

Agenda – Y Pwyllgor lechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 5 – Tŷ Hywel	Sarah Beasley
Dyddiad: Dydd Iau, 12 Mawrth 2020	Clerc y Pwyllgor
Amser: 09.15	0300 200 6565
	Seneddlechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.15–09.30)

- 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau (09.30)**
- 2 Gwrandawiad cyn penodi: Cadeirydd, Bwrdd lechyd Prifysgol Bae Abertawe**
(09.30–11.00) (Tudalennau 1 – 36)
Emma Woollett

Briff Ymchwil
Papur 1 – Datganiad Personol
Papur 2 – Holiadur gwrandawiad cyn penodi
Papur 3 – Curriculum Vitae
Papur 4 – Crynodeb o'r broses recriwtio
Papur 5 – Pecyn gwybodaeth i ymgeiswyr
- 3 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitem 4**
- 4 Gwrandawiad cyn penodi: Cadeirydd, Bwrdd lechyd Prifysgol Bae Abertawe: trafod y dystiolaeth**
(11.00–11.30)



Egwyl (11.30–12.15)

5 Sepsis: Sesiwn dystiolaeth gyda Choleg Nysio Brenhinol Cymru

(12.15–13.00)

(Tudalennau 37 – 59)

Lisa Turnbull, Cyngorydd Polisi a Materion Cyhoeddus, Coleg Nysio Brenhinol Cymru

Gemma Ellis, Aelod o'r Coleg Nysio Brenhinol

Briff Ymchwil

Papur 6 – Coleg Nysio Brenhinol Cymru

6 Sepsis: Sesiwn dystiolaeth gyda Choleg Brenhinol y Meddygon ar gyfer Cymru

(13.00–13.45)

(Tudalennau 60 – 67)

Dr Richard Stuart Gilpin, Cynrychiolydd Dan Hyfforddiant Cymru ar gyfer Coleg Brenhinol y Meddygon

Papur 7 – Coleg Brenhinol y Meddygon ar gyfer Cymru

7 Papurau i'w nodi

7.1 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch Canolfan Adsefydlu Breswyl Brynawel

(Tudalennau 68 – 69)

7.2 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch y Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)

(Tudalennau 70 – 74)

8 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn a'r cyfarfod ar 18 Mawrth 2020

(13.45)

9 Sepsis: trafod y dystiolaeth

(13.45–14.00)

10 Gofal iechyd meddwl i gleifion mewnol: cwmpas a dull gweithredu

(14.00–14.15)

(Tudalennau 75 – 81)

Gofal iechyd meddwl i gleifion mewnol: cwmpas a dull gweithredu

Mae cyfyngiadau ar y ddogfen hon

Swansea Bay University Health Board provides a wide range of high quality health and care services to the populations of Swansea and Neath Port Talbot. However, the organisation has undoubtedly had a challenging few years. Following the Andrews *Trusted to Care* report, significant work was undertaken to develop a more open culture, based on our core values. This is now paying dividends.

I joined Swansea Bay UHB as Vice Chair 2½ years ago, around a year after the Health Board was escalated to Targeted Intervention. I applied for the position because of the opportunity it afforded to influence care across an integrated system, having spent a decade in the English system as Vice Chair for a large tertiary Foundation Trust in Bristol. When Andrew Davies stepped down as Chair in June 2019, I was appointed as Interim Chair. The 9 months since this appointment has given me the opportunity to develop an overview of the entire organisation and its needs as well as to strengthen my relationships within the organisation and establish others across local partners and stakeholders and nationally.

We have made significant progress over the past few years, with the recruitment of a new board and the development of a new vision and strategy. Our progress was recognised in our recent Structured Assessment by Welsh Audit Office, which identified a clear strategic direction and open, engaged leadership. There remains much to do, with the imperative to improve performance and confidence to allow de-escalation from Targeted Intervention. However, I do believe the organisation is now on an upward trajectory.

Maintaining stability and focus on our agreed priorities is key to ensure progress continues over the next few years. When the opportunity arose to apply for the substantive role, it felt like a natural step for me to take and I was encouraged in that view by my colleagues. I am honoured to be the recommended candidate following interview and very much looking forward to leading Swansea Bay UHB to achieve the very best health and wellbeing for the population of Neath Port Talbot and Swansea.

Pre-appointment hearing questionnaire

Following questions sent from the Health, Social Care and Sport Committee.

February 2020, in preparation for session on 12th March 2020.

Emma Woollett, Interim Chair, Swansea Bay University Health Board

Personal Background

1. Do you have any business or financial connections, or other commitments, which might give rise to a conflict of interest in carrying out your duties, or impact on the time you are able to commit to the role?

Conflicts of Interest

I have no business or financial connections that could give rise to a conflict of interest.

Commitments

I have other current commitments, for example lay member on the audit committee of Bristol Zoo, but my experience since my appointment as Interim Chair confirms that I have more than sufficient time to commit to the role.

2. Have you ever held any post or undertaken any activity that might cast doubt on your political impartiality?

No.

3. How were you recruited: were you encouraged to apply, and if so, by whom?

I was recruited by open competition and a full public appointments process.

I was encouraged to apply by colleagues at Swansea Bay University Health Board (SBUHB).

4. Please explain how your experience to date has equipped you to fulfil your new responsibilities.

Experienced Vice Chair of 2 large NHS organisations (including SBUHB) and Interim Chair for SBUHB since July 2019. This has given me a strong understanding of governance, significant experience of working with partners across a health system and experience of building an effective unitary board. The past 2 ½ years as Vice Chair and then Interim Chair at SBUHB has enabled me to understand the NHS in Wales at a national as well as a local level and to appreciate the opportunities we have for a more integrated and devolved health system.

Prior to becoming a non-executive, I had a successful executive career spanning a wide range of sectors including utilities and retail. This gave me experience in developing (and delivering) strategy, achieving turnaround in performance and building effective teams to deliver change.

Over the past 15 years, I have also undertaken a number of consultancy roles across the NHS in England, Wales and Northern Ireland, often supporting troubled organisations as they worked to improve governance, quality of care, operational performance and do so whilst making best use of financial resources. This has given me useful insights into how NHS organisations turn themselves around and some of the difficulties in doing so.

Performance of the role

5. What will be your key priorities in your new role?

- To continue to develop an effective unitary board
- To continue to tighten governance and ward to board oversight of quality and performance
- To encourage the continued development of an open culture and the further embedding of our values throughout the organisation
- To focus board and organisation on delivering our strategy and de-escalation from Targeted Intervention
- To deepen local partnership relationships for the benefit of our population
- To play my part in a collaborative health system across Wales

6. What criteria should be used to judge your performance over your term of office?

Overall, the main criteria should be the effective and efficient delivery of SBUHB's strategic plans and operational performance (in particular de-escalation from Targeted Intervention), which is the responsibility of the whole board, including the Chief Executive and the executive team.

However, I lead the board and should be held accountable for:

- Providing visible, open and strategic leadership
- Building a stable, effective, visible board
- Ensuring appropriate governance arrangements
- Ensuring the organisation has the confidence of Welsh Government and the Welsh Assembly
- Developing relationships of trust with local partners and stakeholders

The organisation

7. What criteria should be used to judge the performance of Swansea Bay University Health Board as a whole?

- De-escalation from Targeted Intervention
- Progress against delivery of our strategic ambitions
- To deliver both of these, we need motivated, supported, well trained staff

8. What do you see as the key risks to delivering Swansea Bay University Health Board's objectives?

In brief:

- Pandemics
- Cultural inertia
- Shortages in key staff groups
- Managing EU withdrawal

9. What do you consider to have been the main successes and failures of Swansea Bay University Health Board? What lessons can be learned from the failures?

Successes

- SBUHB delivers effective and safe care to hundreds of thousands of people every year
- Making good progress on developing and embedding our values (Caring for Each Other, Always Improving and Working Together). I firmly believe that having a strong, clear set of values that believe in is a critical success factor for any organisation
- The quality and innovation within so many of our clinical services – both specialist services provided at our hospitals and services developed within our community teams. This energy and innovation within our clinical teams is another critical factor for successfully delivering leading edge, high quality care.

Failures

- Our Targeted Intervention status, which is driven by inadequate delivery in some core areas of performance, including:
 - Unscheduled care
 - Planned care
 - Financial deficit

Learning

- The importance of a positive, open organisational culture that encourages two way feedback and communication
- The importance of good governance, including effective Independent Member scrutiny and challenge
- That focusing our efforts on providing high quality services will deliver sustainable operational and financial performance
- The value of partnership work to deliver better, more effective care, as evidenced by our Hospital 2 Home work through the Regional Partnership Board for example
- The importance of communicating with public and stakeholders in a timely way to maintain confidence and build awareness of issues we are facing and decisions we need to take

10. What is your assessment of the public profile and reputation of the organisation?

Given the integrated nature of the NHS in Wales and the proximity between local issues and national debate and coverage, it is likely that SBUHB's public profile and reputation is heavily influenced by perceptions of NHS Wales more broadly – that is, as a cherished institution, but one that is facing significant challenges to meet rising demand.

I am conscious that the Andrews *Trusted to Care* report is also likely to continue to feature strongly in perceptions of the organisation. The legacy of the report and the actions that came from it have been crucial for the organisation, and are, I believe, bearing fruit.

Perceptions are, of course, strongly formed by personal experience, whether directly or indirectly via the care provided to loved ones. The Health Board's Friends and Family test show that the vast majority of people experiencing care would be happy to recommend to others.

The overall public perception is of an organisation that has been challenged, but also one that has stabilised and is now on an upward trajectory.

EMMA WOOLLETT

Personal Details



Profile

- Experienced Vice Chair of two large NHS organisations and Interim Chair for Swansea Bay UHB since July 2019
- Breadth of experience across complex organisations - retail, utilities, healthcare, transport and oil
- Expertise in governance, managing change and strategy development
- Strategic and incisive approach combined with excellent relationship and stakeholder management
- Strong personal commitment to improving the effectiveness and accessibility of public services

Career Summary

Jul 19 – present	Interim Chair, Swansea Bay University Health Board Vice Chair, West Glamorgan Regional Partnership Board
Oct 17 – Jul 19	Vice Chair, Swansea Bay University Health Board Chair, Performance and Finance and Mental Health Legislative Committees
Nov 14 – Jul 15	Public Member, Network Rail
Oct 09 – Oct 15 Nov 13 – Oct 15	Trustee, Above and Beyond Charity Audit Committee Chair
Jun 08 – May 18 May 14 – Sep 17 Apr 10 – Apr 11	Vice Chair, University Hospitals NHS Foundation Trust Senior Independent Director Audit and Assurance Committee Chair
Jan 06 – Jun 08	Non-Executive Director, United Bristol Hospital NHS Trust
Nov 01 – present	Independent Management Consultant (associate relationship with KPMG since Nov 13)
Nov 97 – Sep 01 Apr 00 – Nov 01 Apr 99 – Apr 00 Nov 97 – Apr 99	Somerfield plc Marketing Director, Kwik Save (following merger with Somerfield plc) Concept and Marketing Director, Somerfield Convenience Stores Business Development Executive, Somerfield plc
Sep 92 – Oct 97	Senior Consultant, Strategy and Policy Unit, Coopers and Lybrand Management consultant, working within Energy, Water and Transport for both regulators and utilities in the UK and worldwide.
Sep 88 – Aug 92	Mobil Oil Company Ltd Fast track management trainee: 3 years in Logistics and 1 year in Treasury.

Education

1988	M. Phil International Relations (distinction in essay paper) Undergraduate supervisor for first year physics students while completing my MPhil	Jesus College, Cambridge
1987	MA (Hons) Physics, Class 2:1	Jesus College Cambridge
1984	5 A levels and 2 S levels Physics, Chemistry, Maths, Further Maths, German	Bedales School, Petersfield

Tudalen y pecyn 19

Non-Executive Experience

Interim Chair, Swansea Bay University Health Board Jul 19 - present

Swansea Bay has responsibility for public health, primary and community care, hospitals, mental health and learning disability services for the region of Swansea and Port Talbot. We have a budget of c£1bn and are in Targeted Intervention for financial and operational performance. As Interim Chair since July, I have:

- **Worked closely and collaboratively with the Chief Executive**, both day to day and more strategically in her development of an effective executive team. We have put in place formal sessions to further our working relationship through the “Two at the Top” programme.
- Significantly improved **board effectiveness and governance** by revitalising committee membership, restructuring agendas and structures and introducing a more dynamic approach to board meetings. Our progress was recognised by Welsh Audit Office in the recent Structured Assessment feedback.
- Developed **good relationships with a wide variety of stakeholders**, both local and national and started to strengthen internal oversight of key local partnerships to improve joint delivery.

