

Dogfennau Ategol – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 1 – Y Senedd Sarah Beasley
Dyddiad: Dydd Iau, 11 Gorffennaf 2019 Clerc y Pwyllgor
Amser: 10.00 0300 200 6565
Seneddlechyd@cynulliad.cymru

– Pecyn atodol

Noder bod y dogfennau a ganlyn yn ychwanegol i'r dogfennau a gyhoeddwyd yn y prif becyn Agenda ac Adroddiadau ar gyfer y cyfarfod hwn

- 1 Gwasanaethau nyrsio cymunedol a nyrsio ardal: Trafod yr adroddiad drafft**
(10.00–11.00) (Tudalennau 1 – 38)
Dogfennau atodol:
Gwasanaethau nyrsio cymunedol a nyrsio ardal – adroddiad drafft (saesneg yn unig)
- 4 Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru): Sesiwn dystiolaeth gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol**
(13.15–14.45) (Tudalennau 39 – 43)

Vaughan Gething AC, Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Sioned Rees, Uwch Swyddog Cyfrifol, Bil Iechyd a Gofal Cymdeithasol
(Ansawdd ac Ymgysylltu) (Cymru), Llywodraeth Cymru
Janet Davies, Dirprwy Gyfarwyddwr, Y Grŵp Iechyd a Gwasanaethau
Cymdeithasol, Llywodraeth Cymru
Sapna Lewis, Cyfreithwraig, Llywodraeth Cymru



[Bil Iechyd a Gofal Cymdeithasol \(Ansawdd ac Ymgysylltu\) \(Cymru\), fel y'i cyflwynwyd](#)

[Memorandwm Esboniadol](#)

Briff Ymchwil

Dogfennau atodol:

Briff Ymchwil

Papur 4 – Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) (Saesneg yn unig)

5 Papurau i'w nodi

(14.45)

5.3 Llythyr gan Gadeirydd y Panel Trosolwg Annibynnol ar Wasanaethau

Mamolaeth at Gadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

(Tudalennau 44 – 56)

Dogfennau atodol:

Papur 5 – Llythyr gan Gadeirydd y Panel Trosolwg Annibynnol ar

Wasanaethau Mamolaeth at Gadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Mae cyfyngiadau ar y ddogfen hon

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L/VG/0420/19

Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

8 Gorffennaf 2019

Annwyl Dai,

Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)

Yn dilyn fy ymddangosiad gerbron y Pwyllgor Cyllid ar 3 Gorffennaf i drafod agweddau ariannol y Bil, roeddwn yn meddwl efallai y byddai'n ddefnyddiol darparu rhagor o wybodaeth cyn fy ymddangosiad gerbron y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon ar 11 Gorffennaf.

Yn y Pwyllgor Cyllid, daeth yn amlwg, er bod cefnogaeth gyffredinol i'r bwriad polisi eang y tu ôl i'r cynigion, bod diddordeb yn y modd y bydd yr amcanion a'r buddion yn cael eu gwireddu'n benodol o ran y dyletswyddau ansawdd a gonestrwydd.

Cyd-destun y Bil:

Rhaid i ansawdd fod wrth wraidd pob agwedd ar ddarpariaeth gofal iechyd, ac mae rhoi lle amlwg i ansawdd yn Neddf GIG Cymru yn tanlinellu bwriad y polisi, sef sicrhau bod ansawdd yn ganolog i'r broses benderfynu yn y gwasanaeth iechyd yng Nghymru. Mae hefyd yn dwyn ynghyd y newidiadau eraill sydd wedi'u cynnwys yn y Bil, gan gynnwys y ddyletswydd gonestrwydd a chryfhau llais y dinesydd er mwyn helpu i wella ansawdd gwasanaethau.

Argymhellodd yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol yng Nghymru yn 2018 y dylai iechyd a gofal yng Nghymru anelu at gyflawni'n unol a'r "Nod Pedwarplyg", sef mynd ati'n barhaus wneud y canlynol:

- gwella iechyd a llesiant y boblogaeth drwy ganolbwyntio ar atal;
- gwella profiad ac ansawdd y gofal ar gyfer unigolion a theuluoedd;
- cyfoethogi llesiant, gallu ac ymgysylltiad y gweithlu iechyd a gofal cymdeithasol;
- cynyddu'r gwerth a geir drwy ariannu iechyd a gofal, drwy wella, arloesi, defnyddio arferion gorau, a dileu gwastraff.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Mae'r darpariaethau yn y Bil yn ceisio helpu i wireddu'r uchelgeisiau hyn mewn nifer o ffyrdd sy'n gysylltiedig â'i gilydd, drwy wneud gwella ansawdd yn gysyniad canolog sy'n sail i'r darpariaethau yn y Bil.

