mae Janet Gregory yma yn lle Peter Law, sydd yn absennol nid am unrhyw reswm gwirfoddol, ond oherwydd iddo fod yn Aelod o'r Cabinet o'r blaen, a'i fod felly wedi'i gau allan, ysywaeth, o'r rhan fwyaf o

meetings.

I ask the witnesses to please introduce themselves.

Ms Parry: I am Julie Parry, head of risk management, North East Wales NHS Trust.

Ms Peplar: I am Hilary Peplar, chief executive, North East Wales Trust.

Mr Edwards: I am David Edwards, chief executive of Cardiff and Vale NHS Trust.

Ms Hobbs: I am Susan Hobbs, chief nurse, Cardiff and Vale NHS Trust.

[92] **Janet Davies:** Thank you. The Assembly is a bilingual institution, so you may speak in Welsh or English as you wish. Translation equipment is available.

The format is that we go through a series of questions. I will ask some, and Members will come in at certain sections. They may like to ask supplementary questions at some time. I will permit that to the best of my ability, time allowing. However, I do not intend the meeting to run over 5.30 p.m.

I will now ask the first question. I address it to both trusts, but perhaps the North East Wales Trust would like to answer first. I will start by setting out where we have reached in our consideration of the important matter of clinical negligence. Following the Auditor General's report in early March, we took evidence, as I have already said. This session now gives the Committee the opportunity to gain your perspective, because you have responsibility at the sharp end within trusts for managing clinical negligence.

Will you give us a sense of the priority that you accord clinical negligence, and what steps, if any, you are taking to manage the problem?

Ms Peplar: It has a very high priority within

gyfarfodydd y Pwyllgor.

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

Ms Parry: Julie Parry wyf fi, pennaeth rheoli risg, Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Ms Peplar: Hilary Peplar wyf fi, prif weithredwr Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru.

Mr Edwards: David Edwards wyf fi, prif weithredwr Ymddiriedolaeth GIG Caerdydd a'r Fro.

Ms Hobbs: Susan Hobbs wyf fi, prif nyrs, Ymddiriedolaeth GIG Caerdydd a'r Fro.

[92] **Janet Davies:** Diolch. Sefydliad dwyieithog yw'r Cynulliad, felly cewch siarad yn Gymraeg neu Saesneg fel y mynnwch. Mae offer cyfieithu ar gael.

Y patrwm yw y byddwn yn mynd drwy gyfres o gwestiynau. Byddaf fi'n gofyn rhai, a bydd Aelodau'n dod i mewn yma ac acw. Efallai y dymunant ofyn cwestiynau atodol ar ryw adeg. Caniatâf hynny hyd y medraf, os bydd amser yn caniatáu. Fodd bynnag, ni fwriadaf i'r cyfarfod redeg yn hwyrach na 5.30 p.m.

Gofynnaf y cwestiwn cyntaf yn awr. Fe'i cyfeiriaf at y ddwy ymddiriedolaeth, ond efallai yr hoffai Ymddiriedolaeth Gogledd Ddwyrain Cymru ateb gyntaf. Dechreuaf drwy amlinellu ble yr ydym wedi cyrraedd wrth ystyried mater pwysig esgeulustod clinigol. Yn dilyn adroddiad yr Archwilydd Cyffredinol ddechrau mis Mawrth, cymerasom dystiolaeth, fel y dywedais eisoes. Mae'r sesiwn hon yn awr yn rhoi cyfle i'r Pwyllgor gael eich safbwynt chi, oherwydd mae gennych chi gyfrifoldeb yn y rheng flaen o fewn ymddiriedolaethau am reoli esgeulustod clinigol.

A rowch chi syniad inni o'r flaenoriaeth a roddwch i esgeulustod clinigol, a pha gamau, os o gwbl, yr ydych yn eu cymryd i reoli'r broblem?

Ms Peplar: Rhoddir blaenoriaeth uchel iawn

the trust, although I must confess that that comes and goes throughout the year at different times because there are a range of competing priorities. So, there are particular times when a lot of attention is paid to it. In general terms, I think that over the past three to five years, the whole issue of clinical negligence has risen in the minds of chief executives and then taken a much stronger position in our thinking. I think that we have spent a lot of time actually looking at the ways in which we monitor what we are doing throughout the organisation and at how we connect what we do in different parts of the organisation and ensure that what we learn in one part is actually put into practice in another part. There is a constant dialogue around what we are picking up and learning with regard to clinical negligence.

iddo o fewn yr ymddiriedolaeth, er bod yn rhaid imi gyfaddef fod hynny'n mynd a dod drwy gydol y flwyddyn ar wahanol adegau oherwydd mae gennym amrediad o flaenoriaethau sydd yn cystadlu. Felly, mae rhai adegau arbennig pryd y rhoddir llawer o sylw iddo. Yn gyffredinol, dros y tair i bum mlynedd diwethaf, credaf fod holl gwestiwn esgeulustod clinigol wedi codi ym meddyliau prif weithredwyr ac wedi cymryd safle llawer cryfach yn ein meddwl. Credaf ein bod wedi treulio llawer o amser yn edrych go iawn ar y ffyrdd yr ydym yn monitro'r hyn a wnawn drwy'r sefydliad cyfan ac ar sut yr ydym yn cysylltu'r hyn a wnawn mewn gwahanol rannau o'r sefydliad ac yn sicrhau y caiff yr hyn a ddysgwn mewn un rhan ei droi'n ymarfer mewn rhan arall. Ceir deialog cyson ynghylch yr hyn yr ydym yn ei godi a'i ddysgu parthed esgeulustod clinigol.

I think, too, that the systems have developed and become more sophisticated. For example, as new information systems have become available, we have tried to use those and put them in, with varying effectiveness in different places. My sense is that throughout the community within the NHS, it has moved from being something that people saw as a bit of a pest to something that they really do consider to be quite vital. I think too, that a lot of staff have moved from feeling 'is this Big Brother watching over me all the time?', to a sense of understanding how it contributes to what people experience in the health service and to what they can learn. So I think that it has become a much more positive part of what we are doing.

Yr wyf yn meddwl, hefyd, fod y systemau wedi datblygu ac wedi mynd yn fwy soffistigedig. Er enghraifft, wrth i systemau gwybodaeth newydd ddod ar gael, yr ydym wedi ceisio'u defnyddio a'u rhoi i mewn, gydag effeithiolrwydd amrywiol mewn gwahanol fannau. Fy nheimlad i yw fod hyn, drwy'r gymuned gyfan o fewn yr NHS, wedi symud o fod yn rhywbeth yr oedd pobl yn ei weld fel tipyn o boen i fod yn rhywbeth y maent yn ystyried o ddifrif ei fod yn eithaf hanfodol. Yr wyf yn meddwl, hefyd, fod llawer o staff wedi symud o deimlo 'a yw'r Brawd Mawr yma'n gwylio drosof fi drwy'r amser?' i ymdeimlad o ddeall sut y mae'n cyfrannu at yr hyn y mae pobl yn ei brofi yn y gwasanaeth iechyd ac i'r hyn y gallant hwy ei ddysgu. Felly credaf ei fod wedi mynd yn rhan lawer mwy positif o'r hyn yr ydym yn ei wneud.

[93] **Janet Davies:** Thank you. I invite the Cardiff and Vale NHS Trust to answer.

[93] **Janet Davies:** Diolch. Gwahoddaf Ymddiriedolaeth GIG Caerdydd a'r Fro i ateb.

Mr Edwards: To give our perspective, and add to that, and agree with what Hilary was saying, it is a very high priority for Cardiff and Vale NHS Trust, and has been for some time, although the trust has only recently come into being in the last 12 months. It has been a high priority. I do not know whether Members have had a copy of the supplementary paper that we made available

Mr Edwards: I roi'n safbwynt ni, ac ychwanegu at hynny, a chytuno â'r hyn a ddywedodd Hilary, mae'n flaenoriaeth uchel iawn i Ymddiriedolaeth GIG Caerdydd a'r Fro, a hynny ers tro, er mai dim ond yn y 12 mis diwethaf y daeth yr ymddiriedolaeth i fodolaeth. Bu'n flaenoriaeth uchel. Ni wn a yw Aelodau wedi cael copi o'r papur atodol a ddarparwyd gennym ichi. Yr wyf yn meddwl

to you. I think that it sets out some of the fairly innovative things being done to try to minimise risk and minimise the potential cost associated with clinical negligence. Clearly, what we need to do is to maximise the amount of funding that is available for patient care. Every £1 spent in meeting a legitimate claim is £1 that is not available for direct patient care. So it is a very high priority.

bod hwnnw'n amlinellu rhai o'r pethau eithaf arloesol sydd yn cael eu gwneud i geisio lleihau risg a lleihau'r gost botensial sydd yn gysylltiedig ag esgeulustod clinigol. Yn amlwg, yr hyn y mae angen inni ei wneud yw cynyddu i'r eithaf faint o arian sydd ar gael ar gyfer gofal cleifion. Mae pob punt a werir ar ateb hawliad cyfreithlon yn bunt nad yw ar gael ar gyfer gofal uniongyrchol i gleifion. Mae'n flaenoriaeth uchel iawn felly.

[94] **Janet Davies:** Thank you. Trusts have had a reconfiguration over the last two years, and that must have been an added management burden. Did the reconfiguration have an impact on your ability to deal with clinical negligence effectively, to handle claims better, and to reduce the incidence of negligence? Mr Edwards, would you like to reply first?

[94] **Janet Davies:** Diolch. Cafodd ymddiriedolaethau eu hailgyflunio yn y ddwy flynedd diwethaf, a bu hynny'n faich ychwanegol, mae'n rhaid. A effeithiodd yr ailgyflunio ar eich gallu i ddelio ag esgeulustod clinigol yn effeithiol, i ymdrin â hawliadau'n well, ac i leihau nifer yr achosion o esgeulustod? Mr Edwards, a hoffech chi ateb gyntaf?

Mr Edwards: I think that the various mergers and reconfigurations have been an opportunity. We have been able to rationalise the procedures and processes in the former trusts. So, for example, we think that there is about £40,000 that we can still save, directly as a result of reconfiguration, simply on the administration of the system within the trust. I know that that is relatively small in terms of the total sums spent on negligence. However, it is a small example of where reconfiguration is an opportunity, and it allows us, I think, to raise the standards within the trust to those that we regard as the best within our organisation. I do not think that it is also a situation that has allowed us to take our eye off the ball because, although we are talking about negligence here, we are talking about trying to reduce the incidence of negligence. Clinical governance is a very big issue in the national health service, and remains with us as a trust board. I had that particular responsibility, which I have delegated to Susan Hobbs as the Chief Nurse, so it is within the board itself and is never very far from our thoughts.

Mr Edwards: Yr wyf o'r farn fod yr amryfal gyfuniadau ac ailgyfluniadau wedi bod yn gyfle. Yr ydym wedi gallu rhesymoli'r gweithdrefnau a phrosesau yn yr hen ymddiriedolaethau. Felly, er enghraifft, credwn fod rhyw £40,000 y gallwn ei arbed o hyd, yn uniongyrchol o ganlyniad i'r ailgyflunio, yn syml ar weinyddiad y system o fewn yr ymddiriedolaeth. Gwn mai swm cymharol fach yw hynny yn nhermau'r cyfansymiau a werir ar esgeulustod. Fodd bynnag, mae'n enghraifft fach o fan lle mae ailgyflunio'n gyfle, ac mae'n caniatáu inni, mi gredaf, godi'r safonau o fewn yr ymddiriedolaeth i fod yr hyn a ystyriwn yn orau o fewn ein sefydliad. Nid wyf yn meddwl ei bod hefyd yn sefyllfa sydd wedi caniatáu inni dynnu'n llygad oddi ar y bêl, oherwydd, er ein bod yn sôn am esgeulustod yma, sôn yr ydym am geisio lleihau achosion o esgeulustod. Mae llywodraethu clinigol yn bwnc mawr iawn yn y gwasanaeth iechyd gwladol, ac mae'n aros gyda ni fel bwrdd ymddiriedolaeth. Cefais i'r cyfrifoldeb arbennig hwnnw, yr wyf wedi'i ddirprwyo i Susan Hobbs y Brif Nyrs, felly mae'r mater o fewn y bwrdd ei hun ac nid yw byth ymhell iawn o'n meddyliau.

Ms Peplar: As far as I understand it, because I was not there when the trust was created, the sense that I have is that there were not any particular problems relating to the merger, except perhaps the timing of it. I

Ms Peplar: Yn ôl a ddeallaf fi, oherwydd nid oeddwn yno pan grëwyd yr ymddiriedolaeth, y teimlad a gaf fi yw nad oedd unrhyw broblemau arbennig cysylltiedig â'r uno, ac eithrio efallai ei amseriad. Yr wyf yn meddwl

think that there has been a lot of learning from the two different parts of the organisation that now make up one trust. I think that it has also raised the profile of risk management in those parts of the trust where perhaps there was not the emphasis that there should have been. I think that the merger has been very beneficial for that aspect.

bod llawer wedi ei ddysgu gan y ddwy ran wahanol o'r sefydliad sydd erbyn hyn yn ffurfio un ymddiriedolaeth. Credaf ei fod hefyd wedi codi proffil rheoli risg yn y rhannau hynny o'r ymddiriedolaeth lle efallai nad oedd gymaint o bwyslais ag y dylasai fod. Yr wyf yn meddwl bod yr uno wedi bod yn fuddiol iawn o'r safbwynt hwnnw.

[95] **Dafydd Wigley:** Hoffwn ystyried y cynnydd o ran costau esgeulustod clinigol. Mae adroddiad Archwilydd Cyffredinol Cymru yn cyfeirio at y ffaith fod costau esgeulustod clinigol heddiw bedair gwaith yn uwch nag yr oedd yn 1996. I ba ffactorau y byddech yn priodoli'r cynnydd yn ystod y pum mlynedd diwethaf?

[95] **Dafydd Wigley:** I would like to consider the increase in the cost of clinical negligence. The report of the Auditor General for Wales refers to the fact that the cost of clinical negligence is four times higher than it was in 1996. To what factors would you attribute the increase during the past five years?

Ms Peplar: If one reads the newspapers or listens to the radio, they are attributing it to a whole range of things, and I think it is very definitely extraordinarily multi-factorial. I think that the context in which we operate in society is very different indeed, and I think that people are more aware of being able to apply for damages. There are adverts on television and I think that people seem to see themselves being encouraged into picking up opportunities. I think that we are, in the health service, far more open about what we do well and what we do not do so well, and we are trying to engage in far more of a dialogue with people with whom we work so that we can have a better discussion. However, as I say, within the social context that we operate, people will respond and react in particular ways and they are encouraged at the moment to hurtle forth into legal action at the slightest move.

Ms Peplar: O ddarllen y papurau newydd neu wrando ar y radio, maent yn ei briodoli i lu o bethau, ac yr wyf yn meddwl ei fod yn bendant iawn yn hynod o aml-ffactorol. Credaf fod y cyd-destun yr ydym ni'n gweithio ynddo mewn cymdeithas yn dra gwahanol wir, a chredaf fod pobl yn fwy ymwybodol o allu gwneud cais am iawndal. Ceir hysbysebion ar y teledu ac yr wyf yn meddwl fod pobl fel pe baent yn cael eu hannog i fanteisio ar gyfleoedd. Credaf ein bod, yn y gwasanaeth iechyd, yn llawer mwy agored ynghylch yr hyn yr ydym yn ei wneud yn dda a'r hyn nad ydym yn ei wneud cystal, ac yr ydym yn ceisio creu llawer mwy o ddeialog gyda phobl yr ydym yn gweithio â hwy fel y gallwn gael gwell trafodaeth. Fodd bynnag, fel y dywedais, o fewn y cyd-destun cymdeithasol yr ydym yn gweithio ynddo, bydd pobl yn ymateb ac yn adweithio mewn ffyrdd arbennig ac maent yn cael eu hannog ar hyn o bryd i ruthro i weithredu'n gyfreithiol ar yr ysgogiad lleiaf.

Mr Edwards: I think that when the Woolf reforms were introduced we were told that there was likely to be a major increase in the amount of money that would have to be spent in this area and I think that that has come true. I think that individual settlements are higher, and we have managed to get rid of some of the—if I dare call them such—vexatious claims. However, those that come forward now are well worked up, with a smaller number of solicitor firms. So I think that the Woolf reforms are one of the issues. I think that the second issue, to add to the

Mr Edwards: Credaf pan gyflwynwyd diwygiadau Woolf y dywedwyd wrthym ei bod yn debygol y byddai cynnydd mawr yn yr arian y byddai'n rhaid ei wario yn y maes hwn ac yr wyf yn meddwl fod hynny wedi dod yn wir. Credaf fod symiau iawndal unigol yn uwch, ac yr ydym wedi llwyddo i gael gwared ar rai o'r—os meiddiaf eu galw felly—hawliadau blinderus. Fodd bynnag, mae'r rheini a ddaw ymlaen erbyn hyn wedi'u paratoi'n dda, gyda nifer lai o gwmnïau cyfreithwyr. Felly mae diwygiadau Woolf yn un o'r materion, dybiwn i. Credaf

points that Hilary just made, is that service pressure is not less and there is increasing pressure on the service, despite the welcome investment from the Assembly. I think that that is an issue. I think that those are two very key factors.

mai'r ail fater, ag ychwanegu at y pwyntiau a wnaeth Hilary yn awr, yw nad yw'r pwysau gwasanaeth yn llai a bod pwysau cynyddol ar y gwasanaeth, er gwaethaf y buddsoddiad derbyniol iawn gan y Cynulliad. Credaf fod hynny'n fater. Mae'r rheini'n ddau ffactor allweddol iawn, dybiwn i.

[96] **Dafydd Wigley:** Yr ydych, mae'n amlwg, yn ymwybodol o'r tueddiadau cyffredinol a byddwch yn gyfarwydd â pharagraffau 2.20 a 2.21 ynglŷn â'r costau cynyddol. I ba raddau y byddech yn dweud fod y patrwm o fewn eich ymddiriedolaethau yn cydredeg â'r patrwm cenedlaethol a ddisgrifir yn yr adroddiad hwn—hynny yw, y cynnydd o bedair gwaith? Ai eich profiad chi yw fod eich patrwm yn debyg iawn i hynny, neu a ydyw'n well neu'n waeth? Beth fyddech chi'n ei ddweud? A yw'n debyg?

[96] **Dafydd Wigley:** You are obviously aware of the general trends and you will be familiar with paragraphs 2.20 and 2.21, which relate to the increasing costs. To what extent would you say that the pattern within your trusts coincides with the national pattern that is described in this report—that is, the fourfold increase? Is it your experience that your pattern is very similar to that, or is it better or worse? What would you say? Is it similar?

Ms Peplar: It is very similar in North East Wales NHS Trust; very similar indeed. I think that it is quite interesting to note, in terms of the expenditure—I have been just looking at the last few months—that, in fact, about a third goes into the costs of it and only about two-thirds actually goes into payments. However, it has risen in more or less the same way over the last three to five years.

Ms Peplar: Y mae'n debyg iawn yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru, yn debyg iawn iawn. Credaf ei bod yn eithaf diddorol nodi, yn nhermau'r gwariant—dim ond ar yr ychydig fisoedd diwethaf y bûm yn edrych—fod oddeutu un rhan o dair o'r arian, mewn gwirionedd, yn mynd i dalu costau'r peth a dim ond dwy ran o dair yn mynd i'r taliadau eu hunain. Fodd bynnag, y mae wedi codi fwy neu lai yr un modd dros y tair i bum mlynedd diwethaf.

[97] **Dafydd Wigley:** A gaf ofyn ichi ar gefn hynny, cyn troi at Mr Edwards, yn eich profiad chi, a yw'r costau esgeulustod clinigol yn debyg o barhau i godi yn ôl y patrwm hwn o fewn eich ardal chi?

[97] **Dafydd Wigley:** May I ask you, on the back of that, before turning to Mr Edwards, in your own experience, are the clinical negligence costs likely to continue to increase according to this pattern in your area?

Ms Peplar: I think that we are likely to see a bit more of an increase, as David has said, following on from the Woolf report, over the next few years. However, I think that it should then even out. We are still waiting to see how many more claims are coming through the health authorities, which may be fairly ancient claims that are now beginning to come out of the woodwork. We have had, I think, nine more in the last year that have suddenly come out and those are all pretty hefty ones.

Ms Peplar: Yr wyf yn meddwl ein bod yn debygol o weld ychydig mwy o gynnydd, fel y dywedodd David, yn dilyn oddi ar adroddiad Woolf, dros yr ychydig flynyddoedd nesaf. Fodd bynnag, credaf y dylai lefelu wedyn. Yr ydym yn dal i aros i weld faint yn rhagor o hawliadau a ddaw drwy'r awdurdodau iechyd, a all fod yn hawliadau eithaf hynafol sydd bellach yn dechrau ymddangos o'r pren. Cawsom, mi gredaf, naw yn fwy yn y flwyddyn ddiwethaf a ymddangosodd yn sydyn, a'r rheini i gyd yn rhai eithaf swmpus.

[98] **Dafydd Wigley:** A, hyd y gwyddoch, mae'r hen achosion hynny wedi dod i'r

[98] **Dafydd Wigley:** And, as far as you are aware, those old cases have come to the

amlwg—nid oes llawer o'r golwg yn dal i ddisgwyl i ddod?

Ms Peplar: No.

[99] **Dafydd Wigley:** A gaf droi at Mr Edwards gyda'r un cwestiynau? A ydych yn adlewyrchu'r patrwm cenedlaethol, neu a ydych yn wahanol iddo? I ba raddau mae'r patrwm yn debyg o barhau?

Mr Edwards: I think that the pattern is likely to continue. Of course, we are providing many very specialist services for Wales in a complex service, and some of the services like neurosurgery and very high risk obstetrics are very much with us. So I think that the risks are greater. We must therefore do what we can to minimise those risks. We have put that in place. However, if you look at the figures for Cardiff and Vale NHS Trust, the actual cash payments were just over £1 million in 1999-2000, rising from what they were in 1998-99. So I think that the trend that we are seeing in the overall report will be repeated in Cardiff and Vale NHS Trust, though not so much in the number of claims. However, certainly in terms of the cost, I think that they will increase.

[100] **Dafydd Wigley:** A fyddech chi'n dweud fod gennych nifer o hen achosion sydd yn dal i ddod i'r amlwg, neu a ydych yn dechrau cyrraedd rhyw lefel gyda'r rheini hefyd?

Mr Edwards: Those old cases have come to the fore, but they are still around. That is not complete yet.

[101] **Dafydd Wigley:** O diar. Yn olaf, trof yn benodol at Ms Peplar. Deallaf fod y darpariaethau ariannol a wnaethpwyd gan eich ymddiriedolaeth o ran esgeulustod clinigol wedi codi'n sylweddol rhwng Mawrth 1999 a Mawrth 2000—cynnydd o dros 50 y cant, o £2.5 miliwn i dros £4.2 miliwn. Gallai hynny fod, wrth gwrs, o ganlyniad i gymhlethdodau yn deillio o'r broses gyfuno yn rhannol. A allwch roi unrhyw oleuni pellach inni am y rhesymau dros y cynnydd arbennig o uchel yn y cyfnod hwnnw?

fore—not many remain hidden and waiting to come forward?

Ms Peplar: Nac oes.

[99] **Dafydd Wigley:** May I turn to Mr Edwards with the same questions? Are you reflecting the national pattern, or do you differ from it? To what extent is the pattern likely to continue?

Mr Edwards: Yr wyf yn meddwl fod y patrwm yn debygol o barhau. Wrth gwrs, yr ydym yn darparu llawer o wasanaethau arbenigol iawn i Gymru mewn gwasanaeth cymhleth, ac mae rhai o'r gwasanaethau fel llawdriniaeth nerfol ac obstetreg risg uchel yma i aros. Felly mae'r risgiau'n fwy, dybiwn i. Rhaid inni wneud yr hyn a allwn, felly, i leihau'r risgiau hynny. Yr ydym wedi rhoi hynny ar waith. Fodd bynnag, os edrychwch ar ffigurau Ymddiriedolaeth GIG Caerdydd a'r Fro, ychydig dros £1 filiwn oedd y taliadau arian gwirioneddol yn 1999-2000, yn codi o'r hyn oeddent yn 1998-99. Felly yr wyf o'r farn y caiff y duedd a welwn yn yr adroddiad cyffredinol ei hailadrodd yn Ymddiriedolaeth GIG Caerdydd a'r Fro, er nad yn gymaint yn nifer yr hawliadau. Fodd bynnag, yn sicr yn nhermau'r gost, credaf mai cynyddu a wnânt.

[100] **Dafydd Wigley:** Would you say that you have many old cases waiting to come to the fore, or are you starting to reach some level with those as well?

Mr Edwards: Mae'r hen achosion hynny wedi dod i'r amlwg, ond maent yma o hyd. Nid yw hynny wedi'i gwblhau eto.

[101] **Dafydd Wigley:** Oh dear. Finally, I turn specifically to Ms Peplar. I understand that the financial provisions made by your trust in terms of clinical negligence increased significantly between March 1999 and March 2000—an increase of over 50 per cent, from £2.5 million to over £4.2 million. Of course, that could be as a result in part of problems arising from the merger process. Can you shed any further light for us on the reasons for the extremely high increase during that period?

Ms Peplar: I think that it is almost entirely to do with the merger, as I understand it historically. I do not think that there has been a significant increase or change in the number of claims coming through over that three to four year period. My understanding, historically, is that it is related to that.

Ms Peplar: Yr wyf yn meddwl fod a wnelo'r peth bron yn gyfangwbl â'r uno, fel y deallaf fi'r mater yn hanesyddol. Nid wyf yn meddwl bod cynnydd na newid arwyddocaol wedi bod yn nifer yr hawliadau a ddaeth drwodd yn ystod y cyfnod tair i bedair blynedd hwnnw. Fy nealltwriaeth i, yn hanesyddol, yw ei fod yn gysylltiedig â hynny.

[102] **Janet Davies:** Jocelyn, would you like to come in on this? I will then call Alison.

[102] **Janet Davies:** Jocelyn, a hoffech chi ddod i mewn ar hyn? Wedyn byddaf yn galw ar Alison.

[103] **Jocelyn Davies:** Ms Peplar, you described this increase as being due to the fact that the patients have more 'opportunities'. However, I think that we must acknowledge that a patient cannot bring a case unless he or she has suffered damage due to someone's negligence—not by someone's mistake; the patient must prove that the damage is due to negligence. Obviously, it is not entirely due to the fact that people have woken up to the fact that they have the right. There must be an acknowledgement of the negligence that exists.

[103] **Jocelyn Davies:** Ms Peplar, disgrifiasoch y cynnydd hwn fel un a ddigwyddodd oherwydd y ffaith y caiff y cleifion fwy o 'gyfleoedd'. Fodd bynnag, yr wyf yn meddwl fod yn rhaid inni gydnabod na all claf ddwyn achos oni bai ei fod neu ei bod wedi dioddef niwed oherwydd esgeulustod rhywun—nid oherwydd camgymeriad; mae'n rhaid i'r claf brofi fod y niwed yn ganlyniad esgeulustod. Yn amlwg, nid yw hyn i'w briodoli'n gyfangwbl i'r ffaith fod pobl wedi deffro i'r ffaith fod yr hawl ganddynt. Rhaid cydnabod yr esgeulustod sydd yn bodoli.

Ms Peplar: I think that that is right to some extent, but I think that there has genuinely been an issue of people actually becoming clearer about where negligence has taken place. I think that there has often been negligence and people have not been aware of that. I think that, now that we are discussing things much more and there is far more openness within the health service, that has changed considerably.

Ms Peplar: Credaf fod hynny'n gywir i ryw raddau, ond credaf fod pobl yn wirioneddol wedi dod yn fwy ymwybodol ynghylch achosion lle bu esgeulustod. Credaf fod esgeulustod wedi digwydd yn aml ac nad oedd pobl yn ymwybodol o hynny. Credaf, gan ein bod bellach yn trafod llawer mwy ar bethau a bod pethau'n llawer mwy agored o fewn y gwasanaeth iechyd, fod hynny wedi newid yn sylweddol.

[104] **Jocelyn Davies:** Yes, but the patient only has an 'opportunity' if he or she has suffered damage due to someone's negligence. Is that not only right?

[104] **Jocelyn Davies:** Do, ond dim ond os yw'r claf wedi dioddef niwed oherwydd esgeulustod rhywun y caiff 'gyfle'. Onid dim ond iawn yw hynny?

Ms Peplar: Yes.

Ms Peplar: Ie.

[105] **Janet Davies:** Alison wants to come in on this.

[105] **Janet Davies:** Mae ar Alison eisiau dod i mewn ar hyn.

[106] **Alison Halford:** My question is also directed at you, Hilary. Hilary Peplar and I have drunk tea together, so I will not be in too attacking a mode this afternoon—not that I ever am, of course.

[106] **Alison Halford:** I chi y mae fy nghwestiwn i hefyd, Hilary. Mae Hilary Peplar a mi wedi cyd-yfed te, felly ni fyddaf yn rhy ymosodol y prynhawn yma—nid fy mod i fyth, wrth gwrs.

I must take issue with you when you say that nine more claims ‘came out of the woodwork’ from last year. Does that not fly in the face of the fact that risk management assessment has been going on for some time? Therefore, have I misunderstood you? Why is it that nine claims could suddenly arrive from nowhere?

Rhaid imi ddadlau â chi pan ddywedwch y daeth naw hawliad arall ‘allan o’r pren’ ers y llynedd. Onid yw hynny’n mynd yn gwbl groes i’r ffaith fod asesiadau rheoli risg yn digwydd ers tro? Felly, a ydwyf fi wedi’ch camddeall chi? Pam y gallai naw hawliad fod wedi ymddangos yn sydyn o unlle?

Ms Peplar: These are nine claims that have come up via the health authority. That means that they actually go back some considerable time. They are being dealt with by the health authority, because it was the organisation that had responsibility before the new trust existed. So they have been around for some time; people just have not brought them through the system.

Ms Peplar: Naw hawliad yw’r rhain a gododd drwy’r awdurdod iechyd. Mae hynny’n golygu eu bod yn mynd yn ôl gryn amser mewn gwirionedd. Yr awdurdod iechyd sydd yn delio â hwy, oherwydd mai ef oedd y corff a oedd â chyfrifoldeb cyn i’r ymddiriedolaeth newydd fodoli. Felly mae’n rhaid eu bod o gwmpas ers tro; dim ond fod pobl heb ddod â hwy drwy’r system.

[107] **Alison Halford:** Therefore, you have inherited problems within the health authority?

[107] **Alison Halford:** Yr ydych wedi etifeddu problemau o fewn yr awdurdod iechyd, felly?

Ms Peplar: We are working with the health authority. The health authority has the responsibility for dealing with the claims. If you break down the complaints that relate to either the current trust or its predecessor or some part of it before, then those that took place before a particular date will be dealt with via the host health authority, as a responsible area. However, of course, we will work in partnership with it, because we will probably have the records and so on. The claims may go back several years, so the staff may not be around. However, it is an issue of actually looking to the records that we would have.

Ms Peplar: Yr ydym yn gweithio gyda’r awdurdod iechyd. Gan yr awdurdod iechyd y mae’r cyfrifoldeb am ddelio â’r hawliadau. Os dadansoddwch yr hawliadau sydd yn ymwneud â naill ai’r ymddiriedolaeth gyfredol neu ei rhagflaenydd neu ryw ran ohono yn flaenorol, yna byddir yn delio â’r rheini a ddigwyddodd cyn dyddiad penodol drwy’r awdurdod iechyd perthnasol, fel man cyfrifol. Fodd bynnag, wrth reswm, byddwn ni’n cydweithio ag ef mewn partneriaeth, oherwydd mae’n debyg mai gennym ni y bydd y cofnodion ac ati. Gall yr hawliadau fynd yn ôl flynyddoedd lawer, felly efallai na fydd y staff o gwmpas. Fodd bynnag, mater ydyw o edrych ar y cofnodion a fyddai gennym.

[108] **Alison Halford:** So it is not a question of the health authority and the health trust not speaking to each other?

[108] **Alison Halford:** Felly nid mater nad yw’r awdurdod iechyd a’r ymddiriedolaeth iechyd yn siarad â’i gilydd ydyw?

Ms Peplar: Not at all, no.

Ms Peplar: Ddim o gwbl, na.

[109] **Alison Halford:** Right. Are you sure about that?

[109] **Alison Halford:** Iawn. A ydych yn siŵr am hynny?

Ms Peplar: On that one, yes. I think that we work well together.

Ms Peplar: Ar hynny, ydwyf. Yr wyf fi’n meddwl ein bod yn gweithio’n dda gyda’n gilydd.

[110] **Janet Davies:** Could we turn to part three of the report, and begin with the issue of management information? The Auditor General has highlighted an apparent lack of even basic management information on clinical negligence claims at both the trusts and at the Assembly. Do you agree that better information on the subject, such as the causes of negligence, is a prerequisite to the effective management of clinical negligence? Perhaps you would like to start, Mr Edwards.

[110] **Janet Davies:** A gawn ni droi at ran tri yr adroddiad, a dechrau gyda mater gwybodaeth reoli? Mae'r Archwilydd Cyffredinol wedi tynnu sylw at ddiffyg ymddangosiadol gwybodaeth reoli sylfaenol, hyd yn oed, ar hawliadau am esgeulustod clinigol yn yr ymddiriedolaethau ac yn y Cynulliad. A ydych yn cytuno bod gwell gwybodaeth ar y pwnc, megis y ffactorau wrth wraidd esgeulustod, yn anhepgor i reolaeth effeithiol ar esgeulustod clinigol? Efallai yr hoffech chi ddechrau, Mr Edwards.

