

# Y Pwyllgor Cyfrifon Cyhoeddus

---

Lleoliad:

**Ystafell Bwyllgora 3 – y Senedd**

---

Dyddiad:

**Dydd Mawrth, 16 Medi 2014**

---

Amser:

**09.00**

---

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch â:

**Michael Kay**

Clerc y Pwyllgor

029 2089 8041

[pwylgor.cyfrifoncyhoeddus@cymru.gov.uk](mailto:pwylgor.cyfrifoncyhoeddus@cymru.gov.uk)

---

## Agenda

MeetingTitle

---

**1 Cyflwyniadau, ymddiheuriadau a dirprwyon (09:00)**

**2 Papurau i'w nodi (09:00–09:20) (Tudalennau 1 – 4)**

**Gofal heb ei drefnu: Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol (29 Gorffennaf 2014) (Tudalennau 5 – 9)**

**Ymdrin â'r Heriau Ariannol sy'n wynebu Llywodraeth Leol yng Nghymru: Llythyr gan June Milligan (22 Gorffennaf 2014) (Tudalennau 10 – 12)**

**Trefniadau Llywodraethu Bwrdd Iechyd Prifysgol Betsi Cadwaladr: Llythyr gan Dr Peter Higson (29 Gorffennaf 2014) (Tudalennau 13 – 36)**

**Memorandwm ar gyfer Swyddog Cyfrifyddu Swyddfa Ombwdsmon Gwasanaethau Cyhoeddus Cymru: Llythyr gan Ombwdsmon Gwasanaethau Cyhoeddus Cymru (4 Awst 2014) (Tudalen 37)**

**Rheoli Grantiau yng Nghymru: Llythyr gan Syr Derek Jones (11 Awst 2014) (Tudalen 38)**

**Cyllid addysg uwch: Llythyr gan Swyddfa Archwilio Cymru at Mike Hedges AC (15 Awst 2014) (Tudalennau 39 – 41)**

**Trefniadau cyflenwi ar gyfer absenoldeb athrawon: Llythyr gan y Gweinidog Addysg a Sgiliau (20 Awst 2014) (Tudalennau 42 – 45)**

**3 Pobl ifanc nad ydynt mewn addysg, cyflogaeth na hyfforddiant (09:20–09:40) (Tudalennau 46 – 53)**

PAC(4)–22–14 (papur 1)

PAC(4)–22–14 (papur 2)

**4 Bil Llesiant Cenedlaethau'r Dyfodol (Cymru) (Tudalennau 54 – 65)**

PAC(4)–22–14 (papur 3)

**5 Gwasanaeth Awyr oddi mewn i Gymru – Caerdydd i Ynys Môn: Trafod yr ymateb gan Lywodraeth Cymru (10:00–10:20) (Tudalennau 66 – 71)**

PAC(4)–22–14 (papur 4)

PAC(4)–22–14 (papur 5)

**6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol: (10:20)**

Eitem 7 ac Eitemau 1 a 2 y cyfarfod ar 22 Medi 2014

**7 Glastir: Papur briffio gan Swyddfa Archwilio Cymru (10:20–11:00)**

## Y Pwyllgor Cyfrifon Cyhoeddus

---

Lleoliad: Ystafell Bwyllgora 3 – y Senedd

---

Dyddiad: Dydd Mawrth, 15 Gorffennaf 2014

---

Amser: 09.00 – 10.49

---

Gellir gwyllo'r cyfarfod ar Senedd TV yn:

[http://www.senedd.tv/archiveplayer.jsf?v=en\\_700000\\_15\\_07\\_2014&t=0&l=en](http://www.senedd.tv/archiveplayer.jsf?v=en_700000_15_07_2014&t=0&l=en)

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



---

### Cofnodion Cryno:

#### Aelodau'r Cynulliad:

Darren Millar AC (Cadeirydd)  
William Graham AC  
Mike Hedges AC  
Alun Ffred Jones AC  
Julie Morgan AC  
Jenny Rathbone AC  
Aled Roberts AC  
Sandy Mewies AC

#### Tystion:

Matthew Mortlock, Swyddfa Archwilio Cymru  
Dave Thomas, Swyddfa Archwilio Cymru  
Mike Usher, Swyddfa Archwilio Cymru  
Huw Vaughan Thomas, Archwilydd Cyffredinol Cymru,  
Swyddfa Archwilio Cymru

#### Staff y Pwyllgor:

Michael Kay (Clerc)  
Claire Griffiths (Dirprwy Clerc)  
Joanest Jackson (Cynghorydd Cyfreithiol)

---

1 Trefniadau Llywodraethu Bwrdd Iechyd Prifysgol Betsi Cadwaladr: Trafod y dystiolaeth a ddaeth i law

Tudalen y pecyn 1

- 1.1 Trafododd y Pwyllgor y dystiolaeth a ddaeth i law gan Fwrdd Iechyd Betsi Cadwaladr yn y cyfarfod a gynhaliwyd ar 8 Gorffennaf.
- 1.2 Cytunodd yr aelodau i gynnal darn ehangach o waith ar drefniadau llywodraethu byrddau iechyd ar ôl cyhoeddi adroddiad yr Archwilydd Cyffredinol ar gyllid iechyd a dangosyddion allweddol ar berfformiad gwasanaeth.

## **TRAWSGRIFIAD**

Gweld [trawsgrifiad o'r cyfarfod](#).

## **2 Cyflwyniadau, ymddiheuriadau a dirprwyon**

**2.1 Croesawodd y Cadeirydd yr Aelodau i'r Pwyllgor.**

**2.2 Datganodd Jenny Rathbone fuddiant fel Cadeirydd y Pwyllgor Monitro Rhaglenni a datganodd Alun Ffred Jones fuddiant fel aelod o Gyngor Prifysgol Bangor.**

## **3 Papurau i'w nodi**

**3.1 Nodwyd y papurau.**

- Cytunwyd y bydd y Cadeirydd yn ysgrifennu at Gadeirydd y Pwyllgor Cyllid yn awgrymu bod y Pwyllgor yn monitro nifer o faterion a godwyd gan yr Aelodau ar gyllid addysg uwch. Cytunodd Swyddfa Archwilio Cymru i baratoi nodyn briffio ar ddileu dyledion sy'n gysylltiedig â llyfr benthyciadau.
- Bydd y Cadeirydd yn ysgrifennu at yr Ysgrifennydd Parhaol yn gofyn am y wybodaeth ddiweddaraf am Argymhelliad 5 o strategaeth leoli Llywodraeth Cymru yn dilyn yr adolygiad y bydd Llywodraeth Cymru yn ei wneud yn ddiweddarach eleni.

3.1 Cyllid Addysg Uwch

3.2 Strategaeth leoli Llywodraeth Cymru: Llythyr gan yr Ysgrifennydd Parhaol (23 Mehefin 2014)

3.3 Ymdrin â'r Heriau Ariannol sy'n wynebu Llywodraeth Leol yng Nghymru: Llythyr gan Steve Thomas, Cymdeithas Llywodraeth Leol Cymru (8 Gorffennaf 2014)

3.4 Swyddfa Archwilio Cymru: Y Diweddaraf am Raglen Waith Gwerth am Arian yr Archwilydd Cyffredinol (9 Gorffennaf 2014)

## **4 Trefniadau cyflenwi ar gyfer absenoldeb athrawon: Trafod yr ymateb gan Lywodraeth Cymru**

4.1 Nododd y Pwyllgor ymateb Llywodraeth Cymru. Cytunwyd y bydd y Cadeirydd yn ateb y Gweinidog ar **Argymhellion 1, 3 a 13. Bydd y Pwyllgor yn trafod y mater eto yn 2015 ar ôl cael y wybodaeth ddiweddaraf gan Lywodraeth Cymru.**

## **5 Rheoli Grantiau yng Nghymru: Ystyried gohebiaeth**

5.1 Nododd y Pwyllgor yr ohebiaeth a chytunodd i drafod y mater eto yn ystod gwanwyn 2015 pan fydd adroddiad blynyddol Llywodraeth Cymru ar reoli grantiau ar gyfer 2014/15 ar gael.

5.2 Cytunodd y Cadeirydd i ysgrifennu at yr Ysgrifennydd Parhaol yn gofyn am ragor o wybodaeth am werth grantiau yr effeithir arnynt yn dilyn achosion o ddiffyg cydymffurfio ar ôl yr archwiliadau dirybudd.

## **6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol:**

6.1 Derbyniwyd y cynnig.

## **7 Pobl ifanc nad ydynt mewn addysg, cyflogaeth na hyfforddiant: Papur briffio gan Archwilydd Cyffredinol Cymru**

7.1 Rhoddodd yr Archwilydd Cyffredinol wybodaeth lafar i Aelodau am ei adroddiad a gyhoeddwyd ar 10 Gorffennaf.

7.2 Cytunodd Aelodau i ofyn am ymateb gan Lywodraeth Cymru ac i drafod y mater eto yn yr hydref.

7.3 Cytunodd yr Aelodau hefyd y dylai'r Cadeirydd ysgrifennu at y **Pwyllgor Menter a Busnes yn gofyn a fydd yn gwneud unrhyw waith pellach ar y mater hwn.**

## **8 Y Fenter Dwyll Genedlaethol 2012–13: Papur briffio gan Archwilydd Cyffredinol Cymru**

8.1 Rhoddodd yr Archwilydd Cyffredinol wybodaeth lafar i Aelodau am ei adroddiad a gyhoeddwyd ar 12 Mehefin.

8.2 Gwnaeth Aelodau nodi a chroesawu'r adroddiad a chytunodd y dylai'r Cadeirydd ysgrifennu at Gartrefi Cymunedol Cymru a Sefydliadau Addysg Bellach ac Uwch i'w hannog i gymryd rhan yn y Fenter Dwyll Genedlaethol.

8.3 Cytunodd y Cadeirydd i ysgrifennu at Lywodraeth Cymru yn gofyn am y wybodaeth ddiweddaraf am Argymhelliad 3 yn adroddiad y Pwyllgor ar Reoli Grantiau ynghylch achosion o dorri'r Cod Ymarfer ar gyfer ariannu'r trydydd sector, a'u hatgoffa y dylai

manylion o unrhyw achosion o'r fath gael eu cynnwys yn yr adroddiad rheoli grantiau blynyddol.

## **9 Gwasanaeth Awyr oddi mewn i Gymru – Caerdydd i Ynys Môn: Cytuno ar yr adroddiad terfynol**

9.1 Gwnaeth yr Aelodau ystyried a derbyn yr adroddiad.

## **10 Adroddiad Blynyddol 2013/14: Cytuno ar yr adroddiad terfynol**

10.1 Gwnaeth yr Aelodau ystyried a derbyn yr adroddiad.

## **11 Blaenraglen waith: Hydref 2014**

11.1 Nododd yr Aelodau y rhaglen waith ar gyfer tymor yr hydref 2014.

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



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref SF/MD/1593/14

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

24 July 2014

*Dear Darren,*

## **PUBLIC ACCOUNTS COMMITTEE REPORT - UNSCHEDULED CARE**

I write in reply to your letter of 26 June 2014.

You have requested the following information:-

**Recommendation 1:** The Committee are still concerned that the Welsh Government's target for immunisation of NHS staff is insufficiently ambitious. While we appreciate that there will always be some resistance from a small minority of staff to accepting a flu vaccine, we believe that this should not be a barrier to increasing the immunisation target. Members were unconvinced by your assertion that increasing the immunisation target could potentially have a demoralising effect on staff and we would welcome some supporting evidence for this, should it be available.

**Response:** The 50% target is currently universal across the UK. I do not intend that Wales should go beyond the 50% target at this time. None of the UK countries has yet hit the target of 50%, but in Wales we have the highest rate of improvement in the UK over recent years and, if current improvement is maintained we would hope to reach 50% uptake in 2015-16, with some Health Boards potentially reaching the target in 2014-15. For further detail please see the graph attached at **Appendix 1**.

I believe it is prudent to review the target again at the end of the 2014-15 season. If further progress has not been made then I would certainly consider more stringent actions to deliver the improvements I seek and expect.

**Recommendation 2:** The Committee notes your response that 'Clear guidance on the use of the HAS [Handover Arrival Screens] system was issued to all organisations in 2010' and that this is now under review. Given that this is described as clear guidance, Members

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

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

Wedi'i argraffu ar bapur wedi'i ailgylchu 100% Tuddalen 5 o 5

Printed on 100% recycled paper

would welcome an explanation as to why it is necessary to undertake a review to ensure that it is understood by all relevant staff.

**Response:** The Handover Arrival Screen (HAS) system user guide was initially developed in 2009 in partnership with NHS Wales stakeholders, and updated in March 2010. The Welsh Government has a policy of periodically reviewing all existing guidance to ensure it is fit for purpose, and to determine whether it can be improved upon. The review of existing guidance will be undertaken in line with this policy and will take into account the development of new software to ensure the HAS system is used efficiently and appropriately to correctly reflect the patient journey.

**Recommendation 3:** The Committee welcomes your undertaking to develop a wider suite of performance measures for unscheduled care and we would find it helpful if you could provide details on both the timescales for the development of these indicators and how all aspects of 'quality of care' will be measured. Members would also welcome further information on any work the Welsh Government has undertaken with the other nations of the UK to enable data to be compared and benchmarked.

**Response:** There are currently pilot studies being run in Wales looking at six aspects of Unscheduled Care, these are aimed at better measuring and understanding:

- the clinical prioritisation of patients in A&E
- the time to treatment within an A&E Department
- quality measures within A&E
- the total pathway for patients with a fracture neck of femur
- the total pathway for patients who have suffered from a stroke
- the total time to treatment of patients suffering from a heart attack

These pilots are being developed with clinical input and support to measure what is most relevant to better quality care and improved outcomes. The pilots will run over the next three months. Findings will be available in the autumn with a view to implementing the appropriate measures in the next financial year.

Welsh Government are discussing the pilot work with the College of Emergency Medicine with a view to providing clinical support and greater consistency across measures and standards.

Given the different service models and data standards it is often difficult to routinely compare data with other nations in the UK at a national level. However, data is routinely benchmarked by the NHS with peers through a national benchmarking product.

**Recommendation 4:** It is unclear to the Committee why this recommendation has only been partially accepted. We are aware that uncertainty over the future of services in some parts of Wales is continuing and wish to receive further information as to what specific action the Welsh Government is taking to encourage Health Boards to resolve any outstanding issues.

**Response:** No uncertainty remains over the future of A&E services in South Wales and Mid & West Wales because the future of these services has recently been clarified with the completion of the South Wales Programme and the Hywel Dda regional service change plans respectively. The future of A&E services in North Wales is currently being considered by the Betsi Cadwaladr University Health Board as part of its acute services review, although the Health Board is committed to maintaining 24/7 emergency departments at its three main hospital sites in the future.



**Recommendation 8:** The Welsh Government response to this recommendation does not make any reference to the Committee's specific recommendation that consideration should be given to systems adopted in the Republic of Ireland and Northern Ireland in reducing 'did not attends'. Members would welcome confirmation that this will be considered as part of the Welsh Government's review into 'did not attends'.

**Response:** I can confirm, working with the Health Boards, we will also consider the systems adopted in the Republic of Ireland and Northern Ireland in reducing 'did not attends'.

**Recommendation 11:** The Committee would welcome further information on how the Welsh Government intends to monitor the effectiveness of different co-location arrangements to ensure better access is available in all areas of Wales.

**Response:** Responsibility for implementing and monitoring co-location arrangements and their impact on access lies with Health Boards. We will however continue to work closely with them through our existing mechanisms to facilitate the sharing of promising models of care.

**Recommendation 12:** The Committee would welcome information on your target dates for completing the short, medium and longer-term plans for ensuring there are sufficiently trained staff in relevant professional groups to deliver integrated primary and community care, particularly GPS. We would request copies of the plans be made available to the Committee in September 2014, in line with the time scale you indicated in response to recommendation ten for updating the Committee on out of hours work.

**Response:** Addressing the challenges faced in primary and community care requires a whole system approach, not a focus on any one professional group. Between now and September we will consider key information about the workforce together with the national and local requirements of the population. We will explore a range of primary and community care models to establish which will assist in the healthcare arrangements in Wales. This information will be considered as part of a National Workforce Conference to be held in September to inform decisions about the changes required in the healthcare workforce across Wales to deliver sustainable services and the reforms required to realise this change.

I trust the above is clear and helpful.

Best wishes,  
Mark

**Mark Drakeford AC/AM**

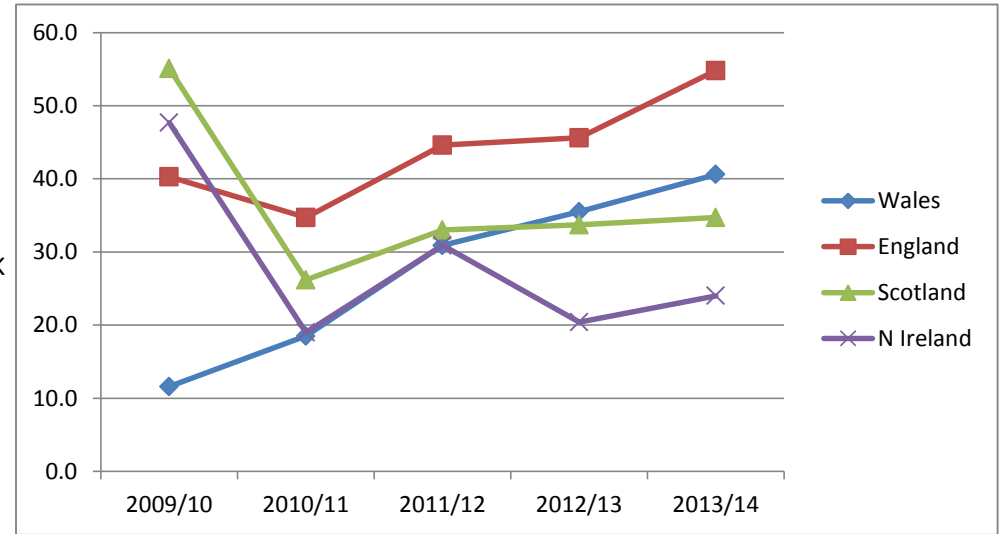
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



**Influenza immunisation uptake in healthcare workers in UK, 2009/10 - 2013/14.**

	Wales	England	Scotland	N Ireland
2009/10	11.6	40.3	55.1	47.7
2010/11	18.5	34.7	26.2	19.0
2011/12	30.9	44.6	33.0	30.9
2012/13	35.5	45.6	33.7	20.4
2013/14	40.6	54.8	34.7	24.0
<i>Av. Incr.</i>	<i>7.4</i>	<i>6.7</i>	<i>2.8</i>	<i>1.7 base 2010/11</i>

Source: HPA / HPE Surveillance of influenza and other respiratory viruses in the UK  
<http://www.hpa.org.uk/Publications/InfectiousDiseases/Influenza/>





Llywodraeth Cymru  
Welsh Government

Ein Cyf / Our Ref: MB/LG/2745/14

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

22 July 2014

Dear Chair

Thank you for your letter of 9 July requesting further information following the attendance of the Welsh Local Government Association and the Society of Welsh Treasurers at the Committee on 1 July. I will respond to each of your points in turn.

## Budget information

As I set out when I appeared before the Committee, the Welsh Government provides Local Authorities in Wales with as much information as possible as early as is possible in accordance with the relevant protocols and Standing Orders. In understanding the approach, it may help to distinguish between the formal annual budget-setting process and medium-term financial planning which Authorities undertake.

The annual budget-setting process is governed by statute. Each Authority must set and formally agree its budget, and council tax, for the next financial year by no later than 11 March in the preceding financial year. This process is informed by the provisional and final Local Government Settlements which provide Authorities with the details of the general revenue and capital funding they will receive from the Welsh Government for the coming year. The settlements are announced very shortly after the publication of the Draft and Final Budgets to the Assembly. As I outlined to the Committee, this process is completed substantially earlier in Wales than in England, with our final settlement being announced in December, at around the same time the UK Government announces its provisional settlement for English Authorities. The early publication of the settlements in Wales allows Authorities here to complete the formal process of setting their budgets in good time each year.



The formal budget processes of the Welsh Government and Local Government are governed by distinct statutory frameworks. These include very clear lines of accountability and it would be inappropriate for the Welsh Government to act in ways which might obscure the line of responsibility for Local Government, or vice versa.

