Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Iechyd a Gofal Cymdeithasol
The Health and Social Care Committee

Dydd Mercher, 2 Gorffennaf 2014
Wednesday, 2 July 2014

Cynnwys
Contents

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Leighton Andrews	Llafur Labour

Rebecca Evans	Llafur Labour
Janet Finch-Saunders	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour
Gwyn R. Price	Llafur Labour
David Rees	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Meri Huws	Comisiynydd y Gymraeg Welsh Language Comissioner
Rhodri Roberts	Uwch-swyddog Polisi a Chydymffurfiaeth Comisiynydd y Gymraeg Senior Policy and Compliance Officer for the Welsh Language Commissioner

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Helen Finlayson	Ail Glerc Second Clerk
Rhys Iorwerth	Y Gwasanaeth Ymchwil Research Service
Llinos Madeley	Clerc Clerk
Sarah Sargent	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 09:31.
The meeting began at 09:31.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

[1] **David Rees:** Good morning and welcome to this morning's session of the Health and Social Care Committee. This morning, we will be looking at the report from the Welsh Language Commissioner. I welcome Members to the meeting. I remind Members that the meeting is bilingual, and if you wish to use the headphones for simultaneous translation from Welsh to English, that will be on channel 1, and if you wish to use them for amplification, that will be on channel 0. I remind Members also to turn off their mobile phones and any other electronic equipment that may interfere with the broadcasting equipment. There is no

scheduled fire alarm this morning, so, if one goes off, please follow the directions of the ushers. We have not received any apologies this morning.

Sesiwn Graffu Gyffredinol gyda Chomisiynydd y Gymraeg
General Scrutiny Session with the Welsh Language Commissioner

[2] **David Rees:** We will move on to our session with the Welsh Language Commissioner.

[3] Hoffwn groesawu Meri Huws, Comisiynydd y Gymraeg, a Rhodri Roberts, uwch-swyddog polisi a chydymffurfiaeth. Diolch i chi am ddarparu papur ymlaen llaw. Bydd hanner cyntaf y sesiwn y bore yma yn canolbwyntio ar ymchwiliad y comisiynydd i'r Gymraeg mewn gofal sylfaenol. Sesiwn graffu gyffredinol fydd yr ail hanner. Awn yn syth at y cwestiynau.

I welcome Meri Huws, the Welsh Language Commissioner, and Rhodri Roberts, senior policy and compliance officer. Thank you for providing a written paper in advance. The first half of this morning session will focus on the commissioner's inquiry into the Welsh language in primary care. The second half will be a general scrutiny session. We will move straight to questions.

[4] The first question will come from Gwyn Price.

[5] **Gwyn R. Price:** Good morning. Could you expand on why you chose the Welsh language in primary care as the subject for your first ever statutory inquiry, and could you outline any specific concerns that instigated this?

[6] **Ms Huws:** Diolch yn fawr am y cyfle i gyflwyno'r adroddiad hwn i chi ac i edrych ar faes rwyf yn ei ystyried yn eithriadol o bwysig o ran y Gymraeg ac o ran ansawdd bywyd Cymry yng Nghymru.

Ms Huws: Thank you very much for the opportunity to present this report to you and to look at an area that is, in my view, exceptionally important in terms of the Welsh language and the quality of life of the people of Wales.

[7] Pam maes gofal sylfaenol? O'r diwrnod cyntaf fel comisiynydd, mae cwynion a chonsýrn am faes iechyd a gofal wedi dod i'm swyddfa yn rheolaidd, gydag unigolion a chymunedau yn poeni am ddiffyg gwasanaeth ac ansawdd gwasanaeth, a dechreuais glywed nifer o storïau eithaf dirdynnol a thrist ynglŷn â phobl, boed yn rhieni neu'n bobl sy'n edrych ar ôl rhieni, nad oedd yn cael gwasanaeth iechyd a gofal yn gyffredinol yn y Gymraeg. Felly, y penderfyniad cyntaf oedd bod angen edrych ar faes iechyd a gofal yn y lle cyntaf. O wneud y penderfyniad hwnnw—tua mis Awst 2012—bu trafodaeth wedyn am rai misoedd â'r sector ac â defnyddwyr y sector i benderfynu pa agwedd ar iechyd a gofal. Bu amryw o gynigion y dylem fod yn edrych ar wasanaethau yn ymwneud â dementia a strôc. Bu cynnig y dylem fod yn edrych ar barafeddygaeth. Bu cynigion ein bod yn edrych ar yr adeg y mae rhywun yn mynd i

Why choose the area of primary care? From my first day as commissioner, I have received complaints and concerns about the areas of health and care, and those come to my office regularly from individuals and communities concerned about the shortcomings of the service and the quality of the service, and I have started to hear a number of heartrending and sad stories from people, be they parents or people looking after their parents, who were not receiving healthcare services through the medium of Welsh. So, the first decision was that we needed to look at this area of health and care. Having made that decision—around August 2012—there was a debate for some months with the sector and service users to decide which aspect of health and care should be covered. There were a number of proposals that we should be looking at stroke and dementia services. There were proposals that we should look at paramedicine. There were proposals that we

mewn i'r ysbyty o ran *accident and emergency*. Ond roedd y neges yn dod trwodd yn gyson gan fyrddau iechyd a darparwyr mai gofal sylfaenol oedd y man cychwyn pwysig. Os edrychwch chi, mae 90% o'n hymwneud ni ag iechyd yn dechrau naill ai gyda'r meddyg lleol, y nyrs leol, y deintydd, yr optegydd neu, yn gynyddol, y fferyllydd. Felly, dyna pam.

should look at the point at which an individual goes into hospital for accident and emergency treatment. However, the message came through consistently from health boards and providers that primary care was the starting point. If you look at the figures, 90% of our engagement with the health sector starts with the local GP, the local nurse, the dentist, the optician or, increasingly, the pharmacist. So, that is why we took this decision.

[8] Dywedwyd wrthym ei fod yn faes anodd a dyrys, a dywedodd ambell un, 'Dewiswch faes haws', ond nid dyna a wnaethom, ac ym mis Ebrill 2013, penderfynwyd mai dyna a fyddai'r maes oherwydd, o gael y berthynas ac o gael y Gymraeg yn ganolog o'r dechrau, mae modd cynnal y daith wedyn. Os nad ydym yn edrych ar y Gymraeg ar y pwynt cyswllt cyntaf hwnnw, ac os nad yw'r berthynas yn cael ei sefydlu yn y fan honno, mae'n anodd wedyn i'w hachub i lawr yr heol. Felly, dyna pam.

We were told that this was a complex and difficult area, and some told me to choose a simpler topic, but we did not, and we took the decision in April 2013 to look at this area, because in having the relationship and in having the Welsh language at the heart of the service from the outset, that journey can be maintained. Unless we look at the Welsh language at that initial point of contact, and unless the relationship is established there, it is very difficult to save it further down the line. So, that is why we took this decision.

[9] **David Rees:** Could I take that a bit further before we look at your report and the issues that you have raised? You mentioned paramedics and A&E. Will you be looking at going into those areas and assessing them as well? Whereas you are quite right that 90% of health engagement is dealt with in the primary sector, sometimes, that point is where people revert back to their natural language. So, will you be looking at those areas as well?

[10] **Ms Huws:** O reidrwydd, wrth inni edrych ar weithredu'r ddogfen hon—a dyna'r ffocws ar hyn o bryd—rhaid inni sicrhau bod yr ymchwiliad hwn yn arwain at newid. O wneud hynny, mae'n siŵr y byddwn yn edrych ar wasanaethau eraill ac, efallai, ar sail yr adroddiad hwn, yn gwneud cynigion mewn meysydd eraill, lle y mae angen i eraill edrych ar y cwestiwn. Yn barod—dof yn ôl at hyn efallai—rydym yn clywed consýrn am wasanaethau iechyd meddwl. Felly, yr un math o gwestiynau sy'n codi eto: capasiti'r gweithlu, adnabod yr angen, cynnig rhagweithiol ac, wedyn, cynllunio'r dyfodol. Rwy'n credu bod lot o'r negeseuon a'r argymhellion sydd yn y ddogfen hon yn berthnasol i feysydd eraill, a byddwn yn agor y drafodaeth honno gyda'r meysydd eraill, lle bo hynny'n berthnasol ac yn briodol.

Ms Huws: It is necessary, as we look at the implementation of this document—and that is the focus at present—that we should ensure that this inquiry leads to change. In so doing, we are bound to start looking at other services and, possibly, on the basis of this report, making proposals in other areas, where others need to look at the question. Already—I will return to this perhaps—we are hearing concerns about mental health services. So, the same kinds of questions arise again: workforce capacity, identifying need, being proactive and future planning. So, I think that many of the messages and recommendations contained in this document are relevant to other areas, and we will be opening the discussion with other areas where that is appropriate and relevant.

[11] **David Rees:** The other point that I want to raise on your report is that you highlight the issue of the low percentages of availability within the primary care sector. I think that Dr Peter Higson talked about the 'clinical risks'. Can you expand upon that, because it is very

important as to how you see the clinical risks emanating from this problem?

[12] **Ms Huws:** Wrth sefydlu cylch gorchwyl yr ymchwiliad, un o'r pethau roeddwn yn ymwybodol iawn ohono oedd nad wyf yn feddyg, ac nid yw fy swyddogion yn feddygon nac yn ddarparwyr gwasanaethau iechyd, felly roedd yn bwysig iawn ein bod yn cael criw o arbenigwyr i'n cynghori. Gofynnom i Dr Peter Higson, yr Athro Ceri Phillips, Dr Gareth Llewelyn a Dr Elin Royles fod yn banel o ymgynghorwyr o'r maes, a hefyd yn banel o ddefnyddwyr. Felly, mae'r hyn y mae Peter wedi sôn amdano o ran y consýrn clinigol yn deillio yn gyntaf o'r hyn a glywsant fel tystiolaeth. Cymeron nhw dystiolaeth oddi wrth bobl a oedd wedi bod yn ymwneud â'r ymchwiliad cyhoeddus i Mid Staffordshire NHS Foundation Trust. Daeth yn fwyfwy o gonsýrn i'r panel arbenigol bod diffyg cynllunio i sicrhau trefniadau i gyfathrebu'n effeithiol drwy'r Gymraeg, a'r potensial i hynny arwain at broblemau clinigol. Heb fod yn rhy syfrdanol, roedden nhw'n rhagweld y gallai arwain at driniaeth wael ac, efallai, at farwolaeth, oherwydd bod y trefniadau o ran cyfathrebu â'r claf yn annigonol. Tra roeddwn i'n ei weld fel mater o angen, roedden nhw'n ei weld fel mater o gonsýrn clinigol, ac roedden nhw'n benderfynol o bwysleisio hynny yn yr adroddiad.

Ms Huws: In establishing the remit of the inquiry, one of the things that I was very aware of was the fact that I am not a doctor, and my officials are not doctors or service providers either, so it was very important that we had a group of specialists or experts to advise us. We asked Dr Peter Higson, Professor Ceri Phillips, Dr Gareth Llewelyn and Dr Elin Royles to be a panel of advisers from the field and a panel of users. So, what Peter has mentioned regarding clinical concern arises from the evidence that they heard. They took evidence from people who had been involved in the public inquiry into the Mid Staffordshire NHS Foundation Trust. It became a cause of even greater concern for the panel of experts that there was a lack of planning to ensure effective communication through the medium of Welsh, and the potential to lead to clinical problems and risks. Without wanting it to be perceived as scaremongering, they foresaw that it could actually lead to poor treatment and, possibly, death, because communication arrangements with the patient was inadequate. So, whereas I saw it as a matter of need, they saw it as a matter of clinical concern, and they were determined to emphasise that in the report.