Mr Edwards: I am more than happy to pick that up. If I think about the specifics in relation to Cardiff and Vale NHS Trust first, we have had a computerised database on our claims history since before 1997. The issue that faces us now is to try to bring together the claims history, the complaints history and the critical incidents history, so that we pull all that together—because they are inter-related—if we are going to learn from any mistakes we make, put them right and improve our clinical performance.

Mr Edwards: Yr wyf yn fwy na bodlon i ateb y pwynt hwnnw. Os meddyliaf am y manylion mewn perthynas ag Ymddiriedolaeth GIG Caerdydd a'r Fro yn gyntaf, mae gennym gronfa ddata gyfrifiadurol ar ein hanes gyda hawliadau er cyn 1997. Y mater sydd yn ein hwynebu yn awr yw ceisio dod â'r hanes hawliadau, yr hanes cwynion a'r hanes digwyddiadau critigol ynghyd, fel ein bod yn tynnu hynny i gyd ynghyd—oherwydd mae cydberthynas rhyngddynt—os ydym am ddysgu o unrhyw gamgymeriadau a wnawn, eu cywiro a gwella'n perfformiad clinigol.

There is a system called SAFECODE. Both trusts are actually looking to implement that at the moment. I would like to think that we might be able to do something along those lines for Wales as a whole, because SAFECODE is a system invented in the NHS for the NHS. It is not an external system or simply a financial system. Therefore, I think that I want to leave you with that point about inter-relationship. I think that that is important.

Mae system o'r enw SAFECODE. Mae'r ddwy ymddiriedolaeth wrthi ar hyn o bryd yn ystyried gweithredu honno. Hoffwn feddwl y gallem wneud rhywbeth ar y llinellau hynny i Gymru gyfan, gan fod SAFECODE yn system a ddyfeisiwyd yn yr NHS i'r NHS. Nid system allanol mohoni, na system ariannol yn unig. Felly, yr wyf yn meddwl yr hoffwn eich gadael gyda'r pwynt hwnnw am gydberthynas. Credaf fod hynny'n bwysig.

The system is also important in terms of learning and comparability between trusts. I would like to see a situation where the claims managers from across Wales are able to compare information to learn and to go back into their organisations and try to improve. Therefore, I think that there is a patchiness across Wales. We would certainly like to offer our own situation since 1997 as evidence that we have addressed the management information issue, but it is only going so far. I think that there is still some way to go yet, along the lines that I have mentioned.

Mae'r system yn bwysig hefyd yn nhermau dysgu a chymharu rhwng ymddiriedolaethau. Hoffwn weld sefyllfa lle gall y rheolwyr hawliadau o Gymru benbaladr gymharu gwybodaeth er mwyn dysgu a mynd yn ôl i'w sefydliadau a cheisio gwella. Felly, yr wyf yn meddwl fod y sefyllfa ar draws Cymru'n dameidiog. Yn sicr, hoffem gynnig ein sefyllfa'n hunain ers 1997 fel tystiolaeth ein bod wedi mynd i'r afael â chwestiwn gwybodaeth reoli, ond dim ond mynd cyn belled yw hynny. Credaf fod tipyn o ffordd i fynd eto, ar hyd y llinellau a grybwyllais.

[111] **Janet Davies:** Thank you, Mr Edwards. Ms Peplar, would you agree with that? Do you want to add to it?

[111] **Janet Davies:** Diolch, Mr Edwards. Ms Peplar, a fyddech chi'n cytuno â hynny? Oes arnoch chi eisiau ychwanegu ato?

Ms Peplar: I would entirely support that, yes. I think that the need for a comprehensive system is vital.

Ms Peplar: Fe fyddwn yn cefnogi hynny'n llwyr. Yr wyf yn meddwl fod yr angen am system gynhwysfawr yn hollbwysig.

[112] **Janet Davies:** Fine. Thank you. The National Audit Office Wales visited five trusts last year as part of its fieldwork, including both of your trusts, and examined them in perhaps more detail than some other trusts. Since then, has there been any progress in terms of the information you have on claims within your trusts? Can you give any examples where performance information has revealed improvements you may have had in performance?

[112] **Janet Davies:** Iawn. Diolch. Ymwelodd Swyddfa Archwilio Genedlaethol Cymru â phum ymddiriedolaeth y llynedd fel rhan o'i gwaith maes, gan gynnwys eich ymddiriedolaethau chi'ch dau, a'u harchwilio efallai'n fanylach na rhai ymddiriedolaethau eraill. Ers hynny, a fu symud ymlaen o gwbl yn nhermau'r wybodaeth sydd gennych ar hawliau o fewn eich ymddiriedolaethau? A allwch roi unrhyw enghreifftiau lle mae gwybodaeth perfformiad wedi datgelu gwelliannau a fu yn eich perfformiad efallai?

Ms Peplar: We have now introduced a system by which we, on a regular basis, actually look at the claims that have come in. We categorise those in various different ways. We review them on a very frequent basis. We look at how we can actually try to expedite the process and we also try to draw from the information that we are now getting internal learning factors, so that we can share those around and look at them. We still, I think, have a way to go in terms of increasing our ability to prevent things happening, and we are looking at that with some urgency at the moment. However, I think that the systems have progressed a long way in the last year.

Ms Peplar: Yr ydym bellach wedi cyflwyno system lle byddwn ni, yn rheolaidd, yn edrych ar yr hawliadau a ddaeth i mewn. Byddwn yn eu dosbarthu mewn amryw o wahanol ffyrdd. Byddwn yn eu hadolygu'n aml iawn. Edrychwn ar sut y gallwn fynd ati i geisio hwyluso'r broses a cheisiwn hefyd dynnu ffactorau dysgu mewnol o'r wybodaeth a gawn yn awr, fel y gallwn rannu'r rheini o gwmpas ac edrych arnynt. Mae gennym gryn ffordd i fynd o hyd, mi gredaf, yn nhermau gwella'n gallu i atal pethau rhag digwydd, ac yr ydym yn edrych ar hynny gyda pheth brys ar hyn o bryd. Fodd bynnag, credaf fod y systemau wedi cymryd camau breision yn y flwyddyn ddiwethaf.

[113] **Janet Davies:** We are pleased to hear that. Mr Edwards, do you want to add anything?

[113] **Janet Davies:** Mae'n dda gennym glywed hynny. Mr Edwards, a oes arnoch chi eisiau ychwanegu unrhyw beth?

Mr Edwards: With your permission, Chair, I would like to bring Ms Hobbs in at this point. I mentioned that we have a claims database, and we have good information. However, the whole emphasis is on trying to reduce the number of incidents that happen in the first place. I would like Ms Hobbs to try to tie some of the issues together.

Mr Edwards: Gyda'ch caniatâd, Gadeirydd, hoffwn ddod â Ms Hobbs i mewn yn y fan hon. Soniais fod gennym gronfa ddata hawliadau, ac mae gennym wybodaeth dda. Fodd bynnag, mae'r holl bwyslais ar geisio lleihau nifer y digwyddiadau sydd yn digwydd yn y lle cyntaf. Hoffwn i Ms Hobbs geisio clymu rhai o'r materion wrth ei gilydd.

Ms Hobbs: I think that you have had the opportunity to read the supplementary information, so I will not go through that in detail. I think, however, that what we

Ms Hobbs: Yr wyf yn meddwl eich bod wedi cael y cyfle i ddarllen y wybodaeth ategol, felly nid af drwy hynny'n fanwl. Yr wyf yn meddwl, fodd bynnag, mai'r hyn yr

continue to build on is an infrastructure that we started in September 1997. It obviously predates two reconfigurations. However, it has been very important, both in terms of bringing together clinicians, particularly, in an environment of shared learning, but also, I think, it fits in with our culture of trying to resolve issues for patients, carers and staff, at a very early stage. I think that what David has alluded to is trying to introduce that into a more technically-based management information system, so that we can track when a complaint looks as if it is going to become a claim, or when an incident looks as if it will become a complaint, which might also become a claim. So we can try, wherever possible, through a sort of risk avoidance and risk management, to achieve that local and early resolution. However, what is important, and my colleagues have already highlighted this, is the fact that we try to manage, and demonstrate that we are managing, through good information, and that we share and disseminate that information and are open about it. We work very well with our legal colleagues, particularly, in that respect. So that when mistakes happen, and claims are made, we actually go back and learn to try to minimise the chances of similar occurrences in the future. It is all about risk management; we will never completely avoid it, because that is the nature of the business that we are in. I think that we have done a lot, and it has been a high priority for us, but we continue to learn.

ydym yn dal i adeiladu arno yw isadeiledd a ddechreuwyd gennym ym Medi 1997. Yn amlwg, yr oedd hynny cyn y ddau ailgyfluniad. Fodd bynnag, bu'n bwysig iawn, yn nhermau dod â chlinigwyr ynghyd, yn arbennig, mewn amgylchedd o rannu dysg, ond hefyd, mi gredaf, mae'n cyd-fynd â'n diwylliant o geisio datrys materion i gleifion, gofalwyr a staff, yn gynnar iawn. Credaf mai'r hyn y mae David wedi ei grybwyll yw ceisio cyflwyno hynny i mewn i system wybodaeth reoli fwy technegol ei sail, fel y gallwn weld pa bryd y mae cwyn yn edrych fel pe bai am droi'n hawliad, neu ba bryd y mae digwyddiad yn edrych fel pe bai am droi'n gŵyn, a allai yn ei thro droi'n hawliad. Felly gallwn geisio, lle bynnag y bo modd, drwy ryw fath o osgoi risg a rheoli risg, sicrhau'r datrysiad lleol a chynnar hwnnw. Fodd bynnag, y peth pwysig, ac mae fy nghydweithwyr eisoes wedi amlygu hyn, yw'r ffaith ein bod yn ceisio rheoli, ac yn dangos ein bod yn rheoli, drwy wybodaeth dda, a'n bod yn rhannu ac yn gwasgaru'r wybodaeth honno a'n bod yn agored ynglŷn â hi. Cydweithiwn yn dda iawn gyda'n cyfeillion cyfreithiol, yn arbennig, yn hynny o beth. Felly pan ddigwydd camgymeriadau, ac y gwneir hawliadau, awn yn ôl a dysgu ceisio lleihau'r siawns y digwydd rhywbeth tebyg yn y dyfodol. Rheoli risg yw'r cyfan; ni wnawn fyth ei osgoi'n gyfangwbl, oherwydd dyna natur y busnes yr ydym ynddo. Yr wyf yn meddwl ein bod wedi gwneud llawer, a bu'n flaenoriaeth uchel inni, ond yr ydym yn dal i ddysgu.

[114] **Janet Davies:** Right. So it is fair to say that you are working quite hard on this. Do you feel that there are any barriers that hinder your ability to gather appropriate information?

[114] **Janet Davies:** Iawn. Felly mae'n deg dweud eich bod yn gweithio'n eithaf caled ar hyn. A ydych yn teimlo fod unrhyw rwystrau sydd yn amharu ar eich gallu i gasglu gwybodaeth briodol?

Ms Hobbs: As my colleagues have already alluded to, and as was very marked in the Auditor General's report, there has not been one standardised system anywhere in the UK. There have been different systems and they have perhaps had a financial focus, or a complaints focus, or an incident focus. Up to a year ago, in our own trust we had three different approaches to recording incidents. We do not do that now, we have a single incident form, a single point of data entry, and a single team of trained people analysing

Ms Hobbs: Fel y crybwyllodd fy nghydweithwyr eisoes, ac fel yr oedd yn amlwg iawn yn adroddiad yr Archwilydd Cyffredinol, ni chafwyd un system safonol yn unlle yn y DU. Cafwyd systemau gwahanol a oedd efallai'n canolbwyntio ar yr arian, neu ar y cwynion, neu ar y digwyddiadau. Hyd at flwyddyn yn ôl, yn ein hymddiriedolaeth ni yr oedd gennym dair ffordd wahanol o fynd ati i gofnodi digwyddiadau. Ni wnawn hynny bellach, mae gennym un ffurflen ddigwyddiad, un pwynt rhoi data i mewn, ac

and churning out that data.

un tîm o bobl hyfforddedig yn dadansoddi'r data hynny ac yn eu troi allan.

We want to build on our experience with the system that is used also—as it happens—in North East Wales NHS Trust and Swansea NHS Trust, and is managed, as has been said, by the NHS. It was developed in Scotland at the University of Strathclyde for the NHS. I think that it is a developmental tool, because the authors and architects of that system are working with us.

Mae arnom eisiau adeiladu ar ein profiad gyda'r system a ddefnyddir hefyd—fel mae'n digwydd—yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru ac Ymddiriedolaeth GIG Abertawe, ac a reolir, fel y soniwyd, gan yr NHS. Fe'i datblygwyd yn yr Alban ym Mhrifysgol Ystrad Clud ar gyfer yr NHS. Arf datblygiadol ydyw yn fy nhyb i, oherwydd mae awduron a phenseiri'r system honno'n gweithio gyda ni.

We all have risk managers in our trusts, who network extremely well; they are very competent. They work closely with the Welsh Risk Pool, and what I would like to see is that in Wales we build on our good experience and support a single database. Rather than organisations just doing their own thing, I would like us to actually support one system, in the interests of better care, early resolution, and good information.

Mae gennym i gyd reolwyr risg yn ein hymddiriedolaethau, sydd yn rhwydweithio'n eithriadol o dda; maent yn gymwys iawn. Gweithiant yn agos gyda Chronfa Risg Cymru, a beth yr hoffwn i ei weld yw ein bod ni yng Nghymru'n adeiladu ar ein profiad da ac yn cynnal un cronfa ddata. Yn hytrach na bod pob corff yn dilyn ei drywydd ei hun, hoffwn inni gynnal un system, er budd gwell gofal, datrys cynnar a gwybodaeth dda.

[115] **Janet Davies:** When you get the analysis, is it coming to managers who are capable of taking the necessary remedial action? By that, I mean that they have the necessary seniority—I am not casting aspersions on anyone's ability here—and that this high-level reporting goes to senior management.

[115] **Janet Davies:** Pan gewch chi'r dadansoddiad, a gaiff ei roi i reolwyr a all weithredu arno yn ôl yr angen? Wrth ddweud hynny, meddwl yr wyf fod ganddynt hwy'r safle uchel angenrheidiol—nid wyf yn bwrw amheuon ar allu neb yma—a bod yr adroddiadau lefel-uchel hyn yn mynd i ddwylo uwch reolwyr.

Ms Hobbs: If I could just share what happens within Cardiff and Vale NHS Trust—I am sure that colleagues will want to have the same opportunity. Our reports on incidents are reported every month, and are presented every month to our clinical risk management committee. That is part of our clinical governance structure, and it includes all the general managers, senior clinicians and medical director. The information is there, and remedial action can be agreed, and if signed off by the executive board and by the trust board, more by exception. It is very much a part of our clinical governance arrangements, and the decisions are made by people who can make decisions. The only other thing that I would say is that within that we work very closely with colleagues in health and safety, because there are a lot of shared issues.

Ms Hobbs: Pe cawn i rannu am eiliad yr hyn sydd yn digwydd o fewn Ymddiriedolaeth GIG Caerdydd a'r Fro—yr wyf yn siŵr yr hoffai cyd-swyddogion gael yr un cyfle. Cawn ni adroddiadau ar ddigwyddiadau bob mis, ac fe'u cyflwynir bob mis i'n pwyllgor rheoli risg glinigol. Mae hynny'n rhan o'n strwythur llywodraethu clinigol, ac mae'n cynnwys yr holl reolwyr cyffredinol, uwch glinigwyr a'r cyfarwyddwr meddygol. Mae'r wybodaeth yno, a gellir cytuno ar sut i weithredu i unioni'r sefyllfa, a hynny, os y'i llofnodir gan y bwrdd gweithredol a bwrdd yr ymddiriedolaeth, yn fwy drwy eithriad. Mae'n bendant iawn yn rhan o'n trefniadau llywodraethu clinigol ni, a gwneir y penderfyniadau gan bobl sydd yn gallu gwneud penderfyniadau. Yr unig beth arall a ddywedwn yw ein bod yn gweithio'n agos iawn o fewn hynny gyda chyd-swyddogion ym maes iechyd a diogelwch, oherwydd mae

llawer o faterion sydd yn gyffredin inni.

[116] **Janet Davies:** Ms Peplar, we have talked for quite a long time with Cardiff and Vale NHS Trust. Can I take you back and ask about the systems and progress that you are making in North East Wales NHS Trust?

[116] **Janet Davies:** Ms Peplar, yr ydym wedi siarad am amser gweddol faith gydag Ymddiriedolaeth GIG Caerdydd a'r Fro. A gaf fi fynd â chi'n ôl a holi am y systemau a sut yr ydych yn dod ymlaen yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru?

Ms Peplar: As you heard, we have the same underpinning system, and we are finding that extremely helpful. I would agree that having a common system across Wales would be very useful. In terms of the internal systems of the organisation, I do not think that we are quite as advanced, and it is something that we are very clear that we need to do. We have been looking recently at how we ensure that we have proper connections between what we learn through clinical audit, what we learn through the complaints process, what we learn through clinical negligence, and what we learn in clinical governance, and we are starting to bring those together. I think that there is still a little way for us to go as an organisation on that, but we are moving in the right direction. We are also looking at how we feed back what we have learnt into the system and ensure that that does not just go to where perhaps an incident has happened, but is actually discussed and taken around the whole of the organisation. We still have a way to go on that, but we are working towards that. My sense is that there is far more openness to that happening than maybe there was about 18 months ago within the organisation, and people are readier to discuss and to actually look at the learning.

Ms Peplar: Fel y clywsoch, mae gennym ninnau'r un system isgynhaliol, ac mae hynny'n ddefnyddiol iawn inni. Cytunaf y byddai cael system gyffredin ar draws Cymru o fudd mawr. Yn nhermau systemau mewnol y sefydliad, nid wyf yn meddwl ein bod wedi mynd lawn mor bell, ac mae'n rhywbeth yr ydym yn glir iawn bod angen inni ei wneud. Buom yn edrych yn ddiweddar ar sut yr ydym yn sicrhau fod gennym gysylltiadau iawn rhwng yr hyn a ddysgwn drwy archwilio clinigol, yr hyn a ddysgwn drwy'r broses gwynion, yr hyn a ddysgwn drwy esgeulustod clinigol, a'r hyn a ddysgwn mewn llywodraethu clinigol, ac yr ydym yn dechrau dod â'r rheini ynghyd. Yr wyf yn meddwl fod gennym ryw ychydig o ffordd i fynd eto fel sefydliad yn hynny o beth, ond yr ydym yn symud i'r cyfeiriad iawn. Yr ydym hefyd yn edrych ar y modd y byddwn yn bwydo'r hyn a ddysgwyd yn ôl i mewn i'r system ac yn sicrhau nad dim ond mynd i'r fan lle efallai y digwyddodd digwyddiad a wneir, ond y trafodir y peth a'i rannu o gwmpas y sefydliad cyfan. Mae gennym beth ffordd i fynd ar hynny, ond yr ydym yn gweithio tuag at hynny. Fy nheimlad i yw bod y sefydliad yn llawer mwy agored i hynny ddigwydd nag ydoedd efallai ryw 18 mis yn ôl, ac mae pobl yn barotach i drafod ac i edrych ar y dysgu.

[117] **Janet Davies:** Can you also confirm that this goes to senior management?

[117] **Janet Davies:** A allwch chi gadarnhau hefyd bod hyn yn mynd i'r uwch reolwyr?

Ms Peplar: Yes, it does.

Ms Peplar: Ydyw, y mae.

[118] **Alun Cairns:** I would like to continue on the same lines. Mr Edwards, Ms Hobbs talked about the lessons that are being learned. What is the practical process for which feedback is given into the system so that lessons are learned within the trust?

[118] **Alun Cairns:** Hoffwn innau barhau ar hyd yr un llinellau. Mr Edwards, soniodd Ms Hobbs am y gwersi sydd yn cael eu dysgu. Beth yw'r broses ymarferol ar gyfer bwydo adborth yn ôl i mewn i'r system fel y dysgir gwersi o fewn yr ymddiriedolaeth?

Mr Edwards: There are a number of routes.

Mr Edwards: Mae sawl llwybr. Mae

You have a copy of our various committee structures that indicate the levels of involvement and the integration between management and clinicians. We have a devolved management structure, with clinicians involved right at the heart of our management process. So the outcomes of our claims management committee and the outcomes of our risk management committee go back into all the service groups, so that we can actually look at the incidents and the lessons that we learn. May I refer you to page 5 of our supplementary report, which I think highlights the point that you are making very well, where, as a result of that close liaison, we have been able to highlight those examples where changes in practice have taken place for those colleagues who have not been able to identify this? For example, the report notes on page 5:

gennych gopi o'n gwahanol strwythurau pwyllgorau sydd yn dangos y lefelau cyfranogiad a'r integreiddiad rhwng rheolwyr a chlinigwyr. Strwythur rheoli datganoledig sydd gennym, ac mae clinigwyr yn gyfranogol wrth galon ein proses reoli. Felly mae canlyniadau'n pwyllgor rheoli hawliadau a chanlyniadau'n pwyllgor rheoli risg yn mynd yn ôl i'r holl grwpiau gwasanaeth, fel y gallwn edrych o ddifrif ar y digwyddiadau ac ar y gwersi a ddysgwn. A gaf fi eich cyfeirio at dudalen 5 yn ein hadroddiad ategol, sydd, mi dybiaf, yn tanlinellu'r pwynt a wnewch chi yn dda iawn, lle, o ganlyniad i'r cydgysylltu agos hwnnw, yr ydym wedi gallu amlygu'r enghreifftiau hynny lle digwyddodd newidiadau mewn ymarfer i'r cydweithwyr hynny sydd heb fod wedi gallu gweld hyn? Er enghraifft, noda'r adroddiad ar dudalen 5:

'Review of the use of syringe pumps following a serious incident. The remedial action taken is now held as being best practice.'

'Adolygu defnydd pympiau chwistrellu yn dilyn digwyddiad difrifol. Caiff y gweithredu adferol a ddigwyddodd ei ddal bellach fel enghraifft o'r ymarfer gorau.'

That is the sort of mechanism used, and there are some practical examples of where that has been successful.

Dyna'r math o fecanwaith a ddefnyddir, ac mae rhai enghreifftiau ymarferol o fannau lle bu hynny'n llwyddiannus.

[119] **Alun Cairns:** Thank you for that. Ms Peplar, can you offer similar examples of how you have actually learned from the lessons of having to pay compensation claims in your trust?

[119] **Alun Cairns:** Diolch ichi am hynny. Ms Peplar, a allwch chi gynnig enghreifftiau tebyg o sut yr ydych yn wir wedi dysgu o'r gwersi o orfod talu hawliadau iawndal yn eich ymddiriedolaeth?

Ms Peplar: I can quote some examples but I will ask Julie Parry to perhaps take us through one or two clear ones.

Ms Peplar: Gallaf ddyfynnu rhai enghreifftiau ond gofynnaf i Julie Parry efallai fynd â ni drwy un neu ddwy o rai clir.

Ms Parry: Certainly. It is very similar in terms of the use of committees that the trust has established. Again, we report incidents on a monthly basis through our risk management committee, which is actually a sub-committee of the trust board. When we do have adverse incidents, particularly the exceptional reporting, the committee produces an action plan that is then devolved across the trust using the directorate structure system. We also have directorate-led risk management groups. So each of our directorates has a group of people who lead, or look at, claims, complaints and our adverse events. It is devolved down through the directorates in a

Ms Parry: Wrth gwrs. Mae'n debyg iawn yn nhermau'r defnydd o bwyllgorau y mae'r ymddiriedolaeth wedi'i sefydlu. Eto, byddwn yn adrodd ar ddigwyddiadau yn fisol drwy'n pwyllgor rheoli risg, sydd mewn gwirionedd yn is-bwyllgor i fwrdd yr ymddiriedolaeth. Pan gawn ddigwyddiadau niweidiol, yn enwedig yr adroddiadau eithriadol, bydd y pwyllgor yn llunio cynllun gweithredu a drosglwyddir wedyn ar draws yr ymddiriedolaeth gan ddefnyddio system y strwythur cyfarwyddiaethau. Mae gennym grwpiau rheoli risg hefyd dan arweiniad cyfarwyddiaethau. Felly mae gan bob un o'n cyfarwyddiaethau grŵp o bobl sydd yn

similar way.

arwain, neu'n edrych ar, hawliadau, cwynion a'n digwyddiadau niweidiol. Fe'i trosglwyddir i lawr drwy'r cyfarwyddiaethau mewn modd tebyg.

[120] **Alun Cairns**: Trusts are much larger now than they used to be. What difficulties does that introduce to your feedback system?

[120] **Alun Cairns:** Mae ymddiriedolaethau yn llawer mwy erbyn hyn nag yr arferent fod. Pa anawsterau y mae hynny'n eu cyflwyno i'ch system adborth?

Ms Parry: Feedback is the most difficult area and we are working on that at the moment. It has taken some time to establish this system of reporting. In terms of the Chair's question regarding barriers, I would suggest that the biggest one is culture, which has been very difficult to overcome. In terms of the difficulty with feedback, it has been a long job to get people comfortable with reporting. Now, we must look at what we are offering back in terms of the actions that have been taken. There is a danger that we can take a very good practice action, which gives us best practice, and, as a result, we do not necessarily tell the person who originally reported the incident. So we are still working on it. We still have a lot of contact with people. When they report adverse events then we will always report back if an investigation has taken place. However, it is not as well established as it should be. That is an area that we are still working on.

Ms Parry: Adborth yw'r maes anoddaf ac yr ydym yn gweithio ar hynny ar hyn o bryd. Mae wedi cymryd cryn amser i sefydlu'r system adrodd hon. Yn nhermau cwestiwn y Cadeirydd parthed rhwystrau, hoffwn awgrymu mai diwylliant yw'r rhwystr mwyaf, sydd wedi bod yn anodd i'w oresgyn erioed. Yn nhermau'r anhawster gydag adborth, bu'n dasg hirfaith cael pobl i fod yn gyfforddus gydag adrodd. Yn awr, rhaid inni edrych ar yr hyn yr ydym yn ei gynnig yn ôl, yn nhermau'r modd y gweithredwyd. Y mae perygl y gallwn weithredu'n ymarferol mewn ffordd dda iawn, sydd yn sicrhau'r ymarfer gorau, a'n bod, o ganlyniad, efallai heb ddweud wrth y sawl a adroddodd am y digwyddiad. Felly yr ydym yn dal i weithio ar hynny. Mae gennym lawer o gysylltiad â phobl o hyd. Pan adroddant ar ddigwyddiadau niweidiol yna byddwn bob amser yn adrodd yn ôl os bydd ymchwiliad wedi digwydd. Fodd bynnag, nid yw hyn wedi'i sefydlu gystal ag y dylai fod. Dyna faes yr ydym yn gweithio arno o hyd.

[121] **Alun Cairns:** Mr Edwards gave an example of where his trust had learned lessons and had changed the procedures in terms of using a syringe. Can you give a practical example of where you have learned lessons within the trust and have actually changed procedures?

[121] **Alun Cairns:** Rhoddodd Mr Edwards enghraifft o fan lle yr oedd ei ymddiriedolaeth wedi dysgu gwersi ac wedi newid y gweithdrefnau o ran defnyddio chwistrell. A allwch chi roi enghraifft ymarferol o fan lle'r ydych chi wedi dysgu gwersi o fewn yr ymddiriedolaeth ac wedi mynd ati i newid gweithdrefnau?

Ms Parry: Certainly. We had the introduction of a fairly new and very basic piece of equipment into the organisation. The decision made in terms of its introduction was that a cascade training system would be used so that one individual per ward would be trained to cascade. Following some trend analysis of our incidents, we had a significant increase in needle sticks following the use of that piece of equipment. It became apparent that the training was not working. As a result

Ms Parry: Wrth gwrs. Cawsom gyflwyniad darn o offer eithaf newydd a sylfaenol iawn i'r sefydliad. Y penderfyniad a wnaethpwyd parthed ei gyflwyno oedd y byddem yn defnyddio system hyfforddi raeadraidd fel y câi un unigolyn ar bob ward ei hyfforddi i raeadru. Wedi rhywfaint o ddadansoddi tueddiadau ein digwyddiadau, cawsom gynnydd sylweddol mewn achosion o nodwyddau sownd ar ôl defnyddio'r darn offer hwnnw. Daeth yn amlwg nad oedd yr

of that, that piece of equipment was removed across the trust and we resorted back to our old piece of equipment until we had established a correct procedure for implementing equipment and training.

hyfforddiant yn gweithio. O ganlyniad i hynny, rhoddwyd y gorau i ddefnyddio'r darn offer hwnnw ar draws yr ymddiriedolaeth ac aethom yn ôl at ein hen offer hyd nes y byddem wedi sefydlu gweithdrefn briodol ar gyfer gweithredu'r offer a'r hyfforddiant.

[122] **Alun Cairns:** Thank you for that. It seems as though the feedback is working its way through and, as you say, you are continually making improvements on that. If I can turn to Mr Edwards and Ms Peplar, what about the situation between trusts, not only your own trusts individually, but those throughout the whole of the NHS in Wales? If an incident has posed a risk in one trust, how is that message cascaded across to other trusts that might find themselves in similar circumstances?

[122] **Alun Cairns:** Diolch ichi am hynny. Mae'n debyg fod yr adborth yn gweithio'i ffordd drwodd ac, fel y dywedasoch, yr ydych yn gwneud gwelliannau ar hynny'n barhaus. Os caf fi droi at Mr Edwards a Ms Peplar, beth am y sefyllfa rhwng ymddiriedolaethau, nid dim ond eich ymddiriedolaethau chi'ch hun yn unigol, ond y rheini drwy'r NHS gyfan yng Nghymru? Os oes un digwyddiad wedi achosi risg mewn un ymddiriedolaeth, sut y caiff y neges honno ei lledaenu ar draws i ymddiriedolaethau eraill a allai eu cael eu hunain mewn amgylchiadau tebyg?

Mr Edwards: If it is a serious incident, we have a sentinel reporting system, which is for Wales as a whole. So that provides the opportunity for that sharing and learning and, more importantly, for the avoidance of that happening elsewhere. For the myriad of incidents, or near misses, that could happen, I do not think that that is well developed at all. I said earlier about colleagues meeting across Wales to review this against a common database. I think that that would rectify the problem that we currently have.

Mr Edwards: Os ydyw'n ddigwyddiad difrifol, mae gennym system adrodd gwarchodol, sydd ar gyfer Cymru gyfan. Felly mae hynny'n darparu'r cyfle ar gyfer y broses honno o rannu a dysgu ac, yn bwysicach, ar gyfer osgoi bod hynny'n digwydd yn rhywle arall. Ar gyfer y llu o ddigwyddiadau, neu achosion trwch-blewyn, a allai ddigwydd, nid wyf yn meddwl fod hynny wedi'i ddatblygu'n dda o gwbl. Soniais yn gynharach am gydweithwyr yn cyfarfod ledled Cymru i adolygu hyn yn erbyn cronfa ddata gyffredin. Credaf y byddai hynny'n cywiro'r broblem sydd gennym yn awr.

[123] **Alun Cairns:** Do you have any different views, Ms Peplar?

[123] **Alun Cairns:** A oes gennych chi unrhyw sylwadau gwahanol, Ms Peplar?

Mrs Peplar: I would agree. I think that the only established format, which perhaps Julie could talk more about, is the Risk Managers Network, which meets on a regular basis and exchanges ideas.

Mrs Peplar: Fe fyddwn yn cytuno. Credaf mai'r unig fformat sefydledig, y gallai Julie efallai siarad mwy amdano, yw'r Rhwydwaith Rheolwyr Risg, sydd yn cyfarfod yn rheolaidd ac yn cyfnewid syniadau.

Ms Parry: That is right. We do adverse reporting, which is circulated among the risk managers. We meet every six weeks and we do anonymous reporting into that committee. Adverse events are shared across Wales in terms of the events that have happened and the lessons that have been learnt.

Ms Parry: Mae hynny'n gywir. Adroddwn ar ddigwyddiadau niweidiol, a chylchredeg hynny o gwmpas y rheolwyr risg. Deuwn ynghyd bob chwe wythnos a rhown adroddiadau dienw i'r pwyllgor hwnnw. Rhennir digwyddiadau niweidiol ledled Cymru yn nhermau'r hyn a ddigwyddodd a'r

gwersi a ddysgwyd.

[124] **Alun Cairns:** My next question was going to be about the Risk Managers Network. Is that an effective forum for the dissemination of information?

[124] **Alun Cairns:** Yr oeddwn wedi bwriadu holi nesaf ynghylch y Rhwydwaith Rheolwyr Risg. A yw hwnnw'n fforwm effeithiol ar gyfer lledaenu gwybodaeth?

Ms Parry: Yes, definitely.

Ms Parry: Ydyw, yn bendant.

[125] **Alun Cairns:** Are there practical examples of where best practice in one trust has been learned in another?

[125] **Alun Cairns:** A oes enghreifftiau ymarferol o fannau lle cafodd ymarfer gorau mewn un ymddiriedolaeth ei ddysgu mewn un arall?