Authorities' medium-term financial plans are concerned with preparing and planning for the future – taking account of the uncertainties and of changing information, of local circumstances and priorities, opportunities, challenges and other factors as they emerge. This work involves planning for different scenarios and is supported by statutory officers with professional financial capability. For medium term-financial plans, therefore, it cannot be said that Authorities receive information 'after they have planned their budgets'. Medium-term budget plans by their very nature need to be adjusted and updated to reflect changing circumstances.

Since 2008-09, the Welsh Government has provided indications for future years alongside the annual settlements, to assist with this planning process. It has always been made clear that these are indications and are, as such, subject to change. The Welsh Government can only provide any indications within the boundaries of the spending plans published by the UK Government and in accordance with the procedures governing the publication and approval of the Welsh Budget.

### **Public engagement**

The Minister for Local Government and Government Business has recently obtained information from each Authority on its approach to public consultation and engagement in setting budgets for 2014-15. This has identified some excellent examples of good practice which are being brought together. These will be shared with all Local Authorities to inform their approaches to budget-setting for 2015-16. One of the features of the good practice examples is that effective engagement is conducted in such a way that public expectations are managed rather than raised.

### **Collaboration**

Throughout our work to encourage and support collaborative partnerships, the Welsh Government has been clear that the key tests for bodies considering collaborative projects have been whether those projects have the potential to deliver service improvements and/or save public money.

Collaborative partnerships exist, and are encouraged, across organisational, sectoral and geographic boundaries. Indeed, some of the best examples of collaboration driving innovation and service improvement have cross-public sector commitment at a regional level. We would not, therefore, expect the prospect of mergers to prevent or inhibit collaborative projects from being taken forward. Indeed, we would expect continuing and merged Authorities to engage in collaborative work with each other, with other public services, with the third sector and with the private sector, where it is productive to do so.

## **Communication and engagement with Welsh Government officials**

The timeline attached to my letter of 1 July describes the extensive engagement with Local Government regarding funding matters throughout the past year. Within the framework of the political engagement provided through the statutory Partnership Council, and its Finance Sub Group, there are a number of formal settings in which Welsh Government and Local Government officials engage in discussions about general financial matters. These formal settings are complemented by a great many more less formal meetings, discussions and communications.

The Partnership Council for Wales and its sub groups were reviewed, in consultation with Local Government, in 2011-12. The review included a reshaping and streamlining of the sub groups of the Partnership Council to ensure they reflected the changing agenda for public services in Wales. The review led to the expansion of the Partnership Council membership, to include other public service partners, and to the establishment of the new Reform Delivery Group. The revised remit reflected the need to focus on rethinking and reforming services, and designing more sustainable models of service delivery, rather than setting out the existing pressures and their projected growth. Such pressures are widely understood and are the reason a different approach is needed. Nevertheless, the Minister has also made it clear Local Government is welcome to bring forward any evidence or analysis to inform discussions at any time.

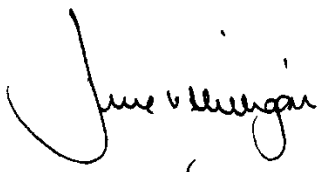
The revised terms of reference for the Partnership Council were agreed at its meeting on 24 October 2012:

<http://wales.gov.uk/topics/localgovernment/partnership/pcf/agendas/121024mtg/?lang=en>

An Order to amend the constitution of the Partnership Council was also passed by the Assembly.

Throughout this, officials have continued to meet in working groups to consider finance matters to inform the Partnership Council's work. In addition to the standing groups, in support of the 2013 Spending Round (the UK Government conducted a small-scale spending review exercise that year), Welsh Government officials convened a task and finish group to work with Local Government officials to identify and analyse the potential impact of the Spending Round decisions. As I indicated previously, the consultative process around the Local Government Settlement in Wales has long been one of the most extensive in government.

I hope this additional information is helpful to the Committee.



**June E Milligan**

Cyfarwyddwr Cyffredinol / Director General



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Eitem 2.3

Mr Darren Millar AM  
Chair  
Public Accounts Committee

[claire.griffiths@wales.gov.uk](mailto:claire.griffiths@wales.gov.uk)

**Ein cyf / Our ref:** PH/MLW/2157/026

**Eich cyf / Your ref:**

**☎:** 01248 384290

**Gofynnwch am / Ask for:** Mandy Williams

**Ffacs / Fax:** 01248 384937

**E-bost / Email:**

Mandy.williams7@wales.nhs.uk

**Dyddiad / Date:** 29 July 2014

Dear Mr Millar

Further to the evidence session on Tuesday, 8 July 2014 which my colleagues and I attended, I write to furnish you with the additional information that we agreed to provide.

We agreed to provide data for the total number of patient safety incidents reported. In 2012/13 there were 15617 incidents and in 2013/14 there were 17709.

We discussed the support that had been offered by the Welsh Government Delivery Unit and agreed that we would notify you of the areas where they have been working in the Health Board. During 2013/14 the Delivery Unit undertook work in the following clinical areas:

- Elective Care and Referral to Treatment Times
- Unscheduled Care
- Stroke Services
- Adult Mental Health Services

In addition to the clinical areas above, we also received assistance in reviewing our processes for undertaking Serious Incident Reviews and Learning Lessons.

Towards the end of the session we discussed the delegated limits for severance packages for staff and the value above which these matters were referred to the Welsh Government. Geoff Lang quoted a figure of £100,000, but undertook to confirm this after the meeting. This has now been done and the correct figure is, in fact, £50,000.

Whilst writing, I would wish to take the opportunity to draw to your attention, and that of the Committee, to an update regarding infection control, which I feel sure would be of interest and form useful evidence. You will recall that Professor Duerden undertook his initial review last year and set out a number of recommendations for improvement. The Board resolved to invite Professor Duerden to undertake a follow up assessment to assess progress made, and this work has now been completed. Professor Duerden gave a verbal

---

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:

Swyddfa'r Gweithredwyr / Executives' Office,

Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

Tudalen y pecyn 13

Gwefan: [www.pbc.cymru.nhs.uk](http://www.pbc.cymru.nhs.uk) / Web: [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

report to the Board in June, and has now provided his written report which was considered by the Board at its public meeting on 29th July. I enclose a copy of that report for your consideration as part of the evidence provided to the Committee.

I trust that the information provided is clear, but should you require any further clarification, please do not hesitate to contact me.

Yours sincerely

**Dr Peter Higson**  
**Chairman**

Enc



# Revisiting the Review of Governance Arrangements, Structures and Systems for the Prevention and Control of Healthcare Associated Infections in the Betsi Cadwaladr University Health Board – May/June 2014

---

**Report by Professor Brian I. Duerden CBE, BSc, MD, FRCPath, FRCPE**  
*Emeritus Professor of Medical Microbiology, Cardiff University*

## **Background**

The review of governance arrangements, structures and systems for the prevention and control of healthcare associated infections was commissioned by the Betsi Cadwaladr University Health Board (BCUHB) following an outbreak of *Clostridium difficile* infection (CDI) at one of its main hospitals, Ysbyty Glan Clwyd (YGC), in January – May 2013. My review was conducted during June – July 2013, the written report was submitted in August 2013 and I presented the finding for discussion at the BCUHB Board Meeting in September 2013. I continued to have regular contact with the Director of Nursing and the newly appointed Assistant Director of Nursing for Infection Prevention and Control to discuss progress with the Infection Prevention and Control (IP&C) programme and consider the Action Plan, Infection Control Doctor arrangements and the numbers and rates of key infections over subsequent months.

In April 2014, I was asked to review the current IP&C arrangements and to assess progress with the IP&C programme in terms of the recommendations in my 2013 report. I was provided with detailed documentation showing what had been done since summer 2013 and I then re-visited BCUHB to interview staff at the three main hospitals and see the facilities relating to IP&C on May 29<sup>th</sup> & 30<sup>th</sup>. I returned to BCUHB on June 3<sup>rd</sup> to present my findings in an oral report to the Board. This written report presents my findings, comments and recommendations as given in my oral report to the Board.

## **General comments**

There has been significant progress in the organisation and governance of IP&C at BCUHB since my 2013 report and there is a very different attitude and responsiveness amongst all the staff members (nursing, medical, facilities and estates, management) I met. I am very pleased to express my thanks to all the staff I met; they were, without exception, courteous, friendly and enthusiastic and I had a very enjoyable 2-day visit. This was very different from last year. Then, staff were not hostile (because they wanted matters to improve) but were

dispirited, “down” and worried about what was happening in relation to healthcare associated infections (HCAI); they complained about the organisation of IP&C, or its lack of leadership and organisation, and were only keen to tell me what was wrong. Now, I was met with enthusiasm and a very positive attitude; they wanted to tell me how much things were getting better.

However, this is not to say that all is in place and that the job is done. There is still a great deal to do. Changes in management, organisation and practice have been put in place and the numbers of cases of HCAI – specifically MRSA bacteraemias and CDI numbers and rates – but these are still too high when compared with elsewhere in Wales and comparators in England. The reduction in numbers needed to reach the Welsh Government targets is still a very significant challenge. Nevertheless, this should not be taken as a negative commentary; experience of implementing IP&C programmes elsewhere indicates that there is an inevitable lag between putting systems and practices in place and numbers coming down – it takes time for practice to become embedded and for this to be reflected in consistently lower numbers of cases.

This report of my re-visit follows the template of my original 2013 report with some additional areas covered that were not part of my remit then.

## Terms of Reference

The terms of reference for this review are:

*To re-visit IP&C arrangements and practice in BCUHB and assess whether the recommendations of my 2013 report are being implemented appropriately;*

*To assess the impact of changes implemented in BCUHB on numbers and rates of HCAI, especially MRSA bacteraemias and CDI.*

## Review process

1. I had been in regular contact with the Director of Nursing and Midwifery (Angela Hopkins) and the Assistant Director of Nursing for IP&C (Tracey Cooper) throughout the intervening period. I had seen the development of the Action Plan for IP&C and confirmed that it addressed the recommendations in my report, and had telephone discussion with them about this and related staffing matters. I had reviewed documents at their request, specifically in relation to revised governance arrangements and the management of the IP&C service.
2. In April and May 2014, I was provided with a considerable volume of documentation in preparation for my visit. These comprised policy documents, Board and Board committee reports and minutes, management arrangements, job descriptions and the minutes of committees and groups that are now responsible for implementing IP&C policy throughout BCUHB.
3. A 2-day visit to Ysbyty Gwynedd (Bangor), Ysbyty Glan Clwyd (Rhyl) and Ysbyty Maelor (Wrexham) on May 29<sup>th</sup> & 30<sup>th</sup> to meet senior managers, Board members

and interview key clinical staff face to face or by video or teleconference and to visit wards at each site to see the facilities and meet ward staff.

4. Attendance at the BCUHB Board meeting on June 3<sup>rd</sup> to make an oral presentation of my findings.
5. Preparation of this written report.

### **Infection Prevention and Control management and operational arrangements since summer 2013**

The governance and operational management arrangements for IP&C have been revised significantly to address the issues highlighted in my 2013 report and are now consistent with the recommendations in that report and in the outbreak report from Public Health Wales. The challenge now is to make them work operationally and, through them, drive the reductions in HCAI required.

- An Assistant Director of Nursing for IP&C (Tracey Cooper) was appointed in October 2013 to lead the programme and take operational responsibility for the IP&C service across BCUHB. She is a very experienced practitioner in IP&C and has taken on this responsibility with enthusiasm and effectively. She reports directly to the Director of Nursing and Midwifery who has also taken a direct personal responsibility for ensuring that IP&C has the priority needed. It is clear that their partnership works effectively.
- An IP&C Strategic Group has been established with a broad membership of senior clinical staff representing the CPGs and site IP&C teams and responsible for policy and overall assurance. It reports to the Quality Assurance Executive – putting IP&C at the heart of the management executive.
- The Quality Assurance Executive reports to the Board's Quality and Safety Committee which gives detailed scrutiny of IP&C matters on behalf of the Board and provides an assurance route that is distinct from the operational management of the IP&C service.
- Each of the three main hospital sites now has an active IP&C committee comprising the local IP&C team, senior medical and nursing clinicians, estates and facilities representation and the local management triumvirate. It is notable and reassuring that the reporting input to these local committees is already coming from the CPG representation and not being wholly dependent on the input from the IP&C teams.
- An Executive Group for IP&C has been established but its remit and terms of reference have not yet been fully confirmed. This will be the operational management group for IP&C through which the IP&C service will be delivered. The membership will be the DN and the ADN IP&C and key team members. However, it is not yet fully operational and it is important that this Group has its ToR agreed and is activated quickly to maintain and promote the impetus needed for implementing the IP&C programme.

### **Infection Control Doctors (ICDs)**

One of the concerns highlighted in my 2013 report was the failure to agree on ICD organisation and leadership and this remains an issue. As indicated in that report, an

additional post was required to provide the essential medical leadership of a Lead ICD for BCUHB. It was reassuring and indicative of the Board's will to make progress that a Lead Consultant ICD post was created, funded and advertised. Unfortunately, there was no suitable applicant for this necessary post. As before, none of the existing consultants felt able to take on this role, for understandable reasons that it would have left serious gaps in their existing functions. I am relieved to be told that an interim arrangement has been made to provide additional Consultant input for 3 "sessions"/PAs per week. The individual recruited, Dr David Jenkins, based in Leicester, is an excellent recruit; he is a very experienced Medical Microbiologist and ICD who has been successful in leading an ineffective IP&C implementation in Leicester where CDI numbers had been unacceptably high. He will have strategic and policy responsibilities for the BCUHB IP&C programme which has remained a worrying gap. My only concern is that I believed last year that this needed to be at least a 50% appointment and it will now be only 30%; this will be much better than the current 0% and I support the arrangement under the circumstances, but it may be difficult to provide all the input that would be the ideal from this post.

For the future, I believe that substantive appointment should be made to the Lead ICD role when a suitable candidate can be identified.

### **Management, accountability and assurance**

The combined and confused lines of management accountability and Board assurance as were originally set up have been addressed in the committee and management group structures to clarify the distinction between line management and accountability on the one hand and Board assurance on the other. The extended line of personal accountability above the most senior IP&C professional before reaching the Chief Executive and Board identified in 2013 has been addressed by the appointment of the Assistant Director of Nursing for Infection prevention and Control.

The Board's Quality and Safety Committee gets its assurance from the Quality Assurance Executive, which clarifies the distinction between operational responsibility and Board assurance. It also receives regular detailed reports from the Director of Nursing and Midwifery and the Assistant Director of Nursing for IP&C. I am satisfied from attending the Board and from the Board and Quality and Safety Committee reports that I have seen that the Board members are receiving the information they need to be assured of the operational functions of the IP&C service and to exercise their oversight responsibilities.

The creation of the IP&C Strategic Group responsible for policy and overall strategy places IP&C at a suitably central position in the clinical management structure. However, the final element that needs to be in place to make it work is the IP&C Executive Group comprising the DN, ADN for IP&C and the key team members. The gap in ICD input to the Strategic and the Executive Groups is an essential element that will be filled by the appointment of Dr Jenkins.

### **Local committees**

The standing down of the local IP&C committees in the 3 sites after the merger into BCUHB left a serious gap in the management of IP&C services. This had just been addressed at the time of my 2013 review by the reinstatement of the three local IP&C committees. These have now been running for a year and, from my discussions this time, have made a significantly beneficial impact on the way in which IP&C is managed across BCUHB.

Membership of the local committees comprises the local Infection Control Teams (ICNs and local ICD), CPG representation, estates and facilities managers and the site management triumvirate. This is enabling local issues to be addressed where they are happening and by the people directly concerned. It is now a notable and welcome feature that the CPG representatives have to lead the reporting on infection cases, rates, outbreaks and RCAs in their clinical areas. The ICT members provide expert support an analysis but are not now expected to lead the reporting and discussion on all the areas themselves.

### **Clinical management in BCUHB**

The principle behind the management of clinical services across BCUHB is clinical leadership through CPGs, each of which had a Chief of Staff (in essence a speciality “medical director”). The CPGs are responsible for the delivery of the clinical services in their specialties across the whole of BCUHB. This initially left a gap in the clinical management and co-ordination at local level which was addressed by the appointment of an Associate Medical Director and Assistant Director of Nursing for each Hospital, and, in April 2013, by the appointment of a Senior Site Manager to complete the triumvirate in each hospital.

The CPGs have responsibility for IP&C in their clinical areas and it has been agreed that each should have a lead clinician for IP&C from amongst the core senior management team of the CPG. The CPGs now recognise and accept their responsibilities but implementation of the practical aspects of the CPG IP&C leadership plans has been patchy and there is uncertainty and a lack of clarity about the role and requirements of the CPG IP&C leads. From discussions during my visits, there is a need for a job description for the CPG IP&C lead role that sets out what is expected of them in terms of ensuring that the CPGs fulfil their IP&C responsibilities.

### **Surveillance of key HCAI**

The national priorities are determined by the Welsh Government; these include MRSA and MSSA bacteraemia, *C. difficile* infection and surgical site infections (orthopaedic and Caesarian section). The national programme requires Health Boards to report their numbers of cases of these HCAI through a system run by Public Health Wales. The Welsh Government has now set challenging targets for the reduction of MRSA bloodstream infections and CDI for all Health Boards in Wales. The reductions expected of BCUHB will require rigorous attention to the implementation of all elements of the Action Plan and a commitment to “zero tolerance” amongst all staff. This does not mean that there will be no infections (which is biologically implausible) but that there must be zero tolerance of failure to adopt and implement best IP&C practice throughout BCUHB.

An essential element for effective IP&C is to have a surveillance system that operates from ward/unit to CPG to senior management (Director of Nursing as accountable executive, Medical Director and Chief Executive) and Board, and then on to national surveillance. The effectiveness of the surveillance reporting system in BCUHB has been much improved since 2013 so that each level receives information about its cases, numbers and rates and has a forum in which they have to be considered and acted upon.

### **Surveillance of HCAI in BCUHB**

Surveillance in BCUHB operates at four levels of escalation as recommended in my 2013 report:

- Each ward/unit has a regular report showing its numbers and rates of the key HCAs. These are discussed and any actions required are identified at ward/unit meetings alongside audit data on hand hygiene, environmental cleanliness, IV line care and antimicrobial stewardship. On my visits to wards, I was pleased to see visual information displayed for staff and patients/relatives on the performance of that ward.
- Each CPG has the same information brought together for each of the specialties and, discussion of these figures and any necessary actions is a standing agenda items at CPG board meetings as shown by CPG reports and minutes. The ADN IP&C has established close links with most CPG management teams to support their activities and provide expert advice and input but cannot necessarily attend CPG Board meetings. The failure to have a lead ICD in post until now has left a gap still in links to CPG medical staff. This will be addressed by the appointment of Dr Jenkins although his limited time availability may mean that the ICD support for CPGs may need particular attention. As noted above, the role of the CPG IP&C lead needs clarification and support.
- At BCUHB level, an operational (management-led) IP&C committee – the IP&C Executive Group – has been agreed but is not yet fully functional. This Group fulfils the recommendation in my 2013 report for operational IP&C management and, together with the IP&C Strategic Group, which is now established and functioning, will receive the surveillance data and the audit returns for the whole BCUHB organisation and assess the need for any actions, either immediate or strategic.
- The IP&C data for the whole of BCUHB is now reported directly to the Board as a standing report to each meeting. The Quality and Safety Committee is responsible for detailed review of the reports and the Vice Chair of the Board has taken specific responsibility for Board leadership on IP&C.

The system now in place in BCUHB is much better than previously and should function even better with the commissioning of the ICNet system. This has been purchased and needs to be put into place as soon as is reasonably appropriate (consistent with proper testing and training of staff in its use). This system will improve the collation and analysis of the HCAI data and the audit data, provide reports at all the levels needed through customizing the required reporting levels, and will also provide data and analytical tools for access by staff at all levels, ie, ward or GPC staff will be able to access, interrogate and assess their own data giving more flexibility and local ownership. It will reduce demands on the IP&C teams for routine analysis because this will be done automatically within the system.

### **ICN establishment**

The reduction in ICN numbers and the resulting pressures on the service were highlighted as a major deficiency in my 2013 report. The lack of IP&C leadership at senior nursing management level was also a serious gap in the BCUHB structure.

The lack of senior leadership was addressed promptly by the Director of Nursing and Midwifery who made the recruitment of an experienced IP&C practitioner as Assistant DN for IP&C a top priority. Tracey Cooper was recruited on temporary part-time basis initially and her full-time appointment commenced in October 2013. This crucial appointment provided

the necessary impetus and leadership to the programme of work that needed to be put into place.

