

Cynulliad Cenedlaethol Cymru Pwyllgor Archwilio

The National Assembly for Wales Audit Committee

Rheoli a Darparu Gwasanaethau Glanhau Ysbytai yng Nghymru The Management and Delivery of Hospital Cleaning Services in Wales

Cwestiynau 1-136 Questions 1-136

**Dydd Iau 17 Gorffennaf 2003
Thursday 17 July 2003**

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Leighton Andrews, Mick Bates, Alun Cairns, Jocelyn Davies, Christine Gwyther, Mark Isherwood, Denise Idris Jones, Val Lloyd.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Gillian Body, Swyddfa Archwilio Genedlaethol Cymru; Frank Grogan, Swyddfa Archwilio Genedlaethol Cymru; David Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Ann Lloyd, Cyfarwyddwr GIG Cymru; Stuart Fletcher, Pennaeth Dros Dro, Gwasanaethau Ystadau GIG Cymru; Dr Anthony Howard, Cyfarwyddwr Heintiadau a Chlefydau Trosglwyddadwy, Gwasanaeth Iechyd Cyhoeddus Cenedlaethol Cymru.

Assembly Members present: Janet Davies (Chair), Leighton Andrews, Mick Bates, Alun Cairns, Jocelyn Davies, Christine Gwyther, Mark Isherwood, Denise Idris Jones, Val Lloyd.

Officials present: Sir John Bourn, Auditor General for Wales; Gillian Body, National Audit Office Wales; Frank Grogan, National Audit Office Wales; David Powell, National Assembly for Wales Compliance Officer.

Witnesses: Ann Lloyd, Director of NHS Wales; Stuart Fletcher, Acting Head of Estates Services, NHS Wales; Dr Anthony Howard, Director for Infection and Communicable Diseases, National Public Health Service for Wales.

Dechreuodd y cyfarfod am 9.30 a.m.

The meeting began at 9.30 a.m.

[1] **Janet Davies:** Good morning. I welcome everyone to the second meeting of the Audit Committee in the second Assembly. An apology has been received from Carl Sargeant, and I understand that Val will be asking his allocated questions on the report. Do any Members need to make declarations of interest? I see that they do not. I will need to declare an interest when we reach the item on draft Committee reports, but I will leave that until later.

The Committee operates bilingually, so if anyone wishes to speak in Welsh, they are welcome to do so. Headsets are provided for the translation, and they are also helpful if people have difficulty in hearing, as the acoustics are not good at times. I ask everyone to ensure that they have switched off their mobile phones, pagers and other electronic devices. Not only do they cause an interruption, but also even text messages can cause difficulties for those using headsets.

The second item on today's agenda is an evidence session on the management and delivery of hospital cleaning services. This is in connection with the report by the Auditor General for Wales, which was published on 23 May. I welcome the three witnesses and ask them to introduce themselves.

Ms Lloyd: I am Ann Lloyd, the director of NHS Wales.

[1] **Janet Davies:** Bore da. Croesawaf bawb i ail gyfarfod y Pwyllgor Archwilio yn yr ail Gynulliad. Derbyniwyd ymddiheuriad gan Carl Sargeant, a deallaf y bydd Val yn gofyn ei gwestiynau penodol ar yr adroddiad. A oes gan unrhyw Aelodau ddatganiadau o fudd i'w gwneud? Gwelaf nad oes. Bydd angen imi ddatgelu budd pan fyddwn yn cyrraedd yr eitem ar adroddiadau drafft y Pwyllgor, ond yr wyf am adael hynny tan yn ddiweddarach.

Mae'r Pwyllgor yn gweithredu'n ddwyieithog, felly os oes unrhyw un am siarad yn Gymraeg, mae croeso iddynt wneud hynny. Darperir clustffonau ar gyfer y cyfieithiad, ac maent hefyd yn ddefnyddiol os ydych yn drwm eich clyw, gan nad yw'r acwsteg yn dda yma o bryd i'w gilydd. Yr wyf yn gofyn i bawb ddiffodd eu ffonau symudol, galwyr ac unrhyw ddyfeisiau electronig eraill. Maent nid yn unig yn tarfu ar y drafodaeth, ond gall hyd yn oed negeseuon testun beri anawsterau i'r rhai sy'n defnyddio clustffonau.

Sesiwn dystiolaeth ar reoli a darparu gwasanaethau glanhau ysbytai yw'r ail eitem ar yr agenda heddiw. Mae hyn yn gysylltiedig â'r adroddiad gan Archwilydd Cyffredinol Cymru, a gyhoeddwyd ar 23 Mai. Croesawaf y tri thyst a gofynnaf iddynt gyflwyno eu hunain.

Ms Lloyd: Fi yw Ann Lloyd, cyfarwyddwr GIG Cymru.

Mr Fletcher: I am Stuart Fletcher, acting head of the NHS estates and facilities branch.

Dr Howard: I am Tony Howard, director for infection and communicable diseases in the National Public Health Service for Wales. I also chair the Assembly's healthcare associated infection sub-group. [*Interruption.*]

[2] **Janet Davies:** I ask everyone again to switch off their mobile phones.

[3] **Christine Gwyther:** I apologise, Chair.

[4] **Janet Davies:** That is okay. I will start with the first question. I am very pleased that we are considering this report, because I think that it is a very important report for hospitals in Wales. Ms Lloyd, it does seem from the report that hospital cleanliness has not been particularly high on the NHS agenda. How do you intend to instil a clean culture in the health service in Wales?

Ms Lloyd: I think that support services in hospitals have traditionally been those areas where we have always looked for efficiencies. It has been very much an issue of direct management control by trust chief executives. The Assembly itself had little influence over it. That changed when the 'Plan for Wales 2001' was produced, and we set up, as part of the implementation teams that would look at those recommendations and how they could be taken forward, a facilities sub-group. From that, the standards that will be produced in the next 10 days have been established. I think that people tend to be oblivious about the state of cleanliness in hospitals. If you walk through the corridors

Mr Fletcher: Fi yw Stuart Fletcher, pennaeth dros dro gwasanaethau ystadau a chyfleusterau'r GIG.

Dr Howard: Fi yw Tony Howard, cyfarwyddwr heintiau a chlefydau trosglwyddadwy yng Ngwasanaeth Iechyd Cyhoeddus Cenedlaethol Cymru. Yr wyf hefyd yn cadeirio is-grwp heintiau cysylltiedig gofal iechyd y Cynulliad.

[*Torri ar draws.*]

[2] **Janet Davies:** Gofynnaf eto i bawb ddiffodd eu ffonau symudol.

[3] **Christine Gwyther:** Ymddiheuraf, Gadeirydd.

[4] **Janet Davies:** Mae hynny'n iawn. Yr wyf am ddechrau gyda'r cwestiwn cyntaf. Yr wyf yn falch iawn ein bod yn ystyried yr adroddiad hwn, oherwydd credaf ei fod yn adroddiad pwysig iawn i ysbytai yng Nghymru. Ms Lloyd, ymddengys o'r adroddiad nad yw glanweithdra ysbytai wedi bod yn uchel iawn ar agenda'r GIG. Sut yr ydych yn bwriadu sefydlu diwylliant glân yn y gwasanaeth iechyd yng Nghymru?

Ms Lloyd: Credaf fod gwasanaethau cymorth mewn ysbytai yn draddodiadol wedi bod yn feysydd lle'r ydym wastad wedi ceisio bod yn effeithlon. Mae wedi bod yn fater o fesurau rheoli uniongyrchol gan brif weithredwyr yr ymddiriedolaethau. Nid oedd gan y Cynulliad ei hun lawer o reolaeth dros hyn. Newidiodd hynny pan gynhyrchwyd y 'Cynllun i Gymru 2001', a bu i ni sefydlu, fel rhan o'r timau gweithredu a fyddai'n edrych ar yr argymhellion hynny a sut y gellid eu datblygu, is-grwp cyfleusterau. O hynny, sefydlwyd y safonau a fydd yn cael eu cynhyrchu yn y 10 diwrnod nesaf. Credaf fod pobl yn tueddu i anghofio am gyflwr glanweithdra ysbytai. Wrth gerdded drwy

and wards in hospitals, you will see many examples of where, if it was your own home, you would not have it like that. It seems that, with the rush and the hurly-burly and the concentration, quite rightly, on clinical care, cleaning and the cleanliness of hospitals has been overlooked in some instances. Also, we have not in the past produced definitive information on what constitutes a clean hospital and, more importantly, on what we should be doing about hand hygiene, which is one of the major causes of the spread of infection in hospitals, rather than on whether or not the floors are clean—although, aesthetically, one does not like a dirty environment. So I think that, with the establishment of these standards and with the establishment of a trust facilities forum for Wales, which will be charged with auditing good practice and making sure that good practice is spread throughout Wales, and with this being performance managed now as well so that we get a better understanding of the variations in performance throughout Wales, and also with the requirement that infection control teams play a much greater part in heightening awareness in terms of hygiene and cleanliness in hospitals, then we will be monitoring very carefully how a clean culture is developing within those hospitals.

[5] **Janet Davies:** Thank you, Ms Lloyd. You are talking, then, about a clean culture being developed. You mentioned a whole list of procedures and systems that are being put into place. Do you think that these will be successful in instilling in everyone, from porters to visitors to consultants, that it is not only cleaners' responsibility to keep a hospital clean, but the responsibility of everyone?

goridorau a wardiau ysbytai, byddwch yn gweld sawl enghraifft lle, pe bai'n gartref i chi, na fyddech yn ei adael fel hynny. Ymddengys, gyda'r bwrlwm a'r cynnwrf a'r canolbwyntio, a hynny'n iawn, ar ofal clinigol, bod glanhau a glanweithdra mewn ysbytai wedi'u hesgeuluso mewn ambell achos. Yn ogystal, nid ydym yn y gorffennol wedi cynhyrchu gwybodaeth bendant am yr hyn sy'n gwneud ysbyty glân ac, yn bwysicach, beth y dylem ei wneud o ran hylendid dwylo, sef un o brif achosion lledaenu heintiau mewn ysbytai, yn hytrach nag a yw'r lloriau'n lân ai peidio—er, yn esthetaid, nid yw pobl yn hoffi amgylchedd budr. Felly credaf, ar ôl sefydlu'r safonau hyn a sefydlu fforwm cyfleusterau ymddiriedolaeth i Gymru, a fydd yn gyfrifol am archwilio arferion da a sicrhau bod arferion da yn cael eu lledaenu ledled Cymru, gyda pherfformiad yn cael ei reoli hefyd er mwyn i ni gael gwell dealltwriaeth o'r amrywiaethau o ran perfformiad ledled Cymru, a hefyd gyda'r gofyniad i dimau rheoli heintiau chwarae rhan gynyddol i hybu ymwybyddiaeth o ran hylendid a glanweithdra mewn ysbytai, byddwn yn monitro datblygiad diwylliant glân yn ofalus iawn yn yr ysbytai hynny.

[5] **Janet Davies:** Diolch, Ms Lloyd. Yr ydych yn siarad, felly, am ddatblygu diwylliant glân. Bu i chi grybwyll rhestr gyflawn o weithdrefnau a systemau sy'n cael eu rhoi ar waith. A ydych yn credu y bydd y rhain yn llwyddo i drosglwyddo'r neges i bawb, o borthorion i ymwelwyr i ymgynghorwyr, nad cyfrifoldeb y glanhawyr yn unig yw cadw ysbyty yn lân, ond cyfrifoldeb pawb?

Ms Lloyd: Yes, I sincerely hope so. However, I think that we have a lot of work to do because, certainly in terms of the junior staff and the staff who work on the wards, we really have to ensure that hand hygiene and other hygiene processes are followed absolutely, because it is really essential. As part of the induction programmes now, within each of the organisations, we include this very important area of hand hygiene and the spread of infection and the fragility of the patients—the patients who are coming into our hospitals are much more ill and vulnerable than they used to be—and it is really important that all the staff understand that.

In terms of visitors and other people who attend hospitals, I think that we just have to have a vigilant attitude and point out quite calmly to people that dropping stuff all over the place is not acceptable. Hospitals are places of care and they are not to be abused. It used to thoroughly irritate me when I went down my hospital corridors and saw people dropping stuff all over the place. We have to be able to challenge that in a constructive way. It cannot add to the confidence that patients or visitors have in the care that we are able to provide if they come into an environment which to their mind looks uncared-for and not clean.

[6] **Janet Davies:** When I hear you coughing as you just did, Mrs Lloyd, I sometimes think that you should be in hospital. [*Laughter.*]

Ms Lloyd: Ydw, yr wyf yn mawr obeithio hynny. Fodd bynnag, credaf fod gennym lawer o waith i'w wneud oherwydd, yn sicr o ran y staff iau a'r staff sy'n gweithio ar y wardiau, mae'n rhaid i ni sicrhau bod pobl yn dilyn prosesau hylendid dwylo a phrosesau hylendid eraill, oherwydd mae hynny'n wirioneddol hanfodol. Fel rhan o'r rhaglenni sefydlu yn awr, ym mhob sefydliad, yr ydym yn cynnwys y maes pwysig iawn hwn o hylendid dwylo a lledaenu heintiau ac eiddilwch cleifion—mae'r cleifion sy'n dod i'n hysbytai yn llawer mwy sâl a bregus nag yn y gorffennol—ac mae'n bwysig iawn bod yr holl staff yn deall hynny.

