

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:
Ystafell Bwyllgora 3 – y Senedd

Dyddiad:
Dydd Mawrth, 3 Rhagfyr 2013

Amser:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



I gael rhagor o wybodaeth, cysylltwch â:

Fay Buckle
Clerc y Pwyllgor
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Agenda

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

2 Gofal heb ei drefnu: Ymateb gan Lywodraeth Cymru (09:00–10:00)

(Tudalennau 1 - 58)

PAC(4)-32-13 papur 1

PAC(4)-32-13 papur 2

David Sissling – Cyfarwyddwr Cyffredinol ar gyfer Iechyd a Gwasanaethau
Cymdeithasol/Prif Weithredwr, GIG Cymru

Kevin Flynn – Cyfarwyddwr Cyflawni a Dirprwy Brif Weithredwr GIG Cymru

Dr Grant Robinson – Arweinydd Clinigol ar gyfer Gofal heb ei drefnu

3 Papurau i'w nodi (10:00) (Tudalennau 59 - 62)

Cyllid Iechyd ar gyfer 2012–13 a thu hwnt: Llythyr gan Adam Cairns, Prif Weithredwr Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (14 Tachwedd 2013)

(Tudalennau 63 - 64)

PAC(4)-32-13 (ptn1)

4 Contract Meddygon Ymgynghorol yng Nghymru: Y wybodaeth ddiweddaraf gan Lywodraeth Cymru (10:00–10:10) (Tudalennau 65 - 71)

PAC(4)-32-13 papur 3

PAC(4)-32-13 papur 4

5 Gwasanaethau Mamolaeth yng Nghymru: Y wybodaeth ddiweddaraf gan Lywodraeth Cymru (10:10–10:20) (Tudalennau 72 - 121)

PAC(4)-32-13 papur 5

PAC(4)-32-13 papur 6

6 Arlwyo a Maeth Cleifion mewn Ysbytai: Y wybodaeth ddiweddaraf gan Lywodraeth Cymru (10:20–10:25) (Tudalennau 122 - 124)

PAC(4)-32-13 papur 7

7 Argyfyngau Sifil yng Nghymru: Y wybodaeth ddiweddaraf gan Lywodraeth Cymru (10:25–10:30) (Tudalennau 125 - 126)

PAC(4)-32-13 papur 8

8 Buddsoddiad Cyfalaf mewn Ysgolion: Y wybodaeth ddiweddaraf gan Lywodraeth Cymru (10:30–10:35) (Tudalennau 127 - 144)

PAC(4)-32-13 papur 9

9 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol: (10:35)

Eitemau 5, 6, 7, 8, 9, 10 a 11

10 Cyflog Uwch-reolwyr: Trafod y papur dadansoddi (10:35–11:00) (Tudalennau 145 - 200)

PAC(4)-32-13 papur 10

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

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

Ein Cyf: DS/KF

31 Hydref 2013

Annwyl Darren,

ADRODDIAD SWYDDFA ARCHWILIO CYMRU – GOFAL HEB EI DREFNU: HYNT Y GWAITH HYD YN HYN

Rwy'n ysgrifennu mewn ymateb i'ch gwahoddiad i fynychu'r Pwyllgor Cyfrifon Cyhoeddus a chyflwyno tystiolaeth ar y mater uchod.

Buom yn cydweithio'n agos â Swyddfa Archwilio Cymru wrth iddi gynnal ei hadolygiad. Amgaeaf grynodedb o faterion cysylltiedig a'r camau a gymerwyd gennym. Byddaf, wrth gwrs, yn darparu gwybodaeth bellach neu unrhyw esboniad angenrheidiol mewn ymateb i'w hamrywiol argymhellion ar 12 Tachwedd.

Yn gywir

Kevin Flynn
Ar gyfer
David Sissling

Cc: Kevin Flynn, Llywodraeth Cymru
Ruth Hussey, Llywodraeth Cymru

Amg: Atodiad 1 – Papur Tystiolaeth
Atodiad 2 – Argymhellion Adroddiad Swyddfa Archwilio Cymru

**Y PWYLLGOR CYFRIFON CYHOEDDUS
YMCHWILIAD I ADRODDIAD SWYDDFA ARCHWILIO CYMRU: GOFAL HEB EI DREFNU –**

DIWEDDARIAD AR GYNNYDD

Dyddiad: 12 Tachwedd 2013

Lleoliad: Y Senedd, Cynulliad Cenedlaethol Cymru

Teitl: Ymchwiliad i Adroddiad Swyddfa Archwilio Cymru: Gofal Heb ei Drefnu – Diweddariad ar Gynnydd

CYFLWYNIAD

1. Croesawodd Llywodraeth Cymru adroddiad y Swyddfa Archwilio ar Ofal Heb ei Drefnu: Diweddariad ar Gynnydd pan gyhoeddwyd ef ym mis Medi. At ei gilydd rydym yn derbyn yr argymhellion ac rydym eisoes yn cymryd y camau angenrheidiol ym mhob maes.

DIBEN

2. Mae'r papur hwn yn rhoi tystiolaeth ar ymateb Llywodraeth Cymru i Adroddiad y Swyddfa Archwilio: Gofal Heb ei Drefnu – Diweddariad ar Gynnydd, a gyhoeddwyd ar 12 Medi 2013. Gofynnwyd am y papur gan Gadeirydd y Pwyllgor er mwyn cael gwybodaeth ar gyfer sesiwn y Pwyllgor Cyfrifon Cyhoeddus sydd i'w chynnal ar 12 Tachwedd 2013. Ar gais y pwyllgor bydd hyn yn canolbwyntio'n benodol ar Ofal Sylfaenol.

CYD-DESTUN

3. Rhennir y cyfrifoldeb am gyflawni argymhellion Adroddiad y Swyddfa Archwilio rhwng Llywodraeth Cymru, Byrddau Iechyd Lleol, Iechyd Cyhoeddus Cymru ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST).
4. Mae'r camau a gymerwyd hyd yma a chamau ychwanegol y mae Llywodraeth Cymru a GIG Cymru yn bwriadu eu cymryd yn y dyfodol mewn ymateb i bob argymhelliad wedi'u nodi yn *atodiad 2*. Dylid cofio mai'r bwriad yw i GIG Cymru yn benodol gyflawni nifer o'r argymhellion.
5. Roedd yr Adroddiad yn amlwg yn cydnabod cymhlethdod darparu gwasanaethau gofal heb ei drefnu a'r gwelliannau a wnaed ers mis Ebrill. Ni ellir bychanu'r heriau hyn, ac maent yn amlwg ledled y DU. Yn benodol, mae tueddiadau demograffig y dyfodol yn dangos yn glir y bydd pwysau cynyddol o ran galw dros y 5 i 10 mlynedd nesaf. Yng Nghymru, rhagamcenir y bydd y boblogaeth 65-74 oed yn cynyddu 27.2% rhwng 2008 a 2019 o gymharu â 26.1% yn y DU dros yr un cyfnod.
6. Yn ôl y dystiolaeth mae'r cynnydd % mwyaf yn nifer y cleifion a gaiff eu derbyn fel achos brys ymhlith y categori 85+ oed a gwelwyd cynnydd o 57.7% yn nifer y cleifion 85+ oed a dderbyniwyd drwy adrannau brys dros y naw mlynedd diwethaf.

7. Mae cyfran fwy o'r bobl hŷn hyn yn cyrraedd adrannau damweiniau ac achosion brys mewn ambiwlansys brys, ac mae risg uwch o'u derbyn o'r adrannau hyn o gymharu â mynd at feddyg teulu am yr un broblem feddygol.
8. Yn Ebrill 2013, rhoes y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ddatganiad llafar yn nodi ystod eang o gamau gweithredu i alluogi gwelliannau yn y tymor byr, y tymor canolig a'r tymor hwy.
9. Mewn ymateb, datblygwyd y Rhaglen Waith Genedlaethol ar gyfer Gofal Heb ei Drefnu gan Brif Weithredwyr GIG Cymru ar y cyd â Llywodraeth Cymru. Ymhlith amcanion y Rhaglen mae gwella'r ffordd y mae iechyd a gofal cymdeithasol yn cydweithio i sicrhau bod ysbytai yn canolbwyntio ar y rheini sydd eu hangen a bod pawb yn cael gofal ardderchog yn y lle gorau pan fydd ei angen arnynt.
10. Caiff y Rhaglen Waith ei harwain ar y cyd gan Andrew Goodall, Prif Weithredwr Bwrdd Iechyd Lleol Aneurin Bevan ac Elwyn Price-Morris, Prif Weithredwr WAST. Mae'n cynnwys y Deg Cam Effeithiol i Drawsnewid Gofal Heb ei Drefnu a'r prosiectau canlynol:
 - Datblygu system ddwysáu ar gyfer GIG Cymru a gaiff ei pherchenogi, ei deall a'i defnyddio'n briodol gan staff a sefydliadau Iechyd a Gofal Cymdeithasol;
 - Creu system Iechyd a Gofal Cymdeithasol wirioneddol integredig ar gyfer Gofal Heb ei Drefnu lle y caiff blaenoriaethau eu cysoni a'u perchenogi gan bob sector (o ofal sylfaenol, drwy ofal cymunedol, aciwt a chymdeithasol ac yn ôl i ofal sylfaenol);
 - Creu Rhaglen Gydweithredol ar gyfer Gwella Gofal Heb ei Drefnu;
 - Creu ymagwedd genedlaethol at wasanaeth Tu Allan i Oriau Meddygon Teulu, 111 a Hybiau Cymunedol sy'n cydnabod gwahaniaethau lleol tra'n darparu gwasanaethau gwell yn gyflym;
 - Nodi a chymryd camau gweithredu sy'n newid y system Iechyd a gofal cymdeithasol o 'wthio' i 'dynnu'; a
 - Rhoi canfyddiadau'r Adolygiad o'r Gwasanaeth Ambiwylans ar waith (h.y. Rhaglen Diwygio'r Gwasanaeth Ambiwylans).
11. Cyhoeddwyd adroddiad Swyddfa Archwilio Cymru, *Gofal Heb ei Drefnu: Diweddariad ar Gynnydd* ym Medi 2013 ac roedd ynddo nifer o argymhellion i GIG Cymru, Llywodraeth Cymru a phartneriaid eu gweithredu. Mae'r rhan fwyaf o'r argymhellion yn yr adroddiad yn gysylltiedig â ffrydiau gwaith sydd eisoes yn mynd rhagddynt drwy'r Rhaglen Waith ar gyfer Gofal Heb ei Drefnu. Mae'r argymhellion sydd ar ôl yn cael eu hintegreiddio i'r gwaith a gyflawnir gan y Rhaglen.

Camau Gweithredu Llywodraeth Cymru

12. Mynnodd Llywodraeth Cymru gael Cynlluniau Gofal Heb ei Drefnu a Gofal Wedi'i Drefnu gan bob Bwrdd Iechyd Lleol a'r Ymddiriedolaeth Ambiwylans ym Mai 2013. Esboniwyd yn glir bod disgwyl i'r Cynlluniau Adfer Gofal Heb ei Drefnu gynnwys sicrwydd ynghylch parodrwydd am aeaf 2013/14.
13. Gofynnodd Llywodraeth Cymru i'r holl Fyrddau Iechyd Lleol a'r Ymddiriedolaeth Ambiwylans baratoi taflwybrau gwella perfformiad gofal heb ei drefnu yn erbyn targed amser ymateb adrannau damweiniau ac achosion brys, sef 4 awr, a tharged amser ymateb y gwasanaeth ambiwlans, sef 8 munud. Roedd angen lleihau nifer y cleifion sy'n aros dros awr i gael eu trosglwyddo o griwiau ambiwlans i staff adrannau damweiniau ac achosion brys, a nifer y rhai sy'n treulio dros 12 awr yn yr adran cyn cael eu derbyn, eu trosglwyddo neu eu rhyddhau.

14. Cafodd galwadau ffôn wythnosol â phob Bwrdd Iechyd Lleol a'r Ymddiriedolaeth Ambiwylans eu sefydlu gan yr Adran Iechyd a Gwasanaethau Cymdeithasol ym Mai 2013. Cychwynnwyd y galwadau hyn er mwyn rhoi sicrwydd bod y cynlluniau adfer integredig yn cael eu cyflawni o fewn yr amserlenni a gadarnhawyd.
15. Trosglwyddwyd y cyfrifoldeb am yr Alwad Gynadledda Lefel Weithredol ddyddiol ynglŷn â Phwysau Cenedlaethol ar Adrannau Achosion Brys o Lywodraeth Cymru i Fyrddau Iechyd Lleol ym Mehefin 2013. Nod y trosglwyddo oedd annog mwy o berchenogaeth o drefniadau dwysáu gofal heb ei drefnu, yn ogystal ag annog mwy o ymgysylltu a chydweithredu rhwng sefydliadau GIG Cymru.
16. Yn ystod yr alwad, mae Llywodraeth Cymru yn disgwyl i Fyrddau Iechyd Lleol hysbysu am achosion lle bu'n rhaid i gleifion aros dros 12 awr mewn adran damweiniau ac achosion brys, a rhoi sicrwydd bod cleifion a'u teuluoedd yn cael gwybod y rhesymau am yr oedi a pha bryd y bydd y cleifion hynny'n debygol o gael eu derbyn, eu trosglwyddo neu eu rhyddhau.
17. Dechreuodd Llywodraeth Cymru gyhoeddi data ar nifer y cleifion sy'n treulio mwy na 12 awr mewn adran damweiniau ac achosion brys cyn cael eu derbyn, eu trosglwyddo neu eu rhyddhau o fis Mai 2013 er mwyn rhoi mwy o dryloywder i'r cyhoedd ynghylch amseroldeb gofal a ddarperir mewn adrannau damweiniau ac achosion brys ledled Cymru. Bydd mwy o bwyslais yn cael ei roi ar gael byrddau iechyd i gydnabod amseroedd aros hir wrth iddynt ddigwydd er mwyn cymryd y camau priodol.

Arweinydd Clinigol Cenedlaethol ar gyfer Gofal Heb ei Drefnu

18. Penodwyd Dr Grant Robinson yn Arweinydd Clinigol ar gyfer Gofal Heb ei Drefnu a dechreuodd yn ei swydd ddechrau Medi 2013. Mae Dr Robinson wedi bod yn gweithio gydag arweinyddion o'r maes iechyd a gofal cymdeithasol i sicrhau gwelliannau ar draws llwybrau gofal brys ac argyfwng.

Sgwrs Genedlaethol ar Anghenion y Boblogaeth sy'n Heneiddio (y Farwnes Illora Finlay)

19. Cytunodd y Farwnes Illora Finlay i ddechrau'r 'Sgwrs Genedlaethol' newydd ar sut y gall gwasanaethau gofal yng Nghymru ddiwallu orau anghenion ein poblogaeth sy'n heneiddio, ac ymgymerodd â'r rôl hon ym mis Mai 2013.
20. Mae'r Farwnes Finlay wedi cyfarfod â rhanddeiliaid allweddol ac wedi cadeirio nifer o ddigwyddiadau Seiat Syniadau. Mae hi'n bwriadu cynnal mwy o gyfarfodydd â chleifion a grwpiau eraill er mwyn cael gwybodaeth ar gyfer ei hadroddiad i'r Gweinidog.

Camau Gweithredu GIG Cymru

21. Mae pob Bwrdd Iechyd Lleol a WAST wedi datblygu Cynlluniau Gofal Heb ei Drefnu sy'n disgrifio eu dull strategol a gweithredol o lywio gwelliannau i ansawdd, diogelwch cleifion a sut y byddant yn cyflawni yn erbyn targedau cenedlaethol.
22. Gofynnodd Llywodraeth Cymru i bob sefydliad roi mwy o sicrwydd ynghylch eu parodrwydd am aeaf 2013/14 ac i ddatblygu cynlluniau ar gyfer y gaeaf gyda phartneriaid, h.y. WAST, Billaau ac Awdurdodau Lleol.

23. Mae'r Cynlluniau ar gyfer Gofal Heb ei Drefnu a'r Gaeaf yn nodi'r camau gweithredu a gaiff eu cymryd gan sefydliadau GIG Cymru i leddfu'r pwysau ar wasanaethau gofal heb ei drefnu cyn ac yn ystod cyfnod y gaeaf, a thu hwnt.

Gwella'r Integreiddio rhwng Iechyd a Gwasanaethau Cymdeithasol a'r Gofal a Ddarperir yn y Gymuned

24. Mae Llywodraeth Cymru wedi cyhoeddi dwy ddogfen yn ddiweddar yn ymwneud ag integreiddio gwasanaethau, sef *Darparu Gofal Iechyd Lleol – sbarduno newid* a gyhoeddwyd ym Mehefin 2013 a'r *Fframwaith Integreiddio ar gyfer pobl hŷn ag anghenion cymhleth*, a gyhoeddwyd ar gyfer ymgynghoriad yng Ngorffennaf 2013. Mae'r dogfennau hyn yn amlygu amrywiaeth o gamau gweithredu tymor byr a thymor hwy ar gyfer Byrddau Iechyd, Llywodraeth Leol a phartneriaid, er mwyn gwella'r gwasanaethau, y gofal a'r cymorth i bobl ledled Cymru drwy fodelau gwasanaeth newydd a threfniadau gweithio mewn partneriaeth mwy effeithiol. Enghraifft o'r gweithio agosach hwn oedd datblygu'r cydgynlluniau ar gyfer y gaeaf.

Y Broses Asesu Unedig i Bobl Hŷn

25. Comisiynodd Llywodraeth Cymru grŵp gorchwyl a gorffen i ddatblygu canllawiau interim i ddisodli'r canllawiau presennol ar y Broses Asesu Unedig i bobl hŷn. Diben y canllawiau interim hyn yw datblygu trefniadau asesu integredig mwy effeithiol rhwng iechyd, llywodraeth leol a phartneriaid. Cyhoeddir y Fframwaith hwn ym mis Rhagfyr fel canllawiau interim a bydd yn cael ei ddefnyddio am gyfnod cyfyngedig hyd nes bod Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) ar waith. Ni fydd yn newid y fframwaith cymhwysedd presennol yn y tymor byr.

Oedi wrth Drosglwyddo Gofal

26. Mae cyfarfodydd ar y cyd wedi'u cynnal rhwng y Gweinidog Llywodraeth Leol, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol a Byrddau Iechyd Lleol ac Awdurdodau Lleol, a bwriedir cynnal rhagor o gyfarfodydd dros y gaeaf. Mae trafodaethau wedi'u cynnal ynghylch yr hyn y mae cymunedau iechyd lleol yn ei wneud i leihau nifer yr achosion o oedi wrth drosglwyddo gofal, ac ynghylch ffyrdd o gyflymu asesiadau gofal cymdeithasol a'r broses ryddhau yn eu hardaloedd.
27. Sefydlwyd Grŵp Gorchwyl a Gorffen Rhyngwyneb y Gymuned a'r Ysbyty (CHI) ar 30 Ebrill 2013. Cadeirydd y Grŵp yw Sue Evans, sydd yn Brif Swyddog Gofal Cymdeithasol a Thai yng Nghyngor Bwrdeistref Sirol Torfaen ac yn aelod o Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru (ADSSC). O fewn ADSSC, Sue yw'r arweinydd enwebedig ar gyfer gofal heb ei drefnu.
28. Prif ddiben y grŵp yw gwella profiad a thaith y claf drwy'r llwybr gofal cyfan a gwella'r gwaith o drosglwyddo gofal. Mae'r Grŵp CHI wedi paratoi adroddiad drafft a fydd yn barod ym mis Tachwedd, yn amlinellu camau gweithredu tymor byr a thymor hwy i sicrhau gwelliannau.

Adolygiad Strategol McClelland o Wasanaethau Ambiwylans Cymru

29. Penodwyd Andrew Cottom, Prif Weithredwr Bwrdd Addysgu Iechyd Lleol Powys gynt, yn Gyfarwyddwr Rhaglen ar gyfer Rhaglen Diwygio'r Gwasanaethau Ambiwylans yng Ngorffennaf 2013. Mr Cottom sy'n gyfrifol am arwain ymateb GIG Cymru a Llywodraeth Cymru i Adolygiad McClelland ac am weithredu'r argymhellion a wnaed. Bydd amrywiaeth o ddiwygiadau ar waith erbyn 1 Ebrill 2014, yn cynnwys:

- Sefydlu Pwyllgor Comisiynu Gwasanaethau Ambiwylans Cenedlaethol newydd;
- Ailenwi Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru;
- Penodi Cadeirydd parhaol newydd ac aelodau newydd i'r Bwrdd anweithredol; a
- Rhoi mesurau newydd ar waith o ran y gwasanaeth ambiwlans sy'n dangos yn well ansawdd y gofal a roddir i gleifion.

Gwasanaeth Cyngor a Gwybodaeth dros y Ffôn

30. Mae gwaith ar y gweill i ddatblygu gwasanaeth ffôn sengl, a fydd ar gael drwy'r rhif 111, er mwyn symleiddio mynediad at ofal iechyd brys, pan nad oes argyfwng. Ni fwriedir i'r gwasanaeth gymryd lle cyswllt arferol â meddygon teulu yn ystod eu horiau agor. Bydd yn rhoi cyngor a gwybodaeth unrhyw adeg o'r dydd i bobl nad ydynt yn gwybod ble arall i droi. Bydd hefyd yn rheoli ac yn brysennu galwadau y tu allan i oriau meddygon teulu. Bydd y gwasanaeth yn cael ei ategu gan gyfeiriadur cenedlaethol cynhwysfawr o wasanaethau. Bydd Galw Iechyd Cymru yn rhan annatod o'r broses ystyried a phenderfynu ynglŷn â'r gwasanaeth.

Cynlluniau ac Atebion ar gyfer Pwysau'r Gaeaf yn 2013/14 a'r Adnoddau Priodol i Ateb y Galw

31. Mae'r Grŵp Cynllunio Tymhorol, sy'n cynnwys uwch-gynrychiolwyr o Fyrddau Iechyd Lleol, WAST ac Awdurdodau Lleol, wedi bod yn cynllunio ar gyfer gaeaf 2013/14 ers ei gyfarfod ym Mawrth 2013. Gofynnodd Llywodraeth Cymru am sicrwydd ychwanegol gan bob Prif Weithredwr ym mis Awst ynglŷn ag adnoddau a modelu galw ar gyfer gaeaf 2013/14.
32. Lanswyd Fforwm Cenedlaethol Cynllunio at y Gaeaf gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar 10 Medi 2013, ac yn bresennol roedd cynrychiolwyr lefel weithredol o Fyrddau Iechyd Lleol, WAST, Iechyd Cyhoeddus Cymru ac Awdurdodau Lleol (gan gynnwys Llywydd ASSDC). Ers hynny, mae'r holl Fyrddau Iechyd Lleol wedi cyflwyno'u cynlluniau ar gyfer y gaeaf, a ddatblygwyd ar y cyd â'u Hawdurdodau Lleol a WAST er mwyn rhoi sylw i faterion ar draws y system gyfan.
33. Mae Llywodraeth Cymru yn datblygu Dangosfwrdd Gofal Heb ei Drefnu Integredig GIG Cymru i gynnwys gwybodaeth sydd bron yn fyw am y defnydd o welyau gan gysylltu hyn â rhannau eraill o'r llwybr gofal heb ei drefnu – gan gynnwys data Gofal Sylfaenol, Gwasanaethau Ambiwylans ac Adrannau Damweiniau ac Achosion Brys. Nod y data hyn yw helpu Byrddau Iechyd Lleol i ddeall pryd sydd orau i ddwysáu yn lleol ac yn genedlaethol. Cam nesaf y datblygiad hwn fydd ymchwilio i gynnwys data amser real a gwybodaeth gofal cymdeithasol.
34. Mae dealltwriaeth ddyddiol fwy cyffredin o gyfraddau defnydd gwely a chyswllt cliriach â'r broses o blygu adnoddau i ateb y galw rhagweledig. Yn ôl y dystiolaeth o aeaf y llynedd, cafodd y tywydd gwael estynedig gryn effaith ar nifer y presenoldebau a'r math o bresenoldebau. Mae gwaith wedi'i wneud i ddatblygu dealltwriaeth o effaith y tywydd ar y galw am wasanaethau a'r ymateb gorau. Mae BILiau yn cynnwys hyn yn eu gwaith cynllunio ac mae hyn yn cael ei rannu ag asiantaethau sy'n bartneriaid.
35. Mae GIG Cymru wedi datblygu ymhellach ei ddull o ddwysáu. Yn rhan o'r Rhaglen Waith ar gyfer Gofal Heb ei Drefnu, mae'r cynllun Dwysáu a Dad-ddwysáu Cenedlaethol yn cael ei adolygu a'i ddiweddarau, ac mae hyn yn cynnwys diweddarau'r alwad gynadledda ddyddiol.

36. Yn 2010 cyhoeddodd Llywodraeth Cymru *Gosod y Cyfeiriad*, y fframwaith cyflawni ar gyfer gofal sylfaenol a gofal yn y gymuned. Ers hynny, mae rhwydweithiau ardal wedi'u sefydlu ym mhob Bwrdd Iechyd er mwyn symud gofal i leoliad cymunedol, ac adeiladu llwybrau gofal o amgylch defnyddwyr gwasanaethau.
37. Darperir gwasanaethau Gofal Sylfaenol drwy'r rhwydwaith o bractisau meddygon teulu, gwasanaethau y tu allan i oriau a fferyllfeydd cymunedol, yn ogystal â thrwy ddeintyddion ac optometryddion. Bydd meddygon teulu yn cydweithio â nyrsys cymunedol, gwasanaethau gofal cymdeithasol a darparwyr y sector gwirfoddol. Meddygon teulu a gwasanaethau y tu allan i oriau sy'n cyflawni'r rhan fwyaf o'r cysylltau gofal heb ei drefnu ym maes gofal sylfaenol.
38. Er na chesglir data fel arfer i fesur y galw am wasanaethau meddygon teulu, cydnabyddir bod: cynnydd yn nifer yr achosion o glefydau cronig; y twf yn y rhaglenni imiwneiddio; rheoli risgiau cleifion; a'r cynnydd yng nghymhlethdod a chydforbidrwydd cleifion hŷn bregus yn cynyddu'r angen am gymorth Gofal Sylfaenol.
39. Mae'r cyfraddau ymgynghori yn codi'n sylweddol yn achos grwpiau hŷn, o gyfartaledd amcangyfrifedig o lai na 6 chyswllt y flwyddyn i bobl 60 oed i bron i 14 chyswllt y flwyddyn i gleifion dros 85 oed. Mae'r gwahaniaeth hwn wedi cynyddu wrth i ddull mwy rhagweithiol o reoli cyflyrau cronig ddatblygu.
40. Mae llwyth gwaith mawr hefyd o ran rheoli meddyginiaethau, yn enwedig ar gyfer cydforbidrwydd cymhleth mewn cleifion hŷn bregus. Wrth i amllder y cysylltau gynyddu gydag oedran bydd yn bwysig cyfateb capasiti a chymysgedd sgiliau'r gweithlu i batrwm yr anghenion.
41. Bydd dadansoddiad Iechyd Cyhoeddus Cymru o alw ar draws y system yn helpu i baratoi'r dadansoddiad manylach o'r galwadau hyn ac o'r gofynion o ran gweithlu.

Blaenoriaethau Llywodraeth Cymru

42. Mae gwella mynediad at wasanaethau meddygon teulu yn un o brif ymrwymadau Llywodraeth Cymru. Mae gwaith wedi bod yn mynd rhagddo i wneud gwasanaethau'n fwy hygyrch i bobl sy'n gweithio. Yn 2012/13 mae Llywodraeth Cymru wedi bod yn canolbwyntio ar sicrhau bod nifer yr apwyntiadau, a'u dosbarthiad, yn ddigonol rhwng 8.00am a 6.30pm, ac yn canolbwyntio ar leihau nifer y practisau sy'n cau am hanner y dydd neu yn ystod amser cinio. Gwnaethpwyd cynnydd da o ran gwella'r mynediad yn yr oriau hyn. Mae'r ystadegau a gyhoeddwyd ar gyfer 2012 ynghylch mynediad at feddygon teulu yn dangos bod 94% o bractisau meddygon teulu yng Nghymru bellach yn cynnig apwyntiadau rhwng 5.00pm a 6.30pm ddwy noswaith yr wythnos o leiaf.
43. Un o flaenoriaethau Llywodraeth Cymru yw gweld mwy o apwyntiadau ar gael y tu allan i oriau dan gontract yn ystod yr wythnos ar ôl 6.30pm. Mae byrddau iechyd wrthi ar hyn o bryd yn adolygu trefniadau agor estynedig i sicrhau bod y gwasanaethau hyn yn diwallu anghenion lleol ac yn gwneud y defnydd gorau o'r adnoddau sydd ar gael. Ar hyn o bryd, mae 11% o bractisau meddygon teulu yn cynnig apwyntiadau ar ôl 6.30pm un diwrnod yr wythnos o leiaf.
44. Mae gwaith wedi'i wneud i ddatblygu "*Fy Iechyd Ar-lein*" sy'n rhoi cyfle i gleifion drefnu apwyntiadau â meddygon teulu ac archebu presgripsiynau amlroddadwy ar-lein. Ar hyn o bryd mae 56% o bractisau

meddygon teulu yng Nghymru wedi mabwysiadu'r dull hwn, ac mae dros 19,000 o gleifion yn ei ddefnyddio.

45. Mewn sawl ardal mae practisau'n ystyried cynyddu'r defnydd o frysbenneu drwy'r ffôn i wella mynediad at gyngor gofal sylfaenol ac i gyfeirio at y man rheoli mwyaf priodol. Mae'r gwaith hwn yn cynnwys dadansoddiad o'r galw, y capasiti, a'r llif drwy systemau yn seiliedig ar enghreifftiau o arferion da o wahanol rannau o'r DU. Mae gwaith cychwynnol wedi'i drafod drwy rwydweithiau clinigol a rheolaethol y maes gofal sylfaenol a bydd y llwybrau hyn yn cael eu defnyddio i rannu arferion da.
46. Mae byrddau yn ceisio annog gwaith lleol i ddadansoddi a datrys problemau. Bydd y rhwydweithiau meddygon teulu lleol yn parhau â'r gwaith hwn yng ngoleuni'r dadansoddiad y mae lechyd Cyhoeddus Cymru'n ei ddatblygu o alw ar draws y system.
47. Mae gwybodaeth Reoli leol yn dangos bod y gwasanaeth tu allan i oriau meddygon teulu yng Nghymru yn derbyn mwy na 700,000 o alwadau'r flwyddyn, a bod tua 560,000 ohonynt yn cael cyngor gan feddyg teulu neu nyrs. O'r rhain, mae tua 40% yn cael cyngor dros y ffôn ac mae tua 55% yn gweld clinigwr mewn Canolfan Gofal Sylfaenol, yn eu cartref neu fel claf mewnol. Caiff tua 5% o gleifion eu trosglwyddo i adrannau damweiniau ac achosion brys neu i'r gwasanaeth ambiwlans. Mae swyddogion Llywodraeth Cymru wedi bod yn trafod yn rheolaidd ag Arweinwyr Gweithredol Byrddau lechyd ar gyfer gwasanaethau tu allan i oriau meddygon teulu ac mae Byrddau lechyd wedi bod yn cydweithio i sicrhau cydnerthedd y gwasanaethau presennol.
48. Mae gweithio agosach â gwasanaethau eraill sy'n rhoi gofal heb ei drefnu yn cael ei sicrhau ledled Cymru. Mae cydbrotocolau â'r Gwasanaeth Ambiwllans wedi'u datblygu yng Ngwent ac yng Ngogledd Cymru er mwyn i feddygon teulu y tu allan i oriau roi cymorth i barafeddygon. Mae gwasanaethau y tu allan i oriau wedi'u cydleoeli ag Adrannau Brys ac Unedau Mân Anafiadau mewn nifer o safleoedd ledled Cymru; a bydd rhai ysbytai yn aml yn derbyn atgyfeiriadau yn syth i wardiau gan feddygon teulu y tu allan i oriau.
49. Yn rhan o'r gwaith sydd ar y gweill i wneud gwybodaeth yn fwy ystyrion, rydym yn ystyried ffyrdd gwell o gasglu a defnyddio gwybodaeth Gofal Sylfaenol ynghylch gwasanaethau y tu allan i oriau. Mae hyn yn cynnwys integreiddio elfennau o'r data y tu allan i oriau i Ddangosfwrdd Gofal Heb ei Drefnu GIG Cymru.
50. Am fod sôn am anawsterau recriwtio mae arolwg o feddygon teulu wedi'i gynnal i gael deall y ffactorau sy'n eu galluogi i ymwneud â darpariaeth y Tu Allan i Oriau, a'r ffactorau sy'n eu rhwystro. Bydd hyn yn taflu goleuni ar ystod o faterion sy'n berthnasol i Ymarfer Meddygol y tu mewn a'r tu allan i oriau.
51. Mae Llywodraeth Cymru yn sefydlu gwasanaeth Dewis Fferyllfa ar safleoedd cynlluniau braenaru ym Myrddau lechyd Cwm Taf a Betsi Cadwaladr. Mae ymchwil yn awgrymu bod tua 18% o lwyth gwaith meddygon teulu ac 8% o ymgynghoriadau adrannau brys bob blwyddyn ar gyfer anhwylderau cyffredin y gallai fferyllwyr cymunedol eu rheoli'n effeithiol. Bydd Dewis Fferyllfa yn cynnwys fferyllwyr cymeradwy a fydd yn cynnig ymgynghoriadau GIG cyfrinachol, a thriniaeth pan fo'n briodol, i gleifion a fyddai fel arall yn troi at wasanaethau eraill y GIG i drin eu hanhwylderau cyffredin. Bydd gwerthusiad cadarn yn cael ei gynnal o fuddion y gwasanaeth a bydd yn cael ei gyflwyno'n genedlaethol os gellir dangos ei fod yn lleihau'r galw mewn sectorau eraill.

52. Mae Maes Ansawdd a Chynhyrchiant contract y meddygon teulu wedi'i ddefnyddio i helpu i ddatblygu rhwydweithiau meddygon teulu. Mae hyn wedi hwyluso cydweithio i gynnal adolygiad gan gymheiriaid o adrannau damweiniau ac achosion brys a derbyniadau brys lleol. Y nod yw datblygu llwybrau gofal i reoli a thrin cleifion sy'n anelu at leihau'r angen am dderbyniadau brys. Mae rhwydweithiau hefyd wedi'u gofyn i nodi cyfleoedd i wella'r ffordd y mae gwasanaethau wedi'u cynllunio. Bydd yr awgrymiadau hyn yn cael eu hystyried mewn rhaglenni lleol ar ofal heb ei drefnu.
53. Rhoddwyd canllawiau i rwydweithiau i'w helpu i reoli gofal. Yn eu plith roedd:
- Y gwaith 'Canolbwyntio Ar' i ategu mentrau rheoli atgyfeiriadau
 - Dogfen Newidiadau sy'n Cael Effaith Sylweddol
 - Canllawiau ar Ddadansoddi Digwyddiadau Mawr i nodi opsiynau rheoli amgen.
54. Trwy newidiadau a gytunwyd i gontract y meddygon teulu ar gyfer 2013/14, mae practisau meddygon teulu wrthi'n haenu risgiau i sicrhau bod cynlluniau rheoli ar waith ar gyfer cleifion sy'n wynebu'r perygl mwyaf o dderbyniadau heb eu trefnu. Er y bydd hyn yn canolbwyntio ar y nifer fach o bobl sy'n wynebu'r perygl mwyaf, nod y gwaith yw nodi cyfleoedd i wella systemau gofal yn fwy cyffredinol a bydd y canfyddiadau'n cyfrannu at ddatblygu gwasanaethau gofal brys y system gyfan.
55. Mae nifer o lwybrau gofal wedi'u datblygu, yn unol ag anghenion lleol, gan gynnwys rheoli cyflyrau anadlol yn weithredol, rheoli codymau a haenu risgiau ar gyfer twymynau plant.
56. Mae meddygon teulu hefyd yn cynnig rhaglenni gofal penodol sy'n helpu i reoli pwysau'r galw am ofal heb ei drefnu gan gynnwys:
- Y brechiad ffliw i bobl 65 oed a throsodd ac grwpiau eraill sydd mewn perygl
 - Gofal diabetes gwell
 - Asesiadau holistaidd ac adolygiadau cynlluniedig o ofal mewn Cartrefi Gofal.
57. Mae *Darparu Gofal Iechyd Lleol* yn annog darparu gofal yn y gymuned ac mae'n ddibynnol ar ail-lunio gwasanaethau er mwyn canolbwyntio adnoddau yn y manau y mae angen gofal. Mae contract y meddygon teulu wedi'i ddefnyddio i helpu i ddatblygu strwythurau a phrosesau lleol a fydd yn cael eu datblygu ymhellach i ategu'r pwyslais cynyddol ar flaenoriaethu lleol.
58. Mae'r holl Fyrddau Iechyd yng Nghymru yn datblygu neu'n gweithredu o leiaf un model a fydd yn helpu i ddatblygu gwasanaethau gofal iechyd yn y gymuned. Mae'r holl fodelau'n cynnwys gweithio mewn partneriaeth ar draws amrywiaeth o wasanaethau, gan gynnwys partneriaid gofal sylfaenol, gwasanaethau gofal eilaidd, Llywodraeth Leol, Gwasanaethau Cymdeithasol ac/neu fudiadau'r trydydd sector. Mae enghreifftiau'n cynnwys: prosiect *Gwell Cael Gofal yn y Cartref* Bwrdd Iechyd Betsi Cadwaladr sy'n cynyddu'r gofal yn y cartref er mwyn osgoi derbyniadau i ysbyty a helpu i ryddhau cleifion yn gynharach; ac *ymgyrch Wyn* ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro sy'n helpu pobl i adennill a chadw'u hannibyniaeth, drwy ddefnyddio canolfan gyfathrebu'r BI/ALI i ddarparu un man cyswllt ar gyfer ystod o wasanaethau lleol.

DIWEDDGLO

59. Mae Swyddfa Archwilio Cymru yn cydnabod yr heriau sy'n wynebu GIG Cymru wrth gyflawni'r agenda Gofal Heb ei Drefnu. Croesawn ehangder yr adroddiad a chredwn ei bod yn amlwg ein bod wedi defnyddio'i argymhellion i'n helpu i gynllunio ac wrth baratoi ein rhaglen waith.