It has taken longer, unfortunately, to address the issues of staffing structures and numbers within the IP&C Teams and this has become a rate-limiting factor in moving the programme forward. Structures have been agreed to provide consistency of numbers, seniority and roles across the three sites. I have had the opportunity to see the development of these structures and discuss them with the DN and ADN IP&C during the year and I am satisfied that they represent an appropriate approach. They emphasise the leadership, advisory and educational roles of the ICT. This structure and the numbers within it have been approved by BCUHB but have not yet been implemented. Not only is this important for future progress, but it also means that the local ICTs remain unreasonably stretched. I was concerned that for very understandable reasons, the only members of the YGC ICT on duty for the week when I visited were one Grade 6 ICN and a Grade 5 secondee, supported at senior level by cover from a senior ICN based at YG, who is himself temporarily seconded from Public Health Wales to fill a gap there. I recommend that the recruitment to bring the ICTs up to agreed strength should be a priority for the Board.

### **Antimicrobial stewardship**

I made some very critical comments about the failure to implement good antimicrobial stewardship practice across BCUHB in my 2013 report. I am very pleased to find that on this re-visit, there has been significant progress with improving antibiotic prescribing in some parts of BCUH the organization.

A BCUHB-wide prescribing policy for antibiotics has been agreed and implemented and audit data indicate that the majority of prescribing in the hospitals follows this policy in terms of selection of agent. However, it is notable that some choices differ between the different sites within BCUHB. This appears to be the result of differences of opinion between Consultant Microbiologists, and other Consultant staff, at the different sites but it means that there is a lack of consistency across the Board's area of responsibility which is disconcerting for junior medical staff and may lead to errors. The appointment of the lead ICD may help to resolve this issue and should be addressed. The other area of antibiotic prescribing policy implementation is in Primary Care. There have been wide variations in prescribing practice with some high outliers. It is welcome to see that some of this has started to be addressed in the West part of the BCUHB area but it will require more support and educational input across the whole of the Board's Primary Care area.

Antimicrobial stewardship has had a major impetus from the Chief Pharmacist (Berwyn Owen). He has taken on the lead Board-wide role of an Antimicrobial Pharmacist very effectively. Although antimicrobials are not a specialist area of expertise within pharmacy for him, he is providing leadership and appropriate links into the CPGs and senior management. He has 3 good, experienced and qualified antimicrobial pharmacists in the 3 sites to provide the special expertise and the system is clearly working well. I would not wish my recommendation in my 2013 report that there should be a BCUHB-wide lead antimicrobial pharmacist to be interpreted as being inconsistent with what has been put in place.

I was critical in 2013 about the lack of audits of antimicrobial prescribing. I am pleased to find now that audits are being done on a regular basis by the clinical staff, including junior

medical staff. This provides ownership of the prescribing responsibility with those who do much of the prescribing. It has now been agreed that these audit data will feed into the Ward Metrics of overall quality of clinical care and performance. This will ensure that the audits are done and reported because it will be obvious if the data are not reported into the Metrics and remedial action will be initiated. The audit data is still patchy in completion across BCUHB and the data that are available show that there are still improvements to be made in the recording of key data: the percentage compliance with documented review dates, stop dates, IV to oral switch and reasons for the prescription is still patchy and too low overall. This approach to improved emphasis of the importance of audit of antimicrobial prescribing also needs to be applied in Primary Care to support good practice there.

These issues are not unique to BCUHB and apply elsewhere in Wales. This may provide the opportunity for an all-Wales approach to improving antimicrobial prescribing. One practical aspect of this may be a review of the all-Wales prescribing charts which do not have a specific area to support best practice in antimicrobial prescribing. While any such review takes time, it may be worth considering an approach taken by ABUHB where a simple sticker has been developed to convert sections of the current chart into areas consistent with what is needed for antimicrobial prescribing. It will be interesting to consider the results of their trial of this approach.

### **Root Cause Analysis (RCA)**

The system for Root Cause Analysis following outbreaks or serious incidents and/or deaths relating to HCAI in BCUHB in 2013 was not consistent with best practice guidance on conducting RCAs and had not produced the required outcome of identifying root causes for the infection occurrences that can be addressed by improvements in clinical practice. The RCA process is now much improved. Staff have received training in RCA and it is now generally consistent with recommended practice. The RCAs following significant infection episodes are led by the CPG/ward staff. The procedure is multi-disciplinary and there is much greater involvement of medical staff, particularly Consultant staff. It is not now initiated and led throughout by the ICT but the ICT provide support, data and specialist input to the RCA. The ICT does monthly collation of lessons learnt from RCAs conducted in the individual sites and across BCUHB as a whole.

In 2013, there was a serious issue of compliance with completion of RCAs in cases where, according to BCUHB policy, they should have been done. I understand that compliance has improved along with the improved process. As the numbers of cases fall with the Board's emphasis on reducing HCAI, the criteria for deciding which cases warrant an RCA will change; Trusts in England with low rates of CDI now have an approach of conducting an RCA on every case, which is not yet feasible with the number of cases in BCUHB but does become appropriate when focusing on the prevention of smaller numbers.

Thus, the process is now much better and systems are in place for the important outcome of RCAs – the recognition of issues that may have led to an infection, particularly common factors that appear in several RCAs, and the implementation of necessary changes in practice that are identified. The new management structure for IP&C should enable this “closing of the loop”.



### *C. difficile* typing

Only a limited number of *C. difficile* isolates, mostly from the patients in the outbreak at YGC, had been sent to the reference laboratory for ribotyping in 2013 which made it difficult to gain an overall indication of the impact of different ribotypes on the epidemiology of CDI across BCUHB. This has now been improved and more isolates have been typed. I am pleased to see that a project is planned with support from Public Health Wales to implement whole genome sequencing of isolates from BCUHB in the specialist laboratory at Oxford. The Oxford project is part of a UKCRC Translational Infection Research Initiative which has supported the creation of a research consortium for the application of WGS to the prevention and control of HCAI. I understand that half of the funding for this project has been secured but the remainder is still to be agreed. In the light of the 2013 outbreak and the ongoing numbers of cases, I recommend that this study should be implemented as soon as is reasonably possible.

### Facilities and accommodation

One of the important issues identified in my 2013 report was that there was limited single room accommodation in all the BCUHB hospitals, but with particular problems when the outbreak occurred at YGC. As anticipated, the cohort ward at YGC was discontinued when the outbreak had been brought under control.

I was encouraged on this visit by the approach to providing and managing single room accommodation even though the overall provision of single rooms given the overall structure of the three hospitals (pending the ongoing redevelopment of the YGC site) is still restricted. The redevelopment at YGC will see the provision of a much greater number of single rooms for IP&C and other purposes, but completion will take several years.

In terms of the number and availability of single rooms, several have been reclaimed from other uses which has increased the number of single rooms available for isolating patients. There have also been specific developments at YsbytyMaelor which had very restricted isolation facilities. A small but specialist isolation ward has been created with single rooms. Some rooms were already in the structure but trials have been done with temporary "pods" installed in an open area and with the building of simple partition walls to create single spaces. These are interesting and beneficial trials. For both the pods and the partition rooms, there remains the issue of providing handwashing facilities for each pod/room, but this should not be too difficult to overcome. If mains water and drainage cannot be put into these rooms, consideration should be given to installing stand-alone portable wash-hand basins that do not need mains connection. None of these trial rooms has en suite toilet facilities, but although desirable, that is not necessarily an absolute requirement given the clinical status of many of the patients and the availability of good quality commodes that are simple to clean.

As well as the number of rooms, improvements have been made in the way the available rooms are used, particularly in the assessment of patients for priority use. Ward staff, ICT and bed managers now work together to ensure best usage of the available single rooms. Furthermore, a scoring system is being developed by the ADN IP&C, ward staff and bed managers to help with this assessment. This should further help the process and is commended.

## Cleaning and environmental hygiene

I did not examine the cleaning and environmental hygiene arrangements in my 2013 review as this was not within my overall remit. However, I did look at the arrangements and the general standards this year as part of this re-visit. I was provided with environmental cleanliness audit data, saw the general cleanliness state of several wards at each of the three hospital sites, and met with the estates and facilities managers during my visit to YGC.

Overall, I was impressed by the arrangements in place for managing the cleaning services. There is an enthusiastic team, keen to deliver a good service and working closely with the IP&C team. The fact that the Environmental Cleanliness Committee is chaired by the ADN IP&C gives this area a heightened profile and puts cleaning in the mainstream of patient safety and infection control. There appears to be good support and leadership between the facilities managers and the IP&C Team. Changes have been implemented over the last year to improve the cleaning service and respond to IP&C needs. These include:

- The implementation of disinfection with Actichlor plus (a chlorine releasing agent) as a routine in the general cleaning of the hospital clinical environment. This is appropriate in a situation where numbers of cases of HCAI, and CDI in particular, are still relatively high, which suggests continued environmental contamination with *C difficile* spores. There are concerns about widespread use of chlorine releasing agents because of the exposure of staff to fumes that may be generated and the damage that continuous use can do to the fixtures and fittings and the fabric of the building. I agree with its use under current circumstances but it may be worth considering one of the chlorine dioxide agents as an alternative if use is to be prolonged. These agents have performed well in laboratory tests at HPA (now PHE) Porton and have fewer unwanted effects on people and fittings.
- The introduction of a microfibre cleaning system. This modern cleaning technology has shown good results in many clinical settings over recent years. The contribution to IP&C is partly because microfibre cloths are effective cleaners but also because the system requires rigorous adherence to single use, discard and laundry regeneration of the cloths that leaves less opportunity for inadvertent reuse and cross-contamination between different surfaces and different rooms.
- The introduction of a traffic-light system for determining which standard of cleaning is required after the discharge of a patient depending upon the infection risk from environmental contamination. Both nursing and cleaning staff clearly appreciated the clarity this brought. However, my only adverse comment was that the only examples of the charts on ward walls were in black & white/grey scale because they were photocopied and it lost the visual impact of red/amber/green!
- The rapid response team is available for post-discharge cleaning for most of the time although there may be some out of hours delays. Generally the service was praised and it reduces the delays in bringing single rooms back into use.
- HPV decontamination of rooms after discharge of patients with infections that cause persisting environmental contamination, eg, CDI, is now available routinely on all three sites. This is a welcome development. However, it is a system that can only be used in areas/rooms that can be properly sealed off from surrounding areas which does not apply to most bays. With this in mind, and for more effective cohort nursing if needed, when wards are being refurbished, consideration could be given to having doors fitted to bays.

- Commode audits show generally good results and compliance with cleaning requirements. I was pleased to see that all the commodes I saw were relatively new and of modern design for reasonable ease of cleaning; they were clean and “taped”.
- There is still an issue, as in most hospitals, about the relative roles of nursing and domestic staff in cleaning beds and bedside equipment. There seemed to be some inconsistency between sites.

However, BCUHB does not yet reach the standards required by the National Cleaning Standards and does not perform as well as it should in the Credits4Cleaning surveys and audits. In part, this is due in some areas to the age of the buildings and the historical lack of maintenance of the fabric of floors, walls and fittings. Much of it is a “tired” environment. The state of some of the older wards means that it is difficult to achieve the standards expected, but environmental hygiene must continue to have a high priority as part of the IP&C programme.

### Care pathways and Care bundles

One of the criticisms of the PHW outbreak investigation and my report in 2013 was a failure of documented application of the care pathway for CDI. The pathway itself was appropriate and contained all the key elements, but records of its implementation were incomplete, especially in relation to the medical aspects of the pathway. Hence, overall compliance was not good. This has improved significantly since 2013 and there is now evidence of good compliance with the pathway. It still needs some attention to achieve the expected levels but progress is good. There is a tendency (not just or specifically at BCUHB) to regard the formality of care pathways as a check-list approach to medical care, but their purpose and intent is to ensure a consistent, appropriate and high standard of care for patients with particular clinical conditions and this is becoming more generally accepted.

**Care bundles** appear to have had less emphasis in BCUHB (and in Wales generally) than in some other parts of the UK. In contrast to a care pathway, as for CDI, a care bundle focuses on specific clinical procedures setting out the key elements of the procedure (no more than 5 or 6) that must be performed properly on every occasion. They have been applied in particular to procedures that carry a particular risk of MRSA (or MSSA) bloodstream infection such as the insertion and maintenance of intravascular devices (cannulae and catheters most commonly). The care bundles for IV cannulae and catheters are only now in the process of implementation at BCUHB. Given the continuing rates of MRSA bloodstream infection and the requirements of the Welsh Government target, I recommend that implementation is accelerated. I am surprised at the late adoption - in Wales generally although BCUHB seems to have been rather slow even in a Welsh context- because such bundles (High Impact Interventions) have been promoted and implemented in English NHS Trusts since 2005-6.

### *C. difficile* outbreak at YGC – what went wrong?

Many inter-related issues came together to make a CDI outbreak a significant risk in BCUHB, and in YGC in particular. Most of the issues identified below have been addressed as indicated:

- It occurred on top of an overall incidence of CDI that was higher than in comparable Health Boards, was not reducing (in 2012), but was not recognised as a significant issue within the management of BCUHB and was not brought to the attention of the Board until the outbreak. *The numbers are still high but are coming down; continued emphasis is needed.*
- The population served by BCUHB is a high risk population with a high proportion of elderly residents with multiple co-morbidities – but its age-adjusted population rates of CDI were *and are* still high in comparison with others.
- Antibiotic usage in BCUHB was high and this is a major risk factor for CDI
  - There was slow progress with antimicrobial stewardship and
  - Failure to agree and implement single BCUHB-wide antimicrobial prescribing guidelines, although the three former guidelines were in continued use. *This is being addressed.*
- There was a weak IP&C management structure – *now corrected*
  - and a failure to recognise the risk indicated by the high background rate of CDI from the information which was being presented at the Board.
- There was a lack of IP&C leadership
  - especially in the failure to appoint a lead ICN – *now appointed*
  - and depending on an interim lead ICN – *ADN IP&C has been in place since October 2013*
  - and reporting through an Assistant Director of Nursing who did not have a background in IP&C – *the Lead ICN is now an ADN for IP&C.*
- The number of specialist IP&C staff had been reduced, particularly at YGC, resulting in – *a structure has been approved but recruitment needs to be implemented*
  - Inadequate training provided for ward staff
  - Reduced support for ward IP&C activities
  - Reduced input to audit activities on wards
  - Withdrawal of IP&C support for community hospitals and primary care.
- There was a lack of single room isolation facilities and delays in isolating patients with diarrhoea that might be infectious, including potential CDI cases. *-single rooms have been reclaimed, temporary rooms trialled and management of usage improved.*
- There was a failure to respond in a timely manner to concerns about isolation capacity and infection risks raised by the ICT in 2012. – *IP&C is now a high priority for Board and senior management*
- The way in which HCAI matters were reported to the Board from the Improving IP&C sub-committee through the Quality and Safety Committee led to false assurance and complacency. *-systems are now in place and IP&C is a high priority for the Board.*
- IP&C appears to have had a low priority at senior executive level and in the clinical management system through the CPGs. There has been a general finding that:
  - there were not thought to be serious issues with infection rates
  - antimicrobial stewardship and the implementation of prescribing guidelines did not have a high priority

*the CPGs have a greater appreciation of their responsibilities for IP&C*
- Local systems for IP&C in the three sites had been disbanded so there was no coordinating system or forum in any of the three main hospitals. – *the three local IP&C Committees have been reinstated and are working well.*

## Review of the approach to Death Certification in CDI cases

The problems identified with death certification in patients who have had CDI and in whom it may have contributed to their death are, I understand, being addressed with the Welsh Government and Public Health Wales and were not considered further in this re-visit.

## Role of Public Health Wales (PHW)

PHW has taken a closer involvement in the issues identified in my 2013 report and works closely with the Health Boards. There appears to be a more proactive approach and PHW provides support and expertise. I did not consider this aspect further in my re-visit because relationships were reported to be good.

## Recommendations - 2013

The 2013 review showed that the prevention and control of HCAI required significantly increased attention and priority throughout BCUHB, from individual wards and units through to the Executive Team and the Board itself (ie, from ward to Board and Board to Ward). The profile of IP&C needed to be enhanced across all clinical areas; the Chief Executive has ultimate responsibility for patient safety and senior managers needed to ensure that IP&C is a priority objective throughout the management structure.

*This has clearly been addressed*

The Board needed to have a reliable system of assurance in relation to the numbers and rates of HCAI in BCUHB and the performance of the IP&C service supported by expert interpretation and advice. *This it now has.*

### Board governance

- The Board should receive regular reports on numbers and rates of key HCAI (MRSA, CDI etc) with interpretation of trends and benchmarking against equivalent Boards in Wales and large Trusts in England. *IP&C reports are a standing agenda item and discussed*
- An Independent Member should have specific responsibility for the oversight of IP&C matters. - *the Vice Chair has taken on this responsibility*
- The assurance reporting line through the Board's Quality and Safety Committee should be distinct from the management line of responsibility and accountability for IP&C. The current system in which the Improving Infection Prevention and Control (sub) committee is a sub-committee of the Quality and Safety Committee, which is an assurance committee, is not appropriate. *This has been addressed*
- An appropriate governance system would be for the IP&C service to be managed through a BCUHB IP&C Committee chaired by the accountable executive (the Director of Nursing) [see below] with Board reports made by the Director of Nursing to the Quality and Safety Committee and on to the Board. *This has been put in place but is not yet fully operational*
- The Quality and Safety Committee should be expected to give detailed scrutiny to the information (surveillance, audit, and management data) to inform the Board but the Board itself should be clear about its own responsibilities to review HCAI issues and

should not devolve that responsibility to the Quality and Safety Committee. – *this is now done*

## Management

The newly appointed Director of Nursing, as the accountable executive, should take direct personal responsibility for the IP&C service with support from IP&C professionals appointed to lead roles across BCUHB. These key lead professionals with BCUHB with responsibilities should be:- *the DN has taken personal responsibility for IP&C*

- Lead Infection Control Nurse (full-time post) with post-graduate qualifications in IP&C and significant experience of working in the field in a large NHS organisation. This could be an appointment at either Assistant Director of Nursing (IP&C) or Nurse Consultant level; the BCUHB executive team prefer the Assistant Director of Nursing approach and I fully endorse this approach.
  - The Assistant Director of Nursing (IP&C) would be accountable to the Director of Nursing, would provide professional expertise in IP&C and would be responsible for managing the IP&C nursing service.– *the ADN IP&C was appointed in October 2013*
- Lead Infection Control Doctor. This will need an increase in the current Consultant Medical Microbiologist establishment as the post requires at least a 50% wte commitment. For most NHS bodies of equivalent size, this would be essentially a full-time post but with the dispersed nature of the clinical services in BCUHB across the three sites and the need for local ICD input, the role of the Lead ICD may not be full-time and may be linked to other Consultant Medical Microbiologist responsibilities.
  - However, the Lead ICD should not also have the lead ICD responsibilities in one of the sites. – *there have been difficulties in making this appointment but a suitable interim appointment has been made, but only providing 30% wte.*
- Lead Antimicrobial Pharmacist. The importance of antimicrobial stewardship and the need for implementation of BCUHB antimicrobial prescribing policies requires the appointment of a Lead Antimicrobial Pharmacist. As with the Lead ICD, this may not need to be a full-time role and may be linked with other pharmacy duties. This could include antimicrobial pharmacist duties in one of the sites but each site should have a full-time antimicrobial pharmacist who is not distracted by BCUHB-wide duties.
  - Responsibilities of the Lead Antimicrobial Pharmacist would be to coordinate the development, implementation and audit of BCUHB antimicrobial prescribing policies, working with the Consultant Medical Microbiologists and the lead clinicians for antimicrobial prescribing in the CPGs.  
*The Chief Pharmacist has taken on this co-ordinating and leadership role very effectively*

The Director of Nursing, Assistant Director of Nursing (IPC), Lead ICD and Lead Antimicrobial Pharmacist would form the Operational Team responsible for IP&C in BCUHB.*An Executive Group for IP&C has been formed but needs to be fully operational.*

## Infection Prevention and Control Committee

The Operational Team would need to operate through a BCUHB IP&C Committee whose membership should include:

- Nursing and medical representation from the IP&C teams in each site.
- Representation from the CPGs which should be the clinician with lead responsibility for IP&C on the CPG board (a restructuring of the CPGs into a smaller number would make this aspect of the IP&C committee less cumbersome).
- Representatives from Estates and Facilities management.

*A Strategic group and an Executive group for IP&C have been established*

### **Role of Site management and CPGs**

The management structure in BCUHB is divided between local (site) responsibilities and overall management of clinical services by the CPGs. This requires clarity in the line of accountability and the responsibilities for IP&C. Both have important roles and responsibilities.

