Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Lleoliad:
Ystafell Bwyllgora 1 - Y Senedd

Dyddiad:
Dydd Iau, 16 Ionawr 2014

Amser:
09:15

I gael rhagor o wybodaeth, cysylltwch â:

Llinos Madeley
Clerc y Pwyllgor
029 2089 8403
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Agenda

Sesiwn breifat

1 Cyflwyniad, ymddiheuriadau a dirprwyon

2 Sesiwn ddilynol i'r sesiwn graffu gyffredinol gyda'r Prif Swyddog Deintyddol (Rhagfyr 2013) (09:15 - 09:30) (Tudalennau 1 - 8)

3 Ymchwiliad i waith Arolygiaeth Gofal Iechyd Cymru - ystyried y prif faterion (09:30 - 10:10) (Tudalennau 9 - 21)

4 Trafodaeth gychwynnol ar gynllun strategol y Pwyllgor ar gyfer gweddill y Pedwerydd Cynulliad (10:10 - 10:50) (Tudalennau 22 - 44)

(Egwyl 10.50 - 11.00)

5 Ymchwiliad i fynediad at dechnolegau meddygol yng Nghymru - sesiwn friffio ragarweiniol gan yr ymgynghorydd arbenigol (11:00 - 12:00) (Tudalennau 45 - 64)

Dr Alex Faulkner, cynghorwr arbenigol ar gyfer yr ymchwiliad

(Cinio 12.00 - 13.00)

Sesiwn gyhoeddus

6 Memorandwm Cydsyniad Deddfwriaethol: Y Bil Plant a Theuluoedd – Sesiwn graffu gyffredinol gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol (13:00 – 13:30) (Tudalennau 65 - 75)

Mark Drakeford AC, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

7 Papurau i'w nodi (Tudalennau 76 - 115)

Llythyr gan Gadeirydd y Pwyllgor Cymunedau, Cydraddoleb a Llywodraeth Leol wedi'i gyfeirio at y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth, mewn perthynas â'r Ombwdsmon Gwasanaethau Cyhoeddus Cymru (Tudalennau 116 - 120)

Llythyr gan Gadeirydd y Pwyllgor Deisebau mewn perthynas â deiseb yn ymwneud â chanslo llawdriniaeth orthopedeg yn ystod misoedd y gaeaf ym Mwrdd Iechyd Lleol Hywel Dda (Tudalennau 121 - 122)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn ymwneud â'r adolygiad o Fframwaith Gofal Iechyd Parhaus y GIG (Tudalennau 123 - 151)

Llythyr gan Gydeirydd y Pwyllgor Cyfrifon Cyhoeddus mewn perthynas â gwasanaethau mamolaeth yng nghymru (Tudalennau 152 - 202)

Mae cyfyngiadau ar y ddogfen hon

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At: Y Pwyllgor Iechyd a Gofal Cymdeithasol

Oddi wrth: Gwasanaeth y Pwyllgorau Polisi a Deddfwriaeth

Dyddiad y cyfarfod: 16 Ionawr 2014

MEMORANDWM CYDSYNIAD DEDDFWRIAETHOL ATODOL AR GYFER Y BIL PLANT A THEULUOEDD: RHEOLEIDDIO DEUNYDD PECYNNU A CHYNHYRCHION TYBACO, A CHREU TROSEDDAU CYSYLLTIEDIG

Diben

1. Gwahodd y Pwyllgor i ystyried y memorandwm cydsyniad deddfwriaethol atodol ("y memorandwm") ar y Bil Plant a Theuluoedd sy'n ymwneud â deunydd pecynnu tybaco ar gyfer manwerthu, rheoleiddio cynhyrchion tybaco a chreu troseddau cysylltiedig.

Cefndir

2. Gosodwyd y memorandwm hwn ar gyfer y Bil Plant a Theuluoedd gerbron y Cynulliad ar 17 Rhagfyr 2013. Oherwydd bod y Bil wedi cyrraedd ei gyfnodau terfynol yn Senedd y DU, rhagwelir y bydd Llywodraeth Cymru yn cyflwyno cynnig yn ceisio cydsyniad deddfwriaethol y Cynulliad yn fuan.

3. Yn sgil yr amserlenni tynn sy'n gysylltiedig â'r memorandwm atodol hwn, nododd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, cyn toriad y Nadolig ei fod yn fodlon mynd i gyfarfod cyntaf y Pwyllgor ym mis Ionawr i ateb cwestiynau'r Aelodau. Cytunodd y Pwyllgor y dylai'r sesiwn hon gael ei chynnal er mwyn hysbysu Aelodau ynglŷn â'r memorandwm atodol cyn y ddadl berthnasol yn y Cyfarfod Llawn.

Y memorandwm atodol

4. Mae'r memorandwm atodol ynghlwm fel Atodiad A i'r papur hwn. Mae'r gwelliant sy'n berthnasol i'r memorandwm atodol ynghlwm fel Atodiad B (noder bod Atodiad B yn Saesneg yn unig gan mai gwelliant sydd wedi'i gyflwyno yn Senedd y DU ydyw).

5. Mae'r Gwasanaethau Cyfreithiol wedi adolygu'r memorandwm atodol ac nid oes ganddynt unrhyw bwyntiau ychwanegol i'w codi yn ychwanegol i'r rheini a amlinellir yn y memorandwm, heblaw am y ffaith y bydd y pwer i

wneud rheoliadau yn ddarostyngedig i'r weithdrefn gadarnhaol yn San Steffan.

Cam i'w gymryd

6. Gwahoddir y Pwyllgor i holi'r Gweinidog ynglŷn â'r memorandwm atodol ac i archwilio unrhyw faterion yr hoffai Aelodau gael eglurhad ohonynt cyn y ddadl berthnasol yn y Cyfarfod Llawn.

MEMORANDWM CYDSYNIAD DEDDFWRIAETHOL ATODOL

BIL PLANT A THEULUOEDD: GWELLIANT MEWN PERTHYNAS Â PHACIO CYNHYRCHION TYBACO AR GYFER ADWERTHU, RHEOLEIDDIO CYNHYRCHION TYBACO EU HUNAIN A CHREU TROSEDDAU CYSYLLTIEDIG

1. Mae'r Memorandwm Cydsyniad Deddfwriaethol atodol hwn yn cael ei osod o dan Reol Sefydlog (RhS) 29.2. Mae SO29 yn rhagnodi bod yn rhaid i Femorandwm Cydsyniad Deddfwriaethol gael ei osod, a gallai Cynnig Cydsyniad Deddfwriaethol gael ei gyflwyno, gerbron Cynulliad Cenedlaethol Cymru os yw Bil gan Senedd y DU yn gwneud darpariaeth mewn perthynas â Chymru at ddiben sy'n dod o fewn, neu sy'n addasu cymhwysedd deddfwriaethol y Cynulliad Cenedlaethol.

2. Cafodd y Bil Plant a Theuluoedd (y "Bil") ei gyflwyno yn Nhŷ'r Cyffredin ar 4 Chwefror 2013. Gellir gweld y Bil yn: http://services.parliament.uk/bills/2012-13/childrenandfamilies.html

Crynodeb o'r Bil a'i Amcanion Polisi

3. Mae'r Bil yn cael ei noddi gan yr Adran Addysg (DfE) i wneud newidiadau deddfwriaethol i ddiwygio cymorth i blant a theuluoedd. Mae hanner cyntaf y Bil yn ceisio gwella gwasanaethau i blant a phobl ifanc drwy ddiwygio'r systemau ar gyfer mabwysiadu, Plant sy'n Derbyn Gofal, cyfiawnder teuluol ac Anghenion Addysgol Arbennig. Mae'r ail hanner yn ceisio annog twf yn y sector gofal plant, absenoldeb rhiant a rennir a sicrhau bod gan blant yn Lloegr eiriolwyr cryf dros eu hawliau.

4. Mae'r Bil yn cynnwys darpariaethau sy'n ymwneud â:

(a) Mabwysiadu - cyflawni diwygiadau i: leihau oedi yn y system fabwysiadu; ehangu'r defnydd o 'Faethu ar gyfer Mabwysiadu; gwella'r cymorth sydd ar gael i fabwysiadwyr a'r trefniadau ar gyfer recriwtio ac asesu darpar fabwysiadwyr a gwneud y Gofrestr Mabwysiadu a'r Ddeddf Plant yn gofrestr statudol wrth iddi gael ei chymhwyso at Loegr.

(b) Diwygio'r system cyfiawnder teuluol yng Nghymru a Lloegr[1] i ymdrin ag oedi mewn achosion cyfraith gyhoeddus;

- trwy weithredu terfyn amser 26 wythnos ar gyfer achosion gofal a goruchwylio; lleihau'r defnydd gormodol o adroddiadau arbenigwyr, dileu dyblygu diangen, a sicrhau bod yr effaith ar y plentyn yn cael ei hystyried pan fo penderfyniadau ynghylch amserlennu yn cael eu gwneud, ac

[1] Adolygiad FJR o'r system cyfiawnder teuluol i Gymru a Lloegr a datganiad ysgrifenedig http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/justice/;jsessionid=F5E2D1B1C006F79F4176E6D249D006D4?lang=en http://wales.gov.uk/about/cabinet/cabinetstatements/2012/familyjusticereviewupdate/?lang=en ,

- mewn cyfraith teulu preifat - drwy ei gwneud yn ofynnol i rieni fynychu cyfarfod cyfryngu teuluol ac asesiad cyn gwneud cais i'r llys; anfon neges glir i rieni sydd wedi gwahanu y bydd llysoedd yn cymryd i ystyriaeth yr egwyddor y dylai'r ddau barhau i gymryd rhan weithredol ym mywydau eu plant pan fo hynny'n ddiogel ac yn gyson â lles y plentyn; a chyflwyno "gorchymyn trefniadau plentyn" newydd fel y gall y llysoedd wneud defnydd llawn o bwerau i gyfarwyddo rhieni i ymgymryd â gweithgareddau sy'n anelu at eu helpu i wneud i drefniadau ar gyfer eu plant weithio, a symleiddio prosesau ysgariad ar gyfer y llysoedd.

(c) Diwygio'r system Anghenion Addysgol Arbennig (AAA) yn Lloegr i: wella cefnogaeth ar gyfer pobl ifanc 16-25 oed, cynnig cyllideb bersonol i blant a theuluoedd, gofyn am well cydweithio rhwng gwasanaethau, gwybodaeth gliriach am y cymorth sydd ar gael; symleiddio prosesau a chynlluniau asesu.

(d) Gofal Plant, gan gynnwys cynyddu hyblygrwydd ar gyfer gwarchodwyr plant drwy gyflwyno asiantaethau gwarchodwyr plant.

(e) Plant sy'n derbyn gofal: ei gwneud yn ofynnol i bob awdurdod lleol yn Lloegr ddynodi swyddog i weithredu fel y 'Pennaeth Ysgol Rhithwir' (VSH) ar gyfer y plant y mae'n gofalu amdanynt; egluro'r hawl i asesiad am gefnogaeth i ofalwyr ifanc, a galluogi'r Ysgrifennydd Gwladol i gyflwyno rheoliadau newydd gyda'r nod o godi safonau mewn cartrefi plant.

(f) Swyddfa Comisiynydd Plant Lloegr - gwella pwerau'r comisiynydd i hyrwyddo a diogelu hawliau plant a mwy o annibyniaeth oddi wrth Lywodraeth y DU. Bydd y newidiadau yn berthnasol i rôl y Comisiynydd o ran hyrwyddo ac amddiffyn hawliau plant yn y gweinyddiaethau datganoledig, ond dim ond mewn perthynas â materion sydd heb eu datganoli.

(g) Absenoldeb Rhiant a Rennir a Gweithio Hyblyg: cyflwyno system ar gyfer absenoldeb rhiant a rennir a thâl rhieni statudol a rennir yn ogystal â diwygio'r system sy'n rhoi'r hawl i unigolion ofyn am weithio hyblyg.

Darpariaethau yn y Bil y gofynnir am gydsyniad ar eu cyfer

5. Gofynnir am gydsyniad y Cynulliad i'r gwelliant, a gyflwynwyd ar 16 Rhagfyr, 2013, a fydd yn rhoi pwerau galluogi i'r Ysgrifennydd Gwladol wneud rheoliadau i (1) reoleiddio deunydd pacio cynhyrchion tybaco ar gyfer manwerthu; (2) rheoleiddio'r marciau ar gynhyrchion tybaco a'u hymddangosiad, a (3) creu troseddau cysylltiedig. Cyn belled ag y rhoddir cydsyniad i'r gwelliant gan y deddfwrfeydd perthnasol, byddai'r Rheoliadau hyn yn berthnasol i Gymru, yr Alban a Gogledd Iwerddon yn ogystal â Lloegr.

6. Mae "cynnyrch tybaco" yn cael ei ddiffinio fel cynnyrch sy'n cynnwys tybaco yn gyfan gwbl neu'n rhannol ac y bwriedir iddo gael ei ysmygu, ei anadlu, ei sugno neu ei gnoi. Mae "deunydd pacio ar gyfer manwerthu" mewn perthynas â chynnyrch tybaco yn golygu'r deunydd pacio y mae'n cael ei gyflwyno ynddo i'w fanwerthu neu y bwriedir iddo gael ei gyflwyno ynddo. Mae "gwerthiant ar

gyfer manwerthu" yn golygu gwerthiant ac eithrio i berson sy'n gweithredu yng nghwrs busnes sy'n rhan o'r fasnach dybaco.

7. Gallai'r Ysgrifennydd Gwladol wneud rheoliadau os yw'n ystyried y gallai'r rheoliadau gyfrannu ar unrhyw adeg at leihau'r risg o niwed i, neu hybu iechyd neu les, pobl o dan 18 oed. Gallai'r Ysgrifennydd Gwladol ystyried hefyd a allai'r rheoliadau gyfrannu ar unrhyw adeg at leihau'r risg o niwed i, neu hybu, iechyd neu les pobl 18 oed neu'n hŷn.

8. Effaith gyffredinol y ddarpariaeth arfaethedig yw rhoi'r pŵer i'r Ysgrifennydd Gwladol wneud rheoliadau:

(a) am ddeunydd pacio cynhyrchion tybaco ar gyfer manwerthu. Yn arbennig gallai rheoliadau osod gwaharddiadau, gofynion neu gyfyngiadau sy'n ymwneud â: y marciau ar gynhyrchion tybaco ar gyfer manwerthu (gan gynnwys y defnydd o frandio, nodau masnach neu logos); ymddangosiad a'r deunyddiau a ddefnyddir ar gyfer deunydd pacio o'r fath; maint, gwead a siâp deunydd pacio o'r fath; y dull o agor deunydd pacio o'r fath, y deunyddiau sydd ynghlwm wrth neu sy'n cael eu cynnwys gyda chynhyrchion tybaco; unrhyw nodweddion eraill y gellid eu defnyddio i wahaniaethu rhwng cynhyrchion tybaco, y nifer o gynhyrchion tybaco unigol a gynhwysir mewn pecyn unigol a swm y cynnyrch tybaco a gynhwysir mewn pecyn unigol;

(b) sy'n gwneud darpariaeth sy'n gosod gwaharddiadau, gofynion neu gyfyngiadau sy'n ymwneud â'r marciau ar gynhyrchion tybaco (gan gynnwys y defnydd o frandio, nodau masnach neu logos); maint, ymddangosiad, blas a siâp cynhyrchion o'r fath ac unrhyw nodwedd arall o gynhyrchion tybaco y gellid ei defnyddio i wahaniaethu rhwng gwahanol frandiau o gynnyrch tybaco;

(c) creu troseddau y gellir eu cyflawni gan bersonau sy'n cynhyrchu neu'n cyflenwi cynhyrchion tybaco neu ddeunydd pacio cynhyrchion tybaco ar gyfer manwerthu sy'n torri'r gwaharddiadau, gofynion neu gyfyngiadau a nodir yn y rheoliadau;

(d) sy'n diwygio, diddymu neu ddirymu neu addasu fel arall unrhyw ddarpariaeth a wneir gan neu o dan unrhyw ddeddfiad er mwyn rhoi effaith i reoliadau sy'n cynnwys darpariaethau a nodir yn (a), (b) neu (c) uchod.

9. Mae'r gwelliant hefyd yn darparu bod yn rhaid i'r Ysgrifennydd Gwladol gael cydsyniad Gweinidogion Cymru cyn gwneud rheoliadau sy'n cynnwys darpariaethau a fyddai (pe baent yn cael eu cynnwys mewn Deddf Cynulliad Cenedlaethol Cymru) o fewn cymhwysedd deddfwriaethol y Cynulliad. Mae'r gwelliant yn cynnwys darpariaethau yn union yr un fath mewn perthynas â'r Alban a Gogledd Iwerddon.

10. Mae'r gwelliant i'r Bil yn ymestyn at y Deyrnas Unedig i gyd.

11. Barn Llywodraeth Cymru yw bod y darpariaethau hyn yn dod o fewn cymhwysedd deddfwriaethol Cynulliad Cenedlaethol Cymru i'r graddau y maent yn ymwneud â rheoleiddio deunydd pacio cynhyrchion tybaco ar gyfer

manwerthu; rheoleiddio cynhyrchion tybaco a chreu troseddau cysylltiedig - pynciau sy'n dod o dan benawdau iechyd a gwasanaethau iechyd a lles cymdeithasol yn Rhan 1 o Atodlen 7 i Ddeddf Llywodraeth Cymru 2006.

Manteision defnyddio'r Bil hwn yn hytrach na deddfwriaeth y Cynulliad

12. Barn Llywodraeth Cymru yw ei bod yn briodol ymdrin â'r darpariaethau hyn yn y Bil y DU hwn gan ei fod yn cynrychioli'r dull deddfwriaethol mwyaf ymarferol a chymesur i alluogi'r darpariaethau hyn i fod yn gymwys o ran Cymru.

13. Byddai'r gwelliant arfaethedig yn galluogi'r Ysgrifennydd Gwladol i wneud rheoliadau sy'n berthnasol i'r DU gyfan. Y mae, ym marn Llywodraeth Cymru, fanteision clir i ddull o'r fath:

(a) byddai rheoliadau a fyddai'n rheoleiddio deunydd pacio cynhyrchion tybaco ar gyfer manwerthu ac ymddangosiad cynhyrchion tybaco eu hunain yn dod i rym ar draws y DU gyfan yr un pryd. Bydd hyn yn lleihau'r cyfleoedd i ddefnyddwyr geisio prynu cynhyrchion tybaco mewn pecynnau sydd wedi'u brandio yn gonfensiynol;

(b) ni fyddai unrhyw wahaniaeth yn y gofynion ar gyfer deunydd pacio cynhyrchion tybaco ar gyfer manwerthu nac ar gyfer ymddangosiad cynhyrchion tybaco eu hunain ar draws y DU. Byddai hyn yn lleihau unrhyw feichiau ar fusnesau ac yn cynorthwyo'r gwaith o orfodi'r gofynion newydd gan na fyddai unrhyw faterion traws-ffiniol. Byddai hefyd yn gyson ar gyfer defnyddwyr cynhyrchion tybaco;

(c) ystyrir y bydd y neges iechyd cyhoeddus yn cael ei chyfleu'n gliriach gan strategaeth gyson yn ymwneud â deunydd pacio cynhyrchion tybaco ar gyfer manwerthu ar draws y DU a byddai hefyd yn adlewyrchu'r pwysigrwydd y mae pob un o'r gweinyddiaethau yn ei roi i'r maes hwn o iechyd y cyhoedd.

Goblygiadau ariannol

14. Ni ragwelir bod unrhyw oblygiadau ariannol uniongyrchol i Lywodraeth Cymru.

Mark Drakeford AC
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Rhagfyr 2013

Annexe B – Amendment to the Children and Families Bill

Before Clause 80

LORD NASH

57B* Insert the following new Clause—

"Regulation of retail packaging etc of tobacco products

(1) The Secretary of State may make regulations under subsection (6) or (8) if the Secretary of State considers that the regulations may contribute at any time to reducing the risk of harm to, or promoting, the health or welfare of people under the age of 18.

(2) Subsection (1) does not prevent the Secretary of State, in making regulations under subsection (6) or (8), from considering whether the regulations may contribute at any time to reducing the risk of harm to, or promoting, the health or welfare of people aged 18 or over.

(3) The Secretary of State may treat regulations under subsection (6) or (8) as capable of contributing to reducing the risk of harm to, or promoting, the health or welfare of people under the age of 18 if the Secretary of State considers that—

(a) at least some of the provisions of the regulations are capable of having that effect, or

(b) the regulations are capable of having that effect when taken together with other regulations that were previously made under subsection (6) or (8) and are in force.

(4) Regulations under subsection (6) or (8) are to be treated for the purposes of subsection (1) or (2) as capable of contributing to reducing the risk of harm to, or promoting, people's health or welfare if (for example) they may contribute to any of the following—

(a) discouraging people from starting to use tobacco products;

(b) encouraging people to give up using tobacco products;

(c) helping people who have given up, or are trying to give up, using tobacco products not to start using them again;

(d) reducing the appeal or attractiveness of tobacco products;

(e) reducing the potential for elements of the packaging of tobacco products other than health warnings to detract from the effectiveness of those warnings;

(f) reducing opportunities for the packaging of tobacco products to mislead consumers about the effects of using them;

(g) reducing opportunities for the packaging of tobacco products to create false perceptions about the nature of such products;

(h) having an effect on attitudes, beliefs, intentions and behaviours relating to the reduction in use of tobacco products.