Vice Chair, Swansea Bay University Health Board Oct 2017 – Jul 19

- As **Chair of Performance and Finance Committee**, I focused meetings and supported executives in improving the quality of reports. The committee is recognised as having made a significant contribution to improving the governance and effectiveness of the Board and a growing confidence in our ability to deliver on our commitments, both operational and financial.
- I used my role as non-executive lead for **Primary, Community, Mental Health and Learning Disability** services to increase the profile of these services amongst Board members and to ensure that these services are central to the thinking behind our **Organisational Strategy**.
- I was an active member of the **national group of Vice Chairs**, drafting new terms of reference and contributing to the increasing effectiveness and profile of the group.

Non-Executive director, University Hospitals Bristol NHS Foundation Trust Jan 2006 – June 2018 (Vice Chair from June 2008)

UH Bristol is a large teaching trust, with 8 hospitals in Bristol, a staff of c9000 and a turnover of over £600 million. UH Bristol received a rating of Outstanding from the Care Quality Commission in March 2017. Contributions I made as Vice Chair/Senior Independent Director include:

- As **Chair of the combined Nominations, Appointments and Remuneration Committee**, I supported the Chief Executive and the Chair in the development of a strong board and supported the board by encouraging communication and, sometimes, risk taking, whilst ensuring due process.
- I was a **founding member of both the Finance Committee and the Quality and Outcomes Committee**, supporting both new chairs and chairing the committees when necessary to ensure that both committees held executives to account in a robust yet supportive way.
- I developed excellent relationships with stakeholders across Bristol and was recognised as a collaborative leader across the Bristol health system. My **leadership of a partnership board** facilitated greater trust and allowed us to progress contentious service changes constructively.

Member, Network Rail Nov 14 – Jul 15

The role of Members was to hold the Network Rail board to account and came from the railway industry, large PLC boards, the city and the senior civil service. I rapidly got to grips with the issues facing an industry I was not previously familiar with and was selected as one of 3 to represent members in discussions with the Department for Transport prior to the restructuring of the system by the Secretary of State. The role gave me useful insight into the challenges of developing effective governance in large and complex organisations, particularly when they are in the public eye.

Executive Experience

Director, Somerfield plc (November 1997 – September 2001)

I served on two divisional boards for Somerfield plc, a FTSE 250 supermarket, which merged with Kwik Save, the discount retailer in 1998.

As the Marketing Director Kwik Save

- I was part of the divisional board that achieved a turnaround in performance from double digit year on decline to growth over a period of 12 months
- I designed and implemented a highly innovative but low cost marketing strategy involving a new own label range
- I pulled together a demoralised and ineffective department and created a team that worked together to transform the in-store marketing from confused and inefficient to clear and effective

As Concept and Marketing Director for Somerfield Convenience

- I designed a departmental structure and relationship with the rest of the organization to ensure that, as a start up division, we had low initial costs but opportunities to draw on other services as needed
- I led my team in the development of a customer-focused convenience store strategy. Following board approval, this led to a company wide change in strategic direction

As Business Development Executive

- I supported the negotiation of a joint venture contract between Somerfield and Elf Oil that facilitated the expansion of Somerfield's convenience store business and was executive in charge of the team that built a forecourt store business from a 2 store trial to a profitable £10m turnover business

Consultancy Experience

Independent management consultant (November 2001 – present)

I have undertaken a variety of projects in the healthcare and other sectors, both as an individual contractor and in collaboration or association with other organisations. I have had an associate relationship with KPMG and have undertaken board development work with NHS Providers in England. I have been asked to present on how to be an effective non-executive director by NHS Providers and Whitehall Industry Group. Other assignments include:

- Advisory support for St George's NHS Foundation Trust. I started the project as part of a KPMG turnaround team but was then asked to remain with the trust as an interim to support the CEO in the development of a pragmatic strategy that recognised the significant issues faced by the trust whilst providing a coherent clinical vision. The work involved significant stakeholder engagement had to overcome the difficulties of engaging with a medical workforce when trust was low.
- Undertook a number of projects for the Department of Health in Wales and in Northern Ireland (2005-2008) to help support the acute sector meet new performance targets around waiting times
- Advised a district general hospital on the feasibility and financial viability of an elective care centre to address clinical and operational issues arising from elective/emergency tensions.

Senior Consultant, Coopers and Lybrand Management Consultancy Services (Sept 1992 – Oct 1997)

I worked worldwide across a variety of sectors, though primarily utilities. Projects included:

- Chairing the successful negotiation for a single national connection agreement between the 14 different electricity companies in the run up to retail deregulation in the UK.
- Major studies in both Portugal and Thailand to recommend appropriate regulatory regimes to introduce commercial incentives to state-owned utilities.

Recruitment of Chair to Swansea Bay Local University Health Board

Vacancy summary:

Detailed information about the appointment vacancy, including job role criteria and remuneration rate is provided in the information for candidates pack.

Publicity summary:

The Welsh Government circulated details of the appointment through stakeholder lists held by the Public Bodies Unit (PBU) and posted the vacancy on the Welsh Government public appointments website and the UK Cabinet Office website. The vacancy was also posted to the Swansea Bay Local University Health Board website.

The vacancy was promoted by the following Social Media channels and advertised through the media listed below:

Twitter – Minister for Health and Social Services
Twitter – Follower's of the Swansea Bay Local University Health Board twitter account
Twitter - Follower's of the NHS Conferederation twitter account

- Fish4Jobs – online only
- Golwg 360 – online only
- Diversity Jobs Network - online only

Recruitment process summary:

Assessment advisory panel membership:

- Dr Andrew Goodall CBE, Director General for Health and Social Services / NHS Wales Chief Executive (Panel Chair)
- Helen Arthur, Director of Workforce and Corporate Business, Health and Social Services Directorate, Welsh Government – Welsh Government Representative
- Dr Ruth Hussey CB OBE, Former Chief Medical Officer for NHS Wales, Health and Social Services Directorate, Welsh Government – Senior Independent Panel Member
- David Jenkins OBE, Former Chair, Aneurin Bevan University Health Board – Independent Panel Member

On 29 March 2019, Welsh Government officials were informed by the Board Secretary of Swansea Bay Local University Health Board that Andrew Davies would stand down as Chair as soon as an individual had been appointed to succeed him. The Minister for Health and Social Services agreed to advertise for a new Chair on this basis. The role was re-advertised on 12 November 2019. The closing date for applications was 13 December 2019. To allow for the role to be advertised, the Commissioner for Public Appointments agreed to appoint Emma Woollett as Interim Chair until 31 December 2019.

The advertisement for the role was originally published on the Welsh Government's Public Appointments Website on 15 April 2019. The closing date for applications was 10 May 2019. Following the SIFT on 20 May 2019, only one candidate (Emma Woollett) was deemed competent enough to be invited to interview. As only one (1) candidate would be going forward to interview, the Minister for Health and Social Services would not be provided with a pool of appointable candidates for him to consider (Paragraph 3.1, Bullet Point 7 of the "*Governance Code on Public Appointments*" refers). With this in mind, the Minister agreed to the panel's recommendation to re-advertise the role.

To allow for the role to be re-advertised, the Commissioner for Public Appointments agreed to re- appoint Emma Woollett as Interim Chair until 31 January 2020. The role was re-advertised on 12 November 2019. The closing date for applications was 13 December 2019.

A total of **5 applications for the re-advertised role were received**. The sift meeting took place on 6 January 2020 and **2 candidates were recommended for interview**. The Assessment Advisory Panel considered there to be **1 appointable candidate**.

Minister for Health and Social Services preferred candidate: Emma Woollett.

Conflict of Interest

The candidate is Director and Owner of Woollett Consulting Ltd through which the candidate has undertaken advisory work for NHS organisations.

Political Activity

The candidate has not declared any political activity.



Llywodraeth Cymru
Welsh Government

Information pack for applicants

Swansea Bay Local University Health Board Appointment of Chair

Closing date: 13 December 2019



**The Commissioner for
Public Appointments**

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Making an application

Thank you for your interest in the appointment of Chair of Swansea Bay Local University Health Board. The new Chair will be required to provide strong leadership of the Board and to uphold the values of NHS Wales.

The attached Annexes provide details on the role of the Chair, the person specification and the role and responsibilities of Swansea Bay University Health Board. An outline of the selection process is also provided.

To make an application, please visit the Welsh Government Public Appointments website here <https://cymru-wales.tal.net/vx/lang-en-GB/mobile-0/appcentre-3/brand-2/candidate/jobboard/vacancy/7/adv/>.

To apply for this role, click on the Swansea Bay Local University Health Board vacancy and click on ‘Apply’ at the bottom left hand corner. The first time you apply for a post, you will need to complete a registration form for the Welsh Government’s online application system. You will only need to register once, and you will be able to keep yourself updated on the progress of your application, and any other applications you make, via your registered account.

Once you’ve registered, you’ll be able to access the application form. To apply you will need to submit the application form and **two** supporting documents.

The first document is a **personal statement** answering the questions below. This document should be no more than two sides of A4. Your application may be rejected if you exceed this limit. The second supporting document is a full, up to date **CV**.

The two documents should be uploaded to the “Reasons for applying” section of the online application form.

Personal Statement

Your personal statement is your opportunity to demonstrate how you meet each of the criteria as set out in the questions below. How you choose to present this information is up to you. However, you should aim to provide detailed examples that demonstrate how your knowledge and experience matches each of the criteria, and which describe what your role was in achieving a specific result. It will also benefit the selection panel if you can be clear which particular evidence you provide relates to which criteria. Providing separate paragraphs in relation to each criterion is common practice.

Question 1 - Please provide an example, with outcomes, of a situation where you have provided forward thinking, strategic leadership in the development of a successful private, public or third sector organisation.

Question 2 - Please provide an example, with outcomes, of a situation where you have built highly effective relationships in order to build and maintain the confidence of a range of partners and stakeholders.

Swansea Bay Local University Health Board

Question 3 - Please provide an example, with outcomes, of a time when you have ensured that a Board worked effectively through the collective involvement of its members in a robust and transparent decision making process.

Question 4 - Please explain the methods you have used previously in a Board leadership situation to ensure ownership and accountability of corporate objectives.

Question 5 - Please provide an example, with outcomes, of a time when you used your communication skills clearly and succinctly in engaging people at all levels.

Question 6 - Please describe a situation when you have been required to allocate scarce resources to ensure the delivery of service priorities within a robust corporate governance framework.

Curriculum Vitae

Please ensure that your **CV** includes brief details of your current or most recent post and the dates you occupied this role. Please identify any past or present Ministerial appointments.

Indicative Timetable

Closing date: 13 December 2019

Shortlisting: w/c 6 January 2020

Interviews: w/c 20 January 2020

Start date: As soon as possible. Post is currently vacant.

Key facts about the post

Location: Swansea Bay Local University Health Board has a policy of taking public meetings and engagement events out into the community it serves. The successful candidate will therefore be required to travel throughout Swansea and Neath Port Talbot. It may be necessary to stay overnight on some occasions.

Board meetings are normally held monthly at various locations. The Local University Health Board also has various committees which meet either monthly, bi-monthly or quarterly.

Remuneration and Expenses: The remuneration for the role of Chair of Swansea Bay Local University Health Board is a fixed sum of £69,840 per annum. You also will be entitled, on production of supporting receipts, to the re-imbursement of travel and subsistence expenses incurred whilst on Health Board business. Expenses must be claimed within three months of them being incurred unless there are exceptional circumstances. Childcare and other dependent expenses may also be paid, on production of receipts, for additional costs incurred while undertaking Health Board work.

Time Commitment: The role is based on a notional commitment of a minimum of fifteen (15) days per month. However, this will be subject to organisational demands and is often higher than the minimum requirement.