Ymateb Llywodraeth Cymru i Argymhellion Swyddfa Archwilio Cymru yn Gofal Heb ei Drefnu: Diweddariad ar Gynnydd

	Argymhelliad	Ymateb	Diweddariad
Tudalen 11	1a Er mwyn ategu arferion sicrwydd ansawdd a rheoli risg presennol, dylai cyfarwyddwyr meddygol a chyfarwyddwyr nyrsio byrddau iechyd gynnal adolygiadau brys ar y cyd i sicrhau eu bod yn deall y goblygiadau i ddiogelwch cleifion yn eu hadrannau achosion brys. Dylai'r adolygiadau nodi difrifoldeb materion yn ymwneud â diogelwch, a chynhyrchu cynlluniau gweithredu penodol sy'n anelu at gadarnhau arferion derbyniol ac arferion annerbyniol.	Derbyn	<p>Mae pob Bwrdd Iechyd Lleol ac Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru wedi datblygu Cynlluniau Gofal Heb ei Drefnu sy'n disgrifio eu dulliau strategol a gweithredol o hybu gwelliannau mewn ansawdd, diogelwch cleifion a'u perfformiad ar sail targedau cenedlaethol. Bydd y cynlluniau hyn yn nodi'r risgiau ac yn sicrhau bod camau lliniaru wedi eu sefydlu.</p> <p>Mae'n ofynnol i bob sefydliad gael prosesau llywodraethu clinigol cadarn er mwyn nodi a lliniaru risgiau drwy ddefnyddio trothwyon ansawdd ac offer eraill, fel 1000 o Fywydau a chylchdeithiau diogelwch gan y tîm gweithredol. Adroddir am ddigwyddiadau diogelwch cleifion yn ganolog a gwneir ymchwiliad trylwyr iddynt. Mae'n ofynnol i Fyrdau Iechyd gael rhaglen gwella ansawdd gynhwysfawr sy'n ystyried gwersi a ddysgwyd yn dilyn ymchwiliad i ddigwyddiad, cwynion ac archwiliadau clinigol.</p> <p>Cafodd Hanfodion Gofal, yr offeryn archwilio blynyddol, ei ddiwygio eleni, ac erbyn hyn mae'n cynnwys cwestiynau penodol i gleifion sy'n cael gofal heb ei drefnu, e.e. mewn adrannau achosion brys. Mae'r offeryn hefyd yn cael ei dreialu gan Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru. Cesglir data ym mhob sefydliad ym misoedd Hydref a Thachwedd. Cyflwynir y canlyniadau i Lywodraeth Cymru ym mis Mawrth. Cyhoeddir crynodeb o holl adroddiadau sefydliadol y GIG yn flynyddol ar wefan Llywodraeth Cymru.</p>
	2a Dylid cyflwyno adroddiadau cadarn a rheolaidd ar gynnydd byrddau iechyd o ran cyflawni eu cynlluniau gofal heb ei drefnu yn eu cyfarfodydd Bwrdd, i Lywodraeth Cymru ac o fewn y rhaglen genedlaethol newydd.	Derbyn	<p>Mae Llywodraeth Cymru wedi nodi y dylai pob cynllun gofal heb ei drefnu gael ei gymeradwyo'n derfynol gan y Byrddau ac mae'n disgwyl i'r cynlluniau gael eu cyhoeddi.</p> <p>Mae Llywodraeth Cymru'n monitro cynlluniau gofal heb ei drefnu'r Byrddau Iechyd Lleol ac Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru fel rhan o fframwaith</p>

			<p>strategol a rheoli perfformiad cadarn sy'n cynnwys cyfarfodydd rheolaidd i drafod Ansawdd a Chyflawni gyda'r Byrddau a chyfarfodydd gyda'r Prif Weithredwyr.</p> <p>Mae'r cynlluniau'n cael eu hystyried fel dogfennau 'byw' a ddylai gael eu diweddarau'n aml, yn unol â'r Rhaglen Waith Genedlaethol gyffredinol ar gyfer Gofal Heb ei Drefnu, ac a ddylai hybu perchnogaeth ar y cyd ar draws yr economïau iechyd lleol.</p>
2b	Dylai'r rhai sy'n gyfrifol am ddatblygu'r rhaglen gofal heb ei drefnu newydd sicrhau bod y rhaglen yn mynd i'r afael yn benodol â'r materion a gyflwynir yn yr adroddiad hwn ac yn y ddogfen <i>Ten High Impact Steps to Transform Unscheduled Care (USC)</i> .	Derbyn	Mae'r Rhaglen Waith Genedlaethol ar gyfer Gofal Heb ei Drefnu yn cynnwys y deg cam sydd yn y ddogfen <i>Ten High Impact Steps to Transform Unscheduled Care</i> .
Tudalen 12	Dylai Byrddau Iechyd a'r gwasanaeth ambiwlans weithredu'r fframwaith cenedlaethol newydd ar gyfer profiad cleifion a sicrhau eu bod yn holi cleifion am eu profiadau o ofal heb ei drefnu fel mater o drefn, ar draws y system gyfan ac nid dim ond yr adran achosion brys, a hynny ar fyrder.	Derbyn	<p>Dosbarthwyd y Fframwaith ar gyfer Sicrhau Profiad Defnyddwyr Gwasanaethau sefydliadau'r GIG ym mis Mai 2013 ynghyd â nifer o gwestiynau cyffredinol. Dywedodd pob sefydliad wrth Lywodraeth Cymru yn niwedd mis Medi eu bod yn anelu at roi'r Fframwaith hwn ar waith ym mhob un o'u gwasanaethau yn ystod 2013/14. Disgwylir data yn ymwneud â'r defnydd o'r cwestiynau cyffredinol ym mis Tachwedd.</p> <p>Gweler hefyd 1a ar gyfer ehangu archwiliad blynyddol Hanfodion Gofal i gynnwys meysydd gofal heb ei drefnu yn y rownd casglu data ar gyfer 2013.</p> <p>Mae'r arolwg cenedlaethol ar gyfer Cymru'n cynnwys cwestiynau ynglŷn â sut y mae'r cyhoedd yn teimlo ynglŷn â'r gwasanaeth iechyd. Bydd cwestiynau sy'n ymwneud â phrofiad unigolion o'r gwasanaeth iechyd yn dal i gael eu cynnwys mewn arolygon yn y dyfodol. Caiff y canlyniadau eu bwydo'n ôl i sefydliadau'r GIG er mwyn iddynt allu gweithredu ar eu sail.</p>
3b	Dylai'r dangosyddion gofal heb ei drefnu a ddefnyddir gan bob bwrdd iechyd ac y rhoddir adroddiadau arnynt i aelodau eu Byrddau gynnwys cyfres ehangach o lawer o fesurau sy'n cwmpasu, fel isafswm, profiad cleifion a'r canlyniadau iddynt, mynediad i ofal sylfaenol,	Derbyn	Mae'r dangosyddion allweddol eisoes yn cael eu casglu'n rheolaidd ac yn cael eu defnyddio gan Fyrdau Iechyd. Mae pob Bwrdd Iechyd wedi datblygu llwybrau perfformiad sy'n darparu sail ar gyfer lleihau nifer yr achosion o aros am 4 awr, a dileu achosion o aros am 12 awr ac achosion o oedi am 1 awr cyn trosglwyddo. Mae'r llwybrau hyn yn sail a chanolbwynt i gamau rheoli.

	<p>perfformiad gwasanaethau gofal sylfaenol y tu allan i oriau, perfformiad y gwasanaeth ambiwlans a Galw Iechyd Cymru, perfformiad o ran yr amseroedd aros 4 awr a 12 awr mewn adrannau achosion brys, achosion o nyrsio mewn coridorau ac aros dros nos mewn adrannau achosion brys, perfformiad gwasanaethau gofal heb ei drefnu yn y gymuned a mesurau'n ymwneud â llif cleifion, gan gynnwys pa mor ymatebol yw timau arbenigol cleifion mewnol i atgyfeiriadau a cheisiadau i adolygu cleifion newydd o'r adran achosion brys.</p>		<p>Mae llawer iawn o waith yn cael ei wneud ar hyn o bryd er mwyn gwneud gwybodaeth o bob math yn fwy cynhwysfawr, perthnasol a chyfredol. Fel rhan o'r gwaith hwn, mae gwaith yn cael ei wneud er mwyn datblygu Dangosfwrdd Integredig Gofal Heb ei Drefnu sy'n nodi ac yn cyflwyno gwybodaeth allweddol mewn amser real, neu amser bron yn real, ar draws y Llwybr Gofal Heb ei Drefnu, gan gynnwys Gofal Sylfaenol, ambiwlansys ac ysbytai a gofal cymdeithasol.</p>
<p>3c Tudalen 13</p>	<p>Dylai Llywodraeth Cymru weithio gyda byrddau iechyd i sicrhau bod y Set Ddata Adrannau Achosion Brys (EDDS) yn cael ei chwblhau'n gyson ac yn yr un modd gan bob uned a bod y data'n cael eu defnyddio'n effeithiol i ddeall a rheoli'r galw.</p>	<p>Derbyn</p>	<p>Mae Llywodraeth Cymru'n edrych yn ehangach ar ddata damweiniau ac achosion brys er mwyn cysylltu'r gwaith o gasglu data â rheolaeth glinigol y claf drwy adrannau damweiniau ac achosion brys. Mae'r GIG ar hyn o bryd yn defnyddio trefniadau caffael er mwyn prynu systemau damweiniau ac achosion brys lleol newydd. Bydd hyn yn golygu y byddai gennym system damweiniau ac achosion brys genedlaethol sy'n cael ei ffafrio ac a fydd yn sicrhau bod data'n cael eu casglu mewn ffyrdd cyson y gellir eu cymharu ym mhob Bwrdd Iechyd. Yn gysylltiedig â hyn, mae Llywodraeth Cymru hefyd yn edrych ar wahanol ddewisiadau ar gyfer coladu gwybodaeth am ddamweiniau ac achosion brys yn ganolog. Gallai hyn olygu bod EDDS yn ei ffurf bresennol yn cael ei disodli gan rywbeth a all weithio'n well gyda systemau lleol er mwyn rhoi gwybodaeth gywirach yn ganolog.</p> <p>Y nod felly yw sicrhau bod gwybodaeth fwy amserol, cywir a chyson ar gael i sefydliadau lleol a chanolog er mwyn dadansoddi a deall y rhesymau dros y galw mewn adrannau damweiniau ac achosion brys.</p>
<p>3ch</p>	<p>Yn unol â safonau newydd a gyhoeddwyd gan Lywodraeth Cymru, dylai Byrddau Iechyd sicrhau bod gwella'n sylweddol ar eu perfformiad o ran codio clinigol yn flaenoriaeth.</p>	<p>Derbyn</p>	<p>Mae Llywodraeth Cymru'n cydnabod bod hwn yn fater pwysig ac ysgrifennodd at y GIG ym mis Ionawr 2013 gan amlinellu'r safonau newydd ar gyfer cyflawnder codio data. Mae perfformiad yng nghyswllt codio wedi gwella ers hynny ac mae adroddiad rheolaidd wedi'i ddatblygu er mwyn monitro cynnydd. Mae'r adroddiad hwn yn dangos bod nifer o sefydliadau wedi bod yn cyrraedd y safonau hyn yn rheolaidd yn ystod y flwyddyn ddiwethaf. Yn ychwanegol at hyn, mae'r sefydliadau a oedd â'r perfformiad gwaethaf wedi gwneud cynnydd calonogol er mwyn</p>

			<p>cyrraedd y safonau erbyn diwedd 2013/14.</p> <p>Mae perfformiad ar sail y safonau hyn yn rhan o'r Fframwaith Perfformiad Haen 1 ac yn cael eu trafod mewn Cyfarfodydd Ansawdd a Chyflawni gyda phob Bwrdd Iechyd ac mewn cyfarfodydd rhwng y Prif Weithredwyr a Llywodraeth Cymru.</p>
Tudalen 14	3d	Dylai Iechyd Cyhoeddus Cymru adeiladu ar ei ddadansoddiad diweddar o'r galw am ofal heb ei drefnu drwy roi cymorth i fyrddau iechyd a'r ymddiriedolaeth ambiwlans i gryfhau'r dadansoddiad o alw lleol. Dylai'r cymorth hwn anelu at gryfhau galluoedd sefydliadau lleol i rag-weld a rhagfynegi cynnydd yn y galw ar draws yr holl wasanaethau gofal heb ei drefnu ac nid dim ond yr adran achosion brys.	<p>Derbyn</p> <p>Mae rhagor o waith yn cael ei wneud gan Iechyd Cyhoeddus Cymru ar ofal heb ei drefnu. Defnyddir y gwaith hwn i gefnogi gwaith cynllunio gofal heb ei drefnu y GIG ar gyfer y gaeaf hwn, yn enwedig y gwaith manwl sy'n ymwneud â dadansoddi a chynllunio ar gyfer galw a chapasiti. Mae Iechyd Cyhoeddus Cymru hefyd wedi dechrau gwaith manwl i fodelu'r system gofal heb ei drefnu yng Nghymru. Bydd y gwaith hwn yn defnyddio data'r system – gan gynnwys data'r gaeaf hwn – a gobeithir y bydd o gymorth wrth wneud penderfyniadau ar gyfer y flwyddyn nesaf ac yn y dyfodol.</p> <p>Mae Iechyd Cyhoeddus Cymru wedi datblygu proses sy'n ymwneud â rhybuddion tywydd oer (a phoeth). Yn unol â'u hadroddiad, y nod yw rhoi rhybudd ymlaen llaw ynglŷn â chynnydd yn y galw am wasanaethau o ganlyniad i newidiadau yn y tymheredd. Bydd hyn yn cysylltu â phrosesau dwysáu y byrddau iechyd. Mae Llywodraeth Cymru'n ystyried beth yw'r ffordd orau o ddefnyddio'r wybodaeth hon yn y dangosfwrdd Gofal Heb ei Drefnu.</p>
	4a	<p>Os bydd Llywodraeth Cymru yn penderfynu parhau â'r ymgyrch <i>Dewis Doeth</i>, dylai:</p> <ul style="list-style-type: none"> • Sicrhau bod yr ymgyrch yn cydymffurfio ag egwyddorion arfer da y Ganolfan Genedlaethol Marchnata Cymdeithasol. Yn benodol, dylai'r ymgyrch bennu targedau clir a mesuradwy a chael ei gwerthuso'n gadarn. • Ystyried a fyddai <i>Dewis Doeth</i> yn elwa ar ddefnyddio methodoleg <i>Mindspace18</i> i sicrhau'r dull gorau posibl o newid ymddygiad y cyhoedd. 	<p>Derbyn</p> <p>Bwriada Llywodraeth Cymru barhau â'r ymgyrch <i>Dewis Doeth</i> gan adeiladu ar y sylfeini sydd wedi eu gosod yn barod.</p> <p>Yn unol ag argymhelliad Swyddfa Archwilio Cymru, cynhaliwyd gweithdy gyda Byrddau Iechyd Lleol ar ddeall a defnyddio technegau newid ymddygiad (methodoleg <i>Mindspace</i> a'r egwyddorion ymarfer da a amlinellwyd gan y Ganolfan Genedlaethol Marchnata Cymdeithasol) i helpu i ddarparu gwybodaeth fel sail i weithgareddau yn y dyfodol ar lefel leol.</p> <p>Mae Llywodraeth Cymru'n casglu gwybodaeth ar hyn o bryd er mwyn canfod pa grwpiau yw'r defnyddwyr amhriodol sy'n defnyddio gwasanaethau gofal heb ei drefnu amlaf, er mwyn cyfeirio'u hymdrechion tuag at dargedu'r grwpiau hyn yn fwy effeithiol.</p>

Tudalen 15	<p>4b Dylai Llywodraeth Cymru gymryd y camau canlynol yn ymwneud â'r gwasanaeth 111:</p> <ul style="list-style-type: none"> • fel rhan o'r broses benderfynu ynghylch dyfodol y gwasanaeth galwadau 111, dod i benderfyniad clir ynghylch cyfeiriad strategol Galw Iechyd Cymru; • datblygu model ar gyfer y gwasanaeth 111 sy'n osgoi pob un o'r problemau a gododd yn y cynlluniau peilot 111 yn Lloegr; cynhyrchu llinell amser fanwl sy'n nodi cerrig milltir clir y mae'n rhaid eu cyrraedd cyn cwblhau'r broses o roi'r gwasanaeth 111 ar waith yn 2015; • sicrhau bod gan y gwasanaeth 111 systemau electronig ategol i gasglu gwybodaeth am y gymysgedd o alwadau a'u nifer i helpu i sicrhau gwell dealltwriaeth o'r galw am wasanaeth gofal heb ei drefnu ac anghenion gofal brys cleifion; a • defnyddio'r ymgyrch cyfathrebu â'r cyhoedd fawr y bydd ei hangen i lansio'r gwasanaeth 111 fel cyfle i gyfleu'n glir ac yn eang i'r cyhoedd y ffordd orau o ddefnyddio gwasanaethau gofal heb ei drefnu. 	Derbyn	<p>Mae Galw Iechyd Cymru'n dal i ddarparu gwasanaeth gwerthfawr drwy roi cyngor a gwybodaeth am iechyd i bobl Cymru, a hynny ar wahân i'r newidiadau sydd wedi eu gwneud i'r NHS Direct yn Lloegr. Mae hefyd yn darparu rhan bwysig ac annatod o fodel clinigol y gwasanaeth ambiwlans ar gyfer ymdrin â galwadau 999 nad ydynt yn rhai brys. O ganlyniad, bydd yn rhan annatod o'r broses o ystyried a dod i benderfyniad ynglŷn ag 111.</p> <p>Mae gwaith ar fin dechrau er mwyn deall sut y gellir defnyddio gwybodaeth a geir gan Galw Iechyd Cymru i ddeall pwysau a galw. Rhan o'r gwaith hwn fydd rheoleiddio gwybodaeth, rheoli perfformiad a monitro gwasanaethau Galw Iechyd Cymru.</p> <p>Mae cynlluniau ar gyfer gwasanaeth 111 i Gymru'n dal i gael eu datblygu. Mae Llywodraeth Cymru'n awyddus i sicrhau ein bod yn defnyddio'r cyfle hwn i ddatblygu gwasanaeth sy'n briodol i Gymru gan osgoi canlyniadau anfwriadol neu ganlyniadau na chawsant eu rhagweld. Ein blaenoriaeth yw sicrhau y bydd y gwasanaeth yn gadarn ac yn effeithiol pan fydd yn cael ei gyflwyno ac rydym yn defnyddio'r hyn a ddysgwyd gan y GIG yn Lloegr ac NHS24 yn yr Alban. Mae hwn yn fater cymhleth felly mae'r amserlen yn dal i gael ei hystyried ar hyn o bryd.</p>
4c	<p>Dylai Llywodraeth Cymru ddefnyddio'r cyfle yn sgil ad-drefnu'r rhwydwaith ysbytai i ddatblygu diffiniadau cenedlaethol o wasanaethau a chyfleusterau gofal heb ei drefnu, er mwyn gwella dealltwriaeth y cyhoedd o'r hyn y mae'r gwasanaethau hyn yn ei ddarparu.</p>	Derbyn	<p>Mae'r Gweinidog wedi penderfynu gohirio penderfyniadau yn ymwneud â'r enwau a ddefnyddir gan y GIG yng Nghymru nes bydd wedi clywed beth yw penderfyniad adolygiad tebyg sy'n cael ei gynnal yn Lloegr. Mae'n awyddus i sicrhau, lle bo modd, bod y GIG yn defnyddio'r un termau yng Nghymru ac yn Lloegr.</p>
5a	<p>Dylai Llywodraeth Cymru hwyluso ymarfer dros Gymru gyfan i rannu arferion da, o Gymru a thu hwnt, o ran defnyddio Ymarferwyr Nyrsio Achosion Brys.</p>	Derbyn	<p>Mae Llywodraeth Cymru'n disgwyl y bydd yr arferion gorau'n cael eu rhannu mewn cysylltiad â rolau uwch ymarferwyr, gan gynnwys Ymarferwyr Nyrsio Achosion Brys. Mae digwyddiad codi ymwybyddiaeth i ddathlu datblygiadau sy'n ymwneud ag uwch ymarferwyr yn GIG Cymru wedi cael ei gynllunio ar gyfer 9 Rhagfyr, a bydd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn bresennol yno. Bwriad y</p>

Tudalen 16			<p>diwrnod hwn yw dangos yr holl wahanol rolau sy'n cael eu cyflawni a'r potensial ar gyfer rolau o'r fath yn y dyfodol, gan gynnwys rolau mewn gwasanaethau argyfwng a gofal heb ei drefnu.</p> <p>Mae datblygu a newid cyfuniad sgiliau'r gweithlu drwy gyflwyno rolau newydd ac estynedig yn bolisi gennym ers tro. Mae cyflwyno a datblygu rolau Uwch Ymarferwyr yn bwysig iawn er mwyn ein galluogi i gyflawni'r heriau sy'n wynebu gwasanaethau a gweithlu'r GIG yng Nghymru. Er mwyn helpu i ddatblygu'r holl rolau uwch ymarferwyr yng Nghymru, cyhoeddodd Llywodraeth Cymru Fframwaith Ymarfer Uwch yn 2010. Cynhaliwyd adolygiad o weithrediad y Fframwaith hwn gan NLIAH (WEDS erbyn hyn) yn holl sefydliadau'r GIG yng Nghymru a chyflwynwyd adroddiad i Lywodraeth Cymru ym mis Gorffennaf 2013. Mae canfyddiadau'r adolygiad yn cael eu trafod gyda sefydliadau'r GIG er mwyn penderfynu beth yw'r camau nesaf er mwyn datblygu rolau.</p>
5c	Dylai byrddau iechyd fonitro eu defnydd o Ymarferwyr Nyrsio Achosion Brys i sicrhau nad ydynt yn cael eu defnyddio mewn rolau nyrsio craidd a dylent sicrhau bod rolau Ymarferwyr Nyrsio Achosion Brys yn cael eu hystyried yn llawn yn eu cynlluniau ar gyfer gofal heb ei drefnu.	Derbyn	<p>Mae gwaith ymchwil parhaus wedi cael ei gomisiynu gan Lywodraeth Cymru ac yn cael ei wneud gan gymrawd ymchwil gweithlu WEDS (wedi'i leoli ym Mhrifysgol Caerdydd) er mwyn edrych ar rôl Uwch Ymarferwyr a sut y maent yn cael eu paratoi yn y GIG yng Nghymru.</p>
5c	Dylai Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru drawsnewid sylfaen sgiliau ei staff ar fyrder er mwyn sicrhau bod ganddynt sgiliau cryfach o lawer ar gyfer asesu ac atgyfeirio cleifion.	Derbyn	<p>Cadarnhaodd Adolygiad Strategol McClelland weledigaeth glinigol newydd ar gyfer y Gwasanaethau Ambiwlans a ddylai gael eu cefnogi gan staff clinigol â hyfforddiant priodol.</p> <p>Disgwylir i'r Ymddiriedolaeth Ambiwlans ddatblygu gweithlu cryf o safbwynt clinigol sydd â'r hawl i wneud penderfyniadau wrth drin cleifion a fydd yn gwella'r canlyniad i gleifion ac yn lleihau'r pwysau ar wasanaethau ysbytai aciwt. Maent wedi datblygu'r fframwaith cymwyseddau a fydd yn cael ei ddefnyddio nawr fel sail ar gyfer recriwtio yn y dyfodol ac i drawsnewid sail sgiliau'r staff presennol ar gyfer cyflenwi gwasanaethau yn y dyfodol.</p> <p>Fel rhan o waith cynllunio gweithlu'r Ymddiriedolaeth, mae'r Ymddiriedolaeth wedi datblygu dros 20 o Uwch Ymarferwyr Parafeddygol. Mae'r parafeddygon hyn wedi cael llawer o hyfforddiant, ac mae ganddynt sgiliau sy'n eu galluogi i drin cleifion yn</p>

Tudalen 17			<p>eu cartrefi, yn y fan a'r lle neu i fynd â hwy i leoliad gofal iechyd arall mwy priodol. Mae'n galonogol gweld bod y ffigurau diweddaraf gan yr Ymddiriedolaeth ambiwlans yn dangos bod tua 50% o'r cleifion sy'n cael eu gweld gan uwch ymarferydd parafeddygol yn cael eu trin yn y fan a'r lle neu yn eu cartref.</p> <p>Mae'r Ymddiriedolaeth hefyd wedi recriwtio dau Feddyg Meddygaeth Frys y mae eu hyfforddiant, lefel eu sgiliau a'u profiad yn eu galluogi i wneud mwy o benderfyniadau a lleihau nifer y cleifion sy'n cael eu cludo i'r ysbyty'n ddiangen. Y rhain oedd y rhai cyntaf o'u bath i gael eu penodi yn y Deyrnas Unedig.</p> <p>Fel rhan o'r gwaith o ddatblygu sgiliau clinigol ei staff, mae'r Ymddiriedolaeth wedi gweithio gyda Byrddau Iechyd i ddatblygu llwybrau gofal amgen. Mae'r llwybrau hyn yn helpu i leihau nifer y siwrneiau diangen mewn ambiwlans i adrannau damweiniau ac achosion brys prysur ac yn lleihau'r pwysau drwy fynd â phobl i leoliadau gofal iechyd eraill ar wahân i adrannau damweiniau ac achosion brys. Mae'r llwybrau hyn ar gael yn awr mewn 5 o'r 7 Bwrdd Iechyd Lleol ac mae cytundeb mewn egwyddor i'w rhoi ar waith yn y ddau Fwrdd Iechyd arall cyn bo hir.</p>
	<p>Dylai Llywodraeth Cymru weithio gyda chyrrff cynrychioladol a llywodraethau eraill yn y Deyrnas Unedig i nodi a mynd i'r afael â gwraidd y problemau'n ymwneud â recriwtio a chadw yn yr adran achosion brys a'r gwasanaethau gofal sylfaenol y tu allan i oriau.</p>	<p>Derbyn</p>	<p>Mae'r Rhaglen Genedlaethol Gofal Heb ei Drefnu yn gweithio mewn partneriaeth â chyrrff cynrychioladol fel y Coleg Meddygaeth Frys a Choleg Brenhinol y Ffisigwyr. Y prif faterion yng nghyswllt recriwtio a chadw staff yw darparu model gofal ar gyfer yr 21ain ganrif, ac mae sylw'n cael ei roi i hyn drwy gynlluniau i ad-drefnu gwasanaethau.</p> <p>Un egwyddor bwysig yw cael crynodiad priodol o uwch glinigwyr fel bod digon o staff ar gael drwy'r wythnos, a chynllunio swyddi'n effeithiol. Bydd hyn yn sicrhau bod modd i'r cleifion gwaelaf gael eu gweld yn fuan gan uwch ymarferydd clinigol sydd â'r hawl i wneud penderfyniadau, a bydd yn helpu i sicrhau bod staff yn cael eu cefnogi gan fâs critigol o gydweithwyr bob adeg o'r dydd a'r wythnos.</p>
	<p>5d Yn seiliedig ar amgylchiadau lleol, dylai byrddau iechyd ystyried adolygu eu modelau staffio ar gyfer gwasanaethau gofal heb ei drefnu i gynnwys parafeddygon a nyrsys gyda sgiliau penderfynu estynedig. Dylai byrddau iechyd ystyried hefyd a ellir defnyddio unrhyw</p>	<p>Derbyn</p>	<p>Mae Byrddau Iechyd Lleol yn gweithio mewn partneriaeth â'r Ymddiriedolaeth Ambiwlans er mwyn gwneud y defnydd gorau o fodelau gofal parafeddygol cyn mynd i'r ysbyty, ac mae parafeddygon eisoes yn gweithio mewn adrannau brys fel swyddogion cyswllt ambiwlans.</p> <p>Mae Cynlluniau Lleol yn bodoli mewn byrddau iechyd i ddefnyddio ffisigwyr yn yr adran achosion brys, ac mae defnyddio meddygon teulu i wneud penderfyniadau yn</p>

	ffisigwyr a meddygon teulu yn effeithiol mewn adrannau achosion brys er mwyn lliniaru'r problemau recriwtio a chadw sy'n ymwneud â staff meddygaeth frys gradd ganol a meddygon ymgynghorol yn y maes.		ymwneud ag adrannau achosion brys yn cael ei dreialu mewn rhai byrddau iechyd. Mae'r rhan fwyaf o'r byrddau iechyd wedi recriwtio mwy o ffisigwyr gofal aciwt yn ystod y blynyddoedd diwethaf, ac mae gan ystod eang o glinigwyr rôl yn gweithio gydag adrannau achosion brys a'r gwasanaeth meddygol i hyrwyddo llif effeithiol cleifion drwy ysbytai.
Tudalen 18 5dd	O gofio'r cynnydd yn nifer y cleifion hŷn sy'n mynd i adrannau achosion brys, dylai Byrddau Iechyd ailasesu sylfaen sgiliau eu staff er mwyn diwallu anghenion pobl hŷn.	Derbyn	<p>Mae gan fyrddau iechyd lleol gynlluniau i wella gofal i bobl fregus a hŷn, mewn ymateb i ganllawiau cenedlaethol, ac fel cynlluniau lleol. Mae byrddau iechyd lleol yn rhoi blaenoriaeth i recriwtio ffisigwyr gofal henoed fel rhan allweddol o'r cynlluniau hyn.</p> <p>Mae'r Prif Swyddog Nyrsio a Chyfarwyddwyr Nyrsio wedi comisiynu gwaith ar ddatblygu fframwaith i gysoni sgiliau nyrsio ag anghenion cleifion. Disgwylir y bydd y gwaith hwn wedi'i gwblhau erbyn mis Ebrill 2014 ac mae'n seiliedig ar nyrsys yn datblygu portffolio o dystiolaeth, yn unol â'r safonau cyn cofrestru a'r Fframwaith Ymarfer Uwch. Bydd hyn yn caniatáu i nyrsys cofrestredig gofnodi eu sail sgiliau ar gyfer diwallu anghenion pobl hŷn a bydd yn darparu manylion i sefydliadau a fydd yn eu galluogi i ddatblygu eu rhaglenni hyfforddiant.</p>
5e	Dylai byrddau iechyd asesu lefelau ac achosion straen ymysg staff adrannau achosion brys, gyda'r nod o ddiogelu a chefnogi'r gweithlu.	Derbyn	<p>Mae'r trefniadau cynllunio ar gyfer y gaeaf yn nodi'n benodol sut y bydd Byrddau Iechyd yn sicrhau bod lles staff yn cael ei fonitro ac yn cael sylw, yn enwedig ar adegau pan fyddant dan bwysau. Mae manteision cydnabod a rheoli straen yn sylweddol, o safbwynt gofal cleifion a phrofiad staff.</p> <p>Mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol wedi gofyn i Fyrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG yng Nghymru gynllunio ar gyfer gostyngiad o 1% o leiaf yn eu lefelau absenoldeb oherwydd salwch erbyn diwedd 2014-15. Disgwylir i gynlluniau ymyrryd gael eu cyflwyno i Lywodraeth Cymru erbyn 15 Tachwedd 2013.</p>
6a	Dylai byrddau iechyd weithio gyda meddygon teulu i gytuno ar safonau lleol ar gyfer mynediad i ofal sylfaenol brys; ac ar ôl cytuno ar y safonau hynny dylid monitro'n rheolaidd i ba raddau y mae'r safonau hyn yn cael eu cyrraedd.	Derbyn	Mae'r Contractau Gwasanaethau Meddygol Cyffredinol yn nodi y dylai'r contractwr ddarparu gwasanaeth hanfodol ar y cyfryw adegau o fewn oriau craidd, sy'n briodol i ddiwallu anghenion rhesymol cleifion ac i gael trefniadau sy'n galluogi ei gleifion i gael mynediad at wasanaethau o'r fath drwy gydol yr oriau craidd mewn achos o argyfwng. Gall ymateb clinigol gynnwys cyngor dros y ffôn, cyswllt wyneb yn wyneb neu gyfeirio at rywun arall.

			Bydd trafodaethau ynglŷn â datblygu safonau lleol ar gyfer mynediad at ofal sylfaenol brys yn ystod oriau gwaith yn cael eu cynnal gyda'r Byrddau Iechyd a Phwyllgor Meddygon Teulu Cymru, â chyngor gan Grŵp Cyngori Arbenigol Cenedlaethol Meddygon Teulu.
Tudalen 19	6b	Dylai byrddau iechyd annog practisau cyffredinol yn gryf i roi trefniadau mynediad ar waith sy'n adlewyrchu arferion da. Drwy wneud hynny, dylai byrddau iechyd amlygu manteision posibl yr arferion da hyn i gleifion yn ogystal â'r rhai sy'n gweithio ym maes ymarfer cyffredinol.	Derbyn Ymdrinnir â safonau mynediad lleol yn 6a uchod. Rhannwyd enghreifftiau o arferion da drwy rwydwaith y Cyfarwyddwyr Meddygol Cynorthwyol (Gofal Sylfaenol) a gweithdai datblygu gofal sylfaenol. Bydd rhagor o waith yn cael ei wneud er mwyn annog mabwysiadu dulliau arloesol priodol o ddiwallu anghenion poblogaethau penodol. Mae Pwyllgor Meddygon Teulu y BMA wedi cyhoeddi canllawiau dan y teitl <i>Developing General Practice: Listening to Patients</i> , sy'n cynnwys enghreifftiau o arferion da, ac yn ymdrin â chynnwys cleifion, oriau agor practisau, apwyntiadau, ymgynghoriadau, gwybodaeth i gleifion a hyfforddi staff.
		Dylai byrddau iechyd gryfhau'r cymorth, yr arweiniad a'r wybodaeth a roddant i feddygon teulu er mwyn osgoi derbyniadau brys amhriodol.	Derbyn Cyhoeddwyd canllawiau yn ymwneud â'r data sydd eu hangen ar gyfer y Dangosyddion Ansawdd a Chynhyrchiant yn y Fframwaith Ansawdd a Chanlyniadau. Bydd swyddogion yn trafod gyda'r Byrddau Iechyd i weld beth y gellir ei wneud i gryfhau'r cymorth, yr arweiniad a'r wybodaeth a roddant i feddygon teulu er mwyn osgoi derbyniadau brys amhriodol, yn enwedig yr angen i Fyrddau Iechyd sicrhau bod: ansawdd y data a ddarperir i feddygon teulu yn gadarn; yr angen i wella trefniadau rhannu gwybodaeth ynglŷn â chyfraddau derbyn; a'r angen i systemau gwybodaeth allu dadgyfuno data am bresenoldeb a derbyniadau ar lefel practis a meddyg. Mae practisau meddygon teulu hefyd yn dosbarthu risgiau er mwyn sicrhau bod cynlluniau rheoli gweithredol wedi eu sefydlu ar gyfer y cleifion sy'n wynebu'r risg fwyaf o gael eu derbyn i ysbyty ar gyfer gofal heb ei drefnu. Er y bydd hyn yn canolbwyntio ar y gyfran fechan sy'n wynebu'r risg fwyaf, nod y gwaith hwn yw nodi cyfleoedd i wella systemau gofal yn fwy cyffredinol a bydd y canfyddiadau'n bwydo i mewn i drefniadau datblygu gofal brys y system gyfan.
	6ch	Dylai byrddau iechyd ofyn i feddygon teulu roi	Derbyn Nid yw Byrddau Iechyd yn casglu data am nifer yr apwyntiadau sydd ar gael i fodloni

	<p>data iddynt ar eu capasiti a'r galw o ran gweld cleifion yn y practis. Dylai byrddau iechyd weithio gyda darparwyr gofal sylfaenol i sicrhau bod y data hyn yn cael eu dadansoddi a'u defnyddio i wella gwasanaethau.</p>		<p>galw y gellir ei ragweld gan gleifion nad oes arnynt angen apwyntiadau ychwanegol heb eu cynllunio ar hyn o bryd. Bydd angen i Fyrddau Iechyd ystyried sut y gellir casglu'r data newydd hyn drwy systemau TG presennol practisau meddygon teulu heb gael effaith sylweddol ar faich gwaith y practisau.</p> <p>Bydd dadansoddi data sy'n ymwneud â galw a capasiti practisau meddygon teulu'n gwella gallu meddygon teulu i gyfateb y gwasanaethau y mae ar gleifion eu hangen â'u capasiti clinigol a'u cyfuniad o sgiliau gan wella'r gallu i gynllunio'r gwasanaeth. Mae Byrddau Iechyd yn ceisio cefnogi dadansoddi a datrys problemau yn lleol. Bydd y rhwydweithiau meddygon teulu lleol yn parhau â'r gwaith hwn gan ddefnyddio'r dadansoddiad o'r galw ar draws y system sy'n cael ei ddatblygu gan Iechyd Cyhoeddus Cymru.</p>
Tudalen 20	<p>Dylai byrddau iechyd hwyluso gwell trefniadau gweithio fel tîm a chyd-gymorth rhwng grwpiau allweddol o staff sy'n ymwneud â gofal heb ei drefnu. Dylai'r gwaith hwn ganolbwyntio'n benodol ar sicrhau mwy o gydberchnogaeth o'r pwysau a'r problemau'n ymwneud â llif cleifion mewn adrannau achosion brys, drwy wella'r cysylltiadau rhwng staff mewn adrannau achosion brys, unedau penderfyniadau clinigol a thimau wardiau cleifion mewnol.</p>	Derbyn	<p>Mae pob un o'r byrddau iechyd, ac Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru, yn cymryd rhan yn y rhaglen llif cleifion 1000 o fywydau a mwy, sy'n cynorthwyo timau gofal iechyd i wella llif cleifion drwy ddull gwella parhaus. Noddir y rhaglen hon yn awr gan y Rhaglen Genedlaethol Gofal Heb ei Drefnu, a chynhelir ei chyfarfod cydweithredol cenedlaethol nesaf ym mis Rhagfyr.</p> <p>Mae'r Cynllun Gofal Heb ei Drefnu a'r Cynllun Gaeaf yn mynd i'r afael â materion pwysau a llif cleifion yn y llwybr gofal cleifion yn ei gyfanrwydd.</p>
7b	<p>Dylai Adran Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru arwain rhaglen benodol o waith i gefnogi gwell integreiddio rhwng iechyd a gofal cymdeithasol gyda'r nod o sicrhau bod cleifion sy'n barod i gael eu rhyddhau o'r ysbyty yn cael eu rhyddhau'n brydlon. Dylai'r rhaglen hon ddefnyddio'r Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) arfaethedig fel prif sbardun ar gyfer newid ond ni ddylai aros i'r bil ddod yn ddeddf.</p>	Derbyn	<p>Mae llawer o gynnydd yn cael ei wneud er mwyn sicrhau mwy o integreiddio rhwng gwasanaethau iechyd a gofal cymdeithasol gan ganolbwyntio'n benodol ar ryddhau cleifion o'r ysbyty'n gynt. Er enghraifft, crëwyd Cynlluniau Gaeaf Byrddau Iechyd Lleol ar y cyd â llywodraeth leol â phwyslais ar sicrhau bod cleifion yn llifo drwy'r system gofal iechyd yn gyflym.</p> <p>Mae Llywodraeth Cymru wedi cyhoeddi dwy ddogfen sy'n ymwneud ag integreiddio gwasanaethau yn ddiweddar. Mae'r rhain yn cynnwys <i>Darparu Gofal Iechyd Lleol – sbarduno newid</i>, a'r <i>Fframwaith Integredig ar gyfer pobl hŷn ag anghenion cymhleth</i>. Mae'r dogfennau hyn yn tynnu sylw at ystod o gamau gweithredu tymor byr a thymor hir ar gyfer Byrddau Iechyd, Llywodraeth Leol a phartneriaid er mwyn gwella'r gwasanaethau, y gofal a'r gefnogaeth i bobl ledled Cymru drwy fodolau gwasanaeth newydd a threfniadau mwy effeithiol ar gyfer gweithio mewn</p>

partneriaeth.