(5) Regulations under subsection (6) or (8) are to be treated for the purposes of subsection (1) as capable of contributing to reducing the risk of harm to, or promoting, the health or welfare of people under the age of 18 if—

(a) they may contribute to reducing activities by such people which risk harming their health or welfare after they reach the age of 18, or

(b) they may benefit such people by reducing the use of tobacco products among people aged 18 or over.

(6) The Secretary of State may by regulations make provision about the retail packaging of tobacco products.

(7) Regulations under subsection (6) may in particular impose prohibitions, requirements or limitations relating to—

(a) the markings on the retail packaging of tobacco products (including the use of branding, trademarks or logos);

(b) the appearance of such packaging;

(c) the materials used for such packaging;

(d) the texture of such packaging;

(e) the size of such packaging;

(f) the shape of such packaging;

(g) the means by which such packaging is opened;

(h) any other features of the retail packaging of tobacco products which could be used to distinguish between different brands of tobacco product;

(i) the number of individual tobacco products contained in an individual packet;

(j) the quantity of a tobacco product contained in an individual packet.

(8) The Secretary of State may by regulations make provision imposing prohibitions, requirements or limitations relating to—

(a) the markings on tobacco products (including the use of branding, trademarks or logos);

(b) the appearance of such products;

(c) the size of such products;

(d) the shape of such products;

(e) the flavour of such products;

(f) any other features of tobacco products which could be used to distinguish between different brands of tobacco product.

(9) The Secretary of State may by regulations—

(a) create offences which may be committed by persons who produce or supply tobacco products the retail packaging of which breaches prohibitions, requirements or limitations imposed by regulations under subsection (6);

(b) create offences which may be committed by persons who produce or supply tobacco products which breach prohibitions, requirements or limitations imposed by regulations under subsection (8);

(c) provide for exceptions and defences to such offences;

(d) make provision about the liability of others to be convicted of such offences if committed by a body corporate or a Scottish partnership.

(10) The Secretary of State may by regulations provide that regulations under subsection (6) or (8) are to be treated for the purposes specified in regulations under this subsection as safety regulations within the meaning of the Consumer Protection Act 1987.

(11) The Secretary of State may by regulations make provision amending, repealing, revoking or otherwise modifying any provision made by or under an enactment (whenever passed or made) in connection with provision made by regulations under any of subsections (6), (8), (9) or (10).

(12) The Secretary of State must—

(a) obtain the consent of the Scottish Ministers before making regulations under any of subsections (6), (8), (9) or (10) containing provision which would (if contained in an Act of the Scottish Parliament) be within the legislative competence of that Parliament;

(b) obtain the consent of the Welsh Ministers before making regulations under any of those subsections containing provision which would (if contained in an Act of the National Assembly for Wales) be within the legislative competence of that Assembly;

(c) obtain the consent of the Department of Health, Social Services and Public Safety before making regulations under any of those subsections containing provision which would (if contained in an Act of the Northern Ireland Assembly) be within the legislative competence of that Assembly.

(13) For the purposes of this section a person produces a tobacco product if, in the course of a business and with a view to the product being supplied for consumption in the United Kingdom or through the travel retail sector, the person—

(a) manufactures the product,

(b) puts a name, trademark or other distinguishing mark on it by which the person is held out to be its manufacturer or originator, or

(c) imports it into the United Kingdom.

(14) For the purposes of this section a person supplies a tobacco product if in the course of a business the person—

(a) supplies the product,

(b) offers or agrees to supply it, or

(c) exposes or possesses it for supply.

(15) In this section—

“enactment” includes—

(a) an Act of the Scottish Parliament,

(b) a Measure or Act of the National Assembly for Wales, or

(c) Northern Ireland legislation;

“external packaging”, “internal packaging” and “wrapper” have the meanings given by regulations under subsection (6);

“packaging”, in relation to a tobacco product, means—

(a) the external packaging of that product,

(b) any internal packaging of that product,

(c) any wrapper of that product, or

(d) any other material attached to or included with that product or anything within paragraphs (a) to (c);

“retail packaging”, in relation to a tobacco product, means the packaging in which it is, or is intended to be, presented for retail sale;

“retail sale” means sale otherwise than to a person who is acting in the course of a business which is part of the tobacco trade;

“tobacco product” means a product consisting wholly or partly of tobacco and intended to be smoked, sniffed, sucked or chewed;

“travel retail sector” means retail outlets in the United Kingdom at which tobacco products may be purchased only by people travelling on journeys to destinations outside the United Kingdom.”

Eitem 7

Health and Social Care Committee

Meeting Venue:	Committee Room 3 – Senedd
Meeting date:	Thursday, 5 December 2013
Meeting time:	09:16 – 15:25

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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http://www.senedd.tv/archiveplayer.jsf?v=en_400000_05_12_2013&t=0&l=en

Concise Minutes:

Assembly Members:	David Rees (Chair) Leighton Andrews Rebecca Evans William Graham Elin Jones Darren Millar Lynne Neagle Gwyn R Price Lindsay Whittle Kirsty Williams
Witnesses:	Gwenda Thomas, Deputy Minister for Social Services Julie Rogers, Welsh Government Mike Lubienski, Welsh Government
Committee Staff:	Llinos Madeley (Clerk) Helen Finlayson (Second Clerk) Joanest Jackson (Legal Advisor)

TRANSCRIPT
View the meeting transcript.

1 Introductions, apologies and substitutions

1.1 No apologies were received.

1.2 The Chair welcomed the Deputy Minister for Social Services and her officials to the meeting.

2 Social Services and Well-being (Wales) Bill: Stage 2 - Consideration of amendments

2.1 In accordance with Standing Order 26.21, the Committee disposed of the following amendments to the Bill:

Section 43:

Amendment 293 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 414 (Lindsay Whittle)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 414 was not agreed.		

Section 44:

Amendment 431 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 98 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 98 was not agreed.		

Amendment 102 (Kirsty Williams) was not moved.

Amendment 103 (Kirsty Williams) was not moved.

New Section:

Amendment 254 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 254 was not agreed.		

Section 45:
No amendments were tabled to this section, therefore Section 45 was deemed agreed.

Section 46:
No amendments were tabled to this section, therefore Section 46 was deemed agreed.

Section 47:
No amendments were tabled to this section, therefore Section 47 was deemed agreed.

Section 48:
No amendments were tabled to this section, therefore Section 48 was deemed agreed.

Section 49:
No amendments were tabled to this section, therefore Section 49 was deemed agreed.

Section 50:
No amendments were tabled to this section, therefore Section 50 was deemed agreed.

Section 51:
No amendments were tabled to this section, therefore Section 51 was deemed agreed.

Section 52:
No amendments were tabled to this section, therefore Section 52 was deemed agreed.

Section 53:

Amendment 432 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 104 (Kirsty Williams) was not moved.

Amendment 105 (Kirsty Williams) As Amendment 104 was not moved, Amendment 105 fell.

Amendment 433 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 54:

Amendment 69 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 69 was not agreed.		

Amendment 78 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 78 was not agreed.		

Amendment 434 (Gwenda Thomas)

For	Against	Abstain
Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	Elin Jones Lindsay Whittle	William Graham Darren Millar
6	2	2
Amendment 434 was agreed.		

Amendment 79A (Gwenda Thomas)

For	Against	Abstain
Leighton Andrews Rebecca Evans William Graham Darren Millar Lynne Neagle Gwyn Price David Rees Kirsty Williams	Elin Jones Lindsay Whittle	
8	2	0
Amendment 79A was agreed.		

Amendment 79 (William Graham) was agreed in accordance with Standing Order 17.34(i).

Amendment 80A (Gwenda Thomas)

For	Against	Abstain
Leighton Andrews Rebecca Evans William Graham Darren Millar Lynne Neagle Gwyn Price David Rees Kirsty Williams	Elin Jones Lindsay Whittle	
8	2	0
Amendment 80A was agreed.		

Amendment 80 (William Graham) was agreed in accordance with Standing Order 17.34(i).

Amendment 99 (William Graham) was not moved.

New Section:

Amendment 255 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 255 was not agreed.		

Section 55:

Amendment 106 (Kirsty Williams) was not moved.

Amendment 107 (Kirsty Williams) was not moved.

Section 56:
No amendments were tabled to this section, therefore Section 56 was deemed agreed.

Section 57:

Amendment 481 (Elin Jones) was withdrawn in accordance with Standing Order 26.66.

Section 58:

Amendment 294 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 295 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 296 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 59:

Amendment 517 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 60:

Amendment 246 (William Graham) was withdrawn in accordance with Standing Order 26.66.

Section 61:

Amendment 188 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 189 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 62:

Amendment 127 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 127 was not agreed.		

Amendment 518 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 435 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 519 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 482 (Elin Jones)

For	Against	Abstain
Elin Jones Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans William Graham Darren Millar	

	Lynne Neagle Gwyn Price David Rees	
3	7	0
Amendment 482 was not agreed.		

Section 63:
No amendments were tabled to this section, therefore Section 63 was deemed agreed.

Section 64:
No amendments were tabled to this section, therefore Section 64 was deemed agreed.

Section 65:

Amendment 436 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 190 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 191 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 192 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 193 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 194 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 195 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 196 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 197 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 198 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 199 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 200 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 66:

Amendment 520 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 67:

Amendment 437 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 438 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 201 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 68:

Amendment 439 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 440 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 441 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 297 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 69:
No amendments were tabled to this section, therefore Section 69 was deemed agreed.

Schedule 1:

Amendment 532 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

For the purposes of voting, **Amendments 533, 551, 534, 535 and 552 (Gwenda Thomas)** were grouped and subject to a single vote, in accordance with Standing Order 17.36. The amendments were agreed in accordance with Standing Order 17.34(i).

Amendment 536 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 231 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 70:

Amendment 521 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 71:

No amendments were tabled to this section, therefore Section 71 was deemed agreed.

Section 72:
No amendments were tabled to this section, therefore Section 72 was deemed agreed.

Section 73:
No amendments were tabled to this section, therefore Section 73 was deemed agreed.

Section 74:
No amendments were tabled to this section, therefore Section 74 was deemed agreed.

Section 75:
No amendments were tabled to this section, therefore Section 75 was deemed agreed.

Section 76:

Amendment 202 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 203 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 538 (Elin Jones)

For	Against	Abstain
Elin Jones Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans William Graham Darren Millar Lynne Neagle Gwyn Price David Rees	
3	7	0
Amendment 538 was not agreed.		

Amendment 204 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 205 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 77:

Amendment 143 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 442 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 144 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 145 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 146 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 78:
No amendments were tabled to this section, therefore Section 78 was deemed agreed.

Section 79:

Amendment 206 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 80:
No amendments were tabled to this section, therefore Section 80 was deemed agreed.

Section 81:

Amendment 207 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 82:

Amendment 443 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 83:
No amendments were tabled to this section, therefore Section 83 was deemed agreed.

Section 84:
No amendments were tabled to this section, therefore Section 84 was deemed agreed.

Section 85:
No amendments were tabled to this section, therefore Section 85 was deemed agreed.

Section 86:

Amendment 208 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 87:
No amendments were tabled to this section, therefore Section 87 was deemed agreed.

Section 88:

Amendment 298 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 299 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 300 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 301 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 302 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).
Amendment 303 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 304 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 306 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 305 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 307 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 308 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 309 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 310 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 209 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 311 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 312 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 313 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 314 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 315 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 316 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 317 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 318 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 89:

Amendment 319 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 320 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 321 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 90:

Amendment 322 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 323 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 324 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 91:

Amendment 325 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 326 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 327 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 328 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 329 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 330 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 331 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 332 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 333 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 334 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 92:

Amendment 335 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 336 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 93:

Amendment 337 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 338 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 339 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 340 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 341 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 342 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 343 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 94:

Amendment 344 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 345 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 346 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 347 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 348 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 349 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 350 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 351 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 352 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 353 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 354 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 355 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).
Amendment 356 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 357 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 358 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 359 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 360 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 361 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 362 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 95:

Amendment 363 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 364 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 365 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 366 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 210 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 96:

Amendment 367 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 368 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 369 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 370 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 371 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 372 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 373 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 374 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 375 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 97:

Amendment 376 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 377 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 378 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 98:

Amendment 211 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 379 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 99:

Amendment 212 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 380 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 100:
No amendments were tabled to this section, therefore Section 100 was deemed agreed.

Section 101:

Amendment 444 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 102:
No amendments were tabled to this section, therefore Section 102 was deemed agreed.

Section 103:
No amendments were tabled to this section, therefore Section 103 was deemed agreed.

Section 104:

Amendment 256 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 256 was not agreed.		

Amendment 495 (Kirsty Williams)

For	Against	Abstain
William Graham Elin Jones Darren Millar	Leighton Andrews Rebecca Evans Lynne Neagle	

Lindsay Whittle Kirsty Williams	Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 495 was not agreed.		

Amendment 496 (Lindsay Whittle)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 496 was not agreed.		

Section 105:
No amendments were tabled to this section, therefore Section 105 was deemed agreed.

Section 106:

Amendment 39 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 40 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 41 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 257 (William Graham)

For	Against	Abstain
William Graham Darren Millar	Leighton Andrews Rebecca Evans Elin Jones Lynne Neagle Gwyn Price David Rees Lindsay Whittle Kirsty Williams	
2	8	0
Amendment 257 was not agreed.		

New Section:

Amendment 258 (William Graham) As Amendment 257 was not agreed, Amendment 258 fell.

New Section:

Amendment 259 (William Graham) As Amendment 257 was not agreed, Amendment 259 fell.

New Section:

Amendment 260 (William Graham) As Amendment 257 was not agreed, Amendment 260 fell.

New Section:

Amendment 261 (William Graham) As Amendment 257 was not agreed, Amendment 261 fell.

Section 107:
No amendments were tabled to this section, therefore Section 107 was deemed agreed.

Section 108:

Amendment 42 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 43 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 44 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 497 (Lindsay Whittle)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 497 was not agreed.		

New Section:

Amendment 45 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 109:

Amendment 445 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 110:
No amendments were tabled to this section, therefore Section 110 was deemed agreed.

Section 111:

Amendment 46 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 114 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 114 was not agreed.		

Section 112:

Amendment 262 (William Graham) was agreed in accordance with Standing Order 17.34(i).

Amendment 247 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 247 was not agreed.		

Section 113:
No amendments were tabled to this section, therefore Section 113 was deemed agreed.

Section 114:

Amendment 446 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 447 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 115:
No amendments were tabled to this section, therefore Section 115 was deemed agreed.

Section 116:
No amendments were tabled to this section, therefore Section 116 was deemed agreed.

Section 117:

Amendment 70 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 70 was not agreed.		

New Section:

Amendment 147 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 118:
No amendments were tabled to this section, therefore Section 118 was deemed agreed.

Section 119:
No amendments were tabled to this section, therefore Section 119 was deemed agreed.

Schedule 2:
No amendments were tabled to this Schedule, therefore Schedule 2 was deemed agreed.

Section 120:

Amendment 448 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 121:
No amendments were tabled to this section, therefore Section 121 was deemed agreed.

Section 122:
No amendments were tabled to this section, therefore Section 122 was deemed agreed.

Section 123:

Amendment 449 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 124:
No amendments were tabled to this section, therefore Section 124 was deemed agreed.

Section 125:

Amendment 450 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 451 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 126:
No amendments were tabled to this section, therefore Section 126 was deemed agreed.

Section 127:

Amendment 483A (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 483 as amended (Elin Jones) was agreed in accordance with Standing Order 17.34(i).

Section 128:

Amendment 484A (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 484 as amended (Elin Jones) was agreed in accordance with Standing Order 17.34(i).

Amendment 452 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 485A (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 485 as amended (Elin Jones) was agreed in accordance with Standing Order 17.34(i).

Section 129:

Amendment 453 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 130:

Amendment 454 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 381 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 131:

Amendment 382 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 132:

Amendment 455 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 133:

Amendment 456 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

New Section:

Amendment 486A (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 486B (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 486C (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 486 as amended (Elin Jones) was agreed in accordance with Standing Order 17.34(i).

Section 134:

Amendment 522 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 135:

Amendment 457 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 136:

Amendment 458 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 137:

Amendment 487 (Elin Jones) was withdrawn in accordance with Standing Order 26.66.

Amendment 539 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 540 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 541 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 542 (Gwenda Thomas)

For	Against	Abstain
Leighton Andrews Rebecca Evans Elin Jones Lynne Neagle Gwyn Price David Rees Lindsay Whittle Kirsty Williams	William Graham Darren Millar	
8	2	0
Amendment 542 was agreed.		

Amendment 250 (William Graham) As Amendment 542 was agreed, Amendment 250 fell.

Amendment 543 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 488 (Elin Jones) As Amendment 542 was agreed, Amendment 488 fell.

Amendment 524 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 138:

Amendment 460 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

For the purposes of voting, **Amendments 525, 526, 527, 528 and 529 (Gwenda Thomas)** were grouped and subject to a single vote, in accordance with Standing Order 17.36. The amendments were agreed in accordance with Standing Order 17.34(i).

Section 143:

Amendment 263 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	

	Kirsty Williams	
4	6	0
Amendment 263 was not agreed.		

Amendment 461 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 264 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 264 was not agreed.		

Amendment 265 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 265 was not agreed.		

Amendment 266 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 266 was not agreed.		

Amendment 544 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 462 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 463 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 545 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 546 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 547 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 267 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 267 was not agreed.		

Section 144:

Amendment 464 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 465 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 47 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 48 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 548 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 49 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 549 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 148 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 145:

Amendment 268 (William Graham) was not moved.

Amendment 269 (William Graham) was not moved.

Amendment 270 (William Graham) was not moved.

Amendment 271 (William Graham) As Amendment 270 was not moved, Amendment 271 fell.

Amendment 550 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 272 (William Graham)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 272 was not agreed.		

Amendment 273 (William Graham) was not moved.

Amendment 274 (William Graham) was not moved.

Amendment 50 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 51 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 146:

Amendment 415 (Lindsay Whittle)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 415 was not agreed.		

Section 147:

Amendment 149 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 150 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 151 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 152 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 148:

Amendment 489 (Elin Jones)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 489 was not agreed.		

Amendment 490 (Elin Jones)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 490 was not agreed.		

Amendment 491 (Elin Jones)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 491 was not agreed.		

Amendment 492 (Elin Jones)

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 492 was not agreed.		

Section 149:

Amendment 493 (Elin Jones)

For	Against	Abstain
William Graham Elin Jones	Leighton Andrews Rebecca Evans	

Darren Millar Lindsay Whittle	Lynne Neagle Gwyn Price David Rees Kirsty Williams	
4	6	0
Amendment 493 was not agreed.		

Section 150:

Amendment 153 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 470 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 251A (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 251B (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 251 (William Graham) was agreed in accordance with Standing Order 17.34(i).

Amendment 471 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 151:
No amendments were tabled to this section, therefore Section 151 was deemed agreed.

Section 152:
No amendments were tabled to this section, therefore Section 152 was deemed agreed.

Section 153:

Amendment 383 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 154:

For the purposes of voting, **Amendments 384, 385, 386, 387, 388, 389 and 390 (Gwenda Thomas)** were grouped and subject to a single vote, in accordance with Standing Order 17.36. The amendments were agreed in accordance with Standing Order 17.34(i).

Section 155:

Amendment 213 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 214 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 156:
No amendments were tabled to this section, therefore Section 156 was deemed agreed.

Section 157:

Amendment 391 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 392 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 393 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 394 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 158:
No amendments were tabled to this section, therefore Section 158 was deemed agreed.

Section 159:

Amendment 466 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 160:
No amendments were tabled to this section, therefore Section 160 was deemed agreed.

Schedule 3:

Amendment 405 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 406 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Amendment 407 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

Section 161:
No amendments were tabled to this section, therefore Section 161 was deemed agreed.

New Section:

Amendment 52A (William Graham)

For	Against	Abstain

<table>
<tr><td>William Graham
Elin Jones
Darren Millar
Lindsay Whittle
Kirsty Williams</td><td>Leighton Andrews
Rebecca Evans
Lynne Neagle
Gwyn Price
David Rees</td><td></td></tr>
<tr><td>5</td><td>5</td><td>0</td></tr>
<tr><td colspan="3">As there was a tied vote, the Chair’s casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 52A was not agreed.</td></tr>
</table>

Amendment 52B (William Graham)

<table>
<tr><th>For</th><th>Against</th><th>Abstain</th></tr>
<tr><td>William Graham
Elin Jones
Darren Millar
Lindsay Whittle
Kirsty Williams</td><td>Leighton Andrews
Rebecca Evans
Lynne Neagle
Gwyn Price
David Rees</td><td></td></tr>
<tr><td>5</td><td>5</td><td>0</td></tr>
<tr><td colspan="3">As there was a tied vote, the Chair’s casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 52B was not agreed.</td></tr>
</table>

Amendment 52C (William Graham) As Amendment 52B was not agreed, Amendment 52C fell.

Amendment 52D (William Graham) As Amendment 52B was not agreed, Amendment 52D fell.

Amendment 52E (William Graham) As Amendment 52B was not agreed, Amendment 52E fell.

Amendment 52 (Gwenda Thomas)

<table>
<tr><th>For</th><th>Against</th><th>Abstain</th></tr>
<tr><td>Leighton Andrews
Rebecca Evans
Lynne Neagle
Gwyn Price
David Rees</td><td>William Graham
Elin Jones
Darren Millar
Lindsay Whittle
Kirsty Williams</td><td></td></tr>
<tr><td>5</td><td>5</td><td>0</td></tr>
<tr><td colspan="3">As there was a tied vote, the Chair’s casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, Amendment 52 was not agreed.</td></tr>
</table>

New Section:

Amendment 53 (Gwenda Thomas) As Amendment 52 was not agreed, Amendment 53 fell.