Mae bwriad a nodir yn y Bil yn cyd-fynd â'r 'Nod Pedwarplyg' drwy sicrhau bod ansawdd yn ystyriaeth ar draws holl swyddogaethau cyrff iechyd yng Nghymru. Bydd yn gwella profiad y defnyddiwr gwasanaethau, a'r cyfathrebu a'r ymgysylltu rhwng y GIG a defnyddwyr ei wasanaethau. Bydd yn caniatáu i ni adeiladu ar y gwaith sydd eisoes wedi'i wneud i sicrhau bod cyrff y GIG yng Nghymru yn agored ac yn onest pan fydd pethau'n mynd o chwith, ac yn cefnogi'r ymdrech i sicrhau system sy'n dysgu ac yn gwella drwy'r amser ac sy'n ennyn ymddiriedaeth a hyder cleifion a defnyddwyr gwasanaethau.

Dyletswydd ansawdd:

Cefndir:

Mae cyrff y GIG wedi bod o dan ddyletswydd i wneud trefniadau er mwyn gwella ansawdd gofal iechyd ers 2003, o dan adran 45(1) o Ddeddf Iechyd a Gofal Cymdeithasol (Iechyd a Safonau Cymunedol) 2003 ("Deddf 2003").

Er bod y Ddeddf hon yn ei gwneud yn ofynnol i gyrff y GIG wneud trefniadau i fonitro a gwella ansawdd gofal iechyd, mae wedi'i dehongli i raddau helaeth fel deddf sy'n ei gwneud yn ofynnol i gyrff y GIG sicrhau trefniadau sicrwydd ansawdd (rheolaeth) i fonitro a gwella ansawdd y gofal iechyd a ddarperir, yn hytrach na chanolbwyntio mewn modd cynhwysfawr ar dair elfen system ansawdd fel y'i disgrifiwyd gan yr arolwg seneddol:

- cynllunio o ansawdd;
- gwella;
- rheolaeth er mwyn sicrhau ffocws ar wasanaethau o ansawdd da ar gyfer y boblogaeth ehangach.

Mae'r ddarpariaeth newydd yn rhoi pwyslais ar ansawdd y gwasanaethau ar gyfer y boblogaeth ehangach ac yn ymgorffori ystyriaethau ansawdd fel eu bod wrth wraidd y prosesau penderfynu.

Mae'r ddarpariaeth newydd, felly, yn ymwneud â sicrhau bod y dull gweithredu o ran ansawdd yn ymwneud'r system gyfan, yn hytrach na dim ond y gwasanaethau clinigol sydd â threfniadau sicrwydd (rheoli) neu sydd angen bodloni safonau ansawdd. Y mae – ac mae'n rhaid iddi fod felly – yn llawer ehangach er mwyn cynnal gwelliannau o ran ansawdd a chanlyniadau.

Bydd cynnwys dyletswydd ansawdd ehangach mewn deddfwriaeth, sy'n fwy cydnaws â'r modd yr ydym am i gyrff i GIG weithio, yn cryfhau camau gweithredu a phenderfyniadau er mwyn llywio gwelliannau ansawdd a fydd yn canolbwyntio ar y canlyniadau i bobl Cymru.

Yn ogystal, mae gan Weinidogion Cymru gyfrifoldeb am oruchwylio'r GIG yng Nghymru ac mae llawer o'r polisiâu a ddatblygir gan Weinidogion Cymru, boed yn deddfwriaethol neu beidio, yn effeithio ar y modd y mae cyrff y GIG yng Nghymru yn gweithredu. Fodd bynnag, nid yw Deddf 2003 yn gosod dyletswydd ansawdd ar Weinidogion Cymru o ran arfer eu swyddogaethau sy'n gysylltiedig ag iechyd. Mae'r Bil yn ymdrin â bwlch hwn.

Yn olaf, nid oes unrhyw fecanweithiau adrodd yn Neddf 2003. Mae mecanweithiau adrodd yn fuddiol gan eu bod yn galluogi cyrff sy'n atebol i'r ddyletswydd ansawdd ddangos sut mae eu swyddogaethau wedi'u harfer i sicrhau gwelliant yn ansawdd y gwasanaethau a ddarperir. Yn ogystal, mae adrodd hefyd yn darparu mecanwaith ar gyfer dwyn cyrff i gyfrif,

ac yn helpu'n ogystal i gynnal gwerthusiad ac asesiad o fudd dros amser. Mae hefyd yn ffordd dryloyw o ddangos sut y cydymffurfiwyd â'r ddyletswydd.

Y canlyniadau a ddisgwylir:

Bydd ail-lunio'r ddyletswydd ansawdd er mwyn ei gwneud yn ofynnol i gyrff y GIG a Gweinidogion Cymru arfer eu swyddogaethau, gyda'r nod o sicrhau gwelliannau yn ansawdd y gwasanaethau a ddarperir ganddynt, yn newid ffocws y broses benderfynu ac yn golygu bod hyn yn gam pellach ar y daith tuag at safonau hyd yn oed yn uwch i wasanaethau iechyd sy'n canolbwyntio ar yr unigolyn yng Nghymru.

Bydd yn ei gwneud yn ofynnol i gyrff y GIG a Gweinidogion Cymru feddwl a gweithredu mewn ffordd wahanol drwy gymhwysu'r cysyniad "ansawdd", nid yn unig i'r gwasanaethau a ddarperir, ond i'r holl benderfyniadau a threfniadau yng nghyd-destun anghenion iechyd eu poblogaethau.