Ms Parry: You are probably aware of the adverse event in terms of the removal of kidneys, for instance. That has certainly been very topical within the Risk Managers Network for some time now. Obviously, it has been difficult for that reporting to go on while the investigations are continuing. However, certainly in terms of best practice, the changes made by that trust have been shared across the whole of Wales. We have been able to take that back to our trusts and ensure that we have similar systems, or systems that will suit our trust, in place to prevent that from happening again.

Ms Parry: Mae'n debyg eich bod yn ymwybodol o'r digwyddiad niweidiol parthed tynnu arennau, er enghraifft. Yn sicr bu hynny'n destun cyfoes iawn o fewn y Rhwydwaith Rheolwyr Risg ers tro bellach. Yn amlwg, bu'n anodd adrodd ar hynny tra mae'r ymchwiliadau'n parhau. Fodd bynnag, yn sicr o ran ymarfer gorau, cafodd y newidiadau a wnaethpwyd gan yr ymddiriedolaeth honno eu rhannu ar draws Cymru gyfan. Yr ydym wedi gallu mynd â hynny'n ôl i'n hymddiriedolaethau a sicrhau fod gennym systemau tebyg, neu system a fydd yn addas i'n hymddiriedolaeth ni, yn eu lle er mwyn atal hynny rhag digwydd eto.

[126] **Alun Cairns:** Mr Edwards, I ask you or Ms Hobbs, what other lessons could the Cardiff and District Community NHS Trust have learnt through the network that has been established?

[126] **Alun Cairns:** Mr Edwards, gofynnaf i chi neu Ms Hobbs, pa wersi eraill allasai Ymddiriedolaeth GIG Caerdydd a'r Cylch eu dysgu drwy'r rhwydwaith sydd wedi'i sefydlu?

Mr Edwards: I will ask Ms Hobbs to answer this point, if I may.

Mr Edwards: Gofynnaf i Ms Hobbs ateb y pwynt hwn, os caf.

Ms Hobbs: I would agree with Julie Parry that the Risk Managers Network works well. I think that it also works well because of its connection with the Welsh Risk Pool. There is a huge opportunity there to share learning. We have three risk managers in our trust and they work very much within the different service groups. So I think that there is a great wealth of expertise there. What our three managers do when they return from working with those groups, is immediately tell the rest of us what has been going on and that comes out in a brief that is also reported to the main risk committee so that we can try to disseminate that as well. Julie's example of how we can learn both through being very

Ms Hobbs: Hoffwn gytuno gyda Julie Parry fod y Rhwydwaith Rheolwyr Risg yn gweithio'n dda. Credaf ei fod hefyd yn gweithio'n dda oherwydd ei gysylltiad â Chronfa Risg Cymru. Mae yno gyfle enfawr i rannu dysg. Mae gennym dri rheolwr risg yn ein hymddiriedolaeth ni ac maent yn gweithio i raddau helaeth iawn o fewn y gwahanol grwpiau gwasanaeth. Felly yr wyf o'r farn fod cyfoeth mawr o arbenigedd yno. Yr hyn a wna'n tri rheolwr pan ddychwelant o weithio gyda'r grwpiau hynny, yw dweud yn syth wrth y gweddill ohonom beth sydd wedi bod yn digwydd a daw hynny allan mewn brîff a gaiff hefyd ei adrodd i'r prif bwyllgor risg fel y gallwn geisio lledaenu hynny hefyd. Mae

honest and open either about things that have happened or where things might have happened is very valuable and continues to be very valuable. Something that we have done, which really came out of a Risk Pool assessment, was to introduce better identification of patients and better inter-hospital transfer of patients. I think that that is something that the Welsh Risk Pool was quite keen to see and something that the Welsh risk managers have been very pleased to push forward. I think that it is a good partnership.

enghraifft Julie o sut y gallwn ddysgu drwy fod yn onest ac agored iawn un ai am bethau sydd wedi digwydd neu lle y gallai pethau fod wedi digwydd, yn werthfawr iawn ac yn parhau i fod yn werthfawr iawn. Un peth yr ydym wedi'i wneud, a ddeilliodd mewn gwirionedd o asesiad gan y Gronfa Risg, oedd cyflwyno gwell dulliau adnabod cleifion a gwell dull o drosglwyddo cleifion rhwng ysbytai. Credaf fod hynny'n rhywbeth yr oedd Cronfa Risg Cymru'n eithaf awyddus i'w weld ac yn rhywbeth y mae rheolwyr risg Cymru wedi bod yn falch iawn i'w wthio ymlaen. Credaf ei bod yn bartneriaeth dda.

[127] **Alun Cairns:** Page 26 of the report mentions the Losses and Special Payments Register and says that it is a potentially useful source of information on claims but that management and ownership have prevented it becoming operational. What is your view on the potential usefulness of the system? That is to Ms Peplar.

[127] **Alun Cairns:** Ar dudalen 26 yr adroddiad crybwyllir y Gofrestr Golledion a Thaliadau Arbennig a dywedir ei bod yn ffynhonnell a allai fod yn ddefnyddiol i roi gwybodaeth am hawliadau ond bod rheolaeth a pherchenogaeth wedi ei hatal rhag dod yn weithredol. Beth yw'ch barn chi ar ddefnyddioldeb posibl y system? Cwestiwn i Ms Peplar yw hwn.

Ms Peplar: I have talked to a number of people about this to try to understand it, because since I have come into the trust I have found quite a lot of hostility towards this scheme. As I understand it, it is a scheme that was devised within the financial departments but not particularly to pick up this purpose. There is a sense that it is being enforced on the trusts and people feel a little bit that they are trying to adapt a scheme that does not properly work to a purpose that has some benefits, but not the benefits for which we are really looking. So there is quite a lot of resistance to it, which I have certainly picked up on since I came to Wales. As I say, my understanding is that that is based on the fact that it is a scheme that is being stretched to fit and does not do so properly and that there is a need to devise a proper scheme. There are real anxieties among the clinicians about confidentiality relating to this. Therefore, people are not picking it up and embracing it. I think that we should look for something that will offer us, across the whole of Wales, what we are looking for in this.

Ms Peplar: Yr wyf wedi siarad â nifer o bobl am hyn er mwyn ceisio'i ddeall, oherwydd ers i mi ddod i mewn i'r ymddiriedolaeth yr wyf wedi canfod cryn dipyn o elyniaeth tuag at y cynllun hwn. Yn ôl a ddeallaf fi, cynllun ydyw a ddyfeisiwyd o fewn yr adrannau cyllid ond nid yn arbennig i gyflawni'r pwrpas hwn. Mae ymdeimlad ei fod yn cael ei orfodi ar yr ymddiriedolaethau ac mae pobl yn teimlo i ryw raddau eu bod yn ceisio addasu cynllun nad yw'n gweithio'n iawn i bwrpas sydd â rhai manteision, ond nid y manteision yr ydym yn edrych amdanynt mewn gwirionedd. Felly mae cryn dipyn o wrthsafiad iddo, sydd yn sicr wedi bod yn amlwg i mi ers imi ddod i Gymru. Fel y dywedaf, fy nealltwriaeth i yw fod hynny'n seiliedig ar y ffaith mai cynllun ydyw sydd yn cael ei ymestyn i ffitio ac nad yw'n gwneud hynny'n iawn a bod angen dyfeisio cynllun iawn. Mae gwir bryderon ymysg y clinigwyr ynghylch cyfrinachedd yn y mater yma. Felly, nid yw pobl yn ei godi i fyny a'i goleddu. Credaf y dylem chwilio am rywbeth a wnaiff gynnig i ni, ar draws Cymru gyfan, yr hyn yr ydym yn chwilio amdano yn hyn o beth.

[128] **Alun Cairns:** Thank you. Mr Edwards?

[128] **Alun Cairns:** Diolch. Mr Edwards?

Mr Edwards: I have nothing much to add other than to agree with that and to refer back to my earlier comments in relation to SAFECODE and the way in which that brings together a number of different systems, which I think will be necessary. Let us get something that is fit for purpose. I am not denigrating it but certainly the noise about trying to fit something that is not absolutely right for the purpose has come to me as well as to Hilary.

Mr Edwards: Nid oes gennyf ddim i'w ychwanegu ac eithrio cytuno â hynny a chyfeirio'n ôl at fy sylwadau cynharach parthed SAFECODE a'r modd y mae hynny'n dwyn ynghyd nifer o wahanol systemau, a fydd yn fy marn i yn angenrheidiol. Gadewch inni gael rhywbeth sydd yn addas i'r pwrpas. Nid wyf yn ei ddifrïo ond yn sicr mae'r synau ynghylch ceisio ffitio rhywbeth nad yw'n gwbl briodol i'r pwrpas wedi fy nghyrraedd innau yn ogystal â Hilary.

[129] **Alun Cairns:** Part of the reason for the delay has been that it has expanded and evolved from its original concept. Do you think that it should return to its original concept and purpose or should it be expanded to fit the wider picture of the problems that we have identified?

[129] **Alun Cairns:** Rhan o'r rheswm am yr oedi yw ei fod wedi ehangu ac esblygu o'i gysyniad gwreiddiol. Ydych chi'n meddwl y dylai ddychwelyd at ei gysyniad a'i bwrpas gwreiddiol ynteu a ddylid ei ehangu i ffitio i ddarlun ehangach y problemau yr ydym wedi'u nodi?

Mr Edwards: I would like to see the sort of system that I was talking about with SAFECODE developed.

Mr Edwards: Hoffwn weld datblygu'r math o system yr oeddwn yn sôn amdani gyda SAFECODE.

[130] **Alison Halford:** You commented on the Losses and Special Payments Register. I think that you said that it is a system that has been forced and stretched and that there are real anxieties about confidentiality. Our brief tells us that this is a National Assembly initiative. Is that correct? Although it is at an embryonic stage, our brief indicates that it should improve the information available on clinical negligence. We are told that it should have become operational in April 2000. There has been a glitch and it will now not come on-stream until perhaps 2001-02. Our brief indicates that there is nothing terribly wrong with it, but you are indicating that there is something wrong with it. I would like to tease that out of you both, please.

[130] **Alison Halford:** Gwnaethoch sylw am y Gofrestr Golledion a Thaliadau Arbennig. Credaf ichi ddweud mai system ydyw sydd wedi'i gwthio a'i gorymestyn a bod gwir bryderon ynghylch cyfrinachedd. Dywed ein brîff mai menter y Cynulliad Cenedlaethol yw hon. A yw hynny'n gywir? Er mai yn ei babandod y mae, dywed ein brîff y dylai wella'r wybodaeth sydd ar gael ar esgeulustod clinigol. Dywedir wrthym y dylasai fod wedi dod yn weithredol ym mis Ebrill 2000. Cafwyd mân broblem ac ni fydd bellach yn rhedeg tan 2001-02 efallai. Yn ôl ein brîff nid oes dim byd mawr o'i le arni, ond yr ydych chi'n awgrymu bod rhywbeth o'i le arni. Hoffwn gael fy ngoleuo gennych chi'ch dau ar hynny, os gwelwch yn dda.

Ms Peplar: Certainly, when I joined the trust that is what I heard from everybody. Indeed, before coming here I asked my director of finance what he thought about it. He said that it is not designed for that and it is not suitable. He was fairly dismissive of the attempts that have been made to try to make it work in that way. I do not know if Julie would like to add to that in terms of some of the reasons why it is problematic.

Ms Peplar: Yn sicr, pan ymunais i â'r ymddiriedolaeth dyna beth a glywais i gan bawb. Yn wir, cyn dod yma mi holais fy nghyfarwyddwr cyllid am ei farn ef amdani. Dywedodd ef nad yw wedi'i gynllunio ar gyfer hynny ac nad yw'n addas. Yr oedd yn wfftio braidd at yr ymgeision a wnaethpwyd i geisio'i chael i weithio yn y ffordd honno. Ni wn a hoffai Julie ychwanegu at hynny o ran rhoi rhai o'r rhesymau pam y mae problemau gyda'r system.

Ms Parry: Since the establishment of the Risk Managers Network this subject has been on the agenda in terms of us being encouraged to use this system for reporting. Certainly, in the early days we were encouraged to use it as a financial tool rather than a tool for adverse reporting. Another thing that has come out of our discussions is this worry about confidentiality. When you are trying to reassure clinicians about reporting and the level of confidentiality that they will get when they report and then you tell them that you are going to put further information outside of your organisation that will identify them, then that obviously gravely concerns clinicians. We have had some mix-up certainly within our trust about who should be the lead for LaSPaR. Documentation has come to me through the Risk Pool and then when we followed it up, we realised that it should have gone to the finance staff, and then, in fact, it did go to the finance staff. Finance is using it, but it is certainly not being used by the claims man or by myself at the moment.

Ms Parry: Ers sefydlu'r Rhwydwaith Rheolwyr Risg mae'r pwnc hwn ar yr agenda o safbwynt ein hannog ni i ddefnyddio'r system hon ar gyfer adrodd. Yn sicr, yn y dyddiau cynnar fe'n hanogwyd i'w defnyddio fel erfyn cyllidol yn hytrach nag erfyn ar gyfer adrodd digwyddiadau niweidiol. Peth arall a ddaeth allan o'n trafodaethau yw'r pryder hwn ynghylch cyfrinachedd. Pan ydych chi'n ceisio rhoi sicrwydd i glinigwyr ynghylch adrodd a'r lefel o gyfrinachedd a gânt pan fyddant yn adrodd, ac wedyn eich bod yn dweud wrthynt eich bod yn mynd i roi gwybodaeth bellach y tu allan i'ch sefydliad a fydd yn dangos pwy ydynt, yna'n amlwg mae hynny'n peri pryder mawr i glinigwyr. Yr ydym wedi cael rhyw gymysgwch yn sicr o fewn ein hymddiriedolaeth ynghylch pwy ddylai fod yn arwain ar gyfer LaSPaR. Daeth dogfennaeth ataf fi drwy'r Gronfa Risg ac wedyn, wrth inni ddilyn y mater, sylweddolwyd y dylasai fod wedi mynd at y staff cyllid, ac wedyn, yn wir, fe'i hanfonwyd at y staff cyllid. Mae'r adran gyllid yn ei defnyddio, ond yn sicr nid yw'n cael ei defnyddio gan y dyn hawliadau na gennyf fi ar hyn o bryd.

[131] **Alison Halford:** So, who is driving this? We are told that it is a useful database. Ms Hobbs has talked about the need for a single information database, which is all to do with collecting evidence—information that will stop some of these claims. Whose confidentiality are you concerned about? Is it a case of Dr Bloggs making a frightful mess and therefore you do not put that information on the register?

[131] **Alison Halford:** Felly, pwy sydd yn gyrru hyn? Dywedir wrthym ei bod yn gronfa ddata ddefnyddiol. Mae Ms Hobbs wedi siarad am yr angen am un gronfa ddata wybodaeth, sydd yn fater o gasglu tystiolaeth—gwybodaeth a rydd derfyn ar rai o'r hawliadau hyn. Cyfrinachedd pwy sydd yn eich poeni? Ai achos o Dr hwn-a-hwn yn gwneud llanast ofnadwy ydyw, a chithau felly ddim yn rhoi'r wybodaeth honno ar y gofrestr?

Ms Parry: Yes.

Ms Parry: Ie.

[132] **Alison Halford:** Surely that cuts across the whole idea of trying to improve the national health service's system? So you are pandering to the needs of a consultant who has made a mistake that is going to cost the taxpayer many thousands of pounds, but we are not allowed to know about it because of the feelings of Dr so-and-so?

[132] **Alison Halford:** Siawns nad yw hynny'n torri ar draws yr holl syniad o geisio gwella system y gwasanaeth iechyd gwladol? Felly yr ydych yn porthi anghenion ymgynghorydd sydd wedi gwneud camgymeriad a fydd yn costio miloedd ar filoedd o bunnoedd i'r trethdalwr, ond ni chawn ni wybod am y mater oherwydd teimladau Dr hwn-a-hwn?

Ms Parry: In terms of Caldicott, there is patient-identifiable information, particularly

Ms Parry: O ran Caldicott, y mae gwybodaeth y gellir adnabod y claf oddi

in adverse events. In extreme adverse events with clinical conditions, patients become identifiable, which goes against the principles of Caldicott. Also other questions have been asked relating to the Data Protection Act 1984.

wrthi, yn enwedig mewn digwyddiadau niweidiol. Mewn digwyddiadau eithriadol o niweidiol gyda chyflyrau clinigol, mae modd adnabod cleifion, sydd yn groes i egwyddorion Caldicott. Mae cwestiynau eraill wedi'u gofyn hefyd ynghylch Deddf Gwarchod Data 1984.

[133] **Alison Halford:** I do not want to take this discussion over and I do not really know about Caldicott, but in terms of bad practitioners, we know very well of the damage that has been done by hundreds of bad operations—women's internal operations and that sort of thing. If you are not prepared to divulge your bad clinicians because of confidentiality, then the system must be a little fudged, perhaps?

[133] **Alison Halford:** Nid oes arnaf eisiau meddiannu'r drafodaeth hon ac ni wn am Caldicott mewn gwirionedd, ond yn nhermau ymarferwyr gwael, gwyddom yn burion am y niwed a wnaethpwyd gan gannoedd o lawdriniaethau gwael—llawdriniaethau mewnol merched a'r math yna o beth. Os nad ydych yn barod i ddatgelu'ch clinigwyr gwael oherwydd cyfrinachedd, yna rhaid bod y system wedi'i chyfaddawdu ychydig, efallai?

Ms Peplar: May I try to clarify that? Clearly one should not try to protect a bad practitioner in the way that you are identifying. However, I think that what we are trying to do is offer the opportunity for people to debate where things go wrong in a way that is not necessarily about saying that someone is a bad practitioner per se right across the board, and that everything he or she does is wrong, but about offering an opportunity for people to talk honestly about mistakes that they make and actually learn from each other about that. Their feeling is that the LaSPaR process does not actually help them discuss that in a way that protects the patient and protects them as individuals who may have got perhaps one thing wrong. That, I think, is very different from the rogue or bad practitioner, where I would entirely agree that we would have to take action. It would not be appropriate to try to improperly protect that individual. We need to separate those two aspects out and the feeling among clinicians is that the scheme under LaSPaR does not allow them to have that proper debate and they are also very concerned about the confidentiality of patient material.

Ms Peplar: A gaf fi geisio egluro hynny? Yn amlwg ni ddylid ceisio gwarchod ymarferwr gwael yn y modd yr ydych chi'n ei ddisgrifio. Fodd bynnag, yr wyf yn meddwl mai'r hyn yr ydym yn ceisio'i wneud yw cynnig y cyfle i bobl drafod lle mae pethau'n mynd o chwith mewn ffordd nad yw o reidrwydd yn golygu dweud fod rhywun yn ymarferwr gwael *per se* drwyddo draw, a bod popeth a wna yn anghywir, ond yn hytrach yn golygu cynnig cyfle i bobl siarad yn onest am gamgymeriadau a wnânt a chael dysgu oddi wrth ei gilydd am hynny. Eu teimlad hwy yw nad yw'r broses LaSPaR yn eu helpu mewn gwirionedd i drafod mewn ffordd sydd yn gwarchod y claf ac yn eu gwarchod hwy fel unigolion sydd efallai wedi gwneud un camsyniad. Mae hynny, dybiwn i, yn wahanol iawn i'r ymarferwr drwg neu wael, lle byddwn yn cytuno'n llwyr y byddai'n rhaid inni weithredu. Ni fyddai'n briodol ceisio gwarchod yr unigolyn hwnnw. Mae angen gwahanu'r ddwy agwedd hyn a'r teimlad ymhlith clinigwyr yw nad yw'r cynllun dan LaSPaR yn caniatáu iddynt gael y drafodaeth briodol honno, ac maent yn bryderus iawn hefyd ynghylch cyfrinachedd deunydd ar gleifion.

[134] **Janet Davies:** Kirsty, you wanted to raise something?

[134] **Janet Davies:** Kirsty, yr oedd arnoch chi eisiau codi rhywbeth?

[135] **Kirsty Williams:** It relates to what Alison raised about the issue of protecting consultants rather than the public. Given the

[135] **Kirsty Williams:** Mae'n ymwneud â'r hyn a gododd Alison ynghylch y cwestiwn o warchod ymgynghorwyr yn hytrach na'r

new emphasis on clinical governance and the very strong responsibilities that you as chief executives of trusts have towards clinical governance, do you agree that what we should be concerned about is opening up the culture within the NHS and encouraging and protecting potential whistleblowers who may like to discuss with other colleagues potential worries that they have about colleagues' standards? That openness is not encouraged by LaSPaR, and if we are to create a system that encourages openness, and offers the opportunity for people to talk about mistakes and improve their practice, then we need to take on board the issue of confidentiality. We must also realise that the consequences of putting excessive pressure on clinicians can lead to damaging effects on services that are available to patients within hospitals. The trend is to centralise services in places like the University Hospital of Wales because people in smaller institutions are not particularly confident about carrying out those risky procedures because of this atmosphere in which we could potentially find ourselves working.

cyhoedd. O gofio'r pwyslais newydd ar reolaeth glinigol a'r cyfrifoldebau cryf iawn sydd gennych chi fel prif weithredwyr ymddiriedolaethau tuag at reolaeth glinigol, ydych chi'n cytuno mai'r hyn y dylem fod yn poeni yn ei gylch yw agor y diwylliant o fewn yr NHS ac annog a gwarchod darpar chwythwyr chwib a fyddai efallai'n dymuno trafod pryderon sydd ganddynt am safonau cydweithwyr gyda chydweithwyr eraill? Nid yw LaSPaR yn annog y natur agored honno, ac os ydym am greu system sydd yn annog pobl i fod yn agored, ac yn cynnig cyfle i bobl siarad am gamgymeriadau a gwella'u hymarfer, yna mae angen inni ystyried cwestiwn cyfrinachedd. Rhaid inni sylweddoli hefyd y gall canlyniadau rhoi gormod o bwysau ar glinigwyr arwain at effeithiau niweidiol ar wasanaethau sydd ar gael i gleifion mewn ysbytai. Y duedd yw canoli gwasanaethau mewn lleoedd fel Ysbyty Prifysgol Cymru oherwydd nad yw pobl mewn sefydliadau llai'n arbennig o hyderus ynghylch cyflawni'r gweithdrefnau llawn risg hyn oherwydd yr awyrgylch hwn y gallem o bosibl ganfod ein bod yn gweithio ynddo.

Mr Edwards: May I say how much I agree with that last contribution? I think that that is absolutely right. We are a more open culture. We are trying to develop a learning culture within the service to encourage people to come forward to report near misses as well as actual events. We are not looking for a blame culture, but we are also certainly not looking to protect those that might actually do harm to the public. That is the last thing that we want. In relation to the service as a whole, if you take Cardiff and Vale NHS Trust, we have 520,000 individual patient contacts every year. If you multiply that by the numbers of relatives, patients and members of staff that talk to each other about particular events or procedures, it is many millions. Most of those go well and are a tribute to the professionalism of the staff in the NHS. Some of them do not go well. We need to ensure that we continue to lift those standards, but also keep it in perspective. In terms of LaSPaR—just a final point from me—I would certainly not wish to challenge the Auditor General at all. It could become a useful tool. The question is should it, and whether there are more appropriate tools for

Mr Edwards: A gaf i ddweud gymaint yr wyf yn cytuno â'r cyfraniad diwethaf hwnnw? Credaf fod hynny yn llygad ei le. Yr ydym yn ddiwylliant mwy agored. Yr ydym yn ceisio datblygu diwylliant o ddysgu o fewn y gwasanaeth er mwyn annog pobl i ddod ymlaen i adrodd am ddigwyddiadau 'trwch-blewyn' yn ogystal â digwyddiadau go iawn. Nid ydym yn edrych am ddiwylliant gosod bai, ond hefyd yn sicr nid ydym yn edrych tuag at warchod y rheini a allai wneud gwir niwed i'r cyhoedd. Dyna'r peth olaf y mae arnom ei eisiau. Yng nghyd-destun y gwasanaeth yn ei gyfanrwydd, os cymerwch Ymddiriedolaeth GIG Caerdydd a'r Fro, cawn 520,000 o gysylltiadau â chleifion unigol bob blwyddyn. Os lluoswch hynny â niferoedd y perthnasau, cleifion ac aelodau staff sydd yn siarad â'i gilydd am ddigwyddiadau neu weithdrefnau arbennig, mae'n filiynau lawer. Mae'r rhan fwyaf o'r rheini'n mynd yn dda ac yn deyrnged i broffesiynoldeb y staff yn yr NHS. Mae rhai ohonynt heb fynd cystal. Mae angen inni sicrhau ein bod yn parhau i godi'r safonau hynny, ond hefyd ei gadw mewn persbectif. Yn nhermau LaSPaR—dim ond pwynt olaf

that purpose.

gennyf fi—yn sicr ni hoffwn herio'r Archwilydd Cyffredinol o gwbl. Gallai ddod yn arf defnyddiol. Y cwestiwn yw, a ddylai, ac a oes arfau mwy priodol i'r diben hwnnw.

[136] **Alison Halford:** It is just our job to scrutinise. We have a job to do and it is important that we hear from you what you think of systems as well.

[136] **Alison Halford:** Ein gwaith ni yw archwilio. Mae gennym orchwyl i'w gyflawni ac mae'n bwysig ein bod yn clywed gennych chi beth yr ydych chi'n ei feddwl am systemau hefyd.

Mr Edwards: Absolutely.

Mr Edwards: Yn hollol.

[137] **Alison Halford:** Thank you.

[137] **Alison Halford:** Diolch.

[138] **Janet Davies:** It is very valuable if you can suggest that there are other, better ways of doing it. I would now like to move on to the causes of negligence and that part of the report. Ann Jones would like to pursue that.

[138] **Janet Davies:** Mae'n werthfawr iawn os gallwch chi awgrymu bod ffyrdd eraill, gwell, o wneud pethau. Hoffwn symud ymlaen yn awr at achosion esgeulustod a'r rhan honno o'r adroddiad. Hoffai Ann Jones fynd ar ôl hynny.

[139] **Ann Jones:** A good example of the operational benefits that can accrue from access to good management information is the Auditor General's analysis of the causes of negligence. I am looking at the report from paragraph 3.2 on page 18 onwards, and, in particular, paragraph 3.22. Based on that analysis, across Wales a third of clinical negligence claims involved administrative or systems errors that were not due to clinical judgment or skill, costing the NHS substantial sums of money each year. To what extent does that finding meet with your experiences and the knowledge of claims within your own trust? Shall we start down south and work up north?

[139] **Ann Jones:** Enghraifft dda o'r buddiannau gweithredol a all ddeillio o gael mynediad at wybodaeth reoli dda yw dadansoddiad yr Archwilydd Cyffredinol o achosion esgeulustod. Yr wyf yn edrych ar yr adroddiad o baragraff 3.2 ar dudalen 18 ymlaen, ac, yn arbennig, baragraff 3.22. Ar sail y dadansoddiad hwnnw, ledled Cymru yr oedd traean o'r hawliadau am esgeulustod clinigol yn ymwneud â chamgymeriadau systemau neu weinyddol nad oedd yn ymwneud â barn neu fedr clinigol, gan gostio symiau sylweddol o arian i'r NHS bob blwyddyn. I ba raddau mae'r canfyddiad hwnnw'n cyfateb i'ch profiadau chi a'r wybodaeth am hawliadau o fewn eich ymddiriedolaeth chi'ch hun? Beth am gychwyn i lawr yn y de a gweithio'n ffordd i fyny i'r gogledd?

Mr Edwards: I could not put my hand on my heart and say that there is no evidence at all of where we could look at our administration and tighten it up. However, I think that, for us, is a very minor part of the issue. We can certainly do better and I am sure that we all feel that across Wales. However, if we look at the claims evidence mainly against the actual service that we provide for people, we think that we have the systems in place. For example, the clinical claims review committee that we currently run—which is very challenging—with peers,

Mr Edwards: Ni allwn roi fy llaw ar fy nghalon a dweud nad oes dim tystiolaeth o gwbl o fannau lle gallem edrych ar ein gweinyddiad a'i dynhau. Fodd bynnag, i ni, credaf mai rhan fach iawn o'r mater yw hynny. Yn sicr gallwn wneud yn well ac yr wyf yn siŵr ein bod i gyd yn teimlo hynny ledled Cymru. Fodd bynnag, os edrychwn ar y dystiolaeth hawliadau yn bennaf yn erbyn y gwasanaeth a ddarparwn i bobl, credwn fod y systemau yn eu lle gennym. Er enghraifft, mae'r pwyllgor adolygu hawliadau clinigol a redir gennym ar hyn o bryd—sydd yn heriol

examines the clinical and the administrative aspects of the way in which we deal with claims. It is there. We will continue to reassure the Audit Committee that we are trying to minimise administrative errors and costs associated with that. From my point of view, the two biggest cost savings come from trying to first, avoid the incident in the first place and, secondly, to reduce the length of time that it takes for these cases to be settled. That is why I mentioned the clinical claims review committee. It is so that we can make those settlements before they get anywhere near courts.

iawn—gyda chymheiriaid, yn archwilio agweddau clinigol a gweinyddol y modd y deliwn â hawliadau. Y mae yno. Byddwn yn parhau i sicrhau'r Pwyllgor Archwilio ein bod yn ceisio lleihau camgymeriadau gweinyddol a'r costau cysylltiedig â hynny. O'm safbwynt i, daw'r ddau arbediad cost mwyaf o geisio, yn gyntaf, osgoi'r digwyddiad yn y lle cyntaf ac, yn ail, byrhau'r amser a gymer i setlo'r achosion hyn. Dyna pam y soniais am y pwyllgor adolygu hawliadau clinigol. Ei nod yw ein galluogi i wneud y setliadau hyn cyn iddynt fynd ar gyfyl y llysoedd.

Ms Peplar: I think that I would support that, although I think that we probably have further to go in terms of ensuring that our record keeping is particularly up to date. That is an area about which I have real anxiety. When I talk to staff about why there are issues in record keeping, what I hear back is that it is very difficult under pressure to ensure that we are absolutely on top of everything. The amount of training has improved and increased enormously to ensure that people are fully aware of their responsibilities around effective and appropriate record keeping. However, I think that we still have a way to go with that.

Ms Peplar: Yr wyf yn meddwl y byddwn innau'n cefnogi hynny, er fy mod yn meddwl fod gennym ffordd bellach i fynd, mae'n debyg, yn nhermau sicrhau fod ein trefn gadw cofnodion yn arbennig o gyfoes. Dyna faes sydd yn peri gwir bryder imi. Pan siaradaf â staff ynghylch pam y mae problemau gyda chadw cofnodion, yr hyn a glywaf yn ôl yw ei bod hi'n anodd iawn dan bwysau i sicrhau bod gennym reolaeth lwyr dros bopeth. Mae'r hyfforddiant a ddarperir wedi gwella ac wedi cynyddu'n aruthrol er mwyn sicrhau fod pobl yn gwbl ymwybodol o'u cyfrifoldebau ynghylch cadw cofnodion yn effeithiol ac yn briodol. Fodd bynnag, credaf fod gennym beth ffordd i fynd gyda hynny eto.

[140] **Ann Jones:** Thank you. You mentioned your clinical claims review committee, Mr Edwards. Do you think that you can do more to address the core reasons behind these non-clinical errors? In particular, if you look at figure 3.4 on page 20 of the report, do you think that you can do any more?

[140] **Ann Jones:** Diolch. Soniasoch am eich pwyllgor adolygu hawliadau clinigol, Mr Edwards. A ydych chi'n meddwl y gallwch wneud mwy i ddatrys y rhesymau creiddiol y tu ôl i'r camgymeriadau anghlinigol hyn? Yn enwedig, os edrychwch ar ffigur 3.4 ar dudalen 20 yn yr adroddiad, a ydych yn meddwl y gallwch wneud unrhyw beth mwy?

Mr Edwards: May I ask Sue Hobbs to come in, if that is okay with you?

Mr Edwards: A gaf fi ofyn i Sue Hobbs ddod i mewn, os yw hynny'n iawn gennych chi?

[141] **Ann Jones:** Fine, yes.

[141] **Ann Jones:** Ydyw, iawn.

Mr Edwards: In terms of the day-to-day issues around this, Sue?

Mr Edwards: Yn nhermau'r materion dydd-i-ddydd ynghylch hyn, Sue?

Ms Hobbs: When I first looked at this report, I looked at figure 3.4 and thought, 'yes that actually reflects quite a lot of our own concerns'. In fact, if I can just go away from

Ms Hobbs: Pan edrychais ar yr adroddiad hwn gyntaf, edrychais ar ffigur 3.4 a meddwl, 'ie, mae hynny'n adlewyrchu llawer o'n pryderon ni'n hunain'. Mewn gwirionedd, os

claims for a moment and look at complaints, one of the commonest causes of complaint is about communication and/or poor record keeping. It is amazing to me that in 2001 we still seem to keep five or six sets of records. Patients' records are patients' records. They are not doctors' records or nurses' records, or physios' records, they are patients' records. I think that there are two things about that. Culturally, we have to achieve that objective, but I think that technically we are probably going to have to invest in that achievement of objective by working towards electronic patient records.

caf fi symud oddi wrth hawliadau am funud ac edrych ar gwynion, un o'r achosion mwyaf cyffredin dros gwyno yw cyfathrebu a/neu gadw cofnodion gwael. Mae'n rhyfeddol i mi ein bod ni yn 2001 yn dal fel petaem yn cadw pump neu chwe set o gofnodion. Cofnodion cleifion yw cofnodion cleifion. Nid cofnodion meddygon ydynt na chofnodion nyrsys, na chofnodion ffisios, ond cofnodion cleifion. Yr wyf yn meddwl fod dau beth ynglŷn â hynny. Yn ddiwylliannol, rhaid inni gyrraedd y nod hwnnw, ond yn dechnegol mae'n debyg y bydd yn rhaid inni fuddsoddi i gyflawni'r nod hwnnw drwy weithio tuag at gofnodion cleifion electronig.