O ran ymwelwyr a phobl eraill sy'n ymweld ag ysbytai, credaf fod yn rhaid i ni feithrin agwedd wyllyadwrus a dweud wrth bobl yn bwylllog nad yw gollwng eitemau ymhob man yn dderbyniol. Mae ysbytai yn lleoedd sy'n rhoi gofal ac ni ddylid eu camddefnyddio. Yr oedd yn arfer fy ngwylltio'n gacwn pan fyddwn yn cerdded i lawr coridorau ysbytai a gweld pobl yn gollwng eitemau ar y llawr. Mae'n rhaid i ni allu herio hynny mewn ffordd adeiladol. Ni all hyn ychwanegu at hyder cleifion neu ymwelwyr yn y gofal y gallwn ei ddarparu os ydynt yn dod i mewn i amgylchedd sy'n ymddangos yn ddiotal ac yn fudr iddynt.

[6] **Janet Davies:** Pan fyddaf yn eich clywed yn tagu fel y gwnaethoch yn awr, Mrs Lloyd, credaf weithiau y dylech fod yn yr ysbyty. [*Chwerthin.*]

The NHS in England has set up independent patient environment action teams to assess the quality of the hospital environment, including the cleanliness. Could you explain why there has not been any systematic review to assess the standards of cleanliness in hospitals in Wales? Maybe you are going to say that there has been now, but perhaps you could explain what the situation is.

Ms Lloyd: The concept of the patient environment action teams in England was established as part of the NHS plan that it produced in June 2000. We did not adopt that immediately, as the Assembly Government was preparing its own plan for Wales. The importance of cleanliness and standards was highlighted in that report. That is why we have now produced our standards but, additionally, our community health councils were at the time engaged in some really valuable work in looking at the hospital environment. That has now been implemented. The baseline self-assessment of each trust was completed in May and our CHC colleagues will be inspecting each of the environments in September and October. So, we have done it slightly differently but in a parallel way in Wales, so that highlights how important cleanliness within an environment is to us all. So we have done it slightly differently.

[7] **Janet Davies:** Right, thank you. Val, you have some questions to ask?

Mae'r GIG yn Lloegr wedi sefydlu timau gweithredu amgylchedd y claf annibynnol i asesu ansawdd amgylchedd ysbytai, gan gynnwys glanweithdra. A allwch egluro pam nad oes adolygiad systematig wedi'i gynnal i asesu safonau glanweithdra mewn ysbytai yng Nghymru? Efallai eich bod am ddweud bod un ar waith yn awr, ond efallai y gallwch egluro'r sefyllfa i ni.

Ms Lloyd: Sefydlwyd cysyniad y timau gweithredu amgylchedd y claf yn Lloegr yn rhan o'r cynllun GIG a luniwyd ganddo ym Mehefin 2000. Ni wnaethom fabwysiadu hwnnw'n syth, gan fod Llywodraeth y Cynulliad yn paratoi ei gynllun ei hun ar gyfer Cymru. Rhoddwyd sylw i bwysigrwydd glanweithdra a safonau yn yr adroddiad hwnnw. Dyna pam ein bod bellach wedi cynhyrchu ein safonau ond, hefyd, yr oedd ein cynghorau iechyd cymuned ar y pryd yn cyflawni gwaith gwerthfawr iawn yn edrych ar amgylchedd ysbytai. Mae hwnnw ar waith bellach. Cwblhawyd hunan-asesiad llinell sylfaen pob ymddiriedolaeth ym mis Mai a bydd ein cydweithwyr CIC yn archwilio pob amgylchedd ym mis Medi a Hydref. Felly, yr ydym wedi'i wneud ychydig yn wahanol ond mewn ffordd gyffelyb yng Nghymru, ac mae hynny'n pwysleisio pa mor bwysig yw glanweithdra mewn amgylchedd i ni i gyd. Felly yr ydym wedi gwneud hyn ychydig yn wahanol.

[7] **Janet Davies:** Iawn, diolch. Val, mae gennyh gwestiynau i'w gofyn?

[8] **Val Lloyd:** Ms Lloyd, you mentioned 'Improving Health in Wales' and the aim to introduce a number of specific measures, and you told us about the trust facilities forum. However, the Auditor General's report shows that progress has not been made on all aspects of the strategy. Could you tell us why progress has been so slow, considering that you yourself talked about the importance that we should place on hospital cleaning?

Ms Lloyd: I think that the standards have been delayed beyond that which we expected, and I think that this was largely because this was a highly complex area and we really needed to get them right. We also took the opportunity to engage properly with the service itself and to gain its commitment. Therefore the consultation period was extended to make sure that everyone had the opportunity to comment on these standards, and to comment on how applicable they would be and how they could be measured. Although I would have preferred to have done this a year ago, I think that it was really important that we gained a commitment from the service, and its views on how it could manage the establishment of standards and being measured against them. Also, we took the time to engage the CHCs fully because their patient environment teams and hospital inspection teams, and our work on the national standards, have to correlate and work together.

So I apologise for the slowness in getting there, but I think that the finished product and the outcome should be more sustainable within the service.

[8] **Val Lloyd:** Ms Lloyd, crybwyllasoch 'Gwella Iechyd yng Nghymru' a'r nod o gyflwyno nifer o fesurau penodol, a dywedasoch wrthym am fforwm cyfleusterau'r ymddiriedolaethau. Fodd bynnag, mae adroddiad yr Archwilydd Cyffredinol yn dangos na chafwyd cynnydd ar bob agwedd ar y strategaeth. A allwch ddweud wrthym pam fod y cynnydd wedi bod mor araf, o ystyried eich bod chi eich hun wedi siarad am bwysigrwydd glanhau ysbytai?

Ms Lloyd: Credaf fod y safonau wedi'u hoedi y tu hwnt i'r hyn yr oeddem yn ei ddisgwyl, a chredaf fod hyn yn bennaf oherwydd bod hwn yn faes cymhleth iawn a bod angen cyflawni'r gwaith yn iawn. Manteisiwyd ar y cyfle hefyd i gydweithio'n agos â'r gwasanaeth ei hun ac i sicrhau ei ymrwymiad. Felly ehangwyd y cyfnod ymgynghori i sicrhau bod gan bawb y cyfle i roi sylwadau ar y safonau hyn, ac i roi sylwadau ar ba mor gymwys fyddent a sut y gellid eu mesur. Er y byddwn wedi dewis gwneud hyn flwyddyn yn ôl, credaf ei bod yn bwysig iawn ein bod wedi sicrhau ymrwymiad y gwasanaeth, a'i safbwyntiau ar sut y gallai reoli'r gwaith o sefydlu safonau a chael ei fesur yn eu herbyn. Hefyd, cymerwyd yr amser i gynnwys y CIC yn llawn oherwydd bod yn rhaid i'w timau sy'n ymdrin ag amgylchedd y claf a'u timau archwilio ysbytai, a'n gwaith ar y safonau cenedlaethol, gydberthyn a gweithio gyda'i gilydd.

Felly ymddiheuraf ein bod wedi cymryd ein hamser, ond credaf y bydd y cynnyrch gorffenedig a'r canlyniad yn fwy cynaliadwy o fewn y gwasanaeth.

[9] **Val Lloyd:** Thank you. Could I ask a follow-up question? You have given some indication of the steps that are being taken to ensure that the cleanliness strategy will be implemented. Are there any more steps, and could you tell us when you expect full compliance?

Ms Lloyd: I am sorry, but I did not hear that. I got the 'full compliance', but missed the bit before it.

[10] **Val Lloyd:** You have given an outline of the steps that you took to ensure that the strategy would be implemented, but what other steps have been taken to ensure that it will be fully implemented?

Ms Lloyd: Well, it is now a statutory requirement and you will see on the balanced scorecards that we will be producing—giving the overarching performance of each organisation—that the environment is an important part of those. First, we must get a baseline survey. From that we will be able to work with each organisation over time to ensure full compliance and also an extension of the standards. It is important that we do not just adopt one set of standards forever because, as you know, the workload in hospitals is changing all the time. One of the problems has been that our cleaning standards and cleaning guidance have not kept up with that changing workload. So, we will have an agreement with each organisation about the progress that it can make—it is one of our continuous improvement targets—and we will also monitor whether or not it is complying with best practice and really spreading some of the good practice to ensure that cleaning standards can be improved.

[11] **Janet Davies:** Okay. Denise, you have some questions to ask?

[9] **Val Lloyd:** Diolch. A gaf fi ofyn cwestiwn dilynol? Yr ydych wedi rhoi awgrymiadau am y camau sy'n cael eu cymryd i sicrhau y caiff y strategaeth lanweithdra ei gweithredu. A oes unrhyw gamau eraill, ac a allwch ddweud wrthym pryd yr ydych yn disgwyl cydymffurfio'n llawn?

Ms Lloyd: Mae'n ddrwg gennyf, ond ni chlywais hynny. Fe glywais y 'cydymffurfio'n llawn', ond collais y rhan cyn hynny.

[10] **Val Lloyd:** Yr ydych wedi rhoi amlinelliad o'r camau a gymerwyd gennych i sicrhau y byddai'r strategaeth yn cael ei gweithredu, ond pa gamau eraill sydd wedi'u cymryd i sicrhau y bydd yn cael ei gweithredu'n llawn?

Ms Lloyd: Wel, mae'n amod statudol bellach a byddwch yn gweld ar yr adroddiadau mesur perfformiad y byddwn yn eu cynhyrchu—o ystyried perfformiad cyffredin pob sefydliad—bod yr amgylchedd yn rhan bwysig o'r rheini. Yn gyntaf, mae'n rhaid i ni gael arolwg llinell sylfaen. O hwnnw byddwn yn gallu gweithio gyda phob sefydliad dros amser i sicrhau cydymffurfiaeth lawn ac ehangu'r safonau. Mae'n bwysig nad ydym yn mabwysiadu un gyfres o safonau'n unig am byth oherwydd, fel y gwyddoch, mae'r llwyth gwaith yn newid drwy'r amser mewn ysbytai. Un o'r problemau yw nad yw ein safonau glanhau a'n canllawiau glanhau wedi cadw i fyny â'r llwyth gwaith newidiol hwnnw. Felly, byddwn yn cytuno â phob sefydliad ar y cynnydd y gall ei wneud—mae'n un o'n targedau gwella parhaus—a byddwn hefyd yn monitro a yw'n cydymffurfio â'r arferion gorau ai peidio ac a yw'n lledaenu rhywfaint o'r arferion da i sicrhau y gellir gwella safonau glanhau.

[11] **Janet Davies:** Iawn. Denise, mae gennych gwestiynau i'w gofyn?

[12] **Denise Idris Jones:** The all-Wales facilities group has three objectives: developing definitions of environmental cleanliness, determining the interface between environmental cleanliness and infection control and developing national cleaning standards. What progress has been made on all three of the all-Wales facilities group's objectives?

Ms Lloyd: Well, on the cleaning standards, they will be produced in 10 days' time. So, I think that that will be an important landmark for that. In terms of infection control, the facilities group has on it, and on all its subsequent sub-groups, infection control people, and they have outlined the ways in which infection control teams should be engaged more purposefully in cleaning standards: in overseeing cleaning standards, in looking at the equipment that is purchased to ensure that it can be cleaned, the frequency of cleaning and what should be done when equipment is moved around hospitals. It also recommends that the outcomes of the cleaning standards assessment is sent to the infection control committees so that they can give additional guidance. I think that the role of infection control teams, and the importance of that role, has been highlighted by the work that the trust facilities group has done so far. However, we expect the work of that group to be expanded further so that it encompasses portering, linen services and security, so that it wraps up the whole support teams that are contained within each of our organisations to ensure that really good practice is spread throughout those teams. So it has made a good start, but its work is by no means finished.

[12] **Denise Idris Jones:** Mae gan y grwp cyfleusterau Cymru gyfan dri amcan: datblygu diffiniadau o lanweithdra amgylcheddol, pennu'r berthynas rhwng glanweithdra amgylcheddol a rheoli heintiau a datblygu safonau glanhau cenedlaethol. Pa gynnydd sydd wedi'i wneud gyda thri amcan y grwp cyfleusterau Cymru gyfan?

Ms Lloyd: Wel, o ran y safonau glanhau, byddant yn cael eu cynhyrchu ymhen 10 diwrnod. Felly, credaf y bydd hynny'n garreg filltir ar gyfer hynny. O ran rheoli heintiau, mae swyddogion rheoli heintiau ar y grwp cyfleusterau, ac ar ei holl is-grwpiau dilynol, ac maent wedi amlinellu'r ffyrdd y dylai timau rheoli heintiau gyfrannu'n fwy penderfynol at safonau glanhau: drwy oruchwylio safonau glanhau, edrych ar y cyfarpar a brynir i sicrhau y gellir ei lanhau, pa mor aml y glanheir a beth ddylai gael ei wneud wrth symud cyfarpar o gwmpas ysbytai. Mae hefyd yn argymhell bod canlyniadau'r asesiad safonau glanhau yn cael eu hanfon i'r pwyllgorau rheoli heintiau fel y gallant roi canllawiau ychwanegol. Credaf fod rôl timau rheoli heintiau, a phwysigrwydd y rôl honno, wedi'i hamlygu gan y gwaith y mae'r grwp cyfleusterau ymddiriedolaethau wedi'i wneud hyd yma. Fodd bynnag, yr ydym yn disgwyl i waith y grwp hwnnw gael ei ehangu ymhellach fel ei fod yn cynnwys dyletswyddau porthorion, gwasanaethau dillad gwely a diogelwch, er mwyn iddo gwmpasu'r holl dimau cymorth sydd wedi'u cynnwys ym mhob un o'n sefydliadau i sicrhau bod arferion da iawn yn cael eu lledaenu ledled y timau hynny. Felly mae wedi dechrau'n dda, ond nid yw ei waith wedi'i orffen ar unrhyw gyfrif.