Mae'r ddyletswydd newydd yn adlewyrchu'r ffaith y gall holl rannau'r system gyfrannu at wella ansawdd a chanlyniadau. Er enghraifft, gall Ymddiriedolaeth GIG Felindre, sy'n cynnal Gwasanaeth Gwybodeg GIG Cymru, wella ansawdd gwasanaethau iechyd drwy wella ei gwasanaethau digidol. Yn ei dro gall hyn wella effeithiolrwydd y gwasanaethau iechyd yn gyffredinol, a phrofiad defnyddiwr y gwasanaethau. Felly, mae'r ddyletswydd yn adlewyrchu'r ffaith y gellir gwella ansawdd gwasanaethau clinigol drwy wella gwasanaethau ystafell gefn fel hyn.

Gallai enghraifft arall gynnwys adrodd ar gamau a gymerwyd i wella diogelwch drwy ostwng yr heintiau a gaiff eu dal yn yr ysbyty neu drwy wella'r ffordd y caiff sepsis ei ddarganfod, a fydd yn ei dro yn arwain at well canlyniadau i gleifion.

Trwy ei gwneud yn ofynnol i gyrff y GIG ystyried goblygiadau ehangach y modd y bydd eu penderfyniadau yn gwella canlyniadau iechyd eu poblogaeth, mae'r ddyletswydd arfaethedig yn annog byrddau iechyd lleol i weithio gyda'u cymdogion a'u partneriaid ar draws y sector i leihau anghydraddoldebau ac amrywiadau iechyd na ellir eu cyfiawnhau. Bydd yn annog rhannu adnoddau ac arbenigedd, a bydd hynny yn ei dro yn arwain at gyfleoedd i wella effeithlonrwydd, diogelwch ac ansawdd gwasanaethau.

Mae'r dull gweithredu hwn yn cefnogi'r pum ffordd o weithio yn Neddf Cenedlaethau'r Dyfodol 2015. Mae'n annog meddwl hirdymor a chamau gweithredu integredig a chydweithredol sy'n gweithio i gyflawni'r nod llesiant Cymru Iachach.

Bydd y gofyniad adrodd yn ei gwneud yn ofynnol i Weinidogion Cymru (mewn perthynas â'u swyddogaethau'n ymwneud ag iechyd) a chyrff y GIG i asesu'r gwelliant yn y canlyniadau a gyflawnwyd yn ystod y flwyddyn adrodd, gan ddangos sut yr ydym yn gwella ansawdd gwasanaethau iechyd yng Nghymru. Bydd y gofyniad i adrodd yn flynyddol yn egluro sut mae cyflawni'r ddyletswydd wedi arwain at welliannau mewn ansawdd, gan ddarparu llinell sylfaen i fesur a monitro gwelliannau yn y dyfodol, ac yn gwneud y system yn fwy agored a thryloyw. Bydd adroddiad Gweinidogion Cymru'n cael ei osod gerbron y Cynulliad, gan alluogi Aelodau'r Cynulliad a'r cyhoeddi i graffu arno.

Dyletswydd gonestrwydd:

Cefndir:

Mae gan bob darparwr iechyd a gofal cymdeithasol nod cyffredin, sef darparu gofal o ansawdd uchel.

Mae'n bwysig cydnabod y cymerwyd camau amrywiol eisoes, gyda'r nod o ddatblygu "diwylliant agored" yn y GIG. Mae'r rhain yn cynnwys cyflwyno trefniadau newydd ar gyfer ymdrin â chwynion yn Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011, gwella'r dull o gofnodi ac ymchwilio i ddigwyddiadau difrifol, cynnal adolygiad o bob marwolaeth mewn ysbytai a chyhoeddi Datganiadau Ansawdd Blynyddol gan fyrddau iechyd lleol, ymddiriedolaethau'r GIG a Llywodraeth Cymru. Yn ogystal, fel yn Lloegr a'r Alban, rydym hefyd wedi ceisio dysgu gwersi o achosion go iawn lle cafodd niwed ei achosi, ynghyd â'r argymhellion sy'n deillio o wahanol adroddiadau ac adolygiadau.

Felly, mae'n amlwg bod llawer o waith wedi'i wneud i ddatblygu a chefnogi diwylliant agored o fewn y GIG yng Nghymru. Mae'r gwaith hwn wedi rhoi sefydliadau iechyd mewn sefyllfa ffafriol i weithredu dyletswydd fwy ffurfiol o onestrwydd, sef y cam rhesymegol nesaf yn y gyfres o fesurau sydd eisoes ar waith i wella ansawdd a bod yn fwy agored.

Y canlyniadau a ddisgwylir:

Ceir tystiolaeth bod agwedd fwy agored, tryloywder a gonestrwydd yn gysylltiedig â chyflawni safon uwch o ran iechyd a gofal cymdeithasol. Mae sefydliadau sydd â diwylliannau agored a thryloyw yn fwy tebygol o dreulio amser yn dysgu o ddigwyddiadau, yn hytrach nag ymateb yn amddiffynnol, ac maent yn fwy tebygol o gael prosesau a systemau ar waith i gefnogi staff ac unigolion pan fydd pethau'n mynd o chwith.