New Section:

Amendment 54 (Gwenda Thomas) As Amendment 52 was not agreed, Amendment 54 fell.

New Section:

Amendment 215 (Gwenda Thomas) was agreed in accordance with Standing Order 17.34(i).

2.2 Sections 43 to 161 and Schedules 1 to 3 were deemed to be agreed.

3 Papers to note

3.1 Letter from the Deputy Minister for Social Services - Social Services and Well-being (Wales) Bill: direct payments

3a.1 The Committee noted the letter from the Deputy Minister for Social Services - Social Services and Well-being (Wales) Bill in relation to direct payments.

3.2 Letter from the Deputy Minister for Social Services in relation to the 'When I am ready' scheme

3b.1 The Committee noted the letter from the Deputy Minister for Social Services in relation to the 'When I am ready' scheme.

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

4.1 The motion was agreed.

5 Consideration of the forward work programme

5.1 The Committee discussed its forward work programme for January - April 2014 and agreed to the programme's publication.

5.2 In accordance with Standing Order 17.34(ii), the Committee voted on the following motion, proposed by Darren Millar AM, and accepted by the Chair without notice in accordance with Standing Order 17.44:

> That the Health and Social Care Committee allocate time at a future meeting to scrutinise the Chief Executive and Chair of Hywel Dda Health Board, if available, on the provision of health services in its area.

The result of the vote was as follows:

For	Against	Abstain
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	0
5	5	0

As there was a tied vote, the Chair's casting vote was applied in the negative, in accordance with Standing Order 6.20(ii). Therefore, the motion was not agreed.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 3 - Senedd**
Dyddiad:	**Dydd Mercher, 11 Rhagfyr 2013**
Amser:	**09:26 - 11:42**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_400000_11_12_2013&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees (Cadeirydd)** **Leighton Andrews** **Rebecca Evans** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Gwyn R Price** **Lindsay Whittle** **Kirsty Williams**
Tystion:	**Gwenda Thomas, Dirprwy Weinidog Gwasanaethau Cymdeithasol** **Julie Rogers, Llywodraeth Cymru** **Mike Lubienski, Llywodraeth Cymru**
Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Helen Finlayson (Ail Clerc)** **Sarah Sargent (Dirprwy Glerc)** **Joanest Jackson (Cynghorydd Cyfreithiol)** **Lisa Salkeld (Cynghorydd Cyfreithiol)**

TRAWSGRIFIAD
Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniad, ymddiheuriadau a dirprwyon

1.1 Ni chafwyd unrhyw ymddiheuriadau.

1.2 Croesawodd y Cadeirydd y Dirprwy Weinidog Gwasanaethau Cymdeithasol a'i swyddogion i'r cyfarfod.

2 Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Cyfnod 2 - Trafod y gwelliannau

2.1 Yn unol â Rheol Sefydlog 26.21, gwaredodd y Pwyllgor y gwelliannau canlynol i'r Bil:

Adran newydd:

Derbyniwyd **Gwelliant 155 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran newydd:

Derbyniwyd **Gwelliant 156 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran newydd:

Derbyniwyd **Gwelliant 157 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran newydd:

Derbyniwyd **Gwelliant 395 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran 162:

Derbyniwyd **Gwelliant 216 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 217 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 218 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 396 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran 163:

Derbyniwyd **Gwelliant 158 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 159 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 160 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 161 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 162 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 163 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 164 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 165 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 166 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 167 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 168 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran 164:
Ni chafodd gwelliannau eu cyflwyno i'r adran hon, felly bernir bod Adran 164 wedi'i derbyn.

Adran newydd:
Cafodd **Gwelliant 81 (William Graham)** ei dynnu yn ôl yn unol â Rheol Sefydlog 26.66.

Adran 165:

Derbyniwyd **Gwelliant 169 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 170 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 171 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 172 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 173 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 174 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 175 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 176 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 177 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Gwelliant 61 (Kirsty Williams) Gan na chafodd gwelliant 60 ei gynnig, methodd gwelliant 61.

Gwelliant 275 (William Graham) Gan y gwrthodwyd Gwelliant 254, methodd Gwelliant 275.

Gwelliant 276 (William Graham) Gan y gwrthodwyd Gwelliant 255, methodd Gwelliant 276.

Gwelliant 82 (William Graham) Gan y gwrthodwyd Gwelliant 111, methodd Gwelliant 82.

Derbyniwyd **Gwelliant 178 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Gwelliant 62 (Kirsty Williams) Gan na chafodd gwelliant 60 ei gynnig, methodd gwelliant 62.

Adran 166:

Gwelliant 183 (William Graham)

O blaid	Yn erbyn	Ymatal
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
Gan fod y bleidlais yn gyfartal, defnyddiodd y Cadeirydd ei bleidlais fwrw yn negyddol, yn unol â Rheol Sefydlog 6.20(ii). Gan hynny, gwrthodwyd Gwelliant 183.		

Derbyniwyd **Gwelliant 530 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 219 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 220 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 221 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 397 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 398 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 222 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 223 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 399 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 224 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 400 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 401 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 225 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Ni chynigiwyd **Gwelliant 83 (William Graham).**

Gwelliant 498 (Lindsay Whittle)

O blaid	Yn erbyn	Ymatal

William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
Gan fod y bleidlais yn gyfartal, defnyddiodd y Cadeirydd ei bleidlais fwrw yn negyddol, yn unol â Rheol Sefydlog 6.20(ii). Gan hynny, gwrthodwyd Gwelliant 498.		

Derbyniwyd **Gwelliant 179 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 531 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 228 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 229 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 467 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 55 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 402 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 230 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 403 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran 167:

Derbyniwyd **Gwelliant 404 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Adran 168:

Gwelliant 58 (Kirsty Williams) Gan na chafodd gwelliant 60 ei gynnig, methodd gwelliant 58.

Gwelliant 59 (Kirsty Williams) Gan na chafodd gwelliant 60 ei gynnig, methodd gwelliant 59.

Gwelliant 184 (William Graham)

O blaid	Yn erbyn	Ymatal
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
Gan fod y bleidlais yn gyfartal, defnyddiodd y Cadeirydd ei bleidlais fwrw yn negyddol, yn unol â Rheol Sefydlog 6.20(ii). Gan hynny, gwrthodwyd Gwelliant 184.		

Gwelliant 185 (William Graham)

O blaid	Yn erbyn	Ymatal
William Graham Elin Jones Darren Millar Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	
5	5	0
Gan fod y bleidlais yn gyfartal, defnyddiodd y Cadeirydd ei bleidlais fwrw yn negyddol, yn unol â Rheol Sefydlog 6.20(ii). Gan hynny, gwrthodwyd Gwelliant 185.		

Adran 169:
Ni chafodd gwelliannau eu cyflwyno i'r adran hon, felly bernir bod Adran 169 wedi'i derbyn.

Adran 1:

Derbyniwyd **Gwelliant 416 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 500 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 1 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 277 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 278 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 279 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 280 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 281 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 282 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 283 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 284 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 285 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 286 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 287 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 501 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Gwelliant 2 (Gwenda Thomas) Gan y gwrthodwyd Gwelliant 52, methodd Gwelliant 2.

Gwelliant 3 (Gwenda Thomas) Gan y gwrthodwyd Gwelliant 52, methodd Gwelliant 3.

Derbyniwyd **Gwelliant 186 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 187 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 128 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

Derbyniwyd **Gwelliant 288 (Gwenda Thomas)** yn unol â Rheol Sefydlog 17.34(i).

2.2 Gwnaeth y Dirprwy Weinidog ymrwymiad i ysgrifennu at y Pwyllgor mewn perthynas â phreswyliaeth gyffredin, yn benodol cadarnhau preswyliaeth gyffredin dinasyddion Prydeinig sydd wedi bod yn byw dramor cyn symud yn ôl i'r DU ac ar gyfer unigolion sydd wedi bod yn byw mewn sawl gwahanol fath o lety.

2.3 Bernir bod Adran 162 i Adran 169 ac adran 1 wedi'u derbyn.

3 Papurau i'w nodi

3.1 Nododd y Pwyllgor gofnodion y cyfarfodydd a gynhaliwyd ar 21 Tachwedd a 27 Tachwedd 2013.

3.1 Llythyr gan Gadeirydd Bwrdd Iechyd Hywel Dda dyddiedig 5 Rhagfyr 2013

3a.1 Nododd y Pwyllgor y llythyr.

3.2 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol – ymateb i lythyr y Pwyllgor ar Gyllideb Ddrafft Llywodraeth Cymru 2014/15

3b.1 Nododd y Pwyllgor y llythyr.

3.3 Llythyr gan y Dirprwy Weinidog Gwasanaethau Cymdeithasol – Y Bil Gwasanaethau Cymdeithasol (Cymru) a gofal cymdeithasol plant

3c.1 Nododd y Pwyllgor y llythyr.

3.4 Blaenraglen waith y Pwyllgor: Ionawr – Ebrill 2014

3d.1 Trafododd y Pwyllgor y flaenraglen waith ar gyfer tymor y gwanwyn 2014.

4 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o eitemau 5 a 6 y cyfarfod heddiw ac ar gyfer y cyfarfod ar 16 Ionawr 2014

4.1 Derbyniwyd y cynnig.

5 Gofal heb ei drefnu: bod yn barod ar gyfer gaeaf 2013/14 – Trafod y llythyr drafft at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol

5.1 Trafododd y Pwyllgor y llythyr drafft at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol ar yr ymchwiliad i ofal heb ei drefnu - bod yn barod ar gyfer gaeaf 2013/14, a derbyniwyd y llythyr hwnnw.

6 Lleihau'r risg o strôc: ymchwiliad dilynol – Trafod y llythyr drafft at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

6.1 Trafododd y Pwyllgor y llythyr drafft at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar yr ymchwiliad dilynol: lleihau'r risg o strôc, a derbyniwyd y llythyr hwnnw.

Y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol

Communities, Equality and Local Government Committee

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Lesley Griffiths AC
Y Gweinidog Llywodraeth Leol a Busnes
y Llywodraeth

12 Rhagfyr 2013

Annwyl Weinidog

Ombwdsmon Gwasanaethau Cyhoeddus Cymru

Efallai y byddwch yn ymwybodol bod Ombwdsmon Gwasanaethau Cyhoeddus Cymru wedi dod i un o gyfarfodydd y Pwyllgor yn ddiweddar er mwyn trafod ei Adroddiad Blynyddol ar gyfer 2012-13.

Yn ystod y sesiwn, cyfeiriodd at nifer o bwyntiau yr hoffwn dynnu eich sylw atynt. Er bod y rhan fwyaf o'r rhain yn ymwneud â materion llywodraeth leol, mae nifer o'r enghreifftiau y cyfeiriodd yr Ombwdsmon atynt yn ymwneud â'r gwasanaeth iechyd yng Nghymru. Ar sail hynny, anfonir copi o'r llythyr hwn at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, yn ogystal â Chadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol.

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh
Y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol / Communities, Equality and Local Government Committee
Gwasanaeth y Pwyllgorau / Committee Service
Ffôn / Tel: 029 2089 8032
E-bost / Email : PwyllgorCCLlL@cymru.gov.uk

Yn gyffredinol, nododd yr Ombwdsmon mai 2015 fydd dengmlwyddiant Deddf Ombwdsmon Gwasanaethau Cyhoeddus (Cymru) 2005. Dywedodd wrthym, er bod y ddeddf yn torri tir newydd pan gafodd ei chyflwyno, roedd y profiad o reoli'r swyddfa dros y saith mlynedd ddiwethaf wedi dangos y byddai'n werth adolygu'r ddeddfwriaeth. At hynny, nododd sawl maes lle y gellid atgyfnerthu'r ddeddfwriaeth. Tynnodd ein sylw at nifer o faterion eraill hefyd y dylid ymdrin â hwy yn ei farn ef.

Byddai diddordeb gan y Pwyllgor glywed eich barn ar bob un o'r materion a nodir isod, a chael manylion am unrhyw waith sydd eisoes wedi'i wneud gennych mewn perthynas â'r rhain.

1. Pwerau rhag blaen

1.1 Yn ei adroddiad blynyddol, nododd yr Ombwdsmon fod gan y rhan fwyaf o ombwdsmyn ledled Ewrop a thu hwnt y pŵer i achub y blaen wrth gynnal ymchwiliadau ar eu menter eu hunain. Mae'n mynd ymlaen i ddweud bod gan Ombwdsmon Gweriniaeth Iwerddon bŵer o'r fath eisoes, ac mae pŵer tebyg wedi'i gynnig mewn perthynas â Gogledd Iwerddon.

1.2 Yn ystod y sesiwn dystiolaeth, dywedodd wrthym fod y pŵer i gynnal ymchwiliadau rhag blaen, lle y bo'n briodol, yn hanfodol, yn ei farn ef, er mwyn galluogi'r rhai a fyddai'n gwneud ei swydd yn y dyfodol i fynd ar drywydd materion sy'n codi yn sgîl ymchwiliadau.

2. Awdurdodaeth yr Ombwdsmon

2.1 Yn ei adroddiad blynyddol a'i dystiolaeth lafar, tynnodd yr Ombwdsmon sylw at hawl unigolion i unioni camau a gymerwyd mewn achosion lle y caiff gwasanaethau cyhoeddus eu darparu gan sefydliadau sector preifat. Nododd fod y posibilrwydd o ymestyn awdurdodaeth Ombwdsmon y Gwasanaeth Iechyd i gynnwys gofal iechyd preifat o dan ystyriaeth yn Lloegr.

2.2 Dywedodd wrthym na ddylai trethdalwyr ysgwyddo costau trefniadau unioni ar gyfer cwynion yn erbyn y sector preifat, a chynigodd lawer o opsiynau i fynd i'r afael â hyn, gan gynnwys cyflwyno ardoll, yn debyg i'r hyn a godir gan rai o gynlluniau'r ombwdsmon ar gyfer y sector preifat.

2.3 Mewn cysylltiad â hynny, dywedodd yr Ombwdsmon wrthym fod angen i gyrff yn y sector cyhoeddus sicrhau, pan fyddant yn rhoi contractau ar gyfer gwasanaethau i gontractwyr preifat, bod y contractwyr hynny'n ymwybodol eu bod yn darparu gwasanaethau *ar ran* corff cyhoeddus a'u bod yn ymwybodol o'r goblygiadau a'r rhwymedigaethau cysylltiedig. At hynny, dywedodd fod angen ymgyrch i godi ymwybyddiaeth i sicrhau bod unigolion sy'n defnyddio gwasanaethau a ddarperir gan gontractwyr preifat ar ran cyrff yn y sector cyhoeddus yn ymwybodol o'u hawliau i gwyno i Ombwdsmon Gwasanaethau Cyhoeddus Cymru. Dywedodd fod ei bryderon yn hyn o beth yn ymwneud â darparu gwasanaethau ym maes iechyd, yn hytrach na gwasanaethau awdurdod lleol.

3. 'Gwaharddiadau statudol': y berthynas rhwng yr Ombwdsmon a sefydliadau eraill er cyfiawnder gweinyddol

3.1 Yn ei dystiolaeth, dywedodd yr Ombwdsmon wrthym fod rhai problemau'n ymwneud â'r berthynas rhwng ei swyddfa a'r llysoedd. Dywedodd fod llawer o achosion a oedd wedi'u cyfeirio i'r llysoedd gweinyddol y gallai'r Ombwdsmon, yn ei farn ef, fod wedi ymdrîn â hwy'n well, ond nad oedd modd iddo ymchwilio i gwynion os oedd gan yr achwynydd yr hawl i fynd i'r llys, neu os gallai fod ganddo'r hawl i wneud hynny.

3.2 Cyfeirir at y 'gwaharddiad statudol' hwn yn adroddiad Comisiwn y Gyfraith 2011, sy'n nodi bod gorgyffwrdd sylweddol bellach rhwng barn yr ombwdsmon ac adolygiadau barnwrol. Mae gwaharddiadau statudol yn golygu, os bydd achos o orgyffwrdd, fel y gallai llys neu ombwdsmon ymdrîn â mater, rhoddir blaenoriaeth i'r llys. Mae'r adroddiad yn dod i'r casgliad bod rhoi blaenoriaeth i'r llys yn y fath fodd yn dileu hawl dinasyddion i ddewis, ac mae'n argymell dileu'r gwaharddiadau statudol er mwyn galluogi dinasyddion i ddewis y system sydd fwyaf priodol ar gyfer eu cwyn penodol hwy.

4. Datrysiadau rhwymo

4.1 O ran cyrff yn y sector cyhoeddus, tynnodd yr Ombwdsmon sylw at yr angen am ddatrysiadau rhwymo i'w gwneud yn ofynnol i gyrff o'r fath gydymffurfio ag argymhellion yr Ombwdsmon. Mewn perthynas â'r pwynt hwn, dywedodd y gall ddwyn corff cyhoeddus i gyfrif os na fydd y corff hwnnw'n gwneud yr hyn y gofynnodd iddo ei wneud, ond gyda chorff preifat, nid yw'r un atebolrwydd yn

gymwys. Cyfeiriodd at Wasanaeth yr Ombwdsmon Ariannol, sy'n gallu ei gwneud yn ofynnol i sefydliadau gydymffurfio â'i argymhellion.

Yn ogystal â'i awgrymiadau o ran meysydd lle y gellid adolygu'r ddeddfwriaeth, cododd yr Ombwdsmon nifer o bwyntiau mwy cyffredinol hefyd, a fydd o ddiddordeb, yn arbennig, i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol, yn ogystal â'n cydweithwyr ar y Pwyllgor Iechyd a Gofal Cymdeithasol.

5. Ymdrîn â chwynion, yn benodol yn y gwasanaeth iechyd

5.1 Yn ei adroddiad blynyddol a'i dystiolaeth inni, mynegodd yr Ombwdsmon "bryder sylweddol" ynghylch y cynnydd parhaus mewn cwynion iechyd. Nododd fod cwynion ynghylch cyrff iechyd wedi cynyddu 257% ers sefydlu ei swyddfa yn 2006/07. Er iddo nodi y gallai'r cynnydd hwnnw fod wedi digwydd o ganlyniad i nifer o ffactorau, gan gynnwys cynnydd mewn ymwybyddiaeth o rôl ei swyddfa, yn ei farn ef, "mae'r cynnydd mawr a pharhaus yn nifer y cwynion yn arwain at y casgliad bod mwy o anfodlonrwydd ynghylch cyflenwi gwasanaethau iechyd."

5.2 Dywedodd wrthym, er bod camgymeriadau'n anochel mewn unrhyw sefydliad, yn enwedig mewn sefydliadau cymhleth fel byrddau iechyd lleol, roedd arweinyddiaeth yn y sefydliadau hynny'n hollbwysig o ran rheoli cwynion yn effeithiol. Aeth ymlaen i ddweud mai'r gwahaniaeth rhwng sefydliadau gwahanol oedd yr hyn yr oeddent yn ei wneud pe bai pethau'n mynd o chwith, a bod yn rhaid i'r swyddogion sy'n gyfrifol am ymdrîn â chwynion mewn sefydliad gael digon o awdurdod i'w galluogi i wneud hynny'n effeithiol. Dywedodd wrthym fod llawer o le i wella arweinyddiaeth gan Brif Weithredwyr a chadeiryddion er mwyn mynd i'r afael â hyn.

5.3 Cydnabu'r Ombwdsmon fod pwysau anhygoel ar y gwasanaeth iechyd o ganlyniad i'r boblogaeth sy'n heneiddio ond awgrymodd fod y gwasanaeth iechyd yn wynebu dwy brif broblem o ran rheoli cwynion. Dywedodd fod y broblem gyntaf yn ymwneud ag adnoddau; nid oedd nifer ddigonol o staff yn ymdrîn â chwynion yn lleol, gan olygu bod mwy o gwynion yn cael eu hanfon i'w swyddfa ef. Roedd yr ail broblem yn ymwneud yn benodol â chwynion mwy difrifol, pan nad oedd byrddau iechyd yn gofyn am gyngor annibynnol er mwyn ymdrîn â chwyn, er bod ganddynt y gallu i wneud hynny.

6. Goruchwylio cwynion

6.1 Yn ei dystiolaeth, dywedodd yr Ombwdsmon wrthym fod y trefniadau o ran goruchwylio'r gwaith o ymdrîn â chwynion yn y sector cyhoeddus yng Nghymru yn gyfyngedig iawn. Os ydych am weld ystadegau cymaradwy ynghylch y ffordd yr ymdriniodd awdurdodau lleol neu fyrddau iechyd â chwynion y llynedd, nid oes modd ichi wneud hynny.

6.2 Dywedodd fod angen mynd ati i ddadansoddi'n briodol yr ystadegau ar gyfer y cwynion a wneir gan unigolion i gyrff sector cyhoeddus ynghylch y gwasanaethau a ddarperir ganddynt; pryd yr ymdriniwyd â chwynion o'r fath; a'r penderfyniadau a gymerwyd ynghylch pob cwyn. At hynny, dywedodd wrthym ei fod wedi cynnig dull safonedig o gasglu data ynghylch cwynion o'r fath yn y sector cyhoeddus yng Nghymru, a chyflwyno adroddiadau arno.

6.3 Awgrymodd y byddai casglu a chyhoeddi data o'r fath yn galluogi pwyllgorau perthnasol y Cynulliad i ddwyn sefydliadau yn y sector cyhoeddus i gyfrif, gan gynnwys awdurdodau lleol a byrddau iechyd lleol, o ran eu perfformiad mewn perthynas â chwynion. Byddai hefyd yn galluogi'r unigolion perthnasol mewn sefydliad i benderfynu pa mor dda yr oedd y sefydliad hwnnw'n perfformio, o gymharu â rhai eraill, mewn perthynas â rheoli cwynion.