Place of Work: Unless otherwise agreed by the Health Board's Remuneration Committee, the designated place of work will be the Health Board's Headquarters in Port Talbot.

Swansea Bay Local University Health Board

Diversity Statement

The Welsh Government believes that public bodies should have board members who reflect Welsh society - people from all walks of life - to help them understand people's needs and make better decisions. This is why the Welsh Government is encouraging a wide and diverse range of individuals to apply for appointments to public bodies.

Applications are particularly welcome from all under-represented groups including women, people under 30 years of age, black, Asian and minority ethnic people, disabled people, lesbian, gay, bisexual and transgender people.

Guaranteed Interview Scheme – Positive about Disability

The Welsh Government operates a Positive about Disabled People scheme and welcomes applications from people with disabilities. The scheme guarantees an interview to disabled people if they meet the minimum criteria for the post. The application form also enables you to detail any specific needs or equipment that you may need if invited to attend an interview.

Contacts:

For further information regarding the selection process, please contact:

The Corporate Shared Service Centre
Tel: 03000 255454
Email: publicappointments@gov.wales.

For further information or to arrange an informal discussion about the role of the Chair please contact:

Dr Andrew Goodall, NHS Wales Chief Executive.
Tel: 03000 251182 (Dr Goodall)
Email: Andrew.Goodall@gov.wales.

For further information about Swansea Bay Local University Health Board, you may wish to visit the Health Board's web site: <https://sbuhb.nhs.wales/>

If you need any further assistance in applying for this role, please contact the Welsh Government's Corporate Shared Service Centre Helpdesk on 03000 255454 or publicappointments@gov.wales.

For further information about Public Appointments in Wales, please visit www.gov.wales/publicappointments

The Role of the Chair

Role description

The Chair will be accountable to the Minister for Health and Social Services for the performance of the Board and its effective governance, upholding the values of the NHS, and promoting the confidence of the public and partners throughout Wales.

The Chair of Swansea Bay Local University Health Board will:-

- **Develop a Strategic Vision** for the Board's services of the future, identifying and realising the inherent potential and skills within the organisation to develop an innovative and world leading service;
- **Provide strong, effective and visible leadership** across the breadth of the Board's responsibilities, internally through the Board and externally through his/her connections with a wide range of stakeholders and partners at community, local authority, Health Board and national levels;
- **Ensure the Board delivers effectively together** the strategic and operational aims of the Health Board through delivery of strategic aims, policy and governance;
- **Be responsible for maintaining** the highest quality of public health standards and practices, and improving quality and safety of healthcare;
- **Be accountable for the performance of the Board** at community, local authority, Board and national levels through the agreement of a three year integrated medium term plan (IMTP) and an annual delivery plan and the annual evaluation of achievements against the plan in public by the Minister for Health and Social Services;
- **Hold the Chief Executive to account** across the breadth of his/her responsibilities;
- **Work effectively with partners**, in particular with other Health Boards, Local Authorities, the Third Sector and Social Partners, and also with primary care contractors, to ensure the planning and delivery of safe, effective services;
- **Provide the assurance and governance for the proper stewardship of public money and other resources** for which the Board is accountable;
- **Provide the assurance for ensuring that the Board is governed effectively** within the framework and standards set for the NHS in Wales;
- **Undertake an external ambassador role**, delivering in the public spotlight and instilling public confidence.

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Person Specification

The Chair will demonstrate the following qualities:-

Knowledge and Experience

Essential

- Ability to develop the strategic vision for the future;
- Ability to provide systems leadership and to work with Health Boards, Welsh Government, community groups, patients and other stakeholders to develop and drive forward that strategic vision;
- Ability to hold the executives to account for performance whilst maintaining a constructive relationship;
- A broad understanding of governance issues and how governance applies to the corporate, clinical and information management.

Desirable

- An understanding of health issues and priorities in the Swansea Bay Local University Health Board area and the ability to understand the role and work of the Board;
- Ability to provide a knowledgeable, impartial and balanced perspective on a range of sensitive and complex issues;

Personal Attributes and Skills

Essential

- Ability to lead and inspire staff, to look ahead and identify key issues for the Board;
- Drive and determination, with the ability to instil vision and develop defined strategies to pursue long and short-term goals;
- Ability to facilitate, understanding of complex issues while demonstrating respect for the views of others;
- Ability to ensure a board works together effectively through their active involvement in a robust and transparent decision making process;
- Ability to motivate and develop the board to define roles and responsibilities to ensure ownership and accountability;

Desirable

- Strong interpersonal skills with personal impact and credibility to be an effective advocate and ambassador with strong influencing and negotiating skills;
- Excellent communication skills, with the ability to be clear and succinct, and to be able to engage with people at all levels;
- Sound judgement, sensitivity and political awareness;
- Capacity to be independent and resilient.

The Chair must also demonstrate:-

A clear understanding and commitment to equality.

Welsh Language

Welsh language skills are desirable but not a pre-requisite for appointment. However, all candidates will be expected to display an empathy towards the

Swansea Bay Local University Health Board

language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

Tenure of office

The Minister for Health and Social Services determines the length of the appointment, which will initially be up for a period of up to four (4) years. However, this is subject to the Chair remaining eligible for the role for the duration of the term. Board members may stand for a maximum of eight (8) years.

Accountability

The Chair is appointed by the Minister for Health and Social Services and is accountable to the Minister for carrying out their duties and for their performance.

Assistance for Disabled Members

Where appropriate, all reasonable adjustments will be made to enable the Chair to effectively carry out his/her duties.

Eligibility

A person shall be disqualified from appointment if he/she:-

- a) Has, within the preceding 5 years, been convicted in the UK, Channel Islands or the Isle of Man of any offence and has had passed on him/her a sentence of imprisonment, (whether suspended or not) for a period of not less than 3 months;
- b) has been adjudged bankrupt or has made a composition or arrangement with his creditors;
- c) has been dismissed, otherwise than by reason of redundancy or non-renewal of a fixed term contract, from any paid employment with a health service body;
- d) is a person whose tenure of office as the chairman, member or director of a health service body has been terminated because his/her appointment is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of pecuniary interest;
- e) is an employee of a health service body.

Any other information that may materially affect your application for appointment should be declared in the application form under the Conflict of Interests section.

Applicants should be persons who conduct themselves at all times in a manner which will maintain public confidence.

In particular, applicants are required to declare whether they are aware of anything in their private or professional life that would be an embarrassment to themselves or to the Welsh Government if it became known in the event of appointment.

Candidates should also note that membership of a Health Board is a disqualifying office for membership of the National Assembly for Wales under the National Assembly for Wales (Disqualification) Order 2015.

Swansea Bay Local University Health Board

Conflicts of Interest

You should particularly note the requirement for you to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as Chair of Swansea Bay Local University Health Board, including any business interests and positions of authority outside of the role in Swansea Bay Local University Health Board.

If appointed, you must declare these interests. These may be explored at interview more fully. Any conflicts will be brought to the attention of the Minister for Health and Social Services when he is provided with a list of appointable candidates from which to make his selection.

Standards in public life

The Chair will be expected to adhere to the standards of good governance set for the NHS in Wales, which are based on the Welsh Government's Citizen Centred Governance Principles and incorporate Nolan's "Seven Principles of Public Life".

Annex B

The role and responsibilities of Swansea Bay Local University Health Board

Background

This is an exciting opportunity to make a contribution to local health services, aligned with the Strategic direction of NHS Wales.

Swansea Bay University Health Board (formerly ABMU) was created on April 1, 2019 after responsibility for providing healthcare services in the Bridgend County Borough Council area passed from ABMU to the new Cwm Taf Morgannwg University Health Board. Swansea Bay UHB covers a population of around 390,000 in the Neath Port Talbot and Swansea areas and we have a budget of around £1bn. The health board employs approximately 12,500 staff.

It has three major hospitals providing a range of services: [Morriston](#) and [Singleton](#) in Swansea, and [Neath Port Talbot Hospital](#) in Baglan, Port Talbot. We also have a community hospital and primary care resource centres providing clinical services outside the main hospitals. We have 49 GP practices in our health board area, 72 dental practices including orthodontists, 31 optometry practices and 92 community pharmacies.

[The Welsh Centre for Burns and Plastic Surgery](#) at Morriston Hospital covers not only south and mid Wales, but the south west of England. Morriston also delivers one of two [cardiac surgery services](#) in Wales. Other specialist services provided by the health board included cleft lip and palate, renal, fertility and bariatric (obesity).

Forensic mental health services are provided to a wider community which extends across the whole of South Wales.

The health board is part of A Regional Collaboration for Health (ARCH), which is a partnership with Hywel Dda University Health Board and Swansea University.

The role of Board Chair focuses on four key areas:-

- **Strategy** – to lead to strategic development and decision-making.
- **Performance** – to ensure that effective management arrangement and an effective team are in place at the top level of the organisation. To help clarify which decisions are reserved for the Board and then ensure that the rest are clearly delegated and to hold management to account for its performance in meeting agreed goals and objectives, through purposeful challenge and scrutiny and to monitor the reporting of performance.

Swansea Bay Local University Health Board

- **Risk** – to ensure that financial information is accurate and that financial controls and systems of risk management and assurance are robust and defensible.
- **Behaviour** – to live up to the highest ethical standards of integrity and probity and comply fully with the Code of Conduct. Board members should demonstrate through their behaviour that they are focusing on their responsibilities to citizens, the organisations and its stakeholders

Annex C

The Selection Process

The selection panel will assess your application form in terms of your CV and personal statement to determine whether you meet the criteria for the role, and whether or not you will be invited to interview.

The panel can rely only on the information you provide in your CV and personal statement to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all of the criteria and questions asked to complete as part of your personal statement as set out on pages 3 and 4.

The selection panel will consist of Dr Andrew Goodall, Director General and NHS Wales Chief Executive, Welsh Government, Helen Arthur, Director of Workforce and Organisational Development, Welsh Government, a Senior Independent Panel Member and an Independent panel member.

Your application may be “long-listed”, subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by the entire selection panel.

During the week commencing 6 January 2020, the panel will have decided who will be invited for the interviews which will take place during the week commencing 20 January 2020.

Only the strongest applicants, who the panel feels have best demonstrated that they meet the criteria outlined in the Information for Candidates pack, will be invited to interview. However, if you have applied under the guaranteed interview scheme and you meet the minimum essential criteria for the post, then you will also be invited for interview.

If you are unable to make the arranged interview date, we will endeavour to re-arrange it but it might not be possible due to time constraints within the appointment timetable or selection panel availability.

You will receive email communication from the Appoint system to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place at the offices of the Welsh Government, Crown Building, Cathays Park, Cardiff CF10 3NQ.

If invited to interview, the panel will question you about your skills and experience, asking specific questions to assess whether you meet the criteria set out for the post.

The appointment process may include a further assessment of suitability for the role in addition to an interview. Further information will be provided in advance to those called for interview.

Swansea Bay Local University Health Board

Candidates who the panel believe are ‘appointable’ will be recommended to the Minister for Health and Social Services who will make the final decision.

The Minister for Health and Social Services may choose to meet with appointable candidates before making a decision. There will be a time gap between interview and a final appointment decision being made. Candidates who have been interviewed will be kept informed of progress.

If you are successful, you will receive a letter from the Minister for Health and Social Services appointing you as Chair of Swansea Bay Local University Health Board, which will confirm the terms on which the appointment is offered.

The successful candidate will be subject to pre-appointment scrutiny by the National Assembly for Wales Health and Social Services Committee.

If you are unsuccessful at interview, you will be notified by Welsh Government. We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process. As a result, the letter will provide the details of who you may approach for feedback on your interview and application, if you so wish.

Queries

For queries about your application, please contact the Corporate Shared Service Helpdesk on 03000 255454 or publicappointments@gov.wales.

Regulation by the Commissioner for Public Appointments

The Commissioner regulates and monitors appointments to public bodies to ensure procedures are fair, open and transparent and based on merit. More information about the role of the Commissioner and his Code of Practice is available from <http://publicappointmentscommissioner.independent.gov.uk>

Mae cyfyngiadau ar y ddogfen hon

Response of RCN Wales to NAW Health Social care and Sport Inquiry into Sepsis



Response from the Royal College of Nursing Wales to the Health, Social Services & Sport Committee's inquiry into Sepsis

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation.