Comisiynwyd grŵp Gorchwyl a Gorffen gan Lywodraeth Cymru i ddatblygu canllawiau interim yn lle'r canllawiau presennol ar y Broses Asesu Unedig gymhleth sy'n cael ei dilyn ar hyn o bryd ar gyfer pobl hŷn. Pwrpas hyn yw datblygu trefniadau asesu integredig mwy effeithiol rhwng iechyd, llywodraeth leol a phartneriaid er mwyn sicrhau cymorth mwy amserol ac effeithiol i bobl mewn angen. Bydd y canllawiau'n cael eu cyhoeddi ym mis Rhagfyr a byddant yn weithredol am gyfnod penodol nes bydd Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) yn cael ei roi ar waith. Ni fydd yn newid y fframwaith cymhwyster presennol yn y tymor byr.

Mae gwaith yn mynd rhagddo er mwyn diwygio Fframwaith Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG 2010. Bydd y Fframwaith diwygiedig yn mynd i'r afael â'r materion a godwyd yn adroddiad Swyddfa Archwilio Cymru eleni a oedd yn edrych ar effeithiolrwydd y trefniadau Gofal Iechyd Parhaus presennol gan gynnwys cydweithio. Bydd hefyd yn ategu'r canllawiau interim sy'n cael eu datblygu i gymryd lle'r Broses Asesu Unedig, gan gyflwyno asesiadau wedi eu symleiddio ar gyfer Gofal Iechyd Parhaus, ac arwain at benderfyniadau mwy amserol ac effeithiol. Bydd hyn yn ei dro'n hwyluso symudiad unigolion drwy'r system ac yn sicrhau eu bod yn cael gofal a chymorth priodol.

Mae Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru) yn cryfhau'r dyletswyddau ar Awdurdodau Lleol a Byrddau Iechyd Lleol i weithio gyda'i gilydd. Mae hefyd yn rhoi pwerau newydd i Weinidogion i gyfarwyddo gweithio mewn partneriaeth ar lefel leol, ranbarthol a chenedlaethol ar draws awdurdodau lleol ac ar draws awdurdodau lleol ac awdurdodau iechyd.

I gefnogi integreiddio, fel rhan o Gytundeb y Gyllideb ar gyfer 2014-15, mae Llywodraeth Cymru wedi cytuno i sefydlu Cronfa Gofal Canolraddol. Sefydlwyd y Gronfa, sy'n cynnwys £50 miliwn, er mwyn ysgogi integreiddio iechyd a gwasanaethau cymdeithasol. Yn ychwanegol at hyn, mae'r gyllideb ddrafft yn cynnwys £15 miliwn o gyfalaf ar gyfer Tai ac Adfywio a £35m o refferniw ar gyfer Llywodraeth Leol. Y bwriad yw i'r ddwy ffrwd gyllid gael eu rheoli fel un gronfa i gefnogi pecyn cydlynol o fesurau mewn ardaloedd lleol, yn seiliedig ar yr ôl troed cydweithredol rhanbarthol. Y nod yw hybu integreiddio gwasanaethau a helpu unigolion i aros yn eu cartrefi eu hunain drwy osgoi derbyniadau diangen i ysbytai a

		<p>sicrhau bod cleifion yn cael eu rhyddhau'n fuan. Bwriedir cynyddu cyflymder a maint y newid ac annog trawsnewid gwasanaethau. Enghreifftiau o'r ddarpariaeth yw: Gwasanaethau ailalluogi – gartref neu mewn gwely sy'n cael ei gomisiynu ar y cyd mewn cartref preswyl neu wely ymadfer mewn ysbyty cymunedol; a thimau ymateb cyflym aciwt 24/7 i osgoi derbyniadau amhriodol.</p> <p>Mae cyfarfodydd wedi cael eu cynnal rhwng y Gweinidog Llywodraeth Leol, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, y Dirprwy Weinidog Gwasanaethau Cymdeithasol, y Byrddau Iechyd Lleol a'r Awdurdodau Lleol, a bwriedir cynnal rhagor dros y gaeaf. Mae trafodaethau wedi cael eu cynnal ynglŷn â beth y mae cymunedau iechyd lleol yn ei wneud er mwyn lleihau oedi wrth drosglwyddo gofal a sut i gyflymu asesiadau gofal cymdeithasol a threfniadau rhyddhau o ysbytai yn eu hardaloedd.</p>
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Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/TLT

25 November 2013

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE - WAO REPORT - UNSCHEDULED CARE: AN UPDATE ON PROGRESS

At the Public Accounts Committee on 12 November I agreed to provide you with information on the following:

- i. The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care;
- ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level;
- iii. The cost and future evaluation of the Choose Well Campaign; and
- iv. The numbers of people accessing NHS Direct Wales.

The Committee also indicated that they would like an update on the 111 service for Wales.

- i. The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care

The 5 priority areas and their purposes are set out below:-

1. Measurement and Information Work Stream

To develop a common measurement and information framework for unscheduled care.

2. Integrated Care Work Stream

To co-ordinate activities supporting the integration of health and social care and the care of frail older people.

3. Out of Hours Work Stream (111)

By 2015 to have implemented a non emergency, 24/7 telephone service across Wales with national and local infrastructure including directories of service and communication hubs.

4. Support and Intervention Work Stream

To strengthen and align systems and processes maintain patient flow, trigger a co-ordinated response at times of escalation, and encourage the uptake of best practice through an 'all Wales' collaborative.

5. Emergency Response Service Work Stream

To provide an interface between the Ambulance Programme and Unscheduled Care Programme.

ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level

Older people and those with complex needs are a key priority and examples of relevant initiatives include:

Locally

- All Health Boards are taking forward integrated care projects that will specifically benefit frail and older people. I have attached details of these at Annex 1.
- Alternative care pathways have been developed by the Welsh Ambulance Service in partnership with five Local Health Boards for patients who have fallen in their homes. So far the work has resulted in over 2300 patients being treated in their homes by paramedics or through advice on the telephone by NHS Direct Wales nurses.

Nationally

- The Framework for Integration Services for Older People with Complex Needs was published July 2013. It places a requirement on health and social care to develop integrated plans and services within a defined timetable.
- Under the banner of 'Keep Well This Winter' and in collaboration with 'Choose Well', Welsh Government has jointly funded the development of thousands of 'room temperature thermometer' cards with Age Cymru. They provide clear indications that either their room is too hot or too cold. The cards feature Choose Well campaign messages which help people to select the most appropriate healthcare service for their needs when they become ill or injured.

iii. The cost and future evaluation of the Choose Well Campaign

The Choose Well Campaign has cost £159,604 since 2011 i.e. £53,000 per annum. This was spent on:

- App development;
- National and local advertising;
- A comprehensive range of marketing materials;
- Social media development;
- Development of 'room temperature' thermometer cards for elderly patients;

We are exploring various approaches to enable us to undertake more formal evaluation in line with the WAO recommendations.

Through their own internal evaluation, NHS Direct Wales attribute a significant rise in the use of their website (240% increase in web hits over two years) to the campaign.

iv. The numbers of people accessing NHS Direct Wales

The latest statistics in relation to NHS Direct Wales were published on 6 November 2013 for the quarter ending 30 September 2013. These statistics provide exact numbers of people accessing the NHS Direct Wales Service and can be found at Annex 2.

During the Committee meeting Kevin Flynn quoted 740,000 web hits on the NHS Direct website for the month of September. This actually relates to the number hits for the quarter ending September 2013 (table 3, annex 2 refers).

v. Update on the NHS 111 Service for Wales

Ofcom allocated 111 as the three digit telephone number for urgent healthcare needs in response to a request from the Department of Health. It is the only three digit number that will be allocated for that purpose in the UK. The regulatory requirements from Ofcom are that it must be;

- used for non emergency healthcare needs,
- free to access, and
- available 24/7.

The 111 number was piloted in four sites in England prior to implementation in 2013. The problems with implementation in England have been well documented since its roll out and the lessons learned will be fully considered during the on-going planning in Wales.

There are no requirements for Wales to introduce the 111 number, but it has been agreed that the number would provide an opportunity for the NHS in Wales to create a system that is simpler for people to use, is safe and reliable, and addresses some of the reported confusion in navigating the services that constitute unscheduled care. In essence, 111 will become the first point of contact to provide 24/7 access to urgent, but non emergency care.

Plans for developing a 111 model in Wales have been taken forward in the first instance via a task and finish group Chaired by Dr CDV Jones, Chair Cwm Taf Health Board. The purpose of that group was to develop recommendations for a national approach and develop a draft model to deliver 111 in Wales; this has now been completed and was supported by a wide range of stakeholders including the BMA, RCGP, the Out of Hours providers Group, RCN and CHC. Future development has been handed over to a small NHS led group under the governance of the newly established *Improving Unscheduled Care Programme Steering Board*.

The national model signifies a different approach in Wales to that taken in England where 46 separate contracts were let. It will include the co-ordination and filtering of calls for GP Out of Hours Services. It is envisaged that there will be a single Welsh database to support

continuity of care, particularly in relation to call handling. There is moreover likely to be additional triage by clinicians.

It is important to note that 111 is a number that will provide an access point to a range of services to enable people to receive the right care, in the right place, at the right time. The availability of a broad range of services accessible through a national directory of service (DoS) is therefore pivotal to its success, regardless of the final agreed model for Wales. This has been reinforced as a part of the learning from implementation of 111 in England.

Next Steps :

- The work of the task and finish group has been completed and the function of the group has been transferred to that of an expert reference group.
- NHS ownership and engagement is crucial to successful implementation. As such, future development will be undertaken within the context of the revised arrangements for delivering the unscheduled care work programme through the newly established *Improving Unscheduled Care Programme Steering Board*. Implementing a national approach for 111 and GP Out of Hours has been identified as one of the five priority areas under the governance of the new Board. An NHS group was established in October with formal project management support provided by the Chief Executives Policy and Strategy Unit. One of the first key areas for action for this group will be to address the development of a robust DoS.
- In parallel with this, officials are undertaking further work to inform the draft model developed by the task and finish group.

It is envisaged that the development of 111 in Wales will:

- build on the national IT and telephony platform of NHS Direct Wales and replace the existing 0845 number;
- support an integrated system, connecting national and local service via a DoS to enable access to the right care, at the right time, in the right place, and
- be developed through a series of incremental steps.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Sissling'. The signature is written in a cursive, slightly slanted style.

David Sissling

- c. Kevin Flynn, Director of Delivery, Welsh Government
Ruth Hussey, Director of Delivery, Welsh Government

- Enc. Annex 1 – Integrated Care Projects
Annex 2 – NHS Direct Wales Statistics, quarter ended 30 September 2013

Annex 1

Community Service Development – LHBs in Wales

Background

The following report provides an update on the progress of community service models that Health Boards in Wales are either developing or implementing and how these initiatives are to be measured and monitored going forward.

Health Board	Model	Page
Abertawe Bro Morgannwg University	Community Resource Teams	3
	Acute GP Unit at Singleton Hospital (Swansea)	4
	Acute Clinical Team (Neath Port Talbot)	4
	Integrated Health and Social Care Teams (Bridgend)	5
	Gwent Frailty Programme	6
Aneurin Bevan	Enhanced Care at Home	8
Betsi Cadwaladr Univeristy	Wyn Campaign	10
Cardiff & Vale University	Elderly Care Assessment Service	12
	Acute Response Team	12
	@ Home Services	14
Cwm Taf	Reablement Services for People with Cognitive Impairment	15
	Discharge Liaison Pilot	15
	Home Medication Administration Service	15
	Out of Hospital Care Model	16
Hywel Dda	Reablement Services	19
Powys	Care Transfer Co-ordinators	19
	Community Resource Team	19
	Builth Model	20
	Virtual Ward	20

Overview of Models – Key Points

- All of the Health Boards in Wales are either developing or implementing at least one model that will assist in the development of community health care services.
- All of the models include partnership working including primary, community and secondary care services, social services and/or third sector organisations.
- The key outcome benefits for the majority of the models are: reduced length of stay/early discharge; reduced admissions into secondary care services and; improved outcomes for the patient (e.g. reablement).
- The majority of Health Boards are utilising efficiency and productivity health measures to demonstrate the success of their community models. Some Health Boards (ABMU, Cardiff & Vale, Cwm Taf and Hywel Dda) have also incorporated mechanisms that will enable patient experience to be quantified.

Invest to Save Funds

Four Health Boards are receiving Invest to Save funds from Welsh Government to develop their Community Service models:

Health Board	Community Service Model
Aneurin Bevan	Gwent Frailty Programme
Cardiff & Vale University	Wyn Campaign
Cwm Taf	@ Home Services
Hywel Dda	Community Virtual Ward (part of Out of Hospital Care Model)

These Health Boards are working with Welsh Government's Knowledge and Analytical Services and Swansea University's Centre for Innovative Ageing to evaluate the Invest to Save projects. It is expected that the evaluation framework will assist in the identification of the benefits realised from Community Service projects (cost savings, the impact on service user wellbeing and model testing), whilst recognising the difficulties of measuring benefits in the short term. This work will continue until June 2014.

Community Resource Teams			
Aim	To support people to live at home, preventing hospital admissions and to facilitate timely discharge from hospital.		
Service Description	<p>The following are some of the services in place within Swansea, NPT, and Bridgend areas:</p> <ul style="list-style-type: none"> • Nurse-led rapid response assessment (within 4 hours) – 8.00am to 8.00pm, 7 days a week. • Consultant-led 'hot clinics' to provide in-depth assessment, with further access to further investigation & rehabilitation. • Single point access to all adult social care and intermediate care services. • Nurse led falls assessment within 24 hours of referral. • Home IV antibiotic therapy, includes prescribing antibiotics, monitor patients & review bloods. • Emergency placements for clients who are not able to be supported within their home. • Stroke rehabilitation. • Continuing health care services – nursing, domiciliary & respite care. • Specialist practitioners including palliative, tissue viability, dementia, medicine management, continence, young person's sexual health education. • Reablement services including residential reablement. • Integrated approaches to contracting, contract monitoring and quality assurance of long term care being developed through the Western Bay Programme. • Integrated community network teams of district nurses, social workers and occupational therapists co-located in community hubs in plans in Bridgend. • Expanded services in place in Neath Port Talbot following changes in community hospital service model and more out of hospital care pathways in place between primary and secondary care. 		
Scope of Service	Local delivery - Swansea, Neath Port Talbot and Bridgend.		
Delivery Partners (In addition to Secondary Care)	Swansea <ul style="list-style-type: none"> • GP • Local Authority • Third Sector 	Neath Port Talbot <ul style="list-style-type: none"> • GP • Out of Hours • Local Authority 	Bridgend <ul style="list-style-type: none"> • Local Authority • Third Sector • GPs
Invest to Save Funding	No.		
Timeline for Improvements	Each locality service has started from a different timeline and there is a different emphasis across the localities. Through the Western Bay Health and Social Care Reform Programme and the Health Board's Changing for the Better Programme, a new joint Community Services Project Board has been established which will drive the development of improved community services (including CRT services) across the whole area. Modelling work to look at options for scaling up current health and social care is being finalised; an initial business case has been developed and detailed business cases will be presented in December. A standard specification for the CRT is being developed. A standard set of performance metrics are also being developed to ensure consistency in measuring outcomes.		
Key Principles being Monitored	<ul style="list-style-type: none"> • Rapid medical assessment/diagnostics • Rapid response – admission avoidance 	<ul style="list-style-type: none"> • Domiciliary rehab • Domiciliary intake reablement 	<ul style="list-style-type: none"> • Residential IC beds

Community Resource Teams

Mechanism used to Monitor Improvements	Performance Dashboard within ABMU Health Board The following indicators are being used/and or developed within ABMU and will be further developed and refined by agreement on a common set of performance metrics across health and social care being developed (as referenced above)		
	<ul style="list-style-type: none"> Community Resource Team Services – indicators that reflect the range and type of services provided and effectiveness ie. numbers of patients managed with IV antibiotics at home, numbers receiving reablement packages, number of avoided admissions. Response times. 	<ul style="list-style-type: none"> Interface with hospital services: emergency admissions for patients aged 65+, bed days consumed, length of stay indicators. 	<ul style="list-style-type: none"> Effectiveness - % of patients admitted to residential care, nursing home care and number of placements into these settings made directly from hospital.

Additional Community Service Projects

Acute GP Unit at Singleton Hospital

Aim	To reduce the number of hospital admissions by promoting community services as an alternative to hospital care.
Core Deliverables	<ul style="list-style-type: none"> A GP triage of all GP referrals to the acute medical intake at Singleton Hospital. Arrange patients into appropriate clinical pathways at the point of telephone triage or following face to face patient consultation.
Delivered By	Staffed by GPs who work closely with physicians, consultants, therapists and nurse assessors.
Benefits	<ul style="list-style-type: none"> Patient experience – patients are given an informed choice about the most appropriate care pathway; decisions are made with them rather than for them and; avoid the social and psychological impact of a hospital stay. Prompt access to senior clinical decision makers who can divert patients to alternative pathways Avoid medical admissions. Bed reduction.

Acute Clinical Team

Aim	To increase the level of care to patients in their own home and avoid hospital admissions.
Core Deliverables	<ul style="list-style-type: none"> Rapid nurse led response within 4 hours (7 days a week). IV Antibiotics Service – patients managed at home by receiving intravenous antibiotic therapy. DVT Pathway – 4 hour response time for patients with suspected DVT. ACT visits & assesses the patient & delivers warfarin (if appropriate). Clinical team take daily blood tests & anticoagulant therapy until the patient reaches therapeutic levels. Endoscopy/Vitamin K – Anticoagulant patients being managed at home before and after endoscopy procedure.

Delivered By	A nurse led acute clinical team. Referrals to the DVT pathway are made by GPs.
Benefits	<ul style="list-style-type: none"> • Patient experience – care delivered within their own home. • Avoid hospital admissions.

Integrated Health and Social Care Teams	
Aim	For older people and those with complex needs, provide an integrated approach to health and social care thereby reducing duplication and enabling patients to access care through a single point of access.
Core Deliverables	<ul style="list-style-type: none"> • Integrated management structure with professional leadership. • Single point of access to community health and social care services in place. • All referrals to the CRT and Adult Social Care received through a single route.
Delivered By	Three integrated health and social care network teams being created in Bridgend.
Benefits	<ul style="list-style-type: none"> • Professionals can share information on vulnerable patients & target support. • Reduced duplication of referral and assessment. • Timely interventions provided to patients/service users at risk. • Improved co-ordination of care plans and discharge support. • Reduction in admissions for vulnerable patients. • Early discharge.

Aneurin Bevan Health Board

Gwent Frailty Programme			
Aim	To keep people independent in their homes, through admission avoidance and earlier discharge. By focusing on prevention and ensuring clients have their health and social care needs solved quickly.		
Service Description	<ul style="list-style-type: none"> • Single point access. • Access 8.00am to 8.00pm, 7 days a week, 365 days a year. • 0-4 hour response time for health & social care urgent components. • Emergency care at home • Reablement 	<ul style="list-style-type: none"> • Up to 6 weeks rehabilitation and review • Falls assessment, falls clinic • Two weeks rapid medical intervention including CGA • Hot clinics • Onward referral where required 	
Scope of Service	LHB wide delivery. 5 Community Resource Teams across Gwent.		
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Local Authority • Voluntary Sector 		
Invest to Save Funding	Yes.		
Timeline for Improvements	<ul style="list-style-type: none"> • Payback of Invest to Save bid not noted on information provided. • In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University. Consideration is to be given to applying the 'theory of change' to plans. 		
Key Principles being Monitored	<ul style="list-style-type: none"> • To reduce the usage of bed days related to the patients who could be seen by CRT. • Growth in activity in CRT patient/client care. 	<ul style="list-style-type: none"> • Reduction in Residential and Domiciliary care packages (Social Care) 	
Mechanism used to Monitor Improvements	Reduction of Bed Day Usage	Growth in CRT Activity	Social Care Packages
	<ul style="list-style-type: none"> • Overall bed days utilised - Admission avoidance <2 days - Acute Ages 75+ >14 days - Acute Ages <75 >10 days - Community Ages 75+ >28 days - Community Ages <75 >21 days • Length of stay - Acute hospitals for frailty cohort 	<ul style="list-style-type: none"> • Total activity - Reablement - Falls - Rapid response - medical - Rapid response - other 	<ul style="list-style-type: none"> • Social Care DToC. • Older people supported in the community. • Older people whom authority supports in care homes. • Total no. of domiciliary care hours per week for service users where the package is 10-20 hrs per week, less than 10 hrs per week & more than 20 hrs per week. • Total no. of general & mental health residential placements on the last day of the quarter for older people. • Total no. of general & mental health nursing placements on the last day of the quarter for older people.
	<ul style="list-style-type: none"> • A combination of finance & performance reports are sent to the Gwent Frailty Joint Committee & meetings are held with Welsh Government on a quarterly basis. • Local Evaluation - exploring opportunities for an 'organisational raid' to be undertaken by Academia Wales. 		

Gwent Frailty Programme

Progress to Date

- An adverse variance for the number of bed days for the frailty patient cohort has been reported for 2012-13 against the targeted profile and has deteriorated in comparison with 2011/12 and 2010/11.
- A reported growth in CRT activity, but it has not achieved the levels of activity expected from the investment of extra resources.
- Social Care indicators illustrate a broadly stable position for 2012/13. Further work is to be undertaken on the social care indicators to understand trends and future target levels for the Frailty Programme.
- High level modelling undertaken to determine how the Programme has contributed to the management of growth for the cohort.
- Support in Anticipatory Care Planning where appropriate alongside GP referrals.
- Instruction of FOPAL (Frail Older Persons Assessment & Liaison) team in line with frailty at the front door – MDT presence to assess patients in admission areas of RGH and NHSS and facilitate discharge with CGA in place and management plans.
- Introduction of drivers and care bundles and use of frailty index for appropriate referrals.
- Mental Health Nurse Practitioners in post in 3 localities within CRT.
- Facilitating Early Stroke Discharge from secondary care
- The profile of the people living at home and in community hospitals is increasingly complex and the community based staff are extending their core skills to support managing this complexity.
- 7 day working of the medical model covering 4 of 5 areas from March 2013.

Betsi Cadwaladr University Health Board

Enhanced Care at Home (Denbighshire and Anglesey)	
Aim	To provide an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community hospital or an acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been.
Service Description	<ul style="list-style-type: none"> • The patient's GP practice acts as the 'gatekeeper' of the service. The GP decides whether or not a patient's health and social care needs can be safely met at home. • The GP provides the medical care to the patient and is supported by a multi-agency, multi-disciplinary 'team' including an Advanced Nurse Practitioner, District Nurses, Health Care Support Workers; Therapy staff; and Social Worker support. The voluntary sector also provides support where required, together with community equipment. GPs and the wider 'team' have access to specialist advice and support from Care of the Elderly Consultant and Consultant in Palliative Care Medicine. • A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide a 24/7 service if required, with the needs of any carers also considered. • The length of time that a patient receives Enhanced Care varies but is usually up to 14 days. However, when someone requires Enhanced Care for a longer period of time (such as in the provision of terminal care), this can be provided although usually this is no longer than 28 days. • Before patients are 'discharged' from Enhanced Care, a full review of their ongoing health and care needs is done and the necessary arrangements are put in place to provide ongoing care. This is very similar to the type of assessment and ongoing arrangements that are done when a patient is discharged from hospital. • Enhanced care is provided for any adult over the age of 18 whose GP agrees can be safely cared for at home. However the majority of patient who would benefit from Enhanced Care are over the age of 65. • It is estimated to deliver at least 3,366 episodes of care across North Wales per year once fully implemented. • Plans to be developed to deliver the service in Meirionnydd, Central/South Denbighshire, North West Flintshire and South Wrexham in 2013, and the service will be rolled out to all localities in a phased.
Scope of Service	LHB wide delivery in a phased approach.
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Local Authorities across North Wales • GPs • Voluntary Sector
Invest to Save Funding	Yes – for 4 localities out of 14 in North Wales.
Timeline for Improvements	<ul style="list-style-type: none"> • Provision of service in 8 localities by Autumn 2013 • Develop evaluation framework and reporting for the I2S localities and clear mechanisms for impact on unscheduled care by December 2013 • Additional capacity in the community will support unscheduled care provision from Autumn 2013 onwards • 12 localities to provide over 1,000 episodes of care (equivalent to 40 beds) over a full year (by Autumn 2014)

Tudalen 34

Enhanced Care at Home (Denbighshire and Anglesey)	
Key Principles being Monitored	<ul style="list-style-type: none"> • More people are appropriately and safely cared for in their own home • Number of episodes of care provided supporting reduced hospital admissions and early discharge • Patient & Carer satisfaction
Mechanism used to Monitor Improvements	<p>Joint Outcome Measures:</p> <ol style="list-style-type: none"> 1. Number of 'step-up' admissions to enhanced care 2. Number of patients where discharge has been facilitated by Enhanced Care 3. Estimated bed days saved for those patients on Enhanced Care – by condition and hospital site – measured against the total 4. Levels of care package/hours per week measured at pre-admission, at start of enhanced care, end of enhanced care and post enhanced care 5. Cost of care packages for step up for Social Services and for Clients 6. Prevention of placement in care homes 7. Number and reasons for delayed discharges from Enhanced Care (which could be due to wait for a care package) 8. Admissions to hospital beds 9. Length of stay in hospital beds 10. Repeat admissions to Enhanced Care 11. Destination of patients when they are discharged from Enhanced Care 12. Emergency admissions by GP practice 13. Outcome Star model – patient questionnaires for qualitative information linked to certain goals such as mobility, general care, dealing with emergencies etc. This would be carried out in their own words which are agreed at the beginning of Enhanced Care and evaluated at the end and then possibly again in about 3 months.
	<p>Evaluation Framework:</p> <p>A framework is being developed to evaluate the delivery of the new service to include, patient outcomes and satisfaction, increase in number of patients cared for in their own home and reduction in demand for inpatient services, and cost effectiveness.</p>
Progress to Date	<ul style="list-style-type: none"> • The ECH service has been in place in North Denbighshire for over 3 years and more recently Anglesey ('step up' patients only at present) • In August 2013 the service commenced in a further three localities, namely North West Flintshire, Meirionnydd and South Wrexham

Tudalen 35

Cardiff and Vale University Health Board

Wyn Campaign	
Aim	To support people to regain and retain independence by delivering safe and efficient support, delivering a good experience and creating sustainable services.
Service Description	<ul style="list-style-type: none"> • Communication Hub providing a single point of contact for the citizen with a range of local services, interest groups or healthy ageing programmes. Also, acts a single point of contact for referral for assessment by the most appropriate agency. • Comprehensive geriatric assessment via Elderly Care Assessment Services or at home. • Intervention by a range of therapists including physiotherapist, occupational, speech & language and dieticians. • Falls assessment. • Case management for people with long term conditions. • Intravenous drug administration. • Nursing support. • If admitted to hospital, assessment by a multi-disciplinary team in EU & patient tracking and rehabilitation/reablement at home. • Co-ordinated long term care planning for those with complex needs.
Scope of Service	LHB wide delivery (Cardiff and Vale of Glamorgan Local Authority areas)
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • GP • Local Government • Social Care • Third sector partners (voluntary services)
Invest to Save Funding	Yes
Timeline for Improvements	Based on the payback of Invest to Save funds: <ul style="list-style-type: none"> • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures). • Estimated bed reduction of 79 by 2015/16.
Key Principles being Monitored	Phase 1: <ul style="list-style-type: none"> • Improve response time for facilitated discharge from hospital to home. • Improve falls management and prevention in the community. • Improve chronic condition management for those at most risk of admission to hospital. • Provide in-reach to care home to prevent avoidable admission. • Prioritised 'step up' response to people identified by Elderly Care Assessment Service (ECAS) & Frail Older People's Advice & Liaison Service (FOPAL) (front door turnaround)

Wyn Campaign	
Mechanism used to Monitor Improvements	Performance Indicators <ul style="list-style-type: none"> • Emergency admissions to hospital for people aged 65+. • Emergency bed usage for people aged 65+. • Shift in balance from care home to home care provision. • Re-admissions avoided by FOPAL. • Falls data submitted to NLIH: reducing harm from falls. • Admission to care home direct from acute hospital. • Discharge to usual place of residence. • Number of people dying at home. • Unplanned hospital attendance. • Readmission within 14 days of discharge. • DToC due to waits for packages of care or modifications to the home environment. • Admission avoided by ECAS. • Patient/Carers Experience Questionnaire (treated as an individual with dignity & respect; been worked with & not 'done to'; provided with timely information and; received joined up services).
	Reporting Mechanism <ul style="list-style-type: none"> • Wyn Steering Group & Engine Room (monthly). • Integrating Health and Social Care Board (bi-monthly). • Welsh Government Invest to Save team (quarterly). • Each partner organisation reports into its own governing body.
	Progress to Date
Tudalen 37	Initiatives <ul style="list-style-type: none"> • Pathway redesign: Condition specific e.g. #NoF, amputee, stroke and falls, plus an aspirational 'whole systems' pathway. • The establishment of an Integrated Discharge Service to support complex discharge from hospital. • The testing and establishment of the first phase of the Frail Older People's Advice & Liaison Service. • Further development of the Elderly Care Assessment Service. • The development and testing of a care co-ordination model. • Work with GPs on the end of life pathway and piloting of the advance care planning protocol. • Work on joint health and social care commissioning. • Further development of Community Resource Teams to provide consistency across localities & a focus on targeted intervention. • Inter-agency workforce/team development. • Improvements in medicines management across the care pathway. • The development and implementation of IT solutions to support integrated working.
	Efficiencies (comparison with the previous year) <ul style="list-style-type: none"> • Emergency admission to hospital for people aged 65+ is increasing. • A&E attendance for peoples aged 65+ is increasing. • The number of people aged 65+ being supported in the home has increased, whilst the number supported in a care home has reduced. • Discharge to usual place of residence has increased. • Discharge to care homes from acute service has fallen. • During financial years 2010/11 and 2011/12 readmission rates have consistently averaged 11.9% (Cardiff residents aged 65+ discharged from General Medicine of OPAIC). • Between 3% and 9% of DToC reasons are attributed to homecare and modifications to the home environment.

Additional Community Service Projects

Both of the following projects were established prior to the Wyn Campaign and have been developed further via the Wyn Campaign.

Vale Elderly Care Assessment Service (ECAS)	
Aim	<ul style="list-style-type: none"> To provide Consultant Geriatrician led multi-disciplinary comprehensive assessment, timely review of older patients who are at risk or deteriorating in the community or failing in residential homes.
Core Deliverables	<ul style="list-style-type: none"> To provide GPs with a rapid-access Geriatrician-led inter-disciplinary service, this allows timely review of older patients who are at risk or deteriorating in the community or failing in residential homes. To provide a full (and written) multi-disciplinary assessment to enable Social Services and Primary Care Teams to support older people in their own homes. To provide a community/hospital based rehabilitation plan where appropriate.
Delivered By	<ul style="list-style-type: none"> A multidisciplinary team, including Consultant Geriatricians, nurses, therapists, social services. Maintaining close links with the Vale Community Resource Service (VCRS) and Day Hospital to maximise appropriate rehabilitation and support for older people in the community.
Benefits	<ul style="list-style-type: none"> Avoid unnecessary admissions to acute hospitals. One stop multi-disciplinary assessment. Optimum independence for patients. Patient satisfaction.

Acute Response Team	
Aim	To provide nursing therapies and care to patients in their own home by visiting those who are registered with a GP in the Cardiff and Vale area.
Core Deliverables	<ul style="list-style-type: none"> Provision of a rehabilitation programme to ensure patients reach their optimum independence. Assess patients in their place of residence or prior to discharge from hospital to provide intravenous medicine at home. Provision of deep vein thromboses services (including monitoring, administration of medicine, education and support). Provision of care and equipment to enable end of life care to be delivered at home.
Delivered By	A multidisciplinary team, including nurses, support nurses, physiotherapists and occupational therapists. Specialist advice and support are also sought from microbiology and pharmacy departments, district nurses, Marie Curie Support Project and specialist palliative care services.

Benefits

- Expedite transfer home.
- Reduce hospital admissions.
- Optimum independence for patients.
- Patient satisfaction.

Cwm Taf Health Board

@ Home Services			
Aim	To move care out of the hospital and into local community to improve the health and well being of individuals.		
Service Description	<ul style="list-style-type: none"> • Reconfiguration of existing services to enhance the @Home Service which includes the Community Integrated Assessment Service, Community Ward, IV Service, Reablement and Intermediate Care Services, Reablement for Cognitive Impairment, Home Medication Administration Scheme, Discharge Liaison Nurse pilot and Specialist Practitioners e.g. Tissue Viability, Lymphoedema, Continence, Parkinson etc. • The Community Integrated Assessment Service (CIAS) enables GPs to refer people over 65 to a rapid access assessment clinic (up to 72 hours) if extra medical care or therapy support is needed. • A 'Community Ward' providing care that would normally be available on a hospital ward in the community or in a patient's home. • Delivering IV Therapy in either a patient's home, local nursing or residential homes, includes the provision of intravenous medicine and co-ordinating the input of district nursing services. • Continue the provision of reablement services that promote optimum levels of independence for patients through the delivery of short term multidisciplinary intervention. • Single Point of Access established to refer patients to adult social care and integrated care services. 		
Scope of Service	LHB wide delivery.		
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Primary Care Services – GPs and Medical Health Services • Local Authority • Third sector 		
Invest to Save Funding	Yes.		
Timeline for Improvements	Cash releasing efficiency savings are planned for 2014/15 and 2015/16. In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University.		
Key Principles being Monitored	<ul style="list-style-type: none"> • Prevent admission. • Support early discharge. • To improve quality of life for client & carer. 		
Mechanism used to Monitor Improvements	Prevent Admission	Early Discharge	Quality of Life
	<ul style="list-style-type: none"> • Admissions avoided for over 65 population - COE, General Medicine, Fractures, GP. • Admissions within 30 days contact with the services (ex reablement). • Admissions from nursing & residential homes 	<ul style="list-style-type: none"> • Length of stay for those patients accessing reablement services. • DToC 	<ul style="list-style-type: none"> • Patient outcomes as measured by therapy outcome measures. • No. accessing reablement/intermediate care services. • Patient experience.
Monitored via a Project Board which reports to the Setting the Direction Assurance Collaboration. Monthly performance reports are produced and a Quarterly Invest to Save Checkpoint report submitted to Welsh Government.			

@ Home Services	
Progress to Date	<ul style="list-style-type: none"> • Lower than planned no. of referrals to Community Integrated Assessment Service, however referrals to CIAS are increasing following changes to the Service Model, however current pressure on acute service in terms of emergency admissions are impacting on the organisation's ability to reconfigure acute services and therefore reducing the impact of the @Home services. • Community Ward contacts continue to increase enabling earlier hospital discharge for patients requiring continued intervention. • Implementation of Falls Pathway • Referrals to reablement services exceeding targets which is enabling a greater number of discharges from the DGH and Community Hospitals • Delayed Transfers of Care are decreasing and patient flow increasing enabling greater capacity within DGHs. • Working closely with WAST to implement three referral pathways, Falls; Epilepsy and Diabetes to reduce the number of avoidable admission to the DGH • Number of patients treated as part of the IV component of the @Home Service continues to increase. We are also working with the Independent Sector targeting patients requiring IV intervention and provision of sub-cut fluids in five large Nursing/Care Homes • Patient information developed • Currently undertaking an evaluation of the @Home Project with support from Swansea University.

Additional Community Service Projects

Reablement Services for People with Cognitive Impairment	
Description	Specialist OT staff provide a programme of reablement which is tailored to the needs of the individual and their families/carers.
Progress	Service established during 2012.

Discharge Liaison Pilot	
Description	Discharge Liaison Nurse (DLN) with the single point of access to reablement and intermediate care services.
Progress	<ul style="list-style-type: none"> • Pilot has proved to be successful. • A commitment moving forward to sustain this post and rotate the DLN team into the service. • In the process of redesigning the DLN service and has been aligned to the Community Resource Team. • Next step is to review the function of the role and link to complex care co-ordination.

Home Medication Administration Service	
Description	Enable patients to maintain their independence in their own home, by providing medication administration support.
Progress	Service has been in place since 2007. The number of individuals that the service supports has increased by 69% since April 2012.

Hywel Dda Health Board

Out of Hospital Care Model	
Aim	Development and alignment of community network services and functions that work together to deliver 'out of hospital care'.
Service Description	<p>Delivering care closer to home, by co-ordinating care that is designed around the needs of the individual and provided by a local interdisciplinary network of people with a range of skills coupled with moving patients/service users from a model of dependency to self-care/enablement.</p> <ul style="list-style-type: none"> • Improve the consistency of service delivery and patient outcomes. • Identification of demand and risk stratification. • Surveillance and care co-ordination, including telephone case management, guided self management and secondary prevention (includes musculoskeletal interface clinics, self referral, lifestyle services, tele-health for COPD, diabetes and heart failure etc). • Communication, including information sharing and development of a communication hub (e.g. booking appointments, single point access for health and social care community services). • Case management and navigation, including virtual ward development and integrated community response.
Scope of Service	LHB wide with community services are aligned to 7 geographical localities.
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • Primary Care • Local Government • Social Services • 3rd Sector Services
Invest to Save Funding	Yes. Invest to Save funding has been received for the Community Virtual Ward element of the model.
Timeline for Improvements	Out of Hospital Care Model
	Community Virtual Ward element
	<ul style="list-style-type: none"> • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures).
	<ul style="list-style-type: none"> • Rebalance number of acute & community beds in system with phased workforce shift to community service & overall reduction in WTE (phased). • Development of clinical pathways and new ways of working (from Jan 2013 and to be further developed through the Population Health Programme of Work. • Cash releasing efficiency savings planned from 2013/14.