Er hwylustod, rwyf wedi cynnwys linc i'r trawsgrifiad o'r sesiwn dystiolaeth gyda'r Ombwdsmon isod – http://www.senedd.assemblywales.org/documents/s21529/6%20November%202013.pdf

Edrychaf ymlaen at glywed gennych maes o law.

Yn gywir

Christine Chapman AC / AM

Cadeirydd / Chair

Y Pwyllgor Deisebau
Petitions Committee

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Tŷ Hywel
Cardiff
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Our ref: P-04-520

12 December 2013

Dear David

The Petitions Committee has received the following petition submitted by Kate O'Dell, which has collected almost 500 signatures.

> *We the undersigned believe the cancellation of all orthopaedic surgery except trauma, during the Winter months 2013/14 undermines the human rights of patients and discriminates against disability. We demand that this decision be urgently revisited. All decisions regarding the priority of patient needs should be made by clinicians rather than the administration making decisions based on financial restrictions.*
>
> *There are seriously urgent cases, other than trauma, already on the waiting list who without surgery are in danger of losing mobility and consequently their livelihood.*
>
> *In a political climate where patients should be listened to, in this case they have not even been informed let alone been consulted, the Hywel Dda decision would appear to be directly in conflict with this principle.*
>
> *Neither can we understand why orthopaedic patients should be targeted. This seems an over simplistic approach to addressing financial problems. Not only are patients affected by such decisions but specialist staff and trainees are not allowed to do the job they are paid for and wish to do.*
>
> *We call upon the Welsh Government to reverse this decision..*

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Ffôn / Tel: 029 2089 8242
E-bost / Email: William.powell@wales.gov.uk

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh

The Committee considered this petition for the first time at our meeting on 10 December and agreed to draw it to the attention of your Committee for information. The Committee also agreed to write to the Minister for Health and Social Services and to Hywel Dda Health Board asking for their urgent views on the issues raised by the petition. I attach a copy of the letter to the Minister for your information.

Yours sincerely

William Powell AC / AM
Cadeirydd / Chair

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Eich cyf/Your ref
Ein cyf/Our ref SF/MD/4012/13

David Rees AC
Pwyllgor Iechyd a Gofal
Cymdeithasol
Cynulliad Cenedlaethol Cymru
Tŷ Hywel
Bae Caerdydd
Caerdydd
CF99 1NA

13 Rhagfyr 2013

Annwyl David,

Rwy'n ysgrifennu i'ch hysbysu ac i roi'r wybodaeth ddiweddaraf ichi am y gwaith o adolygu Fframwaith Gofal Iechyd Parhaus y GIG.

Ers ei gyflwyno yn 2010, mae'r Fframwaith wedi darparu nifer o fuddiannau, gan gynnwys mwy o lywodraethu ar ofal iechyd parhaus o fewn Byrddau Iechyd Lleol, mwy o gysondeb wrth wneud penderfyniadau ar asesiad a chymhwysedd, a threfniadau cryfach ar gyfer adolygu asesiadau. Fodd bynnag, rwyf hefyd yn sylweddoli bod angen adolygu'r trefniadau hyn ymhellach Adlewyrchwyd hyn mewn adroddiad diweddar gan Archwilydd Cyffredinol Cymru, er bod yr adroddiad wedi egluro nad oes angen ailysgrifennu'r Fframwaith yn gyfan gwbl. Rwy'n cytuno â'r safbwynt hwn.

Cyflawnwyd cryn dipyn o waith, gyda nifer o grwpiau Gorchwyl a Gorffen thematig yn cymryd rhan, gydag arbenigwyr o blith y sector iechyd a gofal cymdeithasol, yn ogystal â staff o swyddfa'r Archwilydd Cyffredinol, i edrych ar sut y gallwn wneud yn siŵr bod trefniadau'r dyfodol yn dal i fod yn addas i'r diben. Mae'r safbwyntiau hyn wedi cyfrannu at adolygiad drafft o agweddau penodol ar y Fframwaith, a gyhoeddwyd ar gyfer ymgynghori arno heddiw, am gyfnod o 12 wythnos. Y bwriad yw bod fersiwn derfynol o'r Fframwaith diwygiedig yn cael ei gyhoeddi ym mis Mehefin.

Rwy'n anfon copi o'm llythyr at Gadeirydd y Pwyllgor Cyfrifon Cyhoeddus, Cadeirydd y Pwyllgor Deisebau, Andrew R T Davies, Kirsty Williams a Leanne Wood.

Yn gywir
Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford@wales.gsi.gov.uk

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Dogfen Ymgynghori

insert front cover photo or link to image, if required

Gofal Iechyd Parhaus y GIG (CHC) – Fframwaith Cenedlaethol 2014

Dyddiad cyhoeddi:**13 Rhagfyr 2013**
Ymatebion erbyn: **13 Marwth 2014**

Trosolwg	Mae'r ddogfen hon yn gofyn am sylwadau ynghylch pa drefniadau y dylai Llywodraeth Cymru eu sefydlu i gefnogi cyflawni effeithiol Gofal Iechyd Parhaus (CHC) y GIG gan y GIG. Amlinellir y trefniadau hyn yn Fframwaith Cenedlaethol 2014 Gofal Iechyd Parhaus y GIG. Mae'r ymgynghoriad yn holi nifer o gwestiynau ynghylch y ffordd orau i fwrw ymlaen.
Sut i ymateb	Gallwch ymateb i'r ymgynghoriad trwy lenwi'r ffurflen ymateb i'r ymgynghoriad yng nghefn y ddogfen hon a'i dychwelyd trwy'r post erbyn **13 Mawrth 2014** at: Tîm Gofal Iechyd Parhaus y GIG Is-adran Integreiddio, Polisi a Chyflawni Y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio Llywodraeth Cymru 4ydd Llawr Parc Cathays Caerdydd CF10 3NQ Mae'r ffurflen ymateb i'r ymgynghoriad hefyd ar gael ar ein gwefan (http://wales.gov.uk/consultations/?lang=cy) a gellir ei dychwelyd atom trwy e-bost i: CHCFrameworkConsultation@wales.gsi.gov.uk
Rhagor o wybodaeth a dogfennau cysylltiedig	Mae fersiynau Hawdd-i-Ddarllen a Hawdd ei Darllen o'r ddogfen ymgynghori hon ar gael. Gellir gwneud cais am fersiynau o'r ddogfen hon mewn print bras neu mewn Braille.
Manylion cysylltu	Rhagor o wybodaeth: Tîm Gofal Iechyd Parhaus y GIG Is-adran Integreiddio, Polisi a Chyflawni Y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio Llywodraeth Cymru 4ydd Llawr Parc Cathays Caerdydd CF10 3NQ E-bost: CHCFrameworkConsultation@wales.gsi.gov.uk Rhif ffôn: Caerdydd (029) 2082 5860 neu 2082 6950

Gwarchod data

Sut y byddwn yn defnyddio'r farn a'r wybodaeth a roddwch inni

Bydd unrhyw ymateb a anfonwch atom yn cael ei weld yn llawn gan staff Llywodraeth y Cynulliad sy'n ymdrin â'r ymgynghoriad hwn. Mae'n bosibl y bydd aelodau eraill o staff Llywodraeth y Cynulliad yn gweld yr ymateb hefyd, er mwyn eu helpu i gynllunio ymgyngoriadau ar gyfer y dyfodol.

Mae Llywodraeth y Cynulliad yn bwriadu cyhoeddi crynodeb o'r ymatebion i'r ddogfen hon. Mae'n bosibl hefyd y byddwn yn cyhoeddi'r ymatebion yn llawn. Fel arfer, bydd enw a chyfeiriad (neu ran o gyfeiriad) yr unigolyn neu sefydliad a anfonodd yr ymateb yn cael eu cyhoeddi gyda'r ymateb. Mae hynny'n helpu i ddangos bod yr ymgynghoriad wedi'i gynnal yn briodol. Os nad ydych yn dymuno i'ch enw a'ch cyfeiriad gael eu cyhoeddi, dywedwch hynny wrthym yn ysgrifenedig pan fyddwch yn anfon eich ymateb. Byddwn wedyn yn cuddio'ch manylion.

Mae'n bosibl y bydd yr enwau a'r cyfeiriadau y byddwn wedi'u cuddio yn cael eu cyhoeddi'n ddiweddarach, er nad yw hynny'n debygol o ddigwydd yn aml iawn. Mae Deddf Rhyddid Gwybodaeth 2000 a Rheoliadau Gwybodaeth Amgylcheddol 2004 yn caniatáu i'r cyhoedd gael gweld gwybodaeth a gedwir gan lawer o gyrff cyhoeddus, gan gynnwys Llywodraeth Cymru. Mae hynny'n cynnwys gwybodaeth sydd heb ei chyhoeddi. Fodd bynnag, mae'r gyfraith hefyd yn caniatáu i ni gadw gwybodaeth yn ôl dan rai amgylchiadau. Os bydd unrhyw un yn gofyn am gael gweld gwybodaeth a gadwyd yn ôl gennym, bydd rhaid inni benderfynu a ydym am ei rhyddhau ai peidio. Os bydd rhywun wedi gofyn inni beidio â chyhoeddi ei enw a'i gyfeiriad, bydd hynny'n ffaith bwysig i ni ei chadw mewn cof. Fodd bynnag, fe allai fod rheswm pwysig dros orfod datgelu enw a chyfeiriad unigolyn, er ei fod wedi gofyn i ni beidio â'u cyhoeddi. Byddem yn cysylltu â'r unigolyn ac yn gofyn am ei farn cyn gwneud unrhyw benderfyniad terfynol i ddatgelu'r wybodaeth.

Cynnwys

Crynodeb

Adran 1: **Diben yr ymgynghoriad hwn**

Adran 2: **Cefndir a chyd-destun**

Adran 3: **Cyllid a chynaliadwyedd**

Adran 4: **Cwestiynau**

Ffurflen Ymateb i’r Ymgynghoriad

Crynodeb

Mae trefniadau i ddarparu Gofal Iechyd Parhaus y GIG (CHC) wedi'u hamlinellu yng nghanllawiau presennol *Fframwaith Cenedlaethol 2010 ar gyfer Gofal Iechyd Parhaus y GIG yng Nghymru* (y Fframwaith), a gyhoeddwyd ym Mai 2010.

Mae'r Fframwaith yn ymwneud ag oedolion ac mae'n amlinellu polisi diwygiedig Llywodraeth Cymru ynghylch cymhwystra i dderbyn CHC a chyfrifoldebau Byrddau Iechyd Lleol (BILl) ac Awdurdodau Lleol (ALl). Mae'n amlinellu proses ar gyfer y GIG, yn gweithio gyda phartneriaid awdurdodau lleol, i asesu anghenion iechyd, penderfynu ar gymhwystra i dderbyn CHC a darparu gofal iechyd priodol.

Cyhoeddir ein Fframwaith newydd fis Gorffennaf nesaf a bydd yn disodli Gofal Iechyd Parhaus y GIG: Fframwaith Cenedlaethol ar Gyfer Gweithredu yng Nghymru 2010. Ni fydd y Fframwaith newydd yn newid y trefniadau presennol yn llwyr. Yn lle hynny, bydd yn darparu rhagor o gadernid, eglurder a sicrwydd ynghylch meysydd y mae cyfranddeiliaid wedi'u nodi fel rhai i'w gwella. Felly, mae'r ymgynghoriad hwn yn canolbwyntio ar y meysydd y bwriedir eu diweddaru yn unig.

Bydd y Fframwaith newydd yn darparu canllawiau clir, eglur a hawdd eu defnyddio yn seiliedig ar safbwyntiau cyfranddeiliaid, yn cynnwys arweinwyr nyrsio CHC, Swyddfa Archwilio Cymru ac Ombwdsmon Gwasanaethau Cyhoeddus Cymru.

Bydd y Fframwaith yn cynnwys Pecyn Cymorth CHC, a fydd yn adnodd ar-lein ac yn gynllun gweithredu a hyfforddi. Gwneir rhagor o waith yn ystod y cyfnod ymgynghori i dreialu prosesau newydd a mireinio cynnwys y Pecyn Cymorth, megis polisïau, protocolau, adnoddau, enghreifftiau ymarferol a Chwestiynau Cyffredin.

Bydd angen i bob BILl ac Awdurdod Lleol yng Nghymru ei ddilyn. Bydd y Fframwaith newydd yn amlinellu proses ar gyfer y GIG, yn gweithio gyda phartneriaid awdurdodau lleol, i asesu anghenion iechyd, penderfynu ar gymhwystra i dderbyn CHC a darparu gofal iechyd priodol.

Rydym felly'n croesawu eich safbwyntiau ynghylch llunio'r Fframwaith arfaethedig, er mwyn cyflawni trefniadau CHC mwy effeithiol.

Adran 1

Diben yr ymgynghoriad hwn

1. Diben yr ymgynghoriad hwn yw adolygu'r Fframwaith er mwyn darparu sylfaen gyson i asesu, comisiynu a darparu CHC ar gyfer oedolion ar draws Cymru. Pwrpas hyn yw sicrhau fod y broses i benderfynu cymhwystra yn cael ei gweithredu yn gyson, yn deg ac yn briodol. Nid yw'r fframwaith hwn wedi'i fwriadu i ddisodli strategaethau comisiynu ar y cyd presennol.

2. Rydym wedi nodi nifer o gwestiynau i'w hystyried gennych yn eich ymateb i'r Fframwaith. Rhestrir y rhain yn fanwl yn Adran 4 yr ymgynghoriad hwn, a gofynnir ichi am eich safbwyntiau ynghylch y dewis a gefnogwch.

3. Bydd angen datblygu'r dewisiadau a amlinellir yn yr ymgynghoriad hwn ymhellach a chyfrifo eu costau llawn cyn gwneud unrhyw benderfyniad terfynol. Bydd Gweinidogion Cymru yn gwneud penderfyniad yn 2014 yn dilyn yr ymgynghoriad hwn.

4. Bydd Llywodraeth Cymru'n dymuno monitro effaith y Fframwaith i sicrhau ei fod yn gadarn ac ymarferol. Byddem yn croesawu eich safbwyntiau ynghylch y ffordd orau o wneud hyn.

Adran 2

Cefndir a chyd-destun

Diffiniad Gofal Iechyd Parhaus y GIG

5. Mae Gofal Iechyd Parhaus y GIG (CHC) yn becyn gofal a drefnir ac a ariennir yn llwyr gan y GIG, lle bydd asesiad yn pennu mai angen iechyd yw angen pennaf yr unigolyn.

Egwyddorion Cyffredinol CHC

6. Mae CHC yn un rhan yn unig o gontinwwm o wasanaethau y mae angen i awdurdodau lleol a chyrff y GIG eu cynnig i gefnogi pobl y mae angen gofal iechyd a chymdeithasol arnynt. Mae CHC yn un agwedd o ofal y bydd ar bobl ei angen o ganlyniad i anabledd, damwain neu salwch, i fynd i'r afael ag anghenion corfforol a meddyliol.

7. Mae'r Fframwaith yn datgan yn glir y dylai'r holl broses o bennu cymhwystra a chynllunio a chyflawni gwasanaethau gofal iechyd parhaus y GIG fod yn 'canolbwyntio ar unigolion'. Mae hyn yn hollbwysig, oherwydd bydd unigolion sy'n mynd trwy'r broses hon yn wynebu cyfnod bregus iawn o'u bywyd. Efallai bydd angen gwneud penderfyniadau anodd ac arwyddocaol, felly mae grymuso unigolion ar yr adeg hon yn hanfodol. Felly, dylid egluro'r broses asesu ac adolygu barhaus i'r unigolyn a/neu ei gynrychiolydd ar y dechrau a'i chadarnhau yn ysgrifenedig. Mae dulliau cyfathrebu a thempledi o lythyrau ar gyfer camau amrywiol y broses ar gael yn y Pecyn Cymorth CHC.

8. Lle na fydd gan unigolyn y gallu i wneud dewisiadau gwybodus, o dan y Cod Ymarfer Galluedd Meddyliol, gall staff ddatgelu gwybodaeth ynghylch unigolyn, cyn belled â bod hynny er budd yr unigolyn sydd dan sylw, neu fod rheswm cyfreithiol dros wneud hynny.

9. Ni ddylid ystyried CHC yn drefniant parhaol. Dylai darpariaeth gofal fod yn seiliedig ar anghenion ac wedi'i gynllunio i wneud y gorau o allu ac annibyniaeth. Dylai unrhyw becyn gofal, waeth pa gorff sy'n ei ariannu, gael ei adolygu'n rheolaidd mewn partneriaeth â'r unigolyn a/neu ei gynrychiolydd i sicrhau ei fod yn dal i ddiwallu ei anghenion. Mae CHC yn un rhan yn unig o gontinwwm o wasanaethau y mae angen i awdurdodau lleol a chyrff y GIG eu cynnig i gefnogi pobl y mae angen gofal iechyd a chymdeithasol arnynt. Mae CHC yn un agwedd o ofal y bydd ar bobl ei angen o ganlyniad i anabledd, damwain neu salwch i fynd i'r afael ag anghenion corfforol a meddyliol.

Cyfrifoldebau'r GIG ac Awdurdodau Lleol

10. Mae'r GIG yn gyfrifol am asesu, trefnu ac ariannu ystod eang o wasanaethau i ddiwallu anghenion gofal iechyd tymor byr a thymor hir y boblogaeth. Yn ogystal â chyfnodau o ofal iechyd dwys, bydd ar rai pobl angen gofal dros gyfnodau estynedig, o ganlyniad i anabledd, damwain neu salwch, i fynd i'r afael ag anghenion iechyd corfforol a meddyliol. Darperir y gwasanaethau hyn am ddim fel arfer.

11. Bydd unigolyn yn gymwys i dderbyn CHC pan asesir fod ei brif angen yn angen iechyd. Yna, bydd yn cael pecyn o gymorth a ariennir yn llawn gan y GIG. Mae tua 5,700 o bobl yng Nghymru yn derbyn CHC, a bydd hyn yn costio tua £280 miliwn i'r BILl bob blwyddyn. Yn ôl ei natur, mae darparu CHC yn aml yn weithgarwch tymor hir a chostus, er gall fod yn ysbeidiol ei natur, a bydd rhai pobl yn dod yn gymwys i'w dderbyn ac yna'n peidio â bod yn gymwys. Gan ystyried y pwysau hwn, nodwyd CHC fel maes gofal iechyd a fyddai'n elwa ar ddull gweithredu cenedlaethol cydgysylltiedig, ac ers 2010, caiff ei gefnogi gan ganllawiau Fframwaith Cenedlaethol ar gyfer Gweithredu yng Nghymru, a gyhoeddwyd gan Weinidogion Cymru.

12. Mae awdurdodau lleol hefyd yn darparu ystod o wasanaethau i gynorthwyo eu poblogaeth leol, yn cynnwys pobl y mae angen gofal estynedig arnynt. Gall y gwasanaethau hyn gynnwys llety, addysg, gofal personol a chymdeithasol, hamdden a gwasanaethau eraill. Rhaid i awdurdodau lleol godi tâl am ofal preswyl yn unol â'r Canllawiau Codi Tâl am Ofal Preswyl (CRAG) a gallant godi tâl am wasanaethau gofal eraill yn unol ag unrhyw ganllawiau neu reoliadau gan Lywodraeth Cymru.

13. Lle asesir mai angen iechyd yw angen pennaf unigolyn, ac felly bydd yn gymwys i dderbyn CHC, bydd y GIG yn gyfrifol am ariannu'r pecyn gofal iechyd a chymdeithasol llawn. Lle bydd unigolyn yn byw gartref, ni fydd hyn yn cynnwys costau llety, bwyd na chymorth cyffredinol i gynnal y cartref.

14. Mae cyrff y GIG ac awdurdodau lleol yn gyfrifol am sicrhau fod asesu cymhwystra i dderbyn CHC a'i ddarpariaeth yn digwydd mewn modd cyson a bod y broses yn cael ei rheoli'n weithredol i osgoi oediadau diangen.

15. Os na fydd unigolyn yn cyflawni meini prawf cymhwystra CHC, bydd serch hynny yn dal i allu derbyn ystod o wasanaethau iechyd a gofal cymdeithasol sy'n debygol o fod yn rhan o wasanaethau prif ffrwd neu wedi'u cynllunio'n unigol i ddiwallu angen penodol.

<u>Materion</u>

Adolygiad Swyddfa Archwilio Cymru o'r Fframwaith

16. Dros y ddwy flynedd ddiwethaf, cynhaliodd Swyddfa Archwilio Cymru (WAO) astudiaeth o weithrediad y Fframwaith a'i effeithiolrwydd o ran sicrhau y caiff unigolion eu trin yn deg a chyson. Ni wnaeth yr astudiaeth archwilio cyflawni gweithredol CHC yn fanwl, megis ailgynllunio gwasanaethau.