I am sorry if that sounds a bit of a sales pitch, but I believe in it because I believe that it minimises the amount of time that fairly pressurised clinicians have to spend on duplicating effort when a patient goes on his or her journey through the healthcare system. When I—because I do an awful lot of this work on behalf of the trust—go back over records and try to link events, it is remarkably difficult. So I think that those figures are of concern, and I think that we could, as a health community, do something to address that. However, I think that it needs commitment and probably needs a lot of resource. I think, as has already been mentioned, that we have to make some cultural shifts. However, it can be done, because it does seem to me to be such an obvious thing to do. So I would only agree with what is stated in the report, really.

Mae'n ddrwg gennyf os yw hynny'n swnio'n debyg i froliant gwerthu, ond yr wyf yn credu ynddo am fy mod yn credu ei fod yn lleihau'r amser y mae'n rhaid i glinigwyr sydd eisoes dan gryn bwysau ei dreulio ar ddyblygu ymdrechion pan aiff claf ar ei daith neu ei thaith drwy'r system gofal iechyd. Pan af yn ôl drwy gofnodion—byddaf yn gwneud peth wmbredd o'r gwaith hwn ar ran yr ymddiriedolaeth—a cheisio cysylltu digwyddiadau, mae'n hynod o anodd. Felly yr wyf o'r farn fod y ffigurau hyn yn destun pryder, a chredaf y gallem, fel cymuned iechyd, wneud rhywbeth i ddatrys hynny. Fodd bynnag, credaf fod y gwaith yn galw am ymrwymiad, a llawer o adnoddau, mae'n debyg. Yr wyf yn meddwl, fel a grybwyllwyd eisoes, fod rhaid inni wneud ambell symudiad diwylliannol. Fodd bynnag, y mae modd ei wneud, oherwydd mae'n ymddangos i mi yn beth mor amlwg i'w wneud. Felly ni fyddwn ond yn cytuno â'r hyn a ddywedir yn yr adroddiad, a dweud y gwir.

[142] **Ann Jones:** Hilary, you said you had a little bit further to go than perhaps Mr Edwards's trust. Do you think there is more that you can do? What are the core reasons behind these non-clinical errors that you are going to address?

[142] **Ann Jones:** Hilary, dywedasoch fod gennych chi ychydig yn fwy o ffordd i fynd nag ymddiriedolaeth Mr Edwards, efallai. A ydych chi'n meddwl bod yna fwy y gallwch ei wneud? Beth yw'r rhesymau craidd y tu ôl i'r camgymeriadau anghlinigol hyn yr ydych chi am fynd i'r afael â hwy?

Ms Peplar: I think that we need to constantly work with all staff. I think that there is often an emphasis on induction, new staff and staff in training. It is my experience that we need to work with staff who are often very experienced and here for a long time, and actually talk with them again and again about

Ms Peplar: Yr wyf yn meddwl bod angen inni weithio'n gyson gyda'r holl staff. Credaf y ceir pwyslais yn aml ar gyflwyno staff, staff newydd a staff mewn hyfforddiant. Yn fy mhrofiad i, mae angen gweithio gyda staff sydd yn aml yn brofiadol iawn ac yma ers amser maith, a mynd ati i siarad â hwy dro ar

the importance of effective record keeping. I think that we have to talk with some of the older staff particularly, about communication and the need for taking time over communication and making that communication as effective as possible. I think that, at the moment, in training there is often time spent on some of these areas for new starters. However, I think that it is some of the staff that have been with us for a longer time with whom we need to spend time.

ôl tro am bwysigrwydd cadw cofnodion yn effeithiol. Credaf fod yn rhaid inni siarad gyda rhai o'r staff hŷn yn arbennig, ynghylch cyfathrebu a'r angen i gymryd amser dros gyfathrebu a sicrhau bod y cyfathrebu hwnnw mor effeithiol ag sydd yn bosibl. Credaf fod amser hyfforddi ar hyn o bryd yn cael ei dreulio'n aml ar rai o'r meysydd hyn i staff newydd. Fodd bynnag, yr wyf yn meddwl mai gyda rhai o'r staff sydd wedi bod gyda ni ers cyfnod hirach y mae angen inni dreulio amser.

I think that we need to make it easier, too, for people. What they are being asked to record is nowadays a lot more complex than maybe it was 10, 20, 15 years ago. I think that one of the important issues is that we are asking the health service to work across a number of different systems into primary care, back from primary care into the acute and into social care systems, and I think that that is why I would say that it is not just a sales pitch that Sue was making. It is vital that we have electronic connections that ensure we do not have the confusions and complications that have arisen and which underpin, I think, some of these statistics.

Credaf fod angen inni ei gwneud yn haws i bobl hefyd. Mae'r hyn y gofynnir iddynt ei gofnodi heddiw yn llawer mwy cymhleth nag ydoedd efallai 10, 20, 15 mlynedd yn ôl. Un peth pwysig yn fy marn i yw ein bod yn gofyn i'r gwasanaeth iechyd weithio ar draws nifer o wahanol systemau i mewn i ofal sylfaenol, yn ôl o ofal sylfaenol i'r aciwt ac i mewn i systemau gofal cymdeithasol, a dyna pam, mi dybiaf, y dywedwn innau nad dim ond broliant gwerthu a gawsom gan Sue. Mae'n hanfodol inni gael cysylltiadau electronig fydd yn sicrhau na chawn y dryswch a'r cymhlethdodau a gafwyd ac sydd yn sail, mi gredaf, i rai o'r ystadegau.

[143] **Ann Jones:** The Auditor General provides an example of the potential savings that would arise from reducing the instances of these non-clinical errors by a third. So, in your view, what is a reasonable level of reduction for you to aim for? If you are aiming for that level of reduction, when do you aim to achieve your reduction?

[143] **Ann Jones:** Mae'r Archwilydd Cyffredinol yn rhoi enghraifft o'r arbedion potensial a godai o dorri traean ar yr achosion hyn o gamgymeriadau anghlinigol. Felly, yn eich barn chi, beth sydd yn lefel resymol o leihad ichi anelu ati? Os ydych yn anelu at y lefel honno o leihad, pa bryd yr anelwch at sicrhau'r lleihad hwnnw?

Ms Peplar: It feels like quite a high level at this moment. I am sure in the longer run we should be aiming towards that, and we will do, but I think that we have got a long way to go internally. It is about the culture that we have to change in terms of people seeing the real importance of record keeping and working together, across professions, on effective record keeping. I would look to a two to five year programme, which I know is a very long time, but it is realistic in terms of the demands placed upon clinicians at this moment, and it is something that I think also needs to be kept going. It is not a one-off. It is something that we need to keep working on.

Ms Peplar: Mae'n teimlo fel lefel uchel braidd ar hyn o bryd. Yr wyf yn siŵr y dylem fod yn anelu at hynny yn y tymor hwy, ac fe wnawn, ond yr wyf yn meddwl fod gennym ffordd bell i fynd yn fewnol. Mae a wnelo hyn â'r diwylliant y mae'n rhaid inni ei newid fel bod pobl yn gweld gwir bwysigrwydd cadw cofnodion a chydweithio, ar draws proffesiynau, ar gadw cofnodion effeithiol. Byddwn i'n edrych am raglen dwy i bum mlynedd, sydd yn amser maith, mi wn, ond sydd yn realistig yn nhermau'r galwadau a wneir ar glinigwyr ar hyn o bryd, ac mae'n rhywbeth y credaf hefyd y mae'n rhaid dal ati gydag ef. Nid rhywbeth unwaith ac am byth ydyw. Mae'n rhywbeth y mae angen inni barhau i weithio arno.

[144] **Ann Jones:** Okay. Do you think you have the systems in place to track how you are doing in reducing these errors, or have you just made a start?

[144] **Ann Jones:** Iawn. Ydych chi'n meddwl fod y systemau yn eu lle gennych i olrhain sut yr ydych yn llwyddo i leihau'r camgymeriadau hyn, ynteu ai dim ond newydd ddechrau yr ydych chi?

Ms Peplar: Yes, I think that we are getting there. I am more confident.

Ms Peplar: Ydwyf, yr wyf yn meddwl ein bod ar y trywydd. Yr wyf yn fwy hyderus.

[145] **Ann Jones:** Would you like to try to tell us some of the systems that you have put in place to reduce these errors?

[145] **Ann Jones:** Hoffech chi geisio dweud wrthym beth yw rhai o'r systemau yr ydych wedi'u sefydlu i leihau'r camgymeriadau hyn?

Ms Peplar: I think that as we examine the complaints and the claims and look at them in some detail, we are becoming clearer and are more able to analyse those and break them down and then return to where they started, but also to return through the whole system. We can then adapt our training in accordance with that so that we reflect what we have learnt from the analysis.

Ms Peplar: Yr wyf yn meddwl wrth inni archwilio'r cwynion a'r hawliadau ac edrych arnynt mewn cryn fanylder, ein bod yn cael darlun cliriach a'n bod yn fwy abl i ddadansoddi'r rhain a'u dadelfennu ac yna i fynd yn ôl i'w man cychwyn, ond hefyd i fynd yn ôl drwy'r system gyfan. Wedyn gallwn addasu'n hyfforddiant yn unol â hynny fel ein bod yn adlewyrchu'r hyn a ddysgwyd o'r dadansoddiad.

[146] **Ann Jones:** Mr Edwards, would you like to answer?

[146] **Ann Jones:** Mr Edwards, a hoffech chi ateb?

Mr Edwards: Yes. I did not want to come across as complacent in terms of the stage that we have reached, but I think that we have put quite a few things in place. There is a potential reduction. I would not want to put a figure on it. I have already indicated a small figure of £40,000, which will come out of the reconfiguration savings, and we are happy to sign up to that. I think that we need to go in the same direction as Hilary. There is always more that we can do, and I think that the way of monitoring that, as far as the Committee is concerned, is through the new performance management arrangements of the service that will be implemented as a result of the implementation of the new plan for Wales later this year.

Mr Edwards: Hoffwn. Nid oeddwn eisiau ymddangos yn hunan-fodlon yn nhermau'r cam yr ydym wedi'i gyrraedd, ond credaf ein bod wedi rhoi tipyn go lew o bethau yn eu lle. Mae yna leihad posibl. Ni hoffwn osod ffigur arno. Yr wyf eisoes wedi crybwyll swm bach o £40,000, a ddaw allan o'r arbedion ar ailgyflunio, ac yr ydym yn hapus i lofnodi i hynny. Credaf fod angen inni fynd i'r un cyfeiriad â Hilary. Y mae rhagor y gallwn ei wneud bob amser, a chredaf mai'r ffordd i fonitro hynny, o safbwynt y Pwyllgor, yw drwy drefniadau rheoli perfformiad newydd y gwasanaeth, a weithredir yn sgîl gweithredu'r cynllun newydd i Gymru'n ddiweddarach eleni.

[147] **Kirsty Williams:** This is on the issue of electronic patient records. Forgive me, Chair, because it is an area that interests me. With regard to your enthusiasm for electronic patient records, would you also admit that for some professionals there are issues about who has access to that information, especially if we are making that information available

[147] **Kirsty Williams:** Ar fater cofnodion electronig i gleifion. Maddeuwch imi, Gadeirydd, oherwydd mae'n faes sydd o ddiddordeb imi. Parthed eich brwdfrydedd dros gofnodion cleifion electronig, a fyddech yn cyfaddef hefyd fod rhai gweithwyr proffesiynol yn pryderu ynghylch pwy gâi fynediad at y wybodaeth honno, yn enwedig

through from primary care into secondary, tertiary and into social care sectors? There is some nervousness about who may or may not see those patient records. You talked about one system for Wales in terms of recording data with regard to incidents. Would you not agree that we need to be looking to minimise the number of systems capturing patient data in Wales and that we should not be going down the path of having trusts or configurations of trusts developing certain systems that do not talk to systems in the south, mid Wales or, even to systems in England, given the nature of care in Wales, with people having to travel into different trusts?

os ydym yn darparu'r wybodaeth honno drwodd o ofal sylfaenol i mewn i'r sectorau gofal eilaidd, trydyddol a gofal cymdeithasol? Mae rhywfaint o nerfusrwydd ynghylch pwy gaiff a phwy na chaiff weld y cofnodion cleifion hynny. Soniasoch am un system i Gymru yn nhermau cofnodi data ynglŷn â digwyddiadau. Oni chytunech fod angen inni edrych tuag at leihau nifer y systemau sydd yn dal data cleifion yng Nghymru ac na ddylem fod yn mynd i lawr y llwybr o gael ymddiriedolaethau neu gyfuniadau o ymddiriedolaethau'n datblygu systemau arbennig na allant siarad â systemau yn y de, y canolbarth, neu hyd yn oed â systemau yn Lloegr, o gofio natur gofal yng Nghymru, lle mae pobl yn gorfod teithio i wahanol ymddiriedolaethau?

Mr Edwards: In terms of the second point, I absolutely agree with that. That is why I made the plea earlier for a single system, not only across Wales, but also integrating claims, incidents and complaints. In relation to your first point, we are a while away from the electronic patient record. There are some confidentiality issues around it both for professionals and for patients. We will need to resolve those. In the information strategy for Wales I think that it is something like five or six years' away and will require more than the investment that we have in the plans so far. Sorry about that.

Mr Edwards: Ar yr ail bwynt, cytunaf yn llwyr â hynny. Dyna pam y gwneuthum y ple yn gynharach am un system unigol, nid yn unig ar draws Cymru, ond hefyd i integreiddio hawliadau, digwyddiadau a chwynion. Parthed eich pwynt cyntaf, yr ydym beth ffordd i ffwrdd oddi wrth y cofnod cleifion electronig. Mae rhai cwestiynau cyfrinachedd yn ei gylch i weithwyr proffesiynol ac i gleifion. Bydd angen datrys y rheini. Yn y strategaeth wybodaeth i Gymru, credaf ei fod rywbeth fel pump neu chwe blynedd i ffwrdd, ac y bydd yn galw am fwy na'r buddsoddiad sydd gennym yn y cynlluniau hyd yma. Mae'n ddrwg gennyf am hynny.

[148] **Janet Davies:** Lynne Neagle would like to ask you some questions about who manages the claims.

[148] **Janet Davies:** Hoffai Lynne Neagle ofyn rhai cwestiynau ichi ynghylch pwy sydd yn rheoli'r hawliadau.

[149] **Lynne Neagle:** My first question is to Ms Peplar. I understand that it was at your trust that the National Audit Office encountered the problems concerning the reporting lines for claims management referred to in paragraph 3.39 of the report. Will you tell us if these problems have been resolved, and, if so, with what outcome?

[149] **Lynne Neagle:** I Ms Peplar y mae fy nghwestiwn cyntaf. Deallaf mai yn eich ymddiriedolaeth chi y canfu'r Swyddfa Archwilio Genedlaethol y problemau gyda'r llinellau adrodd ar gyfer rheoli hawliadau y cyfeirir atynt ym mharagraff 3.39 yr adroddiad. A ddywedwch wrthym a yw'r problemau hyn wedi'u datrys, ac, os ydynt, beth oedd y canlyniad?

Ms Peplar: When the trust was created it went through a particularly difficult year or so. The appointment of the chief executive of the trust in 1999 was late. The person who took up post then became ill some nine

Ms Peplar: Pan grëwyd yr ymddiriedolaeth fe aeth drwy ryw flwyddyn arbennig o anodd. Yr oedd penodiad prif weithredwr yr ymddiriedolaeth yn 1999 yn hwyr. Wedyn aeth y sawl a gafodd y swydd yn sâl ryw naw

months after he took up the post and there was a peculiar period while things were being sorted out in terms of an acting person being put in charge, which was at the point of the visit. My appointment followed and I took up my post in July of last year. Since then, we have started to bring all the systems together so that we are connecting properly. I think that it was just a blip, an unfortunate blip, relating both to when the trust was set up and what happened in the nine-month period following that set-up. I do not think that it was anything deeper or more problematic than that. The systems are now connected up well. We are very clear about the lines of accountability. In terms of risk management and clinical governance, we have non-executives who are chairs of those groups who report directly to the board for those groups. It is very clear who does what.

mis wedi iddo gymryd y swydd a chafwyd cyfnod rhyfedd tra'r oedd pethau'n cael eu rhoi i drefn yn nhermau rhoi person dros-dro wrth y llyw, a dyna pryd y bu'r ymweliad. Wedyn fe'm penodwyd i a deuthum i'm swydd ym mis Gorffennaf y llynedd. Ers hynny, yr ydym wedi dechrau dod â'r holl systemau ynghyd fel ein bod yn cysylltu'n iawn. Dim ond baglu a wnaethom, gredaf fi, baglad anffodus, yn ymwneud â'r adeg pryd y sefydlwyd yr ymddiriedolaeth a'r hyn a ddigwyddodd yn y cyfnod naw mis wedi'r sefydlu hwnnw. Ni chredaf ei fod yn ddim dyfnach na mwy problemus na hynny. Mae'r systemau bellach wedi'u cysylltu'n dda. Yr ydym yn glir iawn ynghylch llinellau atebolrwydd. Yn nhermau rheoli risg a llywodraethu clinigol, mae gennym bobl anweithredol sydd yn cadeirio'r grwpiau hynny sydd yn adrodd yn uniongyrchol i'r bwrdd ar ran y grwpiau hynny. Mae'n glir iawn pwy sydd yn gwneud beth.

[150] **Lynne Neagle:** Thank you. Mr Edwards, how is the management of claims structured in your trust?

[150] **Lynne Neagle:** Diolch. Mr Edwards, beth yw'r strwythur rheoli hawliadau yn eich ymddiriedolaeth chi?

Mr Edwards: In the paper with which we provided you, the two appendices at the back show the inter-relationship between risk claims and clinical governance. I think that that is clear and I would ask Sue to put a bit more flesh on those particular bones if that is okay with you.

Mr Edwards: Yn y papur a ddarparwyd gennym ichi, mae'r ddau atodiad yn y cefn yn dangos y gydberthynas rhwng hawliadau risg a llywodraethu clinigol. Yr wyf yn meddwl fod hynny'n glir a hoffwn ofyn i Sue roi ychydig mwy o gig ar yr esgyrn arbennig hynny os yw hynny'n iawn gennych chi.

Ms Hobbs: The claims manager—we have a claims manager and an assistant claims manager now—reports to me directly. He is actually part of our clinical governance team. As you can see from the supplementary information, what I was working on and managed to implement within the last year, was actually bringing together a group of very experienced and senior managers with a lot of expertise, who always, if you like, had a clinical governance function—although maybe it had not been called that before—into a common area both physically and professionally, so that they could share and develop together. So that is the way that it works. It is very much a part of our governance arrangements.

Ms Hobbs: Bydd y rheolwr hawliadau—mae gennym reolwr hawliadau a rheolwr hawliadau cynorthwyol erbyn hyn—yn adrodd i mi'n uniongyrchol. Yn wir, mae'n rhan o'n tîm llywodraethu clinigol. Fel y gwelwch o'r wybodaeth ategol, yr hyn y bûm i'n gweithio arno, ac y llwyddais i'w weithredu yn ystod y flwyddyn ddiwethaf, oedd dod ynghyd â grŵp o reolwyr uwch a phrofiadol iawn gyda llawer o arbenigedd, a oedd wastad, os hoffwch chi, wedi cael swyddogaeth llywodraethu clinigol—er efallai na chawsai ei alw'n hynny o'r blaen—a dod â hwy i le cyffredin yn gorfforol ac yn broffesiynol, fel y gallent rannu a datblygu gyda'i gilydd. Felly dyna sut y mae'n gweithio. Mae'n rhan bwysig iawn o'n trefniadau llywodraethu.

It is quite a big caseload, which is why we

Mae'n faich achosion gweddol fawr, a dyna

have actually now expanded that and given those people more support than they had before. I think that there are, and I would agree entirely, that there are some training needs that need to be met. I think that within Wales we need to perhaps look at how we can best maximise training and opportunities for those people. There is no doubt that they are going to need it in the future. I think that that is also something that has come out of the introduction of the Woolf reforms, and certainly, for example, my assistant claims manager will be starting an LL.M. degree in October this year. I think that these things are going to become almost prerequisite in the future.

pam yr ydym bellach wedi ehangu hynny a rhoi mwy o gefnogaeth i'r bobl hynny nag a gawsant o'r blaen. Credaf fod, a chytunaf yn llwyr, fod rhai anghenion hyfforddi y mae angen eu hateb. Yr wyf yn meddwl bod angen i ni yng Nghymru edrych efallai ar sut y gallwn sicrhau'r hyfforddiant a'r cyfleoedd gorau i'r bobl hynny. Nid oes amheuaeth y bydd arnynt ei angen yn y dyfodol. Credaf fod hynny hefyd yn rhywbeth a ddaeth allan o gyflwyno diwygiadau Woolf, ac yn sicr, er enghraifft, bydd fy rheolwr hawliadau cynorthwyol yn cychwyn gradd LL.M. ym mis Hydref eleni. Yr wyf yn meddwl bod y pethau hyn yn mynd i fod bron yn anhepgor yn y dyfodol.

[151] **Lynne Neagle:** Thank you. My next question relates to training anyway, and is to both trusts. Can you tell us what you have done to ensure that the relevant staff have had the training necessary to fulfil their demanding roles?

[151] **Lynne Neagle:** Diolch. Mae a wnelo fy nghwestiwn nesaf â hyfforddiant beth bynnag, ac mae'n gwestiwn i'r ddwy ymddiriedolaeth. A allwch chi ddweud wrthym beth yr ydych wedi'i wneud i sicrhau bod y staff perthnasol wedi cael yr hyfforddiant angenrheidiol i gyflawni'u rolau anodd?

Ms Peplar: Julie is fully trained and has been on the appropriate training that is available. We have had a problem with our claims manager in identifying appropriate training for her. She is actually this year engaged on the Royal College course, but the emphasis in that is far more on risk management and there are only really a couple of modules that actually deal with claims management.

Ms Peplar: Mae Julie wedi'i hyfforddi'n llawn ac wedi derbyn yr hyfforddiant priodol sydd ar gael. Cawsom broblem canfod hyfforddiant priodol i'n rheolwraig hawliadau. Mae hi ar gwrs y Coleg Brenhinol eleni, mewn gwirionedd, ond mae'r pwyslais yn hwnnw yn llawer mwy ar reoli risg, a dim ond un neu ddau o'r modiwlau mewn gwirionedd sydd yn ymdrin â rheoli hawliadau.

The most useful training that she has been able to acquire—other than going on to some kind of legal qualification, and I would concur that that is the way forward—has been that that has been offered via firms of solicitors. Often for us in North East Wales NHS Trust that means actually going across the border into England. There is a difficulty about different systems there on one or two things, but in terms of the basic principles, that has been the most helpful training that we have been able to get hold of.

Yr hyfforddiant mwyaf defnyddiol y mae hi wedi gallu ei gael—ar wahân i fynd ymlaen at ryw fath o gymhwyster cyfreithiol, ac yr wyf yn cyd-fynd mai dyna'r ffordd ymlaen—yw hwnnw a gynigiwyd drwy gwmnïau cyfreithwyr. Yn aml i ni yn Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru bydd hynny'n golygu mynd dros y ffin i Loegr. Ceir anhawster ynghylch systemau gwahanol yno ar un neu ddau o bethau, ond yn nhermau'r egwyddorion sylfaenol, dyna oedd yr hyfforddiant mwyaf buddiol y gallem gael gafael arno.

She is, as I say, engaged on the Royal College course, but it is not particularly relevant to claims management, and we do need a course that is both relevant and

Y mae hi, fel y dywedais, yn dilyn cwrs y Coleg Brenhinol, ond nid yw'n arbennig o berthnasol i reoli hawliadau, ac mae angen cwrs sydd yn berthnasol ac wedi'i achredu.

accredited. There is nothing available at the moment.

Nid oes dim byd ar gael ar hyn o bryd.

Mr Edwards: The only thing that I would like to add is that, Cardiff and Vale NHS Trust being a relatively new trust, we are trying to grow a new culture, arising really from five previous cultures and that is going to take a while. It does not happen in five minutes.

Mr Edwards: Yr unig beth yr hoffwn i ei ychwanegu yw bod Ymddiriedolaeth GIG Caerdydd a'r Fro, fel ymddiriedolaeth gymharol newydd, yn ceisio tyfu diwylliant newydd, sydd yn codi yn y bôn o bum diwylliant blaenorol, ac mae hynny'n mynd i gymryd amser. Nid yw'n digwydd mewn pum munud.

We have an organisational development programme, which has been running for over a year now. It will continue to run, I think, for—I do not know—certainly the next five years. It is within that context that I think that I need to answer the question because if we are looking to try to reduce incidents, then we have to have a proper development programme to meet the needs of the organisation.

Mae gennym raglen ddatblygu corfforaethol, sydd yn rhedeg ers dros flwyddyn bellach. Bydd yn parhau i redeg, mi gredaf, am—wn i ddim—yn sicr y pum mlynedd nesaf. O fewn y cyd-destun hwnnw y mae angen imi ateb y cwestiwn, yr wyf yn meddwl, oherwydd os ydym am geisio lleihau nifer y digwyddiadau, yna rhaid inni gael rhaglen ddatblygu iawn i ateb anghenion y sefydliad.

In terms of the claims department, the claims manager is Institute of Healthcare Management qualified, with 20 years' experience of claims. He is very confident.

O ran yr adran hawliadau, mae gan y rheolwr hawliadau gymhwyster gyda'r Sefydliad Rheoli Gofal Iechyd, gydag 20 mlynedd o brofiad gyda hawliadau. Mae'n hyderus iawn.

The assistant, as Sue has already said, is embarking on the Masters in Law in October. We are encouraging people to get professional qualifications and the necessary skills training that they need to do the job.

Mae'r rheolwr cynorthwyol, fel y dywedodd Sue yn barod, yn ymgymryd â chwrs gradd Meistr yn y Gyfraith ym mis Hydref. Anogwn bobl i gael cymwysterau proffesiynol a hyfforddiant yn y sgiliau angenrheidiol y mae eu hangen arnynt i wneud y gwaith.

[152] **Lynne Neagle:** Thank you. I understand that in both your trusts, the number of new claims exceeded those that you resolved during that particular year. Can you tell us what practical steps you have taken to deal with that backlog?

[152] **Lynne Neagle:** Diolch. Deallaf fod nifer yr hawliadau newydd, yn eich dwy ymddiriedolaeth, yn uwch na'r nifer a ddatryswyd gennych yn ystod y flwyddyn arbennig honno. A allwch chi ddweud wrthym pa gamau ymarferol yr ydych wedi'u cymryd i ddelio â'r llwyth hwnnw sydd wedi cronni?

Ms Peplar: It is quite a difficult one, this one, in terms of what we actually focus upon, and spend our time upon. Some choices have been made, I think, to try to look at those that were already outstanding rather than address the new ones. Sometimes, you can speed up the new ones, and we have looked at whether or not the introduction of mediation, or whatever, would help. However, there has

Ms Peplar: Mae hwn yn fater eithaf anodd, yn nhermau beth y canolbwyntiwn arno mewn gwirionedd, a threulio'n hamser arno. Mae rhai dewisiadau wedi'u gwneud, mi gredaf, i geisio delio â'r rheini a oedd yn aros yn barod yn hytrach na delio â'r rhai newydd. Weithiau, gallwch gyflymu'r rhai newydd, ac yr ydym wedi ystyried a fyddai cyflwyno cyfryngu, neu beth bynnag, yn helpu. Fodd

been a reluctance, particularly from claimants, to actually engage in that form of approach. We have found it very difficult to speed things up through those kinds of approaches.

bynnag, ceid amharodrwydd, yn enwedig gan hawlwyr, i ymgymryd â'r modd hwnnw o fynd ati. Yr ydym wedi'i chael yn anodd iawn cyflymu pethau drwy'r mathau hynny o ddulliau.

[153] **Lynne Neagle:** Right. Mr Edwards?

[153] **Lynne Neagle:** Iawn. Mr Edwards?

Mr Edwards: Just a comment on mediation. It does not seem to have been grasped with enthusiasm, and there are people who feel that it is perhaps an expensive solution. However, I think that it is probably worth pursuing that, and structured settlements, in terms of claims. For us, I think that the claims review panel and the way in which we look to try to settle before it gets anywhere near court is actually helping us to keep the time down. In terms of the numbers, I was talking to the claims manager yesterday, Sue, and he seems to feel that the numbers of claims are actually levelling out, as we tend to get a smaller number of firms helping genuine claimants. He thinks that that trend might well continue. Although the costs will go up, the numbers of claims will not increase, and certainly not at the same rate.

Mr Edwards: Dim ond sylw ar gyfryngu. Nid yw'n ymddangos iddo gydio ac ennyn brwdfrydedd, a cheir pobl sydd yn teimlo mai ateb drud ydyw efallai. Fodd bynnag, yr wyf yn meddwl ei bod yn werth mynd ar ôl hynny, a setliadau strwythuredig, mae'n debyg, yn nhermau hawliadau. I ni, yr wyf yn meddwl bod y panel adolygu hawliadau a'r ffordd y ceisiwn setlo cyn mynd ar gyfyl llys yn ein helpu i gadw'r amser i lawr. O ran y niferoedd, yr oeddwn yn siarad â'r rheolwr hawliadau ddoe, Sue, ac mae ef fel pe bai'n teimlo bod niferoedd yr hawliadau'n dechrau lefelu, gan ein bod yn tueddu i gael nifer lai o gwmnïau'n cynorthwyo hawlwyr didwyll. Mae'n meddwl y gallai'r duedd honno yn hawdd barhau. Er yr aiff y costau i fyny, ni fydd cynnydd yn nifer yr hawliadau, ac yn sicr nid ar yr un raddfa.

[154] **Lynne Neagle:** I have one final question. At a previous session on clinical negligence, the point was made that some of the backlog might be caused by the failure of trusts to be proactive in clearing out old claims, that is, closing old claims that they know are not going to proceed. Is that something that you have been doing?

[154] **Lynne Neagle:** Mae gennyf un cwestiwn terfynol. Mewn sesiwn flaenorol ar esgeulustod clinigol, gwnaethpwyd y pwynt y gallai rhywfaint o'r llwyth gwaith oedd wedi cronni fod wedi'i achosi gan fethiant ymddiriedolaethau i fod yn rhagweithiol wrth glirio hen hawliadau allan, hynny yw, cau hen hawliadau y gwyddant nad ydynt yn mynd rhagddynt. A yw hynny'n rhywbeth yr ydych chi wedi bod yn ei wneud?

Ms Peplar: We have certainly looked at this, and there are a couple perhaps, but there are not that many in the pipeline that we could deal with in that way. However, after receiving this report we did look at that, and the non-executive who leads on complaints is reviewing each claim individually for us. However, at the moment, it feels as though there are only a couple that we can do in that way.

Ms Peplar: Yr ydym yn sicr wedi edrych ar hyn, ac efallai fod un neu ddau, ond nid oes cymaint â hynny ar y gweill y gellid delio â hwy fel yna. Fodd bynnag, ar ôl derbyn yr adroddiad hwn fe fu inni edrych ar hynny, ac mae'r person anweithredol sydd yn arwain ar gwynion yn adolygu pob hawliad yn unigol inni. Fodd bynnag, ar y funud, y mae'n debyg mai dim ond un neu ddau y gallwn ymwneud â hwy fel yna.

Mr Edwards: I think for us, as I said in reply to Mr Wigley, we still have some old claims, but not many. Looking at my claims record now, they are claims from 1999 and 2000. There are one or two that go back quite a

Mr Edwards: Yr wyf yn meddwl o'n rhan ni, fel y dywedais mewn ateb i Mr Wigley, fod gennym rai hen hawliadau o hyd, ond nid llawer. O edrych ar fy nghofnod hawliadau yn awr, hawliadau ydynt o 1999 a 2000. Y

long way. I think that we could perhaps do a little bit more to clear those remaining claims, but they are very few in terms of the total numbers that we have.

mae un neu ddau sydd yn mynd yn ôl gryn amser. Credaf efallai y gallem wneud ychydig bach mwy i glirio'r hawliadau hynny sydd yn aros, ond ychydig iawn ydynt yn nhermau'r cyfansymiau sydd gennym.

[155] **Alun Cairns:** I would like Mr Edwards to clarify one of the answers that he gave to Lynne Neagle. He mentioned that, having chatted with your claims manager, the numbers of claims, rather than their value, had reduced. He said that that was happening because fewer claims were being made because—this was the implication—claimants were finding it more difficult to get legal advice. Are you saying that the changes in the law, which have withdrawn legal aid for civil cases, are putting you in a stronger position?

[155] **Alun Cairns:** Hoffwn i Mr Edwards egluro un o'r atebion a roddodd i Lynne Neagle. Yn dilyn sgwrs gyda'ch rheolwr hawliadau soniodd fod niferoedd yr hawliadau, yn hytrach na'u gwerth, wedi gostwng. Dywedodd fod hynny'n digwydd am fod llai o hawliadau'n cael eu gwneud oherwydd—dyma oedd yr ymhlygiad—fod hawlwyr yn ei chael yn anos cael cyngor cyfreithiol. A ydych chi'n dweud bod y newidiadau yn y gyfraith, sydd wedi dileu cymorth cyfreithiol ar gyfer achosion sifil, yn eich rhoi chi mewn sefyllfa gryfach?