Out of Hospital Care Model		
Key Principles being Monitored	<ul style="list-style-type: none"> • Reduction in hospital admission. • Improved productivity. • Improved health outcomes. • Better patient experience. • Community based provision strengthened. 	<ul style="list-style-type: none"> • Reduce the risk of health deterioration & improve the wellness of individuals at risk of hospital admission, readmission, health crisis (frail & chronic conditions). • Reduce unscheduled care demand (OoH & A&E attendance). • Reduce unplanned acute hospital admissions & readmissions. • Earlier hospital discharge for patients requiring continued intervention. • Reduce the number of acute hospital beds. • Rationalisation of CHC expenditure. • Improve quality by optimising the acute pathway for older people with complex needs. • Move towards local financial accountability.
	Out of Hospital Care Model	Virtual Ward Development
Mechanism used to Monitor Improvements Tudalen 43	<ul style="list-style-type: none"> • Reduction in the number of emergency hospital admissions & re-admissions. • Improvement in DToC delivery. • Number of individuals receiving telehealth. • Number of MDT clinic sessions for frail adults accessible within 48 hours of referral (Carmarthenshire) • No & % of people (includes carers) reporting that their quality of life & level of confidence/independence was restored/improved after episode of care from community services. • No & % of people who received enabling intervention to optimise independence by CRT. • No of people who require a reduced / no longer require health & social care package after an enabling intervention by CRT. • No of falls, epilepsy and hypoglycaemia events that are referred to the Community Resource Teams by WAST (avoiding A&E attendance) 	<ul style="list-style-type: none"> • Average LoS for Emergency Care (Combined Medicine) • DToC (non mental health). • Emergency admission & readmission rates for chronic conditions & ALoS. • Reductions in emergency packages of care. • Reduction in emergency admissions via A&E – WAST. • No of people who require a reduced health or social care package after a CRT intervention. • People reporting that their quality of life & level of confidence/independence was restored/improved.
	<p>The Community & Chronic Conditions Management Board steering the Out of Hospital Care work programme and monitoring the progress reported by county delivery groups and task & finish sub groups has now been disestablished with a view to embedding the function within the revised governance structure of the HB in respect of performance and delivery monitoring. Quarterly Invest to Save checkpoint reports are submitted to WG on the Community Virtual Ward element.</p>	

Out of Hospital Care Model

Progress to Date

- Locality leadership teams developed (with 7 GP leads).
 - CRT established in each locality.
 - Communications hub in Carmarthenshire now 24/7.
 - Implementation of services for chronic conditions from level 1 to level 4 of the CMM triangle across Health Board.
 - Prevention services provided through patient education, information & targeted advice aimed at chronic disease.
 - Specialist from hospital services, community & primary care working together in community based clinics or via telemedicine links (Joint frailty clinic commenced in Oct 12).
 - Implementation of falls pathway.
 - Joint care beds available in each county providing a convalescence model in the community.
 - Specialist nurses & therapists aligned to CRT.
- Planning work for implementation has been completed.
 - Skills mapping & role redesign work undertaken across professional groups.
 - New roles have been recruited within therapy professions, nursing & support workers.
 - Workforce shift from acute based services to community teams providing 'in reach' to hospital for therapy professions & some specialist nursing roles.
 - Scoping work complete on appropriate tools/methods of case finding.
 - Development of a menu of complimentary preventative services and of systems to target resources towards a more anticipatory approach across the primary & community services.

Powys Teaching Health Board

Model	Reablement Service	Care Transfer Co-ordinators	Community Resource Team
Aim	Provide short term support to individuals to retain or regain their independence by promoting well being, independence, dignity & social inclusion.	Facilitate the seamless transfer of patients from nominated District General Hospitals to own home, community hospital, residential home or nursing home.	Provision of locality level specialist advice & support for patients along the scheduled & unscheduled care pathways.
Service Description	Based on an intake model. Supports health by promoting improved self care & treatment in a community setting so that people remain at home where appropriate.	Co-ordination of the transfer of patients at the earliest opportunity.	<ul style="list-style-type: none"> CRTs are independent prescribers & work at the advanced level supported by medical consultant teams. CRTs include MDT community services such as falls, COPD, parkinsons, cardiac services, neuro clinics and MND MDT.
Scope of Service	LHB wide.	LHB wide	LHB Wide
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> Local Government Social Care 	<ul style="list-style-type: none"> GP 	<ul style="list-style-type: none"> Primary care teams. Local Government / Social Services
Invest to Save Funding	No.		
Mechanism used to Monitor Improvements	<ul style="list-style-type: none"> Section 33 Agreement between Powys CC & Powys LHB established which includes operational monitoring Group. A monitoring framework is in place. 	<ul style="list-style-type: none"> Reduction in ALoS in community hospitals. Reduction in the number of patients awaiting & the length of time patients awaiting for transfer from District General to own home, community hospital, residential care or nursing home. Reduction in DToC. 	<ul style="list-style-type: none"> Powys HB and County Council have formally approved the Joint Maturity Matrix as a framework for co-ordinating the implementation of an integrated model of care within the 3 localities of Powys. The matrix reflects WG guidance – Setting the Direction & Better Support at Lower Cost. Progress against the matrix is reported to the Integrated Care Pathway for Older People Programme Board. A suite of outcomes/performance indicators is being developed.
Progress to Date	The service is operational but will make a transition during 2013/14 to an 'intake model' & work is underway to design this service.	<ul style="list-style-type: none"> Completed the recruitment of Care Transfer Co-ordinators to each locality & associated district general hospital. Objectives are set against the monitoring criteria above. 	<ul style="list-style-type: none"> Using the framework, Health and Social Care teams at locality level have developed and are progressing actions plans to deliver key themes of WG guidance including Community Resource Teams.

Talen 45

Model	Builth Model	Virtual Ward
Aim	Improving the quality of life & life chances for the local population by offering the most appropriate care options close to the individual's main residence.	To reduce unscheduled care attendances at the MAU by 20% (particularly for older people) by developing local community based services & interdisciplinary working across health & social care.
Service Description	<ul style="list-style-type: none"> • Development of a single access patient flow system through a communication hub. • The use of residential care beds for individuals with stable medical conditions that require clinical nursing interventions & services. • Provision of personal care during an individual's short stay by Residential Care Team. • Work towards clinical & organisational integration within adult social services with single care management plan for those admitted into residential care beds. • Develop case management & pro-active case management finding through risk stratification/screening approaches to encourage self management. • Patients on case loads will have one identifiable named key worker for their health/socials care needs. 	<ul style="list-style-type: none"> • Case management of the most at risk & frail patients. • Daily virtual ward rounds with the GP, district nurse & practice based social worker. • Weekly multidisciplinary team meetings (including age care consultants). • Interdisciplinary operational policy. • Virtual ward patient status at a glance boards. • SBAR handover tools. • Practice level frailty registers. • Quarterly morbidity & mortality meetings. • Monthly operational management meetings.
Scope of Service	Local Delivery – Builth Wells	Local Delivery – South Powys
Delivery Partners In addition to Secondary Care	<ul style="list-style-type: none"> • GPs • Social Care Services 	<ul style="list-style-type: none"> • GP & district nurse • Social workers
Invest to Save Funding	No.	
Mechanism used to Monitor Improvements	<ul style="list-style-type: none"> • Developing an outcome/performance framework which will link to a locality & countywide performance framework for the PCC/PLHB Integrated Care Pathways for Older People Programme. • Outcome framework to be overseen by a local Joint Service Management Group. 	<p>The Virtual Ward is measured through:</p> <ul style="list-style-type: none"> • The Powys Enhanced Service agreement with the GPs. Measures the frailty register & those with a MDT discussion & plan of care. • MDS data from secondary care. Provides impact of the proactive case management (above) by a reduction in MAU attendances. • Unscheduled care performance report submitted to Unscheduled Care Board.

Model	Builth Model	Virtual Ward
Progress to Date	<ul style="list-style-type: none"> • A service model has been developed. • Additional community nursing staff have been identified & released for specialist training in their new role. • Construction on a new Integrated Health & Social Care Centre is complete & delivery is to commence during July 13. A tender has been issued to secure a new service provider for personal care in the new 12 Shared Care Unit. 	<ul style="list-style-type: none"> • Virtual ward has been implemented across South Powys (Haygarth, Crikhowell, Brecon & Ystradgynlais) during 2013. • Multidisciplinary interagency operational policy in place. • 2nd Phase: The management of people with long term conditions across the full Community Resource Team by streamlining care across practice nurses & specialist nurses with a focus on self management with leadership informed by psychological approaches. • Facility opened on 2 September 2013 and beds will open in December 2013.

SDR 192/2013

6 November 2013

NHS Direct Wales, quarter ended 30 September 2013

NHS Direct Wales is a 24-hour information and advice line staffed by experienced nurses, dental and health information advisors offering advice about health, illness and the NHS.

This Statistical Release presents the latest quarterly data on the total number of calls made to, and answered by, NHS Direct Wales, the number of calls where callers chose the Welsh speaking option, and the number of calls to information help lines, alongside data for previous quarters. Charts presenting data on daily calls and web visits are also shown.

'Made' calls are those where the caller has listened to all of the welcome messaging and stayed on the line. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service.

Further information about NHS Direct Wales can be found in the 'Key Quality Information' section on Page 8 of this Statistical Release.

Data from the start of the service is available in tables on the [StatsWales](#) website.

Changes to the telephony system on 30 January 2013 mean calls are not strictly comparable with previous data (see [notes](#)).

Key Results:

During the quarter ended 30 September 2013:

- ◆ 79,784 calls were made to NHS Direct Wales, of which 76,033 (95%) were to the main 0845 number ([Chart 1](#)).
- ◆ 53,422 calls were answered by NHS Direct Wales, of which 50,620 (95%) were on the main 0845 number ([Chart 2](#)).
- ◆ 8,933 calls were transferred to NHS Direct Wales, from the Welsh Ambulance Services NHS Trust, for clinical triage.
- ◆ 347 calls were answered ([Table 2](#)) (out of 351 made ([Table 1](#))) from callers expressing a preference for the call to be taken in Welsh (around 0.6% of all calls answered).
- ◆ 419 on-line enquiries were made to the web-based enquiry service, 16.4% more than the number (360) in the July to September quarter of 2007 ([Chart 4](#)), ([Table 3](#)).
- ◆ 736,657 visits were made to the NHS Direct Wales website, more than ten times as many as in the July to September quarter of 2007 (70,937) ([Chart 5](#)), ([Table 3](#)).

We welcome comments on content and presentation from users of our publications.
If you have any comments, please contact us - see page 10.

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Chart 1 shows the number of calls made to NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- ◆ More than 76,000 calls were made to the main NHS Direct Wales 0845 number in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 1: Calls made^(a) to NHS Direct Wales, quarter ended 30 September 2007 to date

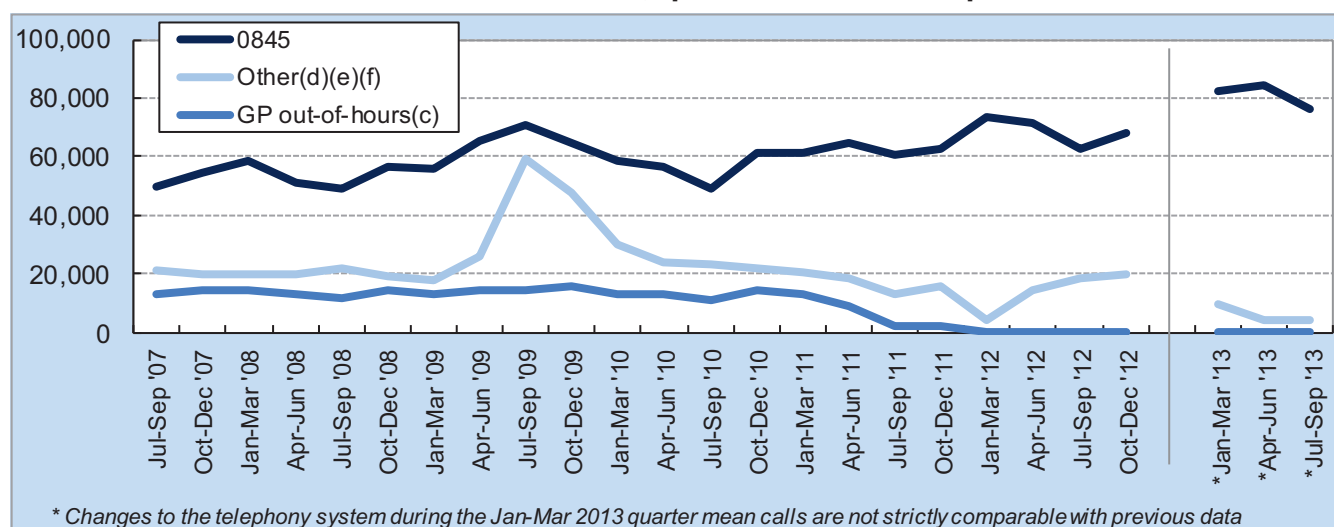
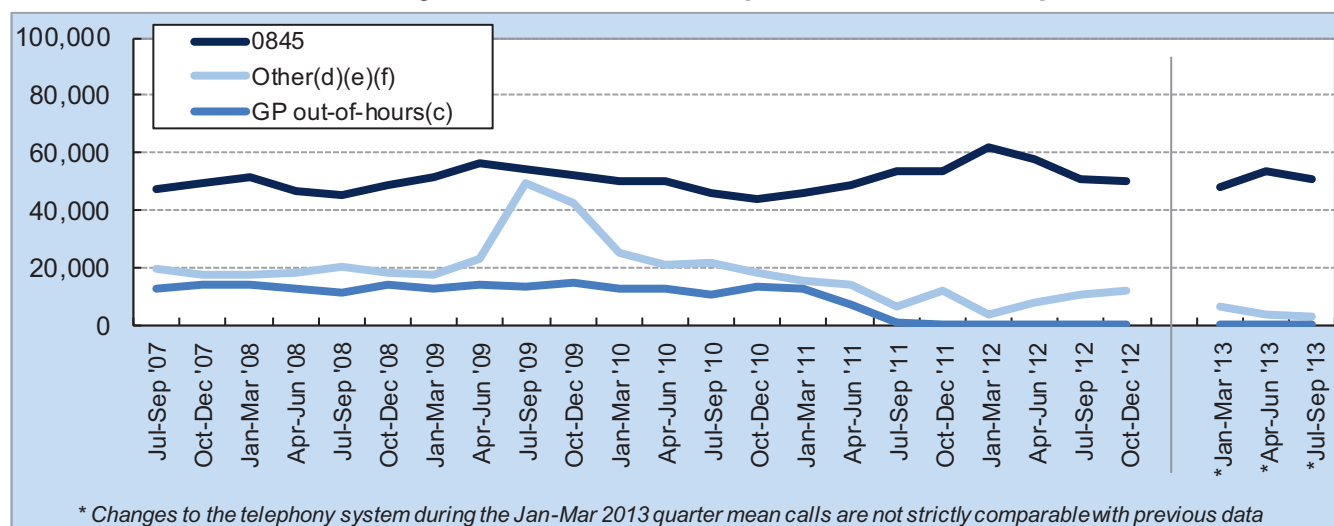


Chart 2 shows the number of calls answered by NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- ◆ More than 50,600 calls to the main 0845 number were answered by NHS Direct Wales in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 2: Calls answered^(b) by NHS Direct Wales, quarter ended 30 September 2007 to date



Notes: (a) The numbers of calls made to NHS Direct i.e. the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. The difference between the number of calls made and the number of calls answered is abandoned calls.

(b) The number of calls answered by NHS Direct Wales.

(c) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales; callers are directed to their Local Health Board.

(d) Calls to other services include all recorded messaging services, but see (f) below. A H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures in the July to December 2009 quarters. See table in Key Quality Information for details of operation dates for each service.

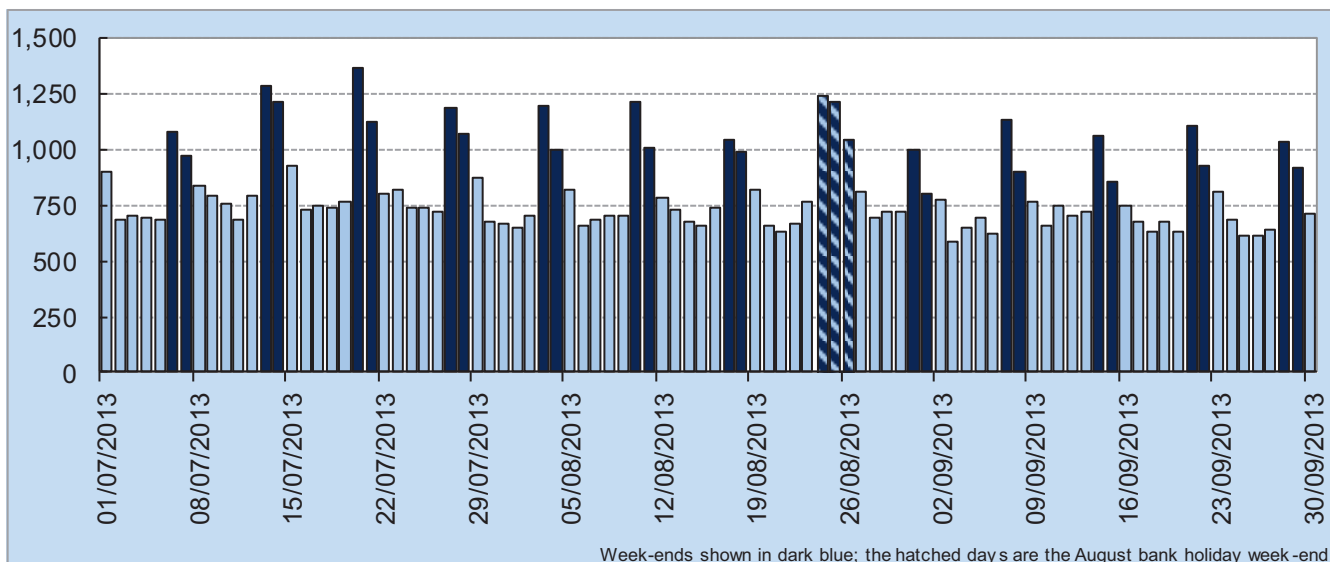
(e) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services' in these charts. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.

Chart 3 shows the daily number of calls made to the main 0845 service between 1 July and 30 September 2013. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see [notes](#)).

- ◆ During the latest quarter, a daily average of 1,078 calls were made at week-ends, compared with 727 on weekdays.
- ◆ The busiest day during the quarter was Saturday 20 July with 1,366 calls (note however that as on any busy day, some of these calls may have been repeat calls).
- ◆ Over the quarter, Saturdays were the busiest day, with an average of 1,154 calls, Wednesdays the quietest (689).

Chart 3: Daily calls made^(a) to the main 0845 service, quarter ended 30 September 2013



Notes: (a) the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see [notes](#)).

Chart 4 shows the number of quarterly on-line enquiries submitted to the NHS Direct Wales website. These enquiries are confidential and a reply is sent back within a maximum of 3 working days.

- ◆ During the July to September quarter of 2013, a total of 419 on-line enquiries were submitted to NHS Direct Wales via the website, down from 725 (42.2%) in April to June 2013, and 40.9% down on the number (709) in July to September 2012.

Chart 4: On-line enquiries, quarter ended 30 September 2007 to date

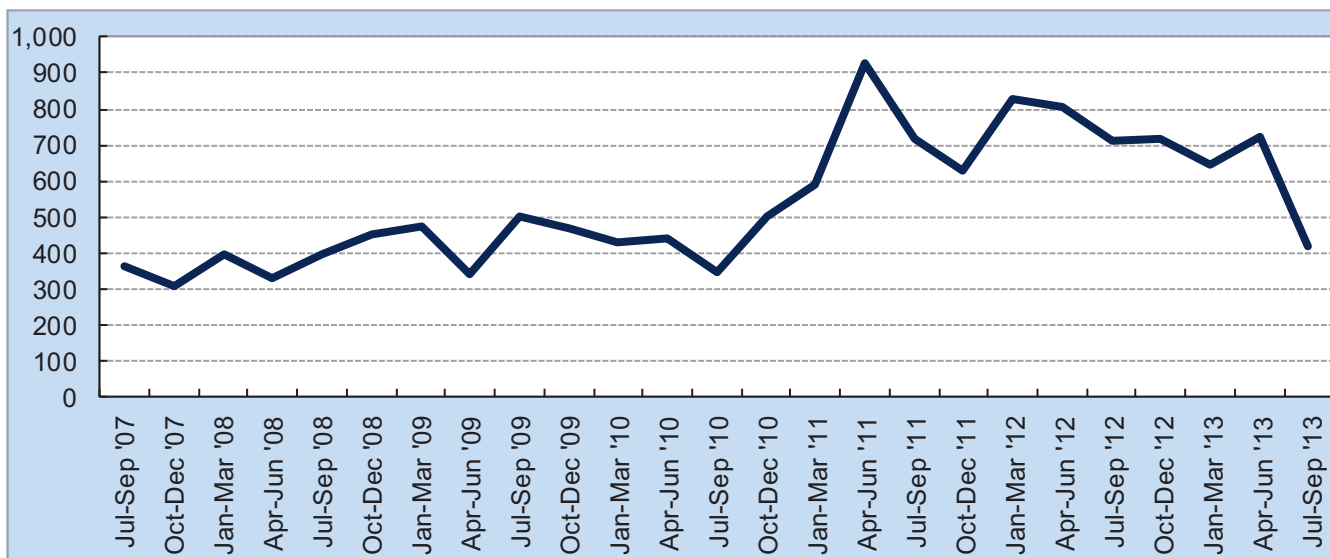


Chart 5 shows the number of visits to the NHS Direct Wales website from the July to September 2007 quarter to date.

- ◆ There were almost 737,000 visits to the NHS Direct Wales website during the July to September 2013 quarter, 7.4% up on the April to June 2013 quarter, and more than ten times as many as in the July to September quarter in 2007.
- ◆ Increased awareness of the facility, (through advertising, leaflets, details in the telephone welcome message etc) is likely to have had an impact on the number of visits to the website.

Chart 5: Web hits, quarter ended 30 September 2007 to date

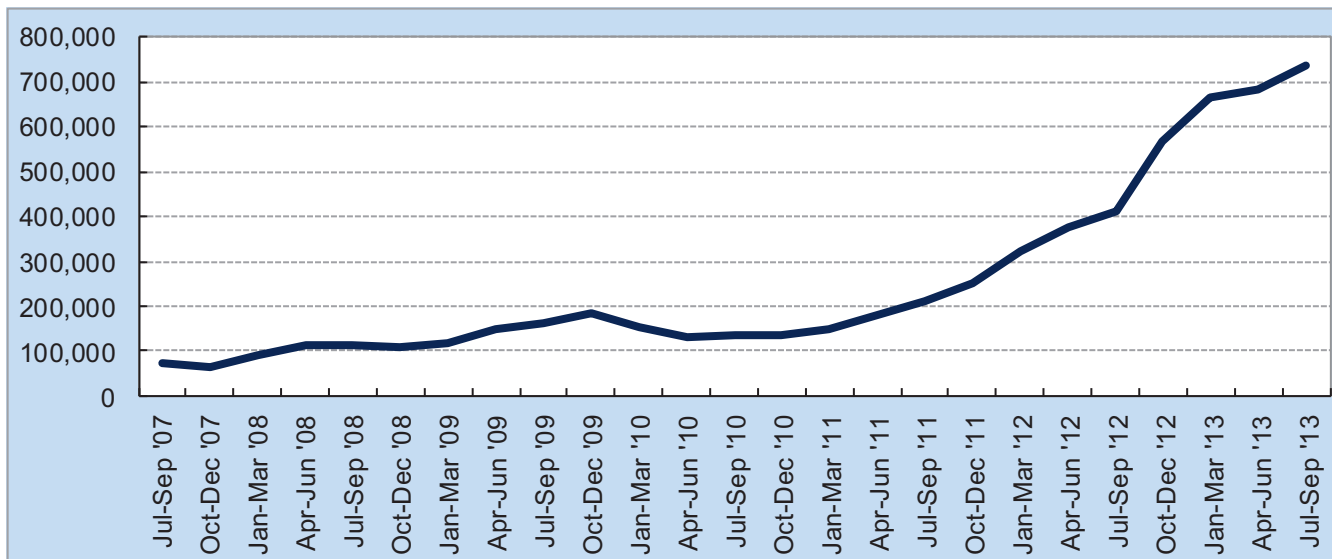


Chart 6 shows daily visits to the NHS Direct Wales website between 1 July and 30 September 2013.

- ◆ Unlike calls made to NHS Direct Wales which are higher at week-ends, web visits are higher on weekdays.
- ◆ An average of more than 8,440 web visits were made each weekday, compared with around 6,900 on Saturdays and Sundays.
- ◆ Mondays were the busiest day, with an average of 9,129 web visits; Saturdays the least busy with 6,423.

Chart 6: Daily web visits, quarter ended 30 September 2013

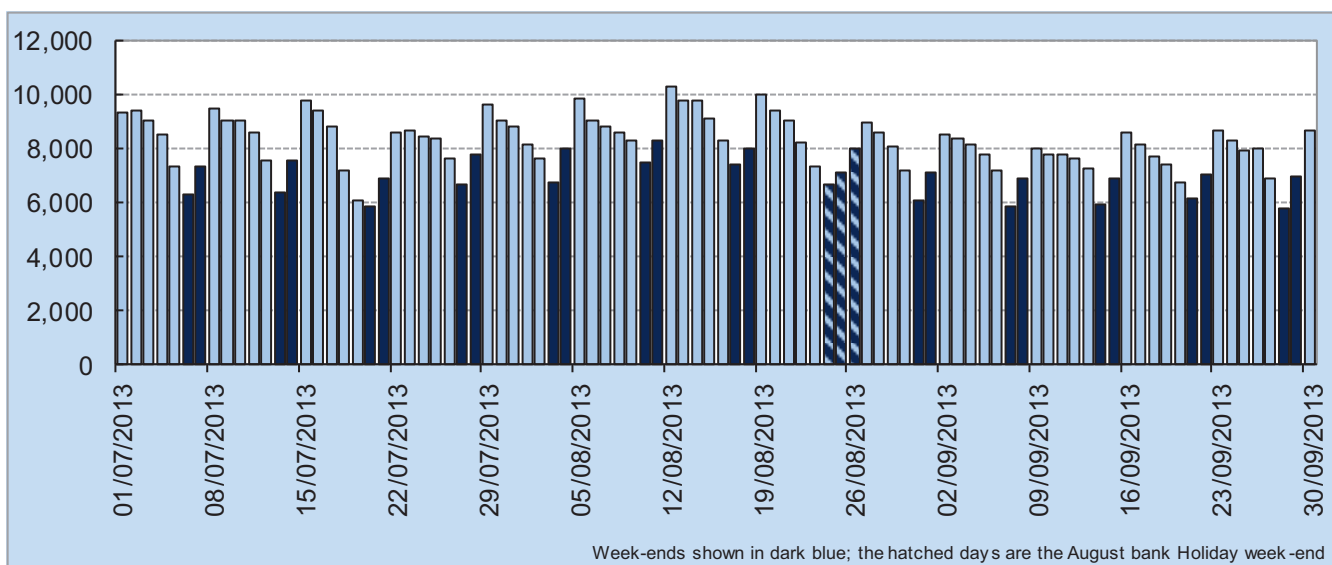


Table 1: Total number of calls made^(a) to NHS Direct Wales by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(f)	Calls to other services (c)(d)(g)	Total calls	Calls requested in Welsh (e)(f)(i)
2007-08					
April - June	55,093	14,872	22,616	92,581	2,426
July - September	49,356	12,616	21,242	83,214	2,138
October - December	54,599	14,337	19,675	88,611	2,245
January - March	58,169	14,437	19,704	92,310	2,320
TOTAL	217,217	56,262	83,237	356,716	9,129
2008-09					
April - June	50,925	13,073	19,826	83,824	2,071
July - September	48,968	11,551	21,547	82,066	1,926
October - December	56,298	14,591	18,847	89,736	2,446
January - March	56,034	12,679	17,925	86,638	2,231
TOTAL	212,225	51,894	78,145	342,264	8,674
2009-10					
April - June	65,609	14,466	25,852	105,927	2,263
July - September (c)	70,721	14,324	59,225	144,270	2,727
October - December (c)	64,656	15,630	47,392	127,678	2,659
January - March	58,214	12,909	29,891	101,014	2,162
TOTAL	259,200	57,329	162,360	478,889	9,811
2010-11					
April - June	56,538	12,653	24,031	93,222	2,167
July - September	49,252	10,871	23,302	83,425	2,265
October - December	61,226	13,997	22,087	97,310	2,621
January - March	61,099	13,044	20,534	94,677	3,088
TOTAL	228,115	50,565	89,954	368,634	10,141
2011-12					
April - June	64,397	8,789	18,437	91,623	1,629
July - September	60,685	2,337	13,191	76,213	1,891
October - December	62,392	1,984	15,411	79,787	718
January - March	73,575	229	3,910	77,714	351
TOTAL	261,049	13,339	50,949	325,337	4,589
2012-13					
April - June	71,151	0	14,244	85,395	1,248
July - September	62,708	0	18,692	81,400	1,154
October - December	68,164	0	19,689	87,853	1,330
January - March (h)(i)	82,577	0	9,842	92,419	895
TOTAL	284,600	0	62,467	347,067	4,627
2013-14					
April - June	84,486	0	4,197	88,683	513
July - September	76,033	0	3,751	79,784	351
October - December					
January - March					
TOTAL	160,519	0	7,948	168,467	864

(a) The number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered.

(b) GP 'Out of Hours' service.

(c) Calls to Other Services include all recorded messaging services, but see (g) below, including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.

(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

(e) In addition around 1% of the dental messaging calls during the quarter were listened to in Welsh.

(f) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).

(g) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see [notes](#) for further information.

(h) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see [notes](#).

(i) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 2: Total number of answered^(a) calls by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(e)	Calls to other services (c)(d)(f)	Total calls	Calls requested in Welsh (e)(h)
2007-08					
April - June	51,772	14,441	19,340	85,553	2,049
July - September	46,914	12,204	19,556	78,674	1,813
October - December	49,312	13,757	17,571	80,640	1,853
January - March	51,190	13,958	17,221	82,369	1,915
TOTAL	199,188	54,360	73,688	327,236	7,630
2008-09					
April - June	46,550	12,690	18,311	77,551	1,823
July - September	45,080	11,112	20,131	76,323	1,647
October - December	48,366	13,723	17,762	79,851	2,107
January - March	51,699	12,204	17,059	80,962	1,947
TOTAL	191,695	49,729	73,263	314,687	7,524
2009-10					
April - June	56,143	13,597	22,734	92,474	1,866
July - September (c)	54,225	13,182	49,093	116,500	2,020
October - December (c)	51,741	14,384	42,444	108,569	2,047
January - March	49,654	12,178	25,299	87,131	1,806
TOTAL	211,763	53,341	139,570	404,674	7,739
2010-11					
April - June	50,209	12,207	20,768	83,184	1,906
July - September	45,953	10,502	21,271	77,726	1,994
October - December	43,932	12,956	18,001	74,889	2,126
January - March	45,832	12,312	15,064	73,208	2,027
TOTAL	185,926	47,977	75,104	309,007	8,053
2011-12					
April - June	48,528	6,927	14,086	69,541	854
July - September	53,379	370	6,147	59,896	1,118
October - December	53,601	0	11,813	65,414	440
January - March	61,832	0	3,225	65,057	747
TOTAL	217,340	7,297	35,271	259,908	3,159
2012-13					
April - June	57,553	0	7,437	64,990	838
July - September	50,354	0	10,358	60,712	762
October - December	49,846	0	11,664	61,510	765
January - March (g)(h)	47,817	0	6,541	54,358	649
TOTAL	205,570	0	36,000	241,570	3,014
2013-14					
April - June	53,710	0	3,183	56,893	505
July - September	50,620	0	2,802	53,422	347
October - December					
January - March					
TOTAL	104,330	0	5,985	110,315	852

(a) The number of calls answered by NHS Direct Wales.

(b) GP 'Out of Hours' service.

(c) Calls to Other Services include all recorded messaging services, but see (f) below), including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.

(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

(e) From 1 April 2011 NHS Direct was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).

(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see [notes](#) for further information.

(g) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see [notes](#).

(h) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 3: Web visits and on-line enquiries.

	Web visits (a)(c)	On-line enquiries (b)
2007-08		
April - June	102,880	407
July - September	70,937	360
October - December	65,505	304
January - March	89,010	398
TOTAL	328,332	1,469
2008-09		
April - June	113,046	330
July - September	112,889	397
October - December	106,512	451
January - March	117,664	473
TOTAL	450,111	1,651
2009-10		
April - June	146,715	340
July - September	159,767	498
October - December	183,108	470
January - March	151,705	426
TOTAL	641,295	1,734
2010-11		
April - June	131,472	438
July - September	133,314	348
October - December	136,448	502
January - March	148,434	591
TOTAL	549,668	1,879
2011-12		
April - June	178,388	927 (r)
July - September	213,117	719
October - December	248,975	626
January - March	323,287	826
TOTAL	963,767	3,098
2012-13		
April - June	376,482	803
July - September	409,777	709
October - December	568,474	717
January - March	664,847	646
TOTAL	2,019,580	2,875
2013-04		
April - June	685,888	725
July - September	736,657	419
October - December	0	0
January - March	0	0
TOTAL	1,422,545	1,144

(a) A web visit is a series of actions that begins when a visitor views their first page from the server and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes).

(b) A web-based enquiry service accessed via the NHS Direct Wales website that enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back answering the queries within a maximum of 3 working days. All on-line enquiries are confidential.

(c) Visitor numbers exclude all known spiders. A spider is a program that crawls the internet looking for web pages and adding them to a database, in order for search engines to be able to find the page.

(r) Revised data received from NHS Direct Wales (was 915 in release covering April – June 2011 quarter).



Key Quality Information

Source:

The data is provided by the Health Informatics Department of the Welsh Ambulance Services NHS Trust.

Description:

NHS Direct Wales answers calls in English, Welsh and over 120 other languages via a language line. In addition to the main telephone helpline (0845 46 47), they handle triage calls transferred from A&E departments and the Welsh Ambulance Services NHS Trust (WAST), and provide a dental information line.

NHS Direct Wales also provides ad hoc information lines to support public health campaigns. The number of calls will be affected by ad-hoc services provided at points in time. Table 3 gives details of services, other than the main 0845 health helpline. Some of these have not been operational in the period covered by the release. Calls to other services include all recorded messaging services.

This table provides information on the various ad-hoc public health information lines that have been run by NHS Direct Wales. These lines are set up to support national and local public health campaigns, and remain in use for as long as necessary. Callers to closed lines will receive a message directing them to an appropriate alternative service; for a limited period after the closure of a line there will still be calls recorded as 'made' although these calls will not be answered.

Details of Non-0845 services and operation dates:

Service	Operation dates
GP Out of Hours	24 April 2001 to 3 July 2011
A&E (including Minor Injuries Units)	15 November 2001 to date
Dental information line (a)	8 November 2003 to 20 January 2012, re-opened 20 April 2012 until 30 January 2013.
Other:	
Health Information Wales	May 2001
Category C (Ambulance triage calls)	January 2004 – February 2005 Re-opened 2 September 2009 (b)
Health Challenge Wales	31 January 2005 – 30 June 2005
Cryptosporidium Helpline	24 November 2005 – 10 February 2006
HPV Helpline - automated message facility only	11 August 2008 to date
HPV Helpline	15 September 2008 to date
Public Health Wales - childhood height & weight campaign	5 January 2009 – December 2009
Smoking Line	1 April 2009 to date
H1N1 (Swine Flu)	30 April 2009 to date
Cold & Flu Line	26 February 2010 to 20 January 2012
Air Alert	30 January 2013 to date
Patient Pathway	30 January 2013 to date
NHSDW Control (test calls)	April - June quarter 2013 only

(a) Calls to the dental information lines are now included in the 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.

(b) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

To improve patient experience and ensure that emergency 999 calls receive an appropriate level of assessment and response, WAST has implemented a system to pass a significant number of its non immediately life-threatening calls to NHS Direct Wales nurse advisors for clinical triage. The triage model was established as a pilot in South East operational region on 2nd September 2009, and phased into the other two operational regions (North and Central & West) in October 2010. These calls are not included in any of the tables and charts in this release as they are no longer part of the NHS Direct Wales telephony system. An indication of the number of these calls is provided in footnotes.

An H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures particularly in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data.

From 3 July 2011, NHS Direct Wales was no longer responsible for any GP out-of-hours service in Wales; callers are directed to their Local Health Board.

Change of telephony system:

Due to a change of telephony system on 30 January 2013, the data is no longer strictly comparable with the data previously published. The main difference is that calls to the dental information lines are now included within 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.

For the January to March quarter of 2013 this is estimated to have added around 10,000 calls (February and March only) to the 0845 'made' numbers. This should be noted as the main reason for the difference in numbers between calls 'made' and calls 'answered', although there were also likely to have been a number of repeat calls, particularly over the busy Easter weekend.

Definitions:

To provide an accurate picture of calls activity at NHS Direct Wales, the data used represents the number of calls 'made' to NHS Direct Wales and the number of 'answered' calls. Prior to the October to December 2011 quarter, 'made' calls were identified as 'queued' or 'offered' calls. The definition has not changed.

Calls 'made' are those where the caller has listened to all of the welcome messaging and stayed on the line to be answered. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service. The difference between the number of calls made and the number of calls answered is abandoned calls.

NHS Direct Wales also provides information to the public via its website www.nhsdirect.wales.nhs.uk. The main features of the Website include a bilingual health encyclopaedia, an on-line enquiry service and the facility to search for other NHS services, such as dentists.

Web visits are a series of actions that begin when a visitor views their first page from the server, and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes). Visitor numbers exclude all known spiders. A spider is a program that trawls the internet looking for web pages, and adding them to a database in order for search engines to be able to find the page.

A web-based enquiry service accessed via the NHS Direct Wales website enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back within a maximum of 3 working days. All on-line enquiries are confidential.

Users and uses:

The aim of these statistics is to present data which is available from a routine administrative source in an accessible format providing a summary of NHS Direct Wales call statistics over time. Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Other areas of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- Royal College of Nursing and other professional organisations;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond;
- To monitor and evaluate performance and activity in the NHS.

Related statistics:

You may be interested in some of our other statistical releases relating to unscheduled care:

Ambulance services in Wales

<http://wales.gov.uk/topics/statistics/theme/health/nhsperformance/ambulance/?lang=en>

Unscheduled care services in Wales, 2011/12

<http://wales.gov.uk/topics/statistics/headlines/health2011/111215/?lang=en>

Flu statistics are published on the Public Health Wales website at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27522>

Comments:

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

Mrs Deirdre Leigh,
HSA/KAS, Welsh Government,
Cathays Park,
Cardiff, CF10 3NQ.
Telephone: (029) 2082 5036
Fax: (029) 2082 5350
e-mail: stats.healthinfo@wales.gsi.gov.uk

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad: Ystafell Bwyllgora 3 – y Senedd

Dyddiad: Dydd Mawrth, 26 Tachwedd 2013

Amser: 09:00 – 10:26

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Cofnodion Cryno:

Preifat

Aelodau'r Cynulliad:

Darren Millar (Cadeirydd)
Mohammad Asghar (Oscar) AC
Mike Hedges
Julie Morgan
Jenny Rathbone
Aled Roberts
Jocelyn Davies
Sandy Mewies

Tystion:

Staff y Pwyllgor:

Fay Buckle (Clerc)
Claire Griffiths (Dirprwy Clerc)
Joanest Jackson (Cynghorydd Cyfreithiol)

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Croesawodd y Cadeirydd yr Aelodau i'r Pwyllgor.

1.2 Nododd y Cadeirydd ymddiheuriadau Archwilydd Cyffredinol Cymru a chroesawodd Dave Thomas a Mike Usher i'r cyfarfod.

2 Trefniadau Llywodraethu Bwrdd Iechyd Prifysgol Betsi Cadwaladr: Trafod yr adroddiad drafft

2.1. Trafododd yr Aelodau'r adroddiad ac, yn amodol ar rai gwelliannau, cytunwyd ar yr adroddiad.

2.2. Nododd yr Aelodau y caiff yr adroddiad ei gyhoeddi ar 12 Rhagfyr yng ngogledd Cymru.

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad: Ystafell Bwyllgora 3 – y Senedd

Dyddiad: Dydd Mawrth, 19 Tachwedd 2013

Amser: 09:00 – 11:05

Gellir gwyllo'r cyfarfod ar Senedd TV yn:

http://www.senedd.tv/archiveplayer.jsf?v=en_400000_19_11_2013&t=0&l=en

Cynulliad
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Cofnodion Cryno:

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Jenny Rathbone
Aled Roberts
Jocelyn Davies
Sandy Mewies

Tystion:

Dr David Bailey, BMA Cymru Wales
Dr Charlotte Jones, BMA Cymru Wales

Staff y Pwyllgor:

Fay Buckle (Clerc)
Claire Griffiths (Dirprwy Clerc)
Joanest Jackson (Cynghorydd Cyfreithiol)

TRAWSGRIFIAD

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

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Croesawodd y Cadeirydd yr Aelodau a'r cyhoedd i'r cyfarfod.