17. Cyhoeddodd WAO ei adroddiad, *"Gweithredu'r Fframwaith Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG"* ym Mehefin eleni. Cydnabyddai fod y Fframwaith presennol wedi cyflawni nifer o fuddion, yn cynnwys materion llywodraethu, trefniadau ar gyfer cymhwystra parhaus a sail ar gyfer asesiad cyson o anghenion gofal. Mynegodd yr Adroddiad bryderon ynghylch effeithiolrwydd gweithrediad y Fframwaith, yn ogystal â thegwch a chysondeb yn y penderfyniadau a wnaed ynghylch CHC gan Fyrddau Iechyd Lleol. Wrth grynhoi, nodai'r Adroddiad y canlynol:

- roedd materion llywodraethu CHC o fewn Byrddau Iechyd wedi'u cryfhau, ond nid oeddent yn cynnig digon o sicrwydd fod pobl yn cael eu trin yn gyson a theg;
- roedd effeithiolrwydd gwaith ar y cyd rhwng iechyd a gwasanaethau cymdeithasol yn amrywiol dros ben;
- bu gostyngiad yn nifer a gwariant ar achosion CHC; er hynny, nid oedd effaith y Fframwaith yn hyn o beth yn glir. Nododd yr adroddiad dystiolaeth gymysg ynghylch graddau a chysondeb cyfranogiad unigolion a'u teuluoedd yn y broses asesu;
- er gwaethaf y cyllid ychwanegol a ddarparwyd, roedd risg canfyddadwy na fyddai prosesau i ddelio â cheisiadau am CHC wedi'u hôl-ddyddio yn cael eu cwblhau cyn y terfyn amser ym Mehefin 2014; ac
- nid oedd ymateb prydlon i lawer o'r heriau i benderfyniadau, ac nid oedd unrhyw derfyn amser wedi'i bennu ar gyfer yr achosion unigol y bydd Byrddau Iechyd Lleol yn ymdrin â hwy.

18. Roedd yr Adroddiad hefyd ddadlau y byddai Adnodd Sgrinio, fel y defnyddir yn Lloegr, yn sicrhau eglurder a chysondeb yn y meini prawf a ddefnyddir i asesu pobl.

Ombwdsmon Gwasanaethau Cyhoeddus Cymru

19. Yn dilyn nifer o gwynion a gafwyd, mae Ombwdsmon Llywodraeth Leol Cymru ("yr Ombwdsmon") wedi datgan pryderon ynghylch cysondeb a thegwch y penderfyniadau ynghylch cymhwystra, ac mae Byrddau Iechyd Lleol wedi cael nifer fawr o geisiadau wedi'u hôl-ddyddio ("adolygon ôl-weithredol") sy'n herio penderfyniadau blaenorol. Yn dilyn ei ymchwiliad i'r dull o weinyddu rhai o'r hawliadau hynny, cafodd yr Ombwdsmon gyngor

cyfreithiol gan Gwnsler y Frenhines ynghylch ariannu a darparu CHC, a gynigiodd nifer o welliannau i'r Fframwaith. Maent yn cynnwys; achosion "llwybr cyflym", cynnig canllawiau ynghylch ad-daliadau, canllawiau i Fyrddau Iechyd Lleol ynghylch man cychwyn eu rhwymedigaethau ariannol, ac amlinellu disgwyliadau o ran Byrddau Iechyd Lleol lle bu diffyg gweithredu neu oedi wrth fwrw ymlaen â hawliad.

20. Mae rhai o'r mesurau hynny eisoes wedi'u gweithredu. Er enghraifft, dros y 12 mis diwethaf, mae Gweinidogion Cymru wedi cynnig arweiniad interim i gadarnhau a chryfhau trefniadau yn ymwneud â chymhwystra i dderbyn CHC.

Fframwaith Arfaethedig 2014 ar gyfer CHC

21. Mae'r mesurau newydd hyn yn cael eu hymgorffori yn Fframwaith Cenedlaethol Arfaethedig 2014 ar gyfer Gofal Iechyd Parhaus y GIG. Eu nod yw cryfhau'r canllawiau a'r trosolwg strategol a roddir i BILlau. Mae'r Fframwaith arfaethedig yn weddol gymhleth o ran manylion, ond mae dadansoddiad o'r meysydd lle cafodd ei adolygu wedi'i amlinellu yn Adran 3. Mae'r Fframwaith arfaethedig yn disodli'r trefniadau blaenorol a amlinellir yn Fframwaith Cenedlaethol 2010 ar gyfer Gofal Iechyd Parhaus y GIG, a chaiff ei gefnogi trwy:

- ddulliau cyfathrebu;
- 'Pecyn Cymorth CHC' ar-lein i gynorthwyo staff CHC, yn cynnwys templedi o gytundebau, polisïau a phrotocolau ar gyfer BILlau;
- cyfleoedd strwythuredig i rannu profiadau dysgu, trwy gynhadledd flynyddol, cylchlythyrau a fforwm datrys problemau ar-lein ar gyfer staff; a,
- Fframwaith Perfformiad Cenedlaethol, i'w weithredu o ddyddiad lansio'r Fframwaith wedi'i ddiweddaru.

22. Dylid nodi fod y Fframwaith arfaethedig yn cyfeirio at ddeddfwriaeth, rheoliadau a chanllawiau strategol amrywiol. Dylid cofio y caiff rhai o'r rhain eu hadolygu maes o law. Wrth ddehongli'r canllawiau sydd yn y ddogfen hon, dylid felly ystyried newidiadau'r dyfodol.

Asesu

23. Caiff cymhwystra unigolyn i dderbyn CHC ei asesu'n gynhwysfawr gan Dîm Amlddisgyblaethol ac mewn trafodaethau â'r unigolyn a/neu ei deulu. Gall y cymhlethdodau a'r amgylchiadau anodd sy'n ymwneud â chais pob unigolyn am CHC olygu y gall y broses gyfan gymryd sawl wythnos i'w symud ymlaen.

24. Fel arfer, dylai'r ALl gael ei gynrychioli ar y tîm amlddisgyblaethol sy'n cwblhau proses cymhwystra CHC. Yn y rhan fwyaf o achosion, bydd hyn yn golygu fod yr wybodaeth allweddol sy'n angenrheidiol ar gyfer cymorth

ALl ar gael yn rhwydd i atal oedi wrth ryddhau claf. Felly, lle canfyddir nad yw unigolyn yn gymwys i dderbyn gofal iechyd parhaus y GIG, dylai'r ALl fod yn barod i ymateb a gweithredu ei gyfrifoldebau yn gyflym.

25. Mae asesiad y tîm amlddisgyblaethol o anghenion gofal yr unigolyn yn ganolog i drefniadau CHC, a bydd yn llywio'r gwaith o gwblhau Adnodd Cefnogi Penderfyniadau. Trwy gydol y broses asesu, bydd rhaid i'r tîm asesu hysbysu'r unigolyn a manylu barn yr unigolyn ynghylch ei anghenion gofal/cymorth ei hun. Dylid gwneud hyn trwy law cydlynydd gofal, a gyflogir gan y BILl. Fel rhan o'r 'dull sy'n canolbwyntio ar unigolion', dylai unigolion, eu teulu, neu gynrychiolwyr o'u dewis, fod yn cyfranogi'r weithgar yn y broses.

26. Dylid nodi lefelau amrywiol angen yr unigolyn a'r risg iddo, a'u hadlewyrchu o fewn Asesiad Integredig, a dylai'r dull o gynllunio a rheoli gofal ystyried nifer o ddewisiadau gofal y bydd rhaid eu cofnodi o fewn y cynllun cyflawni gwasanaethau. Gall enghreifftiau o'r dewisiadau gofal hyn gynnwys (ond nid ydynt wedi'u cyfyngu i):

Rôl yr Adnodd Cefnogi Penderfyniadau

27. Pwrpas yr Adnodd Cefnogi Penderfyniadau yw cynorthwyo i nodi cymhwystra i gael gofal iechyd parhaus y GIG; nid yw wedi'i gynllunio fel dull asesu ynddo'i hun. Efallai y gwnaiff asesiad amlddisgyblaethol da nodi anghenion cymorth/gofal y bydd angen ymateb iddynt gan y BILl neu'r ALl, pa un ai a fydd yr unigolyn yn gymwys i dderbyn gofal parhaus y GIG neu beidio.

28. Bydd angen i unrhyw drefniadau CHC newydd gael eu hintegreiddio'n llawn yn y broses Asesu Integredig newydd. Amlinellir hyn ym Mhennod 7 y Fframwaith.

Adran 3

Adolygu'r Fframwaith

29. Rydym yn cydnabod fod rhaid edrych ar y trefniadau CHC presennol. Rydym wedi gweithredu ar hyn, gan ystyried safbwyntiau WAO a phartïon eraill i gynhyrchu cynllun i adolygu’r trefniadau hynny, mewn partneriaeth â rhanddeiliaid. Wrth wneud hynny, rydym wedi cydnabod eu consensws nad yw ailysgrifennu’r Fframwaith yn llwyr yn angenrheidiol. Yn lle hynny, rydym wedi adolygu meysydd penodol, gan fabwysiadu arferion gorau lle mae hynny’n briodol, i sicrhau fod y Fframwaith yn cynnig canllawiau eglur, ymarferol a hawdd eu defnyddio.

30. Mae’r Fframwaith yn amlinellu'r egwyddorion creiddiol lle bydd rhaid i ymarferwyr ddangos eu bod wedi mabwysiadu arferion da yn y meysydd canlynol:

    - Rhoi anghenion yr unigolyn yn gyntaf (“Pobl yn gyntaf”).
    - ‘Dim penderfyniadau amdanaf i hebof i’; cynnwys yr unigolyn, ei deulu neu ei ofalwyr.
    - Dim oedi wrth ddiwallu anghenion unigolyn oherwydd trafodaethau ariannu.
    - Canolbwyntio ar angen, nid diagnosis.
    - Gofal cydgysylltiedig.
    - Cyfathrebu.

31. Wrth weithredu’r egwyddorion a fanylir uchod, mae’r Fframwaith arfaethedig yn cadarnhau rolau a chyfrifoldebau'r sawl sy’n cael ei asesu, eu gofalwyr/cynrychiolwyr, y gweithiwr proffesiynol arweiniol (“cydgysylltydd gofal") sy’n gyfrifol am yr asesiad, aelodau’r tîm amlddisgyblaethol sy’n asesu ac yn argymell unrhyw becyn gofal a’r panel sy’n comisiynu’r gwasanaethau y bydd eu hangen ar yr unigolyn.

Mae’r Fframwaith arfaethedig hefyd yn cynnwys y detholiadau canlynol:

Egwyddorion Creiddiol – Yr Iaith Gymraeg

32. Mae’r Fframwaith wedi’i ddiweddaru yn cynnwys darpariaeth newydd sy’n pwysleisio, yn achos siaradwyr y Gymraeg, fod cyfathrebu effeithiol trwy gyfrwng y Gymraeg yn un o ofynion allweddol asesu a darparu unrhyw gymorth sydd ei angen.

Pennod 2 – Llywodraethu a Pherchnogaeth Strategol

33. Mae Pennod 2 yn cryfhau perchnogaeth y BILl o'r CHC trwy amlinellu, ar Lefel Cyfarwyddwyr, y cyfrifoldeb am fonitro perfformiad CHC a chynnal trosolwg strategol.

34. Dan y Fframwaith newydd, bydd rhaid i bob BILl benodi gweithredwr penodol, ar lefel Cyfarwyddwyr, a fydd yn gyfrifol am fonitro perfformiad CHC a chynnal trosolwg strategol. Fel lleiafswm, dylent gyflwyno adroddiad perfformiad chwarterol CHC i'w Bwrdd, yn ogystal ag adroddiad blynyddol yn seiliedig ar y Pecyn Cymorth CHC. Byddant yn datblygu camau gweithredu gofynnol y bydd y BILl yn cael ei ddal yn gyfrifol amdanynt. Mae angen i'r BILl ddefnyddio Fframwaith Perfformiad cenedlaethol CHC, sydd hefyd ar gael trwy'r Pecyn Cymorth CHC a'r Adnodd Hunanasesu a ddatblygwyd gan Swyddfa Archwilio Cymru.

35. Bydd Llywodraeth Cymru yn coladu adroddiad blynyddol ac yn darparu'r dulliau cefnogi sy'n ofynnol i rannu profiadau dysgu.

Pennod 7 – Y broses Asesu a'r Adnodd Cefnogi Penderfyniadau (ACP)

a) *Y Broses Asesu*

36. Mae'r Fframwaith arfaethedig yn nodi fod y ddogfen 'Creu System Unedig a Theg ar gyfer Asesu a Rheoli Gofal' (Cynulliad Cenedlaethol Cymru 2002)[1] bellach wedi cael ei disodli mewn perthynas â phobl hŷn gan y canllawiau interim newydd – Trefniadau Asesu, Cynllunio ac Adolygu ar gyfer Pobl Hŷn. Nod y canllawiau interim yw symleiddio a lleihau beichiau gweinyddol fel gall y gweithiwr proffesiynol dreulio rhagor o amser yn gweithio'n uniongyrchol â phobl i ddeall eu hanghenion yn well a gweithredu'n gynt i'w cynorthwyo. Dylai hefyd gynorthwyo i integreiddio asesiadau yn fwy effeithiol trwy resymoli prosesau ar gyfer casglu a chofnodi gwybodaeth i osgoi dyblygu ymdrechion. Dylai asesiadau mwy effeithiol, er enghraifft, leihau'r baich yn ymwneud â gweithredu'r 'adnodd cefnogi penderfyniadau' a ddefnyddir at ddibenion CHC.

37. Mae'r Fframwaith arfaethedig yn pennu y dylai'r broses asesu newydd ddefnyddio'r fframwaith asesu integredig neu unedig, nid ei ddyblygu, ac alinio ag arferion rhyddhau da, fel y manylir yng Nghanllawiau Llywodraeth Cymru[2] a *Trosglwyddo'r Baton*[3].

38. Bydd y Tîm Amlddisgyblaethol hefyd yn ystyried yr amgylchedd gorau i wneud asesiad o ofal tymor hirach er mwyn gwneud y gorau o botensial yr unigolyn i fod yn annibynnol. Rhaid gofalu na wneir unrhyw ragdybiaethau cynamserol ynghylch gofynion gofal tymor hir tra bydd yr unigolyn yn ddifrifol wael. Dylid pennu 'y Cartref yn gyntaf' fel y sefyllfa

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[1] Creu System Unedig a Theg ar gyfer Asesu a Rheoli Gofal, Cynulliad Cenedlaethol Cymru 2002

[2] NAFWC 17/2005 Canllawiau Cynllunio ar gyfer Rhyddhau Unigolion o Ysbytai

[3] Trosglwyddo'r Baton: Canllaw Ymarferol i Gynllunio'n Effeithiol ar gyfer Rhyddhau (2008)

arferol, a dylid bob amser ystyried adsefydlu/ailalluogi i gynorthwyo i gynnal cymaint o annibyniaeth ag y bo modd. Mae’r dewisiadau i’w hystyried yn cynnwys cyfleusterau asesu cam-i-lawr/canolradd yn y gymuned, neu gartref yr unigolyn â chymorth tymor byr dwys.

b) Yr Adnodd Cefnogi Penderfyniadau (ACP)

39. Rydym wedi ystyried canfyddiadau adroddiad WAO yn ofalus, ac rydym yn cytuno fod manteision yn sgil mabwysiadu ACP Lloegr, yn cynnwys ei ddull hawdd ei ddefnyddio. Byddwn felly’n mabwysiadu hyn fel rhan o drefniadau newydd Cymru. Bydd ein ACP yn mynd i’r afael â'r anghysonderau a amlinellir yn adroddiad WAO ac yn hwyluso darpariaeth drawsffiniol ddi-dor CHC. Byddwn yn monitro hyn trwy'r Fframwaith Perfformiad.

40. Rhaid i’r sylw fod ar asesiad cyflawn a chyfannol o’r unigolyn, nid sgoriau ACP. Os bydd yr asesiad a’r cynllun gofal integredig yn ddigon cadarn, ni fydd angen dyblygu’r gwaith papur trwy gopïo gwybodaeth yn y ddogfen ACP. Bydd yn dderbyniol dan yr amgylchiadau hyn i lenwi matrics yr ACP a chofnod cryno o drafodaeth y Tîm Amlddisgyblaethol a’r argymhelliad ynghylch cymhwystra. Rydym hefyd wedi pennu y dylai’r drafodaeth derfynol a’r argymhelliad ynghylch cymhwystra CHC ddigwydd mewn cyfarfod ffurfiol o'r Tîm Amlddisgyblaethol, a dylid gwahodd yr unigolyn a/neu ei ofalwyr i’r cyfarfod hwnnw.

41. Yn olaf, mae’r Fframwaith arfaethedig yn ei gwneud yn ofynnol i BILlau fod â dulliau sicrwydd ansawdd cadarn yn eu lle i sicrhau cysondeb wrth wneud penderfyniadau. Fodd bynnag, ni ddylai un unigolyn sy’n gweithredu’n unochrog wneud penderfyniad i beidio derbyn yr argymhelliad. Dan amgylchiadau o’r fath, dylai’r rheolwr enwebedig gyfeirio’r achos at y Panel sy’n penderfynu. Rydym hefyd wedi datgan yn glir yn y Fframwaith arfaethedig fod cyfrifoldeb BILl ar ariannu CHC yn cychwyn pan fydd y Panel yn gwneud y penderfyniad terfynol ar ran y Bwrdd.

Pennod 8 – Darparu a Monitro Gofal

42. Mae’r Fframwaith Arfaethedig yn amlinellu’r cymorth y mae’n rhaid ei roi i ofalwyr ac mae hefyd yn pennu cyfrifoldebau’r BILl o ran comisiynu a darparu pecyn gofal yr unigolyn. Mae’r adran hefyd yn amlinellu gofynion contractau a manylebau gwasanaethau ar gyfer lleoliadau cofrestredig, a’r gweithdrefnau gweithredol i sicrhau ei fod yn gyfrifol am sicrhau a monitro gwasanaethau a gomisiynir yn effeithiol, lle darperir gofal gan

asiantaethau allanol. Mae'r bennod hefyd yn nodi'r angen am gytundeb ysgrifenedig rhwng y BILl a'r unigolyn a/neu ei gynrychiolydd, yn amlinellu'n glir beth wnaiff y cyllid CHC ei ariannu. Mae hefyd yn disgwyl y bydd rhaid i BILl ac awdurdod lleol gydweithio i nodi bylchau mewn darpariaeth bresennol a darpariaeth y dyfodol.

43. Mae'r bennod hefyd yn cyfarwyddo BILl i sicrhau eu bod yn cydymffurfio â chanllawiau statudol, yn cynnwys *'Pryderon Cynyddol ynghylch Cartrefi Gofal sy'n Darparu Gwasanaethau ar gyfer Oedolion, a Chau'r Cartrefi Hynny'* (8.13)

44. Mae'r Fframwaith arfaethedig hefyd yn pennu'r trefniadau newydd ar gyfer Cyfraniadau Personol gan unigolyn sy'n gymwys i dderbyn CHC, yn cynnwys gwasanaethau ychwanegol ac ychwanegion, yn ogystal â chadw darparwr presennol. Mae hefyd yn cadarnhau'r defnydd o Daliadau Uniongyrchol a CHC yn ogystal â threfniadau ariannu ar y cyd.

Pennod 9 – Adolygiadau

45. Mae Pennod 9 yn cryfhau'r trefniadau ar gyfer adolygiadau presennol, gan bennu fod rhaid i'r unigolyn a/neu ei gynrychiolydd a darparwr y gwasanaeth gael manylion cyswllt cydgysylltydd gofal/gweithiwr proffesiynol arweiniol enwebedig, er mwyn mynd i'r afael â chyflwr neu amgylchiadau'r unigolyn yn brydlon.

46. Bydd rhaid gwneud adolygiad o'r sawl sy'n derbyn Gofal Nyrsio wedi'i Ariannu gan y GIG mewn cartref gofal o leiaf unwaith y flwyddyn. Mae'n ychwanegu y dylai adolygiad o'r fath gynnwys cwblhau Adnodd Sgrinio Rhestr Wirio CHC er mwyn nodi'r sawl y gall ei anghenion presennol awgrymu ei fod yn gymwys i dderbyn CHC. Dylai'r BILl sicrhau fod yr unigolyn, ei deulu/cynrychiolydd a darparwr y cartref gofal yn cael yr wybodaeth a'r cysylltiadau sydd ar gael i'w cynorthwyo i nodi newidiadau mewn gofal sy'n awgrymu fod angen adolygiad amserol. Dylid annog darparwyr cartrefi gofal i lenwi'r Rhestr Wirio eu hunain a hysbysu'r bwrdd iechyd pan fydd angen asesiad llawn o gymhwystra i dderbyn CHC.

Pennod 10 – Polisïau Eraill a Meysydd Arfer Arbenigol

47. Mae'r Fframwaith arfaethedig bellach yn cynnwys adran sy'n amlygu sut bydd yn cysylltu â meysydd eraill, er enghraifft:

- Gwasanaethau Ôl-ofal Deddf Iechyd Meddwl 1983;
- Trefniadau Diogelu rhag Colli Rhyddid;
- Pontio o Wasanaethau Plant a Phobl Ifanc i Wasanaethau Oedolion;
- Gweithredu Fframwaith CHC yn achos oedolion sydd ag Anabledd Dysgu;
- Hawl i gael mathau eraill o ofal a ariennir gan y GIG

- Offer Cymunedol; a
- Hyfforddiant ar y Cyd.

Pennod 11 – Datrys Anghydfodau

48. Mae Pennod 11 y Fframwaith arfaethedig yn amlinellu'r disgwyliad y bydd BILl a'u partneriaid yn cydweithio i sicrhau'r canlyniadau gorau posibl i ddinasyddion Cymru trwy waith partneriaeth ac integreiddio effeithiol. Lle na fydd y Tîm Amlddisgyblaethol yn gallu sicrhau consensws ynghylch cymhwystra i dderbyn CHC, dylent gyfeirio'r anghydfod at y rheolwr priodol a defnyddio arbenigedd diduedd o fewn eu BILl neu oddi allan iddo. Lle bydd yr unigolyn a/neu ei gynrychiolydd yn gwrthod asesiad clinigol y Tîm Amlddisgyblaethol, dylid cynnig adolygiad gan gymheiriaid allanol i osgoi defnyddio'r drefn anghydfodau neu gwynion ffurfiol a cheisiadau am adolygiadau ôl-weithredol.