[13] **David Rees:** Do you have any evidence that that did occur? Rebecca, that was your question; sorry.

[14] **Ms Huws:** Ni fyddwn yn fodlon dweud bod achos, ond roedd mor agos mewn rhai o'r meysydd tystiolaeth eu bod nhw eisiau rhoi rhybudd—hyd yn oed os nad oedd wedi digwydd, y gallai hynny ddigwydd—a dyna oedd y consýrn. Roedden nhw'n clywed negeseuon ei bod yn agos iawn—nid oedd o reidrwydd wedi digwydd, ond gallai fod yn agos iawn at ddigwydd.

Ms Huws: I would not be willing to say that there was a case, but it was so close in some of the areas of evidence that they wanted to issue a warning—that even if it had not occurred, it could occur. They were hearing messages that it was very close—not necassarily that it had happened, but that it could be close to happening.

[15] **Rebecca Evans:** That was my question, as to whether there were concrete examples of where clinical care had been compromised due to lack of service provision in the Welsh language. You say that there was one case where it came close, but that we do not have a broad base of evidence for this, at the moment.

[16] **Ms Huws:** Os ydych chi'n edrych ar sail y dystiolaeth, byddwn i'n dadlau bod sail y dystiolaeth yn yr ymholiad yn gryf, oherwydd fe gymerasom ni gyfnod o amser i

Ms Huws: If you look at the evidence base, I would argue that the evidence base for the inquiry is robust, because we took a period of time to gather evidence from individuals,

gasglu tystiolaeth oddi wrth unigolion, darparwyr ac arbenigwyr yn y maes. Nid oedd un achos lle byddwn i fel comisiynydd neu yn rôl ombwdsmon yn gallu rhoi bys arno a dweud, 'Dyna oedd y broblem', ond roedd yn rhan o'r broblem mewn lot o achosion lle'r oedd yna ddiffyg cyfathrebu, ac mewn rhai achosion lle'r oedd y cyfathrebu yn gorfod digwydd drwy drydydd person.

providers and specialists in the area. There was not a single case where I as commissioner or in an ombudsman role could point a finger and say, 'That was the problem', but it was part of the problem in a lot of cases where there was a lack of communication, and in certain cases where communication had to happen through a third person.

[17] **David Rees:** In addition to the concerns on clinical risk, you talked about a respecting dignity agenda. Could you expand on that a little?

[18] **Ms Huws:** Mae hynny yn ddechrau'r ymholiad i ni ac rwy'n credu mai dyna a ddaeth drwyddo yn gryf o ran cynllunio gwasanaethau mewn gwlad ddwyieithog. Mae angen sicrhau bod y claf ar ganol y gwasanaeth a bod y gwasanaeth yn cael ei gynllunio o gwmpas y claf ac urddas a pharch y claf o fewn y sefyllfa honno. Un o'r elfennau—ac fe welwch chi hyn yn y dystiolaeth—a oedd yn dod drwyddo yn gryf oedd bod pobl yn teimlo yn gryf bod yna ddiffyg parch o ran eu bod ddim yn cael y cynnig o wasanaeth Cymraeg a ddim yn gwybod bod y gwasanaeth ar gael, ac yn teimlo eu bod yn cael eu lleihau fel pobl ac fel cleifion oherwydd eu bod nhw ddim yn cael cyfathrebu yn yr iaith yr oedden nhw'n dymuno neu yn yr iaith yr oedden nhw angen cyfathrebu ynddi. Roedd hynny yn cael ei fynegi gan unigolion, ond roedd hefyd yn dod drwyddo yn gryf oddi wrth ofalwyr a theuluoedd, a oedd yn teimlo bod diffyg parch ac urddas yn y fan hon ac o golli'r parch a'r urddas hynny bod y gwasanaeth ei hun wedyn ddim o'r ansawdd y byddai rhywun yn disgwyl a gobeithio amdano.

Ms Huws: That is the starting point of the inquiry for us, and I think that that is what came through very strongly in terms of planning services in a bilingual country. You need to ensure that the patient is at the heart of the service and that the service is planned around the patient and the dignity of and respect for the patient within that situation. One of the elements—and you will see this in the evidence—that came through was that people felt strongly that there was a lack of respect in terms of not being offered a Welsh-language service and not knowing that that service was available, and feeling that they were being diminished as people and as patients because they could not communicate in their language of choice or the language that they needed to communicate in. That was expressed by individuals, but it also came through strongly from carers and family members, who felt that there was a lack of respect and dignity here, and in losing that respect and dignity, the service itself was not of the quality that one would expect and hope for.

[19] Rwy'n credu mai'r hyn sy'n dod drwyddo yw bod cyfle yn y fan hon, drwy barchu'r claf, cynllunio o gwmpas y claf a chydnabod bod mynegiant a chyfathrebu yn rhan o urddas a chydnabyddiaeth o'r claf, i ni yng Nghymru, mewn gwlad ddwyieithog, i gynllunio i greu gwasanaeth sydd yn sicrhau parch ac urddas ac ansawdd gofal.

I think that what comes through is that there is an opportunity here, through respecting patients, patient-centred planning and recognising that communication is a part of the dignity and acknowledgement of the patient, for us in Wales, in a bilingual nation, to plan in order to create a service that ensures respect and dignity, and quality of service.

[20] **Elin Jones:** Roeddwn i eisiau gofyn ynglŷn â'r gweithlu a sgiliau dwyieithog y gweithlu ym maes gofal sylfaenol. Rydych chi, yn adran 2 o'ch adroddiad, yn nodi'r

Elin Jones: I wanted to ask about the workforce and the bilingual skills of the workforce in the primary care field. In section 2 of your report, you note the

canrannau o'r cyswllt rhwng elfennau gwahanol o'r gweithlu gyda'r claf—nyrs practis, meddyg ac yn y blaen—a faint o'r sgyrsiau hynny sy'n digwydd yn Gymraeg neu'n Saesneg. Mae yna wahaniaeth sylweddol, er enghraifft, rhwng y canrannau hynny yn Betsi Cadwaladr o'u cymharu â hyd yn oed Hywel Dda yn ogystal â'r de. O ran hynny, beth ydych chi'n credu ddylai fod yn ddisgwyliedig neu'n dderbyniol mewn cymdeithas o ran y gwasanaeth iechyd? A ddylai'r gwasanaeth iechyd a sgiliau'r gweithlu fod yn adlewyrchu natur y gymdeithas yn yr ardal honno? Er enghraifft, yng Ngheredigion, mae 50% o bobl yn siarad Cymraeg, a fyddai rhywun wedyn yn naturiol yn gobeithio neu yn disgwyl bod tua 50% o staff y gwasanaeth iechyd yn gallu siarad Cymraeg, yn adlewyrchu'r boblogaeth, ac mewn ardaloedd gwahanol byddai hynny'n wahanol? A ydych chi'n gwybod a yw hynny'n weddol agos ati mewn lleoedd fel Hywel Dda neu Betsi Cadwaladr? A ydyn nhw'n adlewyrchu canran y boblogaeth sy'n siarad Cymraeg yn lleol? A yw'r ganran honno wedyn yn adlewyrchu'r ganran sydd yn gweithio yn y gwasanaeth iechyd? Rwy'n tybied ei bod hi ddim. Os felly, pam ddim yn y gwasanaeth iechyd? Yn gyffredinol, mewn meysydd eraill, p'un ai yw hynny mewn ffatri leol neu mewn ysgol leol, mae'r gweithlu yn adlewyrchu'r sefyllfa o ran yr iaith yn y gymdeithas benodol honno. Felly, pam fod y gwasanaeth iechyd yn wahanol yn hynny o beth?

percentages of contact between various elements of the workforce with the patient—the practice nurse, doctor and so on—and how many of those conversations take place in Welsh or in English. There is a significant difference, for instance, between those percentages in Betsi Cadwaladr compared with even Hywel Dda in addition to south Wales. From that point of view, what do you believe should be expected or acceptable in society in terms of the health service? Should the health service and the workforce's skills reflect the nature of the community in that area? For example, in Ceredigion, 50% of the population speaks Welsh, would one then naturally hope or expect that approximately 50% of health service staff could be able to speak Welsh, reflecting the population, and in different areas that that would vary? Do you know whether that is quite close to the mark in areas such as Hywel Dda or Betsi Cadwaladr? Do they reflect the percentage of the population that speaks Welsh locally? Does that percentage then reflect the percentage that works in the health service? I suspect that it does not. Therefore, why not? Generally, in other fields, whether in a local factory or a local school, the workforce reflects the language breakdown in that particular community. So, why is the health service different in that respect?

[21] **Ms Huws:** Mae hwnnw'n gwestiwn anodd i ateb ac, i ddweud y gwir, nid dyna oedd ffocws yr ymholiad. Fe gasglasom ni'r dystiolaeth ac rydym ni wedi gweld y pictiwr, ac mae'n hollol gywir i ddweud bod yna wahaniaethau o ardal i ardal, ac o ddisgyblaeth i ddisgyblaeth, o fewn y gwasanaeth iechyd. Yr hyn sydd yn dod yn glir, ac mae sawl elfen i'r ateb, yw, yn y man cyntaf, bod cyfrifoldeb polisi gan Lywodraeth Cymru i roi cyfarwyddyd i fyrddau iechyd ac i ymddiriedolaethau i gynnal awdit sgiliau. Nid yw'r data sydd gennym yn gyflawn—pictiwr ydyw. Nid oes data dibynadwy. Mae hynny'n un o'r pethau sy'n dod trwyddo'n gryf—diffyg data a diffyg ymchwil.

Ms Huws: That is a difficult question to answer, and, if truth be told, that was not the focus of our inquiry. We gathered the evidence and we have seen a picture emerge, and it is quite right to say that there are differences from one area to the next, and from one discipline to the next, within the health service. What becomes clear, and there are a number of elements to this response, is that, in the first place, there is a policy responsibility on the Welsh Government to give direction to health boards and trusts to hold a skills audit. The data that we hold are not complete—they provide a snapshot. There are no reliable data. That is one of the things that come through very strongly—a lack of research and a lack of data.