What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis?

Terrence Canning¹, Executive Director from Wales Sepsis Trust has stated that the public are beginning to be aware of sepsis but that increased public awareness and education are required. The Sepsis Trust state that 40% of patients are readmitted within 90 days of discharge and that 25% of those that survive sepsis have a life changing condition that will require treatment for the rest of their life.

For the past 8 years in Wales, Public Health Wales' 1000 Lives Improvement², has provided the *Rapid Response for Acute Illness Learning Set* (RRAILS). This has instigated an integrated approach to the treatment of sepsis and acute kidney injury (AKI) and has potentially reduced harm and death. This training is provided as part of during resuscitation training of which the Immediate Life Support Course is 'mandatory' on an annual basis for nurses. However, it should be noted that the 2019 RCN Employment Survey revealed that across the UK 85% of all nursing staff indicated that they had completed all their mandatory training but this fell to 70% in Wales. Across the UK 54% said they had completed their last mandatory training in normal working time but in Wales this falls further to a disturbing 29%.

RRAILS has also developed five e-learning modules available on Wales NHS electronic staff record but these are not compulsory. The number of staff accessing this e-learning is increasing, especially since the NEWS score has been introduced to the district nurses and primary care team. The NEWS score stands for National Early Warning System. The score indicate how serious the condition of the patient is and this should trigger certain clinical actions for the professional.

RCN Wales believes that the NHS should have clear targets to improve uptake of CPD and these should be measurable by professional group (e.g. nursing) and topic (e.g. Sepsis) to encourage mapping of education against quality improvement outcomes for patients.

Since 2013 there has been a reduction in sepsis mortality of 20% and although it is likely that this is due to the RRAILS initiative, there is a lack of robust data to demonstrate with certainty the cause and affect. Since 2016 Sepsis 6 care bundle data (which is the care pathway commenced when sepsis is suspected) has been reported to the Welsh Government on a monthly basis by acute setting.

¹ Terrence Canning in talk on RRAILS conference October 2019.

² <http://www.1000livesplus.wales.nhs.uk/ad-in-hospital>

However, RCDN Wales is concerned this is not done in a consistent manner. For example, some health boards are reporting 100% compliance with sepsis 6 but it is not clear if this compliance is based on 1 patient or 20 patients.

Across the UK efforts have been made to introduce sepsis screening to primary care³. In Wales community nurses are undertaking NEWS calculation and e-based learning on the deteriorating patient. This, along with clinical judgement, will improve the recognition of the deteriorating patient including those with possible sepsis. Professor Jean White, Chief Nursing Officer and Nurse Director of NHS Wales has stated “I am determined that, in accordance with the principles of ‘A Healthier Wales’, patients in their own homes and community settings receive the same benefits of NEWS as those in Hospital” (March 2019). In Cardiff and the Vale UHB, sepsis education is being rolled out across primary and community care and professional awareness is being raised.

Public and professional awareness of sepsis

Professional awareness has been addressed in the point above.

Every year in Wales there are 2,000 to 2200 deaths in Wales from a population of all ages. Earlier in this year there was a public petition to the Welsh Government asking for a *Sepsis Public Awareness Campaign*⁴.

RCN Wales support this call. The ACT FAST campaign for stroke has been reported as a success and state that there has been a 24% rise in stroke related 999 calls and 16% of stroke victims being seen more quickly since 2011⁵.

It may also be worth the Committee considering the whether this awareness could be including into the health knowledge of the school curriculum.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance, and the referral process between primary/secondary care.

The timeliness of health care provision is very challenging in all out of-hospital settings. Some patients are reporting that it can take up to 250 phone calls⁶ to get through to their practice to attain an appointment⁷. Others report that even if they do get through, they are unable to get an appointment on that day. This makes early identification of sepsis challenging.

The Welsh Ambulance Service Trust (WAST) ability to deliver a timely service can be extremely compromised when acute hospitals are unable to discharge patients. WAST prioritises an emergency 8 minute response when a patient has stopped breathing or has no pulse. Potential or actual sepsis patients are allocated an amber priority. WAST statistics show that the Median for attendance across Wales is 13:40 minutes (the range of medians for health boards are between 11:36 to 16:04 minutes) and the mean is 26:09 minutes (range of means across health boards is 14:47 to 33:02).

³ RCGP. Sepsis Toolkit. Royal College of General Practitioners. <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx> [accessed 23/10/19]

⁴ <http://senedd.assembly.wales/mgIssueHistoryHome.aspx?Id=24484>

⁵ <https://www.networks.nhs.uk/news/government-claims-success-for-2018act-fast2019-stroke-campaign>

⁶ <https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387>

⁷ <https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387>

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To enable a set of vital signs to be recorded, it is imperative the Health Boards' supply the community nursing teams with the equipment so that they can calculate the NEWS score and trigger necessary action.

Eve Lightfoot, District Nurse and RCN Wales Nurse of the Year 2018 has championed change in Hywel Dda HB. All patients have their NEWS score calculated on admission to the community nursing service. Should the score trigger, the patient is referred directly to their own GP, WAST or secondary care as indicated by the tool. As communication between these multi-professional teams is paramount, SBAR⁸ communication tool has been adopted. Eve is now working to ensure that the NEWS score is documented in the discharge information. With this initiative both primary care and secondary care will have baseline information about their patient thus reducing clinical risk and early identification of the sick patient.

Identification/management of sepsis in acute (hospital) settings.

In the hospital setting – acute or non-acute, patients can present to emergency departments, outpatient departments or as a pre-planned admission with potential or actual sepsis. It is of vital importance that nurses, doctors, dentists or allied health professionals are able to recognise the signs and symptoms at first consult. It is therefore imperative that all staff are competent in the use of NEWS trigger and sepsis 6 care bundle.

It has been shown that wards with lower nurse to patient ratios have a 26% higher mortality rate. These deaths will include patients with sepsis. It is therefore essential that safe staffing levels are reached and maintained in both acute and non-acute wards.

Patient who are transferred into an emergency department by WAST should see an experienced clinician with a target of 15 minutes from arrival to hand over. For patients who self-present, although there is a target of 15 minutes, many emergency departments in both acute and non-acute settings are unable to meet this target due to low staffing levels with the resultant delay in identification of the patient in sepsis. Emergency departments are not subject to Section 25B of Nurse Staffing Levels (Wales) Act 2016

The 1000 Lives Plus Programme held a conference specifically on RRAILS in October 2019, the results of a peer review for identifying, escalating and responding to the deteriorating patient in Welsh acute hospitals were discussed. Exemplars of practice were identified and it was agreed that the following objectives would be of great benefit in managing the deteriorating patient included those with sepsis and that these initiatives would positively impact on both morbidity and mortality

- All health boards should have an acute deterioration operational lead identified and steering group set up. All health boards in Wales have now appointed a senior nurse as a strategic lead in the community to implement NEWS. The RRAILS Acute Deterioration Team are supporting this quality initiative.
- The 24/7 rapid response services comprising of critical care outreach, rapid response or acute intervention team should be available to support the deteriorating patient.
- That daily safety huddles & shift handovers at which patients at risk of deterioration were discussed would help to ensure appropriate patient management to reduce potential harm
- That Health Boards should agree on a common dashboard to monitor compliance of escalation and treatment for acute deterioration, sepsis and acute renal failure. An exemplar is Cardiff and Vale UHB who have reported that they have an electronic 'Sepsis Star' which feeds into a clinical

⁸ <https://webcache.googleusercontent.com/search?q=cache:Umxn02-d94J:https://improvement.nhs.uk/resources/sbar-communication-tool/+&cd=13&hl=en&ct=clnk&gl=uk> [accessed 30/10/19].

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dashboard at ward level. This allows ward staff to view their compliance in real time and will allow the Sepsis Leads to understand the associated mortality.

- That weekly multidisciplinary meetings should be held to review and generate data on treatment of sepsis

To ensure that NEWS 2 is reliably used in all adult areas (except maternity) in and out of hospitals and that sepsis is considered and managed for any NEWS greater than 3 where there is a possibility of infection.

The physical and mental impact on those who have survived sepsis, and their needs for support.

The impact of sepsis and post sepsis syndrome on survivors is still poorly understood, especially in terms of psychological impact. Terrence Canning⁹, Executive Director from Wales Sepsis Trust reports that survivors of sepsis have had little health education of what to expect on discharge and that he provides support through bringing sepsis survivors together. Last year, Terrance worked with Cardiff and the Vale UHB to develop a Sepsis Survivors Booklet '*Recovery after Sepsis*'¹⁰ and is being produced by the UK Sepsis Trust and is available on their website for anyone to access.

Part of this problem is because GPs are not always informed of the patient having developed sepsis in an acute setting and until now there was little material to support the GPs to sign-post patients to support services. At the RRAILS conference this was recognised and will be considered as part of discharge planning.

RCN Wales recommends the following:

1. The Welsh Government launch a public campaign advising of the signs and symptoms of sepsis and from whom that individual should seek assistance.
2. The Welsh Government should ensure Health Boards purchase necessary equipment for community nurses to be able to record appropriate vital signs to enable a NEWS calculation and triggering of action for deteriorating patients which includes sepsis.
3. The Welsh Government should ensure the appropriate modules of RRAILS e-based learning be made mandatory in the NHS for registered nurses and health care support workers who record vital signs. Completion rates should be monitored by Health Board to ensure clinicians are given time in work to complete this training.
4. The Welsh Government should establish a work stream to extend the section 25B of the Nurse Staffing Levels (Wales) Act 2016 to emergency departments and that part of this work should consider the need for an effective and timely initial clinical assessment .
5. The Welsh Government should set an improvement target for NHS Wales on the uptake of mandatory professional training. NHS Wales should ensure that Specialist professional activity (SPA) (training) time is built into the job descriptions of registrant and support workers. This will facilitate time for clinical supervision and development

⁹ Terrence Canning in talk on RRAILS conference October 2019.

¹⁰ <https://sepsistrust.org/wp-content/uploads/2019/05/Recovery-After-Sepsis-Brochure-for-Web-Compressed-Final.pdf>

of competencies that are paramount to delivering safe patient care, which includes those critically ill from sepsis.

6. The Welsh Government should review the dashboard data set for sepsis compliance to ensure consistency and provide relevant information to enable the determination of the outcome of the care.
7. The Welsh Government undertake an evaluative study of the timeliness of care for sepsis patients with a focus on a) time first contact was attempted and with whom, and b) time that they commenced treatment and from whom.
8. The Welsh Government should continue to monitor and enforce compliance with the Nurse Staffing Levels (Wales) Act 2016 for each health board.
9. All Health Boards should have an acute deterioration operational lead identified and steering group set up. These should review opportunities for, implement and monitor safety huddles & shift handovers at which patients at risk of deterioration are discussed and appropriate action taken and report to the Health Boards's Quality and Safety Committee.
10. That all health boards should ensure that 24/7 rapid response team is available in the acute hospital setting to support the rapidly deteriorating patient.

About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 25,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.



Galwad am dystiolaeth: Ymchwiliad Sepsis

Ymateb RCP Cymru Wales

Amdanom ni

Mae ein 36,000 o aelodau ledled y byd, sy'n cynnwys 1,300 yng Nghymru, yn gweithio mewn ysbtyai ac yn y gymuned mewn 30 o arbenigeddau clinigol gwahanol, gan wneud diagnosis a thrin miliynau o gleifion ag ystod enfawr o gyflyrau, gan gynnwys strôc, gofal i bobl hŷn, diabetes, cardioleg a chlefydau anadolol. Rydym yn ymgyrchu dros welliannau mewn gofal iechyd, addysg feddygol ac iechyd y cyhoedd.

Yng Nghymru, rydym yn gweithio'n uniongyrchol â byrddau iechyd a sefydliadau eraill GIG Cymru, gan gynnwys Addysg a Gwella Iechyd Cymru; rydym yn cynnal ymwelliadau sgwrsio rheolaidd mewn ysbtyai lleol i gwrdd â chlefion a staff; ac rydym yn cydweithio â sefydliadau eraill i godi ymwybyddiaeth o heriau ym maes iechyd y cyhoedd.