Bydd dyletswydd statudol o onestrwydd, sydd wedi'i phennu ar gyfer sefydliadau'r GIG yng Nghymru:

- yn helpu i greu dull gweithredu i'r system gyfan o ran gonestrwydd;
- yn hyrwyddo diwylliant o fod yn agored ac yn gwella ansawdd y gofal o fewn y gwasanaeth iechyd, drwy annog sefydliadau i ddysgu er mwyn osgoi digwyddiadau yn y dyfodol;
- yn lleihau'r ofn ymhlith staff o ôl-ffeithiau neu fai sefydliadol;
- yn helpu cyrff y GIG i adeiladu ar y gwaith o dan y broses Gweithio i Wella i sefydlu ymddygiad gonest, gan sicrhau bod ymddwyn yn agored a thryloyw gyda phobl o ran eu gofal a'u triniaeth yn rhan arferol o'r diwylliant ar draws y cyrff hyn yng Nghymru;
- yn annog sefydliadau i ystyried a dysgu - gan ei gwneud yn ofynnol i gyrff gyflwyno adroddiadau bob blwyddyn.

Mae gosod y ddyletswydd ar lefel sefydliadol yn helpu i greu'r amodau sy'n galluogi gweithwyr iechyd proffesiynol i weithredu'n onest, a dylai hyn helpu i annog y corff y maent yn gweithio iddo i fod yn agored ac yn onest gyda'r unigolion. Mae hyn wedi'i groesawu gan ddarparwyr gwasanaethau'r GIG.

Mae'r digwyddiadau diweddar yng Nghwm Taf yn dangos mewn gwirionedd pam y mae angen dyletswydd ansawdd well a chryfach, a dyletswydd gonestrwydd i sefydliadau. Bydd y dyletswyddau hyn yn ei gwneud yn ofynnol i fyrddau i fod yn fwy tryloyw yn eu penderfyniadau, ac yn gwneud iddynt fynd ati i ystyried ansawdd ac i nodi lle mae angen gwelliannau a chymryd camau i'w cyflawni.

Mae'r dyletswyddau yn rhan o gyfres fesurau o deddfwriaethol ac anneddfwriaethol sydd, gyda'i gilydd, yn rhoi trefniadau ar waith i wella a diogelu iechyd y boblogaeth drwy wneud gwella ansawdd yn gysyniad canolog. Ni fydd hyn, ar ei ben ei hun, yn atal gofal o ansawdd gwael ond bydd yn mynd rywfaint o'r ffordd i helpu i sicrhau bod y gwasanaeth iechyd yn rhoi ansawdd wrth wraidd ei benderfyniadau ac yn gwella ac yn dysgu'n barhaus

Edrychaf ymlaen at roi tystiolaeth i'r Pwyllgor maes o law.
Tudalen y pecyn 42

Rwyf yn anfon copi o'r llythyr hwn at gadeiryddion y Pwyllgor Cyllid a'r Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol.

Yn gywir

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a distinct dot over the 'i' in "Gething".

Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Eitem 5.3

Mick Giannasi

Cadeirydd y Panel Trosolwg Annibynnol ar Wasanaethau Mamolaeth
Chair of the Independent Maternity Services Oversight Panel

Eich cyf/Your ref **IMSOP-SE-003-19**

Ein cyf/Our ref **IMSOP-SE/003/19**

Dr Dai Lloyd AC,
Cynulliad Cenedlaethol Cymru,
Bae Caerdydd,
Caerdydd,
CF99 1NA

04 Gorffennaf 2019

Annwyl Dr Lloyd,

Y Panel Trosolwg Annibynnol ar Wasanaethau Mamolaeth

Diolch am eich llythyr diweddar ynglŷn â fy mhresenoldeb yng nghyfarfod y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yn fuan i drafod gwaith y Panel Trosolwg Annibynnol ar Wasanaethau Mamolaeth Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg.

Gallaf gadarnhau y bydd fy nghyd-aelod ar y Panel, Cath Broderick, hefyd yn bresennol, ac y bydd yn gallu briffio'r Pwyllgor yn benodol am y gwaith y mae hi'n ei wneud i alluogi'r Bwrdd Iechyd i feithrin cysylltiadau â'r menywod a'r teuluoedd sydd wedi'u heffeithio fwyaf gan y methiannau a nodwyd yn y gwasanaeth.

Yn Atodiad A, rwyf wedi amgáu'r ymatebion i'r meysydd yr ydych wedi tynnu sylw atynt yn benodol yn eich adroddiad fel rhai sydd o ddiddordeb i Aelodau'r Pwyllgor. Rwy'n gobeithio bod hyn o gymorth, a hyderaf fod yr wybodaeth i raddau helaeth yn hunanesboniadol.

Edrychaf ymlaen at eich cyfarfod chi a'ch cyd-aelodau ar y Pwyllgor ar 17 Gorffennaf 2019. Erbyn hynny, bydd diweddariad misol cyntaf y Panel ar gyfer Llywodraeth Cymru wedi'i gwblhau a byddaf mewn sefyllfa i roi'r wybodaeth ddiweddaraf ichi am y cynnydd sy'n cael ei wneud.