#### **Site management**

During the last year, site management has been re-established at the three site hospitals with the appointment of Associate Medical Directors, Assistant Directors of Nursing and, within the last few months, Senior Site Managers. Much of IP&C has its application in the sites where care is provided and, therefore, needs a strong organisation at each site. This has been recognised at BCUHB in recent months with the re-establishment of local IP&C committees by the Acting Director of Nursing. These are key elements in the IP&C service with local responsibilities. At present, they do not have an effective BCUHB-wide structure to support them with a firm commitment to the implementation of policies, procedures and protocols. The recommendation for a BCUHB IP&C Committee (above) will provide an appropriate structure for the local committees to work within.

The constitution of the local IP&C committee should comprise the local ICD and lead ICN, the site management triumvirate, clinical representation and the head of estates and facilities.

The site IP&C committees should be responsible for the operational aspects of the IP&C service in their site. They should determine actions necessary for IP&C, institute and manage measures for the control of outbreaks that may (in fact will) occur. They should also ensure the delivery of the training programmes for all the staff of the site so that all receive appropriate initial training on appointment with updates required at regular intervals. The provision of the training and the maintenance of training records should be a local responsibility although the overall content of the training programmes will have been set by the BCUHB Committee.

*The site IP&C committees are now fully operational. However, the full provision of training programmes for staff, particularly training on individual wards, depends upon the IP&C Teams being brought up to full strength as planned and approved but not yet implemented.*

#### **CPG responsibilities**

IP&C is also an important responsibility within the CPGs that are the management lines for the clinical services (for example; cancer, women's, children's, medicine). Each CPG should appoint amongst the lead clinicians on its board, one who takes lead responsibility for IP&C. The CPG should have IP&C issues, ie, numbers and rates of key infections in their clinical areas, audits of policy implementation, antimicrobial stewardship and all aspect of antimicrobial prescribing and IP&C training of its staff, as standing items on their agendas.

The CPGs are responsible for the implementation of BCUHB policies, procedures and protocols for IP&C and antimicrobial stewardship and for ensuring that their staff do what is expected of them and for having an audit system in place to show that implementation and compliance are effective.

The Lead ICD and Assistant Director of Nursing should liaise directly with the CPG IP&C leads and should attend CPG board meetings regularly for the IP&C agenda items to help maintain consistency of delivery across the clinical services provided by the CPGs.

*The responsibilities for IP&C are now recognised by CPGs and they are taking appropriate lead roles for reporting in the site IP&C Committees. IP&C Leads are being identified in the CPGs but they need greater clarity in relation to their roles and responsibilities, including a basic job description for the role. Good relationships between the ADN IP&C have been established and similar links will need to be in place for the new Lead ICD so that they can support the CPGs.*

### **Staffing and function of local ICTs**

Each local ICT in the sites will be led by an ICD and lead ICN, with sufficient ICNs to deliver the required service. The precise numbers of ICNs required for each site is beyond the scope of this review but it is clear that the reduction in numbers of ICNs at YGC was linked to a reduction in IP&C services to below what is described here as necessary. The ICT provides the expertise and knowledge of IPC, surveillance etc.- *the structure and staffing for the local IP&C Teams has been approved; appointments now need to be made to bring them up to full complement.*

- Link nurses. Some parts of BCUHB have had a link nurse system in which a nurse in each ward team has designated IP&C responsibilities and provides a direct link with the ICT. The link nurses need protected, dedicated time to undertake these duties. YGC used to have such a system but it is reported that it was abandoned because the ICT did not feel able to provide the necessary support and due to a lack of clinical engagement and representation. This should be re-examined to decide whether link nurses should be re-instated or whether the responsibilities should be placed directly on the ward sisters and matrons.– *there is not yet a clear consensus on whether or not the Link Nurse network should be re-instated. Although there is no question that wards/units need to be linked into the IP&C Team to fulfil their own IP&C responsibilities and this can be the role of a Link Nurse system, it was put to me by some matrons and ward sisters that their own enhanced role in IP&C meant that they had taken on the roles that might previously have been those of a Link Nurse. This needs to be a matter for local decision to get the best implementation of “everyone’s responsibility” for IP&C.*

The functions of the local ICT should comprise:

- Outbreak investigation and management.
- Ensuring that the surveillance system links the laboratory data and clinical information and that all cases of infection are properly recorded and reported into the local surveillance system that feeds into the BCUHB surveillance and the reporting mechanism to PHW.



- Advising ward staff on the investigation and management of patients with infection and those who may have been exposed to infection.
- Supporting the implementation of IP&C policies and procedures, care bundles etc.
- Supporting the ward IP&C audit programme and collating the results for the site.
- Making a major contribution to the IP&C training programmes for clinical and non-clinical staff.

*The local IP&C Committees are now established to provide an operational structure for the ICTs to fulfil these responsibilities. However, as the ICTs are not yet up to strength, they are not yet able to fulfil all of these functions as effectively as they should.*

### **Ward responsibilities**

Each ward should receive, each month, its own figures for key HCAI numbers with historical data over previous months for comparison. These are often provided in the form of Statistical Process Control (SPC) Charts which provide a clear visual representation of the ward's progress. These should be reviewed by the ward multidisciplinary clinical teams under the guidance of the ward sister or matron, with input from the ICT as needed, at a monthly ward or unit meeting. The ward audit data should be reviewed alongside the infection data. This should form the basis of monitoring and sustaining the actions necessary to reduce the risk of infection.

*The ward staff have clearly recognised and taken up their responsibilities for IP&C. The RCAs are led by the ward/CPG staff. They receive their HCAI data and with the implementation of ICNet, they will have greater opportunity to interrogate the data and do the analyses that they require at whatever level they wish.*

### **Antimicrobial stewardship**

It was clear from reports and staff interviews in 2013 that there had been slow and inconsistent development and implementation of antimicrobial prescribing policies in BCUHB.

I recommended that BCUHB should quickly complete and promulgate the Board-wide policy for antimicrobial prescribing with two main components:

1. Selection of antimicrobial agents for specific clinical situations.
2. Appropriate prescribing principles including
  - Recording the reason for prescribing
  - Indicating an early review date (first consultant ward round and not more than 48 hours after admission)
  - Review of IV antibiotics after 48 hours with a view to switching to oral administration
  - Setting a stop date at 5 or 7 days with a positive medical decision being made for continuation beyond the stop date.

The lead antimicrobial pharmacist should work with the consultant Medical Microbiologists and representative clinicians from the CPGs to complete the policy as a matter of urgency.

## CPG responsibility

The CPGs are responsible for the implementation of the policies by their medical staff and the main responsibility is with the consultant medical staff to ensure their teams implement them.

## Audit

An audit programme based on the antimicrobial prescribing policy should be applied across all clinical specialties. The audits should be co-ordinated by the antimicrobial pharmacists supported by the consultant Medical Microbiologists who lead on antimicrobial treatment in the sites, but the responsibility for doing the audits should be with the clinical teams. It is particularly useful for junior medical staff to undertake the audits of antimicrobial prescribing because they are the ones who are doing the initial prescribing.

## Appraisal

Implementation of antimicrobial stewardship and prescribing policies should be part of the annual appraisal of all medical staff, both junior staff and, in particular, consultants who have the overall responsibility for the treatment of their patients.

*Most of this has now been set in motion. The antimicrobial prescribing policy has been adopted (although there is still some geographic inconsistency in what it requires). The antimicrobial pharmacist service is working well, coordinated by the Chief Pharmacist. Audits are being done and the results are now required to be entered in the Ward Metrics system. Compliance with the elements of antimicrobial stewardship still needs to be improved but the audit programme should help promote this. There is a need to extend the antimicrobial stewardship programme into Primary Care.*

## Personal responsibility

The phrase "infection prevention and control is everyone's responsibility" means exactly what it says. All clinical and non-clinical staff have a personal responsibility for their own standards and activities. All staff must be included in policies such as hand hygiene and be part of the audits.

All clinical staff have a wide range of responsibilities. They should attend for training to develop and maintain their skills and competences. The management structure should ensure that that the training is provided and that staff have the time to attend the required training sessions. The attendance of staff at training programmes should be monitored either through the local IP&C committees or the CPGs; either can be effective provided that the training records are monitored and collated at local level and reported to the BCUHB IP&C Committee so that management has oversight and the Board can be assured.

For those clinical staff who are subject to job plans, appraisals and personal performance reviews, IP&C should be an integral part of the appraisal and review. This should include numbers and rates of infection, audit returns for IP&C and, for medical staff in particular, compliance with antimicrobial stewardship policies.

*Compliance with IP&C training requirements are now part of medical staff appraisal. On-line training through the Doctors.net scheme is being promoted. There are still gaps in the provision of IP&C training at all three main sites and perhaps particularly in community and*

*primary care because there are not yet the IP&C staff in place to organise and provide it. eLearning programmes are available, but access to terminals and time availability restricts their practical availability to staff. Some staff have been enabled to do these packages at home, which is good, but that raises the issue of whether training should be expected to be done in staff's own time or whether this time would need to be set against time at work or remunerated separately. I understand that the CPGs that have adopted this approach allow staff to take the time back that they have spent on the training so that it is, effectively, paid time.*

## **Public Health Wales**

The role of PHW in relation to actions following their collation and analysis of surveillance data should be reviewed. The Welsh Government, NHS Wales and the Health Boards should consider whether it would be a greater benefit to public health if PHW were required to intervene when the surveillance data indicate that a particular Health Board (or individual hospital) has results outwith the expected parameters. Such an intervention at BCUHB could have alerted the Board at an earlier stage that their figures and rates were higher than peer comparators and that this indicated a need for some more detailed attention to IP&C with the support of PHW expertise.

*There appears to be a better and closer working relationship with PHW on the programme to achieve the targeted HCAI reductions in Wales.*

## **Death Certification**

There are clear differences in the approach to death certification in patients who have died with or following CDI between West and Central/East sites. The pre-certification involvement of the coroner in the Central/East sites will certainly have the result that CDI is recorded as a contributory cause in fewer deaths than if this was done on the basis of clinical assessment. This is an unusual situation and is not consistent with what happens in the rest of Wales and most of England. This role of the coroner, as well as being unusual, would not be consistent with the new "medical examiner" role that will be introduced shortly.

The expectation of central government officers and agencies for certification of deaths when HCAI (including CDI) is implicated would be that the decision to include the infection on the death certificate is made by the clinician responsible for the patient's care before death, with advice from the ICD/Consultant Medical Microbiologist and, additionally, from the Histopathologist when there has been a post-mortem examination. Deaths in which CDI or other HCAI is implicated in either part of the death certificate are incidents relating to deaths linked to medical practice and should be referred to the coroner who may wish to make further inquiries, but this is not prior to the medical certification of the death.

This anomaly in the Central/East sites should be reviewed as a matter of urgency by the Health Board, Welsh Government, PHW and the coroner's office with a view to implementing a consistent approach to death certification in CDI and other HCAI cases in Wales.

*This is being addressed by the Welsh Government and PHW.*

## **Epidemiological investigation of CDI in BCUHB**

An investigation of the epidemiology of CDI in all three sites of BCUHB is beyond the scope of this review but should be undertaken to understand the current and recent background pattern of infection and the outcomes. It should cover cases of CDI that occurred over the past 2 years (2011 and 2012) and with methodology similar to that used by the PHW team that investigated the 2013 outbreak at YGC although a detailed case note review may not be feasible but the pattern of cases can be established without detailed reading of the notes. BCUHB should seek the help of PHW in conducting this investigation which is needed to show where and in which patient groups the occurrence of CDI is most significant.

*Epidemiological investigations are ongoing with PHW.*

## ***C. difficile* ribotyping**

The ribotyping of *C. difficile* isolates from cases has not been done routinely at BCUHB. It is not expected that *C. difficile* will be isolated and sent for typing in all cases but it should be done more frequently and specifically in cases that result in major surgery or death and when there may be linkage between cases in time and place may indicate cross-infection. When isolates appear indistinguishable by basic ribotyping, further specific genotyping (eg, whole genome sequencing) methods should be applied.

*There is more ribotyping being done to inform the epidemiological investigation and a project has been agreed to secure typing by whole genome sequencing through the Oxford laboratory although final confirmation of funding is awaited.*

## **Root Cause Analysis**

The current approach to RCA was inadequate in 2013. The system should be reviewed and the staff who do it should be given further training in RCA methodology. The analysis should focus on outcome, ie, what root causes can be identified and whether these should lead to a change in clinical practice.

The RCAs should be completed in a timely way (eg, by setting a limit of 5 or 7 working days for completion). The result of each RCA should be reported to the local IP&C committee (for any action related to the locality) and to the appropriate CPG board (for any action related to clinical practice). The RCA results and any actions should then be reported to the BCUHB IP&C committee. The IP&C executive team should ensure that the RCAs are being done properly and in a timely manner.

Ideally, an RCA should be done for each case of CDI but this may not be feasible with the current number of cases but this is now being done in several Trusts in England. In the current circumstances, RCA should, as a minimum, be done on all cases of moderate to severe disease, all cases where the patient subsequently dies, and all cases that are probably linked in place and time.

There should be a collation and review of RCA results at (currently) quarterly intervals to identify common or recurrent factors (as in the February 2013 report) and take appropriate actions.

*A much improved RCA system has been put in place. Leadership of individual RCAs is now the responsibility of ward/CPG staff on a multi-disciplinary basis and they are expected to lead the reporting to the local IP&C committee. The IP&C Team is to provide specialist advice and input and does a monthly collation of the findings or RCAs at site and BCUHB levels. However, implementation of this changed approach is still patchy and requires significant input from the IP&C Team at times to ensure appropriate engagement of the ward/CPG staff.*

This report of my re-visit to review the implementation of the recommendations of my 2013 report on governance and management of IP&C at BCUHB was submitted in draft form to the BCUHB Executive Team on 20 June 2014. Minor corrections of fact were made on the basis of their response and the final report was submitted on 1 July 2014





RECEIVED

11 AUG 2014

Our ref: NB/mm

Ask for: Marilyn Morgan

Your ref:

 01656 641152

Date: 4 August 2014

 Marilyn.morgan@ombudsman-wales.org.uk

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

Dear Mr Millar

**Memorandum for the Accounting Officer of the Office of the Public Services  
Ombudsman for Wales**

Thank you for your letter dated 31 July 2014 regarding my appointment as Accounting Officer for the office of the Public Services Ombudsman for Wales.

I can confirm that my PA has emailed Jane Dupres at Civil Service Learning and Brian Whalley at Public Accountability Training Ltd to arrange the training as soon as is practicable.

Yours sincerely



Nick Bennett  
Ombudsman

# Eitem 2.5

Sir Derek Jones KCB  
Ysgrifennydd Parhaol  
Permanent Secretary



Llywodraeth Cymru  
Welsh Government

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

11th August 2014

*Dear Darren,*

## **Grants Management and Auditor General for Wales's Report: National Fraud Initiative 2012-13**

Thank you for your letter dated 17 July 2013.

As requested we will be including further details within the next "Welsh Government Annual Report on Grants Management" on both the compliance work on Spot Checks and the National Fraud Initiative. I hope this provides you and the Committee with the reassurance you were looking for.

*Yours,  
Derek*



BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park  
Caerdydd • Cardiff  
CF10 3NQ

Ffôn • Tel 02920 823289  
PS.PermanentSecretary@wales.gsi.gov.uk  
Gwefan • Website: [www.wales.gov.uk](http://www.wales.gov.uk)





24 Cathedral Road / Heol y Gadeirlan  
Cardiff / Caerdydd  
CF11 9LJ  
Tel / Ffôn: 029 20 320500  
Fax / Ffacs: 029 20 320600  
Email / Ebost: wales@wao.gov.uk  
www.wao.gov.uk

Mr Mike Hedges AM  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Reference	PA85/hcj/mm
Date	15 August 2014
Pages	1 of 3

Dear Mr Hedges

### STUDENT LOAN BUDGETING ARRANGEMENTS

I am responding to the query that you raised at the Public Accounts Committee on 15 July 2014, and subsequently by email, in response to the Auditor General's suggestion that the Committee could explore issues relating to the student loan book when scrutinising the Welsh Government's 2013-14 consolidated accounts. During the Committee meeting, you questioned some of the comments I made about the way in which costs associated with student loans are met. You referred then in general terms to the loan book and the debt associated with it. However, I note that your email referred specifically to your belief that, in respect of the potential effect on the Welsh budget of the loan book, it would not cause any change in the AME (Annually Managed Expenditure) because it was effectively covered by the Treasury.

It was the distinction between the AME and Departmental Expenditure Limit (DEL) budgeting arrangements that I was seeking to highlight in my comments to the Committee on 15 July. I confirmed then your understanding that, in principle at least, the issuing of student loans is underwritten by the Treasury as AME. The Welsh Government is able to draw down additional AME funds from HM Treasury if required. Unspent funding, due to lower-than-expected demand, has to be returned to HM Treasury.

From its main DEL budget the Welsh Government has to account for an annual adjustment based on the estimated level of future loan policy write-offs, for example because of death, students' earnings not reaching the repayment threshold or loans not being fully repaid by the end of the repayment period. This adjustment also takes into account the interest subsidy on student loans – the difference between the market rate and the interest actually charged to students. We referred to that charge in our November 2013 [Higher Education Finances](#) report as the 'loan policy write-off' charge, although it is referred to in the Welsh Government's budget as the Resource Accounting and Budgeting (RAB) charge.

Paragraphs 2.7 to 2.16 in our report related to the Welsh Government's arrangements for monitoring forecast student finance income and expenditure and the associated risks. Paragraph 2.9 in our report noted that it is important that the Welsh Government has at its disposal in sufficient time the information needed to accurately estimate the amount of AME cover required to make student loan payments. Our report noted that there had been some difficulties in that regard in late 2012-13. On that occasion, the Welsh Government was able to negotiate a change to cover a prospective budget shortfall late in

the budgetary process. In reporting on this issue, the Welsh Government's internal auditors noted that that option was unlikely to be available in future and could result in serious consequences for Welsh Government budgets.

We noted in our report that changes to the way in which the student loan book is valued and RAB charges calculated – the adoption of a new model developed by the UK Government – were likely to necessitate a one off 'stock-charge' to the value of what had been estimated to be around £326 million. The Welsh Government had also estimated that the move to the new model could see RAB charges increase by around five per cent. Our report summarised briefly the consideration that the Welsh Government had given to other options for its future modelling of the loan book. In considering other options, which would themselves have been likely to result in an additional stock-charge, the Welsh Government had been mindful that the Treasury may have been less likely to cover that charge if the Welsh Government had not adopted the model in use elsewhere in the UK. Even when deciding, in September 2013, to adopt the UK-wide model, Treasury cover was not guaranteed. However, the Welsh Government considered it likely given that the Treasury had covered the equivalent charge when the same model was adopted in Scotland and Northern Ireland.

In February 2014, the Welsh Government laid its [2<sup>nd</sup> Supplementary Budget Motion for 2013-14](#). The [explanatory note](#) accompanying the budget motion pointed to various changes to the budget arising from the need to reflect the stock-charge and changes to the RAB charge rate. The supplementary budget pointed to the transfer in of £326,450k of non-fiscal resource from the Treasury to cover the stock-charge and an increase in the RAB charge rate. However, the [Welsh Government's consolidated accounts for 2013-14](#), laid on 30 July 2014, note the following with regard to the additional non-cash cover from the Treasury:

*Governance statement (page 24):* "During the finalisation of the figures for the 2013-14 financial year, it was reported that some data inputting errors had occurred. This resulted in a shortfall of £25.6m in non-cash provision because the error was identified too late to bid for additional non-cash cover from Treasury. This has resulted in a breach of the Department for Education and Skills Ambit Resource Limit by £10.1m. This was an isolated administrative failure which does not give rise to any concerns about the underlying affordability of the student finance model. An investigation has been commissioned to ensure controls are strengthened to avoid a similar occurrence in future years."

*Note 11 on financial assets (page 49):* "The statistical model used has changed in the year resulting in a large one off adjustment to the value of the loans. This adjustment represents extra provision needed as over the past few years interest rate and earnings forecasts have been lower than expected. In addition, during the last quarter of 2013-14 an error was identified that created an additional write off of loans in year which resulted in a £25.6m over spend in non-cash within DfES. The error occurred post the supplementary budget and, therefore, although there were underspends elsewhere within Welsh Government, a transfer was not actioned and hence DfES exceeded its departmental ambit by £10.1m. A lessons learned exercise has been undertaken to prevent a similar error occurring in future."