Rydym yn trefnu cynadleddau a digwyddiadau addysgu a gweithdai o ansawdd uchel sy'n denu cannoedd o feddygon bob blwyddyn. Mae gan ein gwaith â'r Gymdeithas Feddygol yng Nghymru'r nod o arddangos arferion gorau drwy gyfrwng cystadlaethau posteri a gwobrau i hyfforddeion. Rydym hefyd yn trefnu seremoni aelodaeth a chymrodoriaeth lwyddiannus y Coleg yng Nghymru bob dwy flynedd.

I helpu i ffurfio dyfodol gofal meddygol yng Nghymru, ewch i'n gwefan:

www.rcplondon.ac.uk/wales

Dywedwch yr hyn sydd ar eich meddwl wrthym – neu gofynnwch am ragor o wybodaeth – anfonwch e-bost atom yn:

wales@rcplondon.ac.uk

Ewch ar Twitter i ddangos eich cefnogaeth:

@RCPWales

Am ragor o wybodaeth, cysylltwch â:

[REDACTED]
Cyngorydd ymgyrchoedd a pholisi hyfforddeion graddedig
[REDACTED]

Coleg Brenhinol y Meddygon Cymru Wales

Tŷ Baltig | Baltic House

Sgwâr Mount Stuart Square

Caerdydd | Cardiff CF10 5FH

074 5812 9164

www.rcplondon.ac.uk/wales

30 Hydref 2019

Ymchwiliad i Sepsis ar gyfer Iechyd a Gofal Cymdeithasol

Diolch am y cyfle i ymateb i'ch ymchwiliad i sepsis ar gyfer yr adran iechyd a gofal cymdeithasol.

Mae Coleg Brenhinol y Meddygon (RCP) wedi gweithio â meddygon ymgynghorol, meddygon dan hyfforddiant ac arbenigol, ac aelodau o'n rhwydwaith gofalwyr cleifion yng Nghymru i gynhyrchu'r ymateb hwn. Byddem yn hapus i drefnu dystiolaeth ysgrifenedig neu lafar bellach os byddai hynny'n fuddiol.

Enw'r sefydliad: Coleg Brenhinol y Meddygon (RCP) Cymru Wales

Prif gyswilt: [REDACTED] Cyngorydd ymgyrchoedd a pholisi hyfforddeion graddedig

Manylion cyswllt: [REDACTED]

Ein hymateb yn gryno

Cyflwyniad a chanlyniad: Mae canfod cynnar yn hanfodol i drin cleifion yn llwyddiannus. Yn ôl yr amcangyfrifon os bydd claf yn cael ei drin â Sepsis Chwech bwndel o fewn y 24 awr gyntaf ar ôl diagnosis, gall hynny achub 14,000 o fywydau yn y DU bob blwyddyn. Gwneud diagnosis o sepsis yn un anodd o hyd, canlyniad cyflwyniad sepsis mewn claf sydd eisoes â chyflwr sy'n peryglu bywyd. O ganlyniad i'r chwe llwybr sepsis, mae nifer cynyddol o bobl yn goroesi sepsis.

Dealltwriaeth feddygol: Mae ymwybyddiaeth ystyrlon a chyson ymhliith y gymuned feddygol o'r diffiniad amlweddog o sepsis. Mae'r dryswch yn bodoli wrth sgorio sepsis y tu allan i leoliad achosion aciwt ysbyty, a phryderon ynglŷn â gor-ragnodi gwrthfotigau o ganlyniad i'r canllawiau cyfredol, a all fod yn amhriodol wrth drin achosion o sepsis possibl.

Dealltwriaeth y cyhoedd: Mae'r cyhoedd yn dod yn fwy ymwybodol o'r cyflwr, a hynny'n bennaf o ganlyniad i ymgyrch lwyddiannus gan yr Ymddiriedolaeth Sepsis, mis ymwybyddiaeth o Sepsis a phortread o sepsis mewn dramâu teledu fel Call the Midwife.

Bywyd ar ôl sepsis: Nid yw sepsis yn darfod ar ôl rhyddhau'r claf o'r ysbyty. Mae grwpiau ar gael yn awr sy'n helpu'r sawl sydd wedi eu heffeithio gan sepsis. Er hynny, mae angen i'r ymrwymiad hwn fod yn seiliedig ar anghenion y cleifion gan fod y ffordd a canlyniadau mae sepsis yn arddangos ei hun yn amrywio.

Y ddealltwriaeth am fynychder yr achosion o sepsis, sut mae sepsis yn arddangos ei hun, a'r canlyniadau yn dilyn sepsis.

Mae sepsis, cyflwr generig aml organ, yn gymhlethdod sy'n deillio o amrywiaeth o heintiau yn hytrach na syndrom ynddo'i hun. Gall haint gychwyn mewn unrhyw ran o'r corff gan gynnwys ond heb ei gyfyngu i; haint ar y frest sy'n achosi niwmonia, haint wrinol, problem yn yr abdomen fel llid y pendics, dolur rhydd heintus, clwyf yn dilyn trawma, toriad neu frathiad heintus, wlser ar y goes neu lid yr isgroen, crawniad deintyddol, llid yr ymennydd neu haint o ffynhonnell anhysbys.

Diffiniad o Sepsis

- >Sepsis = SIRS* + haint tybiedig neu wedi'i gadarnhau = 10% marwolaeth.
- > Sepsis difrifol = SIRS + haint tybiedig neu wedi'i gadarnhau + camweithrediad terfynolyn = 35% marwolaeth.
- >Sioc Septig = SIRS + haint tybiedig neu wedi'i gadarnhau + hypoddarliiad** = 50% marwolaeth.

Mae meini prawf ar gyfer camweithrediad terfynolynnau fel a ganlyn:

- >Pwysedd gwaed systolig <90 mmHg or >40 mmHg o gwmp o'r gwaelodlin, neu bwysedd rhydwelïol cymedrig <65 mmHg.
- >Ysgyfeiniol dwyochrog yn ymdreiddio gydag angen newydd am ocsigen i gynnal dirlawnder >90%, neu gyda chymhareb PaO₂/FiO₂ <300 (mmHg) neu 39.9 (kPa).
- >Lactad >2.0 mmol/l. > Creatinin serwm >176.8 µmol/l neu allawn wrin <0.5 ml/kg/hr am 2 awr yn olynol.
- >INR (cymhareb normaleiddio rhyngwladol) >1.5 neu aPTT (amser actifadu amser thromboplastin rhannol) >60 s. >Cyfrif platennau <100x10⁹/l. >Bilirubin >34.2 µmol/l.

*SIRS = syndrom ymateb llidus systematig (gweler Blwch 1).

**Lle diffinnir hypoddarliiad fel pwysedd gwaed systolig <90 mmHg, pwysedd gwaed cymedrig <65 mmHg, gostyngiad o >40 mmHg o bwysedd gwaed systolig cymedrig arferol y claf yn parhau ar ôl cyflwyno o leiaf 30 ml/kg o bwysau'r corff o hylifau mewnwythiennol; neu lactatad >4 mmol/l.

(Coleg Brehinol y Meddygon, PSepsis Toolkit, 2014)

Graddfa achosion o sepsis

Mae graddfa ac effaith sepsis yn eithaf hysbys yn y gymuned feddygol. Er hynny, mae bylchau sylweddol mewn gwybodaeth.

'The historic variability of sepsis coding along with the fact that there is a spectrum from mild infection through to life-threatening sepsis makes it difficult to accurately determine the true impact of sepsis both on individuals and on use of healthcare resources' (NHS England 2015).

Er hynny, daethpwyd i'r casgliad bod sepsis, cyflwr sy'n cael ei gydnabod yn fydd-eang, yn gallu effeithio ar unrhyw un, er bod rhai pobl mewn mwy o risg; oedolion dros 60 oed, plant o dan flwydd oed, unigolion â systemau imiwnedd sydd wedi'u gwanhau, unigolion â chlefydau cronic, pobl heb ddueg.

Yn fyd-eang, mae rhywun yn marw o Sepsis bob dwy i dair eiliad. Yn y DU, mae 250,000 o bobl yn cael sepsis bob blwyddyn, gan gynnwys 25,000 o blant ac mae dros 52,000 o bobl yn y DU yn marw'n flynyddol o ganlyniad i Sepsis. **Mae pump o bobl bob awr yn marw o Sepsis yn y DU.**

Mae graddfa'r broblem heb gynsail gyda Sepsis yn lladd mwy na; damweiniau traffig ar y ffordd, HIV, canser y coluddyn, y fron a'r brostad gyda'i gilydd, a mwy na chanser yr ysgyfaint. **Sepsis y cyflwr yn costio dros ddu biliwn o bunnoedd y flwyddyn i'r GIG.**

Cyflwyniad Sepsis mewn lleoliadau gofal eilaidd

Mae cyflwyniad sepsis yn amrywio'n fawr yn ôl yr amserlen pan fydd yn cael ei ganfod. Gan fod sepsis yn gyflwr sy'n sensitif i amser, mae'n ymateb yn dda i ymyrraeth gynnar ac, os oes angen uwchgyfeirio therapi'n gyflym. Dylai gweithwyr meddygol proffesiynol ym mhob rhan o'r sector iechyd feddu ar yr wybodaeth a'r sgiliau i adnabod sepsis ac i gychwyn dadebru os yn briodol.

Pan fydd unigolyn yn arddangos sepsis dylent gael triniaeth o fewn yr awr i atal camweithrediad a methiant pellach yr organau. Cafodd y driniaeth a adwaenir fel sepsis chwech bwndel, ei datblygu gan sylfaenwyr Ymddiriedolaeth Sepsis y DU yn 2005 fel datrysiaid gweithredol i set o ganllawiau cymhleth ond cadarn a ddatblygwyd gan yr ymgyrch goroesi sepsis ryngwladol. Mae Sepsis chwech yn gyfuniad o dri cham diagnostig a thri cham therapiwtig.

Triniaeth Sepsis Chwech

Trin claf â sepsis yn y 24 awr cyntaf

"Ocsigen – Canwla, Gwaed + Meithriniadau – Lactad – IV Gwrthfotigau – Dadebriad Hylifol – Cydbwysedd Hylifol/ Ystyried Cathgodi"

Os rhoddir triniaeth sepsis chwech i'r claf o fewn yr awr gyntaf ar ôl i'r cyflwr gyflwyno'i hun, **amcangyfrifir fod ganddi'r potensial i achub 14,000 o fywydau'r flwyddyn.**

Canlyniad diagnosis o sepsis

Mae 250,000 o bobl yn y DU yn cael sepsis bob blwyddyn, gan gynnwys 25,000 o blant. Mae dros 52,000 o bobl yn y DU yn marw bob blwyddyn o sepsis. Mae pump o bobl yn marw o sepsis bob awr yn y DU. Nid yw'r ystadegau am Gymru mor hysbys gan nad oes cymaint o wybodaeth ar gael. Gan fod y wybodaeth sydd ar gael yn gyfyngedig. Mae angen mynd i'r afael â hyn

'Er bod gan tua 30% o holl gleifion Unedau Gofal Dwys yn y DU sepsis difrifol, nid oes data'n cael ei gyhoeddi ar fynychder sepsis ar wardiau cyffredinol yng Nghymru' (Szakmany et al. 2015: 1000).

Mae cyfran uchel o'r marwolaethau sy'n gysylltiedig â sepsis ymhliith cleifion oedrannus sydd â chydfaciachedd. O ganlyniad, mae'n anodd gwahanu cyflwyniad a thriniaeth sepsis oddi wrth salwch sy'n bodoli eisoes ac sy'n peryglu bywyd. Yn yr achosion hyn, efallai nad ymyrraeth feddygol yw'r opsiwn addas bob tro. Felly, mae angen canolbwytio ar yr achosion o sepsis y gellid bod wedi eu hosgoi, eu canfod a'u trin yn gyflymach mewn cleifion heb salwch sy'n bodoli eisoes ac sy'n peryglu bywyd. Byddai hyn yn arwain at well dealltwriaeth o gyflwyniad a chanlyniad y cyflwr.