Mr Edwards: I hope that I was not implying that.

Mr Edwards: Gobeithio nad oeddwn yn awgrymu hynny.

[156] **Alun Cairns:** I just wanted clarification.

[156] **Alun Cairns:** Dim ond eisiau eglurhad yr oeddwn.

Mr Edwards: The legal aid franchise scheme provides claimants with more professional help. That is really the point. So I think that they are able to get better help than previously, when you had firms of solicitors that perhaps were not quite experienced in the field of medical negligence. That—how can I put it—would waste quite a lot of time inappropriately, not for the claimant, but for everyone else. I think that it can now be much more focused.

Mr Edwards: Mae'r cynllun masnachfraint cymorth cyfreithiol yn darparu mwy o gymorth proffesiynol i hawlwyr. Dyna'r pwynt, mewn gwirionedd. Felly yr wyf yn meddwl eu bod yn gallu cael gwell cymorth nag o'r blaen, pan oedd gennych gwmnïau o gyfreithwyr nad oedd efallai lawn mor brofiadol ym maes esgeulustod meddygol. Byddai hynny—sut y gallaf eirio'r peth—yn gwastraffu cryn dipyn o amser yn amhriodol, nid i'r hawliwr, ond i bawb arall. Yr wyf yn meddwl y gall fod â llawer mwy o ffocws erbyn hyn.

[157] **Janet Davies:** I also seek some clarification, Ms Peplar. When you spoke about making choices about dealing with older cases or the newer cases, is there any danger of you falling foul of some of the Woolf reforms, in the matter of time, with the new cases?

[157] **Janet Davies:** Hoffwn innau gael eglurhad, Ms Peplar. Pan soniasoch am wneud dewisiadau ynghylch delio ag achosion hŷn neu'r achosion mwy newydd, a oes unrhyw berygl ichi dramgwyddo rhai o ddiwygiadau Woolf, ar fater amser, gyda'r achosion newydd?

Ms Peplar: I do not think so. We are fortunate in that the non-executive who takes a lead on this is a solicitor, so the advice that we are getting, I think, is fairly up-to-date and straightforward on that, which is why we have that person to do that.

Ms Peplar: Nid wyf yn meddwl. Yr ydym yn ffodus mai cyfreithiwr yw'r person anweithredol sydd yn arwain ar hyn, felly mae'r cyngor a gawn, mi gredaf, yn weddol ddiweddar a syml ar hynny, a dyna pam y cawn y person hwnnw i wneud hynny.

[158] **Janet Davies:** Janice Gregory wants to ask some questions on legal services.

[158] **Janet Davies:** Mae ar Janet Gregory eisiau gofyn nifer o gwestiynau am wasanaethau cyfreithiol.

[159] **Janice Gregory:** I declare a small interest, as my daughter is a trainee nurse in the Cardiff and Vale NHS Trust. I wanted to put that on record as I have a specific question for Mr Edwards.

[159] **Janet Gregory:** Datganaf fuddiant bychan, gan fod fy merch yn nyrs dan hyfforddiant yn Ymddiriedolaeth GIG Caerdydd a'r Fro. Yr oedd arnaf eisiau cofnodi hynny gan fod gennyf gwestiwn penodol i Mr Edwards.

I direct this question at Mr Edwards, although it is for both trusts. The Auditor General for Wales reports that most trusts rely heavily on the work of Welsh Health Legal Services, the services of which they do not pay for. Indeed, looking at our brief, I see that trusts are now required to use those services in order to maintain membership of the Welsh Risk Pool. Are you content with the current arrangements for the provision of legal advice on clinical negligence or would you prefer to have a degree of choice on this matter? Ms Hobbs mentioned that she has an assistant who is taking a Masters degree. So I am thinking of in-house legal advice.

Cyfeiriaf y cwestiwn hwn at Mr Edwards, er mai cwestiwn i'r ddwy ymddiriedolaeth ydyw. Mae Archwilydd Cyffredinol Cymru'n adrodd fod y rhan fwyaf o ymddiriedolaethau yn dibynnu'n drwm ar waith Gwasanaethau Cyfreithiol Iechyd Cymru, gwasanaethau a dderbyniant yn ddi-dâl. Yn wir, wrth edrych ar ein brîff, gwelaf ei bod bellach yn ofynnol ar i ymddiriedolaethau ddefnyddio'r gwasanaethau hynny er mwyn cadw'u haelodaeth o Gronfa Risg Cymru. A ydych yn fodlon gyda'r trefniadau cyfredol ar gyfer darparu cyngor cyfreithiol ar esgeulustod clinigol ynteu a fyddai'n well gennych gael rhyw radd o ddewis ar y mater hwn? Soniodd Ms Hobbs fod ganddi gynorthwy-ydd sydd yn astudio am radd Meistr. Meddwl yr wyf am gyngor cyfreithiol oddi mewn i'r sefydliad felly.

Mr Edwards: May I make a general reply to that? Having settled very happily in Wales over the last 18 months—but therefore having, more recently, experience of the English system—the sense that I have is that we are getting very good value for money out of Welsh Health Legal Services and the pooling arrangements. Do not ask me for the evidence of that. However, I did actually put the same question to my colleagues, who have also had experience of the clinical negligence scheme for trusts in England. There are some good aspects of that, which we might want to touch on; the area of incentivisation in particular is something that we might want to discuss. However, I think that we actually get remarkably good value for money from that system. I am not complacent, but very content with the quality of the service that we get. I think that Wales has done well with that system, and it is to be congratulated.

Mr Edwards: A gaf i roi ateb cyffredinol i hynny? A minnau wedi ymgartrefu'n hapus iawn yng Nghymru dros y 18 mis diwethaf—ond a chennyf, felly, yn fwy diweddar, brofiad o'r system yn Lloegr—y teimlad a gaf fi yw ein bod yn cael gwerth da iawn am ein harian gan Wasanaethau Cyfreithiol Iechyd Cymru a'r trefniadau cronfa. Peidiwch â gofyn imi am y dystiolaeth o blaid hynny. Fodd bynnag, fe ofynnais yr un cwestiwn i'm cydweithwyr, hwythau hefyd wedi cael profiad o'r cynllun esgeulustod clinigol i ymddiriedolaethau yn Lloegr. Mae rhai agweddau da i hwnnw, yr hoffem efallai gyffwrdd arnynt; mae maes cymhelliant yn enwedig yn rhywbeth yr hoffem ei drafod efallai. Fodd bynnag, yr wyf yn meddwl ein bod yn cael gwerth hynod o dda am ein harian o'r system honno. Nid wyf yn hunanfoddhaus, ond yn fodlon iawn ar ansawdd y gwasanaeth a gawn. Credaf fod Cymru wedi gwneud yn dda gyda'r system honno, a dylid ei llongyfarch.

[160] **Janice Gregory:** Before I move on to Ms Peplar then, may I ask you whether you would be looking at in-house legal advice?

[160] **Janet Gregory:** Cyn imi symud ymlaen at Ms Peplar felly, a gaf fi ofyn i chi a fyddech chi'n edrych ar gyngor cyfreithiol oddi mewn?

Mr Edwards: No, I would not. I think that it is a very specialist area. If you look at what is happening in the market place, you see fewer, larger, more specialised firms coming together to deal with this work, and I think that having an in-house service would mitigate against that.

Mr Edwards: Na, fyddwn i ddim. Yr wyf yn meddwl ei fod yn faes arbenigol iawn. Os edrychwch ar yr hyn sydd yn digwydd yn y farchnad, gwelwch lai o gwmnïau mwy o faint, mwy arbenigol, yn dod ynghyd i ddelio â'r gwaith hwn, ac yr wyf yn meddwl y byddai cael gwasanaeth oddi mewn yn milwrio yn erbyn hynny.

[161] **Janice Gregory:** Excuse me if I am being a little obtuse, but then why are you encouraging staff to take degrees in law? I do not think that it is a bad idea; I am just asking why that is the case. If you are not looking for any in-house legal advice or services, why are you doing that?

[161] **Janet Gregory:** Esgusodwch fi os wyf yn bod ychydig yn dwp, ond pam felly yr ydych chi'n annog staff i wneud graddau yn y gyfraith? Nid wyf yn meddwl ei fod yn syniad drwg; dim ond yn gofyn pam. Os nad ydych yn edrych am unrhyw gyngor na gwasanaethau cyfreithiol mewnol, pam yr ydych yn gwneud hynny?

Mr Edwards: I think that there are different aspects of this.

Mr Edwards: Yr wyf yn meddwl fod gwahanol agweddau ar hyn.

Ms Hobbs: I am more than happy to pick that up. In terms of personal development, it is an area that this particular member of staff would like to develop.

Ms Hobbs: Yr wyf yn fwy na hapus i ateb y pwynt hwn. Yn nhermau datblygiad personol, mae'n faes y byddai'r aelod staff arbennig hwn yn hoffi ei ddatblygu.

[162] **Janice Gregory:** That is wonderful.

[162] **Janet Gregory:** Mae hynny'n fendigedig.

Ms Hobbs: That is brilliant. However, I would also say that within the work of the legal team, they do not just deal with negligence claims. I would agree with everything that David has said. Welsh Health Legal Services is superb, and I find it very supportive, of high quality, very professional, and in the clinical claims review committee it is an excellent partner. I think that having some expertise in-house helps in two ways. First, I think that it can help us look very critically—in terms of early assessment—at when, perhaps, a vexatious complainant might need to be managed, or perhaps other members of staff or the whole claims or complaints or incident area. We feel that having somebody in-house who has a legal degree or legal background, would be an asset to the team. We have used people, on a consultancy basis, who are perhaps either medically and/or legally qualified to give us

Ms Hobbs: Mae hynny'n wych. Fodd bynnag, dylwn ddweud hefyd nad delio â hawliadau esgeulustod yn unig a wneir o fewn gwaith y tîm cyfreithiol. Cytunaf hefyd â phopeth a ddywedodd David. Mae Gwasanaethau Cyfreithiol Iechyd Cymru yn benigamp, ac yr wyf yn eu cael yn gefnogol iawn, o ansawdd uchel, yn broffesiynol iawn, ac yn bartner ardderchog yn y pwyllgor adolygu hawliadau clinigol. Credaf fod cael rhywfaint o arbenigedd yn fewnol yn y sefydliad yn helpu mewn dwy ffordd. Yn gyntaf, yr wyf yn meddwl y gall ein helpu ni i edrych yn feirniadol iawn—yn nhermau asesiad cynnar—ar ba bryd y gallai fod angen rheoli achwynwr blinderus, efallai, neu efallai aelodau staff eraill neu'r holl faes hawliadau neu gwynion neu ddigwyddiadau. Teimlwn fod cael rhywun yn fewnol sydd â gradd yn y gyfraith neu gefndir cyfreithiol yn gaffaeliad i'r tîm. Yr ydym wedi defnyddio

some independent advice. In the light of that fact, and in the absence of an accredited training scheme that offers people good legal expertise, for an individual to actually pursue that is good news, and I would certainly support that.

pobl, ar sail ymgynghoriaeth, sydd efallai'n gymwys yn feddygol a/neu'n gyfreithiol i roi cyngor annibynnol inni. Yn wyneb y ffaith honno, ac yn absenoldeb cynllun hyfforddi achrededig sydd yn cynnig arbenigedd cyfreithiol da i bobl, mae i unigolyn fynd amdani yn newyddion da, ac yn rhywbeth y byddwn i yn sicr yn ei gefnogi.

[163] **Janice Gregory:** So it is an 'additional' rather than an 'instead of'.

[163] **Janet Gregory:** Felly 'ychwanegol' ydyw yn hytrach nag 'yn lle'.

Ms Hobbs: Absolutely.

Ms Hobbs: Yn hollol.

[164] **Janice Gregory:** Ms Peplar, do you want me to repeat the question? It was rather long winded.

[164] **Janet Gregory:** Ms Peplar, a hoffech imi ailadrodd y cwestiwn? Yr oedd braidd yn hirwyntog.

Ms Peplar: No, that is fine. I would support exactly what has been said about Welsh Health Legal Services. Having not long come across the border, I am very clear about the value for money that is there and the appropriateness of support. The advice given is very sound. There are real issues about size. We were talking about Cardiff and Vale NHS Trust, which is a large trust, whereas mine is a medium-sized trust in Wales. I think that there are real issues about size in terms of both the ability to take over perhaps one's legal services—which I do not think is a good idea—and also access to training, that need to be considered. The smaller trusts will have great difficulty in releasing people for some of the training that is available. It is something that we need to recognise in making recommendations.

Ms Peplar: Na, popeth yn iawn. Cefnogaf yn union beth a ddywedwyd am Wasanaethau Cyfreithiol Iechyd Cymru. A minnau wedi dod dros y ffin yn weddol ddiweddar, yr wyf yn glir iawn ynghylch y gwerth am arian a roddir a phriodoldeb y gefnogaeth. Mae'r cyngor a roddir yn ddibynadwy iawn. Ceir cwestiynau gwirioneddol am y maint. Yr oeddem yn sôn am Ymddiriedolaeth GIG Caerdydd a'r Fro, sydd yn ymddiriedolaeth fawr, tra mai ymddiriedolaeth ganolig ei maint yng Nghymru yw f'un i. Yr wyf yn meddwl bod cwestiynau gwirioneddol am faint, yn nhermau'r gallu i ymgymryd â'ch gwasanaethau cyfreithiol eich hunain efallai—nad yw'n syniad da yn fy marn i—a hefyd o ran mynediad at hyfforddiant, y mae angen eu hystyried. Caiff yr ymddiriedolaethau llai anhawster mawr i ryddhau pobl ar gyfer rhai o'r cyrsiau hyfforddiant sydd ar gael. Dyma rywbeth y mae angen inni ei gydnabod wrth wneud argymhellion.

I think that what I am interested in is people having an understanding of the legal position. Perhaps not developing an expertise, but being able to engage in increasingly more complex debates and discussions with our legal advisers, as the cases that they deal with are becoming more complex. That is very helpful to me.

Yr wyf yn meddwl mai'r hyn sydd yn fy niddori i yw bod pobl yn ennill dealltwriaeth o'r sefyllfa gyfreithiol. Efallai nid yn datblygu arbenigedd, ond yn gallu cymryd rhan mewn dadleuon a thrafodaethau mwyfwy cymhleth gyda'n cynghorwyr cyfreithiol, gan fod yr achosion y maent yn delio â hwy fynd yn fwy cymhleth. Mae hynny'n fuddiol iawn i mi.

[165] **Janice Gregory:** Thank you. I have one further question, and it is specifically to Mr Edwards. I understand that Llandough

[165] **Janet Gregory:** Diolch. Mae gennyf un cwestiwn pellach, a chwestiwn i Mr Edwards yn benodol ydyw. Deallaf yr arferai

Hospital, before it was merged as part of the new trust, used to employ a private firm of solicitors to handle its clinical negligence claims. Why was that, given that Welsh Health Legal Services, of which you are both very supportive, offers specialist legal advice for free?

Ysbyty Llandochau, cyn iddo gael ei gyfuno yn rhan o'r ymddiriedolaeth newydd, gyflogi cwmni preifat o gyfreithwyr i ymdrin â'i hawliadau esgeulustod clinigol. Pam oedd hynny, o gofio bod Gwasanaethau Cyfreithiol Iechyd Cymru, yr ydych chi'ch dau mor gefnogol ohonynt, yn cynnig cyngor cyfreithiol arbenigol am ddim?

Mr Edwards: I think that it is a throwback to the individual choice that was open to trusts to make that particular decision. Now that we are part of a merged organisation, I think that we will be reviewing that situation when the contract comes to an end.

Mr Edwards: Yr wyf yn meddwl mai adlais ydyw o'r dewis unigol oedd yn agored i ymddiriedolaethau ar gyfer gwneud y penderfyniad arbennig hwnnw. A ninnau bellach yn rhan o sefydliad cyfunedig, yr wyf yn credu y byddwn yn adolygu'r sefyllfa honno pan ddaw'r contract i ben.

[166] **Janice Gregory:** Right. I have a small supplementary question. Have the staff from Llandough noticed a difference in the quality of service that they now receive from Welsh Health Legal Services, compared with that of the private firm?

[166] **Janet Gregory:** Iawn. Mae gennyf gwestiwn atodol bach. A yw'r staff o Landochau wedi sylwi ar wahaniaeth yn ansawdd y gwasanaeth a gânt bellach gan Wasanaethau Cyfreithiol Iechyd Cymru, o gymharu â gwasanaeth y cwmni preifat?

Mr Edwards: I am not sure that I have asked that specific question, so I would not want to answer you without doing so. However, I am more than happy to ask it. I do not know whether Sue has any particular evidence about that. I would not want to just say 'yes' without really being able to advise the Committee that that was the case.

Mr Edwards: Nid wyf yn siŵr fy mod wedi gofyn y cwestiwn penodol hwnnw, felly ni fyddwn yn dymuno ateb eich cwestiwn heb wneud hynny. Fodd bynnag, yr wyf yn fwy na bodlon i'w ofyn. Ni wn a oes gan Sue unrhyw dystiolaeth arbennig am hynny. Ni hoffwn ddweud 'ydynt' heb fod yn gallu dweud yn wir wrth y Pwyllgor mai felly yr oedd hi.

[167] **Janice Gregory:** But you are very pleased on the whole—both of you—with the services that are being provided by Welsh Health Legal Services?

[167] **Janet Gregory:** Ond yr ydych chi'n falch iawn ar y cyfan—chi eich dau—gyda'r gwasanaethau a ddarperir gan Wasanaethau Cyfreithiol Iechyd Cymru?

Mr Edwards: I think that it is excellent value for money, I really do.

Mr Edwards: Yr wyf fi'n meddwl ei fod yn werth ardderchog am arian, ydwyf wir.

Ms Hobbs: I do not think that I would have much to add. I have enjoyed working in Wales for four years now, and have been dealing with managing complaints for some time, in Wales and England. Certainly in England we dealt with an external company that was very professional, and the company that the University of Wales and Llandough Hospital NHS Trust dealt with was very professional and very good, and I think that the trust was provided with a very good service. We have been through a tendering process; we have determined our future. I

Ms Hobbs: Nid wyf yn meddwl y byddai gennyf lawer i'w ychwanegu. Yr wyf wedi mwynhau gweithio yng Nghymru ers pedair blynedd bellach, a delio â chwynion rheoli ers peth amser, yng Nghymru a Lloegr. Yn sicr yn Lloegr yr oeddem yn delio â chwmni allanol a oedd yn broffesiynol iawn, ac yr oedd y cwmni yr oedd Ymddiriedolaeth NHS Ysbyty Prifysgol Cymru a Llandochau yn delio ag ef yn un proffesiynol iawn a da iawn, ac yr wyf yn credu y darperid gwasanaeth da iawn i'r ymddiriedolaeth. Buom drwy broses dendro, yr ydym wedi penderfynu ar ein

think that staff on the ground probably would not maybe notice the draft. I think that what we have done through the clinical claims review committee is expose clinicians, particularly, to that immediate opportunity for partnership learning through the legal and the medical profession. However, I do not think that there has been a draft, I really do not.

dyfodol. Yr wyf yn amau na fyddai'r staff ar y llawr efallai'n sylwi ar y drafft. Yr wyf yn meddwl mai'r hyn yr ydym wedi'i wneud drwy'r pwyllgor adolygu hawliadau clinigol yw agor y drws i glinigwyr, yn arbennig, gael y cyfle hwnnw'n syth i ddysgu drwy bartneriaeth drwy'r proffesiwn cyfreithiol a meddygol. Fodd bynnag, nid wyf yn credu fod drafft wedi digwydd, nac ydwyf wir.

[168] **Alun Cairns:** Madam Chairman, I have a question for you, and possibly for Sir John Bourn. Is it within the remit of this Committee, under this investigation, to analyse the potential cost differences, given that the costs of the Welsh Health Legal Services are borne by the Assembly, in outsourcing that to outside expertise?

[168] **Alun Cairns:** Madam Cadeirydd, mae gennyf gwestiwn i chi, ac o bosibl i Syr John Bourn. A ydyw o fewn cylch gwaith y Pwyllgor hwn, dan yr ymchwiliad hwn, i ddadansoddi'r gwahaniaethau costau potensial, o gofio mai'r Cynulliad sydd yn talu costau Gwasanaethau Cyfreithiol Iechyd Cymru, o roi hwnnw allan i arbenigwyr allanol?

[169] **Janet Davies:** I think that Sir John needs to answer that.

[169] **Janet Davies:** Yr wyf yn meddwl bod angen i Syr John ateb hynny.

Sir John Bourn: It would certainly be something that the Auditor General for Wales and the National Audit Office could look at. Cost comparisons between different ways of carrying out activities involving both the public and the private sector certainly lie within our capacities. Of course, while we have direct access to the books and records and costs of public sector providers, we do not have direct access to private sector providers, so any work that we do that involves consultation with them rests on their willingness to assist us. I have to say, when I have gone to the private sector for help, I have in almost all cases been given it. However, there is a difference between having a right to have it and being given it in a spirit of co-operation.

Syr John Bourn: Byddai'n sicr yn rhywbeth y gallai Archwilydd Cyffredinol Cymru a'r Swyddfa Archwilio Genedlaethol edrych arno. Mae cymharu costau rhwng gwahanol ffyrdd o gyflawni gweithgareddau sydd yn ymwneud â'r sectorau cyhoeddus a phreifat ill dau yn sicr yn beth sydd o fewn ein gallu. Wrth gwrs, tra bod gennym fynediad uniongyrchol at lyfrau a chofnodion a chostau darparwyr y sector cyhoeddus, nid oes gennym fynediad uniongyrchol at ddarparwyr y sector preifat, felly mae unrhyw waith a wnawn sydd yn golygu ymgynghori â hwy yn dibynnu ar eu parodrwydd hwy i'n helpu. Rhaid imi ddweud, pan yr wyf wedi mynd at y sector preifat am gymorth, fe'i rhoddwyd imi ymron bob achos. Fodd bynnag, y mae gwahaniaeth rhwng bod â hawl i'w gael a bod rhywun yn ei roi mewn ysbryd o gydweithrediad.

[170] **Janet Davies:** Dafydd, would you like to ask a few questions?

[170] **Janet Davies:** Dafydd, a hoffech chi ofyn ambell gwestiwn?

[171] **Dafydd Wigley:** Yr wyf eisiau gofyn cwestiynau ynglŷn â'r amser a gymerir i setlo ceisiadau. Mae'r Archwilydd Cyffredinol wedi tynnu ein sylw at y ffaith, ar gyfartaledd dros Gymru, ei bod yn cymryd dros bedair blynedd i setlo achosion o ddyddiad y digwyddiad i amser y setliad. Fodd bynnag, derbyniaf yn eich achosion chi eich bod

[171] **Dafydd Wigley:** I would like to ask questions about the time taken to settle claims. The Auditor General has highlighted the fact that, on average across Wales, it takes over four years to settle cases from the date of the event to the time of the settlement. However, I accept in your cases that you are slightly better than average—around three

fymryn bach yn well na'r cyfartaledd—rhyw dair blynedd yr un, ac fe'ch llongyfarchaf ar hynny. Beth yn eich barn chi yw'r amserlen briodol a derbyniol ar gyfer darparu iawndal i gleifion a ddioddefodd yn sgîl esgeulustod?

Mr Edwards: If I could start, I think that an element of that four plus years is complainants themselves deciding that they want to actually come forward, and I think that a figure of two years is put on that. For us, we have managed a three-year timescale. I think that that is mainly because we have our independent internal review where, if very senior clinicians are saying, 'Yes, we are going to have to really say that this is something that we got wrong', we say 'Let us stop messing around and settle it'. I think that that is enabling us to make the three-year target rather than the 4.3 years. I am not so sure that it can actually be much less than that, but I would be interested in what colleagues would have to say about it.

years each, and I congratulate you on that. What in your view is the appropriate and acceptable timetable for providing compensation for patients who have suffered from negligence?

Mr Edwards: Os caf fi ddechrau, yr wyf yn meddwl mai un elfen o'r pedair blynedd a mwy hynny, yw yr achwynwyr eu hunain yn penderfynu eu bod am ddod ymlaen, ac yr wyf yn meddwl y rhoddir ffigur o ddwy flynedd ar hynny. O'n rhan ni, yr ydym wedi llwyddo i gael amserlen dair blynedd. Yr wyf yn meddwl fod hynny'n bennaf oherwydd bod gennym ein hadolygiad mewnol annibynnol lle, os dywed clinigwyr uchel iawn, 'Ydym, yr ydym yn mynd i orfod dweud fod hyn yn rhywbeth yr ydym wedi ei wneud yn anghywir', fe ddywedwn ni 'Gadewch inni beidio â chwarae o gwmpas a setlo'r mater'. Yr wyf yn meddwl fod hynny'n ein galluogi i daro'r targed tair blynedd yn hytrach na'r 4.3 blynedd. Nid wyf mor siŵr y gall fod yn llawer llai na hynny mewn gwirionedd, ond byddai gennyf ddiddordeb yn yr hyn y byddai gan gyd-swyddogion i'w ddweud am hynny.

[172] **Dafydd Wigley:** A gaf efallai bwyso mymryn bach ymhellach ar hynny? Beth yw'r amser priodol o'r adeg pan fo'r claf yn gwneud cwyn i'r adeg pan wneir y setliad? Os oes cyfnod hir cyn i gleifion gwyno a thynnu sylw at y peth, efallai mai'r cwestiwn priodol yw hyd y cyfnod rhwng yr adeg y maent yn tynnu eich sylw at y mater a'r adeg y gwneir setliad. Beth fyddech chi'n ei ddweud? A ydych yn dweud mai tair blynedd yw'r optimwm ar hyn, ynteu a ydych yn teimlo y dylai fod yn dynnach ac yn llai na thair blynedd?

[172] **Dafydd Wigley:** May I perhaps press slightly further on that? What is the appropriate length of time from when the patient makes a complaint to when the settlement is made? If there is a long period of time before patients complain and draw attention to it, perhaps the appropriate question is the length of the period between them bringing the matter to your attention and when a settlement is made. What would you say? Are you saying that three years is the optimum on this, or do you feel that it should be tighter and less than three years?

Mr Edwards: No. I think that three years is really— It depends on the individual case. Some of them are very complex, so it is very difficult to generalise. However, I would like to think that the trend will be downwards and that we would, through the sorts of mechanisms that we have introduced, reduce the overall amount of time. It is very difficult to put a specific time on it because I think that there is such a variety of claims.

Mr Edwards: Na. Yr wyf yn meddwl bod tair blynedd mewn gwirionedd— Mae'n dibynnu ar yr achos unigol. Mae rhai ohonynt yn gymhleth iawn, felly mae'n anodd iawn cyffredinoli. Fodd bynnag, hoffwn feddwl mai tuag i lawr y bydd y duedd, ac y byddem, drwy'r mathau o fecanweithiau yr ydym wedi'u cyflwyno, yn lleihau'r cyfanswm amser cyffredinol. Mae'n anodd iawn rhoi amser penodol arno oherwydd yr wyf yn meddwl fod cymaint o amrywiaeth o hawliadau.

Ms Peplar: I think that I would agree with that. I think that we are constantly looking at ways that we can tighten the system and improve our end of it and make sure that we get records through and that we get witnesses speaking and making statements as quickly as possible. However, I think that David is quite right. There are certain cases that are extremely complex and it is quite difficult to get everything together in a shorter time.

Ms Peplar: Yr wyf yn meddwl y byddwn i'n cytuno â hynny. Credaf ein bod o hyd yn edrych ar ffyrdd y gallwn dynhau'r system a gwella'n rhan ni ohoni a sicrhau y gwthiwn gofnodion drwodd ac y cawn dystion i siarad a gwneud datganiadau cyn gynted ag y bo modd. Fodd bynnag, yr wyf yn meddwl bod David yn llygad ei le. Y mae rhai achosion sydd yn hynod o gymhleth ac y mae'n eithaf anodd cael popeth ynghyd mewn amser byrrach.

[173] **Dafydd Wigley:** Fodd bynnag, fe fyddech yn derbyn fod mantais fawr i bawb o gael yr amserlen mor dynn â phosibl, o safbwynt y claf yn amlwg, ond hefyd o safbwynt yr amser yr ydych chi wedi'ch clymu â'r achosion?

[173] **Dafydd Wigley:** However, you would accept that it is of great advantage to everyone to have as tight a timetable as possible, obviously from the patient's point of view, but also from the point of view of the time that you are tied up with the cases?

Ms Peplar: Absolutely. There is no doubt about that.

Ms Peplar: Yn bendant. Nid oes dwywaith am hynny.

[174] **Dafydd Wigley:** A gaf ofyn, yng nghyd-destun y diwygiadau cyfreithiol sydd yn mynd ymlaen, sef diwygiadau Woolf—sydd, os deallaf yn iawn, am orfodi gweithdrefn gyflymach ar gyfer delio â cheisiadau gyda'r posibilrwydd o gosbau ariannol o fethu â chyrraedd targedau—pa gamau a gymerwyd gennych i sicrhau bod y rheini sydd yn delio â cheisiadau yn gwbl barod i ddelio â'r cyfyngiadau a osodir arnynt gan ddiwygiadau Woolf?

[174] **Dafydd Wigley:** May I ask, in the context of the legal reforms that are happening, namely the Woolf reforms—which, if I understand correctly, will enforce an accelerated procedure for dealing with claims with the possibility of financial penalties as a result of failure to reach targets—what steps you have taken to ensure that those who deal with claims are fully prepared to deal with the restrictions placed upon them by the Woolf reforms?

Ms Peplar: Well, I am not sure that we have been able to make them completely able to deal with all the problems that are there. I think that it is actually further through the system where the delays often come. It is a matter of encouraging our clinical colleagues to report back quickly and concisely. It is helping them to work, rather than the administrators or the claims managers. I think that the claims managers are fairly clear about the pressures on them and what they need to do. It is often further into the system that some of the delays—where we have delays—occur. It is a matter of making sure that those are speeded up.

Ms Peplar: Wel, nid wyf yn siŵr ein bod wedi gallu sicrhau eu bod yn gwbl abl i ddelio â'r holl broblemau sydd yno. Yr wyf yn meddwl mai yn nes ymlaen yn y system y digwydd yr oedi yn aml mewn gwirionedd. Mater ydyw o annog ein cydweithwyr clinigol i adrodd yn ôl yn gyflym ac yn gryno. Eu helpu hwy i weithio yw'r nod, yn hytrach na'r gweinyddwyr neu'r rheolwyr hawliadau. Credaf fod y rheolwyr hawliadau yn weddol glir ynghylch y pwysau sydd arnynt a'r hyn sydd angen iddynt ei wneud. Yn aml, yn nes ymlaen yn y system y ceir yr oedi, lle y digwydd hynny. Mater ydyw o wneud yn siŵr y cyflymir hynny.

Mr Edwards: I am very supportive of Woolf. It is about judges being in charge, doctors being kept out of courts and lawyers being kept out of hospitals. I think that it is very laudable that we are moving in that

Mr Edwards: Yr wyf fi'n gefnogol iawn i Woolf. Mae a wnelo â sicrhau mai barnwyr sydd â gofal, cadw meddygon allan o'r llysoedd a chyfreithwyr allan o'r ysbytai. Yr wyf yn meddwl ei bod yn glodwiw iawn ein

particular direction. In terms of the specific issue, I am going to ask Ms Hobbs if she would not mind answering that.

bod yn symud i'r cyfeiriad penodol hwnnw. Ar y mater dan sylw, yr wyf am ofyn i Ms Hobbs a wnâi hi ateb hwnnw.

Ms Hobbs: I think that what we did with Woolf was to ensure that everybody understood what it was all about. It is quite difficult, I think, to grasp initially. I would also wholeheartedly agree with the sentiments expressed. Certainly, having heard Lord Woolf speak at firsthand, I was delighted to hear what his objectives were in terms of speeding things up for all the right reasons.

Ms Hobbs: Yr wyf yn meddwl mai'r hyn a wnaethom gyda Woolf oedd sicrhau fod pawb yn deall beth oedd ei amcan. Mae'n weddol anodd, mi gredaf, ei ddeall i ddechrau. Hoffwn gytuno'n llwyr hefyd gyda'r teimladau a fynegwyd. Yn sicr, wedi clywed yr Arglwydd Woolf yn siarad yn y cnawd, yr oeddwn wrth fy modd o glywed beth oedd ei amcanion o ran cyflymu pethau am y rhesymau iawn i gyd.

I think that, internally, what we needed to do was to ensure that internal policies for handling and managing claims were reviewed in order to speed up that process, but also to ensure that, at the sharp end where these cases are perhaps being investigated or where people are being asked to provide information or to write reports, they are supported through the process but are also working to realistic timescales and doing the job properly first time. Therefore, there has been quite a training issue for us in terms of ensuring that staff in the trust understand what Woolf means or might mean to them. I think that, certainly, when we looked at the early implications for us internally in terms of managing claims, we had to look at how we were going to provide more support for our claims manager so that he—who was still working single-handed at the time—could get up to speed with the pace of change.