Tudalen 61

Dywedodd y Cadeirydd wrth yr Aelodau bod Dr Andrew Goodall, Prif Weithredwr Bwrdd Iechyd Aneurin Bevan, yn methu â bod yn bresennol a bod ei sesiwn wedi'i hail-drefnu ar gyfer y Flwyddyn Newydd.

2 Gofal heb ei drefnu: Sesiwn dystiolaeth 1

2.1 Bu'r Pwyllgor yn holi Dr Charlotte Jones, Cadeirydd BMA, GPC Cymru, a Dr David Bailey, Dirprwy Gadeirydd BMA, GPC Cymru, ynghylch gofal heb ei drefnu.

Camau gweithredu:

Cytunodd Dr Jones i anfon copi o'r papur 'Sorted in One Go', y papur 'Solutions' a'r ffigurau ar gyfer gwariant pob bwrdd iechyd fesul claf a fesul blwyddyn ar wasanaethau y tu allan i oriau.

3 Papurau i'w nodi

3.1 Nodwyd y papurau.

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

4.1 Derbyniwyd y cynnig.

5 Gofal heb ei drefnu: Trafod y dystiolaeth

5.1 Trafododd y Pwyllgor y dystiolaeth a gafodd ar ofal heb ei drefnu a chytunodd i ysgrifennu at y Cyngor Meddygol Cyffredinol i gael gafael ar y data y cyfeiriwyd atynt yn y sesiwn dystiolaeth flaenorol.

6 Gwaith Caffael a Rheoli Gwasanaethau Ymgynghori'

6.1 Trafododd y Pwyllgor yr ohebiaeth ar y Gwaith Caffael a Rheoli Gwasanaethau Ymgynghori a chytunodd i drafod y mater eto ar ôl i'r adroddiad blynyddol cyntaf gael ei gyhoeddi ym mis Ebrill 2015.

7 Fframwaith Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG: Cytuno ar yr adroddiad terfynol

7.1 Trafododd y Pwyllgor yr adroddiad. Awgrymwyd nifer o fân welliannau a chytunwyd y byddai drafft arall yn cael ei anfon ar gyfer cytuno arno y tu allan i'r pwyllgor.



GIG
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Bwrdd Iechyd Prifysgol
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Cardiff and Vale
University Health Board

Ysbyty Athrofaol Cymru
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Eich cyf/Your ref:
Ein cyf/Our ref: AC-jb-11-3055
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 02920 745681

Adam Cairns
Chief Executive

14 November 2013

Claire Griffiths
Deputy Clerk, Chamber and Committee Service
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Griffiths

Public Accounts Committee: 5 November 2013

Further to my appearance at last week's Public Accounts Committee and your subsequent correspondence to my office with regard to the follow-up information requested by Committee members, I am pleased to submit the required detail below.

Effectiveness of Welsh Consultant Contract

You will recall that I outlined in my evidence the work which this Health Board has undertaken recently to benchmark the effectiveness of the Welsh Consultant Contract against that in England. This exercise was undertaken as part of our approach to optimising our medical productivity.

By way of background, all consultants split their working time between "Direct Clinical Care" (DCC) and "Supporting Professional Activity" (SPA).

In England, the original consultant contract was based on a formula of each consultant working 10 sessions per week, with each session lasting four hours, meaning a total working time of 40 hours per week.

Those 10 sessions are split into 7.5 sessions devoted to direct clinical care (DCC), and 2.5 sessions devoted to supporting professional activity, i.e. consultants in England devote 30 hours per week to direct clinical care, based on a 7.5 session x 4 hour equation.

In Wales, the Consultant Contract was negotiated differently. The original contract was based on 10 sessions, each of 3.75 hours' duration, hence a 37.5 hour working week.

The DCC/SPA sessional split was on a ratio of 7:3, which meant that the number of hours accorded to clinical care was 26.25 hours per week (3.75 hours x 7 sessions).

In reality this means that consultants in England deliver 14% more direct clinical care than those in Wales (30 hours/26.25hours x 100= 114%). While both countries have ensured the delivery of their respective contracts is being scrutinised closely by employers, it is a fact that the Welsh Contract results in consultants delivering less direct clinical care than is the case in England.

Delayed Transfers of Care

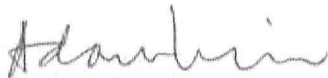
As of the end of October 2013, there were 93 patients delayed across the Health Board. While this is far more than we would like, it does represent a reduction of 18 since September. Of these 93, 61 are non-mental health patients.

We are working closely with our Social Services colleagues across Cardiff and the Vale of Glamorgan, as well as with other health boards, to ensure that patients are able to leave hospital as soon as practicably possible, either to their place of normal residence or to a suitable care setting.

We are also taking a number of steps as part of our approach to winter planning to ensure that our Community Resource Teams are bolstered and are able to provide adequate support for patients leaving hospital who may need community support.

I trust this information is helpful to you. However, should you have any queries, please do not hesitate to contact me.

Yours sincerely



Adam Cairns
Chief Executive

Ymateb Llywodraeth Cymru i Adroddiad Pwyllgor Cyfrifon Cyhoeddus Cynulliad Cenedlaethol Cymru, 'Contract Meddygon Ymgynghorol yng Nghymru: Cynnydd o ran Sicrhau'r Manteision a Fwriadwyd'

Rydym yn croesawu argymhellion yr adroddiad a chynigiwn yr ymateb a ganlyn i'r naw argymhelliad o fewn yr adroddiad sy'n dod i Lywodraeth Cymru.

Argymhelliad 1:

Rydym yn argymhell bod Llywodraeth Cymru yn cyhoeddi amserlen o'i chamau gweithredu er mwyn dangos arweiniad strategol ar gyfer trefniadau cynllunio swyddi yng Nghymru, gan gynnwys datblygu cyfarwyddyd Cymru-gyfan a sut y mae'n bwriadu dwyn Byrddau Iechyd Lleol i gyfrif am ei weithredu.

Ymateb: Derbyn.

Mae swyddogion Llywodraeth Cymru eisoes wedi sefydlu grŵp Gorchwyl a Gorffen, dan gyd-arweiniad Llywodraeth Cymru ac Uned Cyflogwyr y GIG. Sefydlwyd y grŵp ym mis Mai, ac mae'n cynnwys Cyfarwyddwyr Meddygol, Cyfarwyddwr Gweithlu, Uned Cyflogwyr y GIG, cynrychiolwyr o Gymdeithas Feddygol Prydain (Cymru), a swyddogion o Lywodraeth Cymru.

Datblygwyd cylch gorchwyl y grŵp hwn, a chytuno arno, ym mis Mai 2013. Mae'n canolbwyntio, yn fwyaf arbennig, ar y camau gweithredu sydd i'w cymryd mewn ymateb i adroddiad Swyddfa Archwilio Cymru (2013). Bydd y grŵp yn adolygu ac yn diwygio cyfarwyddyd cynllunio swyddi Cymru gyfan a'r ddogfennaeth, gan sicrhau y bydd yn cefnogi'r gwaith o wella a moderneiddio'r ddarpariaeth o wasanaethau.

Cynhaliwyd cyfarfod cyntaf y grŵp Gorchwyl a Gorffen ar 4^{ydd} Medi a chynhaliwyd yr ail gyfarfod ar 2^{il} Hydref. Bydd y grŵp yn adrodd yn ffurfiol ar gynnydd yn y dyfodol agos a chyflwynir y cyfarwyddyd Cymru Gyfan diwygiedig i BMA Cymru i gael sêl bendith y Cyd-bwyllgor Contract Meddygon Ymgynghorol Cymru ar 24^{ain} Ionawr 2014.

Ym mis Chwefror 2014, bydd Llywodraeth Cymru yn lansio'r cyfarwyddyd Cymru Gyfan diwygiedig, a bydd hyfforddiant cadarn i gyd-fynd â hyn, ar gyfer pob Cyfarwyddwr Clinigol a Chyfarwyddwr Gweithlu.

Bydd yn ofynnol i Fyrddau Iechyd gasglu data cynllunio swyddi a bydd gofyn iddynt ddarparu adroddiad cynnydd strwythuredig i'r Prif Swyddog Meddygol yn flynyddol. Yna, caiff y wybodaeth ei chynnwys yn nhrefniadau Rheoli Ansawdd Llywodraeth Cymru a chaiff eithriadau eu cyfeirio at y Fframwaith Perfformiad a Chyflawni.

Mae'r uchod yn gosod allan gerrig milltir allweddol ar gyfer gweithredu. Bydd y grŵp Gorchwyl a Gorffen yn cyhoeddi amserlen fanylach o'r camau gweithredu i'w cymryd at y dyfodol erbyn 31^{ain} Hydref 2013 a chaiff honno ei rhannu gyda'r Pwyllgor Cyfrifon Cyhoeddus a Swyddfa Archwilio Cymru.

Argymhelliad 2:

Rydym yn argymhell bod Llywodraeth Cymru yn cydlynu ac yn hwyluso datblygiad fframwaith gwybodaeth gydlynol ar gyfer Cymru-gyfan ar ganlyniadau dymunol i feddygon ymgynghorol. Dylai hwn gynnwys gweithio gyda sefydliadau amrywiol y GIG, gan gynnwys Byrddau Iechyd, Cymdeithas Feddygol Prydain a'r Cyngor Meddygol Cyffredinol.

Ymateb: Derbyn

Mae Llywodraeth Cymru yn cefnogi'r argymhelliad hwn a byddwn yn gweithio drwy'r Grŵp Gorchwyl a Gorffen i gydlynu a hwyluso hyn erbyn diwedd Mawrth 2014.

Mae'n rhaid i fframwaith gwybodaeth ddisgrifio sut y dylid defnyddio gwybodaeth mewn ffordd gytbwys er mwyn mesur profiadau cleifion, diogelwch ac ansawdd, cynhyrchiant a'r canlyniadau y mae'r rhaid i feddygon ymgynghorol eu cyflawni. Cytunwn fod yn rhaid ymgymryd â'r gwaith hwn gyda phartneriaid fel y disgrifiwyd.

Argymhelliad 3:

Rydym yn argymhell bod Llywodraeth Cymru yn parhau i weithio gyda rhanddeiliaid er mwyn gwella'r broses o gynllunio swyddi, gan gynnwys datblygu hyfforddiant priodol i Gyfarwyddwyr Clinigol.

Ymateb: Derbyn.

Mae BMA Cymru, Uned Cyflogwyr y GIG a Chyfarwyddwyr Meddygol yn rhan o'r grŵp Gorchwyl a Gorffen, sy'n adolygu'r broses cynllunio swyddi, gan gynnwys deunyddiau hyfforddiant perthnasol. Caiff y gwaith o ddarparu hyfforddiant o'r fath ei adolygu gan y grŵp hwn, yn barod ar gyfer lansio'r cyfarwyddyd Cymru Gyfan ym mis Chwefror 2014. Bydd yn hyfforddiant gorfodol i Gyfarwyddwyr Clinigol.

Argymhelliad 4:

Rydym yn argymhell bod Llywodraeth Cymru yn gweithio gyda sefydliadau'r GIG er mwyn datblygu cyfarwyddyd cenedlaethol ynghylch oriau gwaith meddygon ymgynghorol, a'r camau gweithredu y gall Cyrff Iechyd eu cymryd er mwyn lleihau'r angen am weithio oriau rhy hir.

Ymateb: Derbyn.

Bydd Llywodraeth Cymru yn sicrhau y caiff y gofyniad hwn ei gyflawni drwy gydweithio yn y grŵp Gorchwyl a Gorffen. Caiff yr argymhelliad hwn ei fodloni gan adrannau perthnasol yng nghyfarwyddyd cynllunio swyddi Cymru Gyfan.

Argymhelliad 5:

Rydym yn argymell bod Llywodraeth Cymru yn gweithio gyda sefydliadau'r GIG er mwyn datblygu opsiynau ar gyfer casglu gwybodaeth reoli am gyfanswm yr oriau a weithir gan feddygon ymgynghorol bob wythnos (gan gynnwys gwaith y tu allan i'r GIG).

Ymateb: Derbyn

Caiff yr argymhelliad hwn ei fodloni ar gyfer gofal y GIG drwy oruchwylio'r gwaith a ddisgrifir mewn cynllun swydd cytunedig mewn modd effeithiol. Ni ddylid gweld unrhyw wahaniaeth rhwng y cynllun a'r gwaith a gyflawnir a dylai'r wybodaeth reoli gadarnhau hynny neu ddangos eithriadau.

Nid oes darpariaeth o fewn contract meddyg ymgynghorol sy'n galluogi oriau gwaith y tu allan i'r GIG i gael eu mesur. Mae'n rhaid, felly, i'r wybodaeth honno gael ei darparu ar sail wirfoddol. Mae'r contract yn ei gwneud yn glir na ddylai unrhyw waith arall gael effaith andwyol ar ofal y GIG a dylai trefniadau rheoli a llywodraethu clinigol priodol sicrhau mai felly y mae. Ymhellach, mae'r broses ail-ddilysu yn ei gwneud yn ofynnol i bob Meddyg Ymgynghorol gael eu harfarnu mewn modd cyfannol ar bob agwedd o'u hymarfer meddygol, gan gynnwys ymarfer yn breifat, gan roi mwy o sicrwydd ynghylch diogelwch y gofal i gleifion y GIG.

Bydd y gofyniad i Lywodraeth Cymru weithio gyda sefydliadau'r GIG i ddatblygu opsiynau ar gyfer casglu gwybodaeth reoli am gyfanswm yr oriau a weithir yn cael ei fodloni drwy gydweithio â'r Grŵp Gorchwyl a Gorffen a Chyfarwyddwyr perthnasol sefydliadau'r GIG. (Meddygol a Gweithlu a Datblygu Sefydliadol).

Argymhelliad 6:

O ystyried y diffyg eglurder yng nghyswllt y mater hwn, rydym yn argymell bod Archwilydd Cyffredinol Cymru yn cynnal ymchwiliad gwerth-am-arian i brosesau a gweithdrefnau'r Byrddau Iechyd Lleol ar gyfer cleifion sy'n symud rhwng darpariaeth breifat a darpariaeth y GIG.

Ymateb: Mater i Archwilydd Cyffredinol Cymru yw hwn.

Argymhelliad 7:

Yr ydym yn argymell bod Llywodraeth Cymru yn cyhoeddi amserlen ddynodol ar gyfer ei gwaith i ddatblygu diffiniadau a chyfarwyddyd Cymru-Gyfan mewn perthynas ag amcanion Gweithgareddau Proffesiynol Ategol. Dylai hyn sicrhau gwell eglurder o ran y math o Weithgareddau Proffesiynol Ategol y mae eu hangen, a galluogi mesur a dangos eu gwerth.

Ymateb: Derbyn.

Caiff yr argymhelliad hwn ei fodloni gan yr amserlen a gyhoeddir y cyfeirir ati yn yr ymateb i argymhelliad 1 uchod. Bydd Llywodraeth Cymru yn sicrhau y bydd y cyfarwyddyd Cymru Gyfan yn cynnwys paragraffau digonol ar

amcanion yng nghyswllt Gweithgareddau Proffesiynol Ategol a sut yr eir ati i fesur eu gwerth. Yn nodweddiadol, gallai Gweithgareddau Proffesiynol Ategol gynnwys gweithgareddau mewn perthynas â; Datblygiad Proffesiynol Parhaus, Archwilio, addysgu/hyfforddiant o fewn rhaglenni penodol a gweithredu fel Arfarnwr gyda nifer gytunedig o arfarniadau.

Argymhelliad 8:

Rydym yn argymhell bod Llywodraeth Cymru yn sicrhau bod ei gwaith yn diwygio'r deunydd hyfforddi Cymru-gyfan ar gyfer cynllunio swyddi'n cynnwys pwysleisio pwysigrwydd defnyddio cynllunio swyddi fel cyfle i drafod moderneiddio'r gwasanaeth a gwella arferion clinigol a gofal i gleifion.

Ymateb: Derbyn.

Mae Llywodraeth Cymru yn derbyn y dylai deunydd hyfforddi Cymru Gyfan a'r cyfarwyddyd ar gynllunio swyddi hwyluso'r trafodaethau ynghylch moderneiddio'r gwasanaeth a gwella arferion clinigol.

Câi'r pwynt penodol hwn ei gynnwys yn y cyfarwyddyd a'r ddogfennaeth cynllunio swyddi diwygiedig, sy'n cael eu hadolygu ar hyn o bryd gan y grŵp Gorchwyl a Gorffen.

Argymhelliad 9:

Rydym yn argymhell bod Llywodraeth Cymru yn cyflwyno diweddariadau blynyddol i ni ar ei gwaith gyda'r byrddau iechyd a'r ddeoniaeth er mwyn datblygu a gweithredu strategaethau penodol ar gyfer recriwtio meddygon ymgynghorol arbenigol i roi sylw i brinder gweithlu ac arbenigedd.

Ymateb: Derbyn.

Mae Llywodraeth Cymru yn derbyn yr argymhelliad a bydd yn darparu diweddariad blynyddol ar ddiwedd pob blwyddyn ariannol.

Y Byrddau Iechyd Lleol a'r Ymddiriedolaethau sy'n gyfrifol am recriwtio meddygon ymgynghorol. Byddwn yn dal y Byrddau Iechyd Lleol a'r Ymddiriedolaethau i gyfrif drwy eu cynlluniau gweithlu at y dyfodol a hwyluso, pryd bynnag y bo modd, broses o gynllunio gweithlu ar draws y Byrddau Iechyd Lleol a'r Ymddiriedolaethau, yn unigol ac ar y cyd, er mwyn ymdrin ag unrhyw brinder.

Byddwn yn gweithio â'r Ddeoniaeth i sicrhau yr eir ati mewn modd strategol i ddyrannu swyddi hyfforddiant arbenigol i sicrhau bod y cynlluniau hyfforddi yn gydnaws â gofynion recriwtio gweithlu'r Byrddau Iechyd Lleol a'r Ymddiriedolaethau. Bydd yr adolygiad gan yr Athro David Greenaway, sef 'The Shape of Training' sydd i'w gyhoeddi ddiwedd mis Hydref hefyd yn goleuo'r dull strategol hwn o weithio.

Bydd y diweddariadau blynyddol yn cynnwys cyfeiriad at y gwaith a wnaed gan y Ddeoniaeth i ddatblygu enw da Cymru a'i wneud yn lle deniadol i

feddygon weithio, gan gydnabod nad ydynt yn ymwneud yn uniongyrchol â'r gwaith o recriwtio meddygol ymgynghorol.



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Mr Darren Millar AC
Cadeirydd y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd CF99 1NA

Dyddiad: 27 Tachwedd 2013
Ein cyf: HVT/2015/fgb
Tudalen: 1 o 2

Annwyl Darren

CONTRACT MEDDYGON YMGYNGHOROL YNG NGHYMURU: CYNNYDD O RAN SICRHAU'R MANTEISION

Gofynnodd llythyr y Clerc ar 25 Hydref am fy nghyngor ar ymateb Llywodraeth Cymru i adroddiad y Pwyllgor Cyfrifon Cyhoeddus ym mis Medi 2013 ar y *Contract Meddygol Ymgynghorol yng Nghymru* [GIG]. Roedd adroddiad y Pwyllgor yn cynnwys naw argymhelliad ac mae Llywodraeth Cymru wedi nodi ei bod yn derbyn yr wyth argymhelliad sy'n effeithio arni'n uniongyrchol.

Yn gyffredinol, credaf fod Llywodraeth Cymru wedi ymateb yn foddhaol i'r argymhellion. Mae Grŵp Gorchwyl a Gorffen wedi'i sefydlu i fwrw ymlaen â'r gwaith o ddatblygu canllawiau cynllunio swyddi diwygiedig a hyfforddiant ategol. Mae Llywodraeth Cymru wedi darparu amserlen i'r Pwyllgor o waith y Grŵp Gorchwyl a Gorffen. Mae'r amserlen hon yn nodi'n glir y cerrig milltir allweddol cyn i sefydliadau'r GIG roi'r canllawiau cynllunio swyddi diwygiedig ar waith o 1 Ebrill 2014.

Rwyf wedi gofyn i Swyddfa Archwilio Cymru gysylltu â swyddogion Llywodraeth Cymru i gynnal gorchwyl gwyllo ar gynnydd y Grŵp Gorchwyl a Gorffen ac, yn benodol, i roi sicrwydd bod y canllawiau cynllunio swyddi Cymru gyfan diwygiedig yn mynd i'r afael yn ddigonol â materion sy'n achosi pryder a godwyd yng nghanfyddiadau fy astudiaeth a gan y Pwyllgor. Byddaf yn hysbysu'r Pwyllgor os yw'n hadolygiad o'r canllawiau newydd yn nodi unrhyw faterion sy'n achosi pryderon sylweddol.

Yn amlwg, bydd yn bwysig sicrhau bod canllawiau diwygiedig y Grŵp Gorchwyl a Gorffen, a chymau cysylltiedig eraill i gryfhau'r gwaith o gynllunio swyddi, yn arwain at welliannau gwirioneddol o fewn sefydliadau'r GIG. Rwy'n ymwybodol, drwy waith yn dilyn archwiliadau lleol, fod sefydliadau'r GIG yng Nghymru yn gweithredu i wella'r gwaith o gynllunio swyddi meddygon ymgynghorol. Byddaf yn parhau i ddefnyddio fy rhaglen o waith archwilio lleol i fonitro'r cynnydd sy'n cael ei wneud, ac yn 2015 rwy'n bwriadu

llunio datganiad wedi'i ddiweddarau a fydd yn datgelu i ba raddau y mae'r gwaith o gynllunio swyddi meddygon ymgynghorol yng Nghymru wedi'i gryfhau.

I gloi, roedd Argymhelliad 6 yn adroddiad y Pwyllgor yn gofyn i mi gynnal ymchwiliad gwerth am arian i brosesau a gweithdrefnau byrddau iechyd lleol ar gyfer cleifion sy'n symud rhwng meddygfeydd preifat a'r GIG. Rwy'n fodlon gwneud rhagor o waith yn y maes hwn a byddaf yn defnyddio'r gwaith cwmpasu sy'n cael ei wneud ar hyn o bryd ar astudiaeth gwerth am arian amseroedd aros arfaethedig i nodi'r gwaith y bydd angen ei wneud i archwilio'r mater hwn. Byddaf yn rhoi'r newyddion diweddaraf i'r Pwyllgor ar hyn.

Gobeithio bod y cyngor hwn yn ddefnyddiol i'r Pwyllgor wrth iddo ystyried ymateb Llywodraeth Cymru.

Yn gywir



HUW VAUGHAN THOMAS
ARCHWILYDD CYFFREDINOL CYMRU

Eitem 5

Ein Cyf:

Dyddiad: 31 Gorffennaf 2013

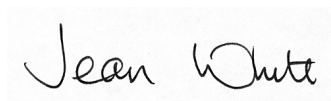
Darren Millar AC
Cadeirydd – Y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

Annwyl Mr Millar,

Argymhelliad 12 y Pwyllgor Cyfrifon Cyhoeddus: Cyfarfodydd y Bwrdd Perfformiad Mamolaeth

Mae'n bleser gennyf amgáu'r wybodaeth ddiweddaraf am gyfarfodydd y Bwrdd Perfformiad Mamolaeth a gynhaliwyd yn ystod y gwanwyn eleni. Gwneir hyn yn unol â gofynion Argymhelliad 12 adroddiad y Pwyllgor Cyfrifon Cyhoeddus ar Wasanaethau Mamolaeth.

Yn gywir



Yr Athro Jean White
Prif Swyddog Nyrsio
Cyfarwyddwr Nyrsio GIG Cymru

**GWYBODAETH DDIWEDDARAF AM GYFARFODYDD Y BWRDD
PERFFORMIAD MAMOLAETH
GWANWYN 2013**

Cylch gorchwyl	tudalen 2
Crynodeb o gyfarfodydd y Bwrdd Mamolaeth	tudalen 3
Enghreifftiau o Ymarfer Da	tudalen 5
Nodiadau cyfarfodydd y Bwrdd Mamolaeth	
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	tudalen 11
Aneurin Bevan	tudalen 13
Powys	tudalen 15
Cwm Taf	tudalen 17
Caerdydd	tudalen 19
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	tudalen 21
Hywel Dda	tudalen 23

BWRDD PERFFORMIAD MAMOLAETH – CYLCH GORCHWYL

CEFNDIR

Cylch gwaith y Bwrdd Perfformiad yw sicrhau bod Byrddau Iechyd yn atebol am ddarparu gwasanaethau mamolaeth yn unol â chamau gweithredu allweddol y Weledigaeth Strategol ar gyfer Gwasanaethau Mamolaeth yng Nghymru drwy:

- Adolygu a monitro cynlluniau darpariaeth;
- Adolygu data ar ddangosyddion canlyniadau a mesurau perfformiad;
- Trafod meysydd pryder lle nad yw perfformiad yn gwella;
- Cytuno ar gynllun gweithredu ar gyfer gwelliant;
- Lledaenu arferion da ledled Cymru;
- Darparu adborth ar gyfer rheolwyr perfformiad Llywodraeth Cymru er mwyn llywio eu prosesau.

Aelodau

Yr Athro Jean White – Prif Swyddog Nyrsio – Cadeirydd
Polly Ferguson – Swyddog Nyrsio Mamolaeth a'r Blynnyddoedd Cynnar
Dr Heather Payne – Uwch Swyddog Meddygol Iechyd Mamau a Phlant
Ysgrifenyddiaeth y Pwyllgor

Proses

Bydd Llywodraeth Cymru yn cyfarfod ag arweinwyr Gwasanaethau Mamolaeth pob Bwrdd Iechyd i adolygu perfformiad.

Cyn cyfarfod pob Bwrdd Iechyd, ac er mwyn llywio'r trafodaethau, bydd y Prif Swyddog Nyrsio yn gofyn am dystiolaeth ysgrifenedig gan y sefydliadau canlynol:

- Y Bwrdd Iechyd perthnasol
- Cadeirydd pob Pwyllgor Cyswllt Gwasanaethau Mamolaeth
- Coleg Brenhinol y Bydwagedd
- Arolygiaeth Gofal Iechyd Cymru
- Awdurdod Goruchwyllo Lleol
- Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr

Yn dilyn cyfarfod pob Bwrdd Iechyd, bydd y Bwrdd Iechyd yn derbyn adroddiad ysgrifenedig gan Lywodraeth Cymru yn nodi'r meysydd lle mae cynnydd wedi'i wneud a'r meysydd sydd angen eu gwella.

Amllder Cyfarfodydd

Dwywaith y flwyddyn.

Cynrychiolwyr y Byrddau Iechyd

Cynrychiolir y Byrddau Iechyd gan:

- Y Pennaeth Bydwreigiaeth
- Y Cyfarwyddwr Clinigol ar gyfer Mamolaeth
- Rheolwr y Gyfarwyddiaeth
- Cadeirydd y Defnyddwyr neu gynrychiolydd Pwyllgor Cyswllt Gwasanaethau Mamolaeth y Bwrdd Iechyd (MSLC)

CRYNODEB O GYFARFODYDD Y BWRDD PERFFORMIAD MAMOLAETH – GWANWYN 2013

Mae pob Bwrdd lechyd wedi mynychu cyfarfod o'r Bwrdd Perfformiad. Cafwyd cyfraniad da gan arweinyddion gwasanaethau mamolaeth a ddangosodd ddealltwriaeth glir o heriau'r dyfodol ac ymrwymiad i wella gwasanaethau.

Gan fod casglu data yn gryn her, cafodd Pennaeth Gwybodaeth pob Bwrdd lechyd wahoddiad i fynychu'r cyfarfod cyntaf er mwyn trafod sut y byddant yn helpu gwasanaethau mamolaeth i gasglu'r data gofynnol erbyn yr hydref.

Er bod y cylch gorchwyl yn nodi y bydd y Prif Swyddog Nyrsio yn gofyn am dystiolaeth ysgrifenedig gan sefydliadau perthnasol cyn pob cyfarfod Bwrdd lechyd, cytunwyd na fyddai hyn yn digwydd ar gyfer y cyfarfod cyntaf i gyflwyno'r cefndir. Bydd sefydliadau yn cael y cyfle i gyflwyno tystiolaeth ysgrifenedig ym mhob cyfarfod yn y dyfodol.

Llwyddiannau

- Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC)
Cafodd Cadeirydd Defnyddwyr pob MSLC wahoddiad i fynychu'r Bwrdd Perfformiad er mwyn dangos ymrwymiad Llywodraeth Cymru i wrando ar leisiau defnyddwyr ac ymateb iddynt.

Mynychodd y Cadeirydd neu'r Is-gadeirydd (os nad oedd y Cadeirydd ar gael) bob un o'r cyfarfodydd. Cafwyd cyfraniad da at y cyfarfodydd gan ddefnyddwyr.

- Boddhad Defnyddwyr
Mae yna eglurder ynghylch dull Gymru gyfan o gynnal arolygon o foddhad defnyddwyr, gan ddisgwyl y bydd adborth ar ganlyniadau yn cael ei gyflwyno i gyfarfod y Bwrdd Perfformiad yn yr hydref.
- Gweithlu bydwreigiaeth
Mae 6 o'r 7 Bwrdd lechyd yn cydymffurfio â phecyn cynllunio'r gweithlu *Birthrate Plus*, sy'n dangos bod ganddynt y nifer cywir o fydwragedd i ddarparu gwasanaeth diogel ac effeithiol. Mae'r un Bwrdd lechyd nad yw'n cydymffurfio bedair bydwraig yn brin, a bydd yn adolygu ei ofynion bydwreigiaeth unwaith y bydd y broses o ad-drefnu'r gwasanaeth wedi'i chytuno.

Heriau

- **Cyfraddau Toriadau Cesaraid**
Er bod gan bob Bwrdd lechyd gynlluniau ar waith i leihau'r cyfraddau, maent yn parhau i fod yn uchel (dros 25%) ym mhob Bwrdd lechyd ac eithrio Caerdydd a'r Fro. Mae pob Bwrdd lechyd yn ceisio lleihau'r cyfraddau, ac mae gofyn iddynt adrodd ar y cyfraddau bob mis. Adolygir cynlluniau i wella'r cyfraddau yng nghyfarfodydd y Bwrdd Perfformiad yn yr hydref.
- **Casglu data**
Gofynnwyd i bob Bwrdd lechyd ddod â'r sawl sy'n arwain ym maes gwybodaeth am famolaeth i gyfarfod cyntaf y Bwrdd Perfformiad er mwyn trafod gwelliannau

i'r gwaith o gasglu data electronig.

Ni allai unrhyw un o'r Byrddau lechyd gyflwyno set ddata gyflawn, ond roedd rhai Byrddau lechyd wedi gwneud cynnydd sylweddol.

Nid oes gan Fwrdd lechyd Betsi Cadwaladr na Bwrdd lechyd Powys unrhyw ffordd o gasglu data electronig, ond mae Powys yn gweithio'n agos â Gwasanaeth Gwybodeg GIG Cymru i sicrhau bod Mamolaeth Myrddin yn weithredol erbyn mis Hydref 2013.

Mae prosiect penodol a sefydlwyd gydag lechyd Cyhoeddus Cymru a Gwasanaeth Gwybodeg GIG Cymru ym mis Rhagfyr 2013 yn gweithio gyda'r holl Fyrddau lechyd i'w helpu i gasglu data ar bob mesur perfformiad erbyn mis Hydref 2013. Mae'n bosibl na fydd Bwrdd lechyd Betsi Cadwaladr yn llwyddo i wneud hyn.

- **Gwella iechyd menywod beichiog**

Gofynnwyd i'r Byrddau lechyd gyfrannu at leihau Mynegai Mâs y Corff, ysmegu, yfed alcohol a chamddefnyddio sylweddau ymysg menywod beichiog.

Er mwyn gwneud hyn, bydd angen newid o ran ymarfer a chasglu data, ac er bod y Byrddau lechyd yn ymwybodol o hyn, maent yn debygol o ganolbwyntio ar gasglu data yn y lle cyntaf. Yn y pen draw, bydd angen buddsoddi mewn datblygu sgiliau bydwreigiaeth er mwyn annog newid mewn ymddygiad. Trafodir hyn yng nghyfarfodydd y Bwrdd Perfformiad yn yr hydref.

- **Gwella iechyd meddwl yn ystod beichiogrwydd a'r pwerperiwm**

Er mwyn ymateb i'r her o sicrhau bod cynlluniau a chymorth priodol ar gael i fenywod ar gyfer problemau iechyd meddwl a all godi neu waethygu yn ystod mamolaeth, gofynnwyd i'r Byrddau lechyd adrodd ar eu cynnydd yn y cyswllt hwn. Gan mai mesur newydd yw hwn, mae angen cyfnod i gytuno ar lwybrau gofal priodol ar gyfer atgyfeiriadau. Mae'r rhain yn cael eu rhoi ar waith, a disgwylir i'r Byrddau lechyd adrodd ar y mater hwn yng nghyfarfodydd y Bwrdd Perfformiad yn yr hydref.

- **Cydymffurfio â chanllawiau Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr ar bresenoldeb Meddyg Ymgynghorol ar Ward Esgor**

Mae Byrddau lechyd Aneurin Bevan, Betsi Cadwaladr a Hywel Dda yn nodi eu bod yn cydymffurfio â chanllawiau Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr, ond oherwydd newid i'r gwasanaethau, nododd Bwrdd lechyd Betsi Cadwaladr y bydd angen cynyddu oriau meddygon ymgynghorol yn Wrecsam o 40 i 60 cyn bo hir.

Nid yw Byrddau lechyd Caerdydd, Abertawe Bro Morgannwg na Chwm Taf yn cydymffurfio â'r canllawiau, ac maent yn aros am ganlyniad Rhaglen y De ac effaith yr ad-drefnu ar fodloni'r gofynion ar gyfer presenoldeb meddygon ymgynghorol. Mae'r broses o ddadansoddi'r gweithlu yn mynd rhagddi ar hyn o bryd fel rhan o raglen y De. Adolygir y sefyllfa hon yng nghyfarfod y Bwrdd Perfformiad yn yr hydref.

Trafodir y sefyllfa yng nghyfarfodydd y Bwrdd Perfformiad yn yr hydref, ar ôl i'r

cynlluniau ad-drefnu gael eu cytuno. Bydd disgwyl wedyn i'r holl Fyrddau lechyd fod â chynlluniau ar waith i sicrhau eu bod yn cydymffurfio.

Arferion Da mewn Gwasanaethau Mamolaeth

Gofynnwyd i'r Byrddau lechyd nodi pa rannau penodol o'u gwasanaeth y maent yn ymfalchïo ynddynt, a bydd yr enghreifftiau hyn yn cael eu rhoi ar wefannau'r Byrddau lechyd er mwyn rhannu arferion da.

BWRDD IECHYD PRIFYSGOL ABERTAWE BRO MORGANNWG

Pwyllgor Cyswllt Gwasanaethau Mamolaeth - ysgrifennwyd gan ddefnyddiwr gwasanaethau sy'n aelod o'r Pwyllgor.

Mae'r pwyllgor yn gyfle gwirioneddol i ddefnyddwyr gwasanaethau mamolaeth ddweud eu dweud a dysgu mwy am sut mae gwasanaethau yn cael eu datblygu. Mae wedi rhoi dealltwriaeth well i mi o'r heriau sy'n wynebu'r GIG bob dydd. Mae'r grŵp yn cynnwys gweithwyr iechyd proffesiynol o gefndiroedd gwahanol, sy'n golygu bod y Pwyllgor yn elwa ar fewnbwn gwerthfawr gan lawer o adrannau sy'n ymwneud â gofal Mamolaeth, gan gynnwys Bydwagedd, Bydwagedd Dan Hyfforddiant, Gwasanaethau Ymwelwyr lechyd, Anaestheteg a Gynaecoleg. Mae gweithwyr proffesiynol eraill yn cael gwahoddiad i wneud cyflwyniad i'r grŵp pan fydd yn trafod pynciau penodol. Er enghraifft, daeth yr NSPCC i siarad am Syndrom Ysgwyd Babi ychydig wythnosau yn ôl.

Mae Pwyllgor Cyswllt Gwasanaethau Mamolaeth Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg yn cynnwys cynrychiolaeth gref o blith defnyddwyr gwasanaethau. Mae gennym Doula, tad sy'n darparu cymorth gydag iselder ôl-enedigol ar gyfer partneriaid. Mae gennym gynrychiolaeth ar gyfer teuluoedd sydd wedi colli plentyn, Cyfeillion Cefnogol Bwydo ar y Fron ac Eiriolaeth Rhieni ar gyfer menywod a'u teuluoedd sydd efallai'n cael problemau'n defnyddio gwasanaethau mamolaeth oherwydd anawsterau dysgu neu sefyllfaoedd cymdeithasol. Rydym yn trafod y grŵp yn gyson ag asiantaethau trydydd sector ac elusennau eraill sy'n cefnogi menywod a theuluoedd er mwyn cynnwys cymaint o grwpiau â phosibl. Rhoddir cryn bwyslais ac ystyriaeth i awgrymiadau gan aelodau lleyg o'r Pwyllgor Cyswllt Gwasanaethau Mamolaeth. Mae'r Pwyllgor wedi cefnogi cerdyn a gynlluniwyd gan Gyfaill Cefnogol Bwydo ar y Fron sy'n cael ei ddefnyddio gan weithwyr iechyd proffesiynol i hybu sgwrs er mwyn cefnogi menywod yn ystod eu diwrnodau cyntaf yn bwydo ar y fron. Ni fyddai syniadau unigryw fel hyn yn cael eu gweithredu heb Bwyllgor Cyswllt Gwasanaethau Mamolaeth agored a chryf.

Rwy'n teimlo bod angen sicrhau bod y berthynas rhwng defnyddwyr gwasanaethau a'r rhai sy'n gyfrifol am greu a rheoli gwasanaethau mamolaeth yn agored ac yn gyfartal. Rwy'n credu bod y berthynas hon yn amlwg ym Mhwylgor Cyswllt Gwasanaethau Mamolaeth Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg, ac y bydd yn uno gweithwyr iechyd proffesiynol a'r bobl y mae'n gofalu amdanynt i ddatblygu gwasanaethau o ansawdd da yn y dyfodol.

Defnyddio technoleg

Yn sgil cyflwyno'r Cyfryngau Cymdeithasu, mae cyfathrebu rhwng staff a chleifion yn haws o lawer, ac mae'n digwydd yn amlach.