Nid yw sepsis yn darfod ar ôl rhyddhau'r claf o'r ysbty. Mae 60,000 o gleifion yn goroesi sepsis bob blwyddyn; fodd bynnag, mae llawer yn cael eu gadael ag effeithiau parhaol sy'n newid eu bywydau; colli aelodau, gorbryder, blinder, cof gwael, anawsterau cysgu, tristwch, anhawster llyncu, anhawster canolbwytio, gwendid yn y cyhyrau.

Ymwybyddiaeth y cyhoedd o sepsis

Bu twf sylweddol mewn ymwybyddiaeth o'r diffiniad cyffredinol o sepsis ymhlieth y cyhoedd. Bu ymgyrch fawr o dan arweiniad yr Ymddiriedolaeth Sepsis i godi ymwybyddiaeth gyhoeddus a gwleidyddol o'r cyflwr yn llwyddiannus iawn. Mae Mis Ymwybyddiaeth o Sepsis a phortreadau o sepsis ar raglenni teledu fel Call the Midwife a Casualty wedi cyfrannu at gynyddu ymwybyddiaeth y cyhoedd o'r cyflwr.

Gobeithir y bydd y cyhoeddusrwydd a roddwyd i'r cyflwr yn cynyddu ymwybyddiaeth cleifion a pherthnasau bod sepsis yn gallu bod yn gyfrifol am symptomau na ellir eu hegluro na'u diffinio'n rhwydd, gan alluogi cyflwyniad cynharach i ofal meddygol, a grymuso cleifion a theuluoedd i fynd ati eu hunain i godi'r posibilrwydd o sepsis.

Roedd y cyhoedd yn gyfarwydd eisoes â thermau fel gwenwyn gwaed, a'r termau sy'n cyfeirio at heintiau penodol, fel niwmonia ac ati. Er bod y term sepsis wedi cael ei ddefnyddio'n llwyddiannus i annog gwell adnabyddiaeth o'r arwyddion yn y gymuned, nid yw'n amlwg a yw'r defnydd o'r term wedi helpu'r cyhoedd i ddeall bod ei ddifrifoldeb, bod i ac nad oedd modd eu hosgoi bob amser, ac nid oes sicrwydd ychwaith bod y term wedi helpu'r cyhoedd i ddeall bod rhai mathau o sepsis yn eu hanfod yn fwy peryglus nag eraill.

Ymwybyddiaeth broffesiynol o sepsis

Mae ymwybyddiaeth gref o sepsis ymhlieth gweithwyr meddygol proffesiynol, gyda gweithwyr meddygol proffesiynol yn datgan gwybodaeth am y cyflwr, ei symptomau a'i achosion. Yn y gymuned feddygol mae sepsis yn cael ei weld yn gyffredinol fel nifer o heintiadau bacteriol gwahanol iawn ochr yn ochr ag ymateb y corff i'r heintiadau hynny.

Canlyniad y diffiniad cymhleth a gwahanol gamau sepsis yw bod gweithwyr meddygol proffesiynol wedi mynegi lefel o ansicrwydd ynglŷn â hanfodion penodol y cyflwr. Mae cymhlethdod y diffiniad wedi arwain at gamddealltwriaeth o sepsis fel syndrom yn hytrach na'i wir ffurf fel diagnosis a/neu gyflwr. Er nad yw hyn yn ddiffyg sylfaenol yng ngwybodaeth y gymuned feddygol, mae'r camddealltwriaeth wedi creu rhyw gymaint o ddryswch.

'Mae'r enw'n dal i gael ei ddrysu'n aml â'r term am sepsis wrinol a all gael ei ddefnyddio i olygu pyeloneffritis neu haint syml ar y llwybr wrinol ond nid yw'n golygu syndrom sepsis llawn' (Meddyg Ymgynghorol, 2019).

Wedi dweud hynny, mae gan weithwyr meddygol proffesiynol sy'n gweithio mewn unedau meddygol aciwt (AMU) ymwybyddiaeth Iwyr o'r afiachedd a'r nifer sylweddol o farwolaethau sy'n gysylltiedig â sepsis. Dylai'r unedau hyn chwarae'r rôl hanfodol i ganfod cleifion â sepsis, haenu risg, penderfynu ar y lefelau gofal priodol a pharhau i ddadebru cleifion a ganfuwyd â sepsis cyn iddynt gael eu derbyn i'r uned aciwt. Mae'r ymwybyddiaeth fwyaf o sepsis i'w gweld ymhlieth y gymuned meddygaeth aciwt.

'Mae ymwybyddiaeth lwyd o sepsis o fewn lleoliadau meddygaeth aciwt' (Cynrychiolydd Hyfforddeion RCP, 2019).

Canfod a rheoli sepsis mewn lleoliadau y tu allan i ysbytai, gan gynnwys defnyddio dulliau sgrinio/canllawiau perthnasol, a'r broses atgyfeirio rhwng gofal sylfaenol ac eilaidd.

Mae canfod a rheoli sepsis mewn lleoliadau y tu allan i ysbytai yn cynnwys defnyddio dulliau sgrinio/canllawiau perthnasol, a'r broses atgyfeirio rhwng gofal sylfaenol ac eilaidd. Mae peth dryswch o hyd mewn lleoliadau y tu allan i ysbytai am nad yw'r pecynnau canllaw sy'n seiliedig ar dystiolaeth fel y sgoriau NEWS ar gael i'w defnyddio y tu allan i ysbytai ac yn arwyddocaol maent yn farn glinigol sy'n seiliedig ar ddealltwriaeth o'r claf a'i symptomau yn hytrach na'r systemau sgorio.

Hefyd, mae'r PHEWS (Sgôr rhybudd cynnar cyn ysbyty), a ddefnyddir gan barafeddygon a staff ambiwlans yn sgôr difrifoldeb generig ac nid yw'n dangos a yw'r claf yn arddangos sepsis neu a yw mewn perygl o ddatblygu'r cyflwr.

Canfod/rheoli sepsis mewn lleoliadau aciwt (mewn ysbytai)

Mae'r broses o ganfod a rheoli'r cyflwr wedi gwella wrth i sensitifrydd y gymuned feddygol i ganfod sepsis a thrin y cyflwr wedi cynyddu. Ym Mwrdd Iechyd Prifysgol Aneurin Bevan gwelwyd, ac rydym yn parhau i weld, ymrwymiad i wella'r gallu i ganfod a thrin sepsis. Mae'r tîm ABCSEPSIS yn gweithio i ddatblygu proses ddibynadwy drwy ddefnyddio NEWS, y pecyn sgrinio am sepsis, bwndeli a phrotocolau, newid diwylliant drwy ddylanwadu ar ymddygiad a phennu safonau, a defnyddio ffactorau dynol i "atal gwällau" yn achos y gwelliannau a wnaed gyda phwyslais ar ddefnyddio data amser real i annog y gwelliannau sydd eu hangen. Mae ABCsepsis yn cydweithio ag IPCT (Tîm atal a rheoli heintiau), microbioleg a'r adran fferyllol, ynghyd â thimau wardiau, allgymorth a 1000 o fywydau.

Fodd bynnag, mae pryderon wedi'u mynegi ynghylch rhagnodi sbectwm mor eang o wrthfotigau. Er bod indemnïad sepsis wedi gwella, mae perygl o ddatblygu ymwrthedd i wrthfotigau ac o gymhlethdodau fel heintiad C.Difficile. Mae triniaeth cleifion heb sepsis yn ganlyniad i ddiffyg penedoldeb symptomau sepsis, gan fod nifer o gyflyrau eraill yn cael eu trin fel sepsis yn y 24 awr gyntaf ar ôl eu derbyn/y digwyddiad.

'Yn anecdotaidd mae'n teimlo fel bod llawer o gleifion yn cael eu trin yn reddol am sepsis ond sydd heb y cyflwr ac mae hyn yn broblem i ni gan fod sepsis yn cael ei drin â dogn uchel o sbectwm eang o wrthfotigau' (Meddyg Ymgynghorol 2019).

Mae'r gorddefnydd o becynnau canllaw mewn lleoliadau meddygol aciwt wedi arwain at or-ddiagnosis yn achos cleifion â chyflyrau eraill, yn enwedig dwysau clefyd rhwystrol croniog yr ysgyfaint a heintiau'r llwybr anadol uchaf.

Yn ogystal â hyn, mae gweithwyr meddygol proffesiynol wedi gweld pobl yn 'cael eu niweidio gan ddefnydd gormodol o hylifau mewnwythiennol fel sy'n cael ei argymhell yn y canllawiau' (Meddyg Ymgynghorol 2019). Hefyd, mae cleifion sy'n cael eu labelu fel 'septig' drwy ddefnyddio'r canllawiau yn ddieithriad yn cael eu derbyn er gwaethaf y diagnosis yn y pen draw.

Yr effaith gorfforol a meddygol ar y sawl sydd wedi goroesi sepsis, a'u hangen am gymorth.

Nid yw sepsis yn darfod ar ôl rhyddhau'r claf o'r ysbyt

Gan fod sepsis yn gyflwr generig, sy'n cael ei sbarduno gan amrywiaeth o achosion heintus mewn cleifion sy'n dod o grwpiau oedran amrywiol dros ben, bydd y cymorth sydd ei angen yn ddibynnol i raddau helaeth ar amgylchiadau'r unigolyn. Dylai gwasanaethau presennol y GIG allu helpu'r cleifion hyn, ar yr amod y ceir cydnabyddiaeth bod yr oedrannau a effeithir yn gallu amrywio; nid yw hon yn her sy'n unigryw i sepsis.

Hefyd bydd ffocws yr haint yn penderfynu a oedd angen llawdriniaeth ac ar lefel y cymorth fydd ei angen ar ôl rhyddhau'r claf. Er enghraift, gall necrotising fasciitis olygu torri aelodau a ffisiotherapi, ac na fydd haint ar y llwybr wrinol neu goden y bustl o reidrwydd yn arwain at unrhyw ddiffyg ffocal os bydd y claf yn gwella.

Mewn achosion eithafol, efallai y bydd angen gofal cymdeithasol gydol oes ar rai cleifion; er enghraift, cleifion sydd wedi colli aelod. Ni fydd gan eraill unrhyw anabledd corfforol gweladwy, ond gallant gael eu heffeithio gan ôl-effeithiau seicolegol salwch critigol. Mewn achosion eithafol o sepsis mamol, mae colli'r plentyn yn bosibilrwydd, neu hyd yn oed golli'r fam, ac mewn achosion o'r fath bydd angen cymorth dwys ar y teulu sy'n weddill.

Mae canllawiau NICE ar helpu cleifion sy'n gwella ar ôl salwch critigol ar gael ac mae'r rhan fwyaf o unedau gofal dwys yn darparu cymorth ychwanegol i gleifion a theuluoedd sy'n cael eu rhyddhau o'u hunedau. Mae'r canllawiau hyn ar gael i helpu cleifion â sepsis.

<https://www.nice.org.uk/guidance/cg83>

Tystiolaeth Bellach

O ran ymwybyddiaeth broffesiynol a chanfod a rheoli sepsis bu llawer o eiriolaeth a chanllawiau.

1. Pecyn e-ddysgu Health Education England:
<https://www.e-lfh.org.uk/programmes/sepsis/>
2. Canllaw NICE:
<https://www.nice.org.uk/guidance/NG51/chapter/Recommendations#identifying-people-with-suspected-sepsis>
3. Mae gan Goleg Brenhinol yr Ymarferwyr Cyffredinol becyn cymorth sepsis a nifer o adnoddau eraill:
<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx>
4. Mae NHS England wedi sefydlu bwrdd sepsis traws system (sy'n cynnwys y GIG, y Colegau Brenhinol, PHE, DH, a rhanddeiliaid eraill). Mae'r bwrdd wedi cynhyrchu cynllun gweithredu sydd â'r nod o leihau achosion sepsis y gellid eu hatal yn ogystal â phecynnau cymorth i wella sut mae canfod a rheoli'r cyflwr; mesurau diogelwch; addyss; safonau ac adrodd:
<https://www.england.nhs.uk/wp-content/uploads/2017/09/second-sepsis-action-plan.pdf>
5. Newid a welwyd yn ystod y blynnyddoedd diwethaf ac a all gael effaith oedd cyflwyno **system sgorio NEWS2** Coleg Brenhinol y Meddygon yn genedlaethol i asesu cleifion sydd mewn perygl o ddirywio. Mae'r system yn awr ar waith mewn Ymddiriedolaethau aciwt, ambiwlansys a gellir hefyd ei defnyddio yn y gymuned, i gyfleo difrifoldeb y claf yn well ar adeg eu hatgyfeirio.
<https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2>



Cyfeiriadau

T. Szakmany et al. 2015. 'Sepsis yng Nghymru ar y wardiau cyffredinol: canlyniadau peilot dichonoldeb', *British Journal of Anaesthesia*. 114 (6): 1000–10.