Yn y cyfamser, os oes gennych chi unrhyw gwestiynau neu os hoffech gael rhagor o wybodaeth, mae croeso ichi gysylltu â mi.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Yn gywir



Mick Giannasi
Cadeirydd y Panel Trosolwg Annibynnol ar Wasanaethau Mamolaeth

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Appendix A

Response to Specific Areas of Interest Raised by Committee Members

Area of Interest	Response
<p>Extent to which Board members and senior management had knowledge of the issues identified in the Royal College's report.</p>	<p>It is important to emphasise that there are five strands to the Ministerial intervention in Cwm Taf Morgannwg University Health Board which are being coordinated by a senior Welsh Government official. Placing maternity services in Special Measures and appointing the Independent Maternity Services Oversight Panel is one of those five strands.</p> <p>Whilst the five strands are complementary and in practice are being progressed in an integrated way, each has a different primary focus. The role of the Independent Oversight Panel, as set out in its terms of reference, is predominantly to ensure that the Health Board delivers the improvements in patient safety, quality and patient experience which have been identified as necessary in the Royal College's Report and other associated reviews.</p> <p>Whilst in practice, that will involve an element of looking back to understand the underlying causes of the failings which have been identified, other than the specific work around retrospective independent clinical review which forms part of the Panel's remit, its focus will be primarily forward looking. As such, the Panel will not be undertaking any specific investigative work to identify the culpability of individuals, groups of teams for the failings which have been identified. It is, in essence, a performance improvement mechanism rather than an inquiry or investigation.</p> <p>The independent clinical review element of the Panel's work <i>will</i> involve the retrospective examination of serious incidents and that, as an outcome of the process, may result in matters being referred to outside bodies (e.g. professional bodies, H.M. Coroner, etc.) for consideration of further action. However, even that element will, in accordance with the Panel's terms of reference, be primarily focused on ensuring that lessons are learned and acted upon as a driver for improvements in patient safety, quality and patient experience.</p> <p>By virtue of its terms of reference, the Panel has a responsibility to refer any wider corporate governance and leadership concerns to the Health Board and/or Welsh Government as appropriate, although again, that is not the Panel's primary focus.</p>

	<p>That focus rests with other elements of the intervention process, namely, the work which David Jenkins is doing to support the Chair and the Health Board to deliver improvements in leadership and corporate governance, the work which Welsh Government is doing in terms of the Health Board's targeted intervention status and the regulatory work which is being undertaken by Healthcare Inspectorate Wales and the Wales Audit Office.</p> <p>The Panel has been made aware that in consultation with David Jenkins and Welsh Government, the Chair of the Health Board has commissioned an independent external review of the handling of the report produced for the Health Board in 2018 by the seconded Consultant Midwife. That review may, in due course, provide some of the answers which Members of the Committee are seeking about who knew what, when and in what context. However, it is not directly within the Panel's remit and, as such, it would not be appropriate to comment further in this response.</p>
<p>Timescales for the Panel's work.</p>	<p>At this stage, it is not possible to identify with any degree of certainty what the timescales for the completion of the Panel's work will be. This is dependent on a number of factors, some of which are currently being worked through, most importantly the detailed scheduling and prioritisation within the Health Board's Maternity Services Improvement Plan alongside the scoping and scheduling of the clinical review and public and patient engagement elements of the Panel's work.</p> <p>It is also becoming increasingly apparent, both to the Panel and the Health Board, that the improvements which are necessary in Maternity Services can only be delivered on a sustainable basis as part of a wider organisational and cultural transformation process which is currently being worked through by the Health Board and will take several months to research, plan and initiate.</p> <p>It is envisaged that the potential timescales will become clearer by the end of September 2019 when the Panel presents its first formal report to the Minister. However, at this stage, it is only possible to provide a broad-brushed estimate based on previous experience and professional judgement.</p> <p>In terms of the performance improvement element of the work, experience in intervention situations within the Panel's knowledge (for example in Morecambe Bay and the Isles of Anglesey County Council) suggests that the 'make safe' element of the plan should, and indeed, must be delivered within 3 to 6 months of the start of the process and that within 12 months the organisation should have made sufficient progress for the Minister to begin to consider scaling back or de-escalating to a degree the intervention process.</p>