The Welsh Government noted in its governance statement that a further new model for the valuation of student loans is being worked on. The Welsh Government indicates that any new model will need to be fully tested and adapted for Welsh policies, such as the partial cancellation of maintenance loans, before any move to it this year. The change to the new model could result in further stock-charges and changes to the RAB charge for which, again, the Welsh Government may need to seek cover from the Treasury. In January 2014, the Treasury updated [Chapter 8](#) of its 'Consolidated Budgeting Guidance from 2013-14'. The revised Chapter 8 reflects changes in the budgeting treatment of student loans. The Committee might wish to explore with Welsh Government officials the possible implications of these changes.

I hope that this letter helps to clarify why, in the Auditor General's previous letter, he noted that there were issues relating to the loan book that the Committee could explore with the Welsh Government as part of an evidence session on the consolidated accounts. The Welsh Government's Department for Education and Skills has recognised that if forecasts for the student loan book are not accurate, this presents an on-going risk to the Department's budget which could limit the Department's ability to afford a higher demand on student finance or to fund other priorities.

I apologise if my response, in the short discussion during the meeting on the 15 July, was insufficiently clear. Because you raised this issue as part of the Committee's evidence session on 15 July, I am copying this letter to the Chair of the Committee and to the clerking team so that it can be used to inform any background briefing for the planned evidence session on the consolidated accounts.

Yours sincerely



**Matthew Mortlock**  
**Director Performance Audit**

cc. Darren Millar (Chair of the Public Accounts Committee)  
Michael Kay (Clerk to the Public Accounts Committee)



Eich cyf/Your ref  
Ein cyf/Our ref

20 August 2014

Mr Darren Millar AM  
Chair  
Public Accounts Committee  
National Assembly for Wales

Dear Darren

## **Covering Teachers' Absence**

Thank you for your letter seeking further clarification in relation to the response that I provided to your report on Covering Teachers' Absence. I will respond to each of the three recommendations you have highlighted in turn.

### **Recommendation 1**

I note that the original recommendation in your report did not refer to monitoring expenditure on supply cover. This was in fact part of recommendation 13. However, I will deal with the response as it has been set out in your letter.

As I stated in my original response, school governors and the headteacher are responsible for the deployment of staff to meet the needs of the school and monitoring absence data on a regular basis is a key element in meeting this requirement. In practice, schools will be supported in this by local authorities in their capacity as employers.

Whilst the collection of additional data may have some value we also need to bear in mind the potential burdens on schools and local authorities of providing data centrally in addition to arrangements already in place.

My officials will therefore work with schools, local authorities and consortia to identify what key information should be collected, by whom, and how it can be used by them to better manage teacher absence. However, in doing so, we will also consider how data can be collated nationally in a form that is useful and which avoids unnecessarily increasing burdens on schools and employers.

As part of the annual review and challenge cycle which takes place with consortia, we will discuss the data that has been collected by the local authorities/consortia including trends and issues that have been highlighted by the data. These meetings will also allow us to work with the partners to identify examples of best practice as well as consider solutions to key areas of concern.

### **Recommendation 3**

The Welsh Government has committed to issue guidance which will make clear to governors their right to ask headteachers for regular reports on absence issues.

We have previously explained that certain governors such as the chair and members of committees dealing with staff disciplinary and dismissal matters, staff grievances, redundancies and capability issues have specific roles and responsibilities within those processes. Those governors and committees will be responsible for managing the HR process and seeking advice from local authorities/consortia on how best to deal with the issues raised. Given that these HR matters are invariably confidential it would not be appropriate for other governors to be involved and there would be no role for them to manage any staffing or HR process.

The Committee may also wish to note that in accordance with the Government of Maintained Schools (Wales) Regulations 2005 governing bodies are required to review all policies, procedures and committee remits and terms of reference at least annually to ensure they are kept up to date and to identify membership of committees that deal with these matters – this includes HR policies and committee structures. Usually governors will be made aware of this as it will be on the agenda which is agreed between the chair of governors and headteacher.

As regards delegation of functions there is also scope within the 2005 school governance regulations for governing bodies to delegate certain matters if they wish – it is up to them what they delegate and to whom. However, in our experience it would be most unusual for a school not to have a generic staffing/personnel committee to consider HR and staffing matters that fall outside of those previously mentioned, such as staffing structures, staff absences and staff requests for leave during term time etc. The chair of this committee will be the link with the governing body and as required in the 2005 governance regulations will have to report discussions and decisions on staffing and HR matters. The governing body could choose to delegate the generic functions of a staffing/personnel committee to a single governor, if they wished.

Governors are volunteers and HR and staffing matters are a huge responsibility which is why these issues are normally delegated to committees rather than an individual governor. Given the complexity often involved in HR and staffing matters a single governor, in our view, would be unlikely to want to be responsible for dealing with such sensitive matters as they would not have the confidence, knowledge and experience. There are also risks in attaching such responsibilities to a single person.

### **Recommendation 13.**

I note that this recommendation in your original report made no reference to monitoring learner progress and was primarily concerned with the cost of teacher absence which I have dealt with under recommendation 1 above.

However, maintaining continuity of learning during staff absence is clearly a fundamental issue that should be at the forefront of schools' thinking when they are managing absence and this will be an integral part of the actions we are taking in relation to your recommendation 7. My officials are drafting guidance on the effective management of cover in response to this recommendation. This guidance is being produced in conjunction with schools and local authorities to identify effective practice and will cover the following themes:

- Roles and responsibilities of stakeholders
- Effective management of cover
- Mitigating the impact of teacher absence
- Proactive management of teachers' attendance and absence
- Information and support to be provided to supply teachers and other staff providing cover
- Performance management and professional development of staff.
- Quality Assurance checklist for schools who use supply teachers from agencies and local authorities lists.

I do not see it as part of the role of the Welsh Government to micro-manage schools as the responsibility for ensuring that learners make good progress sits squarely with schools themselves as reflected by the statutory duties placed on the Governing Body and the headteacher. I have put in place a National Model of Regional Working that integrates school improvement services to provide the appropriate degree of challenge and support for schools and Local Authorities continue to be responsible for the performance of their schools. Through the review and challenge arrangements that I referred to earlier I will expect to be provided with the necessary level of assurance that the interests of learners are being fully catered for. The guidance described above will assist them in this.

I hope this addresses your concerns.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Huw Lewis', is enclosed in a thin black rectangular border.

**Huw Lewis AC / AM**

Y Gweinidog Addysg a Sgiliau  
Minister for Education and Skills



# Eitem 3

## Y Pwyllgor Menter a Busnes Enterprise and Business Committee

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

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



25 July 2014

Dear Darren

### **Auditor General for Wales Report: Young people not in education, employment or training**

Thank you for your letter of 21 July 2014, and for keeping us up to date on your Committee's consideration of the Auditor General's recent report on Young People not in education, employment or training.

As part of our forward work planning, the Enterprise and Business Committee has agreed to undertake a short policy inquiry in November looking at "support to help young and older people into work". We will agree the exact scoping of this inquiry in September but we will be talking to young people who are not in education, employment or training and looking at the barriers that they encounter. The Auditor General's report will be a useful source of information for us and I am interested in your Committee's views on the subject. Likewise, I will keep your Committee updated on my Committee's inquiry and progress.

Yours sincerely

William Graham AM  
Chair, Enterprise and Business Committee

Bae Caerdydd  
Cardiff Bay  
CF99 1NA



Owen Evans  
Cyfarwyddwr Cyffredinol • Director General

Yr Adran Addysg a Sgiliau  
Department for Education and Skills



Llywodraeth Cymru  
Welsh Government

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

18 August 2014

Dear Darren

**Auditor General for Wales Report: Young people not in employment, education or training**

In response to your letter of 21 July 2014, please find attached at annex A, a Welsh Government response to the Auditor General for Wales Report *Young people not in employment, education or training*.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Owen Evans'.

pp  
Owen Evans  
Director General



BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park  
Caerdydd • Cardiff  
CF10 3NQ

Ffôn • Tel 02920 825381  
[owen.evans3@wales.gsi.gov.uk](mailto:owen.evans3@wales.gsi.gov.uk)  
Gwefan • website: [www.wales.gov.uk](http://www.wales.gov.uk)

## Welsh Government's response to the recommendations

### To better understand expenditure on the services required to deliver the Framework

**R1** We estimate that the combined value of Welsh Government and European spending associated with reducing the number of young people who are NEET was in the region of £200 million in 2012-13. The Welsh Government did not systematically assess the cost of the provision that would be needed to support implementing the Framework at the outset but believes it can achieve its objectives by re-focusing existing expenditure on young people and employment support and implementing best practice. To better understand the effectiveness and value for money of its expenditure, the Welsh Government should:

**a** by October 2015, map and review, with partners, the expenditure on services to deliver the Framework to be able to make judgements about the cost effectiveness of this expenditure; and

**b** review whether adjustments are needed between funding streams to better support the effective delivery of the Framework

### **Accept in Principle**

*There have been several attempts in the past to try and review the amount of expenditure on reducing the number of young people who are NEET. Many of the programmes identified within the WAO report, whilst contributing to support for young people, were not set up specifically for the purpose of reducing the numbers of young people who are NEET, and have a broader purpose (for example Careers Wales is funded to provide Careers Advice and Guidance to all young people, their work will support those young people at risk of becoming NEET, but it is not their only purpose). The programmes highlighted within the WAO report cover such a broad range of activity that a wholesale systematic assessment of value for money for the purpose of identifying their individual impact on preventing a young person becoming NEET is not possible as a comparative judgement. The needs of this diverse group of young people often require a response that is based on a range of interventions, depending on individual need, and the mix of support for one individual may well not have the same impact for another.*

*The purpose of the Framework is to provide a systematic mechanism for local authorities to identify those in need of support, to establish the support available, and then to track the progress of young people as they make the transition from education into further education or employment. There is a requirement for local authorities to map provision available within their local area, and determine any potential gaps or duplication, which will enable them to better plan and deliver support services. Within this context, Welsh Government, and other stakeholders will be informed by the findings and can plan and contract for appropriate provision to meet such needs through their own programmes (an example of this is the current review of Traineeship provision which is being informed by findings from local authorities to availability of provision locally to meet the needs of young people in their area).*

*Provision mapping will enable us to have a more cohesive view of provision across Wales. It will also help determine the type of provision that delivers the most effective outcome for young people.*

***The Welsh Government through its Youth Engagement and Progression Framework is providing the structure which will help local authorities to establish whether local and national provision is delivering effective outcomes and value for money through the measurement of reductions in numbers of young people NEET at a local level. The provision of statistics on a monthly basis to local authorities through Careers Wales enables progress to be monitored and tracked.***

**To achieve its targets to reduce the proportion of 19-24 year olds who are NEET**

**R2** The Welsh Government has set a target in its *Tackling Poverty Action Plan 2012–2016* to reduce the proportion of young people 19-24 years old who are NEET compared to the rest of the UK. The Framework focuses on 16-18 year olds and the Welsh Government believes that improving progression at this age will lead to improved outcomes later. However, work elsewhere has found that councils need to continue support for disengaged young people after the age of 18. We found that many councils are beginning to consider how the approach with 16-18 can be adapted for the greater number of 19-24 year olds who are NEET. This includes developing links with the Department for Work and Pensions locally, which plays a more important role with the age group. To achieve its targets to reduce the proportion of 19-24 year olds NEET, the Welsh Government should:

**a** clarify its strategic approach to reducing disengagement among 19-24 year olds and how the Framework is intended to achieve its objective of a long term reduction in disengagement;

**Accept**

***A key aspect in reducing disengagement relates to the transition point for young people from education into the labour market. DfES is working with DWP and Careers Wales to ensure appropriate data sharing and warm handover at this important point in the young person's journey to work. This forms part of the work being undertaken through the joint Access to Employment Working group which is co-chaired by DfES and DWP.***

**b** work with councils beginning to develop their work with young people 19-24 to share emerging learning and good practice and ensure that councils' work and planning aligns with national priorities and targets;

**Accept**

***A number of best practice examples are emerging through local authorities across Wales. Our regional approach, which draws together the key players in the employment and skills arena across three 'learning partnerships' covering the whole of Wales, will be the vehicle for sharing this best practice, alongside the work of partners operating within the Framework.***

**c** review its expenditure on support for 19-24 year olds including the extent to which funding streams are co-ordinated and aligned with its priorities in order to assess if current funding is likely to achieve the Welsh Governments targets;

**Accept**

***The Welsh Government's approach to supporting the employment and skills agenda is clearly focussed on how best we can achieve maximum effect from the investment necessary across all relevant funding streams. This is articulated through the DfES Footprint for ESF delivery which was published in May 2014.***

*The DfES approach to employment and skills support aims to deliver a more integrated employment and skills offer from 2014 onwards. DfES will focus on providing leadership and direction, adopting more of a strategic commissioning role as opposed to a direct delivery role, with a view to creating a more coherent and integrated portfolio of programmes at national, regional and local level. Co-ordination of employment and skills delivery will be undertaken through an integrated portfolio of projects that respond to clearly identified and evidenced need and operate at a combination of national, regional and local levels with investment coming from a range of sources including structural funds, public and private investment.*

**d** examine the cost effectiveness of the measures currently in place; and

**Accept**

*All ESF projects are monitored and evaluated, and performance information against specific targets is provided to WEFO directly from the project sponsors. Welsh Government also evaluates the performance of non-EU supported interventions.*

**e** build on its developing links with the UK Government's Department of Work and Pensions in order to co-ordinate its provision with mandatory provision for longer term unemployed young people

**Accept**

*The Welsh Government has an ongoing, close working relationship with DWP and local Jobcentre Plus. The recently established Access to Employment Working Group has a specific remit to ensure alignment of policy and practice between Welsh Government and national UK-wide schemes.*

**To achieve long term improvements in outcomes for those currently most likely to be NEET**

**R3** Young people who are NEET face a range of different barriers to participating in education, employment or training. Young people who are disabled, chronically ill, have special educational needs, attend poorly at school and attain poorly, as well those from some ethnic minority groups, are more likely to become NEET. Young parents have a high rate of disengagement. However the Welsh Government's targets do not distinguish between those who are sustained or core NEET and those who are only temporarily out of education, employment or training despite these groups needing different policy responses. Focussing on young people who are sustained NEET will also result in the greatest savings to the public purse. There is a risk that the Welsh Government's targets could be achieved without improving outcomes for who represent the greatest challenge. To avoid this risk, the Welsh

Government should:

**a** have greater clarity about its expectations of councils to focus on young people who are sustained NEET and incur the greatest cost to the public sector to avoid the risk that its targets are achieved without impacting on those furthest from the labour market;

**Accept**

*Local authorities are charged with providing the support young people need to aid their progression through education and training into employment. This will be delivered through a systems based approach to early identification of need, co-ordinated brokerage of support and tracking of the young person's progress. Through the bi-annual reviews with local authorities, Welsh Government will discuss*

***their approach to ensuring those young people with protected characteristics are given the right support.***

**b** discuss with councils their implementation plans with specific reference to the needs of young people at high risk of being NEET, including those young people with protected characteristics under the Single Equality Act and teenage parents; and

**Accept**

***Welsh Government plan to analyse post 16 destinations and quarterly Careers Wales progression data as well as data on vulnerable groups such as Looked After Children (LAC), Care Leavers, Young Offenders and the links to Challenge Cymru schools. This data will be discussed with local authorities within their bi-annual reviews with Welsh Government to ensure local authorities are delivering the right support to these young people.***

**c** consider its arrangements for reporting outcomes for young people with protected characteristics and teenage parents as outlined in its 2012 Strategic Equality Plan.

**Accept in Principle**

***Welsh Government will work with Careers Wales and the Framework evaluation contractors to identify data that will help monitor local authority activity to support the engagement and progression of underrepresented groups such as LAC and Young Offenders. If this data is available in the future, publication of such information would need to adhere to the National Statistician's guidance around the confidentiality of official statistics, particularly in consideration of statistical disclosure issues at the local authority level.***

**To ensure that Welsh Government, councils and their partners are working towards shared targets and objectives for reducing the number of young people who are NEET**

**R4** Councillors and local government officials generally demonstrate a high level of commitment to reducing the number of young people who are NEET. There is a high level of understanding of the risk factors and the social costs of being NEET. However, we found that councils had not all developed targets for NEET against which their performance could be assessed. Where targets had been established, they did not always align with the Welsh Government's targets. To establish targets and ensure that councils and partners can be held accountable for performance, the Welsh Government should:

**a** do more to ensure that local and national measures and targets are more closely aligned by using the biannual meetings and the review of action plans to ensure that local objectives and targets reflect national priorities;

**Accept in Principle**

***Currently the only data published by local authority area relates to 16 year olds who are NEET (compiled by Careers Wales, and used as comparative data across all Local Authorities). There is currently no published data that breaks down national (Wales level) figures for 16 -18 year olds, and 19 – 24 year old NEETs at a local authority level, therefore it is very difficult for individual authorities to adopt national targets as no baseline exists at a local level against which they can measure progress. Welsh Government is currently looking at widening the scope of the data that is available for 17 and 18 year olds, which will provide a more robust picture than just the 16 year old data. However, the local authority data will be derived in a different way to the***

*methodology for deriving the existing headline national estimate and therefore they will not be directly comparable.*

*Through the bi-annual reviews with local authorities, Welsh Government will discuss the targets they have set for reducing NEET within their authority and we will use the post 16 destinations and quarterly Careers Wales tier progression data to discuss their progress.*

**b** encourage councils to develop SMART targets that demonstrate progress towards the goals and enable both the council and its delivery partners to be held to account for their performance; and

**Accept**

*Welsh Government is currently looking at enhancing the Careers Wales destination data for 17 and 18 year olds, which will provide a more robust picture than just the 16 year old cohort. Local authorities will then be able to review progress and set appropriate targets against their starting point.*

**c** assess the implications of changes in the delivery of education services following the Hill Review and potential changes in the delivery of public services following the report of the Commission on Public Service Governance and Delivery on the arrangements to implement its Framework.

**Accept**

*We expect regional consortia (which has a narrow focus on school improvement) to align and integrate with the wider range of responsibilities and services delivered by local authorities including support for NEETS. We will ensure that consortia business plans evidence this integration when they are submitted to Welsh Government in March 2015.*

**To evaluate the impact of the Framework and spread good practice**

**R5** There has been a significant amount of research on the causes of young people becoming disengaged from education, employment or training. This has been summarised previously by the Welsh Government and we conclude that the Framework is based on this and evidence of approaches to reducing the number of 16-18 year olds who are NEET in two councils in Wales. However, the evidence is less clear on the effectiveness of particular interventions and, in particular, on the value for money of the large number of projects and programmes working with the young people who are NEET or at risk of becoming so. The Welsh Government has committed to evaluating the impact of the Framework and enabling shared learning, although there are a number of challenges to successfully evaluating its impact and establishing value for money. To provide evidence on the effectiveness of the Framework and its value for money, the Welsh Government should:

**a** discuss plans for local evaluations of projects and programmes funded by councils and the third sector in their biannual meetings with the aim of comparable outcomes and outputs so that councils can assess the relative effectiveness of interventions with young people;

**Accept**

*Welsh Government will discuss with local authorities what plans they have in place for evaluating projects and programmes. We will also explore through the evaluation of the Youth Engagement and Progression Framework any examples of good practice being demonstrated within local authorities for evaluating the effectiveness of the interventions for young people.*

**b** develop a methodology for assessing the value for money of projects and programmes which councils and their partners can use in their own evaluations;

**Accept in Principle**

*Welsh Government will explore the potential for doing this and the cost of developing such a model and its applicability across a range of projects and programmes. There is already guidance on carrying out evaluations available and we will hold workshop sessions with local authorities and partners, through the Regional Working Groups, to provide training on effective evaluation methodology.*

**c** agree with the Welsh European Funding Office (WEFO) and councils how individual services are evaluated and monitored in a manner that allows comparison between the interventions and enables the Welsh Government to make a judgement about value for money; and

**Accept in Principle**

*All ESF projects are monitored and evaluated, and performance information against specific targets is provided to WEFO directly from the project sponsors. It is however, difficult to make comparisons between programmes as they are not all set up with the same purpose. It is often a range of interventions rather than one single intervention that will have an effect.*

**d** incorporate an assessment of the impact of the Framework on sub-groups of young people within the NEET population within monitoring data and any commissioned evaluations

**Accept**

*Welsh Government will work with Careers Wales and the Framework evaluation contractors to identify what data is available for underrepresented groups such as Looked After Children (LAC), Care Leavers and Young Offenders and whether it can be assessed as part of the impact evaluation of the Framework.*

24 Heol y Gadeirlan / Cathedral Road  
Caerdydd / Cardiff CF11 9LJ  
Ffôn / Tel: 029 20 320500  
Ebst / Email: [info@wao.gov.uk](mailto:info@wao.gov.uk)  
[www.wao.gov.uk](http://www.wao.gov.uk)

Alun Ffred Jones AC  
Cadeirydd y Pwyllgor Amgylchedd a Chynaliadwyedd  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
CF99 1NA

Ein cyf	HVT/2205/dca
Dyddiad	4 Medi 2014
Tudalen	1 o 1

*Anwyl Alun*

## **Bil Llesiant Cenedlaethau'r Dyfodol (Cymru): Ymgynghoriad ar Egwyddorion Cyffredinol**

Diolch yn fawr iawn am y cyfle i gyflwyno tystiolaeth i'r Pwyllgor ar egwyddorion cyffredinol Bil Llesiant Cenedlaethau'r Dyfodol (Cymru). Rwy'n amgáu ymateb i'ch cwestiynau penodol. Rwyf hefyd yn amgáu atodiad sy'n cyflwyno rhai sylwadau pellach ar gymalau'r Ddeddf a'i Femorandwm Esboniadol.