Mae'r Tîm Mamolaeth, ynghyd â Thîm Cyfathrebu Bwrdd Iechyd Abertawe Bro Morgannwg, wedi manteisio ar y cyfryngau cymdeithasu i ymgysylltu a chyfathrebu â darpar famau a'u thelueodd drwy greu tudalen Facebook iechyd plant a thelueodd Bwrdd Iechyd Abertawe Bro Morgannwg. Mae'r dudalen plant a thelueodd yn un o is-dudalennau prif dudalen Facebook y Bwrdd Iechyd, sydd â thros 2,100 o ddilynwyr ar hyn o bryd. Ar y cyfrif diwethaf, roedd gan y dudalen plant a thelueodd 671 o ddilynwyr, sy'n debyg neu'n fwy na phrif dudalen Facebook rhai sefydliadau.

Mae'r Tîm yn defnyddio'r dudalen plant a thelueodd, ynghyd â Twitter, i gynnal perthynas gyson â chleifion, gan roi gwybodaeth, cyngor ac arweiniad iddynt, fel 'Deg Awgrym Gwych ar gyfer genedigaeth normal', 'A yw geni yn y cartref yn ddiogel?', pwysigrwydd y brechlyn MMR yn ystod yr achosion o'r frech goch, a chyfarpar newydd a gwelliannau i wasanaethau. Bu'r dudalen yn ddefnyddiol iawn hefyd o ran ateb cwestiynau cyffredinol gan famau a darpar famau, a thawelu eu meddyliau. Mae hefyd wedi creu cymuned lle mae pobl yn gallu rhannu eu profiadau eu hunain, a lle mae grwpiau fel Ymwybyddiaeth o Fwydo ar y Fron yn gallu cyfrannu gwybodaeth a chymorth.

BWRDD IECHYD ANEURIN BEVAN

Cyfraddau Toriadau Cesaraid

Fel rhan o'r broses reolaidd o fonitro gwasanaethau mamolaeth, nodwyd bod cyfraddau toriadau cesaraid brys yn ystod 2012 wedi cynyddu. Mewn ymateb i hyn, mae'r obstredyddion arweiniol ar wardiau esgor a'r uwch reolwyr bydwreigiaeth ar gyfer achosion risg uchel wedi cynnal archwiliad manwl o'r achosion a'r broses o wneud penderfyniadau ar gyfer pob toriad cesaraid brys yn eu hardaloedd er mwyn sicrhau bod arferion gorau yn parhau. Maent wedi cyflwyno eu harsylwadau a'u canfyddiadau i'w trafod gan y fforwm gwasanaethau clinigol amlbroffesiynol. Mae unrhyw ofynion hyfforddiant a nodwyd fel rhan o'r broses hon wedi'u hymgorffori yn yr agenda neu eu cwblhau fel rhan o'r sesiynau hyfforddi a gynlluniwyd gan y gwasanaeth. Mae'r Bwrdd Gwasanaethau Mamolaeth yn derbyn y newyddion diweddaraf ar gynnydd drwy gyflwyniadau ar ddangosfwrdd y ward esgor a thrwy gyflwyniadau unigol gan glinigwyr perthnasol.

Mae'r newidiadau i ymarfer yn cynnwys cyflwyno dull 'llygaid ffres' tua dechrau 2012 yn y ward esgor. Gofynnir i uwch fydwaig neu glinigydd meddygol adolygu Cardiocograff (CTG) bob awr pan fo monitro CTG parhaus yn digwydd, pan gaiff risgiau dynodedig y fenyw eu hadolygu. Mae hyn yn sicrhau arferion gorau yn y ward esgor, a gellir dwyn unrhyw beth anarferol i sylw'r uwch staff meddygol, a fydd yn gweithredu'n briodol. Mae'r Pecyn Cymorth Toriad Cesaraid wedi'i adnewyddu ac mae grŵp gorchwyl a gorffen wedi'i sefydlu i gwblhau ffrydiau gwaith dynodedig. Amcan y gwaith hwn yw sicrhau bod menywod yn dechrau ar y llwybr mamolaeth priodol a'u bod yn derbyn y gofal mamolaeth mwyaf diogel ar eu cyfer nhw a'u thelueodd.

Hyfforddiant amlddisgyblaethol

Mae gwasanaeth mamolaeth Bwrdd Iechyd Aneurin Bevan wedi cydweithio yn ystod 2012/2013 i gynyddu nifer y staff sy'n derbyn hyfforddiant, gan arwain at gynydd o 20% o ran cydymffurfiaeth â gofynion hyfforddiant. Mae'r cynnydd hwn wedi'i sicrhau drwy ddarparu hyfforddiant statudol a gorfodol mewn ffordd amlddisgyblaethol. Mae'r gwasanaeth yn elwa ar fforwm clinigol mamolaeth a gynaeoleg misol sy'n para drwy'r dydd ac sy'n cynnwys gweithgarwch archwilio, gwersi a ddysgwyd yn sgil adrodd ar ddigwyddiadau clinigol, rhannu mentrau newydd a sesiynau arferion da a hyfforddiant. Mae'r hyfforddiant yn cael ei ddarparu gan glinigwyr y gwasanaeth a siaradwyr gwadd o'r Bwrdd Iechyd.

Mae uwch staff bydwreigiaeth a meddygol yn monitro hyfforddiant statudol a gorfodol yn rheolaidd, ac mae adroddiadau chwarterol yn cael eu llunio fel bod y gwasanaeth yn gallu nodi cynnydd. Caiff adroddiadau ar hyfforddiant eu rhannu yn y fforwm clinigol misol a'r Bwrdd Gwasanaethau Mamolaeth. Mae dadansoddiad blynyddol o anghenion hyfforddiant yn ystyried gofynion lleol a chenedlaethol ac yn llywio rhaglenni hyfforddi'r gwasanaeth.

Yn fwy diweddar, mae'r gwasanaeth mamolaeth wedi bod yn gweithio i weithredu Hyfforddiant Cardiocograffeg Cymru Gyfan Llywodraeth Cymru ar gyfer staff mamolaeth yn unol â chanllawiau Coleg Brenhinol yr Obstetryddion a'r Gynaeolegwyr. Mae hyn wedi cynnwys sefydlu sesiynau hyfforddi Cardiocograffeg amlddisgyblaethol a ddechreuodd ym mis Ebrill 2013.

BWRDD IECHYD PRIFYSGOL BETSI CADWALADR

Gwaith Atal a Chanolbwytio ar y Blynyddoedd Cynnar

Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr wedi rhoi blaenoriaeth i iechyd ac atal clefydau yn y blynyddoedd cynnar, yn enwedig iechyd yn ystod beichiogrwydd a pharatoi ar gyfer beichiogrwydd. Mae amrywiaeth eang o staff iechyd wedi'u hyfforddi i helpu mamau i ddeall pwysigrwydd peidio ag ysmegu pan yn feichiog, ac mae gan bob bydwraig declyn monitro carbon monocsid sy'n dangos lefelau gwaed mamau a babanod heb eu geni. Cydnabyddir bod gordewdra yn ystod beichiogrwydd yr un mor beryglus ag ysmegu, ac mae awdurdodau lleol partner wedi defnyddio grantiau gwella iechyd i gyflwyno cynlluniau ymarfer corff yn ystod beichiogrwydd drwy eu canolfannau hamdden. Mae gweithwyr cownter fferyllfeydd wedi'u hyfforddi i roi cyngor ar faterion iechyd allweddol yn y blynyddoedd cynnar, gan gynnwys sut i fod mor iach â phosibl cyn beichiogrwydd a rhwng cyfnodau o feichiogrwydd.

Cyflawni Cyswllt Cyntaf

Yn 2009, dechreuodd Bwrdd Iechyd Prifysgol Betsi Cadwaladr weithio i wella ei gydymffurfiaeth â mynediad uniongyrchol i fydwragedd. Mae sicrhau mynediad uniongyrchol i Fydwrraig hefyd wedi gwella'n cydymffurfiaeth â gwneud apwyntiadau i fenywod sy'n feichiog ers 10 wythnos. Rydym wedi rhoi'r camau canlynol ar waith fel rhan o hyn:-

1. Mae gwaith pwysig wedi'i wneud gyda meddygfeydd i sicrhau bod menywod sy'n cyrraedd derbynfa eu meddyg teulu ac yn dweud eu bod yn feichiog yn cael eu hatgyfeirio i'w bydwraig gymunedol. Mae'r menywod naill ai'n cael rhifau ffôn cyswllt neu apwyntiad i weld eu bydwraig gymunedol. Bydwragedd

cymunedol sy'n gyfrifol bellach am y rhan fwyaf o atgyfeiriadau i drefnu gofal mamolaeth.

2. Bu defnydd helaeth o bosteri mewn meddygfeydd, fferyllfeydd lleol, cylchoedd chwarae, canolfannau cymunedol ac ati er mwyn hysbysu menywod y gallant gysylltu'n uniongyrchol â bydwraig pan ddônt i wybod eu bod yn feichiog. Mae'r posterï'n nodi manylion cyswllt lleol.
3. Mae'r rhan fwyaf o'r timau'n cynnal sesiynau galw heibio yn ystod yr wythnos sy'n rhoi cyfle uniongyrchol i fenywod weld eu bydwraig.
4. Mae pob menyw ôl-enedigol yn derbyn cerdyn maint cerdyn credyd wrth adael gofal cymunedol sy'n ei hysbysu y gall gysylltu'n uniongyrchol â'i bydwraig os bydd yn beichiogi eto. Mae'r cerdyn yn cynnwys manylion cyswllt ei bydwraig leol.
5. Mae gan bob tîm ganolfan weladwy yn y gymuned leol.

BWRDD IECHYD PRIFYSGOL CAERDYDD A'R FRO

Cyfraddau Toriadau Cesaraidd

Cyfradd toriadau cesaraidd bresennol Bwrdd Iechyd Caerdydd a'r Fro yw 21.99%, a dyma'r isaf yng Nghymru. Mae'r clinigwyr sy'n gweithio yn y gwasanaethau mamolaeth yn falch iawn o'r gyfradd hon, ac wedi ymrwymo nid yn unig i gadw'r gyfradd o dan 25%, sef targed Llywodraeth Cymru, ond hefyd ei lleihau ymhellach.

Un o'r rhesymau pwysicaf am y llwyddiant hwn yw'r gwaith tîm amlddisgyblaethol rhagorol sydd wedi datblygu diwylliant lle mae genedigaeth normal yn cael ei hystyried yn fesur o uned famolaeth lwyddiannus. Mae gofal menywod yn hollbwysig gydol eu beichiogrwydd a'r geni, ac maent yn derbyn cymorth i gael genedigaeth normal lle bo hynny'n bosibl.

Mae'r adran famolaeth yn cynnwys Uned o dan Arweiniad Bydwragedd lewyrchus, lle mae menywod â beichiogrwydd risg isel yn cael eu hannog i ddefnyddio'r pyllau geni wrth esgor. Mae gan fydwragedd sy'n gweithio yn yr uned hon brofiad helaeth o ofalu am fenywod adeg geni, ac mae'r ffaith hon wedi cyfrannu'n fawr at y gyfradd isel o doriadau cesaraidd.

Mae diogelwch menywod a'u babanod yn hollbwysig, ac mae'r Obstretyddion a'r Bydwragedd yn derbyn hyfforddiant trylwyr er mwyn sicrhau bod ganddynt y sgiliau i reoli esgor risg uchel, yn enwedig wrth ddehongli a monitro calon y ffetws, sy'n allweddol bwysig wrth leihau nifer y toriadau cesaraidd. Mae cyflwyno monitro STAN (dadansoddiad ST o ECG y ffetws) wedi darparu gwybodaeth ychwanegol am gyflwr y ffetws er mwyn penderfynu a oes angen ymyrraeth obstetrig; yn ei thro mae'r wybodaeth hon yn helpu'r clinigwr i wneud y penderfyniad cywir ar yr amser cywir. Mae monitro STAN yn ffactor amlwg wrth gadw cyfraddau toriadau cesaraidd yn isel.

Mae gwasanaeth Fersiwn Seffalig Allanol yn cael ei gynnig i fenywod sydd â babi peniwaered. Mae newid safle'r babi fel bod ei ben am i lawr yn lleihau'r angen am doriad cesaraidd. Mae menywod sydd wedi cael toriad cesaraidd yn y gorffennol yn cael eu cwmsela a'u cefnogi i ystyried geni gweiniol ar ôl genedigaeth gesaraidd (VBAC), lle bo hynny'n glinigol briodol. Gall y grŵp hwn o fenywod osgoi toriad cesaraidd arall ar gyfer eu genedigaeth bresennol a genedigaethau'r dyfodol.

Mae'r holl arferion hyn yn cyfrannu at gadw cyfraddau toriadau cesaraidd o dan 25% a'r bwriad yw cynnal rhagor o fentrau i leihau'r gyfradd bresennol ymhellach.

BWRDD IECHYD CWM TAF

Gwybodaeth Mamolaeth

Mae'r System Technoleg Gwybodaeth Mamolaeth (MITS) yn becyn adrodd cadarn ar ystadegau mamolaeth a ddatblygwyd yn sgil partneriaeth agos ac effeithiol rhwng gwasanaethau mamolaeth a gwasanaethau TG Bwrdd Iechyd Cwm Taf. Mae'r wybodaeth a gesglir yn hwyluso prosesau meincnodi ledled y bwrdd iechyd ac yn darparu data cadarn ar gyfer clinigwyr er mwyn: monitro gweithgarwch misol (gan gynnwys gweithgarwch y tu allan i'r ardal), lefelau gweithgarwch prosiectau, cynllunio gwasanaethau, gyda'r gallu i wneud y system yn fwy lleol a gwneud newidiadau yn ôl yr angen ar sail anghenion gwasanaeth/archwilio ac ati. Bydd MITS yn allweddol i ddarparu'r wybodaeth sydd ei hangen gan Lywodraeth Cymru yn erbyn y Dangosyddion Canlyniadau a Mesurau Perfformiad Mamolaeth.

Cyfranogiad Defnyddwyr

Sefydlwyd Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC) Cwm Taf ym mis Medi 2010. Bu datblygiadau mawr yng ngwasanaethau mamolaeth Cwm Taf dros y flwyddyn neu ddwy ddiwethaf. Mae'n dda nodi bod MSLC wedi bod yn rhan o'r datblygiadau hyn, a'i fod wedi ysgogi rhai o'r newidiadau a'r gwelliannau.

Dyma'r prif feysydd y mae'r MSLC wedi canolbwyntio arnynt a'u datblygu:

- Trosglwyddo'r Clinig Beichiogrydd Cynnar o'r ward gynenedigol i'r ward gynaeoleg yn RGH a PCH.
- Erbyn hyn, gall tadau yn cael aros ar y ward gyda menywod sy'n rhoi genedigaeth ar ôl oriau ymweld.
- Hybu a hyrwyddo bwydo ar y fron ymysg bydwagedd.
- Gwerthusiad o ofal wedi'i ddiweddarau ac yn gyson ledled y bwrdd iechyd bellach.
- Creu mewnwyd ar gyfer gweithwyr gofal iechyd proffesiynol sy'n arwain y ffordd i wefan ar gyfer menywod beichiog a rhieni newydd.

BWRDD IECHYD HYWEL DDA

Bydwreigiaeth Normal

Mae Bwrdd Iechyd Hywel Dda wedi cyflwyno Llwybr drwy Wasanaethau Bydwreigiaeth Normal. Mae'r llwybr yn seiliedig ar dystiolaeth ac yn helpu bydwagedd i gynllunio a darparu gofal ar gyfer menywod risg isel gydol y cyfnod cynenedigol, y geni a'r cyfnod ôl-enedigol. Mae'r llwybr yn annog gweithwyr iechyd proffesiynol i wneud i 'Bob Cyswllt Gyfrif' er mwyn dylanwadu'n gadarnhaol ar yr agenda hybu iechyd ar gyfer menywod a'u teuluoedd. Mae egwyddorion allweddol yn cael eu sefydlu ar hyd taith y fenyw, ac mae modd cytuno ar gynlluniau gofal unigol mewn partneriaeth â menywod. Nod y llwybr yw hyrwyddo normalrwydd, atgyfeirio fel sy'n briodol, paratoi, cynghori a chefnogi menywod gydol eu cyfnod gofal. Mae'r ddogfen yn cynnwys hyperddolenni fel bod gweithwyr iechyd proffesiynol yn gallu cael gafael ar dystiolaeth i gefnogi eu penderfyniadau. Mae'n llwybr cynhwysfawr sy'n sicrhau

cysondeb, yn lleihau dyblygu ymdrechion ac yn sicrhau nad yw menywod yn derbyn cyngor anghyson.

BWRDD IECHYD POWYS

Cynnig profiad o wasanaethau cymunedol i fyfyrwyr

Yn ddiweddar, mae Gwasanaethau Mamolaeth Powys wedi croesawu tri myfyriwr bydwreigiaeth o'r Almaen a chwiliodd am 'eni yn y cartref' a 'chanolfan eni' ar Google, a gweld mai Powys oedd un o'r ardaloedd lle roedden nhw'n debygol o gael profiad o'r ddau faes, sy'n anghyffredin yn yr Almaen. Roeddent hefyd yn awyddus i ddod i'r DU i gael profiad o Fydweigiaeth Brydeinig. Cawsant brofiad o reoli llwyth achosion, hyrwyddo geni normal (yn enwedig mewn lleoliad cymunedol) a darparu gofal cynenedigol cynhwysfawr ar gyfer pob menyw mewn llwyth achosion. Roedd hyn yn cynnwys paratoi menywod i roi genedigaeth drwy addysg gynenedigol a chynlluniau geni, a darparu cyfleuster ar alwad ar gyfer menywod risg isel sy'n rhoi genedigaeth ym Mhowys naill ai yn y cartref neu yn un o'r canolfannau geni. Cyfrannodd y myfyrwyr at ddarparu gofal esgor a geni normal. Cawsant gyfle hefyd i arsylwi ar ofal ôl-enedigol ar gyfer holl fenywod y llwyth achosion, a oedd yn canolbwyntio ar ymweliadau â'r cartref, cymorth gyda bwydo ar y fron, sgrinio babanod newydd-anedig a chymorth lles emosiynol cyn arsylwi ar y broses o drosglwyddo i'r tîm ymwelwyr iechyd.

Yn ogystal â chael profiad o reoli llwyth achosion yn y gymuned, roedd cyfle i'r myfyrwyr fynychu grwpiau cymorth lleol a sioeau teithio cynenedigol. Cawsant eu hannog hefyd i gyfrannu at y broses Gweddnewid Gofal a gwella egwyddorion ansawdd. Tra oedd y myfyrwyr gyda ni, trefnwyd iddynt fynychu achos brys Obstetrig deuddydd yn y cwrs cymunedol. Aeth y tri myfyriwr ati i werthuso'r lleoliad yn dda, ac roeddent wedi'u cyffroi gan y genedigaethau a welsant a oedd yn rhoi rhyddid i fenywod roi genedigaeth mewn safle o'u dewis, gan gynnwys rhoi genedigaeth ar eu pedwar gyda chymorth y fydwraig drwy'r amser, gan leihau'r angen am feddyginiaeth lleddfau poen fferyllol.

Nodiadau Cyfarfodydd y Bwrdd Perfformiad Mamolaeth Gwanwyn 2013

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg – Dydd Llun 25 Mawrth

1. Data Perfformiad

i. Cyfraddau toriadau cesaraidd:

Ebrill 2013 – 24.1%

Mae cyfraddau toriadau cesaraidd o dan 25%. Er mwyn gwella cyfraddau ymhellach, mae'r Bwrdd Iechyd yn awyddus i ystyried sut mae'n gallu cynyddu cyfraddau genedigaethau normal. Bydd yn astudio ei ystadegau yn fwy trylwyr ac yn adrodd yn ôl yng nghyfarfod y Bwrdd Perfformiad ym mis Hydref.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynol erbyn bod yn feichiog am 10 wythnos:

Ebrill 2013 - 50–60% wedi'u gweld cyn pen 10 wythnos

Roedd y Bwrdd Iechyd wedi pennu targed blaenorol o 12 wythnos, ond mae'n awyddus i ystyried sut i wella gwasanaethau a chanolbwyntio ar 10 wythnos o feichiogrwydd.

Bydd yn adrodd ar gynnydd yng nghyfarfod y Bwrdd Perfformiad ym mis Hydref.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Nid yw'r Bwrdd Iechyd yn gallu adrodd ar hyn ar hyn o bryd.

Mae'r fydwaig yn cofnodi a oes gan fenyw unrhyw un o'r 5 problem iechyd meddwl benodol, ond nid yw'n gallu cofnodi cynlluniau gofal.

Cytunwyd y byddai Penaethiaid Bydwreigiaeth a Llywodraeth Cymru yn trafod sut i gofnodi ac adrodd ar hyn yn y dyfodol.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Ebrill 2013 – Roedd y lefel foddhad gyffredinol yn 90%.

Bydd y Bwrdd Iechyd yn defnyddio'r dull Cymru gyfan ar ôl iddo gael ei gyhoeddi fel holiadur, a bydd angen gofyn i bob menyw sy'n rhoi genedigaeth a yw'n dymuno cwblhau'r holiadur.

Mae'r Bwrdd Iechyd hefyd yn sicrhau bod adborth gan ddefnyddwyr yn cael ei gyhoeddi ar ei gyfrifon Twitter a Facebook.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamdefnyddio sylweddau:

Ebrill 2013 – Gan mai gwybodaeth newydd yw hon ar gais Llywodraeth Cymru, mae'r data yn anghyflawn nes bod systemau electronig wedi'u diwygio i helpu i'w chasglu.

Ysmegu

Ar hyn o bryd, mae'r Bwrdd Iechyd yn cofnodi nifer y menywod sy'n cael eu hatgyfeirio, ond nid nifer y menywod sy'n rhoi gorau i ysmegu.

Magu pwysau

Bydd angen newid o ran ymarfer er mwyn pwyso menywod ar ddiwedd eu beichiogrwydd i weld pa mor effeithiol yw negeseuon bwytan iach.

Camdefnyddio alcohol a sylweddau

Cofnodir hyn ar ddechrau'r beichiogrwydd ond nid ar y diwedd.

2. Casglu Data

Mae angen datrys materion yn ymwneud â gwybodeg wrth gofnodi problemau iechyd meddwl.

3. Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC)

Mae'r pwyllgor yn gweithio'n dda ac yn adrodd bob blwyddyn i'r Bwrdd mewn adroddiad blynyddol. Mae cyfleoedd hyfforddi wedi'u cynnig i aelodau ac mae cynrychiolwyr wedi sefydlu is-grwpiau i ystyried materion penodol, e.e. marw-enedigaeth.

4. Staffio

Bydwreigiaeth

Cydymffurfio â Birthrate Plus.

Meddygol

Nid yw'n cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

Mae'r Bwrdd Iechyd yn aros am ganlyniad Rhaglen y De ac effaith yr ad-drefnu ar fodloni'r gofynion ar gyfer presenoldeb meddygon ymgynghorol. Mae'r broses o ddadansoddi'r gweithlu yn mynd rhagddi ar hyn o bryd fel rhan o raglen y De.

Adolygir y sefyllfa hon yng nghyfarfod y Bwrdd Perfformiad yn yr hydref, a fydd yn egluro lefel y staff meddygol sydd ei hangen i fodloni safonau Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

ANEURIN BEVAN – Dydd Mercher 27 Mawrth

1. Data Perfformiad

i. Cyfraddau toriadau cesaraidd:

Ebrill – 29.7%

Gan fod y cyfraddau yn uwch na 25%, mae'r Bwrdd Iechyd wedi dechrau edrych ar ffigurau misol a dadansoddi pob uned famolaeth ar wahân. Bydd yn adrodd ar gynnydd yng nghyfarfod y Bwrdd Perfformiad ym mis Hydref.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynol erbyn bod yn feichiog am 10 wythnos:

Nid oedd unrhyw ddata ar gael gan nad yw'r system electronig yn gallu ei gasglu. Fodd bynnag, mae'r Bwrdd Iechyd yn datgan ei fod wedi ymrwmo i gasglu'r data yn y dyfodol drwy ddefnyddio'r system Evolution/Protos. Bydd yn adrodd ar gynnydd yng nghyfarfod y Bwrdd Perfformiad ym mis Hydref.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Ychydig o ddata sy'n cael ei gasglu ar hyn o bryd. Cytunwyd y byddai Penaethiaid Bydwreigiaeth a Llywodraeth Cymru yn trafod sut i gofnodi ac adrodd ar hyn yn y dyfodol.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Bydd y Bwrdd Iechyd yn defnyddio'r dull Cymru gyfan ar ôl iddo gael ei gyhoeddi fel holiadur, a bydd angen gofyn i bob menyw sy'n rhoi genedigaeth a yw'n dymuno cwblhau'r holiadur.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau:

Ysmegu

Erbyn hyn, mae bydwreagedd yn derbyn hyfforddiant gorfodol ar roi'r gorau i ysmegu. Mae angen cofnodi data ar ddiwedd beichiogrwydd.

Magu pwysau

Bydd angen newid o ran ymarfer er mwyn pwysu menywod ar ddiwedd eu beichiogrwydd i weld pa mor effeithiol yw negeseuon bwyta'n iach.

Camddefnyddio alcohol a sylweddau

Cofnodir hyn ar ddechrau'r beichiogrwydd ond nid ar y diwedd.

2. Casglu Data

Mae grŵp Gorchwyl a Gorffen wrthi'n ystyried sut i wella prosesau cipio data ar gyfer menywod sy'n rhoi genedigaeth yn Ysbyty Nevill Hall.

Mae defnyddio *digi-pens* yn cael ei ystyried gan nad yw bydwragedd cymunedol yn gallu defnyddio systemau mamolaeth o bell.

3. Pwyllgor Cyswilt Gwasanaethau Mamolaeth (MSLC)

Mae'r MSLC wrthi'n cael ei ddatblygu, ond mae cynnydd addawol wedi'i wneud. Mae trafodaethau'r cyfarfodydd yn gysylltiedig â Gweithredu'r Strategaeth Famolaeth ac mae'r pwyllgor yn gweithio ar sut i hyrwyddo'r MSLC ymhellach h.y. gwefan, cyfeiriad e-bost cyffredinol.

4. Staffio

Bydwreigiaeth

Cydymffurfio â Birthrate Plus.

Meddygol

Cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

Mae hyfforddiant Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr wedi'i adolygu, ac mae lefelau hyfforddiant gwahanol bellach yn cael eu darparu ar gyfer staff ar raddfeydd gwahanol. Mae canran y staff sy'n manteisio ar hyfforddiant wedi cynyddu o 60% y llynedd i 90% yn 2013.

POWYS – Dydd Iau 28 Mawrth

1. Data Perfformiad

Gan nad oes gan y Bwrdd lechyd system electronig ar gyfer gwybodaeth mamolaeth, ychydig iawn o ddata cywir sydd ar gael.

Dywedodd y Bwrdd lechyd ei fod yn aros i Wasanaethau Gwybodaeth GIG Cymru (NWIS) sefydlu System Famolaeth Myrddin. Cytunodd y Prif Swyddog Nyrsio i siarad â NWIS er mwyn cyflymu'r broses hon.

i. Cyfraddau toriadau cesaraidd:

Yn amrywio o 13% i 45% (achosion brys yn unig)

Mae unrhyw fenyw sydd angen ymyrraeth wrth esgor yn cael ei throsglwyddo y tu allan i Bowys i ysbyty cyffredinol dosbarth. Fodd bynnag, er mwyn cefnogi genedigaethau normal, mae sesiynau genedigaeth weithredol wedi'u cyflwyno, ac mae bydwragedd yn trafod geni gweiniol ar ôl genedigaeth gesaraidd (VBAC) â phob menyw sydd wedi cael toriad cesaraidd yn y gorffennol yn ystod apwyntiad cyntaf ei beichiogrwydd dilynol.

Mae'r gyfradd genedigaethau normal ym Mhowys yn 96%.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynnol erbyn bod yn feichiog am 10 wythnos:

Mae pob menyw yn cael ei gweld cyn pen 12 wythnos ar hyn o bryd, ac mae cynlluniau ar waith i sicrhau asesiad cychwynnol cyn pen 10 wythnos, er nad yw'r system gipio data ar waith eto.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Mae yna gysylltiadau cryf rhwng gwasanaethau mamolaeth a gwasanaethau iechyd meddwl, ond mae'n anodd mesur y cysylltiad oherwydd absenoldeb system electronig i gipio data.

Bydd cipio data yn cael ei ystyried wrth gyflwyno System Famolaeth Myrddin.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Mae'r holiadur presennol yn cynnwys graddfa foddhad 1-10, a dewisodd 95% raddfa 5 neu uwch.

Bydd y Bwrdd lechyd yn defnyddio'r dull Cymru gyfan ar ôl iddo gael ei

gyhoeddi fel holiadur, a bydd angen gofyn i bob menyw sy'n rhoi genedigaeth a yw'n dymuno cwblhau'r holiadur.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau:

Ysmegu

Mae gwasanaethau cyfredol sy'n helpu menywod i roi'r gorau i ysmegu, alcohol, camddefnyddio sylweddau a rheoli pwysau yn defnyddio rhif ffôn wedi'i gelu i gysylltu â nhw, felly mae menywod yn annhebygol o ateb yr alwad ffôn. Mae'r mater hwn yn cael ei drafod er mwyn canfod atebion.

Magu pwysau

Bydd angen newid ymarfer er mwyn pwysu menywod ar ddiwedd eu beichiogrwydd. Mae system wedi'i sefydlu i fesur pwysau yn y 3ydd tymor.

Camddefnyddio alcohol a sylweddau

Cofnodir hyn ar ddechrau'r beichiogrwydd ond nid ar y diwedd. Mae Kaleidoscope (tîm camddefnyddio sylweddau Powys) yn cofnodi atgyfeiriadau yn hytrach nag achosion o roi'r gorau i gamddefnyddio sylweddau.

2. Casglu Data

Mae angen gwneud llawer o waith i sicrhau bod system famolaeth Myrddin yn cynhyrchu data. Fodd bynnag, disgwylir y bydd data ar gael yng nghyfarfod y Bwrdd Perfformiad Mamolaeth yn yr hydref.

3. Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC)

Er bod y pwyllgor yn weithredol, mae'r dosbarthiad daearyddol yn golygu bod cynnal cyfarfodydd yn gryn her. Defnyddir y system e-bost i gynnal trafodaethau ar hyn o bryd, a threfnir cyfarfod wyneb yn wyneb unwaith y flwyddyn.

Cyflwynwyd adroddiad blynyddol MSLC i'r Bwrdd yn 2012.

4. Staffio

Cydymffurfio â Birthrate Plus.

Mae system o obstetryddion ymweld ar waith.

CWM TAF – Dydd Mawrth 2 Ebrill

1. Data Perfformiad

i. Cyfraddau toriadau cesaraidd:

Ebrill 2013 – 37%:

Dywedodd y Bwrdd Iechyd fod llythyrau'n cael eu hanfon at rieni ar ôl toriad cesaraidd yn eu hysbysu y gallant gael genedigaeth normal os ydynt yn feichiog yn y dyfodol. Mae bydwaig yn trafod hyn gyda phob menyw yn dilyn toriad cesaraidd.

Awgrymodd y Bwrdd fod cysylltiad yn rhannol rhwng cyfraddau uchel â iechyd cyffredinol gwael y boblogaeth.

Mae'r Bwrdd wrthi'n datblygu dull safonol sy'n seiliedig ar dystiolaeth o gynllunio gofal a'r broses o wneud penderfyniadau, a bydd cyfarfod nesaf y Bwrdd perfformiad yn yr hydref yn ystyried y mater hwn.

ii. **Cyfran y menywod sydd wedi cael asesiad cychwynnol erbyn bod yn feichiog am 10 wythnos:**

Nid yw'r data hwn gan y Bwrdd Iechyd ar hyn o bryd. Fodd bynnag, mewn sawl ardal, mae bydwragedd yn gweld menywod beichiog yn syth gan fod staff derbynfa meddygon teulu yn rhoi rhif ffôn y fydwaig yn hytrach na threfnu apwyntiad â'r meddyg teulu.

Gofynnwyd i'r Bwrdd Iechyd gyflwyno data yng nghyfarfod nesaf y Bwrdd Perfformiad yn yr hydref.

iii. **Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:**

Nid oedd y data ar gael gan fod hwn yn ofyniad newydd.

Gofynnwyd i'r Bwrdd Iechyd gyflwyno data yng nghyfarfod nesaf y Bwrdd Perfformiad yn yr hydref.

iv. **Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:**

Mae'r Bwrdd Iechyd yn defnyddio holiadur cyfredol ac mae clinigwyr ac uwch fydwragedd yn gweld y canlyniadau a'u defnyddio i drafod sut i wella gwasanaethau.

Bydd y Bwrdd Iechyd yn defnyddio'r dull Cymru gyfan ar ôl iddo gael ei gyhoeddi fel holiadur, a bydd angen gofyn i bob menyw sy'n rhoi genedigaeth a yw'n dymuno cwblhau'r holiadur.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau:

Mae hyfforddiant ar garbon monocsid bellach yn orfodol ar gyfer bydwragedd. Mae tua 26% o'r menywod beichiog yng Nghwm Taf yn ysmegu ar ddechrau eu beichiogrwydd.

Mae gan gyfran uchel o fenywod Fynegai Màs y Corff uchel. Caiff menywod eu pwyso mewn clinigau cynnedigol, ac mae rhai'n cael eu hatgyfeirio i Slimming World.

2. Casglu Data

Mae system TG bwrpasol ar waith sy'n gallu dadansoddi ystadegau fesul tîm. Bydd angen cynnwys meysydd data newydd er mwyn casglu data ar berfformiad.

3. Pwyllgor Cyswilt Gwasanaethau Mamolaeth (MSLC)

Cynhelir y cyfarfodydd yn y Gogledd a'r De am yn ail, ond mae presenoldeb yn anghyson ac mae'n haws dod o hyd i ddefnyddwyr sydd am ymuno â'r MSLC sydd wedi cael profiad gwael.

Mae llawer o grwpiau cyfeillion cefnogol bwydo ar y fron i'w cael.

4. Staffio:

Bydwreigiaeth

Cydymffurfio â Birthrate Plus.

Meddygol

Nid yw'n cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

Mae'r Bwrdd Iechyd yn aros am ganlyniad Rhaglen y De ac effaith yr ad-drefnu ar fodloni'r gofynion ar gyfer presenoldeb meddygon ymgynghorol. Mae'r broses o ddadansoddi'r gweithlu yn mynd rhagddi ar hyn o bryd fel rhan o raglen y De.

Adolygir y sefyllfa hon yng nghyfarfod y Bwrdd Perfformiad yn yr hydref, a fydd yn egluro lefel y staff meddygol sydd ei hangen i fodloni safonau Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

CAERDYDD A'R FRO – 2 Ebrill

1. Data Perfformiad

i. Cyfraddau toriadau cesaraidd:

Ebrill 2013 – 19% (yn is na 25% yn gyson gan gynnwys menywod risg uchel o ardaloedd eraill)

Defnyddir dangosfwrdd i fonitro cyfraddau bob mis o hyd.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynnol erbyn bod yn feichiog am 10 wythnos:

Nid oes data electronig ar gael eto ar gyfer y mesur hwn. Erbyn hyn, mae posteri'n cael eu defnyddio mewn clinigau i hyrwyddo mynd at fydwraig yn gynnar, sy'n cynnwys rhifau cyswllt bydwagedd.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Nid oes unrhyw ddata ar gael eto. Bydd y Bwrdd Iechyd yn adrodd ar gynnydd yng nghyfarfod nesaf y Bwrdd Perfformiad.

Mae meddyg ymgynghorol sydd â diddordeb mewn iechyd meddwl amenedigol yn ystyried cymryd yr awenau.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Yn defnyddio'r arolwg '2 funud o'ch amser' ar hyn o bryd.

Bydd y Bwrdd Iechyd yn defnyddio'r dull Cymru gyfan ar ôl iddo gael ei gyhoeddi fel holiadur, a bydd angen gofyn i bob menyw sy'n rhoi genedigaeth a yw'n dymuno cwblhau'r holiadur. Mae'r MSLC wedi ymrwymo i gwblhau'r arolwg Cymru gyfan gyda chleifion.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau (Bydd angen cymharu % oed menywod a oedd yn ysmegu, yn yfed mwy na 5 uned, â Mynegai Màs y Corff dros 30 ac yn camddefnyddio sylweddau a mesur 5)

Bydd 'Euroking', y system famolaeth electronig newydd, yn gallu casglu data ar ysmegu, ac mae bydwagedd yn defnyddio teclynnau monitro carbon monocsid bellach.

Mae data ar gamddefnyddio sylweddau ar gael yn fwy rhwydd oherwydd bod gan Gaerdydd a'r Fro fydwraig arbenigol.

Mae cynlluniau ar waith i ail-bwysu menywod ar ôl 36 wythnos.

2. Casglu Data:

Cyflwynir system famolaeth 'Euroking' yn y Bwrdd Iechyd ym mis Gorffennaf, ac mae'r sefydliad wedi ymrwmo i weithio gyda Bwrdd Iechyd Caerdydd a'r Fro i ysgrifennu rhaglenni addas er mwyn casglu data cywir. Bydd cynllun gweithredu 3 mis yn cael ei roi ar waith.

Mae bwriad i dreialu *digi-pens* ar gyfer bydwagedd cymunedol hefyd.

3. Pwyllgor Cyswilt Gwasanaethau Mamolaeth (MSLC)

Mae'r Cylch Gorchwyl wedi'i ail-ysgrifennu'n ddiweddar, ac mae staff mamolaeth Caerdydd a'r Fro yn cefnogi'r MSLC ac yn hyrwyddo'r gwaith o sefydlu 'Grwpiau Mamau' mewn cymunedau er mwyn cyrraedd grwpiau mwy anodd eu cyrraedd.

4. Staffio

Bydwreigiaeth

Nid yw'n cydymffurfio â Birthrate Plus adeg cyfarfod y Bwrdd Perfformiad, ond wedi ymrwmo i fynd i'r afael â'r mater hwn erbyn mis Mehefin. Mae Llywodraeth Cymru wedi cael cadarnhad bellach bod y Bwrdd wedi penodi rhagor o fydwagedd ac yn cydymffurfio â Birthrate Plus.

Meddygol

Nid yw'n cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

Mae'r Bwrdd Iechyd yn aros am ganlyniad Rhaglen y De ac effaith yr ad-drefnu ar fodloni'r gofynion ar gyfer presenoldeb meddygon ymgynghorol. Mae'r broses o ddadansoddi'r gweithlu yn mynd rhagddi ar hyn o bryd fel rhan o raglen y De.

Adolygir y sefyllfa hon yng nghyfarfod y Bwrdd Perfformiad yn yr hydref, a fydd yn egluro lefel y staff meddygol sydd ei hangen i fodloni safonau Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

BWRDD IECHYD PRIFYSGOL BETSI CADWALADR – 18 Ebrill

1. Data Perfformiad

Nid oes gan y Bwrdd Iechyd unrhyw system famolaeth electronig, felly mae'n rhaid edrych drwy'r Cofnod Mamolaeth Llaw er mwyn dod o hyd i'r data.

i. Cyfraddau toriadau cesaraidd:

Ebrill 2013 - 26%

Mae'r cyfraddau cyffredinol yn 26%, ond mae gwahaniaethau mawr rhwng y 3 safle, gyda chyfradd o 30% yn Ysbyty Glan Clwyd.