09:45

[22] Felly, yn y man cyntaf, mae angen i'r data ar gapasiti'r sector iechyd fod yn glir ac yn gyflawn ar draws Cymru ac mae angen casglu'r un math o ddata yn hytrach na'i wneud yn dameidiog. Mae'n cael ei wneud yn wahanol mewn gwahanol ardaloedd. O gymryd pictiwr cenedlaethol a phictiwr rhanbarthol, mae'r ymholiad yn dweud bod cyfle wedyn i wneud sawl peth. Gallem edrych ar y capasiti sydd yn y gweithlu'n barod, gan gymryd bod 80% o'r rhai hynny sydd yn y gweithlu heddiw'n mynd i fod yn y gweithlu mewn 10 mlynedd. Felly, mae angen edrych ar hynny a chydnabod y bylchau o ran sgiliau ieithyddol sydd yn bodoli yn barod a chydnabod y potensial hefyd. Un peth sy'n dod trwyddo'n gryf yw nad yw'r ffigurau'n adlewyrchu'r capasiti naturiol mewn rhai pobl. Fel rydym yn gwybod o feysydd eraill, pan mae rhywun yn gofyn i unigolyn, 'Ydych chi'n siarad Cymraeg?', mae'r ffilter yn eu pennau sy'n gwneud iddynt feddwl, 'Beth sy'n mynd i ddigwydd os ateba i'n bositif i hyn?' Felly, mae angen rhoi gwerth i'r cwestiwn ac i'r Gymraeg fel sgìl, a sicrhau nad yw rhywun yn poeni ei fod yn mynd i orfod cyfieithu dogfennau di-rif, o ateb y cwestiwn hwnnw. Felly, mae'n fater o fesur capasiti, adnabod y bylchau a rhoi gwerth i'r Gymraeg fel sgìl o fewn y gweithlu. Dim ond wedyn y gallwn ni ddechrau ateb y cwestiwn, 'A yw'r balans yn iawn yn yr ardaloedd iawn, yn y llefydd iawn ac yn y disgyblaethau iawn?' Fe allwn wneud hynny ar lefel ranbarthol, ond rwy'n credu y dylai fod yn digwydd ar lefel genedlaethol yng Nghymru, ac wedyn bydd modd edrych ar yr hyn sy'n digwydd yn Betsi Cadwaladr.

So, initially, the capacity data for the health sector need to be clear and complete across Wales and there is a need to gather the same kind of data rather than doing it in a piecemeal way. It is done differently in different areas. From having that national and regional picture, the inquiry does state that there is an opportunity to do a number of things. We can look at the existing capacity within the workforce, assuming that 80% of the workforce now will still be in the workforce in 10 years' time. So, we need to look at that and identify the gaps in terms of language skills and identify the potential that exists as well. One thing that comes through very clearly is that the figures do not reflect the natural capacity within certain people. As we know from other areas, when one asks an individual whether they speak Welsh, there is this filter in their brains making them think, 'What is going to happen if I respond positively to that question?' So, we need to place a value on that question and the Welsh language as a skill, and ensure that people are not worried that they will have to translate all sorts of documents if they answer that they are Welsh speakers. We need to measure capacity, recognise and identify the gaps and place a value on the Welsh language as a skill in the workforce. It is only then that we can start to answer the question, 'Is the balance right in the right areas, in the right places and in the disciplines?' We could do that on a regional level, but I think that it should happen on a national level here in Wales, and then we can look at what happens in Betsi Cadwaladr.

[23] Buaswn i'n dadlau y dylech roi'r claf ar ganol y gwasanaeth iechyd a chynllunio o gwmpas hynny. Ni ddylai rhywun yng Ngheredigion cael gwell gwasanaeth na rhywun yng Nghasnewydd; dylent gael yr un lefel o wasanaeth. Dyna'r hyn y dylem fod yn cynllunio i'w gyflawni yn y dyfodol. Rwy'n sôn am gynllunio a rhywbeth sy'n mynd i ddigwydd dros gyfnod o amser.

I would argue that you should put the patient at the heart of the health service and plan around the patient. Someone in Ceredigion should not get a better service than someone in Newport; they should be getting the same level of service. That is what we should be planning to achieve in the future. I am talking about planning and something that is going to happen in the longer term here.

[24] **Elin Jones:** Os felly, wrth gwrs, rhan o hyn yw cynllunio gweithlu'r dyfodol yn ogystal ag edrych ar sgiliau'r gweithlu presennol. Hoffwn droi at feddygon teulu yn

Elin Jones: If so, of course, part of this is about forward planning for the workforce of the future and looking at the current skills of the workforce. I would like to turn to general

benodol. Rydym yn gwybod bod angen cynyddu nifer y meddygon teulu yng Nghymru, fel mewn lleoedd eraill o ran hynny hefyd, oherwydd bod natur y gwasanaeth iechyd yn newid, gyda llai o ddibyniaeth ar yr ysbyty a mwy o ddibyniaeth ar wasanaethau yn y gymuned. Mae *issue* o ran hyfforddi a recriwtio meddygon teulu. Mae lleoedd ar gyfer hyfforddi meddygon teulu ôl-raddedig ym Mronglais, er enghraifft, sydd ddim yn cael eu llenwi, oherwydd nad oes ffynhonnell yn dod trwyddo. Eto, mae enghreifftiau yn fy etholaeth i—a gallaf ond ddychmygu eu bod yn bodoli mewn lleoedd eraill—o Gymry Cymraeg ifanc sy'n gwneud eu lefel A ac sydd eisiau cael lle mewn ysgol feddygol yn cael eu gwrthod hyd yn oed am gyfweliad ambell waith, gan Brifysgol Caerdydd yn benodol, ac sy'n mynd i hyfforddi i fod yn ddoctoriaid yn Lloegr. Gallaf fynd â chi at unigolion sydd yn awr yn gweithio fel doctoriaid yn Southampton neu yn Nottingham, achos iddynt gael eu gwrthod 10 neu bum mlynedd yn ôl.

practitioners specifically. We know that we need to increase the number of GPs in Wales, as in other places too for that matter, because the nature of the health service is changing, with less dependency on the hospital and a greater dependency on services in the community. There is an issue in terms of the recruitment and training of GPs. There are postgraduate GP training places in Bronglais, for example, which are never filled, because there is no resource coming through. Yet, there are examples in my own constituency—and I can only imagine that it is true in other areas—of young Welsh speakers studying for their A-levels and wanting to go into medicine and they are refused even an interview, sometimes, by Cardiff University specifically, and then they go to train and become doctors in England. I could take you to individuals who now work as doctors in Southampton or Nottingham, because they were rejected 10 or five years ago.

[25] O ran doctoriaid yn benodol, oherwydd bod y cyfnod hyfforddi mor hir, mae canran uchel ohonynt yn aros yn weddol lleol i'r lle y bu iddynt hyfforddi. Felly, mae tensiwn rhwng yr hyfforddi sy'n digwydd yng Nghymru a'r anallu i gymryd y *pool* mawr o nid jest Cymry Cymraeg, ond pobl ifanc o Gymru yn gyffredinol, pa bynnag iaith maent yn ei siarad, i mewn i hyfforddiant yng Nghymru. Felly, nid ydym yn cael y ffynhonnell honno yn mynd i mewn i'r gweithlu yn y pen draw.

In terms of doctors, specifically, because the training period is so lengthy, a very high percentage of them remain local to where they trained. So, there is a tension between the training that takes place in Wales and the inability to take from the big pool of not just Welsh speakers, but young Welsh people generally, whether they speak Welsh or not, into training in Wales. Therefore, we do not get that resource ultimately going into the GP workforce.

[26] Rwy'n nodi bod gennych argymhelliad ynglŷn â chynllunio'r gweithlu a bod eisiau gwneud hynny mewn modd mwy rhagweithiol. Sut y byddech yn awgrymu bod Llywodraeth Cymru yn gwneud hynny yng nghyd-destun bod yn fwy rhagweithiol gyda phobl sy'n cychwyn eu taith o ran y broses hyfforddi yng Nghymru?

I note what you say about workforce planning and the need to do that in a more proactive way. How would you suggest that Welsh Government does that in the context of being more proactive as regards the people who are starting their journey in terms of the training process in Wales?

[27] **Ms Huws:** Rydych chi, Elin, yn sôn am unigolion. Rwy'n credu, yn anffodus, fod yr un storiâu yn wir heddiw ag a oedd yn wir 10 mlynedd yn ôl. Os ydym o ddifrif yng Nghymru ynglŷn â chynllunio gweithlu a chynllunio i gael meddyg Cymraeg, nyrs Gymraeg, fferyllydd Cymraeg ac optegydd

Ms Huws: Elin, you are talking about individuals. I think, unfortunately, that the same stories are true today that were true 10 years ago. If we are serious in Wales about workforce planning and planning to have Welsh-speaking doctors, nurses, pharmacists and opticians, we and the Government have

Cymraeg, mae'n rhaid i ni a'r Llywodraeth gydio yng nghynllunio'r gweithlu a dechrau comisiynu'n rhagweithiol a dechrau rhoi ffocws ar anghenion ieithyddol fel rhan o'r pecyn hwnnw. O edrych ar y ffigurau a'r hyn sydd wedi digwydd, ac yn digwydd, o ran addysg Gymraeg a dwyieithog yng Nghymru, ni ddylai fod yn broblem. Rydym yn cynhyrchu pobl sy'n abl ac sy'n mynd drwy'r system, ac mae angen inni gymryd esiamplau o wledydd eraill a bod yn fwy rhagweithiol o ran sicrhau bod y bobl ifanc hynny—a'r rhai sydd ddim mor ifanc, efallai—yn mynd i mewn i'n sefydliadau addysg i ddod yn ddoctoriaid, nyrsys a fferyllwyr a'n bod yn cynllunio'r gweithlu yn hollol ragweithiol. Mae yna gyfle gyda'r Coleg Cymraeg Cenedlaethol, ac rwy'n gwybod ei fod wedi gosod darlithwyr yng Nghaerdydd, ond mae angen inni edrych ar y prosesau recriwtio ac mae angen rhoi canllawiau ynglŷn â beth yw doctor llawn sy'n gweithio yng Nghymru, a bod sgiliau ieithyddol yn rhan o'r pecyn hwnnw. Ni ddylai fod cystadleuaeth yma. Dylai fod yn rhan o'r cyfanrwydd o fod yn weithredwr yn y byd iechyd yng Nghymru. Mae yna gyfle i Lywodraeth Cymru, drwy brosesau comisiynu, roi siâp ar weithlu'r dyfodol. Mae'n mynd i gymryd amser, ond mae angen gwneud hynny nawr.

to grasp the nettle with regard to workforce planning and start to commission proactively and start to focus on linguistic needs as part of that package. Looking at the figures and what has happened, and is happening, in terms of Welsh-medium and bilingual education in Wales, it should not be a problem. We are producing people who are capable and who are going through the system, and we need to take examples from elsewhere and be more proactive in ensuring that those young people—and the not-so-young people, perhaps—do go into our education institutions to become doctors, nurses and pharmacists and that we plan the workforce in an entirely proactive way. There is an opportunity with the Coleg Cymraeg Cenedlaethol, and I know that it has lecturers in Cardiff, but we need to look at the recruitment processes and we need to provide guidance as to what is required of doctors working in Wales, and that language skills should be part of the package. There should be no competition here. It should be part of the whole in terms of being a practitioner in the health service in Wales. There is an opportunity for the Welsh Government, through commissioning processes, to tailor the future workforce. It is going to take time, but it needs to be done now.

[28] **David Rees:** I have questions from Rebecca and Leighton.

[29] **Rebecca Evans:** I have two questions, so I will ask them together. The first question is this: is part of the issue confidence among our workforce? Given that people's healthcare is so important, when you are having a dialogue with somebody, you do not want to miss or misunderstand something. So, perhaps people who may feel happy speaking in Welsh in one workforce setting may feel less confident about doing so in a health setting because of the danger of getting it wrong, litigation, hurting the person you are caring for, and so on. Is that a problem? If so, how do we deal with it?

[30] The second question is: the committee hears all the time about the recruitment challenges in the NHS, and Elin has described some of them. We also hear that there is perception from outside Wales that you have to speak Welsh to work in the Welsh NHS. How do you respond to those concerns?