	<p>However, again based on experience elsewhere (for example in the case of the Welsh Ambulance Service), it is likely to be twelve months to two years or so before some of the longer-term changes which are required, particularly those which require cultural or leadership change and those which seek to rebuild public trust and confidence, start to take effect in a way which begins to embed change and makes it sustainable going forward.</p> <p>It is also likely to be twelve months to two years before it is possible to say with confidence that sufficient momentum has been achieved, whereby it is unlikely that if the external oversight and support was removed, that the organisation would regress or falter on its improvement journey.</p> <p>Where those changes need to be underpinned by wider organisational transformation and longer-term investment in organisational capacity and capability, it is not unrealistic to expect sustainable results to take three to five years to deliver.</p> <p>That is not to suggest for one minute that the Independent Oversight Panel or indeed the wider intervention will need to remain in place for that length of time nor that there will not come a time sooner when the intervention can appropriately be brought to an end. However, it is important to recognise that there is no quick fix and that change of the type which is necessary in Cwm Taf Morgannwg will not be delivered overnight.</p> <p>The independent clinical review element of the Panel's work brings an added dimension to the questions of timescales which at this stage is difficult to estimate with any degree of certainty.</p> <p>There are a number of phases in the clinical review process which are inter-dependent and will need to be scheduled in sequence.</p> <p>For example, until the review of the January 2016 to September 2018 cases (referred to in the Royal College's report as the 43 cases) have been reviewed, it will not be possible to scope what is required in terms of the further look back exercise to 2010.</p> <p>As an example, it is understood that a similar clinical review process which commenced in England two years ago has still not been fully completed.</p> <p>Clearly, it is not helpful to speculate in matters of this nature. However, some estimation of what the timescales might be is necessary for planning purposes and on that basis, the Panel is working on the broad assumption that its likely to be at least 12 months before the position has been reached where, if all goes well, a recommendation could be made to the Minister that he could consider scaling back the intervention.</p> <p>Whilst that does not provide a definitive answer to the</p>
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	<p>Committee’s question, it is hoped that sharing the Panel’s thinking about what the potential timescales might be and the rationale for that thinking, is helpful.</p>
<p>Powers of the Panel to obtain documents and information.</p>	<p>The Panel has no specific powers to require the Health Board or others to provide access to documents or other information. As such, there is and will continue to be a reliance on cooperation and negotiation to achieve what is needed. However, as things stand, that is unlikely to present a problem.</p> <p>In practice, the Health Board is cooperating fully with the Panel in enabling the proper discharge of its responsibilities and terms of reference. For example, case notes, patient records and other information have already been made available to assist members of the Panel in scoping out the clinical review process. Similarly, the Panel has been provided with access to the information which is needed to establish a database of the women and families affected and their preferences for contact and further engagement in the oversight and performance improvement process.</p> <p>At a more strategic level, performance information and internal reports are routinely being shared with the Panel and there is a regular two-way flow of information between the Panel and the Board at both executive and non-executive level. The Director of Nursing has been appointed as Senior Responsible Officer and acts as a conduit/problem-solver for the Panel, and a senior member of the Corporate Team acts as a single point of contact for day-to-day information and support.</p> <p>These arrangements are underpinned by an Information Handling Protocol which is currently in draft form but will eventually form part of the Panel’s Scope, Terms of Reference and Methodology document. This will set out how information will be shared, handled, stored and disposed of to ensure compliance with relevant legislation and data protection and principles.</p> <p>In the event that there are data access issues which cannot be resolved through negotiation and cooperation, the Panel has within its Terms of Reference the ability to go back to the Minister to seek additional leverage. However, it is not envisaged, in the climate of cooperation which currently exists, that such an approach will be necessary.</p>
<p>Level of resources available to the Panel to enable it to carry out its work.</p>	<p>The Panel comprises of four core members, a coordinating Chair (Mick Giannasi), an obstetrician (Professor Alan Cameron), a midwife (Christine Bell) and an engagement specialist (Cath Broderick).</p> <p>In addition, the Panel will be supported, as necessary, by ‘go to’</p>

	<p>individuals providing specialist advice and support in areas like legal services, communications and workforce and organisational development.</p> <p>The Panel will meet formally on a monthly basis and a number of participating observers (e.g. a workforce representative, a representative of the Community Health Council, representatives from the Welsh Audit Office and Healthcare Inspectorate Wales, etc.) will attend the meeting to assist the Panel in its deliberations.</p> <p>In terms of day-to-day operations, Welsh Government has nominated two support workers to assist the Panel on a full-time basis; that is in addition to providing other members of staff to undertake routine administrative support for meetings and ancillary tasks. The two support workers have a range of skills and abilities which enables them to undertake substantial pieces of work on behalf of the Panel, for example, arranging and co-ordinating meetings and events, managing dairies, drafting documents and undertaking background research.</p> <p>Within the last two weeks, with the support of Welsh Government and the NHS Delivery Unit, the Panel has interviewed and provisionally appointed a Business Manager to design, develop and coordinate the performance monitoring and assessment process which will underpin the Panel's formal reporting mechanism. The Business Manager will also act as the interface with the Health Board's Programme Management Team.</p> <p>The individual who has been identified has operated at Assistant Director level in a health board setting and has experience of programme management, performance management, corporate governance and quality improvement. This is a key appointment which will enable the Panel to accelerate the pace at which it is developing its business processes.</p> <p>The individual can start immediately and it is hoped that the appointment will be confirmed within the next seven days.</p> <p>It is envisaged that the business manager will spend 2 to 3 days per-week doing Independent Oversight Panel work, with the balance of his time being spent within the NHS Delivery Unit who will host his contract of employment.</p> <p>That is a helpful arrangement which has the potential to create synergy between the work of the Panel and the package of intervention and support with is being led specifically by the Delivery Unit.</p> <p>In terms of the independent clinical review element of the Panel's work, over the next few weeks, it will be necessary to recruit a number of multi-disciplinary teams of clinicians (mostly midwives, obstetricians, anaesthetists and paediatricians) on an ad-hoc basis</p>
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	<p>to undertake individual reviews on behalf of the Panel.</p> <p>At this stage, it is not clear how many teams will be needed or how they will be constituted for each case; that will not be known until the scoping work has been completed. However, with the support of the relevant Royal College's, Welsh Government has already compiled a list of suitably qualified individuals who have indicated a willingness to become involved.</p> <p>At this stage, the Panel believes that it has the resources that it needs to effectively discharge its terms of reference. However, should that change, Welsh Government has indicated that it will consider making additional resources available, if there is a properly evidenced business case to do so.</p>
<p>Details of the Panel's plans for engaging with patients, and the extent to which women and families will have the opportunity to have their voices heard.</p>	<p>The '<i>Listening to Women and Families about Maternity services in Cwm Taf</i>' report made strong recommendations about the way that the Health Board engages with women, families, patients and communities. Cath Broderick has started the extensive process of working with key people in the Health Board and partner organisations to understand in more depth how current engagement and patient experience activities and approaches can be developed and improved.</p> <p>Women and Families Engagement Workstream</p> <p>At the heart of this work is a new Women and Families Engagement Workstream that will report to the Maternity Services Improvement Board. Cath is providing support, advice and oversight to the staff committed to deliver new and innovative methods of engagement and the multidisciplinary group. This includes midwives, patient and public engagement and communication leads, and Cwm Taf Morgannwg CHC. The group met for the first time on 01 July 2019 to start the conversation about how engagement with women and families should improve.</p> <p>Principles for engagement</p> <p>An Engagement Strategy is being developed by the Health Board with support from Cath Broderick. This will be driven by a number of principles:</p> <ul style="list-style-type: none"> • Women and families, in particular those directly affected by events leading to the review, will be at the heart of the work undertaken by the IMSOP and central to the Health Board's development of approaches, methods and delivery of engagement and communication; • The delivery of maternity services, the practice of individuals and the strategy for engagement and communication should be viewed through the eyes of the people who use services in Cwm Taf Morgannwg;