Er bod rhai agweddau ar y Pecyn Toriadau Cesaraidd wedi'u cyflwyno, mae angen gwneud rhagor o waith er mwyn deall y cyfraddau uchel. Disgwylir i'r Bwrdd Iechyd adrodd ar gynnydd yng nghyfarfod y Bwrdd Perfformiad yn yr hydref.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynnol erbyn bod yn feichiog am 10 wythnos:

Ar hyn o bryd, mae 80% o fenywod yn cael eu gweld cyn pen 10 wythnos, ac mae gan tua 90% fynediad uniongyrchol at fydwraig – y ganran uchaf yng Nghymru.

Mae cardiau cyswllt bydwragedd yn cael eu rhoi mewn meddygfeydd a chanolfannau hamdden, ac mae talebau ar gyfer cyfleoedd ymarfer corff ar gael i fenywod beichiog yn Ynys Môn.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Mae strategaeth wrthi'n cael ei datblygu i sicrhau bod menywod yn cael eu hatgyfeirio er mwyn cynllunio eu gofal. Mae mesur dros dro i gasglu data yn cael ei weithredu drwy lenwi ffurflenni papur adeg y geni.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Mae hanesion cleifion yn cael eu bwydo i adroddiad Ansawdd a Diogelwch, ac mae'r MSLC wedi cyfrannu at strategaeth foddhad Cymru gyfan.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau:

Mae strategaeth les sy'n canolbwyntio ar ysmegu a gordewdra yn ystod mamolaeth wedi bod ar waith ers 18 mis.

Dim ond 3.1% yw cyfradd llwyddiant effeithiolrwydd rhoi'r gorau i ysmegu.

Mae'r Bwrdd Iechyd wedi prynu cloriannau bariatrig yn ddiweddar er mwyn pwyso menywod yn fwy cywir.

2. Casglu Data

Mae data'n dal i gael ei gasglu â llaw, sy'n llyncu amser bydwagedd ac yn llai cywir na systemau electronig.

Gofynnwyd i'r Bwrdd Iechyd sicrhau ei bod yn gwella'r sefyllfa hon erbyn cyfarfod y Bwrdd Perfformiad yn yr hydref.

3. Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC)

Mae yna ymrwymiad i gynnal cyfarfodydd mewn ardaloedd canolog, gorllewinol a dwyreiniol yn eu tro, ac mae hyfforddiant 'Lleisiau' wedi'i gynnal ar gyfer defnyddwyr.

4. Staffio

Bydwreigiaeth

Cydymffurfio â Birthrate Plus.

Meddygol

Yn cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr ar hyn o bryd, ond oherwydd newid mewn gwasanaethau, bydd angen 60 o oriau meddyg ymgynghorol yn Wrecsam cyn bo hir.

Adolygir y sefyllfa hon yng nghyfarfod y Bwrdd Perfformiad yn yr hydref.

HYWEL DDA – Dydd Gwener 7 Mehefin

1. Data Perfformiad

i. Cyfraddau toriadau cesaraidd – Ebrill 2013 - 32%

Mae cyfraddau toriadau cesaraidd yn uchel yng Ngheredigion o ystyried nifer y genedigaethau. Mae'r Bwrdd Iechyd wrthi'n gweithio gyda mamau i ddewis VBAC.

ii. Cyfran y menywod sydd wedi cael asesiad cychwynnol erbyn bod yn feichiog am 10 wythnos:

Mae'r rhan fwyaf o fenywod yn cael eu gweld cyn pen 12 wythnos, ond nid yw'r data hwn yn cael ei gofnodi ar ffurf electronig eto.

iii. Cyfraddau'r menywod sydd â chyflyrau iechyd meddwl ar hyn o bryd ac sydd â chynlluniau gofal:

Ni chofnodir unrhyw ddata ar hyn o bryd.

iv. Canran y menywod a'u partneriaid a ddywedodd fod y gwasanaethau mamolaeth wedi'u trin yn dda:

Nododd y Bwrdd Iechyd fod canran uchel iawn o fenywod wedi dweud eu bod yn cael eu trin yn dda – er nad oedd unrhyw ddata ar gael (cyfradd ymateb 72%).

Rhoddir 'Fy Nyddiadur' i bob claf sy'n aros yn yr ysbyty, sy'n canolbwyntio mwy ar drin cleifion yn dda.

v. Cyfraddau'r menywod wnaeth roi'r gorau i ysmegu, stopio yfed mwy na 5 uned o alcohol, na wnaeth fagu mwy o bwysau na'r hyn a argymhellir, neu a stopiodd gamddefnyddio sylweddau:

Nid oes unrhyw ddata ar gael. Oherwydd cyfraddau gordewdra uchel, mae'r Bwrdd wedi pennu ei dargedau ei hun ar gyfer lleihau'r cyfraddau.

2. Casglu Data

Mae modiwl Mamolaeth Myrddin yn cael ei ddefnyddio yn y tair uned, ac mae gwaith yn cael ei wneud i atal dyblygu cofnodion data.

3. Pwyllgor Cyswllt Gwasanaethau Mamolaeth (MSLC)

Problemau daearyddol – mae MSLC Hywel Dda wedi'i rannu'n ddau grŵp. Ceir presenoldeb da gan weithwyr proffesiynol. Cynhelir cyfarfodydd bob deufis.

4. **Staffio**

Bydwreigiaeth

Nid yw'r Bwrdd yn cydymffurfio â Birthrate Plus (tua phedair bydwraig yn brin), ond nododd y bydd yn cynnal adolygiad dros yr haf. Bydd y canlyniadau a'r cynllun gweithredu yn cael eu hadrodd i Lywodraeth Cymru.

Meddygol

Mae'r Bwrdd Iechyd yn cydymffurfio â safon Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio - Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer - Nurse Director NHS Wales



Llywodraeth Cymru
Welsh Government

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

27 November 2013

Dear Mr Millar

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

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

Yours sincerely

A handwritten signature in black ink that reads "Jean White".

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales



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UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS AUTUMN 2013

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MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

Background

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

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

Membership

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

Process

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

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

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

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

Frequency of Meetings

Twice a year.

Health Board Representatives

The Health Board will be represented by:

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

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – AUTUMN 2013

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

The CNO wrote and asked for evidence from all relevant organisations prior to the autumn meetings. Information was received from the Royal College of Midwives and two of the MSLCs.

Successes

- **Data Collection**

Whilst it remains a challenge to collect robust data we recognise that significant progress has been made to introduce new systems across all Health Boards. We are confident that by April 2014 all Health Boards will be able to collect data on all of the performance measures and indicators set by Welsh Government with the assistance of Public Health Wales. Once we have robust data sets this will enable a shift in focus to monitoring improvements in service provision.

A positive consequence from us collecting data is that the scale of the public health challenge is becoming clearer. This greater understanding of the problems is enabling Health Boards to consider the implementation of appropriate interventions to encourage healthy lifestyles.

- **Midwifery Workforce**

There continues to be safe staffing levels in midwifery services across all Health Boards. All are committed to maintaining compliance with the levels recommended through the Birthrate Plus acuity tool and regularly review their status. Only one Health Board in Wales is currently not compliant – Hywel Dda Health Board who is short 3.37 wte. The Health Board has plans in place to be compliant by the spring 2014 and currently uses Bank and Agency staff to maintain the right level.

Challenges

- **Caesarean section rates**

Caesarean section rates remain stubbornly high in many units. This is a complicated issue and improvement relies upon a multitude of factors not least an improvement in the general health of pregnant women and a shift in the culture of intervention which has developed in some areas.

- **Compliance with RCOG guidelines on Medical Consultant presence on Labour Ward**

Whilst all Health Boards report that their services operate safely, only Aneurin Bevan reports being RCOG compliant. Decisions around service reconfiguration are imminent and workforce plans will be addressed as part of this process.

**Notes of Maternity Performance Board Meetings
Autumn 2013**

Abertawe Bro Morgannwg University Health Board – 23 September

1. Performance Data

i. Caesarean section rates:

August 2013 – 26.8%

Caesarean section rates have been consistently higher than 25% since the previous performance board meeting. This is attributed to a culture of intervention which needs to be challenged. The Health Board has been tasked with transforming this culture in order to improve rates.

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

August 2013 – 50% seen by 10 weeks

The collection of these data is now more robust and the Health Board is continuing to work on improving this rate.

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

The Health Board is unable to report this at present.

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

The recording of this information continues to be a challenge. The health board is reviewing their processes and considering the use of 'digi-pens' to electronically capture data to reduce duplication and improve data collection.

Welsh Government expects to see better data at the 2014 performance board meetings and this will be discussed at the all Wales Heads of Midwifery Advisory Group in November.

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

August 2013 - Overall satisfaction level of 90%.

The Health Board collect their own data and have set a target of 95% satisfaction.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

These data are not yet collected in the Myrddin patient administration system and a change request has been submitted to NWIS. Three month data supplied by Child Health Department shows that the figure is 22% (between January and March 2013).

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

The Health Board is unable to record this information on their current system and has made a request to NWIS for a change in the Myrddin system. Welsh Government will raise this issue with NWIS.

Smoking

At present, the Health Board records the number of women who smoke and have been referred to cessation services but not the number of women who gave up.

Weight gain

Data collected by the Health Board shows that approximately 20% of the pregnant population has a BMI of over 30. The Health Board recognises this as an issue and is working to find effective interventions.

Alcohol and substance misuse

The Health Board is currently unable to collect robust data due to the current system. The data are currently collected manually by a substance misuse midwife.

Welsh Government is currently developing a business case for implementing motivational interviewing training for midwives. Motivational Interviewing techniques should give midwives the ability to discuss the above issues with pregnant women and encourage behaviour change.

2. Data Collection

Informatics issues need to be resolved in relation to the Myrddin system to enable Health Boards to collect robust data. The Health Board is seeking opportunities to introduce 'digi-pens' for midwives.

3. Maternity Services Liaison Committee (MSLC)

The committee continues to work well and the Health Board keeps the MSLC informed of issues of interest.

4. **Staffing**

Midwifery

Birth Rate Plus compliant.

Medical

Not RCOG standard compliant.

A plan is in place to raise consultant hours at Singleton Hospital. The Health Board does not use locum staff.

The Health Board continues to wait for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover.

ANEURIN BEVAN – 4 October

1. Performance Data

i. Caesarean section rates:

September – 23.9%

The high rates of Caesarean section are attributed to a culture of intervention within the health board and low rates of External Cephalic Version (ECV). The Health Board officers have visited Cardiff and Vale University Health Board to look at their practices and as a result will be introducing new CTG equipment in March 2014. In addition, trial Vaginal Birth After Caesarean (VBAC) clinics will be running from October 2013.

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

The Health Board has been unable to collect this data, however the MSLC has completed a piece of work to determine where women are seen for their initial assessment. They found that 100% of women went to their GP first. The Health Board is working with midwives and practices to ensure better promotion of direct access.

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

Data are not currently collected, however a referral is made to either a specialist midwife or the GP and the Health Board is confident that women are receiving appropriate care.

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

The Health Board started collecting data from patients in April 2013 using '2 minutes of your time'. The Health Board reports a challenge in collecting data from new mothers and agreed to use and report on the Welsh Government All Wales Service User Experience Survey at the next performance board meeting.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 26%. Work is underway to develop an antenatal pathway to encourage women to breastfeed.

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

Smoking

Data are not yet available on the percentage of women smoking at the end of pregnancy. The Health Board is currently piloting a smoking cessation scheme which, if successful, will be rolled out across their area. Data will be available at the next meeting.

Weight gain

This requires a change in practice and further investment in weighing scales. The Health Board is in the process of carrying out an audit and will take action to improve data collection in time for the next performance board meeting.

Alcohol and substance misuse

The Health Board employs a designated lead midwife in these areas. A recent health initiative promoting more open and honest responses from woman has shown more accurate data are being collected. A pilot is underway to help women understand their alcohol consumption.

The Health Board should be able to provide further data at the next meeting in the spring.

2. Data Collection

The Health Board has significantly improved its data collection and acknowledges the further work which is required. The MSLC has input on data collection issues also.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is developing and has good involvement with Health Board issues. They now have a Facebook page and use online tools. They have chosen specific issues to tackle such as parent-craft and access to water for labour and birth.

4. Staffing

Midwifery

Birth Rate Plus compliant

Medical

RCOG standard compliant.

POWYS – 7 October

1. Performance Data

The Health Board began using the Myrddin system from 1 October. It is acknowledged that there remain some gaps in the system. Welsh Government will continue to work with NWIS to resolve this.

i. Caesarean section rates:

July 2013 – 21%

All women who require any intervention in labour are transferred outside Powys to a district general hospital. The health board is in regular contact with the external DGHs on this issue.

The normal birth rate in Powys remains around 95%

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

All women are currently being seen by 12 weeks and work continues to ensure initial assessments by 10 weeks.

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

87% of women with an existing mental health condition had a plan in place.

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

The Health Board added the question to their own comment cards as of August 2013 and will use the all Wales approach once it has been issued.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 52% of the total population of babies in Powys, not separated by place of birth. Powys midwives offer home visits over a 24 hour period to help with breastfeeding.

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

Smoking

At present data are collected at the initial booking and on referrals but not at the end of pregnancy. The Health Board is working on improving data collection through the implementation of Myrddin.

Weight gain

Women are weighed at the start of their pregnancy but not at the end. The Health Board is currently investigating the implementation of a healthy diet scheme for women with a BMI over 35 with consideration given to low income families.

Alcohol and substance misuse

Data supplied by the Health Board includes both alcohol and substance misuse. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the cessation of misuse.

2. Data Collection

The Myrddin system went live on 1 October. While there are still some gaps in the system further improvements in data collection are anticipated at the next meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC has recently held its first video conference with good feedback from members. The development of a Facebook page is underway.

4. Staffing

Birth Rate Plus compliant.

A system of visiting obstetricians is in place.

CWM TAF – 8 November

Significant progress has been made by the Health Board in the collection of the data required.

1. Performance Data

i. **Caesarean section rates:**

April 2013 – 33.9%

An audit was taken of all caesareans which were carried out in April 2013 when the rate peaked at 37%. Work is underway to tackle the high rates. The Health Board is undertaking continuous audit of all inductions along with a birth environment audit. In addition a multi-disciplinary team is being developed to review requests for Caesareans, Midwife led VBAC clinics are being put in place and training in providing aromatherapy has been provided to midwives.

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

49.6% of women are currently seen before 10 completed weeks of pregnancy. The Health Board is currently targeting teams with low compliance to consider what actions need to be taken to improve early access.

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

Progress has been made in capturing data with further improvement planned for the next meeting. The Health Board has systems in place to enable midwives to refer women – usually to their GP for a care plan/review of existing plans. It was acknowledged that a copy of the care plan needs to be available in the notes for obstetric purposes.

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

The 2 maternity related questions will be added to the Health Board's own survey. Feedback on services is already gathered through this survey and care is improved based on feedback. One example of this is where visiting times for partners were changed.

v. **Proportion of babies exclusively receiving breast milk at 10 days after birth**

September 2013 – 23%. This data is provided from Child Health Department. More robust data will be available for the next meeting. The Health Board has invested in nursery nurses as part of the midwifery team to support and encourage women to breastfeed.

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

misuse:

Smoking

Rates of women smoking are high but there has been some progress in quit rates. Further improvements have been made to collect data which will be made available at the next meeting. The Health Board is working with Communities First and Public Health Wales (PHW) to support women to quit. CO monitors are being used – well received by mothers.

Alcohol

Midwives are increasing awareness around alcohol consumption and are recording data, however, at present there is no specialist midwife in post and there are no accurate data on women who have reduced their intake.

Weight

The Health Board report rates of around 29% of pregnant women with a BMI of over 30 at initial assessment. BMI is discussed with women to offer them support in healthy eating and exercise to support them to maintain a healthy weight gain in pregnancy. The Health Board also provides women with the 'Tommy's' healthy weight gain in pregnancy booklet. Data are not yet recorded on weight at the end of the pregnancy.

2. Data Collection

Significant progress has been made.

3. Maternity Services Liaison Committee (MSLC)

At present there is no chair in place, however, meetings are still going ahead which alternate between two sites within the Health Board area.

4. Staffing:

Midwifery

Birth Rate Plus compliant

Medical

Not RCOG standard compliant, however, labour ward is prioritised to ensure a safe service.. The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

CARDIFF AND VALE – 5 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 20.6%. The rate is consistently below 25% and includes high risk women from other Health Board areas. The Health Board's proportion of normal births is 65%

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

It is estimated that around 17% of women are being seen at 10 weeks although the majority of women are seen by 12 weeks. New systems are being implemented to increase direct access to a midwife within the community to address this. The provision of antenatal services is to be moved back out into the communities in order to promote early direct access to midwives.

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

The Health Board reported that data are not yet collected, however, with the introduction of the Euroking system it is hoped this will be available for the next meeting. The Health Board is in the process of appointing a perinatal mental health midwife and a lead obstetrician with mental health interest to ensure a pathway of referral and care is in place.

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

This information is not currently collected, however, it will be added to the standard questionnaire to ensure data are available for the next meeting. Work has been undertaken by the MSLC to encourage the collection of feedback by midwives on the Midwifery Led Unit.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 39.1%. The Health Board estimates a 70% initiation rate but many move to bottle feeding by day 10. The Health Board is considering initiatives to encourage women to continue breast feeding.

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

Smoking, Alcohol and Substance Misuse

The Health Board has some data starting in July 2013, when Euroking was introduced, however it is not robust enough to report any trend. More accurate

data will be available for the next meeting. A referral mechanism is in place to a specialist midwife for alcohol, smoking and substances.

Weight

Around 20% of women are recorded as having a BMI above 30%. Work is underway to introduce interventions and pathways of care are already in place for those women with a BMI above 35. Investment had been made in scales to allow midwives to weigh women at 36 weeks to enable the availability of more robust data.

2. Data Collection:

The Health Board implemented a new data collection system, Euroking, in July 2013. Ten weeks of data was available for this meeting. More robust data will be available for the spring 2014 meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC Chair reported good support from maternity services within the Health Board, particularly from midwifery services and from the Head of Midwifery. Meeting attendees include representation from gynaecology, obstetrics, Public Health Wales and midwifery at MSLC meetings. A Facebook page has also been started.

4. Staffing

Midwifery

Birth Rate Plus compliant.

Medical

Not RCOG standard compliant, plans are in place to relocate a Consultant from Llandough to UHW. Locum staffing are rarely used; locums are used that already work within the Health Board.

The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

1. Performance Data

i. Caesarean section rates:

September 2013 – 26%. The rate is skewed by the high rates in the central area of North Wales. A culture of intervention has been identified. Work is underway to address the high rate across the Health Board with targeted action at Ysbyty Glan Clwyd.

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

The rate of women seen by 10 completed weeks is high in Betsi Cadwaladr at around 70%. This reflects the work which has been put into engaging with GP practices. The Health Board continues audit the data to ensure the high rate is maintained and improved. Training has been provided for pharmacy staff in healthy lifestyles advice and in directing pregnant women to maternity services as early as possible.

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

The numbers of women with an existing mental health condition are very low and it is not clear whether the data are accurate or reflect under reporting by women. Women are referred to appropriate health care professionals but action needs to be taken to ensure the plan of care is available in the handheld records. The Health Board will provide more robust information at the next meeting.

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

The Health Board enjoys high rates of return of satisfaction surveys, at around 70%, with good feedback from mothers. A summary of the negative comments are fed back each month to midwives to enable improvements in service provision.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

Initiation rates are reported at around 80%, however, drop off is high with 10 day rates at 36%. The Health Board is considering ways to improve support in the community to promote the continuation of breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance:

Smoking

The percentage of women who smoked at the start of their pregnancy was 20% in September 2013. All midwives now use CO monitors and all have had some brief interventions training related to smoking. Accurate data are not available on quit rates, however, it is believed they are rising, Health Care Support Workers have been trained to support women who want to quit. Accurate data will be available for the spring 2014 meeting.

Alcohol

These data are not yet collected but should be available for the next meeting.

Substance Misuse

These data are collected at birth and the percentage of women who declare this is small. There is appropriate referral for all women and further improvement in capturing this data will be made for the next round of meetings.

Weight

Around a quarter of pregnant women have a BMI of over 30 at the start of their pregnancy. Data has been collected since May 2013 which shows that around half of all women gain more than the recommended weight. Dietetic support is used but the resource is not enough. There has been a lot of work developed to try and support women to maintain a healthy weight. An integrated pathway will be used from November 2013 with a training package to support midwives in discussing exercise and healthy eating.

2. Data Collection:

There has been a huge improvement in the collection of data, however, this is still being done manually by midwives.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is meeting regularly and uses video conferencing to address some of the geographical challenge. Encouraging women to breast feed will be the focus of some of their future work.

4. Staffing

Midwifery

Birth Rate Plus compliant.

Medical

This is a challenge on the Ysbyty Glan Clwyd site within the Health Board, however, consultants have been moved from other parts of the Health Board to ensure adequate cover. Locums are being used to backfill until such time as a permanent staffing solution can be found. [The situation is being monitored weekly at present.]

1. **Performance Data**

i. Caesarean section rates:

September 2013 – 27%. The Health Board is disappointed that their rate has not improved. This is partially due to the care of high risk women from Powys. Attendance at VBAC clinics is encouraged. The Health Board collects data by individual consultant and will review the transfer of care and outcomes of patients from Powys.

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

September 2013 – 78% however this figure is measured against a 12 week target and not the 10 weeks as set by Welsh Government. The Health Board will ensure data reported is in line with the measure of 10 weeks at the next meeting. Culture was discussed as the main issue.

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

Hywel Dda has a midwife for vulnerable families that currently reports on the number of women with serious mental health conditions. The Health Board does not, at present, report whether a care plan is in place but will ensure that this is achieved and reported on at the spring meeting.

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

September 2013 – 91%. Survey cards were introduced in April 2013 across the three maternity units. A feedback board is also in place for women to see where improvements have been made as a result of their feedback.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 66%. This information was generated by the Child Health Department. The Health Board recently achieved Phase 2 of the UNICEF Baby Friendly accreditation and is working closely with Flying Start to improve rates in deprived areas.

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

Smoking

September 2013 – 18% of women reported as smoking at the initial consultation. Staff are undertaking training from Stop Smoking Wales. Data on quit rates are not yet available but will be provided at the next meeting.

Alcohol and Substance Misuse

A midwife for Vulnerable Families is currently keeping records of the number of women in her care and data are now being collected by community midwives. Data are expected at the next meeting.

Weight

The Health Board reported that 30% of women have BMI over 30 at initial assessment. Data are available for August and September which show that around 25% of women stay within the recommended weight gain. The Health Board gave assurances that robust care plans were in place for women and the appointment of a lead midwife was discussed. Further, more robust, data will be provided at the next meeting.

2. Data Collection:

The Health Board is now using Myrddin. A new form, designed by community midwives, is also being used to collect all indicators which will improve data collection further.

3. Maternity Services Liaison Committee (MSLC)

The Board are now holding MSLC meetings in community areas every quarter to encourage more engagement. The Chair reported some challenges for the MSLC around attendance and securing new recruits.

4. Staffing

Midwifery

The Health Board is currently not Birth Rate Plus compliant (by 3.37 midwives). In implementing the Clinical Service strategy this will be reviewed. They intend to be compliant by the next Maternity Performance Board meeting in the spring. Bank and Agency staff are used to ensure the right staffing levels.

Medical

They are not RCOG compliant however assurance was given that staffing levels are safe.

PAC RECOMMENDATIONS

Tudalen 116

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
1	<p><u>Recommendation 1.</u> We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available.</p>	Completed in February 2013	<p>A section of the Chief Nursing Officer's (CNO) web page now contains a section specifically for Maternity Services. This is used to update readers on progress in implementing the Strategic Vision for Maternity Services as well as informing them of new initiatives related to maternity services.</p> <p>The Terms of Reference of the Maternity Board and its programme of work are available on the Welsh Government website along with the second edition of a newsletter 'Maternity News'. Aimed at Midwives and Users the newsletter provides a brief update on the actions to implement the Strategic Vision. The newsletter will be produced 3 times a year with the next edition due in December. Evaluation of the uptake of the newsletter will take place in 2014.</p> <p>The recommendations of the Maternity Services Implementation Group and the final reports from the five sub-groups are also available on the CNO's web page.</p>
2	<p><u>Recommendation 2.</u> We recommend that the Welsh Government ensures that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published.</p>	Completed	<p>We have received a Local Delivery Plan from every Health Board. These have been scrutinised by officials and performance against the plans is discussed at the Maternity Performance Board meetings.</p> <p>The Autumn meetings have recently been held and dates have been agreed for the meetings in Spring 2014.</p>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
3	<p><u>Recommendation 3.</u> We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection.</p>	<p>Completed</p> <p>Report published on WG Web site in June.</p>	<p>All Health Boards now have plans in place to refine and extend the use of current operational maternity systems or to replace them in order to collect consistent and robust electronic data, reducing the burden of ineffective manual data collection.</p> <p>Health Boards reported on their progress at the recent Maternity Board meetings. To date all Health Boards except Betsi Cadwaladr have implemented an electronic system. In addition Public Health Wales will provide a full report for each Health Board against all of the performance measures and indicators in readiness for the Spring meetings.</p>
4	<p><u>Recommendation 4.</u> We recommend that the Welsh Government clarifies and publishes its definition of “confident and knowledgeable parents” and ensures that:</p> <ul style="list-style-type: none"> • this definition is communicated to all Health Boards to ensure that the data collection against this performance measure is consistent across Wales; and that • good practice is shared amongst Health Boards to assist in measuring against the definition. 	<p>Completed</p>	<p>Two specific questions have been agreed and added to the all Wales Service User Experience Survey bank of questions. All women who give birth in Wales will be asked to complete the survey including those that give birth at home. The survey will be provided following birth and can be returned up to one year after.</p> <p>Health Boards also have existing processes in place to seek user opinion on the care they receive; This will be presented at each Maternity Performance Board. Health Boards have been asked to make this information available to the public through their local web sites and notice boards.</p>
5	<p><u>Recommendation 5.</u> We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides sufficient detail to determine whether these expectations are being met.</p>	<p>Completed</p> <p>Report published on WG Web site in June.</p>	<p>The Royal College of Obstetricians and Gynaecologists recommends that consultant presence should be 40 hours per week on a unit unless the unit has over 5,000 births per annum, in which case it should be 60 hours per week.</p> <p>The Royal College of Midwives recommend the use of Birth-rate Plus to determine midwifery staffing levels.</p> <p>To date NHS organisations have been able to provide us with accurate information on compliance with Birth-rate Plus requirements and the number of medical staff in post when requested.</p>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
			Our expectation is that all Health Boards will comply with these standards. In order to ensure this is maintained they are required to report on their staffing levels at the twice-yearly Maternity Performance Board meetings.
6	<p><u>Recommendation 6.</u> We recommend that the Welsh Government works closely with Health Boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with Health Boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology.</p>	Completed	<p>The Welsh Government works closely with all NHS organisations to monitor and scrutinise spend on locum and agency staff throughout the financial year at Health Board Level. As a result of the efforts made within Health Boards the spend on Locum and Agency staff in the year ending 31 March 2013 reduced by 18%, saving some £8.9 million.</p> <p>Discussions have taken place with Health Board colleagues. Because of the way Obstetricians/Gynaecologists work it would be difficult and not useful to disaggregate information in the way suggested.</p> <p>In order for Health Boards to have assurance that there is a safe level of cover for maternity services Job Planning processes need to be improved. The Welsh Government have established, with NHS employers, a Task and Finish group to strengthen Consultant Job Planning arrangements across Wales, and in particular, will be developing revised All Wales guidance and documentation, including updated training material, for implementation in 2014.</p> <p>This guidance will reinforce the importance of discussing service modernisation and improving clinical and patient care, during the job planning process.</p>
7	<p><u>Recommendation 7.</u> We recommend that the Welsh Government works closely with Health Boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Fetal Heart Rate Monitoring data.</p>	Training package completed. CNO/CMO letter sent to Health	<p>The Chief Nursing Officer has led an all Wales Task and Finish Group to agree the most appropriate training package, which will for the first time, include an assessment of competence.</p> <p>All Health Boards are expected to introduce this training and assessment package from September 2013 with full compliance by</p>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update						
		Boards in September 2013.	<p>March 2014.</p> <p>Health Boards will report their progress at the Maternity Board meetings. They will be expected to keep records of staff training and assessment as well as information on the number of serious incidents related to misinterpretation of CTGs to ensure that the training and assessment package is improving interpretation.</p>						
8	<p><u>Recommendation 8.</u> The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that Health Boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans.</p>	The Neonatal Network is making progress to resolve workforce issues	<p>Workforce Levels</p> <p>There has been improvement in neonatal workforce levels across Wales. This is demonstrated in the nurse shortfall figures collated by the All Wales Neonatal Network. Local Health Boards have produced Neonatal workforce plans which have been scrutinised by the All Wales Neonatal Network. The next data capture exercise will be in November with the Network reporting in January and we will expect to see further progress.</p> <p>WTE Nursing Shortfall (Gap between total WTE needed to be BAPM Compliant) Figures prepared by the All Wales Neonatal Network</p> <table border="1" data-bbox="1256 986 2089 1066"> <thead> <tr> <th data-bbox="1256 986 1536 1034">November 2011</th> <th data-bbox="1536 986 1816 1034">November 2012</th> <th data-bbox="1816 986 2089 1034">July 2013</th> </tr> </thead> <tbody> <tr> <td data-bbox="1256 1034 1536 1066">82.64</td> <td data-bbox="1536 1034 1816 1066">46.29</td> <td data-bbox="1816 1034 2089 1066">26.34</td> </tr> </tbody> </table> <p>Service Reconfiguration</p> <p>The structure of neonatal services across Wales will be determined following this phase of service reconfiguration. The future shape of services will further dictate the workforce requirements.</p> <p>North Wales</p> <p>As the committee will be aware on 28 March the First Minister issued a statement indicating the Royal College of Paediatrics and Child Health</p>	November 2011	November 2012	July 2013	82.64	46.29	26.34
November 2011	November 2012	July 2013							
82.64	46.29	26.34							

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update																
			would conduct a review into neonatal services within North Wales. The RCPCH completed their report in September 2013. The First Minister accepted the recommendations of the RCPCH and is establishing a panel to advise on the location of a new sub-regional neonatal intensive care centre. The model, which includes workforce requirements, is included in the final report.																
9	<p><u>Recommendation 9.</u> We recommend that the Welsh Government clarifies and publishes its definition of a “significant reduction” in Caesarean section rates along with a timetable by which it expects such a reduction to be achieved.</p>	<p>Completed.</p> <p>Health Boards reporting twice a year to Welsh Government</p>	<p>Current data has been received from the Health Boards on their Caesarean rates (shown in the table below). Reporting is completed on a monthly basis from April 2013.</p> <table border="1" data-bbox="1256 608 2094 906"> <thead> <tr> <th data-bbox="1256 608 1547 643">Health Board</th> <th data-bbox="1554 608 2094 643">Caesarean Section Rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="1256 647 1547 683">Aneurin Bevan</td> <td data-bbox="1554 647 2094 683">23.9%</td> </tr> <tr> <td data-bbox="1256 687 1547 738">Abertawe Bro Morgannwg</td> <td data-bbox="1554 687 2094 738">26.8%</td> </tr> <tr> <td data-bbox="1256 743 1547 778">Betsi Cadwaladr</td> <td data-bbox="1554 743 2094 778">26%</td> </tr> <tr> <td data-bbox="1256 783 1547 818">Cardiff & Vale</td> <td data-bbox="1554 783 2094 818">20.6%</td> </tr> <tr> <td data-bbox="1256 823 1547 858">Cwm Taf</td> <td data-bbox="1554 823 2094 858">33.9%</td> </tr> <tr> <td data-bbox="1256 863 1547 898">Hywel Dda</td> <td data-bbox="1554 863 2094 898">27%</td> </tr> <tr> <td data-bbox="1256 903 1547 938">Powys</td> <td data-bbox="1554 903 2094 938">N/A</td> </tr> </tbody> </table> <p>Where rates are 25% or higher Health Boards have provided plans to reduce rates and these are discussed at the Maternity Board meetings.</p> <p>Caesarean section rates reflect both the health of the population and the culture within maternity services. Both need to be addressed to reduce rates. Welsh Government are working with Health Boards and holding them to account to address these challenges.</p>	Health Board	Caesarean Section Rate	Aneurin Bevan	23.9%	Abertawe Bro Morgannwg	26.8%	Betsi Cadwaladr	26%	Cardiff & Vale	20.6%	Cwm Taf	33.9%	Hywel Dda	27%	Powys	N/A
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10	<p><u>Recommendation 10.</u> We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from Health Boards on their Caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist</p>	<p>Completed.</p> <p>Health Boards reporting twice a year</p>	<p>As detailed above Welsh Government now expects monthly reports on Caesarean Section Rates from Health Boards with accompanying narrative when rates are reported above 25%. This is explored further with all Health Boards at the Maternity Performance Board meetings to identify both good practice and weaknesses. Following each meeting, Health Boards will receive feedback from the Chief Nursing Officer.</p>																

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
	Health Boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections.	to Welsh Government	<p>Where there has been significant improvement in rates, Health Boards will be asked to share good practice through the Innovations Board set up by the Minister for Health and Social Services as well as through all Wales committees such as Heads of Midwifery Advisory Group Wales and the National Specialist Advisory Group for Women's Health.</p> <p>All Health Boards use local Dashboards to report their Caesarean Section rates to the Health Board so that continuous improvements can be discussed by the executive team.</p>
11	<p>Recommendation 11. We recommend that the Welsh Government clarifies that the data reported by Health Boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consistent and robust, and specifically that the data should:</p> <ul style="list-style-type: none"> include assessments by GPs as well as midwives; and not include assessments which have been scheduled but which may not have been undertaken. 	<p>Completed.</p> <p>Health Boards reporting twice a year to Welsh Government</p>	<p>This performance measure was set to ensure that women have early access to appropriate services so that they can receive information, advice and support as soon as is possible. This includes carrying out an initial assessment, taking blood and the writing of a care plan for the pregnancy.</p> <p>At the Maternity Performance Board meetings, Health Boards are asked to report the proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy. Health Boards also report on the systems they are putting in place to meet this requirement.</p>
12	<p>Recommendation 12. We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each Health Board's progress in improving maternity services.</p>	<p>Completed.</p> <p>Summary of Maternity Performance Board meetings prepared following spring meetings.</p>	<p>A summary to the maternity performance board meetings from Spring 2013 was provided to the Committee and the Minister for Health and Social Services. (SF/MD/2801/13)</p>

Eitem 6

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio - Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer - Nurse Director NHS Wales



Llywodraeth Cymru
Welsh Government

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

Our ref: JW/

1 November 2013

Dear Mr Millar

Hospital Catering and Patient Nutrition

Further to your letter of the 11 October 2013 requesting additional information on Hospital Catering and Patient Nutrition, I am writing to provide Committee members with specific responses to the issues they have raised, as follows:

Why has the Betsi Cadwaladr system for accessing the nutrition e-learning package, without the need for an email account, not been adopted by other Health Boards?

I wrote to Nurse Directors at the beginning of June to remind them of my expectation that the Nutrition Care Pathway and the Food Record Charts are used as mainstream practice, with the e-learning package as its training resource. I informed them about the Betsi Cadwaladr University Local Health Board system for accessing the All Wales Food Record Chart e-learning tool and encouraged them to get their lead on e-learning to do likewise. It is my understanding that the lead in Betsi Cadwaladr Health Board has had contact with some other Health Boards to describe her approach.

Participation in on-line training packages in the NHS.

I recognise that the low level of compliance with completion of the e-learning nutrition package remains an issue and this continues to be a priority. NHS Wales Informatics Service (NWIS) and the Health Boards are considering further options for improving the completion rates. NWIS has been commissioned to produce a status report from each



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Health Board, which will give us the opportunity to consider if an all-Wales solution would be appropriate.

Officials are also exploring alternative mechanisms with the company that developed the e-learning package. I will provide you with a further update in the New Year.

Destination of Food Waste including details of the waste contracts between health boards and local authorities.

A number of Health Boards are making arrangements with local authorities for the separate collection of food waste. For example, Cardiff and Vale University Health Board work in partnership with the City of Cardiff and Vale of Glamorgan County Councils for the separate collection and disposal of food waste. All community hospitals within Hywel Dda Local Health Board also have food waste collections by their respective local authorities. The NHS would like to work more closely with local authorities to improve food waste collections and closer collaboration should be encouraged. However, some local authorities are reluctant to collect food waste from large hospital sites.

More environmentally friendly forms of hospital food waste disposal are being considered. This could include the use of new technologies which will have to be evaluated to ensure they comply with statutory requirements. To date there has been no cost benefit analysis undertaken to assess the benefits of introducing more environmentally friendly forms of hospital waste disposal. This would be undertaken in respect of any new proposal.

From a nursing perspective the reasons for plate waste should be recorded on a patient's notes or food chart as their nutritional status is extremely important in their care and treatment. This information on their food and fluid intake would influence the plan of nursing care for the patient. There are no plans to collate consumption/waste on a meal by meal basis at ward level.

The Welsh Government is working with NHS Shared Services Partnership – Facilities Services (NWSSP-FS) through the EFPMS (Estates and Facilities Performance Management System) process to introduce new methods of measuring food waste to include plate waste other than just the untouched meals. The proposal would be to carry out a pilot study in one of the large acute hospitals and, if successful, to discuss the outcome with all other Health Boards/Trusts and to roll it out across NHS Wales.

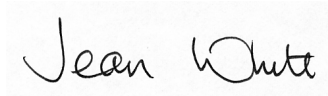
Colleagues in NWSSP-FS have met WRAP Cymru to discuss food waste. As this is a local issue, where the individual Health Boards and Trust manage their own activities, it was felt the best way for WRAP to potentially help was to provide them with the contact details of the facilities/catering managers at each NHS organisation. WRAP Cymru have also been invited to give a presentation to the Welsh Health Environment Forum (WHEF) Waste Managers meeting in the New Year.

Food Hygiene Rating Stickers

When the statutory Food Hygiene Rating Wales scheme commences on 28 November, Health Boards will need to agree with their local authority food hygiene inspector where best to display their hygiene stickers at their hospitals.

Welsh Government officials are meeting Health Board Catering Managers to discuss the location for display of food hygiene rating stickers in hospitals and also food hygiene issues in hospitals more generally. We hope to be in a position to update you on developments in the New Year.

Yours sincerely

A handwritten signature in black ink that reads "Jean White". The signature is written in a cursive style with a light grey background behind it.

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref LG/01853/13

Darren Millar AM
Chair - Public Accounts Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

31 October 2013

committeebusiness@Wales.gsi.gov.uk

Dear Darren

Public Accounts Committee – Civil Emergencies in Wales

I refer to your letter of 18 October seeking further clarification of the response of the Welsh Government to the Public Accounts Committee report on 'Civil Emergencies in Wales'.