Eitemau 7 Gething AC/AM

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



Ein cyf/Our ref VG/00141/20

Llywodraeth Cymru
Welsh Government

Dai Lloyd AC

Cadeirydd Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Cynulliad Cenedlaethol Cymru

Bae Caerdydd

CF99 1NA

3 Mawrth 2020

Annwyl Dai,

Rwy'n ysgrifennu atoch i roi'r wybodaeth ddiweddaraf ichi am Ganolfan Adsefydlu Preswyl Brynawel yn Llanharan.

Mae cynaliadwyedd hirdymor Brynawel wedi bod yn destun gohebiaeth yn y gorffennol, ac mae Llywodraeth Cymru wedi rhoi sicrwydd i'r ganolfan ac i Aelodau'r Cynulliad ein bod yn parhau'n awyddus i gefnogi'r sector gwasanaethau preswyl cynaliadwy, er bod yn rhaid pwysleisio unwaith yn rhagor bod angen gwneud hynny o fewn cyd-destun adnoddau ariannol caeth ein gwasanaethau cyhoeddus, ac mewn modd priodol, teg, a chyson sydd hefyd yn bodloni anghenion defnyddwyr y gwasanaethau hyn.

Fe benodwyd Prif Weithredwr newydd yn ystod yr haf diwethaf, yn sgil ymddeoliad David Richards. Mae gan Carol Daly, sydd wedi ymgymryd â'r rôl hon, brofiad helaeth o weithredu mewn dull sy'n cynnwys gwahanol asiantaethau, er mwyn darparu gwasanaethau integredig. Cynhaliwyd cyfarfod rhyngddi hi a'm swyddogion yn fuan ar ôl iddi ddechrau yn ei swydd er mwyn inni gynnig ein cefnogaeth. Yn ystod y cyfnod ers iddi ddechrau ar ei gwaith, mae Carol wedi cyflwyno newidiadau sylweddol o ganlyniad i'w hasesiad cychwynnol o'r newidiadau allweddol y byddai angen eu gweithredu er mwyn i'r ganolfan barhau'n gynaliadwy yn y tymor hir.

Mae'r newidiadau hynny'n cynnwys ehangu'r cymorth a ddarperir i breswylwyr ar draws cyfnod o 24 awr. Er mwyn gwneud hynny, bu'n rhaid cyflogi pum gweithiwr cymorth arall i sicrhau bod digon o gapasiti ymssg staff y ganolfan. Hefyd, cafodd cyfleoedd reciwtio lleol eu nodi er mwyn denu pobl sydd â diddordeb mewn gweithio ym maes caethiwed, a bydd Brynawel yn cynnal diwrnod agored i wirfoddolwyr ym mis Mawrth.

Yn ystod y cyfnod hwn o newidiadau sylweddol, mae swyddogion Llywodraeth Cymru wedi parhau i gynnal deialog agored â'r Prif Weithredwr, ac maent wedi cyfarfod â hi nifer o weithiau, gyda'r cyfarfod diwethaf yn cael ei gynnal ganol mis Ionawr i drafod cynaliadwyedd tymor hir a chyfeiriad y ganolfan yn y dyfodol. Mae swyddogion wedi sicrhau bod Byrddau Cynllunio Ardal yn ymwybodol o'r newidiadau hyn, a'u bod yn gweithio gyda swyddogion sy'n arwain ym meysydd digartrefedd a darparu gwasanaethau iechyd mewn carchardai. Mae'r trafodaethau mewnol hyn wedi helpu Brynawel i ddatblygu cysylltiadau â

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 68

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

sectorau eraill, gan ddatblygu llwybrau newydd sy'n golygu y gall rhai o'r bobl fwyaf agored i niwed elwa ar wasanaethau'r ganolfan.

Fel rhan o'r trafodaethau hyn, rwy'n falch o allu dweud bod darpariaeth breswyl Brynawel (ugain o welyau) yn llawn ar hyn o bryd, a bod pob un ond pedwar o'r bobl hyn yn dod o Gymru. O ganlyniad i'r gwelliant sylweddol hwn, mae'r sefyllfa wedi newid ers pan fu darpariaeth Brynawel yn llai na 50% yn llawn, i sefyllfa lle y mae rhestr aros am ei gwasanaethau hyd at ddiwedd mis Mawrth. Mae hyn yn wir am wasanaethau adsefydlu preswyl cyffredinol y ganolfan a hefyd y gwasanaethau arbenigol ar gyfer trin niwed i'r ymennydd a achosir gan alcohol. Caiff cleifion y ganolfan fynd yno'n uniongyrchol o garchar neu drwy'r gwasanaethau i'r digartref.

Yn ogystal â hyn i gyd, rhoddodd Bwrdd Cynllunio Ardal Cwm Taf gymorth ariannol ar gyfer llinell ffeibr newydd i uwchraddio'r systemau TG. Bydd Brynawel yn dechrau defnyddio system rheoli achosion electronig ar-lein, a fydd yn disodli'r ffeiliau papur a ddefnyddir ar hyn o bryd, er mwyn rheoli achosion yn fwy effeithlon a sicrhau bod y ganolfan yn cydymffurfio â'r GDPR. Bydd y gwelliannau i'r system TG hefyd yn helpu i wneud Brynawel yn fwy cynaliadwy, gan y bydd yn gwella sut y mae canlyniadau'n cael eu monitro a'u cofnodi – gwybodaeth a fydd yn cael ei chyhoeddi'n rheolaidd ar wefan y ganolfan ac a fydd yn cael ei darparu i gomisiynwyr.

Yn olaf, mae gwasanaethau adsefydlu preswyl a gwasanaethau dadwenwyno i gleifion mewnol yn rhan bwysig o'r ymdrechion i helpu'r rheini sy'n defnyddio gwasanaethau camddefnyddio sylweddau, yn yr achosion hynny lle y nodir bod y broses hon yn hanfodol er mwyn sicrhau gwellhad tymor hir. Yn ddiweddar, mae swyddogion Llywodraeth Cymru wedi cynnal ymarfer caffaol ar gyfer fframwaith gwasanaethau adsefydlu preswyl ym maes camddefnyddio sylweddau, a byddwn yn dyfarnu'r contract hwn maes o law.

Bydd swyddogion Llywodraeth Cymru yn parhau i gyfathrebu'n rheolaidd â Phrif Weithredwr Canolfan Brynawel er mwyn cynnal y momentwm y mae Carol wedi ei gychwyn ar ôl ymgymryd â'i rôl fel Prif Weithredwr.

Yn gywir,



Vaughan Gething AC/AM

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



Ein cyf/Our ref MA-VG-0607-20

Llywodraeth Cymru
Welsh Government

Dr Dai Lloyd AC

Cadeirydd Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Cynulliad Cenedlaethol Cymru

Bae Caerdydd

CF99 1NA

26 Chwefror 2020

Annwyl Dai,

Yn dilyn trafodion Cyfnod 2 ar Fil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) ar 23 Ionawr, cytunais i roi gwybodaeth bellach a sicrwydd i'r Pwyllgor mewn perthynas â nifer o feysydd. Dyma'r meysydd dan sylw:

- Esboniad o'r system safonau ansawdd a sut y bydd y Bil yn cysylltu'r rhain â'r ddyletswydd ansawdd;
- Esboniad o'r ystod o wybodaeth yr ydym yn ei chasglu ar hyn o bryd, a'r gwaith sy'n cael ei symud ymlaen i ddatblygu ymhellach ein defnydd o ddata;
- O ran aelodaeth, esboniad o'r broses penodiadau cyhoeddus a sut y gellir defnyddio hon i sicrhau yr eir i'r afael â gwrthdaro buddiannau;
- Gwybodaeth bellach am y cod ymarfer ar fynediad i safleoedd; a
- O ran cwynion ar y cyd, addewid i ysgrifennu at ystod o randdeiliaid i gynnal trafodaeth ford gron am hyn;
- Gwybodaeth bellach am Gorff Llais y Dinesydd ac indemniad.

Safonau Ansawdd

Mae atodlen 3 o'r Bil yn diwygio adran 47 o Ddeddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003 i'w gwneud yn ofynnol i gyrrf y GIG gymryd i ystyriaeth y Safonau Iechyd a Gofal¹ a gyhoeddir gan Weinidogion Cymru wrth gyflawni eu dyletswydd ansawdd newydd.

Mae'r safonau, a atodir gan eu canllawiau eu hunain ac sy'n cyd-fynd â Fframwaith Cyflawni a Chanlyniadau'r GIG, yn darparu fframwaith y mae Arolygiaeth Gofal Iechyd Cymru yn arolygu ac yn adolygu gwasanaethau yn ei erbyn ac sy'n arwain cyrff y GIG i sicrhau bod popeth a wnânt, ar draws yr ystod o'u gwasanaethau, wedi'i gynllunio i wella gwasanaethau a chanlyniadau i unigolion.

Mae saith thema allweddol yn y safonau, yn seiliedig ar ofal sy'n canolbwytio ar yr unigolyn gyda llywodraethiant sefydliadol, arweinyddiaeth ac atebolrwydd yn sail iddo;

¹ <http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

- Aros yn iach (hybu, diogelu a gwella iechyd)
- Gofal diogel (rheoli risg, iechyd a diogelwch, rheoli haint)
- Gofal effeithiol (gofal a thriniaeth, cyfathrebu, ymchwil a thechnoleg)
- Gofal urddasol (parch, tosturi, cydnabod anghenion, gan gynnwys anghenion o ran iaith)
- Gofal amserol (sicrhau bod pobl yn cael triniaeth a gofal yn y ffordd iawn, ar yr adeg iawn, yn y lle iawn a chyda'r staff iawn)
- Gofal unigol (hyrwyddo annibyniaeth, hawliau pobl, gwrandio a dysgu)
- Staff ac adnoddau (sicrhau bod digon o staff â'r wybodaeth a'r sgiliau iawn, ar yr adeg iawn, i ddiwallu anghenion).

Bydd y canllawiau mewn perthynas â'r ddyletswydd ansawdd yn cyd-fynd â'r safonau hyn. Yn ymarferol, wrth arfer eu swyddogaethau, mae hyn yn golygu y bydd angen i gyrrff y GIG ystyried y canllawiau ar y ddyletswydd ansawdd a'r Safonau lechyd a Gofal. Ar y cyd, bydd y canllawiau a'r safonau'n mynd rhywfaint o'r ffordd at sicrhau bod ystyriaethau allweddol, megis atal ac iechyd y boblogaeth, cynllunio'r gweithlu, trefniadau staffio a mynd i'r afael ag annhegwrch iechyd yn cael eu cymhwysio pan fydd cyrff y GIG yn cynllunio ac yn darparu eu gwasanaethau.

Data

Mae cyrff y GIG yn casglu, dadansoddi a rhannu ystod eang o ddata, at wahanol ddibenion, mewn cysylltiad ag arfer eu swyddogaethau. Mae hyn yn cynnwys data mewn perthynas â mynychu unedau damweiniau ac achosion brys; cyfres o dros 60 o ddangosyddion ansawdd ar gyfer gwasanaethau ambiwlans; ystadegau ar argaeledd gwelyau; amseroedd aros a dileu llawdriniaethau; gweithgarwch diagnostig, oedi wrth drosglwyddo gofal a data i gefnogi cydgysylltu a chynllunio gofal yn achos rhai gwasanaethau iechyd meddwl. Mae llawer o hyn yn cael ei orfodi trwy broses Safonau Gwybodaeth GIG Cymru², sy'n anelu at sicrhau bod safonau gwybodaeth genedlaethol newydd a'u rhoi ar waith ar draws y GIG yn manteisio ar eu ffitrwydd at eu diben, effeithlonrwydd y data a gesglir a chydlyniaeth yr wybodaeth.