Credaf mai'r hyn yr oedd angen inni ei wneud yn fewnol oedd sicrhau y câi polisïau mewnol ar gyfer trafod a rheoli hawliadau eu hadolygu er mwyn cyflymu'r broses honno, ond hefyd er mwyn sicrhau, yn y rheng flaen lle mae'r achosion hyn efallai'n cael eu harchwilio neu lle y mae gofyn i bobl ddarparu gwybodaeth neu ysgrifennu adroddiadau, y cânt eu cefnogi drwy'r broses ond eu bod hefyd yn gweithio yn ôl amserlenni realistig ac yn gwneud y gwaith yn iawn y tro cyntaf. Felly, bu tipyn o faich hyfforddi arnom yn nhermau sicrhau bod staff yn yr ymddiriedolaeth yn deall beth y mae Woolf yn ei olygu neu y gallai ei olygu iddynt hwy. Yr wyf yn meddwl, yn sicr, pan edrychasom ar y goblygiadau cynnar i ni yn fewnol o ran rheoli hawliadau, y bu raid inni edrych ar sut yr oeddem am ddarparu mwy o gefnogaeth i'n rheolwr hawliadau fel y gallai yntau—a oedd yn dal i weithio ar ei ben ei hun ar y pryd—ymdopi â chyflymder y newid.

[175] **Dafydd Wigley:** A yw hynny'n golygu ichi orfod wynebu costau ychwanegol er mwyn cydweithio â Woolf?

[175] **Dafydd Wigley:** Does that mean that you have had to face additional costs in order to co-operate with Woolf?

Ms Hobbs: I think that we certainly had to—We have had some administrative costs. I do not think that they have been huge. I think that, to be honest, they are welcomed in terms of us wanting to speed up the process because, of course, the more that the process is seen by the public or the complainant to be held up, the more we have to deal with in terms of regular correspondence and keeping people informed. So I would hope that we have in fact invested more wisely through Woolf, in terms of helping people get through

Ms Hobbs: Yr wyf yn credu yn sicr inni orfod— Cawsom rai costau gweinyddol. Nid wyf yn meddwl eu bod yn anferth. Credaf, â dweud y gwir, y'u croesewir o ran ein bod eisiau cyflymu'r broses oherwydd, wrth gwrs, po fwyaf y gwêl y cyhoedd neu'r achwynwr fod oedi yn y broses, mwyaf sydd yn rhaid inni ddelio ag ef o ran gohebiaeth reolaidd a rhoi gwybodaeth i bobl. Felly gobeithiaf ein bod mewn gwirionedd wedi buddsoddi'n ddoethach drwy Woolf, o ran helpu pobl i fynd drwy broses, waeth pa mor

a process, however awful that process might be, quicker and with a better resolution.

[176] **Dafydd Wigley:** Gofynnaf i chi—ac wedyn, gofynnaf yr un cwestiwn i'r cyfeillion eraill—a ydych, fel ymddiriedolaeth, wedi gorfod wynebu unrhyw gosbau ariannol, o fethu â chyrraedd targedau? A ydych chi'n rhagweld y bydd unrhyw bosibilrwydd y byddwch yn gorfod wynebu cosbau fel hyn yn y dyfodol?

Ms Hobbs: We have not so far, and I hope that we would not. However, going back to what colleagues have said earlier, claims become more complex, and I would not like to say that we will never incur a penalty. I think that that would be very bold.

Mr Edwards: I think that the pre-action protocol, where we have to meet these timescales, is challenging. I think that one of the issues in avoiding additional costs, is to try to ensure that you can pinpoint the areas where we might have difficulties, so that we can actually do a lot of the investigation before the claim is made in order to meet the timescales. We have tried to do some of that, and so far we have not had real difficulty in meeting the timescales laid down by the court.

Ms Peplar: I think that it is a very similar situation for us. We are in a position of enthusing about the reforms and trying to meet the timescales. However, I think that one would hesitate to say that we would always meet them. There may well be complex cases where we have difficulties.

[177] **Dafydd Wigley:** Tynnaf eich sylw at ffigur 3.10 ar dudalen 24 yr adroddiad. Mae'n cyfeirio at y ffaith bod dau fesur sydd, ym marn yr ymddiriedolaethau, fwyaf tebygol o leihau'r amser a gymerir i ddatrys ceisiadau. Y cyntaf yw ymchwilio i achosion mewn modd mwy rhagweithiol. Yr ail yw cydweithrediad gwell gyda chlinigwyr. A oes gennych unrhyw gynlluniau ar gyfer sicrhau eich bod yn adeiladu ar y cyfeiriadau hynny?

Ms Peplar: I think that they have been taken into consideration and we are trying to build on them, but— Are we talking about 3.10?

ofnadwy fo'r broses honno, yn gyflymach a chyda chanlyniadau gwell.

[176] **Dafydd Wigley:** I will ask you—and then I will ask the same question to the other colleagues—have you, as a trust, had to face any financial penalties as a result of failure to meet targets? Do you foresee that there is any possibility that you will have to face such penalties in the future?

Ms Hobbs: Nid hyd yma, a gobeithiaf na fyddem. Fodd bynnag, â dychwelyd at yr hyn a ddywedodd cyfeillion yn gynharach, aiff hawliadau'n fwy cymhleth, ac ni hoffwn ddweud na wynebwn gosb fyth. Credaf y byddai hynny'n hy iawn.

Mr Edwards: Yr wyf yn meddwl fod y protocol cyn-gweithredu, lle y mae'n rhaid inni ddilyn yr amserlenni hyn, yn her. Yr wyf yn meddwl mai un o'r materion wrth geisio osgoi costau ychwanegol yw ceisio sicrhau y gallwch adnabod y mannau lle gallem gael anawsterau, fel y gallwn wneud llawer o'r ymchwilio cyn i'r hawliad gael ei wneud er mwyn cadw o fewn yr amserlen. Yr ydym wedi ceisio gwneud rhywfaint o hynny, a hyd yma nid ydym wedi cael gwir anhawster i gwrdd â'r amserlenni a bennwyd gan y llys.

Ms Peplar: Yr wyf yn meddwl ei bod yn sefyllfa debyg iawn i ni. Yr ydym mewn sefyllfa o groesawu'r diwygiadau'n frwd a cheisio cwrdd â'r terfynau amser. Fodd bynnag, credaf y petrusid cyn dweud y byddem bob amser yn cwrdd â hwy. Fe all yn wir fod achosion cymhleth lle cawn anawsterau.

[177] **Dafydd Wigley:** I draw your attention to figure 3.10 on page 24 of the report. It refers to the fact that there are two measures that are, in the opinion of the trusts, most likely to decrease the time taken to resolve claims. The first is investigating cases in a more pro-active way. The second is better collaboration with clinicians. Do you have any plans to ensure that you will build on those two directions?

Ms Peplar: Credaf eu bod wedi'u hystyried a'n bod yn ceisio adeiladu arnynt, ond— Ai sôn am 3.10 yr ydym? Ymddiheuraf.

My apologies.

[178] **Dafydd Wigley:** Ie. Mae'r 81 y cant yn cyfeirio at yr elfen ragweithiol, a'r 75 y cant at y cydweithrediad gyda chlinigwyr. Credaf fod y ffigurau yn rhai eithaf trawiadol, sef yr elfennau pwysicaf. Yr wyf yn cymryd y byddwch yn bwriadu gwella'r agweddau hynny, a rheoli ceisiadau, os oes modd yn y byd o wneud hynny.

[178] **Dafydd Wigley:** Yes. The figure of 81 per cent refers to the pro-active element, and 75 per cent to the co-operation with clinicians. I think that those figures are quite remarkable, namely the most important elements. I take it that you intend to improve those aspects, and manage claims, if it is at all possible for you to do so.

Ms Peplar: Absolutely, yes.

Ms Peplar: Yn hollol, byddwn.

[179] **Dafydd Wigley:** A oes rhywbeth yr hoffai Mr Edwards ei ychwanegu at hynny?

[179] **Dafydd Wigley:** Is there anything that Mr Edwards would like to add to that?

Mr Edwards: I have nothing else to add to that.

Mr Edwards: Nid oes gennyf ddim mwy i'w ychwanegu at hynny.

[180] **Dafydd Wigley:** Fy nghwestiwn olaf, Gadeirydd, yw ei bod hi'n drawiadol ei bod wedi cymryd bron i ddwy flynedd, ar gyfartaledd, i gleifion wneud cais, ar ôl yr achos honedig o esgeulustod. Cyfeiriwyd at hynny yn gynharach. Os cymera ddwy flynedd i wneud y cais, mae hynny'n amlwg yn elfen sylweddol yn yr amser a gymerwyd. Mae'n golygu bod datrys y ceisiadau yn cymryd gymaint â hynny yn hirach a bod profiad wedi diflannu, wrth gwrs. Fe allai adlewyrchu anfodlonrwydd yr ymddiriedolaethau weithiau i siarad yn onest â'r cleifion pan fydd pethau wedi mynd o chwith.

[180] **Dafydd Wigley:** My final question, Chair, is that it is remarkable that it has taken almost two years, on average, for patients to make claims after the alleged case of negligence. That was referred to earlier. If it takes two years to make the claim, that is obviously a significant element in the time taken. It means that solving the cases takes that much longer and that experience has disappeared, of course. It could reflect the unwillingness of the trusts, sometimes, to talk honestly with the patients when things have gone wrong.

A ydych yn gwneud unrhyw beth o ran cyfathrebu rhwng clinigwyr a chleifion, i'w wneud yn fwy agored er mwyn ceisio osgoi y math hwn o oedi?

Are you doing anything in terms of the communication lines between your clinicians and patients, to make them more open in order to try to avoid this kind of delay?

Ms Peplar: I think that that is an area where we can usefully spend a lot of time. I think that we need to encourage all staff to actually talk more with patients, and to be more open about addressing problems when they develop. I think that there is sometimes a reluctance among some people to actually face up to a problem at the time it develops, and deal with it there.

Ms Peplar: Credaf fod hwnnw'n faes lle gallwn yn fuddiol dreulio llawer o amser. Credaf fod angen inni annog yr holl staff i siarad mwy gyda chleifion, ac i fod yn fwy agored ynghylch delio â phroblemau pan ddatblygant. Yr wyf yn meddwl fod yna amharodrwydd weithiau ymhlith rhai pobl i wynebu problem ar yr adeg y daw i'r wyneb, a delio â hi yn y fan honno.

The other area that we are looking at and considering, is having people within the organisation who are far more active in ward and clinical areas and out in the clinics to talk to people, and in a way, to help them draw

Y maes arall yr ydym yn edrych arno ac yn ei ystyried, yw cael pobl yn y sefydliad sydd yn llawer mwy gweithredol mewn wardiau, ardaloedd clinigol ac allan yn y clinigau I siarad â phobl ac, mewn ffordd, eu helpu i

out where they are dissatisfied with the service, rather than waiting for them to think something through and bring it out.

I think that the other area is also being patient with people. I know that it can sometimes take two years and that is a long time. However, if they are recovering or if they are still feeling quite confused about what happened to them, it may take a bit of time. I think that we need to work with and help people, and support the other systems that do that, to help them make complaints. That is one of the ways that we learn and develop our services. I would not want to see that not happening, but I think that it is about supporting people in that process better.

amlinellu lle y maent yn anfodlon ar y gwasanaeth, yn hytrach nag aros iddynt feddwl rhywbeth drwodd a dod ag ef allan.

Y maes arall, mi gredaf, yw bod yn amyneddgar gyda phobl hefyd. Gwn y gall weithiau gymryd dwy flynedd a bod hynny'n amser hir. Fodd bynnag, os ydynt yn gwella neu os ydynt yn dal i deimlo'n eithaf dryslyd ynghylch beth a ddigwyddodd iddynt, gall gymryd tipyn o amser. Yr wyf yn meddwl bod angen inni weithio gyda phobl a'u helpu, a chefnogi'r systemau eraill sydd yn gwneud hynny, i'w helpu i wneud cwynion. Dyna un o'r ffyrdd y dysgwn ac y datblygwn ein gwasanaethau. Ni hoffwn weld hynny'n peidio â digwydd, ond credaf fod a wnelo'r peth â chefnogi pobl yn y broses honno'n well.

Mr Edwards: I would agree with that. I see every letter of complaint that comes into Cardiff and Vale NHS Trust and I sign every letter that goes to individuals and I am involved in some of the investigations. The analysis that Sue does demonstrates that 16 per cent of all complaints are around communications difficulties. I suppose that it is not surprising. Healthcare is a very complex business these days with major sub-specialisation, which involves a number of clinicians coming together in order to help individuals. Sometimes the communication pathway can be very long. So I think that, in the context of claims, it is important to pick up that particular point.

Mr Edwards: Byddwn i'n cytuno â hynny. Gwelaf bob llythyr cwyn a ddaw i Ymddiriedolaeth GIG Caerdydd a'r Fro, a llofnodaf bob llythyr a anfonir at unigolion, a chymeraf ran mewn rhai o'r ymchwiliadau. Mae'r dadansoddiad a wnaeth Sue yn dangos mai anawsterau cyfathrebu yw 16 y cant o'r holl gwynion. Am wn i nad yw hynny'n syndod. Mae gofal iechyd yn fusnes cymhleth iawn y dyddiau hyn gydag is-arbenigo ar raddfa fawr, sydd yn golygu bod nifer o glinigwyr yn dod ynghyd er mwyn helpu unigolion. Weithiau gall y llwybr cyfathrebu fod yn hir iawn. Felly yr wyf yn meddwl, yng nghyd-destun hawliadau, ei bod yn bwysig ymateb i'r pwynt arbennig hwnnw.

[181] **Kirsty Williams:** The Assembly is about to go out to consultation on advocacy, patient liaison and public involvement in the service and the future development of the roles of community health councils, now that the decision has been taken to retain CHCs in Wales. Ms Peplar talked about the trusts providing people on the ground. Do you perceive increased investment in advocacy patient liaison, whether it be paid for by the trust or, perhaps even more preferably, independent-based advocacy in patient liaison services, to be a way to combat this poor communication that leads to not a huge, but a significant amount of the complaints that arise?

[181] **Kirsty Williams:** Mae'r Cynulliad ar fin ymgynghori ar eiriolaeth, cyswllt â chleifion a chyfranogiad y cyhoedd yn y gwasanaeth a datblygu rolau cynghorau iechyd cymuned yn y dyfodol yn awr bod y penderfyniad wedi'i gymryd i gadw CICau yng Nghymru. Soniodd Ms Peplar am yr ymddiriedolaethau'n darparu pobl ar lawr gwlad. A welwch chi fwy o fuddsoddi mewn cyswllt cleifion drwy eiriolaeth, boed wedi'i dalu amdano gan yr ymddiriedolaeth neu, efallai'n well fyth, eiriolaeth annibynnol mewn gwasanaethau cyswllt cleifion, fel ffordd i ymladd yn erbyn y cyfathrebu gwael yma sydd yn arwain at swm nid enfawr, ond arwyddocaol, o'r cwynion sydd yn codi?

Ms Peplar: I would fully support that. I think that there is an advantage in having both people in the trust and outside of it. If we are genuinely trying to talk about opening the debate up within the organisation with our users—with the people who use the services—then I think that we have to properly demonstrate that we are there, and that we are listening and acting upon what we hear. I think that if it is always via an outside agent, then that diminishes some of the learning that goes on. So I think that both need to be available. Clearly, where people feel that they have a problem, then they have to have easy, simple access to somebody outside the system to act as a kind of arbitrator and to help them move through the complications that we often put in place. However, I think that both have merit.

Ms Peplar: Byddwn yn cefnogi hynny'n llwyr. Yr wyf yn meddwl bod mantais o gael pobl yn yr ymddiriedolaeth a'r tu allan iddi. Os ydym yn ddidwyll yn ceisio sôn am agor y ddadl o fewn y sefydliad gyda'n defnyddwyr—gyda'r bobl sydd yn defnyddio'r gwasanaethau—yna credaf fod yn rhaid inni ddangos yn iawn ein bod ni yno, a'n bod yn gwrando ac yn gweithredu ar yr hyn a glywn. Credaf os digwydd hynny drwy asiant allanol bob tro, bydd hynny'n lleihau rhywfaint o'r dysgu sydd yn digwydd. Felly credaf fod angen i'r ddau fod ar gael. Yn amlwg, lle teimla pobl fod ganddynt broblem, bydd yn rhaid iddynt gael mynediad rhwydd, syml at rywun y tu allan i'r system i weithredu fel math o ganolwr a'u helpu i symud drwy'r cymhlethdodau y byddwn ni'n aml yn eu gosod. Fodd bynnag, credaf fod rhinwedd i'r ddau.

Mr Edwards: The direction of travel for us is to move from complaints to consumer relations. It is a sort of cultural and a learning thing. In my previous job as chief executive, we had people called patients' representatives who actually worked for us. That cut down the number of formal complaints and allowed us to settle issues before they got anywhere. It has been known in the service for a long time that if you can do that, saying 'sorry' on the ward is, I think, quite an important issue. So that is a direction for us. The other thing is that we are linked with another teaching hospital in the north of the Netherlands. On its main concourse there is a glass-fronted shop where some of these issues take place. So, making it easier for people to access us through that sort of fairly simple means, but something that we can all recognise—a shop front—is an issue that we are considering at the moment. We are considering how we might provide that. That is perhaps too full an answer, but that is the direction that we are moving in.

Mr Edwards: Y cyfeiriad inni deithio iddo yw symud o gwynion at berthynas â defnyddwyr. Mae'n fath o beth diwylliannol ac addysgol. Yn fy swydd flaenorol fel prif weithredwr, yr oedd gennym bobl a elwid yn gynrychiolwyr cleifion yn gweithio inni. Golygai hynny gwtogi nifer y cwynion ffurfiol a chaniatáu inni setlo materion cyn iddynt fynd i unman. Mae'n hysbys yn y gwasanaeth ers tro os gallwch wneud hynny, bod dweud 'mae'n ddrwg gennyf' ar y ward yn fater eithaf pwysig, gredaf fi. Felly dyna gyfeiriad inni. Y peth arall yw bod gennym gyswllt ag ysbyty dysgu arall yng ngogledd yr Iseldiroedd. Ar ei brif goncwrs mae siop ag iddi wyneb gwydr lle digwydd rhai o'r materion hyn. Felly, mae hwyluso pethau i bobl gael mynediad atom drwy'r math hwnnw o fodd gweddol syml, ond rhywbeth y gallwn i gyd ei adnabod—ffenestr siop—yn fater yr ydym yn ei ystyried ar hyn o bryd. Yr ydym yn ystyried sut y gallem ddarparu hynny. Mae hynny'n ateb rhy lawn efallai, ond dyna'r cyfeiriad yr ydym yn symud iddo.

[182] **Jocelyn Davies:** I have a question and a comment on the issue of taking a long time to settle cases. Is there any real disadvantage to you if a case takes a long time? Would you agree that it is not always wise to settle early because the full extent of the damage that somebody has incurred may not be known for many months? On the other hand, some people recover well, beyond expectations. If

[182] **Jocelyn Davies:** Mae gennyf gwestiwn a sylw ar fater yr amser hir a gymerir i setlo achosion. A oes unrhyw wir anfantais i chi os bydd achos yn cymryd amser hir? A fyddech yn cytuno nad yw bob amser yn ddoeth setlo'n gynnar oherwydd efallai na fydd llawn faint y niwed a ddigwyddodd i rywun yn hysbys am fisoedd lawer? Ar y llaw arall, bydd rhai pobl yn gwella'n dda, y tu hwnt i'r

you had settled earlier, you would perhaps have thought that they would have been very ill for a very long time. So is time really that important?

disgwyliadau. Pe baech wedi setlo'n gynharach, byddech efallai wedi meddwl y buasent yn sâl iawn am gyfnod maith iawn. Felly a yw amser mor bwysig â hynny mewn gwirionedd?

Ms Peplar: I think that time is important, if you are the complainant. I think that it is very important. However, I think that there is a mid-course that could be taken. I think that one of the problems that occur is that we make full settlement at the point of settlement. Sometimes there is perhaps a very good case for looking at a longer-term arrangement that allows for changes to happen. However, I do not think that we should delay simply because in some cases there might be some benefit or a change that would change the ultimate outcome. However, I think that we should have a system that allows us to review and reconsider. I think that that is appropriate.

Ms Peplar: Yr wyf fi'n meddwl bod amser yn bwysig, os mai chi yw'r achwynwr. Credaf ei fod yn bwysig iawn. Fodd bynnag, yr wyf yn meddwl bod ffordd ganol y gellid ei chymryd. Credaf mai un o'r problemau sydd yn digwydd yw ein bod yn setlo'n llawn ar y pwynt setlo. Weithiau efallai fod achos da iawn dros edrych ar drefniant tymor hirach sydd yn caniatáu ar gyfer newidiadau. Fodd bynnag, nid wyf yn meddwl y dylem oedi dim ond oherwydd y gallai mewn rhai achosion fod rhyw fantais neu newid a fyddai'n newid y canlyniad yn y pen draw. Fodd bynnag, credaf y dylai fod gennym system sydd yn caniatáu inni adolygu ac ailystyried. Credaf fod hynny'n briodol.

[183] **Jocelyn Davies:** That is not possible at the moment so, say, for example, it seems that someone would be very severely ill for a number of years, he or she would receive one lump sum in settlement at the time of the decision. That does not allow you then to review things later on. Or perhaps someone would live many more years than was expected. Is that—

[183] **Jocelyn Davies:** Nid yw hynny'n bosibl ar hyn o bryd felly, dyweder, er enghraifft, ei bod yn ymddangos y byddai rhywun yn ddifrifol wael am nifer o flynyddoedd, byddai'n derbyn un lwmp swm yn setliad ar adeg y penderfyniad. Nid yw hynny'n caniatáu ichi wedyn adolygu pethau yn ddiweddarach. Neu efallai y byddai rhywun yn byw am lawer mwy o flynyddoedd nag a ddisgwyliwyd. A yw hynny—

Ms Peplar: I am not sure that it is not possible, but it is certainly not what happens. It tends to be the long-term settlement.

Ms Peplar: Nid wyf yn siŵr nad yw'n bosibl, ond yn sicr nid dyna sydd yn digwydd. Tuedda i fod yn setliad tymor hir.

Mr Edwards: I think that it is possible and I made a reference earlier to structured payments. Let us say, and God forbid, that someone has a damaged child, where lifetime support is actually required. Much of that support comes from caring agencies such as health and social services, and housing and education services. Very often, those settlements can be made in kind rather than in sums of money, or the sums of money would apply in part. Now, so far, claimants and their solicitors have not embraced that as a concept and have gone for the one-off up front payment, even though needs will change. So, I suspect that the service in many respects gets a double whammy in terms of the

Mr Edwards: Credaf ei bod yn bosibl a chyfeiriais yn gynharach at daliadau strwythuredig. Dyweder, a Duw a'n gwaredo, fod gan rywun blentyn wedi'i niweidio, lle bydd angen cefnogaeth am oes. Daw llawer o'r gefnogaeth honno o asiantaethau gofal fel iechyd a gwasanaethau cymdeithasol, a gwasanaethau tai ac addysg. Yn aml iawn, gellir gwneud y setliadau hynny mewn gwasanaethau yn hytrach nag mewn symiau o arian, neu byddai'r symiau arian yn rhan o setliad. Yn awr, hyd yma, nid yw hawlwyr a'u cyfreithwyr wedi coleddu hynny fel cysyniad ac maent wedi mynd am y taliad rhag blaen unwaith ac am byth, er y bydd anghenion yn newid. Felly, yr wyf yn amau

settlement and in terms of the ongoing care of the individual. I am not in any way trying to deny individuals what they require, but in answer to your question, I think that that is an aspect upon which we should reflect.

bod y gwasanaeth mewn sawl ffordd yn dioddef ergyd ddwbl yn nhermau'r setliad ac yn nhermau gofal parhaus i'r unigolyn. Nid wyf yn ceisio gwadu i unigolion yr hyn sydd ei angen arnynt o gwbl, ond i ateb eich cwestiwn, credaf fod honno'n agwedd i'w hystyried.

[184] **Janet Davies:** We will now break for coffee.

[184] **Janet Davies:** Cymerwn egwyl yn awr am goffi.

[*Cynhaliwyd egwyl goffi rhwng 3.42 p.m. tan 3.58 p.m.*]
[*A coffee break was held between 3.42 p.m. to 3.58 p.m.*]

[185] **Janet Davies:** We will now turn to risk management standards. I will ask Ms Peplar a question first. It is quite disappointing that only five of the 15 trusts achieved the Welsh Risk Pool's benchmark of 75 per cent compliance with the standards when they were assessed last year. I see from figure 4.3 on page 30 of the report that, while Cardiff and Vale NHS Trust was one of the trusts that achieved the benchmark, North East Wales NHS Trust failed by some margin, with a score of 62 per cent. Most other trusts scored better than that overall and against the core generic standards, where the bulk of assessments lay. Only two of the other 14 trusts in Wales managed to score lower than yours. I wonder if you could explain to us why the performance has been so poor?

[185] **Janet Davies:** Trown yn awr at safonau rheoli risg. Gofynnaf gwestiwn i Ms Peplar yn gyntaf. Mae'n eithaf siomedig mai dim ond pump o'r 15 ymddiriedolaeth a gyrhaeddodd feincnod Cronfa Risg Cymru, sef cydymffurfiad 75 y cant â'r safonau, pan gawsant eu hasesu y llynedd. Yn ôl ffigur 4.3 ar dudalen 30 yr adroddiad, gwelaf fod Ymddiriedolaeth GIG Caerdydd a'r Fro yn un o'r rhai a gyrhaeddodd y meincnod, ond bod Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru wedi methu o gryn bellter, gyda sgôr o 62 y cant. Sgoriodd y rhan fwyaf o'r ymddiriedolaethau eraill yn well na hynny yn gyffredinol ac yn erbyn y safonau generig craidd, lle'r oedd y rhan fwyaf o'r asesu. Dim ond dwy o'r 14 ymddiriedolaeth arall yng Nghymru a lwyddodd i sgorio'n is na chi. Tybed a allech egluro inni pam y bu'r perfformiad mor wael?

Ms Peplar: I will ask Julie to pick up on the details in a moment, but I think that one of the areas when I looked at this, was that there seemed to have been, in certain parts of the trust, until about 1999, very little work on risk management at all. So I think that they were coming from a long way back. An example of that would be aspects of community services. The mental health directorate was in a very low position, partly because it had been leaderless for a couple of years. Certainly, it is interesting, since we appointed someone into that directorate, to note the improvements and the rate of change, when there is someone who is championing the process and taking it further forward. Some of the variations were very localised to particular areas, and represent a lack of interest and a lack of motivation further back in the past. Perhaps I could ask

Ms Peplar: Gofynnaf i Julie ymdrin â'r manylion mewn munud, ond credaf mai un o'r pethau a welais i pan edrychais ar hyn oedd ei bod yn ymddangos, mewn rhai rhannau o'r ymddiriedolaeth, tan tua 1999, mai ychydig iawn o waith a fu ar reoli risg o gwbl. Felly yr wyf yn meddwl eu bod yn dod o gryn amser yn ôl. Enghraifft o hynny fyddai agweddau ar wasanaethau cymunedol. Yr oedd y gyfarwyddiaeth iechyd meddwl mewn safle isel iawn, yn rhannol am iddi fod heb arweinydd am flwyddyn neu ddwy. Yn sicr, ers penodi rhywun i'r gyfarwyddiaeth honno, mae'n ddiddorol nodi'r gwelliannau a chyflymder y newid, pan fo rhywun yno sydd yn hyrwyddo'r broses ac yn mynd â hi ymhellach ymlaen. Yr oedd rhai o'r amrywiadau'n lleol iawn i ardaloedd arbennig, ac yn cynrychioli diffyg diddordeb a diffyg cymhelliant yn ôl yn y gorffennol.

Julie to comment on the detail.

Efallai y cawn ofyn i Julie roi sylwadau ar y manylion.

Ms Parry: Certainly in some areas we were weak, which probably was what brought the score down as low as it was. From the previous audit, we concentrated on our trust issues, in terms of what were the issues that were causing us to have clinical negligence claims. They very much sat around our specialist standards which, as we have heard already, were obstetrics and theatre and so on. In terms of working hard, we concentrated our efforts on the specialist areas. I think, as a trust, our other weakness was that the standards themselves were kept very centrally at the top. They were not disseminated across the trust. That meant that a lot of the staff within the organisation never heard of the risk management standards. So we may have been working at the top, but people on the frontline did not have any knowledge of those standards, so obviously were not working to the same remit.

Ms Parry: Yn sicr mewn rhai meysydd yr oeddem yn wan, a hynny mae'n debyg a ddaeth â'r sgôr i lawr cyn ised ag yr oedd. Ar ôl yr archwiliad blaenorol, canolbwyntiwyd ar faterion ein hymddiriedolaeth, hynny yw y materion a olygai fod hawliadau esgeulustod clinigol yn cael eu gwneud yn ein herbyn. I raddau helaeth iawn yr oedd a wnelo'r rheini â'n safonau arbenigol, sef, fel y clywsom yn barod, obstetreg a theatr ac ati. O ran gweithio'n galed, buom yn canolbwyntio'n hymdrechion ar y meysydd arbenigol. Credaf mai ein gwendid arall fel ymddiriedolaeth oedd y cedwid y safonau eu hunain yn ganolog iawn ar y brig. Ni chawsant eu lledaenu drwy'r ymddiriedolaeth. Golygodd hynny na chlywodd llawer o'r staff o fewn y sefydliad erioed am y safonau rheoli risg. Felly efallai i ni fod yn gweithio ar y brig, ond nid oedd gan bobl yn y rheng flaen wybodaeth am y safonau hynny, felly yn amlwg nid oeddem yn gweithio yn ôl yr un canllawiau.

For some of the areas that we fell down on, I think that the trust was not as bad as was reflected in terms of the practicalities. The evidence in terms of the audit itself is very much about paper proof that we are complying. I had a recent conservation with one of our clinicians who was upset about us failing to get some marks in one part of the standards, because he did have a policy, but it was in his head. So we have this element that we have practical situations in place, but we do not have the evidence. We do not have the documentation. We go back to the issue of documented evidence again.

O ran rhai o'r meysydd lle bu inni fethu, nid wyf yn meddwl bod yr ymddiriedolaeth cyn waethed ag a adlewyrchwyd yn nhermau'r pwyntiau ymarferol. Mae'r dystiolaeth o ran yr archwiliad ei hun i raddau helaeth iawn yn ymwneud â phrawf ar bapur ein bod yn cydymffurfio. Cefais sgwrs ddiweddar gydag un o'n clinigwyr a oedd yn siomedig ein bod wedi methu cael marciau mewn un rhan o'r safonau, gan fod ganddo bolisi, ond mai yn ei ben yr oedd. Felly cawn yr elfen hon fod gennym sefyllfaoedd ymarferol ar waith, ond nad yw'r dystiolaeth gennym. Nid yw'r ddogfennaeth gennym. Awn yn ôl at gwestiwn tystiolaeth ddogfennol eto.

[186] **Janet Davies:** So when the trusts are next assessed, do you feel that the level of compliance will be much better? Have you any estimate of what you think that you might achieve?

[186] **Janet Davies:** Felly pan asesir yr ymddiriedolaethau nesaf, a ydych yn teimlo y bydd y lefel cydymffurfio'n llawer gwell? A oes gennych unrhyw amcangyfrif o'r hyn y credwch y gallech ei gyflawni?

Ms Parry: Yes. We have already made estimates. One of the things that I think that we need to point out, is that it is not a balanced benchmark against last year's audit, because the launch of the new standards in November has changed the goalposts slightly

Ms Parry: Oes. Yr ydym eisoes wedi gwneud amcangyfrifon. Un o'r pethau y credaf fod angen inni eu nodi yw nad yw'r meincnod yn erbyn archwiliad y llynedd yn gytbwys, oherwydd bod lansio'r safonau newydd ym mis Tachwedd wedi symud y

again. Standards which last year sat in controlled assurance have now moved across into the Welsh Risk Pool audit and have put pressure on us to achieve more than we may have done, because the target dates have changed. I would like to say to you that we will achieve 75 per cent, but, hand on heart, I could not give you that assurance at the moment.

pyst gôl ryw fymryn eto. Mae safonau a eisteddai ym maes sicrwydd rheoledig y llynedd bellach wedi symud drosodd i archwiliad Cronfa Risg Cymru ac wedi rhoi pwysau arnom i gyflawni mwy nag a wnaethom efallai, am fod y dyddiadau targed wedi newid. Hoffwn ddweud wrthych y cawn ni 75 y cant, ond, â'm llaw ar fy nghalon, ni allwn roi'r sicrwydd hwnnw ichi ar hyn o bryd.

[187] **Janet Davies:** But you do feel that you are improving?

[187] **Janet Davies:** Ond yr ydych yn teimlo eich bod yn gwella?

Ms Parry: We are definitely improving. We have definitely disseminated this knowledge and we are definitely working at the frontline. So, again, those groups that I talked about earlier with the directorates now own the standards and we have leads within the trusts. So for every one of the 35 standards that have been issued, we have a lead in trust and someone is championing away to try to get that evidence together, which is something that we have never had before.