[13] **Denise Idris Jones:** I have a follow-up question. You have said that this report will come out in 10 days' time and so you might have answered this. When will the work of the all-Wales facilities group be completed and introduced to the trusts?

Ms Lloyd: Well, as soon as the patient environment standards are produced, we will start to monitor them in our next round of quarterly reviews, performance reviews with trusts, so we will start that then. The facilities group will be wound up, but transmogrified into a facilities forum and it will start to take on this additional work to look at the other support services that underpin clinical care. So its work is by no means finished yet.

[14] **Janet Davies:** Leighton, you have some questions to ask?

[15] **Leighton Andrews:** Ms Lloyd, can I refer you to figure 1 on page 8 of the Auditor General's report? It sets out the cleaning costs per square metre in each hospital. There seems to be an extraordinary range of variations in the cost of cleaning per square metre between, for example, Neath General Hospital, at £46, and the University Hospital of Wales, at £14. Obviously, there is a balance between efficiency and assurance about standards in this, but could you give us your observations on why there are such wide variations?

[13] **Denise Idris Jones:** Mae gennyf gwestiwn dilynol. Yr ydych wedi dweud y bydd yr adroddiad hwn yn cael ei gyhoeddi ymhen 10 diwrnod felly efallai eich bod wedi ateb hyn. Pryd fydd gwaith y grwp cyfleusterau Cymru gyfan yn cael ei gyflawni a'i gyflwyno i'r ymddiriedolaethau?

Ms Lloyd: Wel, cyn gynted ag y bydd safonau amgylchedd y claf yn cael eu cynhyrchu, byddwn yn dechrau eu monitro yn ein cylch nesaf o adolygiadau chwarterol, adolygiadau perfformio gydag ymddiriedolaethau, felly byddwn yn cychwyn ar hynny bryd hynny. Bydd y grwp cyfleusterau'n dod i ben, a'i weddnewid yn fforwm cyfleusterau a bydd yn dechrau ymgymryd â'r gwaith ychwanegol hwn i edrych ar y gwasanaethau cymorth eraill sy'n ategu gofal clinigol. Felly nid yw ei waith wedi'i orffen eto ar unrhyw gyfrif.

[14] **Janet Davies:** Leighton, mae gennyh gwestiynau i'w gofyn?

[15] **Leighton Andrews:** Ms Lloyd, a gaf fi dynnu eich sylw at ffigur 1 ar dudalen 8 adroddiad yr Archwilydd Cyffredinol? Mae'n nodi costau glanhau fesul metr sgwâr ym mhob ysbyty. Ymddengys bod amrywiaeth anhygoel rhwng costau glanhau fesul metr sgwâr rhwng, er enghraifft, Ysbyty Cyffredinol Castell-nedd, sef £46, ac Ysbyty Athrofaol Cymru, sef £14. Yn amlwg, mae cydbwysedd rhwng effeithlonrwydd a sicrwydd am safonau yn hyn, ond a allwch roi eich sylwadau ar y rhesymau dros amrywiaethau mor eang?

Ms Lloyd: Well, I think that there are a variety of reasons. Unfortunately, Neath General Hospital is now closed. I think that some of the factors include the priority that trust management has given to cleaning within the organisations, how old the buildings are—as we all know, the older the building, the more difficult they usually are to clean—how well they have been maintained and what sort of materials are being used. We have found in the past that there was a great surge in favour of having a more homely environment in many hospitals, and you found carpets being laid in acute general wards. They cost a great deal of money to clean, and they were not always satisfactorily cleaned. In fact, most of them were taken up. Therefore, I think that the equipment, the way in which the hospital is designed and the priority given by the management to the importance of maintaining that clean environment have all been factors in this variation. However, when we have undertaken our first round of environmental assessment reviews, then we might be able to unpick some of this in a more constructive way because we have not routinely monitored things such as the costs in the past.

[16] **Leighton Andrews:** You made the point that a hospital's age is a factor. However, in looking at the table, Royal Glamorgan Hospital, which is a very new hospital, is in fact the most expensive after the now-closed Neath General Hospital. Many of my constituents use this hospital regularly—at least, when the buses are running. Is it possible that the reason why, its being a new hospital, it is so much more expensive is that—are you going to tell us that it is because the management has looked more closely at the costs? Is it because it has more recently looked at the costs? Do you have views on that?

Ms Lloyd: Wel, credaf fod pob math o resymau. Yn anffodus, mae Ysbyty Cyffredinol Castell-nedd wedi cau bellach. Credaf fod rhai o'r ffactorau'n cynnwys y flaenoriaeth y mae rheolwyr yr ymddiriedolaeth wedi'i rhoi i lanhau o fewn y sefydliadau, pa mor hen yw'r adeiladau—fel y gwyddom i gyd, po hynaf yw'r adeilad, yr anoddaf oll ydynt i'w glanhau fel arfer—pa mor dda y maent wedi'u cynnal a'u cadw a pha fath o ddeunyddiau sy'n cael eu defnyddio. Yr ydym wedi canfod yn y gorffennol bod cynnydd mawr o blaid sicrhau amgylchedd mwy cartrefol mewn sawl ysbyty, a gwelwyd carpedi'n cael eu gosod mewn wardiau cyffredinol aciwt. Maent yn ddrud iawn i'w glanhau, ac nid oeddent wastad yn cael eu glanhau'n foddhaol. Yn wir, yr oedd y mwyafrif ohonynt yn cael eu codi. Felly, credaf fod y cyfarpar, y ffordd y mae'r ysbyty'n cael ei gynllunio a'r flaenoriaeth a roddir gan y rheolwyr i bwysigrwydd cynnal a chadw'r amgylchedd glân hwnnw i gyd wedi bod yn ffactorau yn yr amrywiaeth hwn. Fodd bynnag, ar ôl i ni gyflawni'r cylch cyntaf o adolygiadau asesu amgylcheddol, efallai y byddwn yn gallu mynd i'r afael ag agweddau ar hyn yn fwy adeiladol oherwydd nad ydym wedi monitro pethau megis costau yn rheolaidd yn y gorffennol.

[16] **Leighton Andrews:** Gwnaethoch y pwynt bod oed ysbyty yn ffactor. Fodd bynnag, wrth edrych ar y tabl, Ysbyty Brenhinol Morgannwg, sy'n ysbyty newydd sbon, yw'r drutaf ar ôl Ysbyty Cyffredinol Castell-nedd, sydd wedi cau bellach. Mae nifer o'm hetholwyr yn defnyddio'r ysbyty hwn yn rheolaidd—o leiaf, pan fydd y bysiau'n rhedeg. A oes posibilrwydd mai'r rheswm pam, ac yntau'n ysbyty newydd, ei fod cymaint drutach yw—a ydych yn mynd i ddweud wrthym bod hyn oherwydd bod y rheolwyr wedi edrych ar y costau'n fwy manwl? A yw hyn oherwydd ei fod wedi edrych yn ddiweddar ar y costau? A oes gennych farn ar hynny?

Ms Lloyd: It is possible that the management places a high importance on maintaining a clean environment. However, until we undertake our review, I cannot assure you of an answer.

[17] **Leighton Andrews:** Okay. I think that we would want to see the results of that review, because the Royal Glamorgan figure is quite striking and that raises quite a lot of issues such as whether, because it is a new hospital, it has simply struck new contracts that have gone into the whole issue in more detail. That might be rather worrying in terms of the other hospitals. Would you accept that?

Ms Lloyd: Yes. That is absolutely true. It has reduced its costs to £30 per square metre now. Nevertheless, that is one of the issues that we will take up with it and other hospitals.

[18] **Leighton Andrews:** Obviously, a large proportion of the costs—over 90 per cent of the cleaning costs—are staff costs. Another factor in the report that is signalled to us is that there are clearly high staff vacancies, high staff turnover and high levels of sickness among staff. That cannot be doing much for the costs of the service. Do you think that it is possible to improve the cleanliness of hospitals without tackling some of those issues?

Ms Lloyd: Mae'n bosibl bod y rheolwyr yn rhoi'r pwys mwyaf ar gynnal a chadw amgylchedd glân. Fodd bynnag, tan i ni gyflawni ein hadolygiad, ni allaf roi ateb sicr i chi.

[17] **Leighton Andrews:** Iawn. Credaf y byddem am gael gweld canlyniadau'r adolygiad hwnnw, oherwydd bod ffigur Ysbyty Brenhinol Morgannwg yn eithaf trawiadol ac mae hynny'n codi nifer o gwestiynau megis a yw wedi ymrwymo i nifer o gontractau newydd sydd wedi mynd i'r afael yn fwy trylwyr â'r mater yn ei gyfanrwydd oherwydd ei fod yn ysbyty newydd. Gallai hynny fod yn achos pryder o ran yr ysbytai eraill. A fyddech yn derbyn hynny?

Ms Lloyd: Byddwn. Mae hynny'n hollol wir. Mae wedi gostwng ei gostau i £30 fesul metr sgwâr bellach. Fodd bynnag, dyna un o'r materion y byddwn yn ei drafod gydag ef ac ysbytai eraill.

[18] **Leighton Andrews:** Yn amlwg, mae cyfran fawr o'r costau—dros 90 y cant o'r costau glanhau—yn gostau staff. Ffactor arall yn yr adroddiad sy'n dod i'n sylw yw bod llawer o swyddi gweigion, trosiant staff uchel a lefelau uchel o salwch ymhlith staff. Ni all hynny wneud llawer i gostau'r gwasanaeth. A ydych yn meddwl bod modd gwella glanweithdra ysbytai heb fynd i'r afael â rhai o'r materion hynny?

Ms Lloyd: No, we cannot. You will see in this report areas where trusts have looked very carefully at how they might maintain their cleaning staff. Traditionally, cleaning staff in both the private and the public sectors have had high turnover rates. However, some people—and this is mentioned later in the report—including me, are advocates of providing a sort of career path or multi-skilling of the support-worker teams. There is certainly evidence that, if you do that, then you do have a workforce that is more stable, where recruitment can improve and retention is also improved. However, basically, until recruitment and retention are managed very effectively, and the absence through sickness that goes with that, then we are never going to improve the quality of this service.

[19] **Leighton Andrews:** The figures do show that, I think, a quarter of the cleaning staff in Wales have been in post for less than six months. Now, it might be that if you improve the career structure, as you suggest, you might be able to improve retention, but do you not think that there is also a problem with recruitment? How can you attract and recruit domestic cleaning staff to the NHS in Wales?

Ms Lloyd: I think that one of the issues is the importance that you place on having a clean environment. If individuals believe that they are doing a valuable job, then that increases the status of what they are doing and the importance of what they are doing for the whole after-clinical care of a patient. I think that it has been important that ward managers, ward sisters, and charge nurses are seen to be responsible for the whole of the clinical environment in which patients are cared for, and that the cleaning and domestic staff and other staff or support workers are really part of that team. In those hospitals

Ms Lloyd: Na, ni allwn. Byddwch yn gweld yn yr adroddiad hwn feysydd lle y mae ymddiriedolaethau wedi edrych yn agos iawn ar sut y gallant gadw eu staff glanhau. Yn draddodiadol, bu cyfraddau trosiant uchel ymhlith staff glanhau yn y sector preifat a chyhoeddus. Fodd bynnag, mae rhai—ac mae hyn yn cael ei grybwyll yn ddiweddarach yn yr adroddiad—gan gynnwys minnau, o blaid darparu rhyw fath o lwybr gyrfa neu gyfle amlsgiliau i'r timau gweithwyr cymorth. Os ydych yn gwneud hynny mae tystiolaeth sicr bod gennyhych weithlu sy'n fwy sefydlog, lle gall recriwtio yn ogystal â chadw staff wella. Fodd bynnag, yn y bôn, tan y rheolir recriwtio a chadw staff yn effeithiol iawn, ynghyd â'r absenoldeb oherwydd salwch sy'n mynd law yn llaw â hynny, ni fyddwn byth yn gwella ansawdd y gwasanaeth hwn.

[19] **Leighton Andrews:** Credaf fod y ffigurau'n dangos bod chwarter y staff glanhau yng Nghymru wedi bod yn eu swyddi am lai na chwe mis. Nawr, efallai pe baech yn gwella'r sdrwythur gyrfaedd, fel yr awgrymasoch, efallai y byddai modd gwella'r cyfraddau cadw staff, ond onid ydych yn meddwl bod problem recriwtio hefyd? Sut y gallwch ddenu a recriwtio staff glanhau domestig i'r GIG yng Nghymru?