49. Mae'r bennod hefyd yn nodi fod disgwyl i'r BILlau gyfranogi mewn ymarfer adolygu achosion blynyddol a gydlynir gan Lywodraeth Cymru ac a gaiff ei gefnogi â deunyddiau o'r Pecyn Cymorth CHC.

Pennod 12 – Panel Adolygu Annibynnol (Proses Apelio) a Chwynion

50. Mae'r Fframwaith arfaethedig yn amlinellu'r angen am gysondeb yng ngwaith y Panelau Adolygu Annibynnol a bod rhaid cofnodi a chyfathrebu'r trafodaethau yn briodol.

Pennod 13 – Hawliadau Ôl-weithredol am Ad-daliad

51. Mae pennod olaf y Fframwaith yn un newydd, ac mae'n ymwneud â hawliadau wedi'u hôl-ddyddio ("ôl-weithredol") lle talodd unigolyn am ei ofal ond roedd yn cyflawni gofynion cymhwystra CHC oedd yn weithredol ar y pryd. Mae'n nodi y gall unigolyn neu ei gynrychiolydd/gynrychiolwyr ofyn am adolygiad ôl-weithredol lle gwnaeth gyfrannu at gost ei ofal, ond bydd ganddo reswm i gredu ei fod wedi diwallu gofynion cymhwystra CHC oedd yn gymwys bryd hynny. Os profir cymhwystra naill ai am y cyfnod llawn neu ran o gyfnod yr hawliad, bydd egwyddorion gweinyddu cyhoeddus da yn mynnu fod rhaid gwneud iawn cyn gynted ag y bo modd. Ni ddylai unrhyw hawliad ôl-weithredol gymryd mwy na dwy flynedd i'w brosesu.

52. Mae'r adran hon yn amlinellu'r broses o wneud hawliad a'r dyddiadau cau ar gyfer cyflwyno hawliad o'r fath, a'r cyfrifoldeb am reoli hawliadau o'r fath.

Adran 5

Cwestiynau

1. Fe wnaeth Swyddfa Archwilio Cymru gasglu fod diffyg eglurder yn rhai elfennau o'r Fframwaith presennol. A yw'r Fframwaith wedi'i ddiweddaru yn llwyddo i fynd i'r afael â hyn? A oes angen sylw ychwanegol i unrhyw feysydd eraill?

2. A yw'r Fframwaith yn cynnig map ffordd cyffredinol clir i'ch cynorthwyo i ddeall ble'r ydych o fewn y broses?

3. A yw'r Fframwaith arfaethedig yn cynnig digon o sicrwydd ynghylch cyfrifoldeb, perchnogaeth a llywodraethu'r CHC gan Lywodraeth Cymru, Byrddau Iechyd Lleol a'u partneriaid?

4. A yw'r Broses Asesu, y Rhestr Wirio/Adnodd Sgrinio a'r Adnodd Cefnogi Penderfyniadau yn addas i'w diben?

5. A ydych yn credu ei fod yn ddefnyddiol i ddisodli Adnodd Cefnogi Penderfyniadau (ACP) presennol Cymru â'r fersiwn newydd arfaethedig, a fydd yn seiliedig ar ACP Lloegr?

6. A ydych yn credu fod unigolion a'u teuluoedd yn cyfranogi digon yn y broses asesu wedi'i diweddaru ? Os nad ydynt, pa ddulliau ychwanegol a hoffech eu gweld i sicrhau y caiff y broses ei gwella?

7. Yn eich barn chi, a yw'r Fframwaith arfaethedig yn cysylltu'n effeithiol â pholisïau a chanllawiau eraill iechyd a gwasanaethau cymdeithasol? A ddylai wneud unrhyw gysylltiadau â chanllawiau da neu arferion arloesol?

8. Fe ddatblygir pecyn cymorth ar-lein yn cynnwys adnoddau i gefnogi gweithredu CHC (mae'r rhestr cynnwys yn un o atodiadau'r Fframwaith Drafft). A oes unrhyw gynhyrchion eraill yr hoffech eu gweld yn cael eu trafod mewn pecyn cymorth o'r fath?

9. Mae'r Fframwaith yn ddogfen dechnegol wedi'i hanelu at weithwyr proffesiynol arbenigol sy'n arsylwi asesu a darparu gofal. Byddem yn croesawu eich sylwadau ynghylch y posibilrwydd o gyhoeddi Fframwaith wedi'i symleiddio ar gyfer ymarferwyr rheng flaen (e.e. staff wardiau) a defnyddwyr gwasanaeth. Croesawir sylwadau ynghylch ei briodoldeb, yn cynnwys awgrymiadau ynghylch ffurf, cynnwys ac arddull.

Ffurflen Ymateb i'r Ymgynghoriad	Eich enw:
	Sefydliad (lle bo'n berthnasol):
	e-bost / rhif ffôn:
	Eich cyfeiriad:

Mae ymatebion i ymgynghoriadau yn debygol o gael eu gwneud yn gyhoeddus, ar y rhyngrwyd neu mewn adroddiad. Os byddai'n well gennych i'ch ymateb aros yn ddienw, ticiwch yma. ☐

Os ydych yn ymateb ar ran eich sefydliad, ticiwch yma: ☐

Cwestiwn 1: Fe wnaeth Swyddfa Archwilio Cymru gasglu fod diffyg eglurder yn rhai elfennau o'r Fframwaith presennol. A yw'r Fframwaith wedi'i ddiweddaru yn llwyddo i fynd i'r afael â hyn? A oes angen sylw ychwanegol i unrhyw feysydd eraill?
Sylw:

Cwestiwn 2: A yw’r Fframwaith yn cynnig map ffordd cyffredinol clir i’ch cynorthwyo i ddeall ble’r ydych o fewn y broses?
Sylw:

Cwestiwn 3: A yw’r Fframwaith arfaethedig yn cynnig digon o sicrwydd ynghylch cyfrifoldeb, perchnogaeth a llywodraethu’r CHC gan Lywodraeth Cymru, Byrddau Iechyd Lleol a’u partneriaid?
Sylw:

Cwestiwn 4: A yw'r Broses Asesu, y Rhestr Wirio/Adnodd Sgrinio a'r Adnodd Cefnogi Penderfyniadau yn addas i'w diben?
Sylw:

Cwestiwn 5: A ydych yn credu ei fod yn ddefnyddiol i ddisodli Adnodd Cefnogi Penderfyniadau (ACP) presennol Cymru â’r fersiwn newydd arfaethedig, a fydd yn seiliedig ar ACP Lloegr?
Sylw:

Cwestiwn 6: A ydych yn credu fod unigolion a'u teuluoedd yn cyfranogi digon yn y broses asesu wedi'i diweddaru ? Os nad ydynt, pa ddulliau ychwanegol a hoffech eu gweld i sicrhau y caiff y broses ei gwella?
Sylw:

Cwestiwn 7: Yn eich barn chi, a yw’r Fframwaith arfaethedig yn cysylltu'n effeithiol â pholisïau a chanllawiau eraill iechyd a gwasanaethau cymdeithasol? A ddylai wneud unrhyw gysylltiadau â chanllawiau da neu arferion arloesol?
Sylw:

Cwestiwn 8: Fe ddatblygir pecyn cymorth ar-lein yn cynnwys adnoddau i gefnogi gweithredu CHC (mae'r rhestr cynnwys yn un o atodiadau'r Fframwaith Drafft). A oes unrhyw gynhyrchion eraill yr hoffech eu gweld yn cael eu trafod mewn pecyn cymorth o’r fath?
Sylw:

Cwestiwn 9: Mae'r Fframwaith yn ddogfen dechnegol wedi'i hanelu at weithwyr proffesiynol arbenigol sy'n arsylwi asesu a darparu gofal. Byddem yn croesawu eich sylwadau ynghylch y posibilrwydd o gyhoeddi Fframwaith wedi'i symleiddio ar gyfer ymarferwyr rheng flaen (e.e. staff wardiau) a defnyddwyr gwasanaeth. Croesawir sylwadau ynghylch ei briodoldeb, yn cynnwys awgrymiadau ynghylch ffurf, cynnwys ac arddull.
Sylw:

Pwyllgor Cyfrifon Cyhoeddus
Public Accounts Committee

David Rees AM
Health and Social Care Committee

10 December 2013

Dear David,

Maternity Services in Wales

At our meeting on 3 December 2013 the Public Accounts Committee considered an update from the Welsh Government on our report on Maternity Services in Wales.

We agreed there was merit in sharing the correspondence with the Health and Social Care Committee to inform the Committee's future work programme.

A copy of the correspondence is attached.

Yours sincerely

Darren Millar AM
Chair
Public Accounts Committee

Our ref:

Date: 31 July 2013

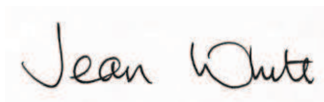
Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Millar,

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

I have pleasure in enclosing an update on the Maternity Performance Board meetings held in spring this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely



Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS SPRING 2013

Terms of reference page 2

Summary of Maternity Board meetings page 3

Examples of Good Practice page 5

Notes of Maternity Board meetings

ABMU page 11
Aneurin Bevan page 13
Powys page 15
Cwm Taf page 17
Cardiff page 19
BCU page 21
Hywel Dda page 23

MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

BACKGROUND
The remit of the Performance Boards is to hold Health Boards to account for delivery of maternity services in line with the key actions within the Strategic Vision for Maternity Services in Wales by:

- Reviewing and monitoring delivery plans;
- Reviewing outcome indicator and performance measure data;
- Discussing areas for concern where performance is not improving;
- Agreeing an action plan for improvement;
- Promulgating good practice across Wales;
- Providing feedback to performance management at WG to inform their processes.

Membership
Professor Jean White - Chief Nursing Officer – Chair
Polly Ferguson – Nursing Officer Maternity and Early Years
Dr Heather Payne – Senior Medical Officer Maternal and Child Health
Committee secretariat

Process
Welsh Government will meet with the Maternity Service leads of each Health Board to review performance.

Prior to each Health Board meeting, and to inform the discussions, the CNO will ask for written evidence from the following organisations:

- The Health Board under review
- Chair of the respective MSLC
- Royal College of Midwives
- Healthcare Inspectorate Wales
- Local Supervising Authority
- Royal College of Obstetricians and Gynaecologists

Following each Health Board meeting, the Health Board will receive a written report from Welsh Government identifying where progress has been made and where improvements are required.

Frequency of Meetings
Twice a year.

Health Board Representatives
The Health Board will be represented by:

- Head of Midwifery
- Clinical Director for Maternity
- Directorate Manager
- User Chair or representative of Health Board's Maternity Services Liaison Committee (MSLC)

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – SPRING 2013

All Health Boards have attended a Performance Board meeting. There was good engagement from the maternity leads who demonstrated a clear understanding of the challenges ahead and a commitment to improve services.

As data collection is a challenge, the Head of Information from each Health Board was invited to attend this first meeting to discuss how they will support maternity services to collect the required data by autumn.

Whilst the terms of reference state that prior to each Health Board meeting the CNO will ask for written evidence from relevant organisations, it was agreed that, for the first 'scene-setting' meeting, this would not take place. Organisations will be offered the opportunity to submit written evidence at all subsequent meetings.

Successes

- Maternity Services Liaison Committee (MSLC)
  The User Chair from each MSLC was invited to attend the Performance Board to demonstrate Welsh Government's commitment to listen and respond to the user voice.

  All meetings were attended by the Chair or deputy if the Chair was unavailable. There was good user participation at the meetings.

- User Satisfaction
  There is clarity on an all Wales approach to survey user satisfaction with an expectation that there will be feedback on results at the autumn Performance Board meeting.

- Midwifery workforce
  6 out of 7 Health Boards comply with Birth Rate Plus workforce planning tool, which demonstrates that they have the right number of midwives to run a safe and effective service. The one non-compliant Health Board has a shortage of 4 midwives and will review their midwifery requirements once service reconfiguration has been agreed.

Challenges

- **Caesarean section rates**
  Whilst all Health Boards have plans in place to reduce rates, they still remain high (over 25%) in all Health Boards apart from Cardiff and Vale. All Health Boards are actively working at reducing rates and have been asked to report the rates monthly. Plans for improvement will be reviewed at the autumn Performance Board meetings.

- **Data collection**
  All Health Boards were asked to bring their lead for maternity information to their first Performance Board to discuss how improvements were being made to the electronic data collection.

No Health Board was able to present a complete data set although there had been significant progress in some Health Boards.

Both BCU and Powys have no method of capturing data electronically although Powys is now working closely with NWIS to enable Myrddin Maternity to be functioning by October 2013.

A specific project, with PHW and NWIS, set up in December 2013, is working with all Health Boards to support them to be able to collect data on all performance measures by October 2013. This may not be achieved by BCU.

- **Improving health of pregnant women**
  Health Boards have been asked to contribute to a reduction in pregnant women's BMI, smoking, alcohol consumption and substance misuse.

  This will require changes in both practice and in data collection and whilst Health Boards are aware of this, it is likely that they will first focus on data collection. Ultimately, there will need to be some investment in developing midwifery skills to encourage behaviour change. This will be discussed at the autumn Performance Board meetings.

- **Improving mental health in pregnancy and the puerperium**
  In order to address the challenge of ensuring women have appropriate planning and support for mental health problems that may occur or get worse during maternity, Health Boards have been asked to report on their progress with this. As it is a new measure, there is necessarily a period required for agreement of appropriate care pathways for referral. These are being put in place and Health Boards will be expected to report this at the autumn Performance Board meetings.

- **Compliance with RCOG guidelines on Consultant presence on Labour Ward**
  Aneurin Bevan, Betsi Cadwaladr (BCU) and Hywel Dda Health Boards all report compliance against RCOG guidance although BCU stated that, as a result of service change implementation, Wrexham will soon require an increase from 40 to 60 consultant hours.

  Cardiff, ABMU and Cwm Taf are not compliant and are waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme. This situation will be reviewed at the autumn Performance Board meeting.

  The situation will be discussed at the autumn Performance Board meetings, when reconfiguration plans will have been agreed. All Health Boards will then be expected to have plans in place to ensure that they do comply.

Good Practice in Maternity Services

Health Boards were asked to say what specific parts of their service they were proud of and these examples will be posted on the Health Board websites so that good practice can be shared.

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

Maternity Services Liaison Committee – written by a user member.
The committee offers a real opportunity for those that use maternity services to have a voice and to learn more about the way in which the services are developed. It's given me a true insight and a better understanding of the challenges that face the NHS every day. Our group is made up of health professionals from varied backgrounds, which give the MSLC great input from the many departments that are involved with Maternity care such as Midwives, Student Midwives, Health Visiting, Anaesthetics and Gynaecology to name just a few. Other professionals are invited to come and present to the group when covering topics, for example the NSPCC came to speak about Shaken Baby Syndrome a few weeks ago.

We have strong representation from service users in the MSLC for the ABMU Health Board. We have a Doula, A father involved with post natal depression support for partners. We have representation for families that have experienced the loss of a child, Breastfeeding Peer Support and Parent Advocacy representing women and their families that may find using maternity services difficult due to learning difficulties or social situations. We are always discussing the group with other third sector agencies and charities that support women and families to get as many involved as possible. The suggestions from the lay members of the MSLC are really listened to and their viewpoints are important. Our MSLC have been supportive of a card designed by a Breastfeeding Peer Supporter for health professionals to use as a conversation prompt to help support women during the first few days of breastfeeding. Without an open, strong Maternity Service Liaison Committee, unique ideas like these would never culminate.

I feel the relationship between the service user and those involved with creating and managing maternity services needs to be open and equal. I feel the ABMU MSLC has that and will unite both health professional and the people that they care for to mould good quality services for the future.

Use of technology
The introduction of Social Media has meant two-way communication between staff and patients happens more often and is a lot easier.

The Maternity Team, along with the Communications Team at ABM Health Board have taken advantage of social media as a way of engaging with and communicating with mums-to-be and their families by setting up the ABM child and family health Facebook page. The child and family page is a sub-page of the main ABM Facebook page which currently has over 2,100 followers. At the last count the child and family page had 671 followers which is similar to, and in some cases more than, the main Facebook page for some organisations.

The Team use the child and family page, along with Twitter, to maintain a continuous relationship with patients, providing them with information, advice and guidance such as 'Top Ten Tips for a normal birth', ' Is home birth safe?', the importance of the MMR vaccination during the measles outbreak, plus new equipment and service improvements. It has also proved very beneficial answering general queries from mums and mums-to-be, putting minds at rest. As well as forming a community for people to share their own experiences and groups such as Breastfeeding Awareness to contribute information and support.

ANEURIN BEVAN HEALTH BOARD

Caesarean section rates

As part of maternity services ongoing service monitoring a rise in the emergency caesarean section rate has been noted throughout 2012. In response to this, the lead labour ward obstetricians and the senior midwifery managers for high risk, have been conducting an in depth audit into the incidences and decision making process for each emergency caesarean section within their areas to ensure the maintenance of best practice. Their observations and findings have been presented at the service multi professional clinical forum for discussion. Any training requirements identified as part of this process have been incorporated into the agenda or undertaken as part of the planned training sessions within the service. The Maternity Services Board is continually updated on progress via presentations of the services labour ward dashboard and from individual presentations from clinicians involved.

Practice changes implemented include the introduction of a 'fresh eyes' approach which was commenced in early 2012 within the labour ward environment. A senior midwife or medical clinician is asked to review a Cardiotocograph (CTG) tracing hourly when continuous CTG monitoring is taking place, at this time a review of the woman's identified risks is undertaken. This ensures best practice within the labour ward and early deviations from the normal can be escalated to the senior medical staff and acted upon appropriately. The Caesarean Section Toolkit has been revitalisation and a task and finish group set up to complete identified work streams. The aim of this work is to ensure that women are commenced on the appropriate maternity pathway and that she receives the safest maternity care for her and her family.

A multi disciplinary approach to training

Aneurin Bevan Health Board maternity service has worked collaboratively through 2012/2013 to improve the uptake of staff training with a resultant increase in training compliance of 20%. This increase has been achieved through a multi disciplinary approach in delivering statutory and mandatory training. The service benefits from an all day monthly maternity and gynaecology clinical forum which incorporates audit activity, lessons learnt from clinical incident reporting, the sharing of new initiatives and good practice and training sessions. The training is provided by clinicians within the service and guest speakers from the Health Board.

Routine monitoring of statutory and mandatory training is undertaken by senior midwifery and medical staff with quarterly reports generated for the service to identify progress. Training reports are shared at the monthly clinical forum and the Maternity Services Board. An annual training needs analysis, taking into account both local and national requirements, informs the service training programmes.

More recently the maternity service has been working to implement Welsh Government All Wales development of Cardiotocography Training for maternity staff in line with Royal college Of Obstetricians and Gynaecologists guidance. This has involved setting up multidisciplinary Cardiotocography training sessions which commenced in April 2013.

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Prevention Work and Early Years Focus

BCUHB has prioritised early years health and disease prevention, especially health in pregnancy and preparing for pregnancy. A wide range of health staff have been trained to help mothers understand the importance of not smoking in pregnancy, and all midwives now have carbon monoxide monitors which can show blood levels for both mothers and unborn babies. Obesity in pregnancy is recognised as just as dangerous as smoking, and local authority partners have used health improvement grants to provide exercise in pregnancy schemes through their leisure centres. Counter assistants in pharmacy shops have been trained to advise on key early years health topics, including how to get as healthy as possible before pregnancy and between pregnancies.

First Point of Contact Achievement

In 2009 BCUHB commenced work to improve their compliance with direct access to a midwife. Gaining direct access to a Midwife has also improved our compliance with booking women by 10 weeks gestation. As part o the work we have taken the following steps:-

1. There has been significant work with GP surgeries to ensure that women who present at the GP reception and identify themselves as being pregnant are signposted to their community midwife. The women are either given contact numbers or an appointment to see their community midwife. The majority of referrals to book for maternity care are now made by community midwives.
2. There has been extensive use of posters within GP surgeries, local pharmacies, play groups, community centres etc to inform women that they can make direct contact with a midwife when thy discover that they are pregnant and the posters advertise local contact details.
3. The majority of teams have drop in sessions during the week when women can access their midwife directly.
4. All postnatal women are give a credit card sized card as they are discharged from community care which informs them that they can contact their midwife directly when they next become pregnant, there are contact details of their local midwife on the cards.
5. Every team has a visible base within the local community setting.

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Caesarean Section Rates

Cardiff and Vale Health Board currently has a caesarean section rate of 21.99%, which is the lowest in Wales. The clinicians who work in maternity services are very

proud of this and are committed not only to keeping the rate below 25%, which is the Welsh Government target but to further reduce the rate.

One of the most important reasons for this success is the excellent multidisciplinary team working that has developed a culture where normal birth is considered a measure of a successful maternity unit. Women remain at the centre of care throughout their pregnancy and birth and are supported to have a normal birth wherever possible.

They have a thriving Midwifery Led Unit located within the maternity department, where women with low risk pregnancies are encouraged to use the birthing pools during labour. The midwives who work in this unit are highly experienced in providing women with supportive care during labour and this has contributed hugely to the low caesarean section rate.

The safety of women and their babies is paramount and the Obstetricians and Midwives undergo rigorous training to ensure they remain skilled in managing high risk labour, particularly in the interpretation of fetal heart monitoring which is key in reducing caesarean section. The introduction of STAN monitoring (ST analysis of fetal ECG) has provided additional information regarding the fetal condition to determine whether obstetric intervention is warranted; information which in turn helps the clinician make the right decision at the right time. STAN monitoring is a salient factor in maintaining a low caesarean section rate.