We have made it quite clear in our response to the Silk Commission we have very limited formal powers under the Civil Contingencies Act 2004. The transfer of functions will provide us the necessary powers to monitor performance as well as recognise the leadership and co-ordination role we already play. The principle established under the legislation is Category 1 and 2 responders are responsible for monitoring the delivery of the duties through their own performance monitoring or regulatory regimes. However, given the leadership role Welsh Government plays we will look to support the current arrangements to monitor the performance of Category One and Two responders through existing performance mechanisms.

I also wish to clarify the point we do not intend to legislate more widely ahead of Silk given the opportunities to seek additional powers using other legislative vehicles are limited.

I can assure you my officials are continuing to work with Local Resilience Fora and individual Category 1 and 2 Responders in Wales in promoting consistency in monitoring performance. As reported, my officials have encouraged the use of the Expectation Set to support responders in continuing to develop their capabilities in civil contingencies and emergency preparedness. Whilst this document touches on some elements of response and recovery by highlighting indicators of good practice it is recognised that these examples are by no means exhaustive. My officials have, therefore, also promoted the further use of peer review as a means to instil continuous improvement.

We are also looking at ways in which we can build upon the work being undertaken by Academi Wales on the Wales Gold training to explore ways in which a set of competencies can be developed. This will be considered by the Wales Learning and Development Group and, if feasible, a competency framework will be built into the 3 year programme of work the Group is developing.

My officials are also working with Local Resilience Fora to promote engagement with the Third Sector and to encourage their further participation in training and exercising. At the Wales Resilience Forum meeting on 19 June it was recognised how important it was engagement with the Third Sector should continue to remain primarily at the local level. I should add relationships are already strong in many areas. Taking the North Wales Local Resilience Forum as an example, the British Red Cross acts as deputy chair of their Humanitarian Assistance Group and represents the Forum on all-Wales groups.

One of the recommendations agreed by the Wales Resilience Forum on 19 June was consideration should be given to the Third Sector chairing a joint Community Resilience and Humanitarian Assistance Group at the all-Wales level. Officials have met and agreed with Wales Council for Voluntary Action and the British Red Cross to establish an all-Wales group which they will jointly chair. Local Resilience Fora have been advised of this development. This all Wales group will also consider Third Sector engagement and will be best placed to consider whether a Memorandum of Understanding at an all-Wales level will be of benefit as part of its programme of work.

My officials will keep the Committee informed of the progress being made through the usual formal processes.

Regards
Lesley

Lesley Griffiths AC / AM

Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business

Owen Evans
Cyfarwyddwr Cyffredinol • Director General

Yr Adran Addysg a Sgiliau
Department for Education and Skills



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales

Dear Darren,

Capital Investment in Schools

Thank you for your letter dated 11 October requesting further clarification on some of the points provided in my response to the Committee in August.

For ease of reference my response is provided below, applying the same corresponding headings as set out in your letter:

1. Timescales for making schools fit for purpose

As detailed in my previous letter the 21st Century Schools Programme supersedes the previous ambition of the “fit for purpose” aim of the former building investment programme; the Schools Buildings Improvement Grant (SBIG).

This means that investment proposals are no longer measured against a “fit for purpose” type standard and that the expectation of the new programme, and its appraisal process, goes beyond the concept of putting schools in a reasonable standard of repair. This is why in my previous response I stated that the new programme aspires to be more than that of building investment and that it was seeking to put to an end to the piecemeal “patch and mend” mentality that was prevalent in the last programme.

Setting a Programme Standard

In developing a forward long-term strategic investment programme the first stage of planning is the preparation of a Strategic Outline Programme. As outlined in previous evidence to the Committee the Strategic Outline Programmes submitted were assessed against a high-level set of criteria, which is provided at **Annex 1**. This high level set of criteria clearly sets out the expectations of the programme; which was supported by a wide ranging sub-set of specific assessment criteria.

Upon completion of the assessment process, all 22 Strategic Outline Programmes were eventually approved. Local authorities are now in the process of submitting business cases for all those projects they outlined in the first wave of their programmes; with all of these projects being at varying stages of planning and delivery.

Project Assessment Standards

A requirement of the programme is that all business case submissions are made in accordance with the HM Treasury 5 Case standard which means that each investment proposal is assessed against the following:

- Is there a robust case for change – the ‘strategic’ case;
- Does the project optimise value for money – the ‘economic’ case;
- Is the proposal commercially viable – the ‘commercial’ case;
- Is the project financially affordable – the ‘financial case’; and
- Is the project achievable/can it be delivered – the ‘management’ case.

To further reassure the Committee, in addition to the submission of the business cases, each project is developed with the support of Building Bulletins, which are specific guidelines for those involved in new school building and refurbishment projects, along with further technical information on project delivery and best practice for aspects such as transforming the learning environment, school design, school grounds, procurement and project management.

2. Capital Planning

Category C Schools

A list of the Category schools is provided at Annex 2. I would again like to remind the Committee that the survey was undertaken three to four years ago, in 2009/10, and provided a “snapshot” of the condition at that time, and that a new survey is already planned.

As noted above in Section 1, projects in the first wave are all at varying stages of planning and delivery. This means that a proportion of Category C schools have not yet been named nor were they specifically identified in the Strategic Outline Programmes. This is because they have not yet gone through the statutory determination process for school organisation which is why an estimated percentage of the Category C schools in the first wave was detailed in my last response.

Outcomes of school organisation consultation do determine the scope of school investment projects in the programme so ordinarily, where there a pending consultation in relation to a school organisation proposal, we would not expect school names to be provided until the project is at Full Business Case stage, or at best, the earlier stage of Outline Business Case stage.

Prioritisation of Projects in the First Wave

In summary, Welsh Government requested local authorities to prioritise their investment proposals in the first wave against condition, surplus places and running efficiencies (e.g. reduction in running costs, backlog maintenance) but also enabled authorities to prioritise investment where there was a need to address Welsh Medium and/or Faith Based Education issues. The local authorities then determined which investment proposals were to be incorporated in the first wave of investment on the basis of local need and local circumstances; within the programme cost envelope that was available.

3. The need for a holist approach to school investment

Asbestos Surveys

My response here is to firstly point out that, that the enforcement of the relevant legislation (the Control of Asbestos Regulations 2012) falls to the Health and Safety Executive (HSE) and not the Welsh Government. I would like to permit for the provision of advice and guidance.

So in essence this means that we do not do anything differently here in Wales to in England. The types of survey that should be conducted in relation to asbestos are, therefore, defined by the HSE. In summary, the HSE inform that 2 types of surveys of asbestos should be undertaken which are a:

1. Management Survey; or
2. Refurbishment/Demolition Survey.

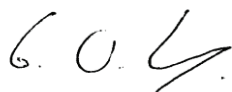
Neither of these surveys is purely comprised of visual inspections but they do have varying levels of intrusiveness.

A Management Survey is required to enable the management of Asbestos Containing Materials (ACM) during the normal occupation and use of premises and aims to ensure that: nobody is harmed by the continuing presence of ACM in the premises or equipment; that the ACM remains in good condition; and nobody disturbs it accidentally. It involves minor intrusion and minor asbestos disturbance to make a Materials Assessment. This shows the ability of ACM, if disturbed, to release fibres into the air and guides the client, e.g. in prioritising any remedial work. It is this survey that is used to inform the Asset Management Plans that are required. Responsibility for having these Asset Management Plans in place, and the actual management of asbestos, lies with the duty-holder and in the school premises context, this can either be the local authority or the school governing body.

The Refurbishment/Demolition Survey is required where the premises, or part of it, need upgrading, refurbishment or demolition. This survey does not need a record of the ACM condition and aims to ensure that: nobody will be harmed by work on ACM in the premises or equipment; and such work will be done by the right contractor in the right way. The survey must locate and identify all ACM before any structural work begins at a stated location or on stated equipment at the premises and involves destructive inspection and asbestos disturbance. When this type of survey is conducted the area surveyed must be vacated and certified 'fit for reoccupation' after the survey.

I trust the content of this letter provides clarification requested on the points the Committee raised with you.

Yours sincerely



OWEN EVANS

CRITERIA	SUMMARY OF RATIONALE
1. HIGH-LEVEL INVESTMENT OBJECTIVES	
1 School improvement strategy	Strategies are in place for school improvement, where necessary, and where appropriate for joint working at WAG/consortia/authority/school level.
2 Transformation of approaches to teaching and learning, incl. use of ICT	Local authority and schools have worked to implement a vision for teaching and learning that is more than just a building programme, drawing on available best practice guidance, including BECTA's publication: " <i>Transforming education and training through effective use of technology in capital programmes</i> ". The vision should embrace the whole 3-19 age range.
3 Organisation strategy across 3-19 age range	Opportunities have been taken where necessary to reduce surplus places and address organisational change, or otherwise improve the efficiency of the school estate. The strategy should refer to inter-authority issues and the full requirements of statutory processes. Reference should also be made here to the demand for Welsh Medium education.
4 Sustainability and CO2 reduction	Strategies for sustainability including carbon dioxide emissions associated with the education estate are in place.
5 Integrated public services, co-location of services and community benefits	Opportunities have been created where possible to co-locate and integrate community services and/or to enhance local or regional regeneration

Category C condition schools as at 2010

Local Authority	School Name
Blaenau Gwent	Abertillery Primary School
Blaenau Gwent	All Saints R.C. Primary School
Blaenau Gwent	Blaen-Y-Cwm C.P. School
Blaenau Gwent	Briery Hill Primary School
Blaenau Gwent	Bryngwyn Primary
Blaenau Gwent	Cwm Primary School
Blaenau Gwent	Deighton Junior and Infants
Blaenau Gwent	Glyncoed Primary School
Blaenau Gwent	Pontygof Primary School
Blaenau Gwent	Rhos-Y-Fedwyn Primary
Blaenau Gwent	St Joseph's R.C.
Blaenau Gwent	Waunlwyd Primary School
Blaenau Gwent	Ysgol Gymraeg Brynmawr
Blaenau Gwent	Abertillery Comprehensive School
Blaenau Gwent	Ebbw Vale Comprehensive School
Blaenau Gwent	Glyncoed Comprehensive School
Blaenau Gwent	Nantyglo Comprehensive School
Blaenau Gwent	Pen-Y-Cwm Special School
Bridgend	Betws Primary School
Bridgend	Mynydd Cynffig County Junior
Bridgend	Nantymoel Primary School
Bridgend	Penyfai C.I.W. Primary
Bridgend	St Robert's Primary Catholic School
Bridgend	Tynyrheol Primary School
Bridgend	Ysgol Cynwyd Sant
Bridgend	Ysgol G.G. Cwm Garw
Bridgend	Archbishop Mcgrath Catholic School
Bridgend	Brynteg Comprehensive School
Bridgend	Pencoed Comprehensive School
Caerphilly	Aberbargoed Primary School
Caerphilly	Bryn Primary School
Caerphilly	Cefn Fforest Primary School
Caerphilly	Cwmaber Infant School
Caerphilly	Deri Primary School
Caerphilly	Fleur-De-Lys Primary School
Caerphilly	Fochriw Primary School
Caerphilly	Libanus Primary School
Caerphilly	Machen Primary School
Caerphilly	Markham Primary School
Caerphilly	Pengam Primary School
Caerphilly	Phillipstown Primary School
Caerphilly	Pontlottyn Primary School
Caerphilly	St Helen's Catholic Primary School
Caerphilly	St James Primary

Caerphilly	Tiryberth Primary School
Caerphilly	Trinant Primary School
Caerphilly	Twyn Primary School
Caerphilly	Ty Sign Primary School
Caerphilly	Upper Rhymney Primary School
Caerphilly	Ynysddu Primary School
Caerphilly	Ysgol Gymraeg Bro Allta
Caerphilly	Ysgol Gymraeg Gilfach Fargoed
Caerphilly	Ysgol Gymraeg Trelyn
Caerphilly	Ysgol Gynradd Gymraeg Y Castell
Caerphilly	Ysgol Y Lawnt
Caerphilly	Ystrad Mynach Primary
Caerphilly	Glanynant Learning Centre (PRU)
Caerphilly	Bedwas High School
Caerphilly	Blackwood Comprehensive School
Caerphilly	Heolddu Comprehensive School
Caerphilly	Lewis Girls' Comprehensive School
Caerphilly	Newbridge School
Caerphilly	Oakdale Comprehensive School
Caerphilly	Pontllanfraith Comprehensive School
Caerphilly	Rhymney Comprehensive School
Caerphilly	Risca Community School
Caerphilly	St Martin Comprehensive School
Cardiff	Adamsdown Primary School
Cardiff	Bryn Hafod Primary School
Cardiff	Cefn Onn Primary School
Cardiff	Creigiau Primary School
Cardiff	Greenway Primary School
Cardiff	Holy Family R.C. Primary School
Cardiff	Lakeside Primary School
Cardiff	Llanedeyrn Primary School
Cardiff	Oakfield Primary School
Cardiff	Springwood Primary School
Cardiff	St Francis V.A. Primary School
Cardiff	St Mary The Virgin C.I.W. Primary School
Cardiff	St Mary's R.C. Primary School
Cardiff	Ysgol Gymraeg Coed-Y-Gof
Cardiff	Ysgol-Y-Wern
Cardiff	Bryn Y Deryn School and Student Support Unit
Cardiff	Cantonian High School
Cardiff	Cardiff High School
Cardiff	Fitzalan High School
Cardiff	Llanedeyrn High School
Cardiff	Llanishen High School
Cardiff	Llanrumney High School
Cardiff	Radyr Comprehensive School
Cardiff	Rumney High School

Cardiff	Whitchurch High School Upper
Cardiff	Willows High School
Cardiff	Ysgol Gyfun Gymraeg Glantaf
Cardiff	Ty Gwyn Special School
Carmarthenshire	Abernant C.P. School
Carmarthenshire	Caio County Primary School
Carmarthenshire	Carway C.P. School
Carmarthenshire	Cefneithin C.P.
Carmarthenshire	Copperworks Infant and Nursery School
Carmarthenshire	Cross Hands C.P. School
Carmarthenshire	Cwmifor C.P. School
Carmarthenshire	Ferryside V.C.P. School
Carmarthenshire	Gwynfryn CP School
Carmarthenshire	Halfway C.P. School
Carmarthenshire	Hendy C.P. Mixed School
Carmarthenshire	Johnstown C.P. School
Carmarthenshire	Llandeilo C.P. School
Carmarthenshire	Llandybie C.P. School
Carmarthenshire	Llangadog C.P. School
Carmarthenshire	Llangennech Junior School
Carmarthenshire	Llangunnor C.P. School
Carmarthenshire	Llanmiloe C.P. School
Carmarthenshire	Llansadwrn C.P. School
Carmarthenshire	Llanybydder C.P. School
Carmarthenshire	Maes Yr Morfa Community Primary School
Carmarthenshire	Meidrim C.P. School
Carmarthenshire	Myrddin C.P. School
Carmarthenshire	Myrddin C.P. School
Carmarthenshire	Nantygroes C.P. School
Carmarthenshire	Parc Y Tywyn School
Carmarthenshire	Pembrey C.P. School
Carmarthenshire	Pentip V.A. C.I.W. Primary School
Carmarthenshire	Pontiets C.P. School
Carmarthenshire	Pontyberem C.P. School
Carmarthenshire	Trimsaran C.P. School
Carmarthenshire	Y.G. Cynwyl Elfed
Carmarthenshire	Ysgol Bro Banw Community Primary School
Carmarthenshire	Ysgol Bro Banw Community Primary School
Carmarthenshire	Ysgol Capel Cynfab
Carmarthenshire	Ysgol Cefnbrynbrain
Carmarthenshire	Ysgol G. Rhydcymerau
Carmarthenshire	Ysgol Gruffydd Jones
Carmarthenshire	Ysgol Gynradd Llansawel
Carmarthenshire	Ysgol Gynradd Bancffosfelen
Carmarthenshire	Ysgol Gynradd Blaenau
Carmarthenshire	Ysgol Gynradd Brechfa
Carmarthenshire	Ysgol Gynradd Hafodwenog

Carmarthenshire	Ysgol Gynradd Hendy Gwyn Ar Daf
Carmarthenshire	Ysgol Gynradd Llanedy
Carmarthenshire	Ysgol Gynradd Parcyrhun
Carmarthenshire	Ysgol Gynradd Ponthenri
Carmarthenshire	Ysgol Gynradd Pum Heol
Carmarthenshire	Ysgol Gynradd Tycoes
Carmarthenshire	Ysgol Gynradd Wirfoddol Llanddarog
Carmarthenshire	Ysgol Gynradd Wirfoddol Llanllwni
Carmarthenshire	Ysgol Gynradd Ystradowen
Carmarthenshire	Ysgol Teilo Sant
Carmarthenshire	Ysgol Y Ddwylan
Carmarthenshire	Ysgol Y Felin
Carmarthenshire	Ysgol Y Fro (Llangyndeyrn)
Carmarthenshire	Ysgol y Fro
Carmarthenshire	Aalton House Tuition Centre
Carmarthenshire	Pwll KS3 Teaching and Learning Centre
Carmarthenshire	Amman Valley Comprehensive School
Carmarthenshire	Bryngwyn Comprehensive School
Carmarthenshire	Coedcae School
Carmarthenshire	Ysgol Gyfun Emlyn
Carmarthenshire	Ysgol Gyfun Gymraeg Bro Myrddin
Carmarthenshire	Ysgol Gyfun Pantycelyn
Carmarthenshire	Ysgol Gyfun Tregib
Carmarthenshire	Ysgol Gyfun Y Strade
Carmarthenshire	Ysgol Y Gwendraeth
Carmarthenshire	Ysgol Rhydygors
Ceredigion	Capel Seion Primary School
Ceredigion	Cardigan Community Primary School
Ceredigion	Coedybryn C.P.
Ceredigion	Llanwnnen C.P. School
Ceredigion	Mynach C.P. School
Ceredigion	Plascrug C.P. School
Ceredigion	Rhyd Lewis C.P. School
Ceredigion	St Padarns R.C.P. School
Ceredigion	Y.G. Capel Cynon
Ceredigion	Y.G. Glynarthen
Ceredigion	Y.G. Llanddewi Brefi
Ceredigion	Y.G. Llangynfelyn
Ceredigion	Y.G. Pontgarreg
Ceredigion	Y.G. Pontrhydfendigaid
Ceredigion	Ysgol Gynradd Llanfihangel-Y-Creuddyn
Ceredigion	Ysgol Gynradd Lledrod
Ceredigion	Ysgol Craig Yr Wylfa
Ceredigion	Ysgol Gymunedol Llannon
Ceredigion	Ysgol Gynradd Aberporth
Ceredigion	Ysgol Gynradd Beulah
Ceredigion	Ysgol Gynradd Bronnant

Ceredigion	Ysgol Gynradd Cei Newydd
Ceredigion	Ysgol Gynradd Cenarth
Ceredigion	Ysgol Gynradd Dihewyd
Ceredigion	Ysgol Gynradd Llanafan
Ceredigion	Ysgol Gynradd Llandysul
Ceredigion	Ysgol Gynradd Llangeitho
Ceredigion	Ysgol Gynradd Llanilar
Ceredigion	Ysgol Gynradd Llechryd
Ceredigion	Ysgol Gynradd Penllwyn
Ceredigion	Ysgol Gynradd Talybont
Ceredigion	Ysgol Gynradd Trewen
Ceredigion	Ysgol Llwyn-Yr-Eos
Ceredigion	Ysgol Penlŷn
Ceredigion	Ysgol Syr John Rhys
Ceredigion	Ceredigion Teaching and Learning Centre Aberaeron
Ceredigion	Ysgol Uwchradd Aberteifi
Ceredigion	Ysgol Gyfun Dyffryn Teifi
Conwy	Blessed William Davies School
Conwy	Conwy Road Infants School
Conwy	Llandrillo Yn Rhos Primary School
Conwy	Llanefydd School
Conwy	Mochdre Infants C.P. School
Conwy	Ysgol Babanod Llanfairfechan
Conwy	Ysgol Betws-y-Coed
Conwy	Ysgol Bod Alaw
Conwy	Ysgol Capel Garmon
Conwy	Ysgol Cystennin
Conwy	Ysgol Ffordd Dyffryn
Conwy	Ysgol Glan Conwy
Conwy	Ysgol Gynradd Pentrefoelas
Conwy	Ysgol Gynradd Tal-Y-Bont
Conwy	Ysgol Llanfair Talhaiarn
Conwy	Ysgol Nant Y Coed
Conwy	Ysgol Pant-Y-Rhedyn
Conwy	Ysgol T. Gwynn Jones
Conwy	Ysgol Trefriw
Conwy	Ysgol Y Foryd
Denbighshire	Bodnant Infants School
Denbighshire	Bodnant Junior School
Denbighshire	Heulfre Junior School
Denbighshire	Llandrillo C.P. School
Denbighshire	Llantysilio C.I.W. Controlled School
Denbighshire	St Brigid's School
Denbighshire	Twm O'r Nant
Denbighshire	Ysgol Bro Elwern
Denbighshire	Ysgol Bryn Collen Llangollen
Denbighshire	Ysgol Emmanuel

Denbighshire	Ysgol Esgob Morgan
Denbighshire	Ysgol Hiraddug
Denbighshire	Ysgol Pen Barras
Denbighshire	Ysgol Penmorfa
Denbighshire	Ysgol Tremeirchion
Denbighshire	Ysgol Y Llys
Denbighshire	Blessed Edward Jones R.C. School
Denbighshire	Prestatyn High School
Denbighshire	Rhyl High School
Denbighshire	St Brigid's School
Denbighshire	Ysgol Uwchradd Glan Clwyd
Denbighshire	Ysgol Tir Morfa
Flintshire	Abermorddu C.P. School
Flintshire	Broughton Infants School
Flintshire	Broughton Junior School
Flintshire	Brynford C.P. School
Flintshire	Buckley Southdown C.P.
Flintshire	Custom House Lane C.P.
Flintshire	Golftyn C.P. School
Flintshire	Merllyn C.P. School
Flintshire	Mountain Lane C.P. School
Flintshire	Mynydd Isa Junior School
Flintshire	Saltney Wood Memorial C.P. School
Flintshire	Sandycroft C.P. School
Flintshire	Sealand C.P. School
Flintshire	Shotton Infants School
Flintshire	St Anthony's R.C. Primary School
Flintshire	Ven. Edward Morgan R.C. Primary School
Flintshire	Wat's Dyke Infants School
Flintshire	Westwood Community Primary School
Flintshire	Ysgol Bro Carmel
Flintshire	Ysgol Bryn Coch C.P.
Flintshire	Ysgol Bryn Pennant C.P.
Flintshire	Ysgol Croes Atti
Flintshire	Ysgol Estyn C.P.
Flintshire	Ysgol Glan Aber C.P.
Flintshire	Ysgol Glanrafon
Flintshire	Ysgol Gwenffrwd
Flintshire	Ysgol Gymraeg Mornant
Flintshire	Ysgol Parc Y Llan
Flintshire	Ysgol Y Fron C.P. School
Flintshire	Ysgol Y Waun
Flintshire	Argoed High School
Flintshire	Connah's Quay High School
Flintshire	Elfed High School
Flintshire	Holywell High School
Flintshire	Alun School

Flintshire	St Richard Gwyn Roman Catholic High School
Flintshire	Ysgol Maes Garmon
Gwynedd	Y.G. Abergynolwyn
Gwynedd	Y.G. Rhostryfan
Gwynedd	Y.G. Y Groeslon
Gwynedd	Ysgol Abercaseg
Gwynedd	Ysgol Babanod Coed Mawr
Gwynedd	Ysgol Bodfeurig
Gwynedd	Ysgol Bro Hedd Wyn
Gwynedd	Ysgol Bro Plennydd
Gwynedd	Ysgol Cefn Coch
Gwynedd	Ysgol Cymerau
Gwynedd	Ysgol Dolbadarn
Gwynedd	Ysgol Edmwnd Prys
Gwynedd	Ysgol Ein Harglwyddes
Gwynedd	Ysgol Foel Gron
Gwynedd	Ysgol Gynradd Aberdyfi
Gwynedd	Ysgol Gynradd Abererch
Gwynedd	Ysgol Gynradd Beddgelert
Gwynedd	Ysgol Gynradd Bethel
Gwynedd	Ysgol Gynradd Brynchrug
Gwynedd	Ysgol Gynradd Edern
Gwynedd	Ysgol Gynradd Hiracl
Gwynedd	Ysgol Gynradd Llanegryn
Gwynedd	Ysgol Gynradd Maesinclla
Gwynedd	Ysgol Gynradd Nebo
Gwynedd	Ysgol Gynradd Nefyn
Gwynedd	Ysgol Gynradd Pennal
Gwynedd	Ysgol Gynradd Rhiwlas
Gwynedd	Ysgol Ieuan Gwynedd
Gwynedd	Ysgol Llanystumdwy
Gwynedd	Ysgol Llidiardau
Gwynedd	Ysgol Penybryn
Gwynedd	Ysgol Trefertnyr
Gwynedd	Ysgol Tregarth
Gwynedd	Ysgol Y Friog
Gwynedd	Ysgol Y Gelli
Gwynedd	Ysgol Y Traeth
Gwynedd	Uned Bryn Llwyd
Gwynedd	Ysgol Ardudwy
Gwynedd	Ysgol Botwnnog
Gwynedd	Ysgol Brynrefail
Gwynedd	Ysgol Dyffryn Nantlle
Gwynedd	Ysgol Dyffryn Ogwen
Gwynedd	Ysgol Syr Hugh Owen
Gwynedd	Ysgol Uwchradd Tywyn
Gwynedd	Ysgol Hafod Lon

Isle of Anglesey	Ysgol Syr Thomas Jones
Merthyr Tydfil	St Illtyds R.C.Primary School
Merthyr Tydfil	Ysgol-Y-Graig Primary School
Merthyr Tydfil	Afon Taf High School
Merthyr Tydfil	Bishop Hedley High School
Merthyr Tydfil	Pen-Y-Dre High School
Monmouthshire	Caldicot West End Infants School
Monmouthshire	Castle Park Primary School
Monmouthshire	Govilon C.P. School
Monmouthshire	Llanfair Kilgeddin V.A. Primary
Monmouthshire	Llanfihangel Crucorney C.P. School
Monmouthshire	Llanover Junior and Infants School
Monmouthshire	Raglan V.C. Primary School
Monmouthshire	Thornwell Primary School
Monmouthshire	Ysgol Gymraeg Y Ffin
Monmouthshire	King Henry VIII Comprehensive School
Neath Port Talbot	Baglan Primary School
Neath Port Talbot	Blaendulais Primary School
Neath Port Talbot	Blaenhonddan Primary School
Neath Port Talbot	Brynhyfyrd Primary School
Neath Port Talbot	Central Junior School
Neath Port Talbot	Creunant Primary School
Neath Port Talbot	Croeserw Primary School
Neath Port Talbot	Crymlyn Primary School
Neath Port Talbot	Cwmafan Junior School
Neath Port Talbot	Duffryn Afan Primary School
Neath Port Talbot	Glyncorwg Primary School
Neath Port Talbot	Godre'rgraig Primary School
Neath Port Talbot	Llangiwig Primary School
Neath Port Talbot	Llansawel Primary School
Neath Port Talbot	Melin Infant School
Neath Port Talbot	Mynachlog Nedd Junior School
Neath Port Talbot	Neath Abbey Infants
Neath Port Talbot	Pontrhydyfen Primary School
Neath Port Talbot	Rhos Primary School
Neath Port Talbot	St Joseph's Infant School
Neath Port Talbot	St Josephs R.C.Primary School
Neath Port Talbot	Tairgwaith Primary School
Neath Port Talbot	Tirmorfa Primary School
Neath Port Talbot	Tonnau Primary Community School
Neath Port Talbot	Traethmelyn Primary School
Neath Port Talbot	Tywyn Primary School
Neath Port Talbot	Y.G.G. Blaendulais
Neath Port Talbot	YGGD Y Wern
Neath Port Talbot	YGGD Gwauncaegurwen
Neath Port Talbot	YGGD Trebannws
Neath Port Talbot	Ynysfach Primary School

Neath Port Talbot	Ynysmaerdy Primary School
Neath Port Talbot	Ysgol GG Rhos-Afan
Neath Port Talbot	Cefn Saeson Comprehensive School
Neath Port Talbot	Cwrt Sart Community Comprehensive School
Neath Port Talbot	Cymer Afan Comprehensive School
Neath Port Talbot	Dwr-Y-Felin Comprehensive School
Neath Port Talbot	Dyffryn School
Neath Port Talbot	Glan Afan Comprehensive School
Neath Port Talbot	Llangatwg Community School
Neath Port Talbot	Sandfields Comprehensive School
Newport	Alway Primary
Newport	Brynglas Primary School
Newport	Caerleon (Lodge Hill) Infants School
Newport	Caerleon (Lodge Hill) Junior School
Newport	Caerleon Endowed Infant school
Newport	Caerleon Endowed Junior School
Newport	Crindau Primary School
Newport	Duffryn Infant School
Newport	Duffryn Junior School
Newport	Gaer Infant School
Newport	Gaer Junior School
Newport	Glasllwch Primary School
Newport	High Cross Primary
Newport	Langstone Primary School
Newport	Maesglas Primary School
Newport	Malpas Park Primary School
Newport	Marshfield Primary School
Newport	Millbrook Primary School
Newport	Milton Infants School
Newport	Milton Junior School
Newport	Mount Pleasant Primary
Newport	Somerton Primary School
Newport	St Gabriel's R.C. Primary School
Newport	St Mary's R.C. Primary School
Newport	St Patrick's R.C. Primary School
Newport	Duffryn High School
Newport	Hartridge High School
Newport	St Julian's School
Pembrokeshire	Angle V.C. School
Pembrokeshire	Burton V.C.P. School
Pembrokeshire	Cosheston V.C.P. School
Pembrokeshire	Croesgoch C.P. School
Pembrokeshire	Fenton C.P
Pembrokeshire	Hakin C.P. Junior Mixed School
Pembrokeshire	Haverfordwest Junior V.C. School
Pembrokeshire	Hook C.P. School
Pembrokeshire	Johnston C.P. School

Pembrokeshire	Manorbier V.C.P. School
Pembrokeshire	Mathry V.C.P. School
Pembrokeshire	Mount Airey C.P.
Pembrokeshire	Neyland Primary School
Pembrokeshire	Orielton C.P. School
Pembrokeshire	Pennar Community School
Pembrokeshire	Puncheston CP School
Pembrokeshire	Roch C.P. School
Pembrokeshire	St Aidans V.A.P. School
Pembrokeshire	St Florence V.C. School
Pembrokeshire	St Francis V.R.C. School
Pembrokeshire	St Teilos V.R.C. School
Pembrokeshire	Wolfcastle C.P. School
Pembrokeshire	Ysgol Gelli Aur Golden Grove
Pembrokeshire	Ysgol Gynradd Brynconin
Pembrokeshire	Ysgol Llanychllwydog
Pembrokeshire	Outreach Unit (SAGE)
Pembrokeshire	Pembrokeshire Pupil Referral Service
Pembrokeshire	Milford Haven School
Pembrokeshire	Pembroke School Ysgol Penfro
Pembrokeshire	Sir Thomas Picton School
Pembrokeshire	Tasker-Milward V.C. School
Pembrokeshire	The Greenhill School
Pembrokeshire	Ysgol Bro Gwaun
Pembrokeshire	Ysgol Dewi Sant
Pembrokeshire	Ysgol Gyfun Ddwyieithog Y Preseli
Powys	Llanfyllin C.P. School
Powys	Aberhafesp C.P. School
Powys	Arddleen C.P. School
Powys	Ardwyn Nursery and Infant School
Powys	Banw C.P. School
Powys	Beguildy C.I.W. School
Powys	Buttington Trewern C.P. School
Powys	Dolfor C.P. School
Powys	Forden C.I.W. School
Powys	Gungrog C.I.W. Infant School
Powys	Hafren C.P. Junior School
Powys	Irfon Valley C.P. School
Powys	Ladywell Green Nurs. and Inf. School
Powys	Leighton C.P. School
Powys	Llanbister C.P. School
Powys	Llandinam C.P. School
Powys	Llandrindod Wells C.I.W. School
Powys	Llanelwedd C.I.W. School
Powys	Llanfair Caereinion C.P.
Powys	Llanfechain C.I.W. School
Powys	Llanfihangel Rhydithon C.P.

Powys	Llangynidr C.P. School
Powys	Llanidloes C.P. School
Powys	Montgomery C.I.W. School
Powys	Nantmel C.I.W. School
Powys	Presteigne C.P. School
Powys	Talgarth C.P. School
Powys	Ysgol Maesydre
Powys	Gwernyfed High School
Powys	John Beddoes School
Powys	Llandrindod High School
Powys	Llanidloes High School
Powys	Newtown High School
Powys	Welshpool High School
Powys	Brynllwarch Hall School
Rhondda Cynon Taf	Aberdare Town C.I.W. Primary School
Rhondda Cynon Taf	Aberllechau Primary School
Rhondda Cynon Taf	Alaw Primary School
Rhondda Cynon Taf	Blaengwawr Primary School
Rhondda Cynon Taf	Bodringallt Primary School
Rhondda Cynon Taf	Capcoch Primary School
Rhondda Cynon Taf	Caradog Primary School
Rhondda Cynon Taf	Cwmaman Infants School
Rhondda Cynon Taf	Cwmbach C.I.W. Primary School
Rhondda Cynon Taf	Cwmclydach Primary
Rhondda Cynon Taf	Cwmdar County Primary School
Rhondda Cynon Taf	Glanffrwd Infant School
Rhondda Cynon Taf	Glynhafod Junior School
Rhondda Cynon Taf	Hendreforgan Primary School
Rhondda Cynon Taf	Llanhari Primary School
Rhondda Cynon Taf	Maerdy Primary School
Rhondda Cynon Taf	Oaklands Primary School
Rhondda Cynon Taf	Penrhiwceibr Primary
Rhondda Cynon Taf	Pentre Primary School
Rhondda Cynon Taf	Penygraig Junior School
Rhondda Cynon Taf	Pontrhondda Primary School
Rhondda Cynon Taf	Rhigos Primary School
Rhondda Cynon Taf	Ton Pentre Junior School
Rhondda Cynon Taf	Tonypandy Primary School
Rhondda Cynon Taf	Tonysguboriau Primary School
Rhondda Cynon Taf	Tref-Y-Rhyg Primary School
Rhondda Cynon Taf	Treorchy Primary School
Rhondda Cynon Taf	Trerobart Primary School
Rhondda Cynon Taf	Ynysboeth Junior School
Rhondda Cynon Taf	Ynyswen Infant School
Rhondda Cynon Taf	Ysgol G. G. Llwyncelyn
Rhondda Cynon Taf	Ysgol G.G. Bodringallt
Rhondda Cynon Taf	Ysgol G.G. Bronllwyn

Rhondda Cynon Taf	Ysgol G.G. Llyn Y Forwyn
Rhondda Cynon Taf	Ysgol G.G. Ynyswen
Rhondda Cynon Taf	Ysgol Gymraeg Abercynon
Rhondda Cynon Taf	Aberdare Boys' School
Rhondda Cynon Taf	Bryncelynnog Comprehensive School
Rhondda Cynon Taf	Cardinal Newman R.C. Comprehensive School
Rhondda Cynon Taf	Hawthorn High School
Rhondda Cynon Taf	Tonyrefail Comprehensive School
Rhondda Cynon Taf	Ysgol Gyfun Cymer Rhondda
Rhondda Cynon Taf	Ysgol Gyfun Llanhari
Swansea	Bishopston Primary School
Swansea	Blaenymaes Primary School
Swansea	Brynhyfryd Junior School
Swansea	Casllwchwr Primary School
Swansea	Dunvant Primary
Swansea	Gors Community Primary School
Swansea	Gorseinon Junior School
Swansea	Gorseinon Infant and Nursery School
Swansea	Gwyrosydd Primary
Swansea	Knelston Primary School
Swansea	Manselton Primary School
Swansea	Pentrechwyth Primary School
Swansea	Pentrepoeth Infant School
Swansea	Pentrepoeth Junior School
Swansea	Plasmarl Primary School
Swansea	Portmead Primary School
Swansea	St Helen's Primary School
Swansea	St Joseph's Cathedral Infant School
Swansea	St Josephs Cathedral Junior School
Swansea	Townhill Community Primary School
Swansea	Waun Wen Primary School
Swansea	Y.G.G. Bryn-Y-Mor
Swansea	Ysgol Gynradd Gymraeg Lonlas
Swansea	Key Stage 3 Education Centre
Swansea	Bishop Gore School
Swansea	Cefn Hengoed Community School
Swansea	Daniel James Community School
Swansea	Gowerton School
Swansea	Morrison Comprehensive School
Swansea	Pentrehafod School
The Vale of Glamorgan	Gladstone Primary School
The Vale of Glamorgan	Holton Primary School
The Vale of Glamorgan	Peterston Super Ely C.I.W. Primary
The Vale of Glamorgan	St Helen's R.C. Junior School
The Vale of Glamorgan	Partnership for young parents
The Vale of Glamorgan	Llantwit Major School
The Vale of Glamorgan	St Cyres Comprehensive School

The Vale of Glamorgan	Ysgol Erw'r Delyn
Torfaen	Blaenavon Hillside Nursery School
Torfaen	Brynteg Nursery School
Torfaen	Two Locks Nursery School
Torfaen	Blenheim Road Community Primary School
Torfaen	Croesyceiliog Primary
Torfaen	Griffithstown Primary
Torfaen	Hillside Primary School
Torfaen	Hollybush Primary School
Torfaen	Kemys Fawr Infants School
Torfaen	Maendy Primary School
Torfaen	New Inn Primary School
Torfaen	Our Lady of the Angels R.C School
Torfaen	Pontnewynydd Primary
Torfaen	St David's R.C. Jnr. and Inf. School
Torfaen	St Peter's C.V. Junior and Infants
Torfaen	Victoria Primary School
Torfaen	cwnffrwdoer
Torfaen	Croesyceiliog School
Torfaen	Fairwater High School
Torfaen	Llantarnam School
Torfaen	St Alban's R.C. High School
Torfaen	Ysgol Gyfun Gwynllyw
Torfaen	Crownbridge Special Day School
Wrexham	Caia Park Nursery School
Wrexham	Erddig Nursery School
Wrexham	All Saints Primary School
Wrexham	Brynteg County School
Wrexham	Cefn Mawr Primary School
Wrexham	Ceiriog Junior School
Wrexham	Froncysyllte C.P. School
Wrexham	Garth C.P. School
Wrexham	Gwenfro Community Primary School
Wrexham	Johnstown Junior School
Wrexham	Minera Aided Primary School
Wrexham	Pentre Church in Wales Controlled Primary School
Wrexham	Pontfadog C.P. School
Wrexham	St Mary's C.I.W. Aided School
Wrexham	St Mary's Primary (Ruabon) School
Wrexham	Tanyfron C.P. School
Wrexham	Ysgol Acrefair
Wrexham	Ysgol Min-Y-Ddol
Wrexham	Cyfle Young Mothers Unit
Wrexham	Gwersyllt Support centre
Wrexham	Ymlaen
Wrexham	Darland High School
Wrexham	Ysgol Bryn Alyn

Wrexham	Ysgol-Y-Grango
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Mae cyfyngiadau ar y ddogfen hon