Ar y cyd, ac ynghyd â data gweinyddol arall, mae'r rhain yn rhoi darlun i gyrrff iechyd a Gweinidogion Cymru, fel y bo'n briodol, o sut y maent yn gweithredu ac yn cyflawni wrth ddarparu gwasanaethau. Lle bo'n briodol, mae data'n cael ei gasglu, ei ddadansoddi a'i gyhoeddi gan Wasanaeth Gwybodeg GIG Cymru³ neu Lywodraeth Cymru, trwy StatsCymru⁴.

Ymhellach mae'n ofynnol i Fyrddau lechyd Lleol ac Ymddiriedolaethau'r GIG yng Nghymru gymryd rhan yn yr Archwiliad Clinigol Cenedlaethol a'r Rhaglen Adolygu Canlyniadau⁵, menter ar gyfer Cymru a Lloegr a reolir trwy'r Bartneriaeth Gwella Ansawdd Gofal lechyd (HQIP). Ar hyn o bryd mae rhw 40 o archwiliadau sy'n cwmpasu ystod eang o gyflyrau gan gynnwys cancer, y galon, strôc, arthritis a gwasanaethau mamolaeth. Mae adroddiadau blynyddol yn cael eu cyhoeddi ar bob archwiliad, ac o dan rai amgylchiadau, cyhoeddir dogfennau ac ystadegau ychwanegol drwy gydol y flwyddyn. Mae cysondeb ac argaeledd y data hwn yn hanfodol i reoli ansawdd y GIG, gan gefnogi elfennau ar gynllunio, gwella a rheoli ansawdd. Mae archwiliadau clinigol yn galluogi cyrff y GIG i fesur ac adolygu eu perfformiad eu hunain, o un flwyddyn i'r llall, a darparu meinchnodi pwysig yn erbyn eraill, i helpu i yrru gwelliannau.

Mae GIG Cymru wrthi'n rhoi system newydd ar waith - sef System Rheoli Pryderon Unwaith i Gymru - ar gyfer sut y mae Byrddau lechyd Lleol ac ymddiriedolaethau' GIG yn cofnodi,

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=742>

³ <http://www.nwisinformationstandards.wales.nhs.uk/home>

⁴ <https://statscymru.llyw.cymru/Catalogue/Health-and-Social-Care>

⁵ <https://llyw.cymru/sites/default/files/publications/2019-05/cynllun-archwilio-clinigol-cenedlaethol-ac-adolygu-canlyniadau-gig-cymru-rhaglen-dreigl-flwyd-2019-2020.pdf>

monitro, olrhain, dysgu a gwneud gwelliannau yn sgil damweiniau, hawliadau, canlyniadau andwyol, risglau a digwyddiadau ym maes gofal iechyd. Nod hyn yw sicrhau cysondeb o ran rheoli data a chynllunio llif gwaith yn y meysydd hyn, ledled Cymru. Bwriedir i nodweddlion swyddogaethol y system newydd gael eu rhoi ar waith yn ystod 2020/21.

Ymhellach, yn Ionawr 2020, rhannodd Llywodraeth Cymru ddrafft o'i Gynllun Ansawdd a Diogelwch 5 Mlynedd â'r gwasanaeth. Mae hyn yn disgrifio nifer o argymhellion strategol lefel uchel, gan gynnwys cam penodol mewn perthynas â mynd i'r afael â mesurau, data a dadansoddeg. Sefydlir rhaglen waith gydweithredol i fwrw ymlaen â hyn. Y nod yw datblygu fframwaith unigol ar gyfer mesur a meincnodi data sy'n gysylltiedig ag ansawdd.

Penodiadau Cyhoeddus i Fwrdd Corff Llais y Dinesydd

Mae'r Cod Llywodraethiant ar Benodiadau Cyhoeddus yn nodi'r egwyddorion sy'n sail i bob penodiad cyhoeddus. Mae'r Cod Llywodraethiant yn ei gwneud yn ofynnol i'r panel penodi ei fodloni ei hun y gall pob ymgeisydd ar gyfer penodiad fodloni saith egwyddor bywyd cyhoeddus heb unrhyw wrthdaro buddiannau a fyddai'n codi amheuaeth am eu gallu i gyflawni'r rôl y maent yn ymgeisio amdani. O dan y Cod Llywodraethiant mae'n ofynnol i ymgeiswyr ddatgan pob gwrthdrawiad buddiannau yn eu cais a rhaid trafod sut y gellid eu rheoli ag unigolyn adeg y cyfweliad. Mae'r dull hwn yn cynnig mesur diogelu priodol gan ganiatáu'r hyblygrwydd yr un pryd i ystyried sefyllfa pob ymgeisydd. Caiff Strategaeth Amrywiaeth a Chynhwysiant Llywodraeth Cymru ar gyfer Penodiadau ei chymryd i ystyriaeth yn llawn wrth reciwtio.

Felly, er fy mod yn cytuno â'r teimladau a fynegwyd yn ystod y trafodaethau yng Nghyfnod 2 fod rhaid rheoli gwrthdrawiad buddiannau yn briodol, rwyf yn dal o'r farm ei bod yn briodol mynd i'r afael â hyn trwy'r broses penodiadau cyhoeddus. Rwyf yn cydnabod yn llawn pwysigrwydd bwrdd amrywiol ag ystod eang o sgiliau a phrofiad.

Cod Ymarfer

Bydd y Cod yn gymwys pan fydd Corff Llais y Dinesydd yn gwneud cais am fynediad i'r safleoedd lle y darperir iechyd a gofal cymdeithasol at ddibenion ceisio barn unigolion mewn perthynas â gwasanaethau iechyd neu wasanaethau cymdeithasol. Bydd y Cod yn nodi ei statws, ei ddiben, ei ddisgwyliadau ac yn perthyn i'r fframwaith statudol ehangach. Bydd Corff Llais y Dinesydd, cyrff y GIG (hy Byrddau lechyd Lleol, Ymddiriedolaethau'r GIG ac Awdurdodau lechyd Arbennig Cymru) oll o dan ddyletswydd i roi sylw i'r cod wrth arfer eu swyddogaethau.

Gall hyrwyddo a hwyluso ymgysylltu gan unigolion â Chorff Llais y Dinesydd helpu i gryfhau ymhellach eu llais a'u cyfranogiad wrth lywio'r ffordd y mae gwasanaethau'n cael eu cynllunio a'u darparu. Bydd hyn yn helpu darparwyr gwasanaethau i ddangos eu bod yn bodloni'r gofynion presennol i gefnogi hyn, megis y rhai yn y Safonau lechyd a Gofal⁶ a Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Mae'r cod yn destun ymgynghoriad, er hynny, mae'r egwyddorion sylfaenol a allai gael eu cynnwys yn y cod fel a ganlyn:

- Gall rhannu safbwytiau â Chorff Llais y Dinesydd helpu i gryfhau llais a hybu llesiant unigolion.
- Yn ogystal â'u hymwneud eu hunain â defnyddwyr gwasanaethau, gall darparwyr elwa ar rannu safbwytiau â Chorff Llais y Dinesydd, o safbwyt monitro, adolygu a gwella ei

⁶ <http://www.wales.nhs.uk/governance-emergencies-and-disasters/>

gwasanaethau eu hunain a hefyd trwy unrhyw gyfraniad at ddatblygu arferion gorau neu bolisi ehangach.

- Ni ddylai mynediad i safleoedd gan Gorff Llais y Dinesydd niweidio urddas, preifatrwydd na diogelwch unrhyw unigolyn na darparu gwasanaethau'n effeithiol.
Disgwyliad y bydd y rhai sy'n cynrychioli Corff Llais y Dinesydd wedi'u hyfforddi a'u cefnogi'n briodol gyda gwiriad y Gwasanaeth Datgelu a Gwahardd.

Gallai'r cod danlinellu y gallai cyrff y GIG, awdurdodau lleol a darparwyr gwasanaethau a gomisiynir ganddynt gynnwys eu hymgysylltiad â Chorff Llais y Dinesydd mewn unrhyw adroddiadau sy'n dangos sut y maent yn cryfau llais unigolion. Er enghraift, gallai hyn fod yn perthnasol i adroddiad Blynnyddol cyrff y GIG mewn perthynas â'r ddyletswydd ansawdd, sy'n ofynnol o dan y Bil, a gallai fod yn berthnasol i'r bennod 'sut mae pobl yn llywio ein gwasanaethau?' mewn adroddiadau blynnyddol gan Gyfarwyddwyr Gwasanaethau Cymdeithasol.

Rwyf yn disgwyl i'r Cod gael ei ddatblygu yn ystod y cyfnod gweithredu ar gyfer Corff Llais y Dinesydd er mwyn iddo ddod i rym yn fuan iawn ar ôl i'r Corff gael ei sefydlu'n gyfreithiol a chyn gynted ag yr ymgynghorir â'r corff yn ei gylch.

Cwynion ar y Cyd

Bydd ein huchelgeisiau ar gwynion ar y cyd yn parhau a byddwn yn dal i weithio â sefydliadau GIG Cymru, llywodraeth leol a chyrrf eraill i drafod ffyrdd o wneud y broses yn symlach i bobl sydd â chwynion sy'n cwmpasu meysydd iechyd a gofal cymdeithasol, Mae ein bwriad yn amlwg yn y pwerau yr ydym wedi'u rhoi i Gorff Llais y Dinesydd i ddarparu cyngor a chymorth ar gwynion i rywun sy'n cyflwyno cwyn o dan y ddeddfwriaeth iechyd a gofal cymdeithasol berthnasol. Rwyf yn gobeithio bod y Pwyllgor yn parhau i gydnabod ein penderfyniad clir i gyflawni'r nod hwnnw fel rhan o system iechyd a gofal cymdeithasol fwy integredig.

Yn y cyfarfod amlinellais rai o'r dulliau gweithredu a'r gwaith y bydd ei angen i fwrw ymlaen â hyn. Bydd hyn yn cynnwys cynnal trafodaeth ford gron ag ystod o randdeiliaid i ystyried sut y gallai'r broses fod yn gymwys i gwynion GIG Cymru, cwynion yr awdurdod lleol, yn ogystal â chwynion a gyflwynir yn erbyn darparwyr gofal cymdeithasol wedi'i reoleiddio. Mae nifer o randdeiliaid allweddol sy'n gorfol chwarae rhan wrth gyflawni'r uchelgais hon a gwaith i'w wneud i sicrhau ein bod yn cyflenwi trefniadau effeithiol ar gyfer cwynion ar y cyd. Bydd swyddogion yn gweithio i drefnu'r drafodaeth ford gron cyn Toriad yr Haf.

Indemniad

Adroddais wrth y Pwyllgor mai mater i Gorff Llais y Dinesydd fydd penderfynu ar y ffordd orau o indemnio staff a gwirfoddolwyr. Cyfeiriais hefyd at "Rheoli Arian Cyhoeddus Cymru".⁷ Mae atodiad 4.3 yn glir nad yw sefydliadau'r sector cyhoeddus, fel rheol, yn prynu yswiriant masnachol ac eithrio lle bo rhwymedigaeth gyfreithiol i wneud hynny. Er hynny, mae'n caniatáu i Swyddogion Cyfrifyddu, fel rhan o strategaeth rheoli risg, dewis prynu yswiriant masnachol o dan amgylchiadau penodol. Dylai penderfyniadau o'r fath bob amser gael eu gwneud ar ôl dadansoddi'r gost a'r budd er mwyn sicrhau gwerth am arian. Mater i Brif Weithredwr y corff newydd felly fydd penderfynu a ddylid darparu indemniad trwy ysgwyddo'r risg neu drwy brynu yswiriant masnachol.

Penderfynir ar y mecanwaith priodol ar gyfer darparu indemniad yn ystod cyfnod gweithredu Corff Llais y Dinesydd.

⁷ <https://llyw.cymru/sites/default/files/publications/2018-10/rheoli-arian-cyhoeddus-cymru.pdf>

Gobeithio y bydd yr wybodaeth hon o gymorth i chi.

Yn gywir,

A handwritten signature in black ink, appearing to read "Vaughan Gething".

Vaughan Gething AC/AM

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

Mae cyfyngiadau ar y ddogfen hon