For babies who present in the breech position, an External Cephalic Version service is offered to women. Babies who are successfully turned to a head down position, decreases the need for caesarean section. Women who have had a previous caesarean section are counselled and supported to consider a vaginal birth after caesarean (VBAC), when clinically appropriate. This group of women can avoid a repeat caesarean section for their current and future pregnancies.

These practices all contribute to sustaining a caesarean section rate below 25% and more initiatives are planned to further reduce the current rate.

CWM TAF HEALTH BOARD

Maternity Information

The Maternity Information Technology System (MITS) is a robust Maternity Statistical Reporting Tool, developed as a result of close effective partnership working between maternity and IT services within Cwm Taf HB**.** Information generated, facilitates benchmarking across the health board and provides robust data to clinicians to: monitor monthly activity (including out of area activity), project activity levels, plan services, with the ability to localise the system making changes as and when required, in response to service/audit needs etc**.** MITS will be key to providing the information required by the Welsh Government against the Maternity Outcome Indicators and Performance Measures.

User Involvement

The current Cwm Taf Maternity Services Liaison Committee (MSLC) has been in situ since September 2010. The past couple of years have seen major developments

within Cwm Taf maternity services, for which we are delighted that the MSLC has been a part of and has in some cases, instigated some of these changes and improvements.
The main areas of focus and development by the MSLC are as follows:

- Transfer of the Early Pregnancy Clinic from antenatal to the gynaecological ward in both RGH and PCH.
- Fathers are now permitted to remain on ward with women who give birth after visiting hours.
- Promotion and championing breastfeeding amongst midwives.
- Evaluation of care updated and now consistent across health board.
- The creation of an intranet site for healthcare professionals leading the way to an internet site for pregnant women and new parents.

HYWEL DDA HEALTH BOARD

Normal Midwifery

Hywel Dda Health Board has implemented a Pathway through Normal Midwifery Services. This is an evidenced based pathway to assist midwives in planning and delivering care to low risk women through the antenatal, delivery and postnatal period. The pathway encourages health professionals to make 'Every Contact Count' to positively influence the health promotion agenda for women and their families. Key principles are embedded throughout the woman's journey where individual plans of care can be agreed in partnership with women. The aim of the pathway is to promote normality, refer as appropriate, prepare, advise and support women throughout the entire episode of care. The document is hyperlinked to allow health professionals to access the evidence to support their decision making. It is a comprehensive to provide consistency, and reduce both duplication of effort and prevent conflicting advice given to women.

POWYS HEALTH BOARD

Offering students an experience of community based services

Powys Maternity Services have recently played to host to three German Midwifery students who having 'Googled' home birth, birth centre identified Powys as an area where they were likely to gain experience in both, a rare event in Germany. They were also keen to come to the UK to experience British Midwifery. They had the opportunity to gain experience in managing a caseload, promoting normality particularly within a community setting, providing complete antenatal care to all women on a caseload. Preparing women for birth through antenatal education and birth plans and providing an on call facility for low risk women who birth in Powys either at home or in one of the birth centres. They participated in the provision of normal labour and birth care. They also observed postnatal care of all women on the caseload, predominantly home visits, breastfeeding support, newborn screening and emotional wellbeing support before observing the handover process to the health visiting team.

In addition to experiencing managing a caseload in the community they were also be able to attend local support groups and the antenatal road shows and were

encouraged to participate in Transforming Care process and improving quality principles. During their time with us we also facilitated them to attend a two day Obstetric emergency in the community course. All three students evaluated the placement well and were excited by the births they had observed that allowed women the freedom to birth in positions of their choosing – notable on all fours with the support of the midwife at all times reducing the need for pharmaceutical pain relief.

Notes of Maternity Performance Board Meetings
Spring 2013

ABMU – Monday 25 March

1. Performance Data

i. Caesarean section rates:

April 2013 – 24.1%

Caesarean section rates are under 25%. To further improve rates, the Health Board wants to explore how they can raise the normal birth rates. They will be looking at their statistics more thoroughly and will report back in the October Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

April 2013 - 50–60% seen by 10 weeks

The Health Board had previously set themselves a target of 12 weeks but are keen to explore how improve services and focus on 10 completed weeks.

They will report progress at the October Performance Board meeting.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board are unable to report this at present.

The midwife records whether women have one of 5 specific mental health problems but is unable to record care plans.

It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

iv. Percentage of women and partners who said they were treated well by the maternity services:

April 2013 - Overall satisfaction level of 90%.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

ABMU also ensure that feedback from users is made public on their

Twitter and Facebook accounts.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

April 2013 – As this is new information that has been requested by WG the data is incomplete until electronic systems have been amended to support collection.

Smoking
At present, the Health Board record the number of women referred but not the number of women who gave up.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. Data Collection

Informatics issues need to be resolved in relation to recording mental health problems.

3. Maternity Services Liaison Committee (MSLC)

The committee is working well and now reports annually to the Board through an annual report. Training opportunities have been offered to members and representatives have set up sub-groups to look at specific issues e.g. Stillbirth.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant.
The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

ANEURIN BEVAN – Wednesday 27 March

1. **Performance Data**

i. Caesarean section rates:

April – 29.7%

As the rates are above 25% the Health Board has started looking at figures monthly and to analyse each maternity unit separately. They will report progress at the October Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

No data were available as the electronic system does not enable this to be collected. However the Health Board states that they committed to gathering in the future through the Evolution/Protos system used. They will report progress at the October Performance Board meeting.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Minimal data are currently being collected. It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

Smoking
Midwives now receive mandatory training around smoking cessation. Recording at the end of pregnancy needs to be introduced.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. **Data Collection**

A Task and Finish group is exploring how to improve data capture of women giving birth in Nevill Hall.

The use of digi-pens being looked at as community based midwives cannot access maternity systems remotely.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is in early stages of development but promising progress has been made. Discussions at the meetings are linked to Implementation of the Maternity Strategy and the committee are working on how to promote MSLC further i.e. website, generic email address.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
RCOG standard compliant.

The RCOG training has been reviewed and now different levels of training provided for different grades of staff. Uptake has increased from 60% last year to 90% in 2013.

POWYS – Thursday 28 March

1. Performance Data

As the Health Board does not have an electronic maternity information system there is very little accurate data available.

The Health Board reported that they are waiting for NHS Wales Information Services (NWIS) to set up the Myrddin Maternity System. CNO agreed to speak with NWIS to speed up this process.

i. Caesarean section rates:

Ranges from 13% to 45% (emergency only)

All women who require any intervention in labour are transferred outside Powys to a district general hospital. However, to support normal birth, active birth sessions have been introduce and to increase the uptake of Vaginal Birth After Caesarean (VBAC), midwives discuss this option, with all women who have had a previous Caesarean section, at their first appointment for a subsequent regency.

The normal birth rate in Powys is now 96%.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

All women are currently being seen by 12 weeks and plans are in place to ensure initial assessment by 10 weeks although data capture is not in place yet.

iii. Rates of women with existing mental health conditions who have a care plan in place

There are strong existing links between maternity services and mental health although that absence of electronic data capture makes this hard to measure.

Data capture will be considered as part of the introduction of the Myrddin Maternity System

iv. Percentage of women and partners who said they were treated well by the maternity services

The current questionnaire has a satisfaction scale of 1-10 scale, with 95% scoring 5 and above.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse

Smoking
Current services to support smoking cessation, alcohol, substance misuse and weight management make contact women using a withheld number, so women are unlikely to answer the phone call. This is being discussed to find solutions.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy. A system has been set up to measure weight in the 3rd trimester.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the ceasing of misuse.

2. Data Collection

There is much work to be done in order for the Myrddin maternity system to produce data. However, there is an expectation that data will available at the autumn Maternity Performance Board.

3. Maternity Services Liaison Committee (MSLC)

Whilst there is an active committee, the geographical spread makes meeting a challenge. Currently discussions are held via email and meeting face-to-face once per year.

The MSLC's annual report went to Board in 2012.

4. Staffing

Birth Rate Plus compliant.
A system of visiting obstetricians is in place.

CWM TAF – Tuesday 2 April

1. <u>**Performance Data**</u>

i. Caesarean section rates:

April 2013 – 37%:

The Health Bards stated that letters are sent to parents following caesarean section, advising that they could have a normal birth when next pregnant. Women have a 'de-briefing' with a midwife following caesarean section.

The Board suggested that high rates are, in part, related to poor general health of the population.

They are now in the process of developing a standard evidence based approach to plan of care and decision making process and this will be explored at the next Performance Board in autumn.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

This data are not currently held by the Heath Board. However, in many areas, pregnant women are seen by a midwife straight away as GP receptionists give out midwife number rather than book a GP appointment.

The Health Board were asked to present data at the next Performance Board in autumn.

iii. Rates of women with existing mental health conditions who have a care plan in place:

No data were available as this is a new requirement.

The Health Board were asked to present data at the next Performance Board in autumn.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board use a current questionnaire and results are seen by clinicians and senior midwives and used to discuss how to improve services.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

Carbon monoxide training is now mandatory for midwives. Around 26% of pregnant women in Cwm Taf smoke at the start of pregnancy.

A high percentage of women have a raised high BMI. Weight is measured in antenatal clinics and some women are referred to Slimming world.

2. Data Collection

A bespoke IT system is in place which allows statistics to be broken down into teams. New data fields will have to be incorporated to enable performance data to be extracted.

3. Maternity Services Liaison Committee (MSLC)

The meetings alternate between the North and South area but there is not much consistency of attendance and it is easier to find users who want to join MSLC who have had bad experience.

Breastfeeding peer support groups are in abundance.

4. Staffing:

Midwifery
Birth Rate Plus compliant

Medical
Not RCOG standard compliant
The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

CARDIFF AND VALE – 2 April

1. <u>**Performance Data**</u>

i. Caesarean section rates:

April 2013 – 19% (consistently below 25% including high risk women from other areas)

Still monitoring rates monthly via their dashboard

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

Electronic data are not yet available for this measure. Posters are now being used in clinics to promote early access to a midwife which detailing midwives contact numbers.

iii. Rates of women with existing mental health conditions who have a care plan in place:

No data available for this yet. Health Board will report progress at the next performance board meeting.

Consultant with interest in peri-natal mental health is considering whether to take the lead.

iv. Percentage of women and partners who said they were treated well by the maternity services:

Currently using '2 minutes of your time' survey.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire. The MSLC are committed to completing the all Wales survey with patients.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse (We will require a comparison of %age of women who initially smoked, drank more than 5 units, BMI over 30 and misuse substances and measure 5):

New electronic maternity system 'Euroking' will be able to capture smoking data and midwives are now using of carbon monoxide monitors.

Substance misuse data more readily available as Cardiff and the Vale have specialist midwife.

Plans are in place to re-weigh women at 36 weeks.

2. **Data Collection:**

'Euroking' maternity system is being introduce in the Health Board in July and the organisation are committed to working with Cardiff and the Vale to write suitable programmes to enable robust data capture. 3 months implementation plan to take place.

There are also plans to pilot digi-pens for community midwives.

3. **Maternity Services Liaison Committee (MSLC)**

Terms of Reference have been recently been re-written and maternity staff within Cardiff and the Vale are supportive of the MSLC and are encouraging the setting up of 'Mums groups' in communities to help harder-to-reach groups.

4. **Staffing**

Midwifery

Not Birth Rate Plus compliant at the time of the Performance Board but they committed to address this by June. Welsh Government now has confirmation that they have appointed more midwives and are Birth Rate Plus compliant.

Medical

Not RCOG standard compliant

The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

BCU – 18 April

1. **Performance Data**

The Health Board have no electronic maternity system in place and so all data has to be captured through a trawl of the Hand Held Maternity Record.

i. Caesarean section rates:

April 2013 - 26%

Overall rates are 26% but there is wide variation across the 3 sites with rates of 30% rate in Glan Clywd.

Whilst some aspects of the Caesarean Section Toolkit have been introduces there does need to be more work done on understanding the high rates. The Health Board will be expected to report progress at the autumn Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

80% of women are currently seen by 10 weeks with direct access to a midwife estimated at around 90% - highest across Wales.
Midwife contact cards are placed in GP surgeries and leisure centres and vouchers for exercise opportunities are available for pregnant women in Anglesey.

iii. Rates of women with existing mental health conditions who have a care plan in place:

A strategy is currently being developed to ensure that women are referred for care planning. An interim measure for data capture is being addressed through the use of paper based forms completed at birth.

iv. Percentage of women and partners who said they were treated well by the maternity services:
Patient stories are fed into a Quality and Safety report and the MSLC has contributed to the all Wales satisfaction strategy.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

A wellbeing strategy has been in place for 18 months, which focuses on maternal smoking and obesity.

Smoking cessation effectiveness only has a success rate of 3.1%.

The Health Board has recently invested in bariatric scales to weigh women more accurately.

2. Data Collection

Data are still collected manually which is time consuming for midwives and less accurate than electronic systems.

The Health Board were asked to ensure that this situation is improved by the autumn Performance Board meeting.

3. Maternity Services Liaison Committee (MSLC)

There is a commitment to rotate meetings across central, west and east areas and 'Voices' training for users has taken place.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
Currently RCOG compliant however, as a result of service change implementation Wrexham will soon require 60 consultant hours.

This situation will be reviewed at the autumn Performance Board meeting.

HYWEL DDA – Friday 7 June

1. **Performance Data**

i. Caesarean section rates – April 2013 - 32%

Ceredigion high caesarean section rate when compared to amount of births. The Health Board is actively working with mums to opt for VBAC.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy.

The majority of women are seen by 12 weeks, however these data are not recorded electronically yet

iii. Rates of women with existing mental health conditions who have a care plan in place:

Not yet recording any data.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board stated that a very high percentage of women report that they are treated well – although no data were presented (72% return rate).

Every patient is given 'My Diary' throughout hospital stay which is more focussed on being treated well.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse.

No data available. Because of high obesity rates the Board have set their own targets for reducing the rates.

2. **Data Collection**

Using Myrddin Maternity module across all 3 units and work being done to stop duplication of data entry.

3. **Maternity Services Liaison Committee (MSLC):**

Geographical issues - Hywel Dda MSLC is split into 2 groups. Good professional attendance. Meeting held every 2 months.

4. **Staffing**

Midwifery
The Board is not Birth Rate Plus compliant, (by about 4 midwives), but reported that are carrying out a review in summer. The results and action plan will be reported to Welsh Government.

Medical
The Health Board is RCOG compliant.

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio – Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer – Nurse Director NHS Wales

Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 November 2013

Dear Mr Millar

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

I have pleasure in enclosing an update on the Maternity Performance Board meetings held in autumn of this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely

Jean White

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

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UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS AUTUMN 2013

Terms of reference page 2

Summary of Maternity Board meetings page 3

Notes of Maternity Board meetings

- ABMU page 4
- Aneurin Bevan page 7
- Powys page 9
- Cwm Taf page 11
- Cardiff page 13
- BCU page 15
- Hywel Dda page 17

PAC Recommendations – Update Page 19

MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

Background

The remit of the Performance Boards is to hold Health Boards to account for the delivery of maternity services in line with the key actions within the Strategic Vision for Maternity Services in Wales by:

- Reviewing and monitoring delivery plans;
- Reviewing outcome indicator and performance measure data;
- Discussing areas for concern where performance is not improving;
- Agreeing an action plan for improvement;
- Promulgating good practice across Wales;
- Providing feedback to performance management at WG to inform their processes.

Membership
Professor Jean White - Chief Nursing Officer – Chair
Polly Ferguson – Nursing Officer Maternity and Early Years
Dr Heather Payne – Senior Medical Officer Maternal and Child Health
Committee secretariat

Process
Welsh Government will meet with the Maternity Service leads of each Health Board to review performance.

Prior to each Health Board meeting, and to inform the discussions, the CNO will ask for written evidence from the following organisations:

- The Health Board under review
- Chair of the respective MSLC
- Royal College of Midwives
- Healthcare Inspectorate Wales
- Local Supervising Authority
- Royal College of Obstetricians and Gynaecologists

Following each Health Board meeting, the Health Board will receive a written report from Welsh Government identifying where progress has been made and where improvements are required.

Frequency of Meetings
Twice a year.

Health Board Representatives
The Health Board will be represented by:

- Head of Midwifery
- Clinical Director for Maternity
- Directorate Manager
- User Chair or representative of Health Board's Maternity Services Liaison Committee (MSLC)

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – AUTUMN 2013

All Health Boards have attended a Performance Board meeting. There was good engagement from the maternity leads who demonstrated a clear understanding of the challenges ahead and a commitment to improve services.

The CNO wrote and asked for evidence from all relevant organisations prior to the autumn meetings. Information was received from the Royal College of Midwives and two of the MSLCs.

Successes

- **Data Collection**
  Whilst it remains a challenge to collect robust data we recognise that significant progress has been made to introduce new systems across all Health Boards. We are confident that by April 2014 all Health Boards will be able to collect data on all of the performance measures and indicators set by Welsh Government with the assistance of Public Health Wales. Once we have robust data sets this will enable a shift in focus to monitoring improvements in service provision.

  A positive consequence from us collecting data is that the scale of the public health challenge is becoming clearer. This greater understanding of the problems is enabling Health Boards to consider the implementation of appropriate interventions to encourage healthy lifestyles.

- **Midwifery Workforce**
  There continues to be safe staffing levels in midwifery services across all Health Boards. All are committed to maintaining compliance with the levels recommended through the Birthrate Plus acuity tool and regularly review their status. Only one Health Board is Wales is currently not compliant – Hywel Dda Health Board who is short 3.37 wte. The Health Board has plans in place to be compliant by the spring 2014 and currently uses Bank and Agency staff to maintain the right level.

Challenges

- **Caesarean section rates**
  Caesarean section rates remain stubbornly high in many units. This is a complicated issue and improvement relies upon a multitude of factors not least an improvement in the general health of pregnant women and a shift in the culture of intervention which has developed in some areas.

- **Compliance with RCOG guidelines on Medical Consultant presence on Labour Ward**
  Whilst all Health Boards report that their services operate safely, only Aneurin Bevan reports being RCOG compliant. Decisions around service reconfiguration are imminent and workforce plans will be addressed as part of this process.

Notes of Maternity Performance Board Meetings
Autumn 2013

Abertawe Bro Morgannwg University Health Board – 23 September

1. <u>**Performance Data**</u>

i. Caesarean section rates:

August 2013 – 26.8%

Caesarean section rates have been consistently higher than 25% since the previous performance board meeting. This is attributed to a culture of intervention which needs to be challenged. The Health Board has been tasked with transforming this culture in order to improve rates.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

August 2013 – 50% seen by 10 weeks

The collection of these data is now more robust and the Health Board is continuing to work on improving this rate.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board is unable to report this at present.

The midwife records whether women have one of 5 specific mental health problems but is unable to record the subsequent care plans.

The recording of this information continues to be a challenge. The health board is reviewing their processes and considering the use of 'digi-pens' to electronically capture data to reduce duplication and improve data collection.

Welsh Government expects to see better data at the 2014 performance board meetings and this will be discussed at the all Wales Heads of Midwifery Advisory Group in November.

iv. Percentage of women and partners who said they were treated well by the maternity services:

August 2013 - Overall satisfaction level of 90%.

The Health Board collect their own data and have set a target of 95% satisfaction.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

These data are not yet collected in the Myrddin patient administration system and a change request has been submitted to NWIS. Three month data supplied by Child Health Department shows that the figure is 22% (between January and March 2013).

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

The Health Board is unable to record this information on their current system and has made a request to NWIS for a change in the Myrddin system. Welsh Government will raise this issue with NWIS.

Smoking
At present, the Health Board records the number of women who smoke and have been referred to cessation services but not the number of women who gave up.

Weight gain
Data collected by the Health Board shows that approximately 20% of the pregnant population has a BMI of over 30. The Health Board recognises this as an issue and is working to find effective interventions.

Alcohol and substance misuse
The Health Board is currently unable to collect robust data due to the current system. The data are currently collected manually by a substance misuse midwife.

Welsh Government is currently developing a business case for implementing motivational interviewing training for midwives. Motivational Interviewing techniques should give midwives the ability to discuss the above issues with pregnant women and encourage behaviour change.

2. Data Collection

Informatics issues need to be resolved in relation to the Myrddin system to enable Health Boards to collect robust data. The Health Board is seeking opportunities to introduce 'digi-pens' for midwives.

3. Maternity Services Liaison Committee (MSLC)

The committee continues to work well and the Health Board keeps the MSLC informed of issues of interest.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant.

A plan is in place to raise consultant hours at Singleton Hospital. The Health Board does not use locum staff.

The Health Board continues to wait for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover.

ANEURIN BEVAN – 4 October

1. Performance Data

i. Caesarean section rates:

September – 23.9%

The high rates of Caesarean section are attributed to a culture of intervention within the health board and low rates of External Cephalic Version (ECV). The Health Board officers have visited Cardiff and Vale University Health Board to look at their practices and as a result will be introducing new CTG equipment in March 2014. In addition, trial Vaginal Birth After Caesarean (VBAC) clinics will be running from October 2013.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The Health Board has been unable to collect this data, however the MSLC has completed a piece of work to determine where women are seen for their initial assessment. They found that 100% of women went to their GP first. The Health Board is working with midwives and practices to ensure better promotion of direct access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Data are not currently collected, however a referral is made to either a specialist midwife or the GP and the Health Board is confident that women are receiving appropriate care.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board started collecting data from patients in April 2013 using '2 minutes of your time'. The Health Board reports a challenge in collecting data from new mothers and agreed to use and report on the Welsh Government All Wales Service User Experience Survey at the next performance board meeting.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 26%. Work is underway to develop an antenatal pathway to encourage women to breastfeed.

vi. Rates of women who gave up smoking,; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

Smoking

Data are not yet available on the percentage of women smoking at the end of pregnancy. The Health Board is currently piloting a smoking cessation scheme which, if successful, will be rolled out across their area. Data will be available at the next meeting.