Gan fod y Bil yn codi rhai materion mewn perthynas â'm swyddogaethau i, gan gynnwys y gwaith adrodd rwy'n ei gyflawni i'r Pwyllgor Materion Cyhoeddus, rwy'n anfon copi o'r ymateb hwn at Darren Millar. At hynny, gan fod goblygiadau canlyniadol o ran ariannu a pherfformio'r gwaith hwnnw, rwy'n anfon copi hefyd at Jocelyn Davies, o gofio cyfrifoldeb y Pwyllgor Cyllid am graffu ar y ffordd rwy'n arfer fy swyddogaethau.

Edrychaf ymlaen at gyflwyno tystiolaeth lafar ar 1 Hydref 2014.

*Huw Vaughan Thomas*

**HUW VAUGHAN THOMAS**  
**Archwilydd Cyffredinol Cymru**

Cc *Mr Darren Millar AC*  
*Ms Jocelyn Davies AC*



## **Ymateb Archwilydd Cyffredinol Cymru i ymgynghoriad y Pwyllgor Amgylchedd a Chynaliadwyedd ar egwyddorion cyffredinol Bil Llesiant Cenedlaethau'r Dyfodol (Cymru)**

### **Crynodeb**

1. Rwy'n croesawu diben cyffredinol datganedig y Ddeddf, h.y. "sicrhau bod trefniadau llywodraethu cyrff cyhoeddus i wella llesiant Cymru yn ystyried anghenion cenedlaethau'r dyfodol". Mae hyn yn cynnig cyfle i fynd i'r afael â materion a godwyd yn rhai o'm hadroddiadau, megis *Datblygu cynaliadwy a gwneud penderfyniadau busnes yn Llywodraeth Cynulliad Cymru* (2010), ac yn adroddiad Comisiwn Williams. Rwy'n meddwl bod y ddarpariaeth ar gyfer "bwriad cyffredin" (gwella llesiant economaidd, cymdeithasol ac amgylcheddol yn unol â'r egwyddor datblygu cynaliadwy) yn briodol, er fy mod yn meddwl y dylai'r materion i'w cymryd i ystyriaeth wrth gymhwyso'r egwyddor datblygu cynaliadwy gynnwys byw o fewn terfynau amgylcheddol. Rwyf hefyd yn credu y byddai dull gweithredu wedi'i seilio'n gliriach ar egwyddorion, yn hytrach nag un sydd wedi'i gymysgu gyda dull gweithredu wedi'i seilio ar nodau ac amcanion, fel y nodir yn y Bil, yn symlach ac, mae'n debyg, yn fwy effeithiol.
2. Rwy'n siomedig bod y Bil yn methu'r cyfle i fynd i'r afael â rhai o'r rhwystrau posibl i'w roi ar waith. Mae hyn yn cynnwys gadael allan diwygio Mesur Llywodraeth Leol (Cymru) 2009, sy'n darparu dull gweithredu cynllunio gwelliant sy'n groes i gysyniad y Bil o ddatblygu cynaliadwy fel yr egwyddor graidd ar gyfer gweithrediadau cyrff cyhoeddus. Yn yr un modd, bydd diffyg swyddogaeth adolygu benodol i'r Archwilydd Cyffredinol yn y Bil yn arwain at fwch disgwyliad mewn perthynas â threfniadau adolygu na fydd, rwy'n credu, o unrhyw gymorth i gyflawni dibenion y Bil.

### **Sut y dylai Llywodraeth Cymru ddeddfu er mwyn gosod cynaliadwyedd a datblygu cynaliadwy wrth wraidd y Llywodraeth a'r sector cyhoeddus yn ehangach**

3. Rwy'n meddwl ei bod yn briodol y dylai Llywodraeth Cymru geisio deddfwriaeth i osod datblygu cynaliadwy wrth wraidd y llywodraeth a'r sector cyhoeddus yn ehangach. Wedi dweud hynny, byddai'r dull gweithredu seiliedig ar egwyddor a nodwyd ym Mhapur Gwyn Llywodraeth Cymru, *Cymru Gynaliadwy: Dewis Gwell ar gyfer Dyfodol Gwell* (2012), yn hytrach na'r dull gweithredu seiliedig ar nodau ac amcanion a nodir yn y Bil, yn symlach ac, mae'n debyg, yn fwy effeithiol. Rhoddaf ragor o fanylion ar y pwynt hwn isod.

### **Egwyddorion cyffredinol y Bil Llesiant Cenedlaethau'r Dyfodol (Cymru) a'r angen am ddeddfwriaeth yn y meysydd a ganlyn –**

#### **- Y "bwriad cyffredin" a'r "egwyddor datblygu cynaliadwy" a bennir yn y Bil a'r "cyrff cyhoeddus" a nodir**

4. Mae'r cyfuniad o'r "bwriad cyffredin" (cymal 2) a'r "egwyddor datblygu cynaliadwy" (cymal 3), yn fy marn i, yn ddull gweithredu tra ystyriol ac ymarferol o sefydlu datblygu cynaliadwy fel prif egwyddor drefniadol y sector cyhoeddus yng Nghymru. Mae'r ailosod y ffrâm gyfeirio ar gyfer gweinyddiaeth gyhoeddus yng Nghymru. O'i rhoi ar waith mewn ffordd drylwyr a chymesur, mae potensial i hon gael effaith gadarnhaol ar ansawdd gwaith gwneud penderfyniadau a llywodraethu yn y cyrff cyhoeddus a ragnodir yng Nghymru.

5. Yn 2005, dywedodd y Sefydliad ar gyfer Cydweithrediad a Datblygiad Economaidd bod gweithredu datblygu cynaliadwy mewn ffordd effeithiol yn galw am, ymysg pethau eraill, cyd-ddealltwriaeth o ddatblygu cynaliadwy. Dylai'r "bwriad cyffredin" a'r "egwyddor datblygu cynaliadwy" gynorthwyo â sefydlu cyd-ddealltwriaeth o'r fath.
6. Er mwyn rhoi cyfeiriad effeithiol ac ymarferol i ddylanwadu ar ymddygiad gwneud penderfyniadau, mae o gymorth bod y Bil yn nodi nifer gyfyngedig o faterion i'w hystyried er mwyn cyflawni'r egwyddor datblygu cynaliadwy (cymal 8(2)). Fodd bynnag, rwy'n barnu mai un mater allweddol sydd ar goll yw gwella llesiant o fewn terfynau amgylcheddol.

**- Y dull gweithredu o ran gwella llesiant, gan gynnwys pennu nodau llesiant, pennu amcanion llesiant gan gyrff cyhoeddus a'r dyletswyddau ar gyrff cyhoeddus**

7. Nid yw o gymorth bod y Bil yn cymysgu dull gweithredu rheoli yn unol ag amcanion gyda dull gweithredu seiliedig ar egwyddorion. Rwy'n cydnabod bod gosod nodau cenedlaethol yn ymddangos yn ddeniadol ac yn adlewyrchu proses y Cenhedloedd Unedig o bennu nodau Datblygu Cynaliadwy. Mae pennu nodau effeithiol ar lefel genedlaethol yn heriol iawn. Mae'n peri'r risgiau penodol canlynol:
  - mae'n bosibl na fydd y nodau'n ffactorau effeithiol i sbarduno'r newid mae'r Bil yn ceisio ei sicrhau, gan ei bod yn bosibl y bydd cyrff cyhoeddus yn dynodi eu gweithgareddau presennol o dan y nodau hyn, ond
  - mae nodau mwy penodol yn gyfystyr â phennu targedau, a all arwain at arferion aneffeithiol micro-reoli a chwarae yn unol â'r rheolau ond heb gyflawni canlyniadau da mewn gwirionedd<sup>1</sup>.
8. Un o fanteision allweddol dull gweithredu seiliedig ar egwyddorion yw y gellir ei gymhwyso ar bob lefel, ac i amrywiaeth o gyrff, mewn ffordd ystyrlon a chymesur. Gellir ei gymhwyso mewn ffordd gymesur i benderfyniadau allweddol, megis cynllunio corfforaethol, pennu cyllidebau a chaffael. Gall cymhwyso mewn ffordd gymesur fel hyn helpu i leihau i'r eithaf risg mwy o fiwrocratiaeth. Yn wir, yn fy marn i byddai'r dull gweithredu wedi'i seilio'n gliriach ar egwyddorion ym Mhapur Gwyn 2012 wedi galluogi cyrff cyhoeddus (a'u rhanddeiliaid) i gymhwyso'r egwyddor datblygu cynaliadwy i'r gwaith o gytuno ar y canlyniadau maent yn ceisio eu sicrhau, ac i gytuno ar y ffordd y maent yn ceisio cyflawni'r canlyniadau hynny. Rwy'n ofni, yn anffodus, y bydd y cyfuniad o ddull gweithredu rhagnodedig o bennu amcanion yn peri ymddygiad mwy mecanistig, gan arwain at yr anfanteision a nodir uchod.
9. Er bod y meini prawf ar gyfer dewis y nodau, a nodir ym mharagraff 71 (tudalen 24) o'r Memorandwm Esboniadol, yn ymddangos yn dra ystyriol, nid yw'n glir y bydd y nodau a nodir yn y Bil yn "arwain rhyngddynt at Gymru gynaliadwy sy'n parchu'r terfynau amgylcheddol". Nid oes unrhyw sôn am derfynau amgylcheddol yn y nodau nac yn y disgrifiadau ohonynt. Mae amrywiaeth fawr o ymchwil ryngwladol<sup>2</sup> yn nodi mai cyfeirio at derfynau amgylcheddol sy'n gwahaniaethu datblygu cynaliadwy o "fusnes fel arfer".

<sup>1</sup> Gweler, er enghraifft, *The nature of planning constraints*, Adroddiad i Bwyllgor Cymunedau a Llywodraeth Leol Tŷ'r Cyffredin, Prifysgol Caergrawnt, Mawrth 2014. Hefyd, *Systematic side effects of over-prescribing goal setting*, Papur Gwaith, Ordóñez et al, Harvard Business School, 2009.

<sup>2</sup> Er enghraifft, *Governance for sustainable development: the challenge of adapting form to function*, golygwyd gan William M. Lafferty, Edward Elgar, Cheltenham, y Deyrnas Unedig, 2004  
Ymateb Archwilydd Cyffredinol Cymru i ymgynghoriad Pwyllgor yr Amgylchedd a Chynaliadwyedd ar egwyddorion cyffredinol Bil Llesiant Cenedlaethau'r Dyfodol (Cymru), Medi 2014

- **Y dull gweithredu o ran mesur cynnydd tuag at gyrraedd y nodau llesiant a chyflwyno adroddiadau ar gynnydd**

10. Rwy'n barnu bod darpariaethau'r Bil ar gyfer dangosyddion cenedlaethol ac adroddiad llesiant blynyddol yn briodol. Mae'r fath ddangosyddion a gwaith adrodd yn bwysig i gynyddu gallu pobl a'r llywodraeth i olrhain cynnydd, hyd yn oed os mewn termau bras yn unig. Fodd bynnag, mae'n bwysig bod yn realistig ynghylch y dangosyddion hyn: mae pennu dangosyddion defnyddiol a phriodol yn dasg anodd, ac ni all darpariaethau'r Bil ynddynt eu hunain warantu y byddant yn berthnasol, yn fesuradwy ac yn fanwl gywir. Mae'n galonogol gweld bod Llywodraeth Cymru wedi ymgysylltu â'r Swyddfa Ystadegau Gwladol ac wedi manteisio ar arferion da rhyngwladol i lywio ei dull gweithredu.
11. Mae hefyd yn bwysig cofio na all y sector cyhoeddus ar ei ben ei hun gyflawni'r nodau, fel maent wedi'u llunio ar hyn o bryd. Mae hyn yn anochel. (Ni fyddai eu hail-lunio yn nhermau cyflawniad gan y sector cyhoeddus ar ei ben ei hun yn realistig nac yn briodol, gan y byddai'n annhebygol o arwain at nodau sy'n cynrychioli gwelliant helaeth o ran llesiant economaidd, cymdeithasol ac amgylcheddol.) Yn gysylltiedig â hyn, mae'n debygol o fod yn anodd iawn gwahanu cyfraniad y sector cyhoeddus o gyfraniad sectorau eraill. Felly, yn gyffredinol, ni ellir defnyddio dangosyddion ond i olrhain cynnydd Cymru neu, mewn rhai achosion, rhannau o Gymru. At ei gilydd, ni fydd modd dibynnu ar ddangosyddion i asesu perfformiad cyrff cyhoeddus penodol o ran cyflawni nodau.
12. Yn y fan hon dylwn nodi nad oes angen bod â nodau er mwyn bod â dangosyddion defnyddiol. Gellir defnyddio dangosyddion i olrhain cynnydd tuag at ganlyniadau a ddymunir heb bennu'r fath ganlyniadau fel nodau (neu dargedau) penodol. Fel y dywedir uchod, mae pennu nodau penodol yn peri risg ymddygiad gwrthnysig, megis chwarae yn unol â'r rheolau heb gyflawni canlyniadau da, oherwydd y pwyslais penodol ar newidiadau penodol a'r disgwyliad i sefydliadau gael eu gweld yn cyfrannu at y newidiadau hynny. Gall dangosyddion ganiatáu olrhain cynnydd bras heb gymaint o risg ymddygiad gwrthnysig o'r fath.

- **Sefydlu swydd Comisiynydd Cenedlaethau'r Dyfodol ar gyfer Cymru, rôl, pwerau, cyfrifoldebau, llywodraethiant ac atebolrwydd y Comisiynydd**

13. Fe gefnogais y dull gweithredu o sefydlu Comisiynydd Cenedlaethau'r Dyfodol fel y nodwyd ym Mhapur Gwyn 2012. Roedd y dull gweithredu'n cynnig rôl oedd yn cyfuno rôl cynnull ar draws y gymdeithas sifil gyda chyfathrebu ac adeiladu ar ddealltwriaeth o'r hyn mae cymhwysor egwyddor datblygu cynaliadwy'n ei olygu'n ymarferol, comisiynu a manteisio ar ymchwil ac arferion da o Gymru a'r tu hwnt, darparu cymorth a chyingor, a darparu "adroddiad cyflwr y genedl". Byddai Comisiynydd Cenedlaethau'r Dyfodol a fyddai'n cyflawni'r rôl hon wedi darparu arbenigedd gwerthfawr ar ddatblygu cynaliadwy i gyrff cyhoeddus fanteisio arno. Fel y'u nodwyd ym Mhapur Gwyn 2012, roedd rolau Comisiynydd Cenedlaethau'r Dyfodol a'r Archwilydd Cenedlaethol yn gydategol wrth gryfhau atebolrwydd am gyflawni'r ddyletswydd.
14. Fel y'i cynigir yn y Bil, rôl Comisiynydd Cenedlaethau'r Dyfodol fydd monitro ac asesu'r ffordd mae cyrff cyhoeddus yn cyflawni amcanion llesiant. Mae hyn yn codi dwy broblem: gallu

cyfyngedig a gwrthdaro rhwng rolau. O ran gallu, os oes yn rhaid i'r Comisiynydd neilltuo adnoddau i waith monitro ac asesu cyflawniad, bydd gan y Comisiynydd lai o adnoddau i'w neilltuo i waith hybu gwybodaeth. Y cymhlethdod o ran gwrthdaro rolau yw bod cyfuno monitro gyda hybu gwybodaeth yn debygol o beri i gyrff cyhoeddus fod yn llai agored wrth geisio cyngor a thrafod problemau gyda'r Comisiynydd. Mae problem o'r fath yn amlwg o'n profiad ein hunain o ddatblygu deunyddiau ar gyfer ein Cyfnewidfa Arfer Da. Yn aml mae cyrff sy'n cael eu harchwilio'n amharod i drafod eu profiadau rhag ofn darparu deunydd a allai fod yn destun beirniadaeth gan y cyhoedd. Felly rwy'n pryderu y bydd gallu'r Comisiynydd i gyflawni rôl cynnull effeithiol, ac felly bod yn ganolbwynt ar gyfer gwybodaeth arbenigol ym maes datblygu cynaliadwy, yn cael ei beryglu gan bwysau gweithdrefnol gwaith monitro ac asesu.

15. Sut bynnag y caiff rôl y Comisiynydd ei diffinio, byddai'n well pe câi'r Comisiynydd ei benodi gan y Cynulliad Cenedlaethol, yn hytrach na Lywodraeth Cymru. Byddai cael ei benodi gan y Cynulliad Cenedlaethol yn rhoi mwy o annibyniaeth i'r Comisiynydd, a byddai'n cyfleu pwysigrwydd y rôl yn well.

- **Sefydlu Byrddau Gwasanaethau Cyhoeddus Statudol, asesiadau llesiant lleol a datblygu/gweithredu cynlluniau llesiant lleol**

16. Rwy'n croesawu darpariaeth y Bil mai 'bwriad lleol' byrddau gwasanaethau cyhoeddus yw "gwella llesiant economaidd, cymdeithasol ac amgylcheddol" eu hardaloedd yn unol â'r egwyddor datblygu cynaliadwy a bod byrddau gwasanaethau cyhoeddus i gyfrannu at ymgyrhaedd at y "bwriad cyffredin" (cymal 34). Fodd bynnag, mae'r darpariaethau sy'n ymwneud â Byrddau Gwasanaethau Cyhoeddus yn fanwl iawn, yn rhagnodol ac yn canolbwyntio ar broses. At hynny, ymddengys eu bod yn awgrymu pwyslais mawr ar agwedd gymdeithasol y bwriadau lleol a chyffredin, ar draul yr agweddau economaidd ac amgylcheddol. Mae Cymal 36(3) yn enghraifft dda o hyn. Wrth restru saith asesiad cymdeithasol penodol y mae'n rhaid eu hystyried wrth baratoi asesiadau o lesiant lleol, ymddengys fod y cymal yn groes i gydbwysedd y "bwriad cyffredin"—nid oes unrhyw ddarpariaeth yn ei gwneud yn ofynnol ystyried asesiadau sy'n uniongyrchol berthnasol i lesiant economaidd ac amgylcheddol. Dull gweithredu mwy cytbwys a galluogol fyddai ei gwneud yn ofynnol i'r bwrdd ystyried amrywiaeth o asesiadau economaidd, cymdeithasol ac amgylcheddol, mewn modd cytbwys ac integredig.

**Pa mor effeithiol y mae'r Bil yn mynd i'r afael â rhwymedigaethau rhyngwladol Cymru o ran datblygu cynaliadwy**

17. Yn ôl fy nealltwriaeth i o'r sefyllfa, a bod yn fanwl gywir, nid oes rhwymedigaethau ar Gymru o dan gytuniad neu brotocol rhyngwladol mewn perthynas â datblygu cynaliadwy. Mae rhwymedigaethau o'r fath ar Lywodraeth y Deyrnas Unedig, ac yn unol â hynny mae'n ofynnol i Lywodraeth Cymru a chyrrff cyhoeddus eraill yn y Deyrnas Unedig gydymffurfio â Deddf Newid yn yr Hinsawdd 2008, sef prif ffordd Llywodraeth y Deyrnas Unedig o gyflawni'r ymrwymadau y cytunwyd arnynt yn Uwchgynhadledd y Cenhedloedd Unedig ar yr Amgylchedd a Datblygu yn 1992. Er gwaethaf hyn, yn ymarferol ac yn fwy bras, mae'n amlwg bod gan Gymru ran i'w chwarae wrth gyflawni rhwymedigaethau rhyngwladol a dderbynnir yn fwy cyffredinol.