Ms Lloyd: Credaf mai un o'r materion yw'r pwyslais yr ydych yn ei roi ar gael amgylchedd glân. Os yw unigolion yn credu eu bod yn gwneud gwaith a werthfawrogir, yna bydd hynny'n cynyddu statws yr hyn y maent yn ei wneud a phwysigrwydd yr hyn y maent yn ei wneud i holl ofal ôl-glinigol y claf. Credaf ei bod wedi bod yn bwysig dangos mai rheolwyr ward, prif nyrsys ward, a phrif weinyddwyr nyrsio sy'n gyfrifol am yr holl amgylchedd clinigol lle mae cleifion yn derbyn gofal, a bod y staff glanhau a domestig a staff eraill neu weithwyr cymorth yn rhan wirioneddol o'r tîm hwnnw. Yn yr ysbytai

where that has happened, you find that people really do want to come to work in such an environment and stay there. So I think that there are good examples that can be used throughout Wales to look at how we do retain and encourage people to come to work for us. I think that, generally in Wales, we have to become much more creative about ensuring that people understand that, within the health service, there is a vast variety of work that needs to be done to support patient care, and we in Wales, as part of our new recruitment strategy, which I am developing at the moment, have to look at how we actually get to the communities within which these units are placed, to encourage people who would not normally have put an NHS career—and in that I include the cleaning staff—as a first priority, to come to work for us. The old methods have only worked spasmodically. I think that we have to look at very different ways of encouraging people to work for the health service.

[20] **Leighton Andrews:** I am glad to see that you are developing a recruitment strategy in this, but are you confident that the measures that you are advocating are being properly received by the hospital trusts and taken seriously?

Ms Lloyd: That is what we are discussing with the trusts at the moment. As the areas of good practice have been clearly outlined in this report, as the facilities forum will take those forward with a view to spreading that good practice, and as the trusts will be monitored against their adoption of good practice, then, hopefully, there will be more enlightenment among some of the trusts' management about the ways in which others, who have major problems like they have, have overcome those problems.

hynny lle mae hynny wedi digwydd, gwelwch fod pobl yn ysu am gael dod i weithio mewn amgylchedd o'r fath ac aros yno. Felly credaf fod enghreifftiau da y gellir eu defnyddio ledled Cymru i edrych ar sut yr ydym yn dal ein gafael ar bobl ac yn eu hannog i ddod i weithio i ni. Credaf, yn gyffredinol yng Nghymru, bod yn rhaid i ni fod yn llawer mwy creadigol ynghylch sicrhau bod pobl yn deall bod amrywiaeth helaeth o waith sydd angen ei wneud i gynnal gofal cleifion yn y gwasanaeth iechyd, a bod yn rhaid i ni yng Nghymru, fel rhan o'n strategaeth recriwtio newydd, yr wyf yn ei datblygu ar hyn o bryd, edrych ar sut yr ydym mewn gwirionedd yn cyrraedd y cymunedau lle mae'r unedau hyn wedi'u lleoli, i annog pobl na fyddai wedi dewis gyrfa yn y GIG fel arfer—ac yr wyf yn cynnwys y staff glanhau—fel blaenoriaeth, i ddod i weithio i ni. Mae'r hen ddulliau wedi gweithio'n achlysurol yn unig. Credaf fod yn rhaid i ni edrych ar ffyrdd gwahanol iawn o annog pobl i weithio i'r gwasanaeth iechyd.

[20] **Leighton Andrews:** Yr wyf yn falch o weld eich bod yn datblygu strategaeth recriwtio ar gyfer hyn, ond a ydych yn hyderus bod y mesurau yr ydych yn eu hargymell yn cael eu croesawu'n iawn gan ymddiriedolaethau'r ysbytai ac yn cael eu hystyried o ddifrif?

Ms Lloyd: Dyna'r hyn yr ydym yn ei drafod gyda'r ymddiriedolaethau ar hyn o bryd. Gan fod y meysydd arferion da wedi'u hamlinellu'n glir yn yr adroddiad hwn, wrth i'r fforwm cyfleusterau ddatblygu'r rhain gyda golwg ar ledaenu'r arferion da hynny, ac wrth i'r ymddiriedolaethau gael eu monitro yn ôl a ydynt wedi mabwysiadu arferion da, yna, gobeithio, y bydd gan rai o reolwyr yr ymddiriedolaethau ragor o wybodaeth am y ffyrdd y mae eraill, sydd â phroblemau difrifol hefyd, wedi goresgyn y problemau hynny.

[21] **Janet Davies:** Do you want to keep going, Leighton?

[22] **Leighton Andrews:** I have one more question. You say that you hope that there will be more enlightenment, Ms Lloyd. That did not sound too confident to me.

Ms Lloyd: Well, I am hopeful about most things, but if people are being performance managed against standards and against the adoption of best practice, it usually concentrates the mind a bit more, and we will be able to chart a map on how that good practice is really being implemented throughout Wales.

[23] **Janet Davies:** I will bring Alun in in a moment, but may I follow this up? I noticed in the report that there are relatively few hospitals with outside contractors doing the cleaning, contrary to what may be the general perception. Do you think that it would be more difficult to get a career path for support staff with outside contractors than it would be with in-house cleaning?

Ms Lloyd: That would depend on how you contract for the work. If we were to specify that that was the sort of career path and that that was the sort of multi-skilling support worker that we required, then the standard requirement, whether or not it was provided in-house or externally, would be the standard requirement. I think that it is in our specification that we can sort that out.

[24] **Janet Davies:** Thank you. Alun, you have some questions to ask?

[21] **Janet Davies:** A ydych am barhau, Leighton?

[22] **Leighton Andrews:** Mae gennyf un cwestiwn arall. Yr ydych yn dweud eich bod yn gobeithio y bydd esboniad pellach, Ms Lloyd. Nid oedd hynny'n swnio'n rhy hyderus imi.

Ms Lloyd: Wel, yr wyf yn obeithiol am y rhan fwyaf o bethau, ond os y rheolir perfformiad pobl yn ôl safonau ac yn ôl mabwysiadu arferion gorau, mae'n hogi'r meddwl ychydig yn fwy nag arfer, a byddwn yn gallu llunio map i ddangos sut mae'r arferion gorau hyn yn cael eu gweithredu mewn gwirionedd ledled Cymru.

[23] **Janet Davies:** Caiff Alun gyfrannu yn y man, ond a gaf fi ddilyn y trywydd hwn? Sylwais yn yr adroddiad nad oes llawer o ysbytai yn defnyddio contractwyr allanol i wneud y gwaith glanhau, yn groes i'r gred gyffredinol. A ydych yn meddwl y byddai'n anoddach creu llwybr gyrfa i staff cymorth gyda chontractwyr allanol nag y byddai gyda staff glanhau mewnol?

Ms Lloyd: Byddai hynny'n dibynnu ar sut y byddech yn contractio'r gwaith. Pe baem yn pennu mai dyna'r math o lwybr gyrfa ac mai dyna'r math o weithwyr cymorth aml-sgiliau yr oedd eu hangen arnom, yna'r gofyniad safonol, waeth a oedd yn cael ei ddarparu'n fewnol neu'n allanol, fyddai'r gofyniad safonol. Credaf fod ein manyleb yn nodi y gallwn drefnu hynny.

[24] **Janet Davies:** Diolch. Alun, mae gennyh gwestiynau i'w gofyn?

[25] **Alun Cairns:** My line of questioning follows the same sort of issue that the Cadeirydd has raised, Ms Lloyd. I was surprised that only four of the 17 hospitals that were investigated had used private sector contractors for their cleaning services. Are you able to tell us which ones they are?

Ms Lloyd: Yes, there is Ysbyty Gwynedd, Llandough Hospital, Singleton Hospital and Morryston Hospital.

[26] **Alun Cairns:** Sorry, that was Singleton and—?

Ms Lloyd: Morryston.

[27] **Alun Cairns:** Okay. What analysis have you made of the value for money that might or might not be drawn from private sector contractors in comparison to NHS-employed cleaners?

Ms Lloyd: The trust management has been charged with that matter over the past 20 years. As you will recall, the requirement to competitively test these sorts of services was introduced in around 1985. All trusts have been required to test competitively their cleaning, porter service and other support worker services since then. That requirement was loosened slightly in the 1990s, but nevertheless, every three to four years, they had to ensure that they were competitive. Therefore, the way in which some people have an in-house service and others have external contractors would have been scrutinised through a proper process. Sometimes, contracts were extended because either there would be a change in the configuration of a hospital's services, or there would be a move to new premises. However, even when contracts were extended by, say, one to two years, as an expedient move, they still had to prove that they had been through that rigorous test.

[25] **Alun Cairns:** Mae fy nghwestiynau i'n mynd i'r afael â'r un math o faterion ag y mae'r Cadeirydd wedi'u trafod, Ms Lloyd. Fe'm synnwyd mai pedwar ysbyty'n unig o'r 17 a archwiliwyd a oedd wedi defnyddio contractwyr sector preifat ar gyfer y gwasanaethau glanhau. A allwch ddweud wrthym pa ysbytai ydynt?

Ms Lloyd: Gallaf, mae Ysbyty Gwynedd, Ysbyty Llandoche, Ysbyty Singleton ac Ysbyty Treforys.

[26] **Alun Cairns:** Mae'n ddrwg gennyf, dywedasoch Singleton a—?

Ms Lloyd: Treforys.

[27] **Alun Cairns:** Iawn. Sut yr ydych wedi dadansoddi'r gwerth am arian a allai neu na allai fod wedi deillio yn sgîl defnyddio contractwyr sector preifat o'i gymharu â glanhawyr a gyflogir gan y GIG?

Ms Lloyd: Rheolwyr yr ymddiriedolaeth sydd wedi bod yn gyfrifol am hynny ers 20 mlynedd bellach. Fel y cofiwch, cyflwynwyd y gofyniad i brofi'r mathau hyn o wasanaethau'n gystadleuol tua 1985. Mae'n ofynnol i bob ymddiriedolaeth brofi'n gystadleuol ei gwasanaethau glanhau a phorthor a'i gwasanaethau gweithwyr cymorth eraill ers hynny. Llaciwyd y gofyniad hwn ychydig yn y 1990au, ond er hynny, pob tair i bedair blynedd, yr oedd yn rhaid iddynt sicrhau eu bod yn gystadleuol. Felly, byddai'r ffordd y mae gan rai wasanaeth mewnol ac eraill gontractwyr allanol wedi cael ei harchwilio drwy broses briodol. O bryd i'w gilydd, cafodd contractau eu hestyn oherwydd naill ai byddai gwasanaethau ysbyty yn cael eu hailwampio, neu byddai'n rhaid symud i adeiladau newydd. Fodd bynnag, hyd yn oed pan estynnwyd contractau o, dyweder, flwyddyn neu ddwy, fel cam priodol, yr oedd yn rhaid iddynt brofi eu bod wedi cyflawni'r prawf manwl hwnnw.

[28] **Alun Cairns:** Three of the four hospitals that you highlighted are below the average cost of cleaning as shown in the table in figure 1. What analysis has been made of the quality of cleaning at those three hospitals, or even at the four private sector hospitals, in comparison to the other 13, or 17—no, sorry, 13?

Ms Lloyd: I cannot give you that information at the moment because that is very much total accountability for an operational issue within a trust.

[29] **Alun Cairns:** But do you not think—

Ms Lloyd: They will have to have satisfied the test of competitive tendering, they will have had to have been satisfied that they were getting value for money and they will have had to have been satisfied that their hospitals were meeting the standards.

[30] **Alun Cairns:** Bearing in mind the differences in cost that have been highlighted in those four, if the quality of cleaning by private sector contractors is as good as that of NHS employees, do you not think that a best practice analysis could be made in terms of disseminating either the value or the poor value that might be provided from those private sector contractors?

Ms Lloyd: Indeed. That is what we expect the forum to take forward for us. I would not differentiate between the private sector and the in-house service. It is the value for money of the whole of this system that is important.

[28] **Alun Cairns:** Mae tri o'r pedwar ysbyty a amlygwyd gennych yn is na chyfartaledd y costau glanhau a nodir yn y tabl yn ffigur 1. Pa ddadansoddiad a wnaed o ansawdd glanhau y tri ysbyty hynny, neu hyd yn oed y pedwar ysbyty sector preifat, o'i gymharu â'r 13 arall, neu 17—na, mae'n ddrwg gennyf, 13?

Ms Lloyd: Ni allaf roi'r wybodaeth honno i chi ar hyn o bryd oherwydd bod ymddiriedolaethau'n gwbl atebol am faterion gweithredol.

[29] **Alun Cairns:** Ond onid ydych yn meddwl—

Ms Lloyd: Bydd yn rhaid iddynt fod wedi bodloni'r prawf tendro cystadleuol, bydd yn rhaid iddynt fod yn fodlon eu bod yn cael gwerth am arian a bydd yn rhaid iddynt fod yn fodlon bod eu hysbytai yn bodloni'r safonau.

[30] **Alun Cairns:** O gofio'r gwahaniaethau mewn costau sydd wedi'u hamlygu yn y pedwar hynny, os yw ansawdd glanhau contractwyr sector preifat cystal ag ansawdd glanhau gweithwyr y GIG, onid ydych yn meddwl y gellid cynnal dadansoddiad o arferion gorau o ran dosbarthu naill ai'r gwerth neu'r diffyg gwerth y gellid ei ddarparu gan y contractwyr sector preifat hynny?

Ms Lloyd: Digon gwir. Dyna'r hyn yr ydym yn ei ddisgwyl i'r fforwm ei ddatblygu i ni. Ni fyddwn yn gwahaniaethu rhwng y sector preifat a'r gwasanaeth mewnol. Gwerth am arian y system gyfan hon sy'n bwysig.

[31] **Alun Cairns:** My final question on this relates to paragraph 1.15, which mentions that one hospital had a turnover of 82 per cent in the nine months prior to the National Audit Office visit and investigation. That is a staggering level of staff turnover. Has any analysis been made of whether that level is higher among private sector contractors than among in-house cleaners?