	<ul style="list-style-type: none"> • It must be as easy as possible for people to be involved and they should be actively involved in ways that are meaningful and provide real opportunities to influence change and improvement; • People must be informed about how their involvement has influenced decisions and practice. <p>Women and families at the heart of engagement</p> <p>The Panel has met with women and families directly affected on a number of occasions, including a meeting with the Minister, and will continue to do so.</p> <p>People have told us how they want to be involved and explained how they wish to contribute to the improvement of maternity services in Cwm Taf Morgannwg. Their suggestions will be central to the development of the engagement strategy. In particular, they have told us that they want to-</p> <ul style="list-style-type: none"> • Be kept up-to-date with progress on improvement and change within maternity services (the new IMSOP Newsletter for women and families is being distributed shortly and we are exploring the use of social media and other digital platforms); • Share their stories and contribute to the staff’s understanding of the impact of failings in communication and care (they are interested in the development of a video and communication training tool for staff); • Be part of co-production events and workshops to design maternity care that meets everyone’s needs (co-production will bring staff and families together to understand each other’s experience and translate it into improved quality of care and good practice. The first event is being planned for early September); • Be part of work to improve complaints and concerns handling by sharing their experiences and views on how this can be changed to the benefit of women and families and resolving concerns; • Work with the Health Board to identify which measures matter from the families’ when seeking to demonstrate and quantify improvement in maternity services; • Look at developing a Women and Families Group that will identify how they want to be engaged further; • Be supported and suggest new approaches to engage with the communities across Cwm Taf Morgannwg; • Self identify whether they want to be involved as representatives on the Women and Families Workstream group. <p>Maternity Services Liaison Committee (MSLC)</p>
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	<p>The MSLC is a multidisciplinary group, including services users, with responsibility for bringing the voices of women and families into the Health Board to provide feedback on maternity care and ensure that services meet the needs of users.</p> <p>Women and families directly affected have been asked if they want to be part of the MSLC and a new Lay Chair is being appointed in response to the RCOG Review recommendations.</p> <p>Cath is working with the Women’s Experience Midwife to ensure that new methods are developed to hear the views of women using services through a ‘Walk the Patch’ approach on the maternity units.</p> <p>Other approaches include building on the ‘Real Time’ maternity experience initiative started by the PALS team by developing reflective qualitative interviews with women when they are back in the community after the birth of their baby.</p> <p>They will be reaching out to women and families where they live through engagement at Mums and Toddlers groups, Baby Cafés, community clinics and informal events.</p> <p>Engaging with communities, building trust and confidence</p> <p>Building trust and confidence in maternity services in Cwm Taf Morgannwg is important for those women and families currently using services as well as those who will need to use it in the future. As such, community engagement methods are being developed to ensure that all of the families have an opportunity to be heard in familiar settings, be supported to engage and be assured that action will take place as a result of their feedback.</p> <p>In that regard, the learning from other NHS organisations which have faced similar challenges will be extremely helpful to the Health Board. That is particularly so in areas that have experienced similar challenges and found that their communities had heard nothing but ‘bad news’ about maternity services in the area.</p> <p>Cath worked with families affected by events leading to the Kirkup Review of maternity services at Morecambe Bay University Hospitals NHS Trust and developed co-production engagement and communication methods with the staff and families which are transferable to the Cwm Taf context.</p> <p>Connections have been made with colleagues in Morecambe Bay and the co-production methods and tools used to secure the involvement of women and families in change and community engagement are being shared.</p>
Assurances about the Panel’s	The Panel is independent and in its early work has consistently and