[31] **Ms Huws:** Rwyf am ateb y cwestiwn cyfathrebu yn gyntaf a'r angen i sicrhau bod cyfathrebu yn effeithiol. Rydych yn sôn am yr ymarferwr iechyd yn ansicr. I ddelio â'r cwestiwn hwnnw yn gyntaf, mae'n rhaid inni roi'r sgiliau i'r ymarferwr i deimlo bod ganddo ef neu hi y sgiliau i gyfathrebu. Ddiwedd wythnos diwethaf, cefais gyfarfod â Phrif Swyddog Fferyllol Cymru, a gododd yr

Ms Huws: I will answer the question on communication first and the need to ensure effective communication. You talk about the health practitioner not being certain or confident. In order to deal with that question, we have to give the practitioner the skills to feel that they have skills to communicate. At the end of last week, I had a meeting with the Chief Pharmaceutical Officer for Wales who

un math o gwestiynau ynglŷn ag iechyd a diogelwch a'r angen i sicrhau terminoleg a hyder yr ymarferwr a sicrhau nad yw sgiliau ieithyddol yn boen o ran iechyd a diogelwch. I droi hynny rownd: mae hefyd yn eithriadol o bwysig bod y claf yn gallu mynegi ei anghenion yn glir. I'r claf, efallai mai yn y Gymraeg y mae ef neu hi yn gallu gwneud hynny'n fwyaf effeithiol. Felly, o osod y claf ar ganol y broses gyfathrebu, credaf fod dwy ochr yn y fan hon: mae angen inni gynyddu sgiliau a hyder yr ymarferwr, yn ogystal â sicrhau bod y claf yn cael cyfrannu yn yr iaith y mae'n dymuno neu, efallai, yr unig iaith y gall ddefnyddio.

raised the same kind of questions about health and safety and the need to ensure the terminology and the confidence of the practitioner and that the linguistic skills should not be a burden in terms of health and safety. To turn that around: it is also extremely important that the patient can clearly express his or her needs. For the patient, perhaps it is in Welsh that they can do that most effectively. So, in placing the patient at the heart of the communication process, there are two sides to the question: we need to increase the skills and confidence of the practitioner, as well as ensuring that the patient is able to contribute in their language of choice, or, perhaps, the only language that they can use.

[32] Yn ail, o ran recriwtio, mae hynny'n sialens, ac nid wyf yn ceisio bychanu'r sialens honno. O adnabod y sialens a'r angen i gynllunio gweithlu'r dyfodol yn y meysydd hynny i gyd—o'r therapydd i'r nyrs, i'r person sy'n sefyll y tu ôl y ddesg yn y feddygfa ac i'r doctor—credaf fod angen inni osod sgiliau ieithyddol yn rhan o'r pecyn. Rwy'n ymwybodol bod consýrn yn cael ei godi bob hyn a hyn ynglŷn â'r syniad hwn bod yn rhaid i bob meddyg yng Nghymru fod yn hollol rugl yn y Gymraeg. Rwy'n deall hynny ond rwy'n credu bod yn rhaid i ni gael elfen o resymoldeb ac edrych ar gynllunio'r gweithlu yn ei gyfanrwydd. Yr hyn yr ydym ni'n edrych amdano yn y fan hon yw gwasanaeth yn ei gyfanrwydd sy'n gyflawn, ac efallai bod hynny, ar adegau, yn golygu mai'r nyrs practis neu'r person y tu ôl i'r dderbynfa sy'n gallu hwyluso'r broses o gyfathrebu. Rhaid i ni roi hyn yn ei gyd-destun ehangach, ac mae angen i ni weithio gyda chyrff proffesiynol i ddileu rhai o'r storïau eithaf dwl hyn sy'n bodoli am yr angen i allu cynghaneddu yn Gymraeg cyn bod rhywun yn ddoctor yng Nghymru.

Secondly, in terms of recruitment, it is a challenge, and I am not trying to belittle that challenge. In recognising the challenge and the need to plan for the future workforce in all those areas—from the therapist to the nurse, to the receptionist and to the doctor—we need to ensure that we make language skills part of the package. I am aware that concerns are raised occasionally about the idea that all doctors in Wales have to be completely fluent in Welsh. I understand that, but I think we need to have an element of reasonableness and look at workforce planning as a whole. What we are looking for here is a holistic service, and that might mean that, at times, the practice nurse or the receptionist can facilitate the process of communication. We have to put this in its broader context, and we need to work with professional bodies to get rid of some of these rather stupid stories that are out there that people need to be able to write in cynghanedd before they can become a doctor in Wales.

[33] **Leighton Andrews:** Beth sy'n digwydd mewn ardaloedd lle mae mwyafrif y bobl yn siarad Cymraeg? A oes enghreifftiau o ymarfer gorau yno?

Leighton Andrews: What happens in areas where the majority of people are Welsh speaking? Are there examples of best practice there?

[34] **Ms Huws:** Cwestiwn da. Buaswn i'n dweud, hyd yn oed yn yr ardaloedd lle mae niferoedd uchel o bobl yn siarad y ddwy iaith, bod y gwasanaeth yn dal yn dameidiog. Un o'r prif negeseuon sy'n dod drwyddo yw

Ms Huws: That is a good question. I would say, even in those areas where there are large numbers of people who speak both languages, the service is still patchy. One of the main messages coming through is a lack

diffyg cynllunio, hyd yn oed mewn ardaloedd lle mae niferoedd uchel o siaradwyr Cymraeg, ac rydym yn gweld hynny yn yr adroddiadau monitro rydym yn eu cael.

of planning, even in areas where there are large numbers of Welsh speakers, and we see that in the monitoring reports that we receive.

[35] Wedi dweud hynny, o fewn yr anghysondeb, mae esiamplau arbennig o arfer da, lle mae meddygfeydd yn ei gwneud yn amlwg fod cynnig rhagweithiol ac yn hwyluso hynny gan fynd allan o'u ffordd i sicrhau bod y claf yn deall nid yn unig ei bod yn dderbyniol ond ei bod yn bositif i allu cyfathrebu yn Gymraeg.

Having said that, within that inconsistency, there are exceptionally good examples of good practice, where surgeries make it evident that there is an active offer and facilitate that by going out of their way to ensure that the patient understands that it is not just acceptable but positive to be able to communicate in Welsh.

[36] Mae esiamplau hefyd lle mae meddygfeydd a darpariaethau, yn arbennig meddygfeydd mwy, yn cynllunio i sicrhau bod Cymry Cymraeg ar bob sifft a bod yna wastad rhywun yn y sefyllfa gofalu sy'n gallu cyfathrebu yn Gymraeg, boed hynny yn nyrs practis neu rywun arall, os nad yw'r meddygon sydd ar ddyletswydd y diwrnod hwnnw yn siarad Cymraeg, a bod yna wastad rhywun sy'n gallu siarad Cymraeg ac sydd â'r sgíl i siarad yn briodol â'r person hwnnw.

There are also examples where surgeries and other provision, particularly larger surgeries, plan in order to ensure that there are Welsh speakers available on every shift and that there is always someone in the care situation who can speak Welsh, whether it is the practice nurse or somebody else, if the doctors on duty that day cannot speak Welsh, and that there is always somebody available who can speak Welsh and who has the skill to speak with that person appropriately.

[37] Rwyf hefyd yn gweld esiamplau, ac rydym wedi clywed am esiamplau, lle, efallai, nad yw'r unigolion hynny sydd y tu ôl i'r dderbynfa yn ymarferwyr iechyd ond yn cael eu hwyluso i fod yn bobl sy'n gallu hwyluso'r drafodaeth, ac eto bod y Gymraeg yn cael ei chydnabod fel sgíl yn y sefyllfa honno. Felly, mae tameidiau o aur allan yno, ond mae mor anghyson. Mae angen—ac rwy'n credu dyna un o'r argymhellion—rhoi cyfarwyddyd clir mewn gofal sylfaenol i feddygfeydd a'r holl sefyllfaoedd eraill ynglŷn â beth yw cynnig rhagweithiol, a beth yw gwneud hi'n hawdd i'r claf ddefnyddio'r Gymraeg a'i fod yn teimlo bod croeso i hynny ac nid bod problem yn codi o hynny.

I have also seen examples, and we have heard of examples, where those individuals who are behind the reception desk are not perhaps health practitioners but are facilitated to be people who can facilitate the discussion and, again, Welsh is acknowledged as a skill in that situation. So, there are nuggets of gold out there, but it is so inconsistent. We need—and I think that it is one of the recommendations—to give clear guidance in primary care to surgeries and all the other situations about what is an active offer, and what makes it easy for the patient to use the Welsh language and to feel that that is welcomed and not something that is a problem.

[38] **David Rees:** In a sense, my question goes back to the workforce scenario. You mentioned in your answers earlier longer term planning and the concept of the active offer that you have identified in your report. I assume that that is a longer term plan so that people, at some point, will be able to provide the active offer service. So, what is your expectation of the active offer service, and what type of timescale do you think we will need to be able to put such a scheme into operation?

[39] **Ms Huws:** Mae sawl haen i wasanaeth rhagweithiol, ac mae cael gwasanaeth rhagweithiol cyflawn a hollol sicr yng Nghymru yn mynd i gymryd amser o ran cynllunio, ond mae cymaint o bethau

Ms Huws: There are many strands to an active service, and getting a comprehensive and entirely robust active service in Wales will take time in terms of planning, but there are so many quick wins that could be

rhwydd y gellid eu gwneud yn syth. Os edrychwch chi ar yr ymholiad llawn, mae esiamplau o Gymru, a hefyd o Ganada, lle mae'r claf yn pwysleisio pwysigrwydd y gweledol: bod rhywun yn gweld bathodyn sy'n dangos bod y person hwnnw'n siarad Cymraeg, yn gweld nodyn ar y ddesg sy'n dweud, 'Siaredir Cymraeg yma', neu'n gweld rhywbeth ar sgrin sy'n dweud, 'Mae'r person yma'n siarad Cymraeg, cysylltwch â hwn neu hon os ydych chi eisiau gwasanaeth Cymraeg'. Felly, mae pethau hollol syml a gweledol y gallent ddigwydd o heddiw, ac maen nhw'n digwydd mewn rhai mannau yng Nghymru.

achieved immediately. If you look at the full inquiry, there are examples from Wales and also from Canada, where the patient emphasises the importance of the visual: that someone sees a badge to show that an individual is a Welsh speaker, sees a note on the desk saying, 'Welsh spoken here', or sees something on the screen that says, 'This person speaks Welsh, contact him or her if you want a Welsh-language service'. So, there are simple and visual things that could happen now, and they are happening in certain areas of Wales.

[40] Yr hyn sydd angen ei wneud yn syth yw sicrhau bod hynny'n gyson ar draws Cymru, a bod hynny mewn canllawiau sy'n cael eu rhoi i ddoctoriaid a meddygfeydd, ei fod yn rhan o'r broses gontractio hefyd a'i fod yn rhan o'r hyn sy'n ddisgwyliedig wrth gynnig gofal sylfaenol.

What we need to do immediately is to ensure that that is consistent across Wales, that it is in guidance given to doctors and surgeries, that it is a part of the contracting process, and that it is part of what is expected in providing primary care.