Ms Parry: Yr ydym yn bendant yn gwella. Yr ydym yn bendant wedi lledaenu'r wybodaeth hon ac yr ydym yn bendant yn gweithio ar y llinell flaen. Felly, eto, mae'r grwpiau hynny y soniais amdanynt yn gynharach gyda'r cyfarwyddiaethau bellach yn berchen ar y safonau ac mae gennym bobl i arwain y gwaith o fewn yr ymddiriedolaethau. Felly am bob un o'r 35 o safonau a gyhoeddwyd, mae gennym bobl i arwain y gwaith yn yr ymddiriedolaeth ac mae rhywun wrthi'n hyrwyddo i geisio dod â'r dystiolaeth honno ynghyd, rhywbeth na fu gennym erioed o'r blaen.

[188] **Janet Davies:** Thank you. Mr Edwards, when Ann Lloyd appeared before this Committee, she made it clear that she would not expect better performing trusts just to sit where they are and not improve. Could you tell me what you are doing to further improve your risk management systems?

[188] **Janet Davies:** Diolch. Mr Edwards, pan ymddangosodd Ann Lloyd ger bron y Pwyllgor hwn, dywedodd yn glir na fyddai'n disgwyl i'r ymddiriedolaethau a oedd yn perfformio'n well eistedd yn ôl lle maent a pheidio â gwella. A allech ddweud wrthyf beth yr ydych yn ei wneud i wella eich systemau rheoli risg ymhellach?

Mr Edwards: The biggest emphasis for us is on clinical audit. You will see from the scores that we did not do well with that. I suspect that, if we looked across the service, that it would be a similar picture. It is so important that clinicians are able to compare their performance. It clearly goes without saying that we need to improve in clinical audit. So the main thrust for us is in that area. I made the point earlier about SAFECODE and the link between complaints, incidents and the claims management process. The fourth component of that, I think, is clinical audit. That is another integrating system that we need to have. So the main emphasis for me is in that area.

Mr Edwards: Y pwyslais mwyaf i ni yw hwnnw ar archwilio clinigol. Fe welwch o'r sgoriau na wnaethom yn dda ar hynny. Yr wyf yn amau, pe edrychem ar draws y gwasanaeth, y gwelem ddarlun tebyg. Mae mor bwysig fod clinigwyr yn gallu cymharu eu perfformiad. Yn amlwg mae angen inni wella ym maes archwilio clinigol. Felly yn y maes hwnnw mae'r prif ymgyrch i ni. Gwneuthum y pwynt yn gynharach am SAFECODE a'r cysylltiad rhwng cwynion, digwyddiadau a'r broses reoli hawliadau. Y bedwaredd gydran i hynny, mi gredaf, yw archwilio clinigol. Dyna system integreiddiol arall y mae angen inni ei chael. Felly i mi mae'r prif bwyslais yn y maes hwnnw.

[189] **Janet Davies:** Are you satisfied with the support that you receive from the Welsh Risk Pool?

[189] **Janet Davies:** A ydych yn fodlon ar y gefnogaeth a gewch gan Gronfa Risg Cymru?

Mr Edwards: Yes, I am very satisfied with that. I think, if I was to stand slightly to one side and think about the way in which we configure the incentivisation programme at the moment— As you know, because we achieved 75 per cent, we get a £5,000 per case settled discount. That is a helpful incentive to do what we should be doing anyway, but life is busy. I am wondering whether the Committee might want to consider looking at the incentivisation process, perhaps to make a comparison with the clinical negligence scheme for trusts system in England where the discount is on the premium rather than on the claim settled. I think there are 'for's and 'against's in both. However, clearly, as chief executives, we want to continue to improve and want to give people the opportunity and incentive to do that.

Mr Edwards: Ydwyf, yr wyf yn fodlon iawn ar hynny. Yr wyf yn meddwl, pe bawn yn sefyll ychydig i un ochr a meddwl am y ffordd y cyfluniwn y rhaglen gymhelliant ar hyn o bryd— Fel y gwyddoch, am ein bod wedi cyflawni 75 y cant, cawn ddisgownt o £5,000 am bob achos a setlir. Mae hynny'n gymhelliant buddiol i wneud yr hyn y dylem fod yn ei wneud beth bynnag, ond mae bywyd yn brysur. Yr wyf yn meddwl tybed a hoffai'r Pwyllgor efallai ystyried edrych ar y broses gymelliannol, ac efallai gymharu gyda'r cynllun esgeulustod clinigol i ymddiriedolaethau yn Lloegr lle rhoddir y disgownt ar y premiwm yn hytrach nag ar yr hawliad a setlir. Credaf fod pethau o blaid ac yn erbyn y naill drefn a'r llall. Fodd bynnag, yn amlwg, fel prif weithredwyr, mae arnom ni eisiau parhau i wella a rhoi cyfle a chymhelliant i bobl wneud hynny.

[190] **Alison Halford:** I would like to get this straight, because so often when we take evidence, the people who are responsible for the perhaps breakdown of procedures or shortfall in standards are not those who are sitting before us to answer the difficult questions. This report was presented to the Assembly in February 2001. Sir John, you would have been looking at the trusts in 1999-2000?

[190] **Alison Halford:** Hoffwn gael hyn yn glir, oherwydd mor aml pan gymerwn dystiolaeth, nid y bobl gyfrifol am efallai fethiant gweithdrefnau neu ddiffyg safonau yw'r bobl sydd yn eistedd o'n blaenau i ateb y cwestiynau anodd. Cyflwynwyd yr adroddiad hwn i'r Cynulliad yn Chwefror 2001. Syr John, a fyddech chi wedi bod yn edrych ar yr ymddiriedolaethau yn 1999-2000?

Sir John Bourn: In 2000, yes.

Syr John Bourn: Yn 2000, byddem.

[191] **Alison Halford:** Right, so, Ms Peplar, you arrived on the scene in July 2000.

[191] **Alison Halford:** Iawn, felly, Ms Peplar, yng Ngorffennaf 2000 y daethoch chi yn rhan o'r gwaith.

Ms Peplar: In July 2000.

Ms Peplar: Yng Ngorffennaf 2000.

[192] **Alison Halford:** Okay, and the trust was reconfigured in 1999.

[192] **Alison Halford:** Iawn, ac ailgyfluniwyd yr ymddiriedolaeth yn 1999.

Ms Peplar: In April 1999.

Ms Peplar: Yn Ebrill 1999.

[193] **Alison Halford:** Okay. So you are not entirely responsible for some of the criticisms that are contained in this document that we have been addressing today.

[193] **Alison Halford:** Iawn. Felly nid ydych chi'n gwbl gyfrifol am rai o'r beirniadaethau a geir yn y ddogfen hon sydd wedi cael ein sylw heddiw.

Ms Peplar: No, but I think that it is entirely

Ms Peplar: Na, ond credaf mai fy rôl i yn

my role to ensure that we improve.

gyfan gwbl yw sicrhau ein bod yn gwella.

[194] **Alison Halford:** Okay. You said, when the Chair opened the questioning to you, that clinical negligence was given a high priority. However, then you said that that was as much as it can be given a high priority because priorities come and go. Is not that a bit of contradiction from what you have been saying up to now, or was it just the opening thrust in the difficult situation in which you find yourself? Is it a priority or is it not?

[194] **Alison Halford:** Iawn. Dywedasoch, pan agorodd y Cadeirydd yr holi arnoch, y rhoddid blaenoriaeth uchel i esgeulustod clinigol. Fodd bynnag, dywedasoch wedyn mai cymaint ag y gellid rhoi blaenoriaeth uchel iddo oedd hynny gan fod blaenoriaethau'n mynd a dod. Onid yw hynny'n gwrth-ddweud braidd yr hyn yr ydych wedi bod yn ei ddweud hyd yma, ynteu ai dim ond yr ergyd gyntaf ydoedd yn y sefyllfa anodd y canfyddwch eich hun ynddi? A ydyw'n flaenoriaeth ai peidio?

Ms Peplar: I think that I am trying to be very clear and honest. I think that it is a high priority. I think that there are a set of priorities that constantly beset people running the health services and which are being looked at at any one time. For example, we are asked to place a very high priority on managing risk. We are also asked by you to place a very high priority on reaching targets. There is often a tension between those. We need to be aware of that and clear that sometimes in trying to reach some of the targets, which we know in terms of the patient's experience are also important, there is a conflict and tension there. The organisation that I serve also has a major priority in its financial position, which also occupies time and energy at other times. I am trying to be very clear and honest that it is a priority, but we have a whole range of priorities and sometimes there is conflict between them.

Ms Peplar: Yr wyf yn meddwl fy mod yn ceisio bod yn glir a gonest iawn. Yr wyf yn meddwl ei fod yn flaenoriaeth uchel. Yr wyf yn meddwl fod yna set o flaenoriaethau sydd o hyd yn taro pobl sydd yn rhedeg y gwasanaethau iechyd ac a gaiff sylw ar unrhyw un adeg. Er enghraifft, gofynnir inni roi blaenoriaeth uchel iawn i reoli risg. Yr ydych hefyd yn gofyn i ni roi blaenoriaeth uchel iawn i gyrraedd targedau. Yn aml ceir tensiwn rhwng y rheini. Mae angen inni fod yn ymwybodol o hynny a bod yn glir, weithiau wrth inni geisio cyrraedd rhai o'r targedau, sydd hefyd yn bwysig, fe wyddom, yn nhermau profiad y claf, fod gwrthdaro a thensiwn yno. Mae'r sefydliad a wasanaethaf yn rhoi blaenoriaeth fawr hefyd i'w sefyllfa ariannol, sydd hefyd yn cymryd amser ac egni ar adegau eraill. Yr wyf yn ceisio bod yn glir a gonest iawn ei fod yn flaenoriaeth, ond bod gennym amrediad llawn o flaenoriaethau ac y ceir gwrthdaro rhyngddynt weithiau.

[195] **Alison Halford:** I have been asked to ask you another question, and I do not mind who takes it as I have just been concentrating on you, Hilary. However, what are the barriers to putting robust risk assessment management in place? Is it time consuming and is it expensive? I must note that you seem to be behind the Cardiff and Vale NHS Trust in risk assessment. You have been honest enough to say that. So what are the barriers? Why can you not do better?

[195] **Alison Halford:** Gofynnwyd imi ofyn cwestiwn arall ichi, ac nid oes ots gennyf pwy gymer y cwestiwn gan fy mod wedi bod yn canolbwyntio arnoch chi yn unig, Hilary. Fodd bynnag, beth yw'r rhwystrau i sefydlu rheolaeth gref ar asesu risg? A ydyw'n cymryd amser ac a yw'n gostus? Rhaid imi nodi ei bod yn ymddangos eich bod ar ôl Ymddiriedolaeth GIG Caerdydd a'r Fro o ran asesu risg. Buoch yn ddigon gonest i ddweud hynny. Felly beth yw'r rhwystrau? Pam na allwch chi wneud yn well?

Ms Peplar: Culture has been, and still is to some extent, a barrier, and I think that Julie has referred to that. It takes time to get something through the entire organisation.

Ms Peplar: Bu diwylliant yn rhwystr, ac mae'n dal i fod i ryw raddau, ac yr wyf yn meddwl fod Julie wedi cyfeirio at hynny. Mae'n cymryd amser i gael rhywbeth drwy'r

There is sometimes a level of cynicism towards new innovations or things that are being introduced, and some resistance. There is a real issue there. There are barriers about spending the right amount of time and I am constantly told by people, 'Yes, I can do that, I am perfectly capable of doing that, but what do you want me to stop doing while I do that?'. I think that that is something that, perhaps in some of the smaller trusts, is a very big issue because people are having to juggle several different parts of an agenda at the same time. I think that there are barriers that we have already heard about and discussed in terms of the systems that were perhaps embryonic and are now developing to support what we are doing, and people getting used to those systems and some new systems that need to come in to, perhaps, close the whole end off. Julie, are there any others?

sefydliad cyfan. Weithiau ceir lefel o sinigiaeth tuag at syniadau newydd neu bethau a gyflwynir, a pheth gwrthsafiad. Mae hynny'n fater gwirioneddol. Mae rhwystrau ynghlwm wrth dreulio'r amser priodol, a dywed pobl wrthyf o hyd, 'Ie, gallaf wneud hynny, yr wyf yn berffaith abl i wneud hynny, ond beth hoffech imi roi'r gorau i'w wneud tra byddaf yn gwneud hynny?'. Yr wyf yn meddwl fod hynny'n rhywbeth sydd, efallai yn rhai o'r ymddiriedolaethau llai, yn fater mawr iawn oherwydd mae pobl yn gorfod jyglo sawl gwahanol ran o agenda ar yr un pryd. Credaf fod rhwystrau yr ydym wedi clywed amdanynt eisoes a'u trafod yn nhermau y systemau a oedd efallai yn eu babandod ac sydd bellach yn datblygu i gefnogi'r hyn yr ydym yn ei wneud, a phobl yn ymgynefino â'r systemau hynny a rhai systemau newydd y mae angen eu cyflwyno, efallai, i gau pen y mwdwl. Julie, oes yna ragor?

Ms Parry: It costs in time and in financial terms. Asking people to leave their clinical practice to reflect on practice takes time, as does passing the message across that we are not looking at managing risk after the events. Historically, in our culture we have been very reactive. We have only reacted after an event whereas we are trying to encourage the reverse and be proactive in terms of stopping it before it happens. We recognise that, even within our own trust. We have very good scores in terms of claims management—90 per cent. However, in terms of our records management, our score is 37.5 per cent. If we could turn that around and have better records management, then we would not have as many claims. It is about changing from a reactive to a proactive environment, which is not easy in our culture.

Ms Parry: Mae'n costio yn nhermau amser ac arian. Mae gofyn i bobl adael eu gwaith clinigol i feddwl am eu gwaith yn cymryd amser, fel y mae trosglwyddo'r neges nad ydym yn edrych ar reoli risg wedi'r digwyddiad. Yn hanesyddol, yn ein diwylliant ni yr ydym wedi bod yn adweithiol iawn. Dim ond adweithio wedi digwyddiad a wnaethom, ac yn awr yr ydym yn ceisio annog y gwrthwyneb a bod yn rhagweithiol yn nhermau atal digwyddiad cyn iddo ddigwydd. Sylweddolwn hynny, hyd yn oed o fewn ein hymddiriedolaeth ein hunain. Mae gennym sgoriau da iawn yn nhermau rheoli hawliadau—90 y cant. Fodd bynnag, yn nhermau rheoli cofnodion, 37.5 y cant yw ein sgôr. Pe gallem droi hynny o gwmpas a chael gwell rheolaeth cofnodion, yna ni fyddem yn cael cymaint o hawliadau. Mater ydyw o newid o amgylchedd adweithiol i un rhagweithiol, sydd ddim yn hawdd yn ein diwylliant ni.

[196] **Alison Halford:** You also mentioned, in an earlier comment, changing the culture. Is the culture in your trust any more difficult than in any other trust?

[196] **Alison Halford:** Soniasoch hefyd, mewn sylw cynharach, am newid y diwylliant. A yw'r diwylliant yn eich ymddiriedolaeth chi yn anos nag mewn unrhyw ymddiriedolaeth arall?

Ms Peplar: No, but we should reflect on the importance of addressing culture and not forget that it is not a case simply of

Ms Peplar: Nac ydyw, ond dylem feddwl am bwysigrwydd ymdrin â diwylliant a pheidio ag anghofio nad dim ond mater o gyflwyno

introducing systems or processes. It is about people's belief in that and the use of it and ensuring that it is thoroughly entrenched throughout the whole of the organisation. That takes time to do.

[197] **Alison Halford:** The Auditor General points out that the three risk management standards where overall compliance across Wales was at its lowest: supervision of junior staff, communication between doctors and patients—and I know that we have gone over this in some other areas—and patient records, correspond to non-clinical errors that were found to be the prime reason behind a good proportion of negligence claims. These are basic supervisory shortfalls. Would you agree or not?

Ms Peplar: Yes.

[198] **Alison Halford:** So why is management not able to address these basic management skills?

Ms Peplar: Some of that is actually about just the simple number of people that are around to do that and where the time is spent. Increasingly, through other mechanisms, we are being asked to look, and we are looking very carefully, at how we supervise our junior staff. However, I do not think that we should underestimate the time that it takes to properly supervise staff throughout the whole of the organisation, and to do that in a way, as Julie said, that allows them time to reflect. It is not just a case of keeping an eye on them. It is standing back and giving them time to do it, and it is just a matter of the time in the system, or the lack of time in the system.

[199] **Alison Halford:** I must challenge you. I am sorry that it is focused on you, but your trust is the one that is slightly in the wooden spoon area at present when it comes to two of these standards. Why is this? I know that we have talked about the problems before 1999, but we must pursue an explanation of what you propose to do about it, and in these two particular areas, where you fall below 50 per cent.

Ms Peplar: Do you want to pick that up, Julie, and tell them what we are doing?

systemau neu brosesau ydyw. Mater ydyw o gred pobl yn hynny a'i ddefnydd a sicrhau ei fod yn gwreiddio'n drwyadl drwy'r sefydliad cyfan. Mae hynny'n cymryd amser i'w gyflawni.

[197] **Alison Halford:** Mae'r Archwilydd Cyffredinol yn nodi fod y tair safon rheoli risg lle roedd y cydymffurfiad cyffredinol ar draws Cymru ar ei isaf, sef goruchwylio staff is, cyfathrebu rhwng meddygon a chleifion—a gwn ein bod wedi mynd dros hyn mewn rhai meysydd eraill—a chofnodion cleifion, yn cyfateb i gamgymeriadau anghlinigol y canfuwyd mai hwy oedd y prif reswm y tu cefn i gyfran dda o hawliadau esgeulustod. Diffygion goruchwylio sylfaenol yw'r rhain. A fyddech yn cytuno ai peidio?

Ms Peplar: Byddwn.

[198] **Alison Halford:** Felly pam na all y rheolwyr weithio ar y sgiliau rheoli sylfaenol hyn?

Ms Peplar: Mae a wnelo rhan o hynny yn syml â'r nifer o bobl sydd o gwmpas i wneud hynny, a ble y treulir yr amser. Fwyfwy, drwy fecanweithiau eraill, gofynnir inni edrych, ac yr ydym yn edrych yn fanwl iawn, ar sut yr ydym yn goruchwylio'n staff is. Fodd bynnag, nid wyf yn meddwl y dylem ddibrisio'r amser a gymer i oruchwylio staff yn iawn drwy'r sefydliad drwyddo draw, a gwneud hynny mewn modd, fel y dywedodd Julie, sydd yn caniatáu amser iddynt feddwl dros bethau. Nid achos o gadw llygad arnynt yn unig yw hyn. Mae'n fater o sefyll yn ôl a rhoi amser iddynt hwy ei wneud, a dim ond mater ydyw o'r amser yn y system, neu'r diffyg amser yn y system.

[199] **Alison Halford:** Rhaid imi'ch herio. Mae'n ddrwg gennyf ganolbwyntio arnoch chi, ond eich ymddiriedolaeth chi yw'r un sydd ychydig yn ardal y llwy bren ar hyn o bryd pan soniwn am ddwy o'r safonau hyn. Pam fod hyn? Gwn ein bod wedi sôn am y problemau cyn 1999, ond rhaid inni fynd ar ôl eglurhad o'r hyn y bwriadwch ei wneud yn ei gylch, ac yn y ddau faes arbennig hyn, lle y cwympwch dan 50 y cant.

Ms Peplar: A hoffech chi ymateb i hynny, Julie, a dweud wrthynt beth yr ydym yn ei

wneud?

Ms Parry: Obviously, we have reflected on the scores from our previous audit. Again, part of that problem may have been a reconfiguration in terms of lead offices for standards, so we focused particularly on the three that were highlighted in the Auditor General's report. I can give the Committee reassurance that we will be achieving over 60 per cent in everything that we did poorly in the last audit. We have particularly focused on the supervision of junior staff, because again it is a trust issue. As I said to you before, we concentrated on specialist standards previously. So the three that we have focused on are the three that were raised within the report, as well as obviously our other areas. I think that we have been able to improve on that because we have been able to document better, because that is one of our areas of weakness. We have had the lead offices working on it and compiling it. One thing that I would say is that, because we did not necessarily have ownership of the standards last year, there may well have been evidence within the trust that was not taken into account during the audit. After the event many people said, 'Oh you should have come to me and we would have given you whatever', and that may have reflected on the scores as well.

Ms Parry: Yn amlwg, yr ydym wedi myfyrio ar y sgoriau o'n harchwiliad blaenorol. Eto, efallai mai rhan o'r broblem honno oedd ailgyflunio o ran swyddfeydd arweiniol ar safonau, felly dyma ganolbwyntio'n arbennig ar y tair a gafodd sylw yn adroddiad yr Archwilydd Cyffredinol. Gallaf roi sicrwydd i'r Pwyllgor y byddwn yn cyflawni dros 60 y cant ym mhopeth a wnaethom yn wael yn yr archwiliad diwethaf. Yr ydym wedi canolbwyntio'n arbennig ar oruchwylio staff is, oherwydd eto mae'n fater i'r ymddiriedolaeth. Fel y dywedais wrthych o'r blaen, yr oeddem yn canolbwyntio ar safonau arbenigol o'r blaen. Felly y tair y canolbwyntiwyd arnynt yw'r tair a godwyd yn yr adroddiad, yn ogystal â'n meysydd eraill wrth reswm. Yr wyf yn meddwl ein bod wedi gallu gwella ar hynny oherwydd yr ydym wedi gallu dogfennu'n well, gan mai dyna un o'n meysydd gwan ni. Yr ydym wedi cael y swyddfeydd arweiniol i weithio arno a'i gasglu ynghyd. Un peth a ddywedwn yw, am nad ni o reidrwydd oedd piau'r safonau y llynedd, efallai'n wir bod tystiolaeth o fewn yr ymddiriedolaeth na chymerwyd i ystyriaeth yn ystod yr ymweliad. Wedi'r digwyddiad, dywedodd llawer o bobl, 'O, dylech fod wedi dod ataf fi a byddem wedi rhoi hyn-a-hyn ichi', ac efallai fod hynny wedi adlewyrchu ar y sgoriau hefyd.

[200] **Alison Halford:** Okay. Do you think that the Assembly should be able to do more for trusts that are hitting the lower target?

[200] **Alison Halford:** Iawn. A ydych yn meddwl y dylai'r Cynulliad allu gwneud mwy dros yr ymddiriedolaethau sydd yn taro'r targed is?

Ms Peplar: It is difficult to identify exactly what. It might be very easy to say, 'Well, give us a bit of slack', but I am not sure that that is the answer at all. I think sometimes that it is about taking a bit of time to understand exactly what the issues are, and perhaps looking at different ways. For example, I think, particularly for some of the smaller trusts—and I do not count us within that—actually looking at perhaps some external help, but put in a very supportive way to help them and to actually give them some space to deliver some of the targets would be useful. I think that the very small organisations find it extraordinarily difficult to spread themselves over all of the standards

Ms Peplar: Mae'n anodd dweud yn union beth. Gallai fod yn hawdd iawn dweud, 'Wel, rhowch ychydig o raff inni', ond nid wyf yn siŵr ai dyna'r ateb o gwbl. Byddaf yn meddwl weithiau mai mater ydyw o gymryd ychydig o amser i ddeall beth yn union yw'r materion, ac efallai edrych ar wahanol ffyrdd. Er enghraifft, yr wyf yn meddwl, yn enwedig i rai o'r ymddiriedolaethau llai—ac nid wyf yn ein cynnwys ni yn hynny—y byddai'n fuddiol edrych ar gymorth allanol efallai, ond ei roi mewn ffordd gefnogol iawn i'w helpu hwy ac i roi rhywfaint o le iddynt gyflawni rhai o'r targedau. Yr wyf yn meddwl bod y sefydliadau bach iawn yn ei chael yn hynod o anodd taenu eu hunain dros yr holl safonau y

that they have to reach. There might be something there. You could have perhaps people within the Welsh Risk Pool or whatever who could give some specific help and additional advice. That is off the top of my head.

maent i fod i'w cyrraedd. Efallai fod rhywbeth yn y fan honno. Gallech gael pobl o fewn Cronfa Risg Cymru neu beth bynnag, a allai roi rhyw gymorth penodol a chyngor ychwanegol, efallai. Syniadau yn unig yw'r rhain.

[201] **Alison Halford:** Do you, Mr Edwards or Ms Hobbs have a comment on that question?

[201] **Alison Halford:** A oes gennych chi, Mr Edwards neu Ms Hobbs, sylw ar y cwestiwn hwnnw?

Mr Edwards: May I link the question on Assembly help with the issue surrounding the barriers to risk management improvements? I think that the first thing to say is that the investment that we had last year as a service in Wales has really been welcomed and that we have been able to deliver a lot with that and really do well, I think, in terms of emergency medicine particularly and also waiting lists. We have taken 3,000 patients off the lists compared with last year. However, the point that I wanted to make was that we are still running at 95 to 98 per cent bed occupancy in our inpatient service. The English standard is to move towards 82 per cent. England has an awfully long way to go to get that. I think that taking some of that service pressure into account is going to be a helpful move on the part of the Assembly—over time, but in recognition of the sort of pressure that the service is under.

Mr Edwards: A gaf fi gysylltu'r cwestiwn ar gymorth gan y Cynulliad â'r mater ynghylch y rhwystrau i wella rheolaeth risg? Credaf mai'r peth cyntaf i'w ddweud yw bod y buddsoddiad a gawsom y llynedd fel gwasanaeth yng Nghymru yn dderbyniol dros ben a'n bod wedi gallu cyflawni llawer gyda hwnnw a gwneud yn wirioneddol dda, dybiwn i, yn nhermau meddygaeth argyfwng yn arbennig, a rhestrau aros hefyd. Yr ydym wedi tynnu 3,000 o gleifion oddi ar y rhestrau o gymharu â'r llynedd. Fodd bynnag, y pwynt yr oeddwn i eisiau ei wneud oedd ein bod yn dal i redeg ar 95 i 98 y cant o welyau llawn yn ein gwasanaeth cleifion mewnol. Y safon yn Lloegr yw symud tuag at 82 y cant. Mae gan Loegr ffordd ofnadwy o bell i fynd i gyrraedd hynny. Yr wyf yn meddwl y bydd cymryd peth o'r pwysau gwasanaeth hynny i ystyriaeth yn symudiad defnyddiol gan y Cynulliad—dros amser, ond gan gydnabod y math o bwysau sydd ar y gwasanaeth.

The tensions that Hilary referred to, for example, between really good clinical governance—the Royal Colleges are now saying to us that we are only going to see so many outpatients in a clinic because of the governance issues. Against that, you have got the targets for increasing activity and people like me trying to achieve that. So there are some tensions in the system. We are moving in the right direction in terms of service and service development. However, I think that pressures in the system are barriers to achieving some of the standards that the Committee would like us to achieve.

Mae'r tensiynau y cyfeiriodd Hilary atynt, er enghraifft, rhwng llywodraethu clinigol da iawn—mae'r Colegau Brenhinol yn dweud wrthym yn awr mai dim ond hyn a hyn o gleifion allanol y cawn eu gweld mewn clinig oherwydd y materion llywodraethu. Yn erbyn hynny, ceir y targedau ar gyfer cynyddu gweithgaredd, a phobl fel fi'n ceisio cyflawni hynny. Felly mae rhai tensiynau yn y system. Yr ydym yn symud i'r cyfeiriad iawn yn nhermau gwasanaeth a datblygu'r gwasanaeth. Fodd bynnag, yr wyf yn meddwl fod pwysau yn y system yn rhwystrau inni gyflawni rhai o'r safonau yr hoffai'r Pwyllgor inni eu cyflawni.

[202] **Alison Halford:** My very last question is not on the brief but I am interested in this. Susan Hobbs, you are very interested in a single patient computerised record; you have spoken about that a couple of times. You

[202] **Alison Halford:** Nid yw fy nghwestiwn olaf un ar y brîff ond mae gennyf ddiddordeb yn hyn. Susan Hobbs, mae gennych chi ddiddordeb mawr mewn un cofnod cyfrifiadurol i'r claf; yr ydych wedi

have also talked about it needing resources. I remember that, under Sir John's auspices, we took evidence on fraud in relation to national health service prescriptions. I believe, from my memory, that we were told that doctors were not even able to put their GP records on a computerised system yet. If I am right about that, how on earth could you ever envisage that one patient records system could go on a computerised database?

siarad am hynny fwy nag unwaith. Yr ydych hefyd wedi dweud fod angen adnoddau ar ei gyfer. Cofiaf inni gymryd tystiolaeth, dan arolygaeth Syr John, ar dwyll mewn perthynas â phresgripsiynau'r gwasanaeth iechyd gwladol. Credaf, o'r hyn a gofiaf, y dywedwyd wrthym nad oedd meddygon hyd yn oed yn gallu rhoi eu cofnodion meddyg teulu ar system gyfrifiadurol eto. Os ydwyf yn gywir am hynny, sut ar wyneb y ddaear allech chi fyth ragweld y gallai un system gofnodion cleifion fynd ar gronfa ddata gyfrifiadurol?

Ms Hobbs: Well, because it happened in other health care systems. I think that if it happens in other health care systems, it—

Ms Hobbs: Wel, am ei fod wedi digwydd mewn systemau gofal iechyd eraill. Yn fy marn i os yw'n digwydd mewn systemau gofal iechyd eraill, mae—

[203] **Alison Halford:** Not in this country.

[203] **Alison Halford:** Nid yn y wlad hon.

Ms Hobbs: Not in this country. I think that it has been interesting, if one looks retrospectively at matters. For example, in Devon in the mid 1980s, there was something called a smart card that was developed by a group of general practitioners, in fact, in a small village on the coast. That was considered to be a revolution in technology. It was the size of a credit card, which it was supposed to be, and it was piloted. It was given to individuals so that they could literally take their health record with them anywhere that they wanted to go. It had its limitations, but it did not half make people think.

Ms Hobbs: Nid yn y wlad hon. Credaf ei fod wedi bod yn ddiddorol, o edrych yn ôl ar bethau. Er enghraifft, yn Nyfnaint yng nghanol y 1980au, datblygwyd rhywbeth o'r enw 'smart card' gan grŵp o feddygon teulu, yn wir, mewn pentref bach ar yr arfordir. Ystyrid fod hynny'n chwyldro technolegol. Yr oedd yr un maint â cherdyn credyd, sef yr hyn yr oedd i fod, ac fe'i peilotwyd. Fe'i rhoddwyd i unigolion fel y gallent yn llythrennol fynd â'u cofnod iechyd gyda hwy i ble bynnag y dymunent fynd. Yr oedd iddo ei gyfyngiadau, ond wir, fe wnaeth i bobl feddwl.

I think that, if you take that to another extreme, and if you look at the introduction of parent-held child health records to take away from the duplication of effort between multi-professionals in the early 1990s, that was considered to be a great move forward. It was not rocket science. You can do it. I think that one of the problems that has been highlighted is about linkages. I think that it is about linking health care; not just linking health care and health services, but also linking health into social care and other agency care.

Yr wyf yn meddwl, os ewch chi â hynny i eithaf arall, ac os edrychwch ar gyflwyno cofnodion iechyd plant i'w dal gan y rhieni, i symud i ffwrdd oddi wrth y dyblygu ymdrech rhwng pobl aml-broffesiwn yn y 1990au cynnar, yr ystyriwyd fod hynny'n gam mawr ymlaen. Nid gwyddoniaeth rocedi mohono. Gallwch chi ei wneud. Yr wyf yn meddwl mai un o'r problemau a amlygwyd oedd dolenni cyswllt. Credaf fod a wnelo hyn â dolennu gofal iechyd; nid dim ond i gysylltu gofal iechyd a gwasanaethau iechyd, ond hefyd i gysylltu iechyd â gofal cymdeithasol a gofal asiantaethau eraill.

It is a bit of a pet subject, so I probably need to—

Mae'n dipyn o hoff bwnc gennyf, felly mae'n debyg bod angen imi—

[204] **Alison Halford:** I had gathered that, but I am interested.

Ms Hobbs: I think that it is true to say that there was a huge amount of investment with the early stages of GP fundholding, in terms of ensuring that every practice in the land was computerised up to the hilt. However, they could not technically speak to NHS trusts or health authorities. There are immediate barriers, and you can see that. We have all got rather a lot of experience in both primary and secondary care. Some of those barriers to the exchange of information actually led to delay in—

[205] **Alison Halford:** In the negligence.

Ms Hobbs: Well, delay in delivering care. We know what can result from that, because we have seen and we know what can happen as a result of poor or ineffective communication.

It does happen in other health care systems, so the technology exists, but it requires huge investment.

[206] **Alison Halford:** On that happy note, I shall pass back to the Chair.

[207] **Dafydd Wigley:** May I ask a supplementary? I am picking up where Alison was a moment ago, when there was a reference to the three risk management standards over Wales as a whole, where compliance was lowest. I am looking at north-east Wales now, but I am looking at a couple of areas that were not under those three headings.

I am looking particularly at policies and procedures where there is 25 per cent compliance. That is pretty fundamental, I would have thought, because getting policies and procedures right is key to so many other things. Can you give us any assurance that there is no way that you are going to come back with that sort of figure in future? Otherwise, the others are not going to sort themselves out either.

Ms Peplar: I can indeed. You are absolutely right, it is an atrocious figure. What we have done is to introduce a core policy of policies,

[204] **Alison Halford:** Yr oeddwn wedi casglu hynny, ond mae gennyf ddiddordeb.