Weight gain
This requires a change in practice and further investment in weighing scales. The Health Board is in the process of carrying out an audit and will take action to improve data collection in time for the next performance board meeting.

Alcohol and substance misuse

The Health Board employs a designated lead midwife in these areas. A recent health initiative promoting more open and honest responses from woman has shown more accurate data are being collected. A pilot is underway to help women understand their alcohol consumption.

The Health Board should be able to provide further data at the next meeting in the spring.

2. Data Collection

The Health Board has significantly improved its data collection and acknowledges the further work which is required. The MSLC has input on data collection issues also.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is developing and has good involvement with Health Board issues. They now have a Facebook page and use online tools. They have chosen specific issues to tackle such as parent-craft and access to water for labour and birth.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
RCOG standard compliant.

POWYS – 7 October

1. **Performance Data**

The Health Board began using the Myrddin system from 1 October. It is acknowledged that there remain some gaps in the system. Welsh Government will continue to work with NWIS to resolve this.

i. Caesarean section rates:

July 2013 – 21%

All women who require any intervention in labour are transferred outside Powys to a district general hospital. The health board is in regular contact with the external DGHs on this issue.

The normal birth rate in Powys remains around 95%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

All women are currently being seen by 12 weeks and work continues to ensure initial assessments by 10 weeks.

iii. Rates of women with existing mental health conditions who have a care plan in place

87% of women with an existing mental health condition had a plan in place.

iv. Percentage of women and partners who said they were treated well by the maternity services

The Health Board added the question to their own comment cards as of August 2013 and will use the all Wales approach once it has been issued.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 52% of the total population of babies in Powys, not separated by place of birth. Powys midwives offer home visits over a 24 hour period to help with breastfeeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse

Smoking

At present data are collected at the initial booking and on referrals but not at the end of pregnancy. The Health Board is working on improving data collection through the implementation of Myrddin.

Weight gain
Women are weighed at the start of their pregnancy but not at the end. The Health Board is currently investigating the implementation of a healthy diet scheme for women with a BMI over 35 with consideration given to low income families.

Alcohol and substance misuse
Data supplied by the Health Board includes both alcohol and substance misuse. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the cessation of misuse.

2. Data Collection

The Myrddin system went live on 1 October. While there are still some gaps in the system further improvements in data collection are anticipated at the next meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC has recently held its first video conference with good feedback from members. The development of a Facebook page is underway.

4. Staffing

Birth Rate Plus compliant.
A system of visiting obstetricians is in place.

CWM TAF – 8 November

Significant progress has been made by the Health Board in the collection of the data required.

1. **Performance Data**

i. Caesarean section rates:

April 2013 – 33.9%

An audit was taken of all caesareans which were carried out in April 2013 when the rate peaked at 37%. Work is underway to tackle the high rates. The Health Board is undertaking continuous audit of all inductions along with a birth environment audit. In addition a multi-disciplinary team is being developed to review requests for Caesareans, Midwife led VBAC clinics are being put in place and training in providing aromatherapy has been provided to midwives.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

49.6% of women are currently seen before 10 completed weeks of pregnancy. The Health Board is currently targeting teams with low compliance to consider what actions need to be taken to improve early access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Progress has been made in capturing data with further improvement planned for the next meeting. The Health Board has systems in place to enable midwives to refer women – usually to their GP for a care plan/review of existing plans. It was acknowledged that a copy of the care plan needs to be available in the notes for obstetric purposes.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The 2 maternity related questions will be added to the Health Board's own survey. Feedback on services is already gathered through this survey and care is improved based on feedback. One example of this is where visiting times for partners were changed.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 23%. This data is provided from Child Health Department. More robust data will be available for the next meeting. The Health Board has invested in nursery nurses as part of the midwifery team to support and encourage women to breastfeed.

vi. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance

misuse:

Smoking
Rates of women smoking are high but there has been some progress in quit rates. Further improvements have been made to collect data which will be made available at the next meeting. The Health Board is working with Communities First and Public Health Wales (PHW) to support women to quit. CO monitors are being used – well received by mothers.

Alcohol
Midwives are increasing awareness around alcohol consumption and are recording data, however, at present there is no specialist midwife in post and there are no accurate data on women who have reduced their intake.

Weight
The Health Board report rates of around 29% of pregnant women with a BMI of over 30 at initial assessment. BMI is discussed with women to offer them support in healthy eating and exercise to support them to maintain a healthy weight gain in pregnancy. The Health Board also provides women with the ’Tommy’s’ healthy weight gain in pregnancy booklet. Data are not yet recorded on weight at the end of the pregnancy.

2. Data Collection

Significant progress has been made.

3. Maternity Services Liaison Committee (MSLC)

At present there is no chair in place, however, meetings are still going ahead which alternate between two sites within the Health Board area.

4. Staffing:

Midwifery
Birth Rate Plus compliant

Medical
Not RCOG standard compliant, however, labour ward is prioritised to ensure a safe service.. The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

CARDIFF AND VALE – 5 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 20.6%. The rate is consistently below 25% and includes high risk women from other Health Board areas. The Health Board's proportion of normal births is 65%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

It is estimated that around 17% of women are being seen at 10 weeks although the majority of women are seen by 12 weeks. New systems are being implemented to increase direct access to a midwife within the community to address this. The provision of antenatal services is to be moved back out into the communities in order to promote early direct access to midwives.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board reported that data are not yet collected, however, with the introduction of the Euroking system it is hoped this will be available for the next meeting. The Health Board is in the process of appointing a perinatal mental health midwife and a lead obstetrician with mental health interest to ensure a pathway of referral and care is in place.

iv. Percentage of women and partners who said they were treated well by the maternity services:

This information is not currently collected, however, it will be added to the standard questionnaire to ensure data are available for the next meeting. Work has been undertaken by the MSLC to encourage the collection of feedback by midwives on the Midwifery Led Unit.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 39.1%. The Health Board estimates a 70% initiation rate but many move to bottle feeding by day 10. The Health Board is considering initiatives to encourage women to continue breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; gave up substance misuse

Smoking, Alcohol and Substance Misuse
The Health Board has some data starting in July 2013, when Euroking was introduced, however it is not robust enough to report any trend. More accurate

data will be available for the next meeting. A referral mechanism is in place to a specialist midwife for alcohol, smoking and substances.

Weight
Around 20% of women are recorded as having a BMI above 30%. Work is underway to introduce interventions and pathways of care are already in place for those women with a BMI above 35. Investment had been made in scales to allow midwives to weigh women at 36 weeks to enable the availability of more robust data.

2. Data Collection:

The Health Board implemented a new data collection system, Euroking, in July 2013. Ten weeks of data was available for this meeting. More robust data will be available for the spring 2014 meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC Chair reported good support from maternity services within the Health Board, particularly from midwifery services and from the Head of Midwifery. Meeting attendees include representation from gynaecology, obstetrics, Public Health Wales and midwifery at MSLC meetings. A Facebook page has also been started.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant, plans are in place to relocate a Consultant from Llandough to UHW. Locum staffing are rarely used; locums are used that already work within the Health Board.

The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

BETSI CADWALADR – 8 November

1. **Performance Data**

i. Caesarean section rates:

September 2013 – 26%. The rate is skewed by the high rates in the central area of North Wales. A culture of intervention has been identified. Work is underway to address the high rate across the Health Board with targeted action at Ysbyty Glan Clwyd.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The rate of women seen by 10 completed weeks is high in Betsi Cadwaladr at around 70%. This reflects the work which has been put into engaging with GP practices. The Health Board continues audit the data to ensure the high rate is maintained and improved. Training has been provided for pharmacy staff in healthy lifestyles advice and in directing pregnant women to maternity services as early as possible.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The numbers of women with an existing mental health condition are very low and it is not clear whether the data are accurate or reflect under reporting by women. Women are referred to appropriate health care professionals but action needs to be taken to ensure the plan of care is available in the handheld records. The Health Board will provide more robust information at the next meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board enjoys high rates of return of satisfaction surveys, at around 70%, with good feedback from mothers. A summary of the negative comments are fed back each month to midwives to enable improvements in service provision.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

Initiation rates are reported at around 80%, however, drop off is high with 10 day rates at 36%. The Health Board is considering ways to improve support in the community to promote the continuation of breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance:

Smoking

The percentage of women who smoked at the start of their pregnancy was 20% in September 2013. All midwives now use CO monitors and all have had some brief interventions training related to smoking. Accurate data are not available on quit rates, however, it is believed they are rising, Health Care Support Workers have been trained to support women who want to quit. Accurate data will be available for the spring 2014 meeting.

Alcohol
These data are not yet collected but should be available for the next meeting.

Substance Misuse
These data are collected at birth and the percentage of women who declare this is small. There is appropriate referral for all women and further improvement in capturing this data will be made for the next round of meetings.

Weight
Around a quarter of pregnant women have a BMI of over 30 at the start of their pregnancy. Data has been collected since May 2013 which shows that around half of all women gain more than the recommended weight. Dietetic support is used but the resource is not enough. There has been a lot of work developed to try and support women to maintain a healthy weight. An integrated pathway will be used from November 2013 with a training package to support midwives in discussing exercise and healthy eating.

2. Data Collection:

There has been a huge improvement in the collection of data, however, this is still being done manually by midwives.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is meeting regularly and uses video conferencing to address some of the geographical challenge. Encouraging women to breast feed will be the focus of some of their future work.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
This is a challenge on the Ysbyty Glan Clwyd site within the Health Board, however, consultants have been moved from other parts of the Health Board to ensure adequate cover. Locums are being used to backfill until such time as a permanent staffing solution can be found. [The situation is being monitored weekly at present.]

HYWEL DDA – 4 November

1. **Performance Data**

i. Caesarean section rates:

September 2013 – 27%. The Health Board is disappointed that their rate has not improved. This is partially due to the care of high risk women from Powys. Attendance at VBAC clinics is encouraged. The Health Board collects data by individual consultant and will review the transfer of care and outcomes of patients from Powys.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

September 2013 – 78% however this figure is measured against a 12 week target and not the 10 weeks as set by Welsh Government. The Health Board will ensure data reported is in line with the measure of 10 weeks at the next meeting. Culture was discussed as the main issue.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Hywel Dda has a midwife for vulnerable families that currently reports on the number of women with serious mental health conditions. The Health Board does not, at present, report whether a care plan is in place but will ensure that this is achieved and reported on at the spring meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

September 2013 – 91%. Survey cards were introduced in April 2013 across the three maternity units. A feedback board is also in place for women to see where improvements have been made as a result of their feedback.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 66%. This information was generated by the Child Health Department. The Health Board recently achieved Phase 2 of the UNICEF Baby Friendly accreditation and is working closely with Flying Start to improve rates in deprived areas.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

Smoking

September 2013 – 18% of women reported as smoking at the initial consultation. Staff are undertaking training from Stop Smoking Wales. Data on quit rates are not yet available but will be provided at the next meeting.

Alcohol and Substance Misuse
A midwife for Vulnerable Families is currently keeping records of the number of women in her care and data are now being collected by community midwives. Data are expected at the next meeting.

Weight
The Health Board reported that 30% of women have BMI over 30 at initial assessment. Data are available for August and September which show that around 25% of women stay within the recommended weight gain. The Health Board gave assurances that robust care plans were in place for women and the appointment of a lead midwife was discussed. Further, more robust, data will be provided at the next meeting.

2. Data Collection:

The Health Board is now using Myrddin. A new form, designed by community midwives, is also being used to collect all indicators which will improve data collection further.

3. Maternity Services Liaison Committee (MSLC)

The Board are now holding MSLC meetings in community areas every quarter to encourage more engagement. The Chair reported some challenges for the MSLC around attendance and securing new recruits.

4. Staffing

Midwifery
The Health Board is currently not Birth Rate Plus compliant (by 3.37 midwives). In implementing the Clinical Service strategy this will be reviewed. They intend to be compliant by the next Maternity Performance Board meeting in the spring. Bank and Agency staff are used to ensure the right staffing levels.

Medical
They are not RCOG compliant however assurance was given that staffing levels are safe.

PAC RECOMMENDATIONS

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
1	**Recommendation 1.** We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available.	Completed in February 2013	A section of the Chief Nursing Officer's (CNO) web page now contains a section specifically for Maternity Services. This is used to update readers on progress in implementing the Strategic Vision for Maternity Services as well as informing them of new initiatives related to maternity services. The Terms of Reference of the Maternity Board and its programme of work are available on the Welsh Government website along with the second edition of a newsletter 'Maternity News'. Aimed at Midwives and Users the newsletter provides a brief update on the actions to implement the Strategic Vision. The newsletter will be produced 3 times a year with the next edition due in December. Evaluation of the uptake of the newsletter will take place in 2014. The recommendations of the Maternity Services Implementation Group and the final reports from the five sub-groups are also available on the CNO's web page.
2	**Recommendation 2.** We recommend that the Welsh Government ensures that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published.	Completed	We have received a Local Delivery Plan from every Health Board. These have been scrutinised by officials and performance against the plans is discussed at the Maternity Performance Board meetings. The Autumn meetings have recently been held and dates have been agreed for the meetings in Spring 2014.

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
3	**Recommendation 3.** We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection.	Completed Report published on WG Web site in June.	All Health Boards now have plans in place to refine and extend the use of current operational maternity systems or to replace them in order to collect consistent and robust electronic data, reducing the burden of ineffective manual data collection. Health Boards reported on their progress at the recent Maternity Board meetings. To date all Health Boards except Betsi Cadwaladr have implemented an electronic system. In addition Public Health Wales will provide a full report for each Health Board against all of the performance measures and indicators in readiness for the Spring meetings.
4	**Recommendation 4.** We recommend that the Welsh Government clarifies and publishes its definition of "confident and knowledgeable parents" and ensures that: • this definition is communicated to all Health Boards to ensure that the data collection against this performance measure is consistent across Wales; and that • good practice is shared amongst Health Boards to assist in measuring against the definition.	Completed	Two specific questions have been agreed and added to the all Wales Service User Experience Survey bank of questions. All women who give birth in Wales will be asked to complete the survey including those that give birth at home. The survey will be provided following birth and can be returned up to one year after. Health Boards also have existing processes in place to seek user opinion on the care they receive; This will be presented at each Maternity Performance Board. Health Boards have been asked to make this information available to the public through their local web sites and notice boards.
5	**Recommendation 5.** We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides sufficient detail to determine whether these expectations are being met.	Completed Report published on WG Web site in June.	The Royal College of Obstetricians and Gynaecologists recommends that consultant presence should be 40 hours per week on a unit unless the unit has over 5,000 births per annum, in which case it should be 60 hours per week. The Royal College of Midwives recommend the use of Birth-rate Plus to determine midwifery staffing levels. To date NHS organisations have been able to provide us with accurate information on compliance with Birth-rate Plus requirements and the number of medical staff in post when requested.

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
			Our expectation is that all Health Boards will comply with these standards. In order to ensure this is maintained they are required to report on their staffing levels at the twice-yearly Maternity Performance Board meetings.
6	**Recommendation 6.** We recommend that the Welsh Government works closely with Health Boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with Health Boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology.	Completed	The Welsh Government works closely with all NHS organisations to monitor and scrutinise spend on locum and agency staff throughout the financial year at Health Board Level. As a result of the efforts made within Health Boards the spend on Locum and Agency staff in the year ending 31 March 2013 reduced by 18%, saving some £8.9 million. Discussions have taken place with Health Board colleagues. Because of the way Obstetricians/Gynaecologists work it would be difficult and not useful to disaggregate information in the way suggested. In order for Health Boards to have assurance that there is a safe level of cover for maternity services Job Planning processes need to be improved. The Welsh Government have established, with NHS employers, a Task and Finish group to strengthen Consultant Job Planning arrangements across Wales, and in particular, will be developing revised All Wales guidance and documentation, including updated training material, for implementation in 2014. This guidance will reinforce the importance of discussing service modernisation and improving clinical and patient care, during the job planning process.
7	**Recommendation 7.** We recommend that the Welsh Government works closely with Health Boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Fetal Heart Rate Monitoring data.	Training package completed. CNO/CMO letter sent to Health	The Chief Nursing Officer has led an all Wales Task and Finish Group to agree the most appropriate training package, which will for the first time, include an assessment of competence. All Health Boards are expected to introduce this training and assessment package from September 2013 with full compliance by

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Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
		Boards in September 2013.	March 2014. Health Boards will report their progress at the Maternity Board meetings. They will be expected to keep records of staff training and assessment as well as information on the number of serious incidents related to misinterpretation of CTGs to ensure that the training and assessment package is improving interpretation.
8	**Recommendation 8.** The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that Health Boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans.	The Neonatal Network is making progress to resolve workforce issues	**Workforce Levels** There has been improvement in neonatal workforce levels across Wales. This is demonstrated in the nurse shortfall figures collated by the All Wales Neonatal Network. Local Health Boards have produced Neonatal workforce plans which have been scrutinised by the All Wales Neonatal Network. The next data capture exercise will be in November with the Network reporting in January and we will expect to see further progress. WTE Nursing Shortfall (Gap between total WTE needed to be BAPM Compliant) Figures prepared by the All Wales Neonatal Network November 2011: 82.64; November 2012: 46.29; July 2013: 26.34 **Service Reconfiguration** The structure of neonatal services across Wales will be determined following this phase of service reconfiguration. The future shape of services will further dictate the workforce requirements. **North Wales** As the committee will be aware on 28 March the First Minister issued a statement indicating the Royal College of Paediatrics and Child Health

November 2011	November 2012	July 2013
82.64	46.29	26.34

<table>
<tr><th>Recs
(No. of elements)</th><th>Recommendation Summary
(number of separate elements listed to meet recommendation in full)</th><th>Target date</th><th>Progress / Update</th></tr>
<tr><td></td><td></td><td></td><td>would conduct a review into neonatal services within North Wales. The RCPCH completed their report in September 2013. The First Minister accepted the recommendations of the RCPCH and is establishing a panel to advise on the location of a new sub-regional neonatal intensive care centre. The model, which includes workforce requirements, is included in the final report.</td></tr>
<tr><td>9</td><td><u>Recommendation 9.</u>
We recommend that the Welsh Government clarifies and publishes its definition of a “significant reduction” in Caesarean section rates along with a timetable by which it expects such a reduction to be achieved.</td><td>Completed.

Health Boards reporting twice a year to Welsh Government</td><td>Current data has been received from the Health Boards on their Caesarean rates (shown in the table below). Reporting is completed on a monthly basis from April 2013.
<table>
<tr><th>Health Board</th><th>Caesarean Section Rate</th></tr>
<tr><td>Aneurin Bevan</td><td>23.9%</td></tr>
<tr><td>Abertawe Bro Morgannwg</td><td>26.8%</td></tr>
<tr><td>Betsi Cadwaladr</td><td>26%</td></tr>
<tr><td>Cardiff & Vale</td><td>20.6%</td></tr>
<tr><td>Cwm Taf</td><td>33.9%</td></tr>
<tr><td>Hywel Dda</td><td>27%</td></tr>
<tr><td>Powys</td><td>N/A</td></tr>
</table>
Where rates are 25% or higher Health Boards have provided plans to reduce rates and these are discussed at the Maternity Board meetings.

Caesarean section rates reflect both the health of the population and the culture within maternity services. Both need to be addressed to reduce rates. Welsh Government are working with Health Boards and holding them to account to address these challenges.</td></tr>
<tr><td>10</td><td><u>Recommendation 10.</u>
We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from Health Boards on their Caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist</td><td>Completed.

Health Boards reporting twice a year</td><td>As detailed above Welsh Government now expects monthly reports on Caesarean Section Rates from Health Boards with accompanying narrative when rates are reported above 25%. This is explored further with all Health Boards at the Maternity Performance Board meetings to identify both good practice and weaknesses. Following each meeting, Health Boards will receive feedback from the Chief Nursing Officer.</td></tr>
</table>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
	Health Boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections.	to Welsh Government	Where there has been significant improvement in rates, Health Boards will be asked to share good practice through the Innovations Board set up by the Minister for Health and Social Services as well as through all Wales committees such as Heads of Midwifery Advisory Group Wales and the National Specialist Advisory Group for Women's Health. All Health Boards use local Dashboards to report their Caesarean Section rates to the Health Board so that continuous improvements can be discussed by the executive team.
11	**Recommendation 11.** We recommend that the Welsh Government clarifies that the data reported by Health Boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consistent and robust, and specifically that the data should: • include assessments by GPs as well as midwives; and • not include assessments which have been scheduled but which may not have been undertaken.	Completed. Health Boards reporting twice a year to Welsh Government	This performance measure was set to ensure that women have early access to appropriate services so that they can receive information, advice and support as soon as is possible. This includes carrying out an initial assessment, taking blood and the writing of a care plan for the pregnancy. At the Maternity Performance Board meetings, Health Boards are asked to report the proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy. Health Boards also report on the systems they are putting in place to meet this requirement.
12	**Recommendation 12.** We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each Health Board's progress in improving maternity services.	Completed. Summary of Maternity Performance Board meetings prepared following spring meetings.	A summary to the maternity performance board meetings from Spring 2013 was provided to the Committee and the Minister for Health and Social Services. (SF/MD/2801/13)