10:00

[41] Wedyn mae'r haenau o newid diwylliant, o addysg a hyfforddiant, ac o greu sgiliau. Mae hynny yn mynd i gymryd mwy o amser. Mae yna esiampl dda yr ydym ni'n edrych arni'n agos, sef y Ffrangeg yng Nghanada—nid yn Quebec, ond yng ngweddill Canada, lle mae'r Ffrangeg, gan amlaf, yn iaith leiafrifol. Maent wedi cymryd y cysyniad o'r cynnig rhagweithiol ers tua 2004 fel rhywbeth y maent yn cynllunio o fewn y gwasanaeth iechyd. Maent yn gwneud hynny gyda brwdfrydedd ac wedyn maent yn ei gymryd yn ôl i'r byd addysg a hyfforddiant ac maent wedi gweld camu sylweddol o ran newid diwylliant, newid ansawdd y gwasanaeth a newid profiad y claf—mae'r claf yn teimlo'n llawer mwy hyderus wrth ddefnyddio'r Ffrangeg ac yn dymuno defnyddio'r Ffrangeg yn y cyd-destun iechyd. Rwyf yn credu y gallem ddysgu'n uniongyrchol o hynny. Camau bach ydynt, ond maent yn gamau pwysig i'r claf.

Then you have the strands of culture change, education and training, and skills development. That is going to take longer. There is a good example that we are looking at very closely, which is the French language in Canada—not in Quebec, but in the rest of Canada, where French, for the most part, is a minority language. They have taken the concept of the active offer since around 2004 as something that they plan for within the health service. They do so with enthusiasm and then they take it back to the education and training sector and they have seen significant steps in terms of a culture change, a change in the quality of service and a change in patient experience—patients feel far more confident in using the French language and wish to use the French language in the health context. I think that we could learn direct lessons from there. They are small steps, but they are important steps for the patient.

[42] **David Rees:** As you mentioned, that occurs on some occasions. My wife works in the health service and she actually has the Welsh badge. Is there identification of policy across health boards for this purpose or is it just simply done on an ad hoc basis at this point in time?

[43] **Ms Huws:** I fod yn deg, rwyf yn credu mai tameidiog ac ad hoc yw'r

Ms Huws: To be fair, I think that the provision is patchy and ad hoc. Health

ddarpariaeth. Mae byrddau iechyd, trwy eu cynlluniau iaith—ac y mae Rhodri yn gyfrifol am fonitro cynlluniau iaith y byrddau iechyd—i gyd, mewn gwahanol ffyrdd, yn cydnabod pwysigrwydd hyn, ond nid ydynt o reidrwydd yn cymryd hynny i ystyriaeth pan maent yn cytundebu a phan maent yn prynu gwasanaeth trydydd parti, felly mae'n anghyson yn ei weithrediad. Hwnnw, rwyf yn credu, yw'r arweiniad polisi sydd ei eisiau: ein bod, yng Nghymru, yn cael pecyn o'r hyn sy'n cael ei ystyried yn gynnig rhagweithiol, sut mae'n cael ei gyflawni, sut mae'n cael ei gyflwyno a sut mae'n cael ei sicrhau o ran sgiliau a chynllunio'r gweithlu. Hefyd, ar faterion sy'n ymddangos yn fach, ond nad ydynt yn fach, sut ydych yn adnabod y claf sy'n dymuno cael gwasanaeth trwy gyfrwng y Gymraeg? Mae'r ymholiad yn sôn am anghenion technoleg. Nid ydym yn defnyddio technoleg mewn ffordd effeithiol o ran nodi anghenion ieithyddol y claf a nodi capasiti'r gweithlu. Mae cwestiwn yno, nad yw'n orfodol, o ran sgiliau ieithyddol ymarferwyr iechyd, ond byddai mor rhwydd i ofyn y cwestiwn ac wedyn byddai gennym bictiwr yn weddol o glou ynghylch lle mae'r rheini sy'n gallu cynnig gwasanaeth yn y Gymraeg. Felly, mae gymaint o wahanol haenau yn y fan hon o ran edrych i'r dyfodol.

boards, through their language schemes—and Rhodri is responsible for monitoring the health boards' language schemes—in different ways all recognise the importance of this, but they do not necessarily take that into consideration when they issue contracts or when they purchase services from third parties, so it is inconsistent in its implementation. That is, I think, the policy guidance required: that we, in Wales, have a package of what is considered to be an active offer, how it is delivered, how it is presented and how it is secured in terms of skills and workforce planning. Also, on issues that may appear minor, but are not minor in reality, how do you identify the patient who wishes to receive treatment through the medium of Welsh? The inquiry mentions technology needs. We are not using technology in a way that is effective in terms of noting the language needs of the patient and the capacity of the workforce. There is a question there, which is not a requirement, in terms of the language skills of health practitioners, but it would be so easy to ask the question and then we would have a picture relatively quickly of where those people are who can provide a service through the medium of Welsh. So, there are so many different strands here in terms of looking to the future.

[44] **Elin Jones:** Roeddwn i jest yn meddwl, a tybed a ydych yn cytuno, mai rhan o'r broblem strwythurol o ran darpariaeth gwasanaeth Gymraeg yn y sector sylfaenol yw'r ffaith fod y sector ei hunan hyd braich o'r sector gyhoeddus ac felly mae darparwyr preifat neu annibynnol—beth bynnag yr ydych eisiau galw'r practisau GP neu fferyllwyr neu beth bynnag—yn aml yn gweld eu hunain yn annibynnol o'r NHS a'r sector gyhoeddus ac, felly, mae ganddynt rwydd hynt i benderfynu drostynt eu hunain i ryw raddau beth sy'n digwydd o ran cyflogi a darparu sgiliau dwyieithog neu beth bynnag yw'r maes. Felly, pan wnaethoch sôn am bwysigrwydd y cytundebau hynny rhwng y byrddau iechyd a'r practisau, mae angen bod yn fwy clir, wrth ddiffinio'r cytundebau hynny, am ddisgwyliadau gwasanaethau dwyieithog. Bydd yn amrywio o un bwrdd iechyd i'r llall neu o un ardal benodol o fewn bwrdd iechyd i ardal arall. A ydych yn credu bod hynny'n adlewyrchiad o bam yr ydym yn y sefyllfa yr ydym ynddi ar hyn o bryd o ran

Elin Jones: I was just thinking, and I wonder whether you agree, that part of the structural problem in terms of Welsh-language provision in the primary care sector is the fact that the sector itself is at arm's-length from the public sector and so the independent or private providers—however you wish to term the GP practices or the pharmacists or whatever—often view themselves as being independent of the NHS and the public sector and, therefore, it is up to them to decide for themselves to an extent what happens in terms of recruiting and providing bilingual skills or whatever the field is. So, when you mentioned the importance of those contracts between the health boards and the practices, there is a need to be clearer, in defining those contracts, about expectations for bilingual services. It will vary between health boards or between specific areas within a health board. Do you believe that that is a reflection of why we are in the position that we are in at present in terms of the lack of Welsh within these workforces in this sector, as compared

diffyg y Gymraeg o fewn y gweithluoedd hyn yn y sector hon, o'i chymharu â, er enghraifft, cyngor sir a'r gwasanaethau y byddai cyngor sir yng Ngheredigion neu sir Gâr yn eu darparu o fewn cymdeithas lle mae elfennau uwch o Gymry Cymraeg yn rhan o'r sectorau hynny, gan eu bod yn cael eu darparu gan y sector gyhoeddus yn uniongyrchol?

with, for example, the county council and the services that a county council in Ceredigion or Carmarthenshire would provide within a community where there are greater numbers of Welsh speakers in parts of those sectors given that they are directly provided by the public sector?

[45] **Ms Huws:** Yn sicr mae cytundebu a natur unigryw gofal sylfaenol yn un o'r sialensiau. I fynd yn ôl at y cwestiwn cyntaf, rwy'n credu mai dyna pam dywedodd sawl un wrthyf fod hwn yn faes anodd i edrych arno. Fodd bynnag, eto, rwy'n credu bod angen edrych ar y cyfle yn y fan hon i ddylanwadu ar y cytundebau hynny, ac nid yn unig edrych ar natur y cytundebau mewn cyd-destun Cymreig a Chymraeg, ond hefyd edrych ar y cyfarwyddyd sy'n cael ei roi i gyrff sy'n rheoleiddio o fewn y cytundebau hynny, a rhoi cyfarwyddyd polisi iddyn nhw i fod yn ystyried y Gymraeg a chynnig rhagweithiol a chynllunio'r gweithlu fel anghenion sylfaenol wrth gyflawni ac wrth gynnig gofal sylfaenol yng Nghymru. Mae angen i ni edrych ar y cytundebu yn y lle cyntaf, ac wedyn, wedi edrych ar y cytundebu, edrych ar a oes modd, gyda'r elfennau rheoleiddio sy'n deillio o'r cytundebu, gosod y Gymraeg, ochr yn ochr â ffactorau eraill, ar ganol yr anghenion o ran gofal sylfaenol yng Nghymru. Mae cyfle yno.

Ms Huws: Certainly contracting and the unique nature of primary care is one of the challenges. To return to the first question, I think that that is why many people told me that this is a difficult area to look at. However, again, I think we need to look at the opportunity here to influence those contracts, and not only look at the nature of the contracts in a Welsh context, but also look at the direction given to the regulating bodies within those contracts, and give them a clear policy direction to consider the Welsh language and an active offer and planning the workforce as fundamental requirements in delivering and providing primary care here in Wales. We need to look at the contracting first of all, and then, having looked at the contracting, look at whether there is a means, with the regulatory aspects that arise from that contracting, of placing the Welsh language, alongside other factors, at the heart of the requirements in terms of primary care in Wales. There is an opportunity there.

[46] **David Rees:** Before we move into the second half, which I said at the beginning would be about a more general picture, I just want to pick up some final points on the report. You made 33 recommendations. What do you see as the potential barriers to implementing those recommendations, and can you define what you consider to be progress in delivering that?

[47] **Ms Huws:** Mae 33 o argymhellion. Rwyf wir yn gobeithio, ac rwy'n teimlo'n hyderus, bod yr argymhellion hynny wedi'u seilio ar dystiolaeth eithaf cadarn. Cymeron ni amser ddigon sylweddol i gasglu'r dystiolaeth. Fe wnaethon ni geisio sicrhau ein bod ni'n clywed y darparwyr, y defnyddwyr a'r rhai hynny oedd efallai yn wrthwynebus i'r ymholiad yn y lle cyntaf, a'n bod ni'n clywed lleisiau pawb ac yn casglu tystiolaeth gadarn. Mae cymaint o anecdotau yn y maes hwn yr oeddwn yn teimlo bod angen tystiolaeth gadarn arnom. Felly, mae'r argymhellion yn eu hunain, rwy'n gobeithio,

Ms Huws: There are 33 recommendations. I truly hope, and I feel confident, that those recommendations are based on quite firm evidence. We took a significant amount of time to collect the evidence. We tried to ensure that we heard the providers, the users and those who perhaps objected to the inquiry in the first place, and that we heard everyone's voice and collected firm evidence. There are so many anecdotes in this field that we felt that we needed firm evidence. Therefore, the recommendations in themselves are, I hope, reasonable ones and ones that we can build upon in Wales.

yn rhai rhesymol ac yn rhai y mae modd i ni adeiladu arnynt yng Nghymru.