<p>independence from both Cwm Taf Morgannwg Health Board and from Welsh Government.</p>	<p>deliberately demonstrated that to be the case.</p> <p>None of the members, or any other person directly supporting the Panel, has any previous connection or association with the Health Board. Indeed, three of the Panel members have not previously worked within Wales and bring insights from different UK health system. As such, the Panel comes to its task with fresh eyes and independence of thought.</p> <p>Within the Terms of Reference he has provided and in his verbal briefing to the Panel during its induction process, the Minister has made it clear that he expects the Panel to be, and to be seen to be fiercely independent and that it should not hesitate to make recommendations which relate to the role of Welsh Government within the current situation where that appears to be appropriate.</p> <p>Whilst the Panel is working collaboratively with both the Health Board and Welsh Government officials, that should not be seen as an indication of a lack of independence. Working with the Wales Centre for Public Policy, the Panel has adopted an evidence-based approach to the design of the oversight process taking account of academic research and evidence of what has worked in previous interventions.</p> <p>Academic research (Jas and Skelcher, 2005) suggests that the style and of any imposed external intervention should be the least intrusive which is necessary to achieve the outcome which is desired.</p> <p>The same research also suggest that three factors explain the ability of an organisation to remove itself from a performance intervention, namely:-</p> <ul style="list-style-type: none"> • COGNITION (<i>i.e. a recognition by the organisation that it needs to change and an acceptance that it needs help to do so</i>); • CAPABILITY (<i>i.e. the knowledge within the organisation of what needs to be done and the technical skill to achieve it</i>); • CAPACITY (<i>i.e. the ability and resources to tackle the change agenda</i>). <p>The Panel has been working with the Health Board to assess its ‘cognition, capability and capacity’ and recently conducted a self-assessment exercise during a Board Development Day.</p> <p>On the basis of the outcomes of the exercise, the Panel believes that it appropriate to adopt a collaborative approach, albeit within an atmosphere of scrutiny, challenge and support.</p> <p>That approach is again supported by academic research which suggest that ‘the most effective performance improvement mechanisms are those owned by the organisation subject of the intervention ... albeit subject to the influence of government’ (Fox</p>
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	<p>2003, Kellard et al, 2007).</p> <p>Similarly, the Panel is working closely with the regulators and with Welsh Government to ensure that the strands of the intervention are drawn together into a cohesive whole albeit that there is absolute clarity about the independent nature of the various elements.</p>
<p>Clarification about the powers of the Panel to make recommendations and insist on their implementation.</p>	<p>Items four and five of the Terms of Reference provided by the Minister state that the Panel should:</p> <ul style="list-style-type: none"> • Escalate any wider governance related issues or concerns which emerge to the Health Board and Welsh Government as appropriate; • Advise the Minister on any further action which the Panel considers necessary to ensure the provision of safe, sustainable, high quality, patient centred maternity and neonatal services. This should include advice about the need for, and timing of, any follow-up independent reviews and the identification of any wider lessons for the NHS in Wales. <p>Whilst the Panel has no specific powers to insist that its recommendations are implemented, the ability to make those recommendations is clear. As such, the Panel will rely on cooperation and negotiation to achieve compliance. However, it is implicit that within the Terms of Reference that where those recommendations are well founded, Welsh Government and where necessary, the Minister will take reasonable steps to support their implementation. Indeed, the Minister has made that clear in his initial conversations with the Panel.</p> <p>As previously stated, the Health Board is cooperating fully with the Panel in enabling the proper discharge of its responsibilities and Terms of Reference and, as things currently stand, it is not anticipated that issues will arise which need to be escalated. However, if that does become the case, the Panel will not hesitate to do so.</p>
<p>Actions that are being/will be taken to rebuild public and staff trust in the Health Board.</p>	<p>As outlined above, in accordance with its terms of reference, the Panel is working with the Health Board to develop the capacity, capability, systems, tools and techniques which will enable it to engage in an open and transparent with the women and families affected by the Review and more broadly with maternity service users going forward. Done correctly, that will, in due course, have an incremental impact of public trust and confidence.</p> <p>In addition, the Panel is currently involved in discussions with the Health Board about the need, as part of the Maternity Services Improvement Plan, to develop similar arrangements to engage staff more effectively in the design and delivery of improved</p>

	<p>services going forward.</p> <p>In our early discussions with the Health Board, a shared understanding has emerged that in order for change to be sustainable, maternity services will to be improved in the context of a wider organisational change process that encompasses organisational culture, leadership, mission vision and values. Those discussions have also identified the need to develop a structured communications and engagement strategy designed to change the narrative around the organisation.</p> <p>In order to be effective, the engagement and communication strategy will need to be owned and delivered by the organisation and its senior leadership, albeit that the Panel and Welsh Government will provide the support and challenge which is needed to drive it forward at pace.</p>
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