Ms Lloyd: No. Again, that is something that the forum will take on board. It will be looking at the whole of the recruitment, retention and sickness levels in all of these services.

[32] **Janet Davies:** Thank you. Denise, you have some questions to ask?

[33] **Denise Idris Jones:** Can you hear me, Ms Lloyd?

Ms Lloyd: Yes.

[34] **Denise Idris Jones:** Good. If you turn to page 11 of the Auditor General's report, case study A shows an example of good practice from the University Hospital of Wales. To me, as a layperson, reading through this, it seems that this is quite achievable. If you look at the first example, which says that

'sickness cover is more manageable—a team of six can more easily and quickly cover the absence of one person'

that obviously makes complete sense. Do you not think that we could carry out this good example in the other hospitals?

Ms Lloyd: I do, yes.

[31] **Alun Cairns:** Mae fy nghwestiwn olaf am hyn yn ymwneud â pharagraff 1.15, sy'n crybwyll bod gan un ysbyty drosiant o 82 y cant yn y naw mis cyn ymweliad ac archwiliad y Swyddfa Archwilio Genedlaethol. Mae'r lefel hwnnw o drosiant staff yn anhygoel. A wnaed unrhyw ddadansoddiad i weld a yw'r lefel honno yn uwch ymhlith contractwyr sector preifat nag ymhlith glanhawyr mewnol?

Ms Lloyd: Na. Eto, mae hynny'n rhywbeth y bydd y fforwm yn ei ystyried. Bydd yn edrych ar yr holl lefelau recriwtio, cadw staff a salwch yn yr holl wasanaethau hyn.

[32] **Janet Davies:** Diolch. Denise, mae gennych gwestiynau i'w gofyn?

[33] **Denise Idris Jones:** A ydych yn gallu fy nghlywed, Ms Lloyd?

Ms Lloyd: Ydw.

[34] **Denise Idris Jones:** Da iawn. Pe baech yn troi i dudalen 11 adroddiad yr Archwilydd Cyffredinol, mae astudiaeth achos A yn dangos enghraifft o arferion da gan Ysbyty Athrofaol Cymru. I mi, fel person lleyg, wrth ddarllen drwy hwn, ymddengys bod hyn yn dra phosibl. Os edrychwch ar yr enghraifft gyntaf, sy'n dweud

'mae'n haws sicrhau bod gweithwyr ar gael pan fydd rhywun yn sâl—gall tîm o chwech wneud gwaith rhywun sy'n sâl yn haws ac yn gynt'

mae'n amlwg bod hynny'n gwneud synnwyr llwyr. Onid ydych yn meddwl y gallem weithredu'r enghraifft dda hon mewn ysbytai eraill?

Ms Lloyd: Ydw.

[35] **Denise Idris Jones:** Good. Top marks. Let us hope that we do so as soon as possible. Are there any further examples of good practice? I hope that there are in my constituency, but I do not know. Can you tell me that?

Ms Lloyd: Well, the Princess of Wales Hospital has looked at a broader support-worker system. There are some hospitals that employ bed teams so that nurses do not have to clean the beds and so that there is a team responsible for the management of a bed, which has released the nursing staff and also meant that there was a sort of better check on the cleanliness of beds as patients are discharged. However, the forum is collecting together all these areas of good practice to disseminate them. The Auditor General has helpfully highlighted many of them in the report. As part of the performance management first round, we will be looking to see how far these have been adopted throughout Wales. One of the things that we are not tremendously great at is ensuring that good practice is known from place to place. That is why I have put a high emphasis and high importance on ensuring that we do monitor good practice and make sure that everybody knows about it and is able to test and consider it.

[36] **Janet Davies:** We will move on to paragraphs 2.2 to 2.4, which talk about there being no compulsory national minimum standards of hospital cleanliness. Figure 5 on page 14 shows a number of different cleaning standards across Wales. I do realise that you have not been in post for 25 years—

[37] **Alun Cairns:** It may feel like it.

Ms Lloyd: Sometimes. [*Laughter.*]

[35] **Denise Idris Jones:** Da iawn. Marciau llawn. Gobeithio y byddwn yn gwneud hynny cyn gynted â phosibl. A oes unrhyw enghreifftiau eraill o arferion da? Gobeithio bod rhai yn fy etholaeth i, ond nid wyf yn gwybod. A allwch ddweud hynny wrthyf?

Ms Lloyd: Wel, mae Ysbyty Tywysoges Cymru wedi edrych ar system gweithwyr cymorth ehangach. Mae rhai ysbytai yn defnyddio timau gwllâu fel nad yw nyrsys yn gorfod glanhau gwllâu ac fel bod tîm yn gyfrifol am reoli gwely, sydd wedi rhyddhau'r staff nyrsio ac sydd hefyd yn golygu bod glanweithdra gwllâu yn cael ei wirio'n well pan fydd cleifion yn gadael yr ysbyty. Fodd bynnag, mae'r fforwm yn casglu'r holl feysydd hyn o arferion da at ei gilydd i'w lledaenu. Mae'r Archwilydd Cyffredinol wedi amlygu llawer ohonynt yn yr adroddiad sy'n ddefnyddiol. Fel rhan o gylch cyntaf rheoli perfformiad, byddwn yn edrych i weld pa mor bell y mabwysiadwyd y rhain ledled Cymru. Mae sicrhau bod arferion da yn cael eu hadnabod o le i le yn un o'r pethau nad ydym yn eu gwneud yn dda iawn. Dyna pam fy mod wedi rhoi'r pwys mwyaf ar sicrhau ein bod yn monitro arferion da a sicrhau bod pawb yn gwybod am hynny ac yn gallu ei brofi a'i ystyried.

[36] **Janet Davies:** Symudwn ymlaen at baragraffau 2.2 i 2.4, sy'n trafod y ffaith nad oes safonau gofynnol cenedlaethol ar gyfer glanweithdra ysbytai. Mae ffigur 5 ar dudalen 14 yn dangos nifer o safonau glanhau gwahanol ledled Cymru. Sylweddolaf nad ydych wedi bod yn eich swydd ers 25 mlynedd—

[37] **Alun Cairns:** Efallai ei fod yn teimlo felly.

Ms Lloyd: Weithiau. [*Chwerthin.*]

[38] **Janet Davies:** Do you think that it was acceptable during all those years that there were no national minimum standards for cleaning? It was a long time to go without.

Ms Lloyd: Well, there was guidance and there were standards. When I cast my mind back 25 years when I was setting some of these standards, there were minimum standards, which were known to people who were managing hospitals or clinics, against which they asked their cleaning staff to perform. However, I believe that the science and the research have become more stark and helpful about the types of cleaning service that you need. The numbers and the vulnerability of patients have increased and the whole work pace has increased within hospitals. They are dealing with a very different case mix of patients now than they were 20 years ago. I think that with everything—with the advent of more auditing of practice and the importance of a clean environment and very good hygiene—it has really come rightly to the fore now that we do have standards that will be adhered to and which we will be ensuring each of the organisations is adopting.

[39] **Janet Davies:** Right. When I look back rather more than 25 years, in the very old days, you had a situation whereby the ward sister was totally in control and the matron was coming around twice a day to make sure that everything was okay in every ward. To a large extent, that worked. It does seem to me that there was a gap in the middle where quite a lot of the organisation changed and it did not actually take on board the need for cleanliness in that change. I do not know whether you would agree; it looks to me as though perhaps you do agree with me on that. However, at the end of the day, the issue is what it is actually like on the wards, in the corridors and in the other departments. So, do

[38] **Janet Davies:** A ydych yn credu ei bod yn dderbyniol nad oedd safonau gofynnol cenedlaethol ar gyfer glanhau yn ystod yr holl flynyddoedd hynny? Yr oedd yn gyfnod hir i fod hebddynt.

Ms Lloyd: Wel, yr oedd canllawiau ac yr oedd safonau. Wrth imi feddwl yn ôl 25 mlynedd pan oeddwn yn pennu rhai o'r safonau hyn, yr oedd safonau gofynnol, a oedd yn hysbys i bobl a oedd yn rheoli ysbytai neu glinigau, ac yr oedd yn rhaid i'w staff glanhau berfformio'n ôl y rhain. Fodd bynnag, credaf fod y wyddoniaeth a'r ymchwil wedi dod yn fwy amlwg a defnyddiol ynglyn â'r mathau o wasanaethau glanhau sydd eu hangen arnoch. Mae niferoedd a gwendidau cleifion wedi cynyddu ac mae'r holl lwyth gwaith wedi cynyddu o fewn ysbytai. Maent yn delio â chymysgedd gwahanol iawn o gleifion yn awr o'i gymharu ag 20 mlynedd yn ôl. Credaf fod hynny â ynghyd â phopeth arall—gyda dyfodiad rhagor o archwilio arferion a phwysigrwydd amgylchedd glân a hylendid da iawn—mae'n hanfodol bwysig bellach bod gennym safonau i gadw atynt, y byddwn yn sicrhau bod yr holl sefydliadau yn eu mabwysiadu.

[39] **Janet Davies:** Iawn. Wrth imi edrych yn ôl ymhellach na 25 mlynedd, ymhell i'r dyddiau a fu, yr hyn a oedd gennych oedd prif nyrs y ward â rheolaeth lwyr a'r metron yn ymweld ddwywaith y dydd i sicrhau bod popeth yn iawn ym mhob ward. I raddau helaeth, yr oedd hynny'n gweithio. Ymddengys i mi fod bwlch yn y canol lle y newidiodd llawer o'r sefydliad ac ni ystyriodd yr angen am lanweithdra yn y newid hwnnw mewn gwirionedd. Nid wyf yn gwybod a fydddech yn cytuno; ymddengys i mi eich bod efallai yn cytuno gyda mi ar hynny. Fodd bynnag, yn y pen draw, yr hyn sy'n bwysig yw'r sefyllfa wirioneddol ar y wardiau, yn y coridorau ac yn yr adrannau eraill. Felly, a ydych yn

you feel confident that the systems that are now being put into place are really going to make sure that hospitals are clean? I take on board your point about patients being much more fragile and much more ill when they are in hospital now than perhaps patients were 30 or 40 years ago.

Ms Lloyd: Yes, I think that the prevalence of infection has really reached the top of the agenda for trust management now, because we know that it hardly increase patients' confidence when coming into hospitals, it certainly costs us more and patients have to stay in hospital longer. In a pressurised system, we want patients who are confident and who get better quickly so that we can release some of the capacity within the hospital. So with us all having infection control teams now, which are extremely good at advising us on best practice and how areas should be cleaned and what should happen with equipment, and with the audits that come through—because it might have looked clean 30 years ago but we did not audit it so we do not have the evidence—and also with the reinstitution, I think, of a ward-based culture where the ward manager has that renewed responsibility for the total environment in which patients are cared for, there should be a great improvement: there has to be a great improvement.

[40] **Janet Davies:** Thank you. I have one last question before Val continues the questioning. In developing the single set of national minimum standards, will you be taking into account all the existing standards and taking the best from each of them?

teimlo'n hyderus y bydd y systemau a weithredir ar hyn o bryd yn sicrhau bod yr ysbytai'n lân mewn gwirionedd? Yr wyf yn derbyn eich pwynt bod cleifion yn llawer mwy bregus ac yn llawer salach pan eu bod yn yr ysbyty bellach nag oedd cleifion 30 i 40 blynedd yn ôl efallai.

Ms Lloyd: Ie, credaf fod cyffredinrwydd heintiau wedi cyrraedd brig agenda rheolwyr yr ymddiriedolaethau bellach, oherwydd ein bod yn gwybod nad yw dod i'r ysbyty yn cynyddu hyder cleifion, mae'r costau'n uwch i ni heb os ac mae'n rhaid i gleifion aros yn yr ysbyty am gyfnodau hirach. Mewn system dan bwysau, yr ydym eisiau cleifion sy'n hyderus ac sy'n gwella'n gyflym er mwyn i ni allu rhyddhau rhywfaint o gapasiti'r ysbyty. Felly gyda phawb â thimau rheoli heintiau erbyn hyn, sy'n hynod effeithiol o ran rhoi gwybod i ni am arferion da a sut y dylid glanhau gwahanol rannau a beth ddylai ddigwydd i'r cyfarpar, a chyda'r archwiliadau a gynhelir—oherwydd efallai eu bod wedi ymddangos yn lân 30 mlynedd yn ôl ond nid oeddynt yn cael eu harchwilio felly nid oes gennym y dystiolaeth—a hefyd, yn fy marn i, drwy ailsefydlu diwylliant sy'n seiliedig ar wardiau lle mae gan y rheolwr ward y cyfrifoldeb newydd hwnnw am yr holl amgylchedd lle mae cleifion yn derbyn gofal, dylid gweld cynnydd sylweddol: mae'n rhaid bod cynnydd sylweddol.

[40] **Janet Davies:** Diolch. Mae gennyf un cwestiwn terfynol cyn i Val barhau â'r cwestiynau. Wrth ddatblygu'r gyfres unigol o safonau gofynnol cenedlaethol, a fyddwch yn ystyried yr holl safonau presennol a defnyddio'r gorau o bob un ohonynt?

Ms Lloyd: Yes. That is what we have done and that is why it has taken quite a long time to produce these standards, because we have been looking right across the UK and to some parts of Europe—some of the cleaning standards in Europe are very helpful—to bring together the very best. However, as I said, on the standards as they stand now, we will see how they fare in the first round of performance management. If they need adaptation, if they need improvement, they will be improved, and they will be updated regularly.