[48] Beth yw'r rhwystrau? Un o'r rhwystrau fydd newid diwylliant. Rwy'n credu bod hynny yn bwysig, fel nad ydym yn gweld hwn fel problem, ond fel cyfle i greu gwasanaeth gofal sylfaenol i Gymru sy'n ffitio anghenion Cymru. Mae problemau o ran cynllunio. Nid ydych yn gallu creu doctoriaid dros nos, ac felly mae angen i ni ddechrau nawr a bod yn realistig ynglŷn â'n disgwyliadau ni ymhen tair blynedd, ymhen pum mlynedd, ac ymhen 10 mlynedd. Y rhwystr arall yw colli cyfeiriad. Dyna pam rwy'n gobeithio y bydd ymateb y Llywodraeth—ac mae wedi addo y bydd yn rhoi ymateb cychwynnol ymhen chwe mis—yn rhoi map i ni i'r dyfodol. Felly, y rhwystrau yw newid diwylliant a sicrhau bod hwn yn gyfeiriad tymor hir ac nad ydym yn colli'r cyfeiriad hwnnw.

What are the barriers? One of the barriers will be a culture change. I think that it is important so that we do not view this as a problem, but as an opportunity to create a primary care service for Wales that meets the needs of Wales. There are problems in terms of planning. You cannot create doctors overnight, and so we need to start now and be realistic about our expectations in three years' time, five years' time and 10 years' time. The other barrier is a loss of direction. That is why I hope that the Government's response—and it has promised to give an initial response within six months—will give us a road map for the future. So, the barriers are a culture change and ensuring that this is a long-term direction and that we do not lose that direction.

[49] Mae arian ac adnoddau hefyd, wrth gwrs. Fodd bynnag, o fewn sefyllfa lle mae pwysau ar adnoddau, rwy'n credu bod mwy o bwysau i gynllunio yn bwrpasol, ac rwy'n credu bod cyfle yno. Os ydych yn edrych ar beth fyddai'n llwyddiant, nid wyf eisiau i hwn swnio'n *flippant*, ond pan fyddaf i, ymhen 25 o flynyddoedd, yn 80, yn fenyw sengl, rwy'n gobeithio na fyddaf yn gorfod gofyn y cwestiwn, 'A alla i siarad Cymraeg â'r person yma?' os bydd angen gofal sylfaenol arnaf. Byddwn yn dymuno hynny ar gyfer unrhyw berson. Rwy'n credu mai dyna'r sefyllfa y dylem fod yn anelu ati, sef, ymhen 20 mlynedd, ein bod ni wedi cydio yn y cyfle sydd gyda ni yn fan hon ac wedi creu gwasanaeth gofal sylfaenol sydd yn ffit i bwrpas mewn gwlad ddwyieithog.

There is also funding and resources, of course. However, in a situation where there is pressure on resources, I think that there is greater pressure to have purposeful planning, and I believe that there is an opportunity there. If you look at what success would look like, I do not want this to sound flippant, but when I, in 25 years' time, am 80, as a single woman, I hope that I will not have to ask the question, 'Can I speak Welsh to this person?' if I am in need of primary care. I would want that for everyone. I think that that is the situation that we should be aiming for, namely that, in 20 years' time, we have grasped the opportunity presented to us here and have created a primary care service that is fit for purpose in a bilingual country.

[50] **David Rees:** Diolch. We will move on now to the other aspects. Language standards, clearly, are an interesting point. Health boards were not included in the first tranche for consideration, but local authorities were. We are talking about integrated care systems coming forward. What do you see as the difficulties that may be faced, particularly in relation to the possibly different requirements placed upon those?

[51] **Ms Huws:** Mae rhai ohonoch yn gwybod fy mod i, a'n bod ni fel sefydliad, wedi mynegi peth consýrn pan benderfynwyd peidio â chynnwys byrddau iechyd a'r ymddiriedolaethau yn y cylch cyntaf o gyrff a fyddai'n mynd drwy'r broses safonau. Fel y byddwch yn gwybod, Llywodraeth Cymru, yr

Ms Huws: Some of you will know that I, and that we as an organisation, have expressed some concern when the decision was taken not to include the health boards and the trusts in the first round of organisations that would be subject to the standards process. As you will know, it is the Welsh Government, local

awdurdodau lleol a'r parciau cenedlaethol sydd wedi mynd trwyddo yn y cylch cyntaf.

authorities and the national parks that have been included in the first round.

[52] Mae'r consýrn yn deillio o'r ffaith gynyddol fod cymaint o wasanaethau iechyd a gofal yn cael eu cynllunio a'u darparu ar y cyd—ac mae pwyslais ar hynny, yn arbennig pan edrychwch ar wasanaethau cymunedol. Mae perthynas agos. Felly, am gyfnod, bydd awdurdodau lleol a'r byrddau iechyd yn gweithio o dan ddwy gyfundrefn statudol wahanol. Bydd awdurdodau lleol yn gweithio o dan safonau a bydd y byrddau iechyd yn dal i barhau gyda chynlluniau iaith. Rwy'n gobeithio mai am gyfnod byr y bydd hynny, achos bydd y byrddau iechyd yn dod i mewn i gylch 2, a bydd cylch 2 o'r ymchwiliadau safonau yn dechrau ym mis Medi eleni.

The concern stems from the fact that so many health and care services are being designed and provided jointly—and there is an emphasis on that, especially when you look at community services. There is a close relationship there. Therefore, for a time, local authorities and the health boards will be working under two different statutory systems. Local authorities will be subject to standards but health boards will continue with the language scheme regime. I hope that will only be for a brief period, because the health boards will be included in the second round two, and the second round of the standards investigations will commence this September.

[53] Felly, bydd cyfnod, efallai, o ryw flwyddyn lle byddant yn gweithio yn gyfochrog. Y sialens fydd sicrhau na fydd hynny'n rhwystr. Byddwn ni, yn sicr, yn pwysleisio'r angen i Lywodraeth Cymru a ninnau, fel sefydliad, sicrhau bod y safonau a'r cynlluniau iaith yn gallu eistedd ochr yn ochr, ac, lle mae gorgyffwrdd neu weithio ar y cyd, fod cytundeb rhwng awdurdod lleol a bwrdd iechyd eu bod yn penderfynu sut maent yn gweithio, beth yw'r pontio sy'n digwydd, pa safonau neu ba ddisgwyliadau y byddant yn gweithio iddynt wrth gydgynllunio a chyd-ddarparu gwasanaethau. Bydd yn gyfnod lle bydd yn rhaid iddynt fod yn hollol ymwybodol o'r angen i fynd drwy'r ymarferiad hwnnw o sicrhau cysondeb.

So, there will be a period of a year or so where they will be working side by side, under different regimes. The challenge will be to ensure that that will not act as a barrier. We will certainly emphasise the need for the Welsh Government and us as an organisation to ensure that the standards and the language schemes can co-exist and, where there is overlapping or joint working, that there is an agreement between local authorities and health boards that they make decisions on their approach, what bridging work will be done, and what standards or expectations they will be working to in jointly planning and providing services. This will be a period where they will have to be entirely aware of the need to go through that exercise to ensure consistency across the board.

[54] Bydd hynny'n broblem neu'n sialens gyffredinol. Pan edrychwn, hyd yn oed heddiw, ar ddarpariaeth awdurdodau lleol, y byrddau iechyd, a'r sector addysg yn gweithio yn y maes hwn, gwelwn fod y disgwyliadau yn wahanol, ac nid oes cyfarwyddyd ar sut y mae plethu, yn arbennig gyda phartneriaethau gwirfoddol o gydweithio, pa safonau neu ba ddisgwyliadau o ran y Gymraeg sy'n cael eu gosod ar y cydweithio hwnnw. Felly, mae sialens.

That will be a general problem or a challenge. When we look, even today, at the provision of local authorities, the health boards and the education sector working in this area, we see that the expectations are different, and there is no direction as to how to dovetail all of that, particularly when it is a voluntary partnership in terms of that co-operation, or what standards or expectations in terms of the Welsh language are expected in that co-working. So, it is a challenge.

[55] **David Rees:** Have you had any discussions with the various bodies in relation to the particular challenge and the ways in which they may wish to address it?

[56] **Ms Huws:** Mae trafodaeth wedi bod

Ms Huws: There has been discussion with

gyda Llywodraeth Cymru: rydym wedi cael trafodaeth ddefnyddiol gyda'r Gweinidog Llywodraeth Leol a Busnes y Llywodraeth a'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol o ran y sialens o sicrhau'r pontio. Rydym hefyd, drwy Gymdeithas Llywodraeth Leol Cymru, yn siarad â'r awdurdodau lleol. Mae hon yn neges gyson yr ydym yn ei bwydo allan, yn arbennig lle mae cydweithio gwirfoddol—y cydweithio y mae pawb yn ei groesawu—o ran pa gyfundrefn o ran safonau neu gynlluniau iaith sy'n cael ei mabwysiadu. Felly, mae'r drafodaeth honno yn parhau i fod yn un fyw. Credwn y byddai'n dda petai cyfarwyddyd penodol, clir o Lywodraeth Cymru pan mae sefyllfa o bartneriaethau rhanbarthol a chydweithio yn digwydd o ran sut y mae rhywun yn prif-ffrydio'r Gymraeg yn y cynllunio hwnnw.

the Welsh Government: we have had a useful discussion with the Minister for Local Government and Government Business with regard to local authorities and with the Minister for Health and Social Services in terms of securing this working in tandem. Also, through the Welsh Local Government Association, we have spoken to local authorities. This is a consistent message, particularly where there is voluntary collaboration—and of course, everybody welcomes that collaboration—regarding the regime in terms of standards or language schemes that should be adopted. So, that is still a live discussion. What would be good, in our view, is clear, specific direction from the Welsh Government when situations of regional partnerships and co-production arise in terms of how one should mainstream the Welsh language into that planning.

[57] **David Rees:** With regard to the 'More than just words' framework that has been established, you commented upon the fact that there needs to be robust monitoring of that. Is that a mechanism by which you think the standards shared across the piece could also be applied, or is it, perhaps, something that needs to be bedded in in the first instance?

[58] **Ms Huws:** Mae 'Mwy na geiriau' yn cynnig fframwaith strategol yr ydym yn ei groesawu. Credaf fod datblygiad y fframwaith strategol hwnnw yn eithriadol o bwysig. Roedd hynny'n sylfaen i'r gwaith y bu inni ei wneud ar ofal sylfaenol.

Ms Huws: 'More than just words' offers a strategic framework that we welcome. I believe that the development of that strategic framework is exceptionally important. That was the basis of the work that we undertook on primary care.

10:15

[59] Gwnaethom gymryd y fframwaith strategol ac edrych ar un maes yn benodol. Rydym wedi mynegi awydd i sicrhau bod y monitro yn gryf. Efallai fod ychydig o ansicrwydd ar hyn o bryd o'n rhan ni ynglŷn â beth sy'n cael ei fesur, beth yw 'cyflawni' a pha fesurau sy'n cael eu rhoi yn eu lle. A fydd y rheini yn fesurau cyson dros ba gyfnod o amser o edrych ar 'Mwy na geiriau'?

We took the strategic framework and looked at one area in particular. We have expressed a desire to ensure that the monitoring is robust. Perhaps there is a bit of uncertainty at the moment from our point of view as regards what is being measured, what 'achieved' means, and which measures are being put in place. Will there be consistent measures over a period of time in looking at 'More than just words'?