18. Mae'r Bil yn mynd rhywfaint o'r ffordd tuag at gyfraniad priodol. Mae hyn yn amlwg o'r ffaith fod diffiniad y Bil o ddatblygu cynaliadwy yr un peth yn ei hanfod â'r diffiniad a luniwyd gan Gomisiwn y Byd ar Ddatblygu Cynaliadwy. Fodd bynnag, mae diffyg pwyslais yn y bil ar fyw o

Ymateb Archwilydd Cyffredinol Cymru i ymgynghoriad Pwyllgor yr Amgylchedd a Chynaliadwyedd ar egwyddorion cyffredinol Bil Llesiant Cenedlaethau'r Dyfodol (Cymru), Medi 2014

fewn terfynau amgylcheddol yn tanseilio'r cyfraniad hwn. Mae hyn oherwydd bod goblygiadau rhyngwladol sylweddol i ganlyniadau peidio â byw o fewn terfynau amgylcheddol.

### **Unrhyw rwystrau posibl rhag rhoi'r darpariaethau hyn ar waith ac a yw'r Bil yn eu hystyried**

19. Fel y nodais yn f'ymateb i Bapur Gwyn 2012, mae Mesur Llywodraeth Leol (Cymru) 2009 yn pennu cynaliadwyedd fel un o'r saith "agwedd ar wella", ac yn gosod dyletswyddau helaeth o ran cynllunio ac adrodd am welliant ar awdurdodau lleol yn nhermau'r saith egwyddor hynny. Mewn gwirionedd, mae Mesur 2009 yn gwneud datblygu cynaliadwy'n un o saith blaenoriaeth a allai gystadlu yn erbyn ei gilydd, sy'n anghyson â'r Bil, sy'n sefydlu datblygu cynaliadwy fel yr egwyddor graidd ar gyfer gweithrediadau cyrff cyhoeddus (gweler paragraff 408 o'r Memorandwm Esboniadol). Mae'r gwrthdaro hwn rhwng y ddwy ddeddf yn debygol o arwain at ddrysych mewn llywodraeth leol, ac felly bydd Mesur 2009 yn gweithredu fel rhwystr rhag rhoi'r Bil ar waith.
20. Mae Mesur 2009 hefyd yn gosod dyletswyddau ar Archwilydd Cyffredinol Cymru i archwilio ac asesu cydymffurfiaeth awdurdodau â dyletswyddau cynllunio ac adrodd ar welliant. Yn f'ymateb i Bapur Gwyn 2012, awgrymais y byddai'n briodol diwygio Mesur 2009 er mwyn ei gwneud yn fwy cyson â datblygu cynaliadwy fel y brif egwyddor drefniadol. Ymysg pethau eraill, byddai lleihau'r gofynion helaeth o ran asesu a osodwyd ar yr Archwilydd Cyffredinol gan Fesur 2009 ac yn eu lle gosod dyletswydd i gyflawni archwiliadau o waith datblygu cynaliadwy (cynigiwyd dyletswydd o'r fath yn y Papur Gwyn) yn golygu y gallai'r Archwilydd Cyffredinol ganolbwyntio'n briodol ar gydweithredu rhwng awdurdodau, yn hytrach na chael ei gyfyngu i asesu awdurdodau unigol.
21. Fel y nodir uchod, cynigiodd Papur Gwyn 2012 "roi dyletswydd ar Archwilydd Cyffredinol Cymru, i gynnwys archwiliad o'r modd y mae sefydliadau wedi sefydlu egwyddorion datblygu cynaliadwy fel eu prif egwyddorion trefniadol mewn perthynas â'r ddyletswydd". Fodd bynnag, nid yw'r Bil y gosod dyletswydd o'r fath ar yr Archwilydd Cyffredinol, er gwaethaf y ffaith fod dyletswydd o'r fath o fewn cymhwysedd deddfwriaethol y Cynulliad. Mae Paragraff 390 o'r Memorandwm Esboniadol yn dweud, yn wallus (yn ei hanfod) bod adrannau 17 a 61 o Ddeddf Archwilio Cyhoeddus (Cymru) 2004 yn golygu bod "dyletswydd ar ACC i ystyried a yw adnoddau wedi'u defnyddio'n effeithiol ac yn effeithlon gan y rhan fwyaf o'r cyrff sydd o fewn cwmpas y Bil wrth gyflawni'r dyletswyddau sydd ym Mil Llesiant Cenedlaethau'r Dyfodol (ymysg eu swyddogaethau eraill) – sef gosod amcanion llesiant a chymryd pob cam rhesymol i gyflawni'r amcanion mewn modd sy'n gyson â'r egwyddor datblygu cynaliadwy – bob blwyddyn fel rhan o'r gwaith o archwilio cyfrifon."
22. Mae'n ofid imi orfod dweud wrth y Pwyllgor nad yw hyn yn gywir. Mae'r dyletswyddau yn adrannau 17 a 61 o Ddeddf 2004 yn ei gwneud yn ofynnol adolygu'r trefniadau ar gyfer sicrhau gwerth am arian, nid rhoi ar brawf a yw'r defnydd o adnoddau ei hun wedi profi, neu heb brofi, yn effeithiol. At hynny, gan mai dim ond at gyrff llywodraeth leol mae adran 17 o Ddeddf 2004 yn berthnasol, ac mai dim ond cyrff y GIG mae adran 61 o Ddeddf 2004 yn berthnasol, byddai dibynnu ar yr adrannau hyn yn golygu na fyddai cyrff y llywodraeth ganolog (Llywodraeth Cymru a'r cyrff a noddir ganddi) yn cael eu hadolygu. Er bod adrannau 17 a 61 o Ddeddf 2004 yn ddefnyddiol, nid ydynt ynddynt eu hunain yn darparu ar gyfer y math o adolygiad y mae Llywodraeth Cymru'n barnu eu bod yn ei ddarparu yn ôl pob golwg.

23. Mae fy mhwerau presennol o ran astudiaethau, yn arbennig y rheiny o dan adran 41 o Ddeddf Archwilio Cyhoeddus (Cymru) 2004 ac adran 145A o Ddeddf Llywodraeth Cymru 1998, yn caniatáu (ond o bosibl yn achlysurol yn unig) darparu'r math o adolygiad sydd gan Lywodraeth Cymru mewn golwg. Rwy'n dweud "o bosibl yn achlysurol yn unig" oherwydd bod astudiaethau o'r fath ar fy nisgresiwn. Er y gallwn efallai barnu bod adolygiadau o gynnydd o ran datblygu cynaliadwy'n bwysig, mae'n bosibl na fydd f'olynydd o'r un farn, a, beth bynnag, byddai angen i adolygiad o'r fath gael ei ystyried yn erbyn meysydd pwnc astudiaethau eraill. At hynny, wrth benderfynu pa astudiaethau i'w cyflawni, rhaid imi hefyd ystyried barn y Pwyllgor Cyfrifon Cyhoeddus (neu ar gyfer astudiaethau llywodraeth leol, cymdeithasau awdurdodau), ac mae'n gwbl bosibl y byddai astudiaethau eraill yn cael mwy o gefnogaeth. Gan nad yw'r pŵer gan Lywodraeth Cymru i fynnu y caiff astudiaethau penodol eu cyflawni, os mai bwriad polisi Llywodraeth Cymru yw y dylid cyflawni astudiaethau o'r fath yn y dyfodol, mewn gwirionedd, yna dylid gwneud darpariaeth benodol ar gyfer hyn yn y Bil.
24. Mae diffyg y fath ddarpariaeth benodol ar gyfer adolygu priodol yn golygu nad yw'r trefniadau adolygu a chraffu y mae eu hangen i helpu i sicrhau rhoi'r darpariaethau ar waith yn llwyddiannus mor gryf ag y gallent fod. Mae gadael hon allan felly yn rhwystr arall rhag rhoi'r darpariaethau ar waith yn llwyddiannus.
25. Hoffwn hefyd nodi bod y cyrff cyhoeddus penodedig yn cynnwys y rhan fwyaf o'r cyrff cyhoeddus yng Nghymru y byddid yn disgwyl iddynt chwarae rhan allweddol mewn perthynas â'r Bil. Felly, ymddengys fod gadael allan unrhyw angen i roi sylw i'r "bwriad cyffredin" neu'r egwyddor datblygu cynaliadwy ar ran cyrff adolygu, megis Estyn a minnau, yn wendid posibl. Byddai darparu am i'r bwriad cyffredinol a'r egwyddor datblygu cynaliadwy fod yn berthnasol i gyrff adolygu yn helpu i sicrhau bod swyddogaethau adolygu'n ystyried yn ddyledus a yw cyrff eraill yn cyflawni eu swyddogaethau'n unol â'r Bil.

#### **A oes unrhyw ganlyniadau anfwriadol yn deillio o'r Bil**

26. Gall y rhwystrau a nodir o dan y cwestiwn blaenorol fod yn ganlyniadau anfwriadol i'r Bil fel y'i drafftiwyd.

#### **Goblygiadau ariannol y Bil (fel y'u nodir yn Rhan 2 o'r Memorandwm Esboniadol a'r Asesiad Effaith Rheoleiddiol, sy'n amcangyfrif y costau a'r buddion o roi'r Bil ar waith)**

27. Rwy'n cydnabod, fel y dywedir ym mharagraff 326 o'r Memorandwm Esboniadol, nad yw'n bosibl mesur costau a buddion y gweithgareddau a'r newidiadau sy'n deillio o amcanion cyrff cyhoeddus, nad ydynt wedi'u pennu eto. Fodd bynnag, rwyf yn barnu ei bod yn briodol i'r Memorandwm Esboniadol geisio nodi cost ddangosol ar gyfer y gweithgareddau gweinyddol fydd yn deillio o'r Bil, megis pennu amcanion, adrodd yn flynyddol ar amcanion, gwaith archwilio ychwanegol canlyniadol, gwaith Comisiynydd Cenedlaethau'r Dyfodol a gwaith Byrddau Gwasanaethau Cyhoeddus.
28. Fodd bynnag, ymddengys fod y dangosiadau costau ar gyfer y fath drefniadau gweinyddol wedi cael eu tanamcangyfrif rywfaint, am y rhesymau canlynol:
- a. Ymddengys nad ystyrir gwaith y bydd ei angen er mwyn newid o'r prosesau presennol ar gyfer pennu ac adrodd ar amcanion corfforaethol i bennu ac adrodd ar amcanion i

gydymffurfio â'r Bil. (Er enghraifft, mae costau awdurdodau lleol ar gyfer amcanion corfforaethol yn 2015-16 yn nhabl 17 ar dudalen 91 (h.y. ar ôl i'r Bil ddod i rym) yr un peth â'r costau hynny yn nhabl 14 (h.y. heb y Bil).) Man lleiaf, bydd angen i staff perthnasol cyrff cyhoeddus gyflawni rhywfaint o waith ychwanegol yn y ddwy flynedd gyntaf er mwyn deall gofynion newydd y Bil o ran pennu ac adrodd ar amcanion. At hynny, o gofio'r gwrthdaro rhwng y saith agwedd gwella ym Mesur Llywodraeth Leol (Cymru) 2009 a'r egwyddor datblygu cynaliadwy yn y Bil, fel y nodir ym mharagraff 19 uchod, bydd yn rhaid i staff awdurdodau dreulio rhywfaint o amser yn gweithio trwy'r ffordd y gellir cysoni'r gofynion gwahanol hyn (os, yn wir, y gellir gwneud hynny).

- b. Yn yr Asesiad Effaith Rheoleiddiol trwyddi draw, lle mae'r Llywodraeth wedi ceisio cyfrifo costau ar sail amser staff a'u cyflogau (er enghraifft, tabl 3 ar dudalen 75), ymddengys ei bod wedi defnyddio costau cyflogau gros ond nad yw wedi cynnwys argostau anochel, megis Yswiriant Gwladol a chyfraniadau pensiwn y cyflogwr. Os yw hyn yn wir, yna mae'r fath ddangosyddion cost yn rhy isel o ryw 30 y cant.
- c. Ymddengys fod y cyfraddau cyflogau awdurdodau lleol yn rhy isel mewn llawer o achosion. Er enghraifft, nodir mai £75,000 yw cyflog blynyddol cyfarwyddwr i awdurdod lleol mawr yn nhabl 3 ar dudalen 75. Fodd bynnag, mae'r datganiad ar bolisiau tâl 2014-15 ar gyfer Sir a Dinas Caerdydd yn dweud mai £120,000 yw cyflog cyfarwyddwr o 1 Ebrill 2013, ac mae'r datganiad ar gyfer Dinas a Sir Abertawe yn nodi graddfa o £95,000 i £110,000 o 1 Ebrill 2014 ymlaen. (Mae'r Memorandwm yn dweud bod tabl 3 hefyd yn berthnasol i awdurdod Rhondda Cynon Taf, ond nid oes datganiad tebyg ar bolisiau tâl ar gael hwnnw.)
- d. Ymddengys fod maint y gwaith y mae rhai o'r prosesau gwaith yn galw amdano wedi cael ei danamcangyfrif. Er enghraifft, mae paragraff 464 o'r Memorandwm Esboniadol yn dweud bod Byrddau Gwasanaethau Lleol yn cyfarfod ar gyfartaledd chwe gwaith y flwyddyn am ddwy awr, ond nid ystyrir unrhyw amser ar gyfer paratoi at gyfarfodydd na theithio. Ymddengys fod hyd cyfartalog cyfarfodydd, sef dwy awr, braidd yn fyr hefyd. Er nad wyf wedi gwneud adolygiad o hyd y fath gyfarfodydd, rwy'n casglu o brofiad cyffredinol eu bod yn cymryd rhyw bump neu chwe awr fel arfer.
- e. Fel y dywedir yn sylwadau Cadeirydd Swyddfa Archwilio Cymru i'r Pwyllgor, nid yw'r amcangyfrif costau a geir ar gyfer yr Archwilydd Cyffredinol (ar gyfer gwaith ym mhob sector, nid yn unig llywodraeth leol) yn y Memorandwm Esboniadol yn briodol ac yn ôl pob tebyg yn rhy isel.
- f. Fel y dywedir hefyd yn sylwadau Cadeirydd Swyddfa Archwilio Cymru (ac uchod), mae'n bosibl y bydd yr anghysonder rhwng disgwyliadau Llywodraeth Cymru ynghylch y math o adolygiad y gellir ei ddarparu o fewn swyddogaethau presennol yr Archwilydd Cyffredinol a dehongliadau eraill o'r swyddogaethau hynny'n achosi dadleuon ynghylch ffioedd ac adnoddau eraill. Bydd y dadleuon hynny ynddynt eu hunain yn defnyddio adnoddau.

29. Dylwn egluro bod fy sylwadau wedi'u seilio ar ddarllen y Memorandwm Esboniadol yn unig, yn hytrach nag archwiliad o'r papurau gwaith sylfaenol. (Byddai archwiliad o'r fath yn bosibl, ond byddai angen ei drefnu, gan gynnwys yn nhermau barn y Pwyllgor Cyfrifon Cyhoeddus ar waith

o'r fath ac, mewn termau ymarferol, trefniadau mynediad gweinyddol gyda Llywodraeth Cymru yn ystod y broses ddeddfwriaethol.)

**Priodoldeb y pwerau yn y Bil i Weinidogion Cymru wneud is-ddeddfwriaeth (fel y nodir ym Mhennod 5 o Ran 1 o'r Memorandwm Esboniadol, sy'n cynnwys tabl sy'n rhoi crynodeb o bwerau Gweinidogion Cymru i wneud is-ddeddfwriaeth).**

30. Yn gyffredinol, mae'r pwerau i wneud is-ddeddfwriaeth yn ymddangos yn briodol yng nghydestun y Bil. Fodd bynnag, o gofio pwysigrwydd Adroddiad Cenedlaethau'r Dyfodol (cymal 21), ymddengys y byddai'n fwy priodol i'r ddarpariaeth ar gyfer diwygio'r diffiniad o'r cyfnod adrodd wneud gweithdrefn gadarnhaol yn ofynnol, fel bod newidiadau o'r fath yn cael eu cymeradwyo mewn Cyfarfod Llawn.



## **Atodiad: Sylwadau eraill Archwilydd Cyffredinol Cymru ar Fil Llesiant Cenedlaethau'r Dyfodol (Cymru) a'i Femorandwm Esboniadol**

### **Y Bil**

#### **Cymalau 13 ac 14, Adroddiadau blynyddol gan Weinidogion Cymru ac adroddiadau blynyddol gan gyrff cyhoeddus eraill**

1. Nid oes unrhyw ddarpariaeth yn y Bil ar gyfer unrhyw adolygu allanol o adroddiadau blynyddol er mwyn gwirio eu cywirdeb. Heb adolygu o'r fath, mae'n bosibl y bydd cyrff yn cyhoeddi adroddiadau blynyddol sy'n camarwain y cyhoedd ac eraill. Ymddengys fod y fath waith adolygu y tu allan i ddyletswyddau Comisiynydd Cenedlaethau'r Dyfodol, gan gynnwys y ddyletswydd o dan gymal 17(b) i "fonitro ac asesu cyflawniad yr amcanion llesiant a osodir gan gyrff cyhoeddus". Mae'r fath waith adolygu hefyd y tu allan i ddyletswyddau presennol yr Archwilydd Cyffredinol. Byddai'n agored i'r Archwilydd Cyffredinol gyflawni adolygiadau o adroddiadau blynyddol o dan bwerau presennol yr Archwilydd Cyffredinol dros astudiaethau, ond, o gofio'r galwadau sy'n cystadlu â'i gilydd am adnoddau astudiaethau, ni fyddai digon o flaenoriaeth gymharol i'r fath waith, o angenrheidrwydd, iddo gael ei ddewis i'w gyflawni.

#### **Cymal 23, Cydweithio**

2. Mae Cymal 23 yn darparu darpariaethau cydweithio sy'n gymwys os yw'r Comisiynydd yn bwriadu darparu cyngor neu gymorth sy'n ymwneud â mater sy'n debyg i bwnc adolygiad gan y Comisiynydd Plant, y Comisiynydd Pobl Hŷn neu Gomisiynydd y Gymraeg. Efallai y byddai'n briodol gwneud darpariaeth debyg mewn perthynas â materion sy'n destun gwaith adolygu gan yr Archwilydd Cyffredinol.

#### **Cymalau 33(2)(c), 35(6)(c), 37(8)(c), 43(6)(c) a 44(5)(c)**

3. Mae'r darpariaethau hyn yn galw am i gruglwyth o ddogfennau yn ymwneud â byrddau gwasanaethau lleol gael eu hanfon at yr Archwilydd Cyffredinol:
  - a) Adroddiadau ac argymhellion pwyllgorau trosolwg a chraffu awdurdodau lleol mewn perthynas â byrddau gwasanaethau lleol;
  - b) Asesiadau llesiant lleol byrddau gwasanaethau lleol;
  - c) Cynlluniau llesiant lleol byrddau gwasanaethau lleol;
  - d) Cynlluniau llesiant lleol diwygiedig byrddau gwasanaethau lleol;
  - e) Adroddiadau cynnydd blynyddol byrddau gwasanaethau lleol.
4. Er y bydd y deunydd hwn efallai'n wybodaeth gyd-destunol ddefnyddiol ar gyfer astudiaethau a gwaith arall yr Archwilydd Cyffredinol, gan nad oes gan yr Archwilydd Cyffredinol unrhyw swyddogaethau mewn perthynas â byrddau gwasanaethau lleol fel y

cyfryw, nid yw'n glir pa ddibenion penodol mae'r gofynion hyn i anfon dogfennau yn eu hateb, na beth y disgwylid i'r Archwilydd Cyffredinol ei wneud â hwy. Mae diffyg darpariaeth yn ymwneud â pha swyddogaethau y dylai'r Archwilydd Cyffredinol eu cyflawni mewn perthynas â'r dogfennau'n achosi perygl bwlch rhwng disgwyliadau Llywodraeth Cymru (ac efallai eraill) a'r hyn mae'r Archwilydd Cyffredinol yn ei ddarparu.