[41] **Janet Davies:** Thank you. Val, you have some questions to ask?

[42] **Val Lloyd:** Yes, thank you, Chair. Mrs Lloyd, I know that the situation is going to change, but hospitals are currently free to choose their own minimum standards. However, when the National Audit Office visited 11 hospitals, it found that eight of the hospitals, by their own admission, were not achieving their own targets. Could you explain that, please?

Ms Lloyd: That, again, is a matter for the trust. If, whatever service it is, the trust management believes it is not meeting its standards, it is for the trust management to do something about it. Again, I think that that is down to the priority that is given to this area.

Ms Lloyd: Byddwn. Yr ydym wedi gwneud hynny a dyna pam ei bod wedi cymryd cryn amser i gynhyrchu'r safonau hyn, oherwydd ein bod wedi bod yn edrych ar y DU gyfan a rhannau o Ewrop—mae rhai o'r safonau glanhau yn Ewrop yn ddefnyddiol iawn—i ddod â'r safonau gorau ynghyd. Fodd bynnag, fel y dywedais, o ran y safonau ar eu ffurf bresennol, byddwn yn gweld sut y byddant yn llwyddo yn y cylch rheoli perfformiad cyntaf. Os oes angen eu haddasu, os oes angen eu gwella, byddant yn cael eu gwella, a'u diweddarau'n gyson.

[41] **Janet Davies:** Diolch. Val, mae gennych gwestiynau i'w gofyn?

[42] **Val Lloyd:** Oes, diolch, Gadeirydd. Mrs Lloyd, yr wyf yn gwybod y bydd y sefyllfa'n newid, ond mae gan ysbytai'r rhyddid i ddewis eu safonau gofynnol eu hunain ar hyn o bryd. Fodd bynnag, pan ymwelodd y Swyddfa Archwilio Genedlaethol ag 11 ysbyty, canfyddodd nad oedd wyth o'r ysbytai, yn ôl eu cyfaddefiad eu hunain, yn bodloni eu targedau eu hunain. A allwch egluro hynny, os gwelwch yn dda?

Ms Lloyd: Mae hynny, eto, yn fater i'r ymddiriedolaeth. Os yw rheolwyr yr ymddiriedolaeth, pa bynnag wasanaeth ydyw, yn credu nad yw'n bodloni ei safonau, cyfrifoldeb rheolwyr yr ymddiriedolaeth yw gwneud rhywbeth yn ei gylch. Eto, credaf mai'r flaenoriaeth a roddir i'r maes hwn sy'n gyfrifol am hynny.

[43] **Val Lloyd:** Yes, you made that clear earlier. So if hospitals are not reaching their own targets now, and bearing in mind your answer regarding the trusts, what guarantee can we have that they will meet the proposed national standards? How will you deal with trusts that continually fail to meet those standards, should they do so—although I hope they will not?

Ms Lloyd: That will be part of the performance management. The regional offices that we have established will have the overall responsibility of ensuring that trusts are making continuous progress towards all the targets in the balanced scorecard. They will be working, and we will be working, with those organisations to overcome any barriers to improvement. Some places will be further away from the targets than others, but we will know exactly where they are and what their plans for improvement will be, and will help and encourage them to do that. Those who are incorrigible will be dealt with under the performance management system.

[44] **Val Lloyd:** Do you envisage that the national cleaning standards will allow for hospitals and trusts to benchmark their cleaning services?

Ms Lloyd: Yes, and that is a very important thing. I have noticed in Wales that the chief executives are very proud of where they stand against the benchmark, and I think that that is a very helpful tool to ensure progress.

[45] **Val Lloyd:** So would you then consider that it would be beneficial to publish the results of the benchmarking?

[43] **Val Lloyd:** Do, bu i chi bwysleisio'r pwynt hwnnw'n glir yn gynharach. Felly os nad yw ysbytai yn bodloni eu targedau eu hunain yn awr, ac o gofio eich ateb ynglyn â'r ymddiriedolaethau, pa sicrwydd y gallwn ei gael y byddant yn bodloni'r safonau cenedlaethol arfaethedig? Sut y byddwch yn delio ag ymddiriedolaethau sy'n methu'n barhaus â bodloni'r safonau hynny, os mai dyna maent yn ei wneud—er fy mod yn gobeithio nad dyna sy'n digwydd?

Ms Lloyd: Bydd hynny'n rhan o'r system rheoli perfformiad. Y swyddfeydd rhanbarthol a sefydlwyd gennym fydd â'r cyfrifoldeb cyffredinol dros sicrhau bod ymddiriedolaethau yn gwneud cynnydd parhaus i fodloni'r holl dargedau ar yr adroddiad mesur perfformiad. Byddant hwy yn gweithio, a byddwn ni yn gweithio, gyda'r sefydliadau hynny i oresgyn unrhyw rwystrau i wella. Bydd rhai lleoedd yn bellach o'r targedau nag eraill, ond byddwn yn gwybod yr union sefyllfa a beth fydd eu cynlluniau ar gyfer gwella, a byddwn yn eu cynorthwyo a'u hannog i wneud hynny. Byddwn yn delio â'r rhai hynny nad ydynt wedi gwella dan y system rheoli perfformiad.

[44] **Val Lloyd:** A ydych yn rhagweld y bydd y safonau glanhau cenedlaethol yn galluogi i ysbytai ac ymddiriedolaethau feincnodi eu gwasanaethau glanhau?

Ms Lloyd: Ydw, ac mae hynny'n rhywbeth pwysig iawn. Yr wyf wedi sylwi yng Nghymru bod y prif weithredwyr yn falch iawn o sut y maent yn cymharu â'r meincnod, a chredaf fod hwnnw'n ddull defnyddiol iawn i sicrhau cynnydd.

[45] **Val Lloyd:** Felly a fydddech yn ystyried y byddai'n fuddiol cyhoeddi canlyniadau'r meincnodi?

Ms Lloyd: We expect to publish the whole of the balanced scorecard, which will include the benchmarking results, so that it will be clear to the community the standards that are being achieved by their organisations.

[46] **Janet Davies:** Okay, thank you. Mick, you have some questions to ask.

[47] **Mick Bates:** I would like to refer you to paragraph 2.4 on page 14. It is interesting to note that only three hospitals involve their infection control teams in devising their own cleaning standards. Is this not putting patient health and wellbeing at risk?

Ms Lloyd: I do not think that it is adopting the best practice that one possibly could have done, and, certainly, within the guidance that has been given to trusts, the importance of involving infection control teams is really highlighted. They can help in a number of ways because they, after all, have the bed of research and will be able to advise on best practice. All trusts will be monitored on the extent to which they involve infection control because, if they do not, they are not adopting best practice.

[48] **Mick Bates:** You said earlier that one of the reasons for cleaning was for aesthetic purposes. We appreciate that as we like places to be tidy. What I find absolutely amazing is that, after all these years of knowing about the connection between cleanliness and infection—several paragraphs in the report say that there is a link—infection control teams are not part of the cleaning process in checking and swabbing areas as a matter of routine. Why has that not happened? I know that history is a dangerous thing, but why has this not taken place?

Ms Lloyd: Yr ydym yn disgwyl cyhoeddi'r adroddiad mesur perfformiad i gyd, a fydd yn cynnwys canlyniadau'r meincnodi, er mwyn sicrhau bod y safonau a fodlonir gan eu sefydliadau'n glir i'r gymuned.

[46] **Janet Davies:** Iawn, diolch. Mick, mae gennyh gwestiynau i'w gofyn.

[47] **Mick Bates:** Hoffwn dynnu eich sylw at baragraff 2.4 ar dudalen 14. Mae'n ddi-ddorol gweld mai tri ysbyty'n unig sy'n cynnwys eu timau rheoli heintiau yn y broses o lunio eu safonau glanhau eu hunain. Onid yw hyn yn peryglu iechyd a lles cleifion?

Ms Lloyd: Nid wyf yn credu ei fod yn mabwysiadu'r arferion gorau y gallai fod wedi'i wneud, ac, yn sicr, o fewn y canllawiau sydd wedi'u rhoi i ymddiriedolaethau, mae pwysigrwydd cynnwys timau rheoli heintiau wedi'i amlygu'n glir. Gallant gynorthwyo mewn sawl ffordd oherwydd bod ganddynt, wedi'r cwbl, yr ymchwil sylfaenol a byddant yn gallu cynghori ar arferion gorau. Bydd yr holl ymddiriedolaethau'n cael eu monitro ar i ba raddau y maent yn cynnwys timau rheoli heintiau oherwydd, os nad ydynt, nid ydynt yn mabwysiadu arferion gorau.

[48] **Mick Bates:** Dywedasocho yn gynharach bod estheteg yn un o'r rhesymau dros lanhau. Yr ydym yn gwerthfawrogi hynny am ein bod yn hoffi i leoedd fod yn daclus. Yr hyn sy'n hollol syfrdanol i mi, ar ôl gwybod am y cysylltiad rhwng glanweithdra a heintiau am yr holl flynyddoedd hyn—mae sawl paragraff yn yr adroddiad yn dweud bod cysylltiad—yw nad yw timau rheoli heintiau yn rhan o'r broses lanhau wrth archwilio a mopio manau fel mater o arfer. Pam nad yw hynny wedi digwydd? Gwn fod hanes yn beth peryglus, ond pam nad yw hyn wedi digwydd?

Ms Lloyd: I think it was because the importance of cleaning and the correlation between hygiene—which is different from cleaning—and infection had not been made. Would it be helpful, Chair, if Dr Howard gave the Committee some information about the correlation between cleaning and infection? Would that be helpful?

[49] **Janet Davies:** I think that it would be, yes.

[50] **Mick Bates:** Especially if only three hospitals actually understand it.

Dr Howard: I hope that that is not the case.

[51] **Mick Bates:** Only three actually involved their infection control teams in setting cleaning standards.

Dr Howard: Okay. May I first say that, as a professional who has a mission to try to improve the situation in relation to infection control in Wales, I very much welcome this report. It is a very helpful contribution. As people have pointed out, and as Ms Lloyd pointed out earlier, the report is really about two things. First, it is about cleaning in relation to the external perception of the environment by patients and visitors to hospitals, as an indicator of, or shop window on, the professional competence of the management of the place. The second issue is the importance of cleaning in relation to infection control.

Ms Lloyd: Credaf fod hyn oherwydd nad oedd pwysigrwydd glanhau a'r gydberthynas rhwng hylendid—sy'n wahanol i lanhau—a heintiau wedi'i wneud. A fyddai'n ddefnyddiol, Gadeirydd, pe bai Dr Howard yn rhoi peth gwybodaeth i'r Pwyllgor am y gydberthynas rhwng glanhau a heintiau? A fyddai hynny'n ddefnyddiol?

[49] **Janet Davies:** Credaf y byddai.

[50] **Mick Bates:** Yn arbennig os mai tri ysbyty yn unig sy'n ei ddeall.

Dr Howard: Gobeithiaf nad yw hynny'n wir.

[51] **Mick Bates:** Dim ond tri oedd wedi cynnwys eu timau rheoli heintiau yn y broses o bennu safonau glanhau.

Dr Howard: Iawn. A gaf ddweud yn gyntaf, fel gweithiwr proffesiynol sydd â thasg i geisio gwella'r sefyllfa o ran rheoli heintiau yng Nghymru, fy mod yn croesawu'r adroddiad hwn yn fawr iawn. Mae'n gyfraniad defnyddiol iawn. Fel y mae pobl wedi ei nodi, ac fel y nododd Ms Lloyd yn gynharach, mae'r adroddiad yn ymwneud â dau beth mewn gwirionedd. Yn gyntaf, mae'n ymwneud â glanhau o ran sut y mae'r amgylchedd yn cael ei amgyffred yn allanol gan gleifion ac ymwelwyr â'r ysbytai, fel dangosydd, neu i arddangos, cymhwysedd proffesiynol rheolwyr y lle. Yr ail fater yw pwysigrwydd glanhau i reoli heintiau.

The problem with the second issue is that it is actually quite a complex relationship. I will talk this through. The problem in terms of the threat of the environment to patients in relation to infection depends on two issues. It depends on the load of pathogenic micro-organisms—the numbers of bacteria or viruses—and on the capacity of micro-organisms in the environment to get into patients and to then infect them. We are using the concept of a clean environment as a proxy, if you like, for a low content of contamination. Of course, the two things do not fully correlate. It is quite possible to have an apparently clean environment with a huge microbial contamination, because micro-organisms are very small and you cannot see them. That has been demonstrated very well by some published research in Wales that looked at the cleanliness of environments and at microbial load, and has shown not a tremendously strong correlation. I will give another example of that: I once dealt with an outbreak in a Welsh hospital that affected quite a lot of patients, where we ultimately identified that the cause of the outbreak was contamination that was affecting the cleaning cloths. So actually, in that environment, the cleaner the hospital, the more dangerous it was. The more people were actually cleaning it, the more patients were being exposed to risk. The reason that I just labour that point is that, in terms of infection control, the important issues to consider are actually the potential risks in given situations.