[60] Felly, cyn penderfynu beth yw'r fframwaith i osod safonau a disgwyliadau ar wahanol gyrff, mae darn o waith i'w wneud o gwmpas 'Mwy na geiriau'—mae 'Mwy na geiriau' yn dal yn anifail gweddol ifanc—i edrych ar beth sy'n cael ei fesur, beth yw traw effaith y fframwaith strategol a sut mae hynny'n cael ei fonitro'n flynyddol. Rwy'n credu mai safonau'r byrddau iechyd a

So, before deciding on what the framework is for setting standards and expectations on the various organisations, there is a piece of work to be done around 'More than just words'—'More than just words' is still quite a young framework—to look at what is being measured, what the impact of the strategic framework is and how that is monitored annually. I believe that the standards of the

safonau cylch 1 a chylch 2 yw'r cyfle sydd gennym i sicrhau bod safonau mewn sefyllfaoedd o bartneriaeth. Rydym wedi cynnig hynny i'r Llywodraeth—bod angen iddi greu safonau sydd yn delio â sefyllfaoedd o weithio'n drawsffiniol, yn drawsddisgyblaethol neu'n drawsawdurdod.

health boards and the standards of rounds 1 and 2 give us the opportunity to ensure that that there are standards in situations of partnership. We have proposed that to the Government—that there is a need for it to create standards that deal with situations where people work across border, across disciplines or across authorities.

[61] **Elin Jones:** Rydych yn cyfeirio yn eich adroddiad at yr achos lle roedd presgripsiynau yn cael eu hysgrifennu yn y Gymraeg rhwng y meddyg a'r claf ac yna yn cael eu gwrthod gan y fferyllydd. Roeddech yn sôn am y ddeddfwriaeth yn honedig yn sôn bod yn rhaid gweithredu ac ysgrifennu drwy gyfrwng y Saesneg yn y gwasanaeth iechyd. A ydych chi yn awr yn hyderus, o ddefnyddio'r profiad hwnnw, fod yr ymarferwyr yn y gwasanaeth iechyd yn ymwybodol o hawl unigolion i ddefnyddio'r Gymraeg yn weithredol o fewn y gwasanaeth iechyd, ac nad ydyw yn anghyfreithlon i wneud hynny?

Elin Jones: You refer in your report to the case of prescriptions being provided through the medium of Welsh between the GP and patient and being rejected by the pharmacist. You mentioned that legislation is cited as to why the English language has to be used within the health service, rightly or wrongly. Are you now confident, given that experience, that the practitioners within the health service are aware of individuals' rights to use the Welsh language actively within the health service, and that it is not illegal to do so?

[62] **Ms Huws:** Roedd yr achos presgripsiwn yn un diddorol. Defnyddiaf y gair 'camddeall' achos nid wyf yn credu bod cynllwyn o ran y camddeall. Fodd bynnag, mae camddeall a chamddehongli statud wedi bod mewn sawl gwahanol sefyllfa, lle roedd y dehongli'n dweud bod yn rhaid defnyddio'r Saesneg mewn gwahanol sefyllfaoedd. Roedd y presgripsiwn yn esiampl o hynny, lle roedd cyfarwyddyd Prydeinig yn dweud yn Saesneg bod angen i bresgripsiynau gael eu sgwennu '*preferably in English*' wedi cael ei ddehongli fel '*must be written in English'*. Felly, o gael trafodaeth gyda Phrif Swyddog Fferyllol Cymru, y General Pharmaceutical Council a'r cyrff sy'n rhoi cyfarwyddyd ynglŷn ag ysgrifennu presgripsiynau, rydym wedi darganfod nad oes rhwystr deddfwriaethol na statudol. Fodd bynnag, mae rhwystrau diwylliannol o hyd oherwydd fod pobl yn credu bod rhwystrau statudol o hyd. Yn esiampl y presgripsiynau yn benodol, rwy'n credu bod angen datblygu cyfarwyddyd sydd yn briodol a pherthnasol i Gymru, ac mae hynny yn bosibl—nid yw'r General Pharmaceutical Council yn gweld rhwystrau mawr i hynny. Mae angen safoni termau. Mae angen sicrhau *lexicon* o ran geiriau sy'n cael eu defnyddio yn y ddwy iaith, ond nid oes rhwystrau. Beth y mae

Ms Huws: The prescription case was an interesting one. I will use the word 'misunderstanding' because I do not believe it was a conspiracy that there was misunderstanding. However, there has been misunderstanding and misinterpretation of statute in a number of situations, where the interpretation was that the English language had to be used in various situations. The prescription was one of those cases where the British directive said that prescriptions should be written 'preferably in English' which was interpreted as 'must be written in English'. So, in having a discussion with the Chief Pharmaceutical Officer for Wales, the General Pharmaceutical Council and those organisations that provide guidance on writing prescriptions, we have discovered that there is no legislative or statutory obstacle to writing in Welsh. However, there are still cultural obstacles because people believe that there are still statutory obstacles. In the example of prescriptions in particular, I believe we need to develop guidance that is appropriate and relevant to Wales, and that is possible—the General Pharmaceutical Council does not see major obstacles to that. We need to standardise the terminology. We need a lexicon of the terminology used in both languages, but there are no obstacles.

arnom ei eisiau yn awr yw cyfarwyddyd gan Lywodraeth Cymru yn y cyd-destun hwnnw, ac mewn cyd-destunau eraill tebyg, ei bod yn briodol ac yn addas i ddefnyddio'r Gymraeg. Mae angen cyfarwyddyd ar ymarferwyr ym maes fferyllyddiaeth a meysydd eraill ynglŷn â defnydd y Gymraeg ochr yn ochr â'r Saesneg er mwyn cael gwared ar yr ofn hwnnw ei bod yn amhriodol neu, efallai, yn anghyfreithlon.

What we need now is a directive from Welsh Government in that context and in other similar contexts, that it is appropriate and pertinent to use the Welsh language. What we want now is guidance for practitioners in the pharmaceutical field and other areas as regards the use of the Welsh and English languages side by side, to get rid of this fear that it is inappropriate or, perhaps, unlawful.

[63] **Darren Millar:** I wanted to ask about a completely separate issue, which is not referred to in the report or the papers. Health boards are large commissioning bodies, as well as providers of services themselves. For many people, particularly in north Wales or large parts of mid Wales, some of the services commissioned are going to be across the border. I just wondered to what extent you feel that provision in the Welsh language is being actively considered by health boards when they are considering commissioning services in England for Welsh patients, what evidence you have seen about that and whether it is something that has featured in your postbag in terms of complaints. The classic example from north Wales was in the whole debate about the future of neonatal care. There was a great deal of concern expressed, certainly in my constituency and elsewhere in the region, about the need for people to be able to access a Welsh-language service if services were going to be commissioned. That never really seemed to be fully resolved by the health board in its commissioning arrangements. I just wondered what your thoughts were about that.

[64] **Ms Huws:** Rydym yn sicr yn ymwybodol o achosion sydd wedi codi yng ngogledd Cymru ac yn ardaloedd fel Powys ynglŷn â gofal sy'n drawsffiniol, yn llythrennol; pobl yn symud i'r tu fas i Gymru i dderbyn gwasanaeth. Mae hon yn sgwrs barhaol yr ydym yn ei chael gyda byrddau iechyd ynglŷn â'u gallu nhw i ffactorio hynny i mewn. Mae'r gallu statudol yn un peth, ond wedyn mae'r gallu o ran sut mae modd gwneud hynny yn ymarferol, ac mae hynny'n parhau i fod yn sialens. Nid wyf yn credu ein bod ni wedi gallu cynnig datrysiad. Rydym yn adnabod y broblem ac yn adnabod yr angen i roi cyfarwyddiadau cliriach i fyrddau iechyd ynglŷn â sut maen nhw'n delio â'r sefyllfa mewn ffordd sy'n rhesymol ac yn briodol. Felly, rydym ni'n adnabod y broblem, ac rwy'n credu bod darn o waith y mae angen ei wneud i edrych ar gomisiynu a chytundebau trydydd parti, i sicrhau bod hynny, yng Nghymru a'r tu fas i Gymru, yn cael ei ffactorio i mewn.

Ms Huws: We are certainly aware of cases that have arisen in north Wales and areas such as Powys in terms of healthcare that, quite literally, crosses the border; people leaving Wales to receive a service. It is an ongoing discussion that we have with health boards in terms of their ability to factor that in. The statutory power is one thing, but then there is the ability to do that on a practical level, and that continues to be a challenge. I do not think that we have been able to find a solution. We have recognised the problem and identified the need to provide clearer guidance to health boards in terms of how they deal with that situation in a reasonable and appropriate way. So, we have identified the problem, and I think there is a piece of work that needs to be done in looking at the issue of commissioning and third-party contracts, to ensure that that is factored in within Wales and outside Wales.

[65] **Darren Millar:** May I just ask a follow-up question? I appreciate that it is a challenge, of course it is, but what concerned me was that there did not appear to be any active consideration at the start of the process, as it were. It was a later thing because somebody had mentioned it. To me, that gives the impression that, sometimes, health boards do not really take their duties in respect of the Welsh language particularly seriously.

[66] May I also ask a linked question? Obviously, patient choice is very important and the confidence of patients to be able to ask for a Welsh-language service in primary, secondary or tertiary care is something that we should be promoting. Given that Welsh speakers do not always have the confidence to be able to ask for a service in Welsh, how much does that, do you think, give the impression to health boards that the demand just is not out there? You see where I am going with that. Is that something that is a big factor for them?

[67] **Ms Huws:** Nid yn unig ym maes gofal y mae hyn yn berthnasol—mae'r cwestiwn hwnnw o hyder yr unigolyn i ofyn am wasanaeth yn fater hollol sylfaenol. Mae'n rhaid inni sicrhau bod gan yr unigolyn yr hyder. Rhan o sicrhau'r hyder hwnnw yw sicrhau bod y cynnig yn rhagweithiol; nad oes yn rhaid iddynt fynd i edrych amdano a'i ffeindio, ond bod y cynnig yn cael ei wneud. Rwy'n siŵr ei bod hi'n hollol wir nad yw'r gwir angen yn weladwy oherwydd bod pobl yn teimlo na allant ofyn ac y byddant yn cael problemau wrth ofyn am y gwasanaeth. Felly, mae'r galw gwirioneddol yn cael ei guddio gan bobl yn gwneud y penderfyniad hwnnw eu hunain.

Ms Huws: It is not only in the care sector—the question around the individual's confidence in requesting a service is a fundamental one. We must ensure that the individual has that confidence. Part of securing that confidence is that it has to be a proactive offer; that they do not have to go and seek it, but that the offer is there for them. I think it is quite true that the real need is not visible, because people feel that they cannot ask and will have problems if they request the service. So, the actual demand is being masked by individuals making that decision themselves.

[68] A gaf i ddod nôl at y pwynt cyntaf a wnaethoch chi, ynglŷn â chomisiynu trydydd parti? Rwy'n credu bod y cwestiwn o osod y Gymraeg yn un o'r ffactorau sylfaenol o'r dechrau yn broblem. Os edrychwch chi ar ein hadroddiad ni ac ar y gwaith monitro yr ydym yn ei wneud, fe welwch drwyddi draw mai'r hyn sy'n dod drosodd yw bod y gwasanaeth iechyd, yn y man cyntaf, yn wasanaeth Saesneg ei iaith o hyd yng Nghymru, a bod y Gymraeg yn ystyriaeth i lawr yr hewl. Mae gennym gyfle yn y fan hon i ddod â'r Gymraeg nôl i mewn, i ddechrau meddwl am wasanaeth dwyieithog yn hytrach na gwasanaeth sy'n uniaith Saesneg gydag ychydig o Gymraeg mewn gwahanol leoedd.