#### **Cymalau 37 a 44, cyhoeddi cynlluniau llesiant ac adroddiadau cynnydd blynyddol**

5. Mae Cymal 37 yn ei gwneud yn ofynnol i fyrddau gwasanaethau cyhoeddus gyhoeddi ei eu cynlluniau llesiant cyntaf heb fod yn hwyrach nag un flwyddyn ar ôl yr etholiad arferol nesaf (ac mae cymal 43 yn caniatáu i gynlluniau llesiant gael eu diwygio ar unrhyw adeg). Mae Cymal 44 yn ei gwneud yn ofynnol i fyrddau gwasanaethau cyhoeddus gyhoeddi adroddiadau cynnydd blynyddol heb fod yn hwyrach nag un flwyddyn ar ôl cyhoeddi'r cynlluniau llesiant ac wedi hynny heb fod yn hwyrach nag un flwyddyn ar ôl cyhoeddi'r adroddiad blaenorol. O ganlyniad, bydd cynlluniau llesiant ac adroddiadau cynnydd ar gyfer gwahanol fyrddau gwasanaethau cyhoeddus yn ymdrin â gwahanol gyfnodau o 12 mis, fydd yn llesteirio neu atal cymhariaeth deg rhwng byrddau gwasanaethau cyhoeddus. Mae perygl na fydd cynlluniau llesiant ac adroddiadau cynnydd nad ydynt yn cyd-fynd ag adrodd fesul blynyddyn ariannol yn cael eu hystyried yn rhan o waith adrodd busnes prif ffrwd.

#### **Paragraff 5(3) o Atodlen 2 (darpariaeth pensiynau Comisiynydd Cenedlaethau'r Dyfodol)**

6. Ymddengys fod Paragraff 5(3)(b) o Atodlen 2 yn darparu am i Weinidogion Cymru dalu cyfraniadau pensiwn mewn perthynas â chyn-Gomisiynwyr (yn lle Comisiynwyr presennol), neu fod darpariaeth am dalu cyfraniadau pensiwn mewn perthynas â Chomisiynwyr presennol wedi cael ei gadael allan.

#### **Paragraff 9 o Atodlen 2, staff Comisiynydd Cenedlaethau'r Dyfodol**

7. Mae Paragraff 9(5) yn ei gwneud yn ofynnol i'r Comisiynydd gael cymeradwyaeth Gweinidogion Cymru am nifer, telerau ac amodau, a thâl staff. Byddai'r Comisiynydd yn fwy annibynnol pe bai ei adnoddau'n destun trosolwg uniongyrchol gan y Cynulliad Cenedlaethol yn lle hynny.

#### **Paragraffau 11 ac 16 o Atodlen 2, gweithdrefn gwynion ac adroddiad blynyddol Comisiynydd Cenedlaethau'r Dyfodol**

8. Ymddengys braidd yn ormodol i'r Bil ragnodi bod yn rhaid i'r Comisiynydd sefydlu gweithdrefnau cwynion (paragraff 11). Ymddengys yn rhy fiwrocraidd ei gwneud yn ofynnol i'r Comisiynydd gynnwys crynodeb o gwynion yn ei adroddiad blynyddol (paragraff 16).

## Y Memorandwm Esboniadol

9. Paragraff 316 – Mae hwn yn cyfeirio at adroddiadau'r Archwilydd Cyffredinol er budd y cyhoedd mewn perthynas â Chaerffili, Sir Gâr a Sir Penfro. Dylid nodi mai gan yr archwilydd penodedig yr oedd yr adroddiadau hyn, nid yr Archwilydd Cyffredinol.

# Eitem 5

## **Ymateb Llywodraeth Cymru i Adroddiad Interim Pwyllgor Cyfrifon Cyhoeddus Cynulliad Cenedlaethol Cymru ar Wasanaeth Awyr Oddi Mewn i Gymru - Caerdydd i Ynys Môn**

Mae gwasanaeth awyr oddi mewn i Gymru yn gysylltiad gwerthfawr rhwng gogledd a de Cymru, ac mae'n gwneud cyfraniad gwerthfawr at ein huchelgais i ddarparu system trafniadaeth gyhoeddus integredig sy'n gofalu am fuddiannau Cymru.

Rwy'n croesawu'r adroddiad hwn ar y gwasanaeth, a'r ffaith bod y Pwyllgor yn cydnabod bod y gwaith sy'n cael ei wneud gan Lywodraeth Cymru yn mynd i'r afael â nifer o'r pryderon a fynegwyd yn yr adroddiad. Nod y gwaith hwn yw sicrhau bod gwasanaeth awyr y dyfodol yn cynnig gwasanaeth o ansawdd uwch a gwell gwerth am arian i bobl Cymru.

Dechreuwyd ar y gwaith er mwyn dyfarnu'r contract nesaf ar gyfer y gwasanaeth hwn, a fydd yn cychwyn ym mis Rhagfyr 2014, a gwneir pob ymdrech i sicrhau bod darparwyr gwasanaeth priodol yn y sector yn cael y cyfle i gymryd rhan yn yr ymarfer caffael. Ar ôl sefydlu'r contract, bydd y gwaith o farchnata'r gwasanaethau'n effeithiol yn elfen hanfodol o'n hymdrechion i wrth-droi'r gostyngiad yn niferoedd y teithwyr - tueddiad a amlygir yn yr adroddiad hwn.

Mae fy ymateb manwl i bob un o'r argymhellion a wnaed fel a ganlyn:

### **Argymhelliad 1 Mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru ddefnyddio ffynhonnell annibynnol i wirio'r data ar nifer y teithwyr sy'n defnyddio'r Gwasanaeth Awyr ac y dylai'r data ar niferoedd y teithwyr gael ei gyhoeddi'n rheolaidd yn y dyfodol. (Tudalen 12)**

**Derbyniwyd** Bydd Llywodraeth Cymru'n nodi, mewn unrhyw gontract gwasanaeth awyr yn y dyfodol, ei bod yn ofynnol i niferoedd y teithwyr fod yn destun proses archwilio allanol ac annibynnol. Bydd Llywodraeth Cymru'n cyhoeddi niferoedd teithwyr bob 12 mis, yn seiliedig ar y gofynion yn y contract nesaf ynglŷn â chyflwyno adroddiadau.

Goblygiadau Cost. Caiff y gofyniad hwn ei gynnwys yn y contract nesaf, a fydd yn destun proses dendro gystadleuol Llywodraeth Cymru er mwyn sicrhau gwerth am arian. Ar hyn o bryd, nid yw cost y gofyniad hwn yn hysbys.

### **Argymhelliad 2 Rydym yn argymhell y dylai Llywodraeth Cymru fonitro unrhyw anghysondebau yn y dyfodol rhwng y data a roddir gan y cwmni awyr sy'n gweithredu'r gwasanaeth a'r data a roddir gan y CAA. (Tudalen 12)**

**Derbyniwyd** Yn ogystal â'r cynigion ar gyfer cynnal archwiliad annibynnol o niferoedd y teithwyr, byddwn yn monitro'r data a gyflwynir gan yr Awdurdod

Hedfan Sifil (CAA) i sicrhau bod anghysondebau rhwng y ffynonellau gwybodaeth yn cael eu canfod a'u hymchwilio o fewn cyfnod rhesymol o amser.

Goblygiadau cost. Disgwylir na fydd unrhyw oblygiadau ychwanegol o ran adnoddau i Lywodraeth Cymru, gan y bydd y gwaith yn cael ei gyflawni fel rhan o swyddogaeth rheoli contract y gwasanaeth awyr.

**Argymhelliad 3 Er ei fod yn nodi'r cynnydd yn ddiweddar yn yr archebion ymlaen llaw, mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru gomisiynu ymchwil annibynnol i'r duedd yn y tymor hirach, sy'n dangos gostyngiad yn niferoedd y teithwyr. (Tudalen 14)**

**Derbyniwyd.** Cyn cyhoeddi'r adroddiad interim, penodwyd cwmni ymgynghori annibynnol i adolygu'r gwasanaeth awyr er mwyn bwydo'r broses gaffael sy'n mynd rhagddi ar hyn o bryd, ac a oedd yn cynnwys asesiad o'r tueddiad tymor hir o ran niferoedd teithwyr. Byddwn yn parhau i fonitro'r defnydd a wneir o'r gwasanaeth awyr am weddill cyfnod y contract presennol ac unrhyw gontract yn y dyfodol fel rhan o'n cyfrifoldebau am reoli'r contract.

Goblygiadau cost. Penodwyd ymgynghorwyr am £47,500 heb gynnwys TAW.

**Argymhelliad 4 Mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru gynnwys gofyniad penodol mewn unrhyw dendr yn y dyfodol, ynglŷn â rhaglen farchnata gynhwysfawr gan y cynigydd llwyddiannus. Dylai gwerthusiad o'r rhaglen farchnata hon gael ei ymgorffori yng ngwerthusiad cyffredinol y cynigion a chael ei bennu mewn unrhyw gontract wedyn. (Tudalen 15)**

**Derbyniwyd** Bydd Llywodraeth Cymru'n nodi, mewn unrhyw gontract gwasanaeth awyr yn y dyfodol, ei bod yn ofynnol sefydlu strategaeth farchnata gynhwysfawr. Bydd hon yn cael ei hasesu wrth werthuso'r cynigion, yn rhan o'r broses o ddyfarnu'r contract.

Goblygiadau cost. Caiff cost marchnata'r gwasanaeth awyr ei chynnwys yn y contract nesaf, a fydd yn destun proses dendro gystadleuol Llywodraeth Cymru er mwyn sicrhau gwerth am arian. Bydd y gost derfynol yn cael ei phennu gan raddfa'r ymgyrch farchnata y mae'r darpar ddarparwyr gwasanaeth yn cynnig ei chynnal er mwyn cyflwyno'r gwelliannau angenrheidiol.

**Argymhelliad 5 Mae'r Pwyllgor yn argymhell y dylai gwybodaeth am y teithwyr sy'n defnyddio'r Gwasanaeth Awyr gael ei chasglu er mwyn canfod y rheswm dros y daith (e.e. busnes neu hamdden) ac ym mha sectorau y mae'r teithwyr busnes yn cael eu cyflogi ac i ba raddau y mae'r teithiau yn cael eu hariannu gan y trethdalwr. Dylai'r wybodaeth hon gael ei chyhoeddi a'i chasglu ar sail reolaidd. (Tudalen 16)**

**Derbyniwyd** Bydd Llywodraeth Cymru'n nodi, mewn unrhyw gontract gwasanaeth awyr yn y dyfodol, ei bod yn ofynnol cynnal arolwg teithwyr yn

rheolaidd er mwyn casglu gwybodaeth am bwrpas eu taith, ym mha sectorau y maent yn cael eu cyflogi, a pha mor fodlon yw'r teithwyr. Disgwylir i Lywodraeth Cymru gyhoeddi gwybodaeth o'r arolwg yn rheolaidd. Nid ydym wedi penderfynu pa mor aml eto, ond ddim llai na phob blwyddyn.

Goblygiadau cost. Caiff cost cynnal arolygon ymhlith cwsmeriaid y gwasanaeth awyr ei chynnwys yn y contract nesaf, a fydd yn destun proses dendro gystadleuol Llywodraeth Cymru er mwyn sicrhau gwerth am arian. Bydd cost cynnal yr arolygon cwsmeriaid yn gymesur â chost gyffredinol y gwasanaeth a ddarperir.

**Argymhelliad 6 Mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru gyhoeddi rhychwant, cynnwys, methodoleg ac amserlen lawn adolygiad ARUP. Rydym yn argymhell ymhellach y dylai canfyddiadau'r adolygiad gael eu cyhoeddi pan fyddant ar gael, er mwyn tawelu'r pryderon sydd gan y Pwyllgor ynglŷn â'r wybodaeth a ddefnyddir i lywio penderfyniadau ar ddyfodol y Gwasanaeth Awyr. (Tudalen 19)**

**Derbyniwyd mewn egwyddor** – Disgwylir i Lywodraeth Cymru gyhoeddi crynodeb o ganfyddiadau'r adolygiad a gynhelir o gontract y gwasanaeth awyr, hynny ar ôl cwblhau'r broses gaffael bresennol ym mis Rhagfyr. Bydd gwybodaeth na fyddai'n briodol ei chyhoeddi o dan y ddeddf rhyddid gwybodaeth yn cael ei chadw heb ei chyhoeddi.

Goblygiadau cost. Dim wedi eu canfod

**Argymhelliad 7 O gofio'r pryderon a fynegwyd ynglŷn â'r potensial ar gyfer diffyg eglurder ynghylch rhwymedigaethau o dan drefniadau contract ar y cyd, mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru gadw golwg ar yr ymchwiliad i'r ddamwain awyr yn Cork a myfyrio ar y canlyniad mewn unrhyw gontract Gwasanaeth Awyr yn y dyfodol. (Tudalen 23)**

**Derbyniwyd.** Mae Llywodraeth Cymru wedi ystyried y rhwymedigaethau o dan drefniadau'r contract presennol a'r argymhellion yn yr adroddiad terfynol gan yr Irish Air Accident Investigation Unit i ddamwain awyren Corc. Bydd unrhyw wersi a ddysgwyd yn cael eu hymgorffori i unrhyw gytundeb a wneir mewn cysylltiad â dyfarnu contract newydd ar gyfer y gwasanaeth a fydd yn cychwyn ym mis Rhagfyr 2014. Bydd y camau caffael a dyfarniad dilynol y contract yn digwydd yn unol â rheoliadau perthnasol yr Undeb Ewropeaidd.

Goblygiadau cost. Dim wedi eu canfod

**Argymhelliad 8 Os bydd Llywodraeth Cymru'n tendro ar gyfer Gwasanaeth Awyr newydd, mae'r Pwyllgor yn argymhell y dylai pob cam posibl gael ei gymryd (megis ymgynghori ymlaen llaw) i gynyddu nifer yr ymgeiswyr am y contract heb gyfaddawdu'r mserlen gyffredinol cyn i'r contract presennol ddod i ben. (Tudalen 26)**

**Derbyniwyd.** Cyhoeddwyd y gwahoddiad i dendro am gontract y gwasanaeth awyr newydd ar 11 Awst. Y dyddiad cau ar gyfer cyflwyno bidiau yw 10 Hydref. Mae camau'n cael eu cymryd yn y cyfnod hwn i sicrhau bod cyflenwyr sydd â'r gallu i gyflwyno'r gwasanaeth yn cael gwybod bod y tendr wedi'i gyhoeddi er mwyn iddynt gael cyfle i gymryd rhan yn y broses gaffael.

Goblygiadau cost. Dim costau ychwanegol wedi eu canfod.

**Argymhelliad 9 O gofio'r hyblygrwydd newydd o dan reolau'r Rhwymedigaeth Gwasanaeth Cyhoeddus, mae'r Pwyllgor yn argymhell y dylai Llywodraeth Cymru edrych ar opsiynau posibl i gynyddu buddion a chyfleoedd y Gwasanaeth Awyr i'r eithaf yn y dyfodol. (Tudalen 33)**

**Derbyniwyd** Bydd Llywodraeth Cymru'n parhau i gadw golwg ac ymchwilio i bob cyfle i gynyddu buddiannau'r gwasanaeth o fewn y cyfyngiadau a osodir gan reolau'r Rhwymedigaeth Gwasanaeth Cyhoeddus.

Goblygiadau cost. Dim costau ychwanegol wedi eu canfod

**Edwina Hart MBE CStJ AC**

Darren Millar AC  
Cadeirydd, Y Pwyllgor Cyfrifon Cyhoeddus  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
Caerdydd, CF99 1NA

Dyddiad: 11 Medi 2014  
Ein cyf: HVT/2207/mjb  
Tudalen: 1 o 2

Annwyl Darren,

### **GWASANAETH AWYR ODDI MEWN I GYMRU - CAERDYDD I YNYS MÔN**

Mewn llythyr gan y clerc, dyddiedig 2 Medi 2014, gofynnwyd am fy nghyngor ar ymateb Llywodraeth Cymru i adroddiad interim diweddar y Pwyllgor ar y *Gwasanaeth Awyr Oddi Mewn i Gymru - Caerdydd i Ynys Môn*. Mae Llywodraeth Cymru wedi nodi ei bod yn derbyn wyth o'r naw argymhelliad yn adroddiad y Pwyllgor a'i bod yn derbyn yr argymhelliad arall mewn egwyddor.

At ei gilydd, ymddengys fod ymateb Llywodraeth Cymru yn foddhaol ac, yn ei hymateb i argymhelliad wyth, mae Llywodraeth Cymru wedi darparu rhagor o fanylion am yr amserlen ar gyfer y broses gaffael ar gyfer contract newydd y Gwasanaeth Awyr. Fodd bynnag, mae'r dystiolaeth sy'n sail i benderfyniad Llywodraeth Cymru i barhau â chontract newydd ar gyfer y Gwasanaeth Awyr yn parhau i fod yn aneglur ar hyn o bryd.

Drwy dderbyn argymhelliad chwech mewn egwyddor, mae Llywodraeth Cymru wedi nodi ei bod yn disgwyl cyhoeddi crynodeb o ganfyddiadau'r adolygiad a gynhaliwyd ar y contract gwasanaeth awyr ar ôl cwblhau'r ymarfer caffael presennol ym mis Rhagfyr. Mae Llywodraeth Cymru wedi nodi na fydd gwybodaeth nad yw'n addas i'w chyhoeddi o dan ddeddfwriaeth rhyddid gwybodaeth yn cael ei chyhoeddi. Yn dibynnu ar i ba raddau y mae gwybodaeth yn cael ei chadw yn ôl, efallai y bydd y Pwyllgor yn dymuno ystyried ar bŵer ei hun i wahodd tystiolaeth ysgrifenedig, fel y nodir yn Neddf Llywodraeth Cymru 2006. Er na chaiff ei nodi'n glir yn ymateb Llywodraeth Cymru, yr wyf yn tybio bod Llywodraeth Cymru hefyd yn bwriadu, yn y tymor byr, peidio â chyhoeddi gwybodaeth a allai ddylanwadu'n ormodol ar y broses gaffael. Fodd bynnag, gall y Pwyllgor ofyn yn rhesymol pam y byddai pryder o'r fath o reidrwydd yn berthnasol i'r cylch gorchwyl ar gyfer gwaith adolygu Arup, sef rhywbeth y mae'r Pwyllgor wedi'i ofyn o'r blaen.

Mae rhai meysydd eraill lle y gallai ymateb Llywodraeth Cymru fod wedi cynnwys rhagor o fanylion, er enghraifft ynglŷn â'r opsiynau sydd, yn ymarferol, yn cael eu hystyried er mwyn gwneud y gorau o fanteision a chyfleoedd y Gwasanaeth Awyr yn y dyfodol



(argymhelliad naw). Fodd bynnag, mae Llywodraeth Cymru wedi cadarnhau ei hymrwymiad i ymchwilio i'r holl gyfleoedd posibl a'u hadolygu'n barhaus o fewn cyfyngiadau a rheolau'r Rhwymedigaeth Gwasanaeth Cyhoeddus. Deilliodd argymhelliad naw o sylwadau'r Pwyllgor y dylid rhoi ystyriaeth i amserlennu teithiau ychwanegol i leoliadau ychwanegol yn ystod y dydd, ond gwnaeth y Pwyllgor sylwadau hefyd ar faterion yn ymwneud â maint yr awyren a'r defnydd o RAF y Fali fel y maes awyr yng Ngogledd Cymru. Yn yr hysbysiad contract a gyhoeddwyd ar gyfer y gwasanaeth newydd dywedir yn syml fod Gweinidogion Cymru yn ceisio sicrhau contract 4 blynedd newydd ar gyfer darparu gwasanaeth awyr rheolaidd rhwng gogledd a de Cymru. Bydd y gwasanaeth yn darparu o leiaf ddwy daith uniongyrchol bob dydd a bydd yn cael ei weithredu fel Rhwymedigaeth Gwasanaeth Cyhoeddus o dan Reoliadau 1008/2008 yr Undeb Ewropeaidd. Nid wyf wedi gweld y dogfennau gwahoddiad i dendro manylach a baratowyd gan Lywodraeth Cymru.

Nododd y Pwyllgor yn ei adroddiad interim y byddai'n debygol o drafod y mater hwn eto pan fyddai bwriadau Llywodraeth Cymru ar gyfer y Gwasanaeth Awyr yn glir ac ar ôl cwblhau unrhyw broses dendro ar gyfer contract newydd y Gwasanaeth Awyr. Efallai yr hoffai'r Pwyllgor ystyried trefnu sesiwn dystiolaeth ddilynol fer gyda Llywodraeth Cymru yn nes ymlaen yn nhymor yr hydref neu'n gynnar yn 2015. Mewn sesiwn o'r fath gellid trafod y materion yr wyf wedi tynnu sylw atynt uchod yn ogystal â chael rhagor o dystiolaeth am sut mae ymrwymadau eraill Llywodraeth Cymru mewn ymateb i argymhellion y Pwyllgor wedi cael eu rhoi ar waith yn ymarferol mewn unrhyw gontract newydd.

Yn gywir,



**HUW VAUGHAN THOMAS**  
**ARCHWILYDD CYFFREDINOL CYMRU**