Y broblem gyda'r ail fater yw ei fod yn gydberthynas eithaf cymhleth mewn gwirionedd. Yr wyf am egluro hyn. Mae'r broblem o ran bygythiad yr amgylchedd i gleifion mewn perthynas â heintiau'n dibynnu ar ddau fater. Mae'n dibynnu ar lwyth y micro-organebau pathogenaidd—nifer y bacteria neu firysau—ac ar allu micro-organebau yn yr amgylchedd i gyrraedd y cleifion a'u heintio. Yr ydym yn defnyddio'r cysyniad o amgylchedd glân yn lle halogiad isel, os hoffwch chi. Wrth gwrs, nid yw'r ddau beth yn cydberthyn yn llawn. Mae'n dra phosibl cael amgylchedd sy'n ymddangos yn lân sydd â halogiad microbaidd enfawr, oherwydd bod micro-organebau yn fach iawn ac na ellir eu gweld. Dangoswyd hynny'n dda iawn gan rywfaint o'r gwaith ymchwil sydd wedi'i gyhoeddi yng Nghymru a fu'n edrych ar lanweithdra amgylcheddau ac ar lwyth microbaidd, ac mae wedi dangos nad oes cydberthynas gryf iawn. Yr wyf am roi enghraifft arall o hynny: bum yn delio unwaith ag achos mewn ysbyty yng Nghymru a oedd yn effeithio ar lawer iawn o gleifion, ac yn y pen draw nodwyd gennym mai achos yr argyfwng oedd halogiad a oedd yn effeithio ar y clytiau glanhau. Felly mewn gwirionedd, yn yr amgylchedd hwnnw, po lanaf oedd yr ysbyty, po fwyaf y perygl. Po fwyaf o bobl a oedd yn ei lanhau, po fwyaf y cleifion a oedd yn agored i berygl. Y rheswm yr wyf yn llafurio dros y pwynt hwnnw, o ran rheoli heintiau, yw mai'r materion pwysig i'w hystyried mewn gwirionedd yw'r risgiau posibl mewn sefyllfaoedd penodol.

We know, for example, that major breakdowns of normal practice will expose people to risk. If there is a large spill of infective bodily fluids into the environment then that is clearly a risk. From a cleaning point of view, it is essential to ensure that that is dealt with as soon as possible and that you have staff available to deal with it quickly. We know that, in certain outbreak situations, the environment is important and that has been well demonstrated in relation to staphylococcal infections and gastro-intestinal infections. The problem with many of those investigations is that outbreaks are often multi-factorial in that, whenever you get a large outbreak in a hospital, there is usually a breakdown in practice at a variety of levels. It is quite difficult to pull the cleaning issue out. The difficult area to correlate, where there is not such a strong association is, if you like, the association between cleaning, in relation to infection control in the way that it is routinely undertaken, and baseline infection rates.

So, one assumes, we talk about levels of cleaning in Welsh hospitals, but everybody has a baseline level of cleaning; what is uncertain from research is the variation in infection rates that relate to variations in cleaning above that baseline level. So, from an infection control point of view, the areas that are really important to concentrate on are the ones of major risk to patients. Those are the ones where patients are most likely to be exposed to environmental contamination. So, the areas that we would be most concerned about are things like the contamination of equipment that is shared between patients, because any contamination has ready access to patients. That point is helpfully highlighted in the report in relation to the multiple use of beds. I mean, clearly, there is a capacity for intimate contact and spread of contamination between patients. So, those are the areas that, from an infection

Gwyddom, er enghraifft, y bydd diffygion sylweddol mewn arferion cyffredin yn peryglu pobl. Os oes swm enfawr o hylifau corfforol heintus yn cael eu gollwng i'r amgylchedd yna mae'n amlwg bod hynny'n risg. O safbwynt glanhau, mae'n hanfodol mynd i'r afael â hynny cyn gynted â phosibl a bod gennych staff ar gael i ddelio â hynny'n gyflym. Gwyddom, mewn sefyllfaoedd o argyfwng penodol, bod yr amgylchedd yn bwysig ac mae hynny wedi'i ddangos yn glir mewn perthynas â heintiau staffylococol a heintiau perfeddol. Y broblem gyda nifer o'r archwiliadau hynny yw bod argyfyngau yn aml yn rhai amlffactoraidd o ran, pa bryd bynnag y byddwch yn cael achos mawr mewn ysbyty, mae fel arfer arferion sy'n methu ar amrywiaeth o lefelau. Mae'n eithaf anodd rhoi sylw penodol i'r mater glanhau. Y maes lle mae'n anodd creu cysylltiad, lle nad oes cysylltiad mor gryf, os hoffwch chi, yw'r cysylltiad rhwng glanhau, o ran rheoli heintiau yn y ffordd a ddefnyddir yn rheolaidd, a chyfraddau heintiau sylfaenol.

Felly, mae rhywun yn rhagdybio, yr ydym yn trafod lefelau glanhau mewn ysbytai yng Nghymru, ond mae gan bawb lefel glanhau sylfaenol; yr hyn sy'n ansicr o'r ymchwil yw'r amrywiadau mewn cyfraddau heintiau sy'n perthyn i'r amrywiadau mewn glanhau uwchlaw'r lefel sylfaenol hynny. Felly, o safbwynt rheoli heintiau, y meysydd y mae'n wirioneddol bwysig canolbwyntio arnynt yw'r rhai sy'n fwyaf peryglus i gleifion. Dyna'r rhai lle mae cleifion yn fwyaf tebygol o fod yn agored i halogiad amgylcheddol. Felly, y meysydd y byddem yn fwyaf pryderus ynglyn â hwy yw rhai megis halogi cyfarpar a rennir rhwng cleifion, oherwydd bod gan unrhyw halogiad fynediad parod i gleifion. Mae'r pwynt hwnnw'n cael ei amlygu'n ddefnyddiol yn yr adroddiad o ran defnyddio'r un gwllâu drosodd a throsodd. Yn amlwg, mae posibilrwydd o gysylltiad agos a

control standpoint, we will want to focus on.

What I do not know, when we talk about just three hospitals with an infection control specialist being involved in the cleanliness standards—is the context of this in relation to other infection control activities. However, I would find it surprising if infection control specialists were not more widely involved in infection control practice, particularly in terms of being devoted to risk activities. You see, a lot of the cleanliness standards, which are very important, will be some way down the list of potential risk factors in relation to acquisition of infection. So, the infection control teams may actually, in those hospitals, be involved in quite important areas in relation to the hospital hygiene. I mean, the general principle is obviously right, in that, obviously, the infection control specialists should be involved at all levels in the construction of the cleaning programme.

[52] **Mick Bates:** We can only go on the evidence found in this report and it clearly states that only in three hospitals were they directly involved. You are making the assumption that they might be involved in the other hospitals. I accept that they might be involved, but we need evidence. We are here trying to improve the standards, and I am still not convinced, from what you have told me, that these infection control teams in the other hospitals will actually become involved in setting these minimum standards. Is that going to be the case?

Ms Lloyd: That is part of the standard that has been set.

[53] **Mick Bates:** So it will be the case?

lledaenu halogiad rhwng cleifion. Felly, dyna'r meysydd y byddwn, o safbwynt rheoli heintiau, am ganolbwyntio arnynt.

Yr hyn nad wyf yn ei wybod, wrth drafod mai tri ysbyty yn unig yng Nghymru sydd ag arbenigwr rheoli heintiau yn cyfrannu at lunio'r safonau glanweithdra—yw cyd-destun hyn o ran gweithgareddau rheoli heintiau eraill. Fodd bynnag, byddai'n syndod i mi pe na bai arbenigwyr rheoli heintiau'n cyfrannu'n ehangach at arferion rheoli heintiau, yn arbennig o ran canolbwyntio ar weithgareddau peryglus. Bydd llawer o'r safonau glanweithdra, sy'n bwysig iawn, yn eithaf isel ar restr y ffactorau risg posibl o ran dal heintiau. Felly, efallai fod y timau rheoli heintiau mewn gwirionedd, yn yr ysbytai hynny, yn cyfrannu at feysydd eithaf pwysig o ran hylendid yr ysbyty. Credaf fod yr egwyddor gyffredinol yn amlwg yn iawn, o ran y dylai'r arbenigwyr rheoli heintiau, mae'n amlwg, gymryd rhan wrth lunio'r rhaglen lanhau ar bob lefel.

[52] **Mick Bates:** Gallwn ond bwysu ar y dystiolaeth yn yr adroddiad hwn ac mae'n nodi'n glir mai dim ond mewn tri ysbyty yr oeddent yn cymryd rhan uniongyrchol. Yr ydych yn rhagdybio eu bod efallai'n cymryd rhan mewn ysbytai eraill. Yr wyf yn derbyn eu bod yn cymryd rhan o bosibl, ond mae angen tystiolaeth arnom. Yr ydym yma i geisio gwella'r safonau, ac nid wyf wedi fy argyhoeddi eto, o'r hyn yr ydych wedi'i ddweud wrthyf, y bydd y timau rheoli heintiau hyn yn yr ysbytai eraill yn cyfrannu mewn gwirionedd at bennu'r safonau gofynnol hyn. A fydd hynny'n digwydd?

Ms Lloyd: Mae hynny'n rhan o'r safon sydd wedi'i phennu.

[53] **Mick Bates:** Felly bydd hynny'n digwydd?

Ms Lloyd: They will be. However, as Dr Howard said, it is not just about the cleaning standards, it is about the management of equipment and so on, which is really important.

[54] **Mick Bates:** I think that I accept that but, of course, we have MRSA and all the concerns that the public has about standards. I accept that it is a cultural thing, and not just one specific aspect. When will you check up that the infection control team is part of the cleaning team?

Ms Lloyd: In the first round of reviews in six months' time.

[55] **Mick Bates:** So, in six months' time, will I be able to look at a report that states that all the infection teams are involved in these cleanliness standards?

Ms Lloyd: You will be able to look at a report that will tell us to what extent exactly the infection control teams were involved in these important areas and what the places are going to do about that.

[56] **Mick Bates:** Thank you.

[57] **Janet Davies:** Jocelyn, you have questions to ask.

[58] **Jocelyn Davies:** We see in the report that some equipment such as drip stands, hoists and commodes are not covered by a hospital's cleaning standards, specifications or the monitoring arrangements. Has the all-Wales facilities group taken these items into account when looking at the national cleaning standards or are those standards just specifically for domestic cleaning? How and why are you making the distinction between domestic cleaning and all other cleaning?

Ms Lloyd: Bydd. Fodd bynnag, fel y dywedodd Dr Howard, mae mwy i hyn na'r safonau glanhau'n unig, mae'n ymwneud hefyd â rheoli cyfarpar ac ati, sy'n hynod bwysig.

[54] **Mick Bates:** Credaf fy mod yn derbyn hynny ond, wrth gwrs, mae gennym MRSA a'r holl bryderon sydd gan y cyhoedd ynghylch safonau. Yr wyf yn derbyn mai rhywbeth diwylliannol yw hyn, ac nid un agwedd benodol yn unig. Pryd y byddwch yn sicrhau bod y tîm rheoli heintiau yn rhan o'r tîm glanhau?

Ms Lloyd: Yn y cylch adolygiadau cyntaf mewn chwe mis.

[55] **Mick Bates:** Felly, mewn chwe mis, a fyddaf yn gallu edrych ar adroddiad sy'n nodi bod yr holl dimau heintiau yn cymryd rhan yn y safonau glanweithdra hyn?

Ms Lloyd: Byddwch yn gallu edrych ar adroddiad a fydd yn dweud wrthym i ba raddau'n union y bu'r timau rheoli heintiau'n cyfrannu at y meysydd pwysig hyn a beth y mae'r lleoedd yn mynd i'w wneud am hynny.

[56] **Mick Bates:** Diolch.

[57] **Janet Davies:** Jocelyn, mae gennych gwestiynau i'w gofyn.

[58] **Jocelyn Davies:** Yr ydym yn gweld yn yr adroddiad nad yw peth o'r cyfarpar megis standiau diferwyr, peiriannau codi a chomodau yn cael eu cynnwys yn safonau glanhau, manylebau na threfniadau monitro ysbytai. A yw'r grwp cyfleusterau Cymru gyfan wedi ystyried yr eitemau hyn wrth edrych ar y safonau glanhau cenedlaethol neu a yw'r safonau hynny'n benodol ar gyfer glanhau domestig yn unig? Sut a pham yr ydych yn gwahaniaethu rhwng glanhau domestig a'r holl feysydd glanhau eraill?

Ms Lloyd: The standards do include those items because that was a considerable gap, we believed, in the cleaning standards and in the infection control standards. I think that, when you look at this—and there is a great example in here of who does what in a hospital—you really have to unpick to what extent does this make any sense to anybody. When you look at it you think, 'goodness me, there's a bit of a haphazard approach here'. Therefore, as part of the cleaning standards, the other important thing that they do is to highlight to the trust management the variable practice within their own organisations so that they can assure themselves that the right people are doing the right sort of cleaning. It is very much from a practical point of view and how their support-worker teams are constructed. It is really important that they think very carefully about the practicalities of cleaning, who manages spillages, what they do about equipment that might go with a patient from one ward to another and how they will ensure that it is not infected so that it does not cross-infect in another area. I think that the standards will serve the purpose of highlighting these grey areas within the cleaning specifications within organisations.

[59] **Jocelyn Davies:** The report states in paragraph 2.11 that the National Audit Office noted during visits to hospitals that, for example, bathrooms were clean but contained equipment such as hoists and commodes that were not clean. Dr Howard just told us that shared equipment presents a major risk of infection. I understand that the domestic cleaners are not trained to clean those items. It is nurses, who would have enough other things to do, who are expected to clean those pieces of equipment—and they are not cleaned. They then present a major risk of infection to patients.