Ms Hobbs: Yr wyf yn meddwl ei bod yn wir dweud y cafwyd swm enfawr o fuddsoddiad gyda chamau cyntaf rhoi eu cyllid yn nwylo meddygon teulu, o ran sicrhau bod pob practis yn y wlad yn hollol gyfrifiadurol. Fodd bynnag, ni allent yn dechnegol siarad gydag ymddiriedolaethau NHS nac awdurdodau iechyd. Mae rhwystrau yno yn syth, a gallwch weld hynny. Mae gennym i gyd lawer o brofiad mewn gofal sylfaenol ac eilaidd. Arweiniodd rhai o'r rhwystrau hynny rhag cyfnewid gwybodaeth at oedi yn—

[205] **Alison Halford:** Yn yr esgeulustod.

Ms Hobbs: Wel, oedi o ran darparu gofal. Gwyddom beth all ddigwydd yn sgîl hynny, oherwydd yr ydym wedi gweld ac yn gwybod beth all ddigwydd o ganlyniad i gyfathrebu gwael neu aneffeithiol.

Y mae'n digwydd mewn systemau gofal iechyd eraill, felly mae'r dechnoleg yn bod, ond mae angen buddsoddiad anferth.

[206] **Alison Halford:** Ar y nodyn hapus hwnnw, trosglwyddaf yn ôl i'r Cadeirydd.

[207] **Dafydd Wigley:** A gaf i ofyn cwestiwn ategol? Yr wyf yn codi'r pwynt lle'r oedd Alison funud yn ôl, pan gyfeiriwyd at y tair safon reoli risg dros Gymru gyfan, lle roedd y cydymffurfiad ar ei isaf. Yr wyf yn edrych ar y gogledd-ddwyrain yn awr, ond yr wyf yn edrych ar un neu ddau o feysydd nad oedd dan y tri phennawd hynny.

Yr wyf yn edrych yn arbennig ar bolisïau a gweithdrefnau lle ceir cydymffurfiad 25 y cant. Mae hynny'n weddol sylfaenol, dybiwn i, gan fod cael polisïau a gweithdrefnau'n iawn yn allweddol i gymaint o bethau eraill. A allwch roi unrhyw sicrwydd inni nad oes unrhyw berygl y deuwch yn ôl gyda'r math hwnnw o ffigur yn y dyfodol? Fel arall, nid yw'r lleill yn mynd i ddatrys eu hunain ychwaith.

Ms Peplar: Gallaf yn wir. Yr ydych yn llygad eich lle, mae'n ffigur gwarthus. Beth yr ydym wedi'i wneud yw cyflwyno polisi

and from that a number of others are flowing in fast order at the moment. We have clarified the system by which policies get through the whole organisation. That was a problem before, and there were all sorts of barriers to policies being agreed, for all sorts of bizarre and antiquated reasons. I can assure you that that has improved enormously and is continuing to improve.

craidd o bolisïau, ac o hwnnw mae nifer o rai eraill yn llifo am a welwch chi ar hyn o bryd. Yr ydym wedi eglurhau'r system sydd yn symud polisïau drwy'r sefydliad cyfan. Yr oedd hynny'n broblem o'r blaen, ac yr oedd pob math o rwystrau i gytuno ar bolisïau, am bob math o resymau gwirion a hen ffasiwn. Gallaf eich sicrhau bod hynny wedi gwella'n aruthrol a'i fod yn dal i wella.

[208] **Dafydd Wigley:** I am heartened to hear that. The other area about which I was particularly concerned, and one in which I have had some interest, is specialist standards and those with regard to mental health. As with so many areas, it has been a Cinderella. What assurances can you give that that has been rigorously reviewed and that 13 per cent will not appear again?

[208] **Dafydd Wigley:** Yr wyf yn falch o glywed hynny. Y maes arall yr oedd gennyf bryder arbennig amdano, ac un y bu gennyf ryw ddiddordeb ynddo, yw safonau arbenigol a'r rheini sydd yn ymwneud ag iechyd meddwl. Fel gyda chymaint o feysydd, bu'n berthynas dlawd. Pa sicrwydd a allwch chi ei roi fod hynny wedi'i adolygu'n drylwyr ac nad ymddengys 13 y cant eto?

Ms Peplar: We have appointed a new manager, and I gather that there had been several unsuccessful attempts to appoint a manager for that service. The person came into post in November, and he has taken this on personally and is taking a strong lead in this area and in other parts of mental health management. Again, I am very clear that this will be different when we come forward to be measured.

Ms Peplar: Yr ydym wedi penodi rheolwr newydd, ac yr wyf yn casglu y bu sawl ymgais ofer i benodi rheolwr i'r gwasanaeth hwnnw. Daeth y person i'r swydd ym mis Tachwedd, ac mae wedi mynd i'r afael â hyn yn bersonol ac yn rhoi arweiniad cryf yn y maes hwn ac mewn rhannau eraill o reolaeth iechyd meddwl. Eto, yr wyf yn glir iawn y bydd hyn yn wahanol pan ddeuwn ymlaen i gael ein mesur.

[209] **Janet Davies:** Kirsty Williams has some questions about adverse incident reporting.

[209] **Janet Davies:** Mae gan Kirsty Williams rai cwestiynau am adrodd ar ddigwyddiadau niweidiol.

[210] **Kirsty Williams:** I think that, in all honesty, Madam Chair, we covered that quite rigorously earlier on, in terms of how you learn from adverse incident reporting and the witnesses' views on the need for a standardised database and how that would help them. I do not know whether they have anything further to add with regard to adverse incident reporting and how that can be used. I think that we did cover it. Therefore, I would beg your indulgence, and pick up on points made by Ms Peplar and Mr Edwards with regard to barriers and the conflict between the political obsession with waiting lists and the failure of waiting lists to adequately address the quality of care that a patient receives. In your opinion, in what ways could we move to a system that adequately tests both political activity and clinical activity in a better fashion than the way in which we

[210] **Kirsty Williams:** Yr wyf yn meddwl, â bod yn gwbl onest, Madam Cadeirydd, inni drafod hynny'n weddol drwyadl yn gynharach, o ran sut y dysgwch oddi wrth adroddiadau digwyddiadau niweidiol a sylwadau'r tystion ar yr angen am gronfa ddata safonol a sut y byddai hynny'n eu helpu. Ni wn a oes ganddynt unrhyw beth pellach i'w ychwanegu ar fater adrodd ar ddigwyddiadau niweidiol a sut y gellir defnyddio hynny. Yr wyf yn meddwl ein bod ni wedi ei drafod. Felly, erfyniaf am eich goddefgarwch, a tharo eto ar bwyntiau a wnaethpwyd gan Ms Peplar a Mr Edwards parthed rhwystrau a'r gwrthdaro rhwng yr obsesiwn gwleidyddol gyda rhestrau aros a methiant rhestrau aros i fynd i'r afael yn ddigonol ag ansawdd y gofal a dderbynnir gan glaf. Yn eich barn chi, ym mha ffyrdd y gallem symud at system sydd yn rhoi prawf

tend to focus on waiting lists at present?

Ms Peplar: It is interesting that, when Frank Dobson became Secretary of State for Health, he raised the issue that waiting lists were the most important thing for people on those lists. I have to say that, to some extent, it almost feels like a created importance. I think that it is very important for people when they are on the list, but I am not sure that it is the most important thing. I think that we need to talk with the public about what actually is important in terms of healthcare and the delivery of healthcare. I think that the public is very able to deal with the quite sophisticated debate that needs to be held about what is feasible and possible where there is a limited resource—and there always will be; we will never be able to meet demand. I think that we need to engage in a much more sophisticated debate about what is absolutely important and vital. There are occasions, for example, when we are driven to achieve waiting list targets, which have a certain simple popularity, and I understand that. However, when you look at them in terms of clinical appropriateness, maybe we would question whether they are the most important issue. I think that it is very difficult for us, or for our staff, when, on the one hand, I am driving and pushing them to sustain the achievements that they have made over the last four years with regard to waiting lists and when the new targets are coming in—with which I would not disagree as a consumer of services as well as the provider or the person responsible for providing them—but I think that a debate needs to be held, which is not happening at the moment. There is an assumption that we know exactly what is the most important thing, and I think that we need to query that. I think that people, in fact, are prepared to engage in quite sophisticated debates about what is important in healthcare, and sometimes we are reluctant to get into that, both at a local level and at a wider political level. It is interesting that, certainly in north-east Wales, the local community health council is very clear that we could change the tenor of discussion and debate if we could jointly engage in that. That is a question of time and

digonol ar weithgaredd gwleidyddol a gweithgaredd clinigol ill dau mewn ffordd well na'r ffordd yr ydym yn tueddu i ganolbwyntio ar restrau aros ar hyn o bryd?

Ms Peplar: Mae'n ddiddorol, pan ddaeth Frank Dobson yn Ysgrifennydd Gwladol dros Iechyd, iddo godi'r pwynt mai rhestrau aros oedd y peth pwysicaf i bobl ar y rhestrau hynny. Rhaid imi ddweud ei fod, i ryw raddau, bron yn teimlo fel pwysigrwydd sydd wedi'i greu. Credaf ei fod yn bwysig iawn i bobl pan fônt ar y rhestr, ond nid wyf yn siŵr mai dyna'r peth pwysicaf. Credaf fod angen inni siarad gyda'r cyhoedd ynghylch beth sydd wir yn bwysig yn nhermau gofal iechyd a darpariaeth gofal iechyd. Credaf fod y cyhoedd yn abl iawn i ddelio â'r ddadl eithaf soffistigedig y mae angen ei chynnal ynghylch beth sydd yn ymarferol ac yn bosibl lle mae adnoddau'n gyfyngedig—a bydd hynny bob amser yn wir; ni fyddwn byth yn gallu cwrdd â'r galw. Credaf fod angen inni fynd i'r afael â dadl lawer mwy soffistigedig ynghylch beth sydd yn gwbl hollbwysig a hanfodol. Y mae achosion, er enghraifft, pryd y cawn ein gyrru i gyrraedd targedau rhestrau aros, sydd â rhyw boblogrwydd syml, ac yr wyf yn deall hynny. Fodd bynnag, pan edrychwch arnynt yn nhermau priodoldeb clinigol, efallai y byddem yn cwestiynu ai dyma'r mater pwysicaf. Yr wyf yn meddwl ei bod yn anodd iawn i ni, neu i'n staff, pan, ar y naill law, yr wyf fi'n eu gyrru ac yn eu gwthio i gynnal yr hyn a gyflawnwyd ganddynt dros y pedair blynedd diwethaf o safbwynt rhestrau aros a phan yw'r targedau newydd yn dod i mewn—targedau na fyddwn yn anghytuno â hwy fel defnyddiwr gwasanaethau yn ogystal â'r darparwr neu'r person cyfrifol am eu darparu—ond credaf fod angen cynnal dadl, rhywbeth nad yw'n digwydd ar hyn o bryd. Ceir rhagdybiaeth ein bod yn gwybod yn union beth yw'r peth pwysicaf, a chredaf fod angen inni gwestiynu hynny. Yr wyf yn meddwl fod pobl, mewn gwirionedd, yn barod i gymryd rhan mewn dadleuon eithaf soffistigedig ynghylch beth sydd yn bwysig mewn gofal iechyd, a'n bod ni weithiau'n gyndyn i fynd i mewn i hynny, ar lefel leol ac ar lefel wleidyddol ehangach. Mae'n ddiddorol bod y cyngor iechyd cymuned lleol, yn y gogledd-ddwyrain beth bynnag, yn glir iawn y gallem newid naws y drafodaeth a'r ddadl pe gallem fynd i'r afael

resource, but we could do it.

â hynny ar y cyd. Cwestiwn o amser ac adnoddau yw hynny, ond gallem ei wneud.

Mr Edwards: The point that you were making earlier about engaging the public is important here. The general public is quite a sophisticated group of people and I think that they understand what is important as between emergency, elective and urgent. I think that they know all about that, and certainly on some of the waits in Wales, people are uncomfortable, not only about the length of time, but also about the potential for distorting clinical priorities that that creates. My own view is that we ought to have a basket of measures that reflects the quality of the service that we provide, of which waiting is but one. The service should be measured through the performance management system that I am sure that Ann Lloyd will introduce, against that basket of measures. We should consult the public on what they are, and we should be called to account for that, in fora such as this one today. I think that that would be helpful to our staff.

Mr Edwards: Mae'r pwynt a wnaethoch yn gynharach ynghylch sicrhau cyfranogiad y cyhoedd yn bwysig yma. Mae'r cyhoedd yn gyffredinol yn grwp eithaf soffistigedig o bobl ac yr wyf yn meddwl eu bod yn deall beth sydd yn bwysig rhwng argyfwng, dewisol a brys. Credaf y gwyddant yn iawn am hynny, ac yn sicr ar rai o'r arosiadau yng Nghymru, mae pobl yn anghysurus, nid yn unig ynghylch hyd yr amser, ond hefyd am y potensial y mae hynny'n ei greu ar gyfer llurgunio blaenoriaethau clinigol. Fy marn i yw y dylem gael basgedaid o fesurau sydd yn adlewyrchu ansawdd y gwasanaeth a ddarparwn, a rhestrau aros yn un o'r rheini yn unig. Dylid mesur y gwasanaeth drwy'r system reoli perfformiad yr wyf yn siŵr y bydd Ann Lloyd yn ei chyflwyno, yn erbyn y fasgedaid honno o fesurau. Dylem ymgynghori â'r cyhoedd ar beth ydynt, a dylid ein galw i gyfrif am hynny, mewn ffora tebyg i hon heddiw. Yr wyf yn meddwl y byddai hynny o gymorth i'n staff.

I would add the earlier point that I was making, that I think that we have a service that is moving forward. The mental health service and the acute service are moving forward. However, we still have, I think, unacceptable levels of pressure on staff. I think that the other area with which we have difficulties in the service is the recruitment and retention of staff. Unless we rectify that, we will find ourselves in increasing difficulty and in a vicious circle where we want to do more, but cannot because we do not have the staff. We also need to get the environment within which we operate right. Some of those are in tension, as we have already discussed.

Hoffwn ychwanegu'r pwynt a wneuthum yn gynharach, sef fy mod yn meddwl fod gennym wasanaeth sydd yn symud ymlaen. Mae'r gwasanaeth iechyd meddwl a'r gwasanaeth achosion llym yn symud ymlaen. Fodd bynnag, y mae gennym o hyd, mi gredaf, lefelau annerbyniol o bwysau ar staff. Credaf mai recriwtio a chadw staff yw'r maes arall lle cawsom anawsterau yn y gwasanaeth. Oni chywirwn hynny, fe'n cawn ein hunain mewn anhawster cynyddol ac mewn cylch mileinig lle bydd arnom eisiau gwneud mwy, ond na allwn oherwydd nad yw'r staff gennym. Mae angen cael yr amgylchedd y gweithiwn ynddo yn iawn hefyd. Mae tensiwn mewn rhai o'r rheini, fel y trafodwyd eisoes.

[211] **Janet Davies:** Jocelyn, I know that quite a few of the questions that you wanted to ask have already been covered. Do you want to raise something else, bearing in mind that this is a hearing on clinical negligence?

[211] **Janet Davies:** Jocelyn, gwn fod cryn nifer o'r cwestiynau yr oeddech chi am eu gofyn wedi'u trafod yn barod. A oes arnoch eisiau codi rhywbeth arall, gan gofio mai gwrandawiad ar esgeulustod clinigol yw hwn?

[212] **Jocelyn Davies:** I will stick to that remit. I have one or two questions on mediation. When this report was put together,

[212] **Jocelyn Davies:** Cadwaf at y maes hwnnw. Mae gennyf un neu ddau o gwestiynau ar gyfryngu. Pan luniwyd yr

neither of your trusts had offered mediation to claimants, and ex gratia payments had rarely been used. Are there any reasons why you have not sought to explore that avenue? Earlier on, we touched on mediation and you gave the impression that it was not very good value for money. Would you like to expand on that?

adroddiad hwn, nid oedd y naill na'r llall o'ch ymddiriedolaethau wedi cynnig cyfryngu i hawlwyr, a phrin fu'r defnydd ar daliadau ex gratia. A oes unrhyw resymau pam nad ydych wedi ceisio ymchwilio i'r posibiliadau hynny? Yn gynharach, crybwyllwyd cyfryngu a rhoesoch yr argraff nad oedd yn werth da iawn am arian. A hoffech ymhelaethu ar hynny?

Ms Peplar: What we found is that that there was quite a resistance, particularly from solicitors representing claimants, to actually go forward for mediation. Where we have, perhaps, felt that it was appropriate because of the nature of a particular claim, and that that would be the useful thing to do, we have found enormous resistance to it and people saying, 'No, no, we do not want to go for that'. I think that there has been a reluctance, perhaps, inside the service in the sense that some think, 'If we get into mediation and we say anything, are we going to open it up and are people then going to run away and say, "Well, you said that; you have acknowledged that, therefore there is reason for a claim".' However, the main resistance to mediation certainly comes from solicitors representing claimants.

Ms Peplar: Yr hyn a gawsom oedd bod cryn wrthsafiad, yn enwedig gan gyfreithwyr yn cynrychioli hawlwyr, i symud ymlaen at gyfryngu. Lle'r ydym wedi teimlo efallai y byddai'n briodol oherwydd natur hawliad arbennig, ac mai dyna fyddai'r peth defnyddiol i'w wneud, yr ydym wedi cael gwrthsafiad aruthrol iddo a phobl yn dweud, 'Na, na, nid ydym am fynd am hynny'. Yr wyf yn meddwl y bu amharodrwydd, efallai, o fewn y gwasanaeth yn yr ystyr bod rhai'n meddwl, 'Os awn i gyfryngu ac os dywedwn unrhyw beth, a ydym am ei agor led y pen ac a yw pobl yn mynd i redeg i ffwrdd wedyn a dweud "Wel, dywedasoch hynny; yr ydych wedi cydnabod hynny, felly mae rheswm dros hawlio".' Fodd bynnag, daw'r prif wrthsafiad i gyfryngu yn sicr o du cyfreithwyr sydd yn cynrychioli hawlwyr.

Mr Edwards: I do not think that I have anything to add to that other than to agree with it wholeheartedly. That is absolutely spot on.

Mr Edwards: Nid wyf yn meddwl fod gennyf unrhyw beth i'w ychwanegu at hynny ac eithrio cytuno'n llwyr. Mae hynny yn hollol gywir.

[213] **Jocelyn Davies:** So the mediation is offered once the solicitors are involved and not before?

[213] **Jocelyn Davies:** Felly cynigir y cyfryngu unwaith y bydd y cyfreithwyr wedi dod i mewn, ac nid cynt?

Ms Peplar: In the complaints process, you will go for mediation quite often. I will quite often look at a complaint and look at mediation as the way forward. Quite often it will happen at that stage. It sounds difficult to say, but sometimes you can almost tell that it will not do anything. You will enter into it and you will have the conversation, but you can feel that the person is already determined that they are going to take the next step, which may be the independent review or the ombudsman. That is more about the complaints rather than the claims management end of it. It is often very much on that side of things.

Ms Peplar: Yn y broses gwynion, byddwch yn mynd am gyfryngu'n eithaf aml. Byddaf i'n aml yn edrych ar gŵyn ac yn gweld cyfryngu fel y ffordd ymlaen. Yn eithaf aml bydd yn digwydd bryd hynny. Mae'n swnio'n anodd dweud, ond weithiau bron y gallwch ddweud na wnaiff gyflawni dim. Ewch i mewn iddo a chewch y sgwrs, ond gallwch deimlo bod y person eisoes yn benderfynol ei fod am gymryd y cam nesaf, a all fod yn adolygiad annibynnol neu'r ombwdsmon. Mae hynny'n fwy gwir am yr ochr gwynion na'r ochr reoli hawliadau. Ar yr ochr hynny i bethau y mae yn aml iawn.

[214] **Jocelyn Davies:** In the report, the Auditor General states that research has established that patients take legal action even though they would like a different route, and that it should be explored. Other trusts have found it helpful and yet you have not.

[214] **Jocelyn Davies:** Yn yr adroddiad, dywed yr Archwilydd Cyffredinol fod ymchwil wedi sefydlu fod cleifion yn mynd i gyfraith er yr hoffent fynd ffordd arall, ac y dylid ymchwilio i hynny. Mae ymddiriedolaethau eraill wedi cael hynny'n fuddiol, ac eto nid ydych chi.

Ms Peplar: I would like to understand that. I know that it is there in the report but when I have talked to colleagues, I have not heard about real successes around this. I have looked for those to understand it. Certainly, where I came from, again, it was not something that we had been able to take forward in a very positive way.

Ms Peplar: Hoffwn ddeall hynny. Gwn ei fod yno yn yr adroddiad ond pan wyf wedi siarad â chydweithwyr, nid wyf wedi clywed am lwyddiannau gwirioneddol ynglŷn â hyn. Yr wyf wedi chwilio amdanynt er mwyn deall y peth. Yn sicr, o ble y deuthum i, eto, nid oedd yn rhywbeth yr oeddem wedi gallu ei ddwyn ymlaen mewn ffordd bositif iawn.

[215] **Jocelyn Davies:** I know that you have invested in training staff in legal aspects, but have you invested anything in training them for mediation?

[215] **Jocelyn Davies:** Gwn eich bod wedi buddsoddi mewn hyfforddi staff mewn agweddau cyfreithiol, ond a ydych wedi buddsoddi unrhyw beth i'w hyfforddi ar gyfer cyfryngu?

Ms Peplar: No, we have not.

Ms Peplar: Nac ydym.

[216] **Jocelyn Davies:** What alternatives to suing do patients have if they have a greivance and mediation is not on offer, because it says here that you have not offered it, and ex gratia payments do not seem to be on the agenda either?

[216] **Jocelyn Davies:** Pa ddewisiadau eraill ond mynd i gyfraith sydd gan gleifion os oes ganddynt gŵyn ac nad yw cyfryngu'n cael ei gynnig, oherwydd mae'n dweud yma nad ydych wedi ei gynnig, ac nid yw'n ymddangos bod taliadau ex gratia ar yr agenda ychwaith?

Ms Peplar: Can I separate mediation in the claims process and mediation in the complaints process? When we embark on the complaints process, then, quite often, we will mediate. There will be a lot of mediation and our staff will lead on that, and there will be a lot of discussion. However, that is not, I think, what was being reviewed in this report, which I think is particular to claims and clinical negligence. In that area, where people have already moved to legal action, they have either explored to their own satisfaction—or their dissatisfaction—all the other options or they have gone straight to legal action, at which point we must cease the complaints process.

Ms Peplar: A gaf fi wahanu cyfryngu yn y broses hawliadau a chyfryngu yn y broses gwynion? Pan gychwynnwn ar y broses gwynion, yna, yn weddol aml, byddwn yn canoli. Bydd llawer o gyfryngu a bydd ein staff ni'n arwain ar hynny, a bydd llawer o drafod. Fodd bynnag, nid dyna, yr wyf yn meddwl, oedd yn cael ei adolygu yn yr adroddiad hwn, sydd yn benodol, dybiaf fi, i hawliadau ac esgeulustod clinigol. Yn y maes hwnnw, lle mae pobl eisoes wedi symud at weithredu cyfreithiol, maent naill ai wedi ymchwilio i'w bodlonrwydd hwy eu hunain—neu eu hanfodlonrwydd—yr holl opsiynau eraill, neu maent wedi mynd yn syth i gyfraith, ac yn y fan honno mae'n rhaid inni derfynu'r broses gwynion.

Mr Edwards: I would like to add to that, if I may. Mediation is part of the legal process, and it is in that fairly narrow context that we are discussing it. Like Hilary, we offer

Mr Edwards: Hoffwn ychwanegu at hynny, os caf. Mae cyfryngu'n rhan o'r broses gyfreithiol, ac yn y cyd-destun gweddol gul yr ydym yn ei drafod. Fel Hilary, byddwn

mediation. We like to try to settle grievances—whether they are complaints or whether there is a legal component to that—as close to the shop floor, the ward or the department as we possibly can. We have a number of examples where we make ex gratia payments quite specifically. We find that that is successful and cost-effective.

ni'n cynnig cyfryngu. Hoffwn geisio setlo cwynion—boed gwynion cyffredin neu boed gydran gyfreithiol i hynny—mor agos at y llawr gwaith, y ward neu'r adran ag y gallwn. Mae gennym nifer o enghreifftiau lle gwnawn daliadau ex gratia yn gwbl benodol. Cawn bod hynny'n llwyddiannus ac yn gost-effeithiol.

[217] **Jocelyn Davies:** The report states that ex gratia payments are rare. On page 21 of the report, it is stated that, out of 64 cases that were looked at, trusts admitted liability in 49 of the cases. Is your offer of ex gratia payments in that kind of order?

[217] **Jocelyn Davies:** Dywed yr adroddiad fod taliadau ex gratia yn brin. Ar dudalen 21 yn yr adroddiad, dywedir, o'r 64 o achosion a welwyd, fod ymddiriedolaethau wedi derbyn cyfrifoldeb mewn 49 ohonynt. A yw eich cynnig chi o daliadau ex gratia yn y dosbarth hwnnw?

Mr Edwards: With the ex gratia payments, there is a limit, I think, on the amount of money that we can offer. I think that it is fairly low—up to £1,000, if I remember correctly.[1] It does not mean to say, though, that, in terms of making a settlement, if we think that we will admit liability—and we will and we do—through the best legal sides, whether it is Welsh Health Legal Services or acting with the claimant's solicitor, we will do that as an out-of-court settlement. We would not see that as an ex gratia payment, because it is slightly different. However, it is certainly outside the courts.

Mr Edwards: Gyda'r taliadau ex gratia, y mae terfyn, yr wyf yn meddwl, ar y swm o arian y gallwn ei gynnig. Yr wyf yn meddwl ei fod yn weddol isel—hyd at £1,000, os cofiaf yn iawn.[1] Nid yw hynny'n golygu, serch hynny, yn nhermau setlo, os ydym yn meddwl y byddwn yn derbyn cyfrifoldeb—ac mae hynny'n digwydd—drwy'r ochr gyfreithiol orau, boed Wasanaethau Cyfreithiol Iechyd Cymru neu gan weithredu gyda chyfreithiwr yr hawliwr, y gwnawn hynny fel setliad y tu allan i'r llys. Ni fyddem yn gweld hynny fel taliad ex gratia, oherwydd y mae ychydig yn wahanol. Fodd bynnag, y mae yn sicr y tu allan i'r llysoedd.

[218] **Jocelyn Davies:** In a good many of the cases, obviously, you admit liability—those are the closed cases—so you could have a fair assessment early on in some cases that liability would be found. If you were able to offer more than £1,000 as an ex gratia payment, would you go for that?

[218] **Jocelyn Davies:** Mewn llawer iawn o'r achosion hyn, yn amlwg, byddwch yn derbyn cyfrifoldeb—dyna'r achosion caeëdig—felly gallech gael asesiad teg yn fuan mewn rhai achosion y caech eich dal yn gyfrifol. Pe baech yn gallu cynnig mwy na £1,000 fel taliad ex gratia, a fyddech yn dewis hynny?

Ms Peplar: I think that we would go for it. I would be interested to see how effective it was. There almost seems to be a sort of enormous leap that people make in terms of their expectations. I would hope that, if we were able to do that, it would be successful. However, as I say, there almost seems to be this massive leap in people's eyes about 'Yes, okay, that is all that I can expect' or 'Wham, it is a much higher figure'. There is a huge leap.

Ms Peplar: Yr wyf yn meddwl y byddem yn dewis hynny. Byddai gennyf ddiddordeb mewn gweld pa mor effeithiol y byddai. Mae'n ymddangos bron fod pobl yn gwneud rhyw fath o naid anferth yn nhermau'r hyn y maent yn ei ddisgwyl. Byddwn i yn gobeithio, pe gallem wneud hynny, y byddai'n llwyddiannus. Fodd bynnag, fel y dywedaf, bron y gwelwch y naid aruthrol yma yn llygaid pobl o 'Ie, iawn, dyna'r cyfan y gallaf ei ddisgwyl' i 'Chwap, mae'n ffigur llawer uwch'. Mae yna naid anferthol.

[219] **Jocelyn Davies:** There was just one

[219] **Jocelyn Davies:** Dim ond un cwestiwn

last question, really. We have been talking about large sums of money; I just wondered how much is spent on legal fees.

olaf oedd gennyf. Yr ydym wedi bod yn sôn am symiau mawr o arian; meddwl yr oeddwn tybed faint a werir ar ffioedd cyfreithiol?

Ms Peplar: Well, looking at the last quarter in terms of what we settled, a third of the total that we paid out went on costs and legal fees.

Ms Peplar: Wel, o edrych ar y chwarter diwethaf yn nhermau'r hyn a setlwyd gennym, aeth traean o'r cyfanswm a dalwyd allan gennym ar gostau a ffioedd cyfreithiol.

Mr Edwards: That would be about the same for us too.

Mr Edwards: Byddai hynny rywbeth yn debyg i ni hefyd.

[220] **Janet Davies:** I would like to close this evidence session by asking one final question to both witnesses. The Auditor General's report has been very helpful in setting out the extent of the drain on NHS resources from clinical negligence. I feel that both of you have given us quite strong assurances today that you are addressing this very efficiently. How soon, do you think, will the Welsh taxpayer be able to feel confident that clinical negligence, with all its ramifications, is under control in your own trusts?

[220] **Janet Davies:** Hoffwn gloi'r sesiwn dystiolaeth hon drwy ofyn un cwestiwn olaf i'r ddau dyst. Mae adroddiad yr Archwilydd Cyffredinol wedi bod yn ddefnyddiol iawn o ran amlinellu faint o adnoddau'r NHS a wastreffir drwy esgeulustod clinigol. Teimlaf eich bod chi'ch dau wedi rhoi sicrwydd eithaf cryf inni heddiw eich bod yn mynd i'r afael â hyn yn effeithlon iawn. Pa mor fuan, feddyliwch chi, y gall y trethdalwr Cymreig deimlo'n hyderus fod esgeulustod clinigol, a'i holl oblygiadau, dan reolaeth yn eich ymddiriedolaethau chi?

Mr Edwards: Speaking from Cardiff and Vale NHS Trust's point of view, I hope that we can provide a degree of reassurance and confidence now that we are actually controlling, insofar as we can, the issues and the costs around clinical negligence through the openness that we offer and the emphasis that we are placing on trying to reduce the number of incidents as well as speeding up the resolution of individual complaints. There are two things that I would want to say. One is that I think that we are doing quite well in terms of moving that agenda forward. We are quite happy to have performance managed on the improvements that we can achieve and I am sure that, notwithstanding the fact that we are working and living in an increasingly litigious population, we will continue to make progress and improve our performance.

Mr Edwards: A siarad o safbwynt Ymddiriedolaeth GIG Caerdydd a'r Fro, gobeithiaf y gallwn ddarparu rhyw radd o sicrwydd a hyder yn awr ein bod yn rheoli, cyn belled ag y gallwn, y materion a'r costau ynghylch esgeulustod clinigol drwy'r agwedd agored a gynigiwn a'r pwyslais a roddwn ar geisio lleihau nifer y digwyddiadau yn ogystal â chyflymu'r broses o ddatrys cwynion unigol. Hoffwn ddweud dau beth. Yn gyntaf, yr wyf yn meddwl ein bod yn gwneud yn o lew yn nhermau symud yr agenda hynny ymlaen. Yr ydym yn ddigon hapus i gael rheoli perfformiad ar y gwelliannau y gallwn eu sicrhau, ac yr wyf yn sicr, er gwaethaf y ffaith ein bod yn gweithio ac yn byw mewn poblogaeth sydd yn troi fwyfwy at fynd i gyfraith, y parhawn i symud ymlaen a gwella'n perfformiad.

Ms Peplar: I do not have a huge amount to add. I think that there are definitely improvements that we have talked about today that we can continue to make. However, I think that, equally, there are areas where the public gets reasonable value for money.

Ms Peplar: Nid oes gennyf lawer iawn i'w ychwanegu. Yr wyf yn meddwl yn bendant fod yna welliannau y soniwyd amdanynt heddiw y gallwn barhau i'w gwneud. Fodd bynnag, credaf ar yr un pryd fod yna feysydd lle caiff y cyhoedd werth rhesymol am arian.

[221] **Janet Davies:** I thank you for your full

[221] **Janet Davies:** Diolch am eich atebion

and helpful answers to the questions. You will receive a draft transcript so that you can check its factual accuracy before it is published as part of the next lot of minutes. When the Committee publishes its report, that transcript is included as an annex.

llawn a buddiol i'r cwestiynau. Fe gewch drawsgript drafft fel y gallwch wirio'i gywirdeb ffeithiol cyn iddo gael ei gyhoeddi fel yn o'r cofnodion nesaf. Pan gyhoedda'r Pwyllgor ei adroddiad, cynhwysir y trawsgript fel atodiad.

Daeth y sesiwn cymryd tystiolaeth i ben am 4.36 p.m.
The evidence-taking session ended at 4.36 p.m.

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[1] Hoffai Ymddiriedolaeth GIG Caerdydd a'r Fro ei gwneud yn glir, bod y terfynau dirprwyedig i'r gwasanaeth iechyd wrth wneud taliadau arbennig ex gratia, hyd at £1 miliwn o ran esgeulustod. Mae'r ffigur a ddyfynnwyd, sef £1,000, yn berthnasol yn unig i daliadau arbennig ex gratia o ran cyn wasanaethau'r meddyg teulu.

Cardiff and Vale NHS Trust wishes to clarify that in making ex gratia special payments, the delelgated limits to the health service are up to £1 million in respect of negligence. The quoted figure of £1,000 only applies to ex gratia special payments in respect of the former family practitioner services.