If I can return to the first point that you made, which was about third-party commissioning, I think that the question of placing the Welsh language as one of the basic factors from the outset is a problem. If you look at our report and the monitoring work that we undertake, what comes across is that the health service, in the first instance, is still an English-language service in Wales, and that Welsh is a consideration further down the road, if you like. We have the opportunity now to bring the Welsh language back in, to start thinking about a bilingual service rather than a monolingual English service with a little Welsh in places.

[69] **Darren Millar:** It seems to me that, with any reorganisation proposals that are being brought forward, the Welsh language is an afterthought in terms of implications. Particularly where services might be moved to a more central location, away from areas that might be traditionally Welsh speaking and have a higher percentage of Welsh speakers, where the service may be available in Welsh, there is a negative impact on the ability of patients to access services through the Welsh language as a result of reorganisation proposals. I have never seen that captured in any way through a sort of impact assessment; is that something that you would like to see in the future?

[70] **Ms Huws:** Byddai hynny'n ddefnyddiol iawn—edrych ar hynny a bod darn o waith yn cael ei wneud. Un o'r ffactorau eraill sy'n deillio o'r diffyg i gynnwys y Gymraeg o'r dechrau yw bod

Ms Huws: That would be very useful indeed—to look at that and that a piece of work was undertaken. One other factor that emerges from that unwillingness to include the Welsh language from the outset is that

ceisio addasu gwasanaethau i lawr yr heol hefyd yn fwy costus; nid oes cwestiwn bod hynny'n wir, boed yn wasanaeth technoleg gwybodaeth neu'n gynllunio gwasanaeth. Os yw'r Gymraeg, ochr yn ochr â ffactorau eraill, yn rhan o'r cynllunio gwreiddiol, mae'r gost yn cael ei lleihau, achos mae'r iaith yno o'r dechrau yn hytrach na bod yn gost ychwanegol yn nes ymlaen.

trying to adapt services further down the line is also more expensive; there is no question that that is the case, be that an information technology service or in service planning. If the Welsh language, along with other factors, is part of the original planning, the cost is reduced, because it is there from the outset rather than being an additional cost at a later stage.

[71] **Kirsty Williams:** Darren is talking about services that are, potentially, changing. However, for many Powys people, their services have never been commissioned in Wales; actually, they are not commissioned in Wales for very good reasons. Over 50% of Powys secondary activity happens in England, so the majority of Powys patients are getting their secondary care in the English NHS. Have you been able to ascertain whether there is enough flexibility in this system, where patients in a cross-border scenario are able to access services that, perhaps, are further away and outside normal patient flows, if that means that they can receive the service in Welsh? Somebody who might traditionally go to Hereford, for instance, could have a preference for receiving a service through the medium of Welsh, which may be delivered in Carmarthen or Aberystwyth; is there enough flexibility in the system to allow patients to make those proactive choices about where they should be referred?

[72] **Ms Huws:** Rwy'n credu mai diffyg tystiolaeth sydd gennym ar y cwestiwn hwn. Rwy'n credu bod y cwestiynau sydd wedi eu codi gan y ddau ohonoch yn golygu bod angen gwneud darnau ychwanegol o waith wrth i'r gwasanaethau hyn newid. Rwy'n credu eich bod yn agor y drws at ddarn arall o waith a ddylai gael ei wneud gan Lywodraeth Cymru; yn sicr, byddwn yn dymuno bod yn rhan o'r gwaith hwnnw.

Ms Huws: I believe that we have a lack of evidence on this question. I think that the questions raised by both of you mean that we need to carry out additional pieces of work as these services change. You are opening the door to another piece of work that should be undertaken by the Welsh Government; we would certainly wish to be part of that.

[73] Rwy'n credu, eto, fod y strategaeth 'Mwy na geiriau' yn rhoi cyfle i wneud y darn hwnnw o waith i edrych ar y cwestiynau hynny wrth i wasanaethau gael eu hailgyflunio yng Nghymru ar hyn o bryd, boed hynny rhwng iechyd a gofal cymdeithasol neu rhwng gofal sylfaenol, gofal eilradd a gofal mwy dwys. Yn sicr, rwy'n credu bod darn o waith i'w wneud yn y fan honno i ddeall hynny'n well.

Again, I believe that the 'More than just words' strategy gives us an opportunity to do that work and to look at those issues as services are being reconfigured in Wales at present, whether it is between health and social services or between primary care, secondary care and more intensive care. Certainly, there is a piece of work to be done there so that we can understand it better.

[74] **David Rees:** We turn to Lindsay for the last question.

[75] **Lindsay Whittle:** Croeso yn ôl. Mae'n ddrwg gen i—rwy'n mynd i ofyn y cwestiwn yn Saesneg ac nid yn Gymraeg. Mae Cymraeg yn fy nghalon, ond nid yn fy mhen—*not yet*. Ond, rwy'n dysgu Cymraeg yn y Cynulliad. Bydd y cwestiwn yn dod yn y Gymraeg y tro nesaf, efallai. *How are you working* gyda'r comisiynydd pobl hŷn *especially* yn y Cymoedd, achos mae llawer o

Lindsay Whittle: Welcome back. I apologise—I will ask my question in English rather than Welsh. Welsh is in my heart, but not my head—not yet. However, I am learning Welsh at the Assembly. Next time, perhaps I will ask my question in Welsh. How are you working with the older people's commissioner, particularly in the Valleys, because there are many older people in the

bobl hŷn yn y Cymoedd yn siarad Cymraeg? Valleys who are Welsh speakers?

[76] However, lots of people who work in the health service do not speak Welsh. How are you working with the Older People's Commissioner for Wales? That was half and half—I do my best. [*Laughter.*]

[77] **Kirsty Williams:** That was in the true Welsh tradition of half and half.

[78] **Lindsay Whittle:** There might have been a bit of Wenglish in there as well.

[79] **Elin Jones:** That was bilingualism in action. [*Laughter*.]

[80] **Ms Huws:** Diolch yn fawr am y cwestiwn hollol ddwyieithog hwnnw. Mae'r berthynas rhwng y comisiynydd pobl hŷn, Sarah Rochira, a finnau yn un agos iawn. Cawsom ein penodi tua'r un adeg a gyda'r un ffocws ac angen i edrych ar faterion yn ymwneud ag urddas, parch a gwasanaethau i'r henoed. Rydym, felly, yn gweithio ar y cyd o ran y gwaith y mae hi'n ei wneud ar hyn o bryd gyda gwasanaethau gofal a gwasanaethau dementia.

Ms Huws: Thank you very much for that completely bilingual question. The relationship between the older people's commissioner, Sarah Rochira, and me is a very close one. We were appointed at about the same time, with the same focus and need to look at matters pertaining to dignity, respect and services for the older person. We are working together on the work that she is undertaking on care services and dementia services.

10:30

[81] Rydym yn ceisio gwneud gwaith sy'n adlewyrchu ar waith ein gilydd ac yn cael ei gyflwyno. Felly, dyna pam y mae'r ymchwiliad i iechyd sylfaenol wedi dod allan yn awr; mae'i gwaith hi ar ofal yn mynd i ddod allan yn ddiweddarach eleni. Rydym yn gweithio ac yn edrych ar ardaloedd penodol, ac mae ganddi hi a finnau, a'n swyddfeydd ni, ddiddordeb yn yr ardaloedd traddodiadol, fel y'u gelwir, ond hefyd yn yr ardaloedd lle efallai mae'r boblogaeth hŷn yn troi fwyfwy at y Gymraeg oherwydd cyflwr eu hiechyd neu o ddewis. Rydym yn gweld hynny'n batrwm sy'n ymddangos fwyfwy yn y Cymoedd yn awr, lle mae'r pwysau i osod gwasanaethau sy'n gallu delio â phobl sy'n dymuno, ac mae arnynt angen, cyfathrebu yn Gymraeg yn cynyddu, sy'n ddiddorol iawn. Felly, mae lot o waith yn digwydd ar y cyd. Mae hynny'n wir, hefyd, am y comisiynydd plant, ond gyda'r math hwn o waith, mae'r berthynas rhwng ein swyddfeydd ni'n un agos iawn. Mae memorandwm swyddogol, ac rwy'n credu bod hwnnw'n grêt, ond y cydweithio sy'n bwysig.

We are trying to undertake work in which the work of one complements the other, and that is presented. Therefore, that is why the inquiry into primary care has come out now; her work on care will be published later this year. We are looking at specific areas, and both she and I, and our offices, have an interest in the traditional areas, as they are termed, but also in those areas where the older population is increasingly turning to Welsh because of the state of their health or out of choice. We see that as a pattern that is emerging in the Valleys now, where there is pressure to deliver services to cope with the increase in the number of people who wish, and need, to communicate through the medium of Welsh, which is very interesting. So, a lot of work is being done jointly. It is also true of the children's commissioner, but with this kind of work, there is a very close relationship between our offices. There is an official memorandum, which I think is great, but it is the collaboration that is important.

[82] **Lindsay Whittle:** Dyna newyddion da.

Lindsay Whittle: That is very good news.

[83] **David Rees:** Are there any other questions from Members? No.

[84] Diolch i chi am eich tystiolaeth y bore yma. Bydd copi o'r trawsgrifiad yn cael ei anfon atoch i'w wirio am unrhyw gamgymeriadau ffeithiol.

Thank you for your evidence this morning. A copy of the transcript will be sent to you to check for any factual inaccuracies.

[85] We look forward to perhaps seeing a modicum of progress of the Welsh language through the years to come.

[86] **Ms Huws:** Diolch yn fawr iawn am y gwrandawiad. Byddwn yn gwerthfawrogi cael fy ngalw yn ôl ymhen blwyddyn i edrych yn benodol ar yr ymchwiliad i ofal sylfaenol. Fel yr wyf wedi dweud, dechrau'r daith yw hyn, a byddwn yn gwerthfawrogi'r cyfle i ddod yn ôl i gael fy herio ac i ateb cwestiynau ynglŷn â'r camau rydym ni wedi eu cymryd a'r camau y mae'r Llywodraeth wedi llwyddo i'w cymryd i ymateb i hyn. Felly, byddwn yn ddiolchgar o gael gwahoddiad ymhen blwyddyn i edrych ar hwn.

Ms Huws: Thank you very much for listening to me. I would appreciate being called back in a year's time to look specifically at the inquiry into primary care. As I have said, this is the start of the journey, and I would appreciate the opportunity to return to be challenged and for you to question me on what steps we have taken and what steps the Government has succeeded in taking in response to this. I would therefore be grateful to be invited back in a year's time to look at this again.

[87] **David Rees:** Thank you.

10:32

Papurau i'w Nodi
Papers to Note

[88] **David Rees:** There are two papers. The first is the letter from the Deputy Minister for Social Services regarding the Social Services and Well-being (Wales) Act 2014 and the eligibility technical group report. You have a copy of the letter, and the report is available on the website. This will come, obviously, to us in the future as part of the continuation of the regulations and eligibility framework. Are you happy to note that? I see that you are.

[89] You also have a letter from the Chair of the Finance Committee regarding scrutiny of the Welsh Government's draft budget. Are you happy to note the letter? I see that you are. Thank you.

10:33

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd
Motion under Standing Order 17.42 to Resolve to Exclude the Public

[90] **David Rees:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi) and Standing Order 17.42 (ix).

[91] Are Members content with that? I see that you are.

Derbyniwyd y cynnig.

Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:33.
The public part of the meeting ended at 10:33.