Ms Lloyd: Mae'r safonau'n cynnwys yr eitemau hynny oherwydd bod hwnnw'n fwlch sylweddol, yn ein barn ni, yn y safonau glanhau ac yn y safonau rheoli heintiau. Credaf, wrth edrych ar hyn—ac mae enghraifft wych yma o bwy sy'n gwneud beth mewn ysbyty—bod yn rhaid i chi bennu i ba raddau y mae hyn yn gwneud synnwyr i unrhyw un. Wrth edrych arno yr ydych yn meddwl, 'bobl bach, mae elfen o agwedd rywsut-rywsut yma'. Felly, fel rhan o'r safonau glanhau, y peth pwysig arall y maent yn ei wneud yw amlygu i reolwyr yr ymddiriedolaethau yr amrywiaeth o arferion o fewn eu sefydliadau eu hunain fel y gallant sicrhau eu hunain bod y bobl iawn yn gwneud y math iawn o lanhau. Mae hyn o safbwynt ymarferol a sut y ffurfir eu timau gweithwyr cymorth. Mae'n bwysig iawn eu bod yn meddwl yn ofalus iawn am ymarferoldebau glanhau, pwy sy'n rheoli gollyngiadau, beth y maent yn ei wneud â chyfarpar a gludir o bosibl gyda chlaf o un ward i un arall a sut y byddant yn sicrhau nad yw wedi'i heintio fel nad yw'n traws-heintio mewn lleoliad arall. Credaf y bydd y safonau yn cyflawni'r nod o amlygu'r meysydd anelwig hyn ym manylebau glanhau sefydliadau.

[59] **Jocelyn Davies:** Mae'r adroddiad yn nodi ym mharagraff 2.11 bod y Swyddfa Archwilio Genedlaethol wedi sylwi'n ystod ymweliadau ag ysbytai bod, er enghraifft, ystafelloedd ymolchi yn lân ond yn cynnwys cyfarpar megis peiriannau codi a chomodau nad oeddynt yn lân. Mae Dr Howard newydd ddweud wrthym bod cyfarpar a gaiff ei rannu yn achosi perygl difrifol o heintiau. Deallaf nad yw'r glanhawyr domestig wedi'u hyfforddi i lanhau'r eitemau hynny. Mae disgwyl i nyrsys, sydd â mwy na digon o bethau eraill i'w gwneud, lanhau'r darnau hynny o gyfarpar—ac nid ydynt yn cael eu glanhau. Yna mae perygl difrifol iddynt heintio cleifion.

Ms Lloyd: Yes. As I said, I think that there needs to be a rethinking within organisations about how the whole environment is maintained in a clean state that will minimise the risk of infection, and who should do that is the second point that they need to consider.

[60] **Jocelyn Davies:** You mentioned earlier, when we were discussing recruitment, the advantages of the whole clinical environment coming under the direction of the ward sister. You also mentioned the advantage of having a ward-based culture. Are you saying that there perhaps should be plans to introduce the equivalent of the matron, or a single person with ultimate responsibility for all aspects of cleanliness in a ward?

Ms Lloyd: I think that the ward manager already has that role. There needs to be much more discussion between the supervisors who look after cleaning and those ward managers about best practice and the involvement of the infection control teams. I think that the concept of a matron is a difficult one because it is somewhat stylised and possibly does not reflect actually what a clinical ward manager would be required to do for the future. However, it is a commonly held concept among the public—people like matrons. Basically, whatever we call them, it is really important that one individual has the responsibility for the whole of the ward environment and the clinical care of the patient, and cleaning, and the total environment in which patients are managed, is vital to that.

[61] **Jocelyn Davies:** Maybe we could change the stereotype from Hattie Jacques to something a bit more modern. Could that be achieved when a hospital is using the private sector? Can you have someone who is absolutely in charge?

Ms Lloyd: Ie. Fel y dywedais, credaf fod angen i sefydliadau ailfeddwl am y ffordd y dylai'r holl amgylchedd gael ei gynnal a'i gadw mewn cyflwr glân a fydd yn lleihau'r risg o heintiau, a phwy ddylai wneud hynny yw'r ail bwynt y mae angen iddynt ei ystyried.

[60] **Jocelyn Davies:** Bu i chi grybwyll yn gynharach, pan yr oeddem yn trafod recriwtio, y manteision i'r holl amgylchedd clinigol o fod dan adain prif nyrs y ward. Bu i chi grybwyll hefyd y fantais o gael diwylliant yn seiliedig ar y ward. A ydych yn dweud y dylid cael cynlluniau efallai i gyflwyno gweithiwr sy'n cyfateb i'r metron, neu unigolyn gyda'r prif gyfrifoldeb am yr holl agweddau ar lanweithdra mewn ward?

Ms Lloyd: Credaf fod rheolwr y ward yn ymgymryd â'r rôl honno eisoes. Mae angen i oruchwylwyr sy'n gofalu am lanhau'r wardiau a'r rheolwyr wardiau hynny gynnal llawer mwy o drafodaethau am arferion gorau a chyfraniad timau rheoli heintiau. Credaf fod y cysyniad o fetron yn un anodd oherwydd bod ganddo'i ddelwedd i ryw raddau ac nid yw o bosibl yn adlewyrchu'n union yr hyn fyddai'n ofynnol i reolwr ward clinigol ei wneud yn y dyfodol. Fodd bynnag, mae'n gysyniad cyffredin ymhlith y cyhoedd—pobl fel metronau. Yn y bôn, beth bynnag yr ydym yn eu galw, mae'n bwysig iawn bod gan un unigolyn gyfrifoldeb dros holl amgylchedd y ward ac mae gofal clinigol y claf, a glanhau, a'r holl amgylchedd y caiff cleifion eu trin ynddo, yn hanfodol i hynny.

[61] **Jocelyn Davies:** Efallai y byddem yn gallu newid y stereoteip o Hattie Jacques i rywbeth ychydig yn fwy modern. A ellid cyflawni hynny pan fo ysbyty'n defnyddio'r sector preifat? A oes modd cael rhywun sydd wirioneddol wrth y llyw?

Ms Lloyd: Yes, because as I said to the Chair, it is the specification that you give and the way in which you expect that team to work that is important, not who actually provides it at the end of the day.

[62] **Janet Davies:** Thank you. We will now break for coffee.

*Gohiriwyd y cyfarfod rhwng 10.29 a.m. a 10.48 a.m.
The meeting was adjourned between 10.29 a.m. a 10.48 a.m.*

[63] **Janet Davies:** Right, if we could start again, I think that you wish to take up the issue of infection control, Mick, and pursue that further.

[64] **Mick Bates:** Yes, I do. Thank you, Chair. On infection control again, and referring to paragraph 2.14, some very interesting information emerges. For example, how do you account for the fact that the Royal Gwent Hospital carries out an infection control audit four times a year in each ward, while Llandough Hospital has not carried out an infection control audit for more than five years?

Ms Lloyd: There again, I think that it is down to the trust management and the importance that it is placing on this.

[65] **Mick Bates:** That is an obvious point. However, where is the responsibility—?

Ms Lloyd: With the trust management.

[66] **Mick Bates:** It is with the trust management?

Ms Lloyd: Yes. It is totally accountable.

Ms Lloyd: Oes, oherwydd fel y dywedais wrth y Cadeirydd, y fanyleb a roddir gennych a'r ffordd yr ydych yn disgwyl i'r tîm hwnnw weithio sy'n bwysig, nid pwy yn union sy'n darparu'r gwasanaeth yn y pen draw.

[62] **Janet Davies:** Diolch. Fe gawn egwyl am goffi yn awr.

[63] **Janet Davies:** Iawn, os cawn ail-ddechrau, credaf eich bod am drafod y mater o reoli heintiau, Mick, a thrafod y mater hwnnw ymhellach.

[64] **Mick Bates:** Ydw, yr wyf am wneud hynny. Diolch, Gadeirydd. I fynd yn ôl at reoli heintiau, a chan gyfeirio at baragraff 2.14, mae gwybodaeth ddiddorol iawn yn codi'i phen. Er enghraifft, sut yr ydych yn egluro'r ffaith bod Ysbyty Brenhinol Gwent yn cynnal archwiliad rheoli heintiau bedair gwaith y flwyddyn ym mhob ward, tra nad yw Ysbyty Llandoche wedi cynnal archwiliad rheoli heintiau ers dros bum mlynedd?

Ms Lloyd: Eto, credaf mai cyfrifoldeb rheolwyr yr ymddiriedolaeth yw hynny a'r pwys y mae'n ei roi ar hyn.

[65] **Mick Bates:** Mae hynny'n bwynt amlwg. Fodd bynnag, pwy sydd â'r cyfrifoldeb—?

Ms Lloyd: Rheolwyr yr ymddiriedolaeth.

[66] **Mick Bate** Rheolwyr yr ymddiriedolaeth?

Ms Lloyd: Ie. Maent yn hollol atebol.

[67] **Mick Bates:** It is totally accountable. But, is there not a further layer of management that overlooks it and asks where the standards are? I refer to the point that I made earlier that, throughout all this time, there have been no minimum standards to ensure that infection control teams, for example, as I said before, were involved in setting the standards.

Ms Lloyd: Until very recently, the Assembly had no powers or accountability in this area. That has now been put right. I think that that is very important. Standards might be one thing, but it is really important that the management itself applies those standards. You can have the best standards in the world, but if they are not applied well, then we are not going to see improvement. Dr Howard tells me that there is good infection control surveillance at Llandough Hospital, so I am not quite sure how that came about.

Dr Howard: I am not sure about the arrangements in relation to audit, but what one would say is that Llandough Hospital has good infection control surveillance programmes in place. So one would hope that it would have a parallel system that would highlight problem areas in relation to changing rates of infection.

[68] **Mick Bates:** I see. So you are saying that it carries out what you would view as a high standard of infection surveillance?

Dr Howard: Yes.

[69] **Mick Bates:** But it is not manifest in this report?

Dr Howard: Yes, that is right.

[67] **Mick Bates:** Maent yn hollol atebol. Ond, onid oes lefel uwch o reolwyr sy'n goruchwylio hyn ac yn gofyn ymhle mae'r safonau? Cyfeiriaf at y pwynt a godais yn gynharach, na fu safonau gofynnol drwy gydol y cyfnod hwn, i sicrhau bod timau rheoli heintiau, er enghraifft, fel y dywedais yn gynharach, yn cyfrannu at bennu'r safonau.

Ms Lloyd: Tan yn ddiweddar iawn, nid oedd gan y Cynulliad bwerau nac atebolrwydd yn y maes hwn. Mae hynny wedi ei gywiro bellach. Credaf fod hynny'n bwysig iawn. Efallai fod safonau'n un peth, ond mae'n bwysig iawn bod y rheolwyr eu hunain yn cymhwyso'r safonau hynny. Gallwch gael y safonau gorau'n y byd, ond os nad ydynt yn cael eu cymhwyso'n dda, yna welwn ni ddim gwelliant. Mae Dr Howard yn dweud wrthyf bod rhaglen oruchwylio rheoli heintiau dda yn Ysbyty Llandoche, felly nid wyf yn siwr sut y digwyddodd hynny.

Dr Howard: Nid wyf yn siwr am y trefniadau o ran archwilio, ond byddai dyn yn dweud bod gan Ysbyty Llandoche raglenni goruchwylio rheoli heintiau da ar waith. Felly byddai rhywun yn gobeithio y byddai system gyffelyb ganddo a fyddai'n amlygu meysydd lle ceir problemau o ran cyfraddau newidiol heintiau.

[68] **Mick Bates:** Gwelaf fi. Felly yr ydych yn dweud ei fod yn cynnal yr hyn y byddech yn ei alw'n safon uchel o oruchwylio heintiau?

Dr Howard: Byddwn.

[69] **Mick Bates:** Ond nid yw wedi'i amlygu yn yr adroddiad hwn?

Dr Howard: Ydyw, mae hynny'n gywir.

[70] **Mick Bates:** Okay. Do you see the point that, as the general public, we need to know that?

Ms Lloyd: Of course.

[71] **Mick Bates:** Finally, I will return to the new standards. Will these new standards include minimum frequencies for the carrying out of infection control audits?

Ms Lloyd: Yes.

[72] **Mick Bates:** Can you tell me what they will be?

Ms Lloyd: Can I look it up, please? Can I give you a note on that?

[73] **Mick Bates:** Okay, fine.

Ms Lloyd: You will get the standards anyway at the end of this month, so if you would like me to circulate the standards to you, would that be helpful?

[74] **Janet Davies:** Yes, I think that it would.

[75] **Mick Bates:** Thank you, Chair.

[76] **Janet Davies:** Leighton, did you want to come in on this?

[77] **Leighton Andrews:** I did, really. You say that the trusts are totally accountable, Ms Lloyd, for infection control audits. However, it is hard to understand how that accountability is held to in a situation where one has not had an audit for five years.

Ms Lloyd: Yes, I would quite agree.

[70] **Mick Bates:** Iawn. A ydych yn deall y pwynt ein bod, fel y cyhoedd, angen gwybod hynny?

Ms Lloyd: Wrth gwrs.

[71] **Mick Bates:** Yn olaf, yr wyf am ddychwelyd at y safonau newydd. A fydd y safonau newydd hyn yn cynnwys cyfnodau gofynnol ar gyfer cynnal archwiliadau rheoli heintiau?

Ms Lloyd: Byddant.

[72] **Mick Bates:** A allwch ddweud wrthyf beth fydd y rhain?

Ms Lloyd: A gaf wirio hynny, os gwelwch yn dda? A gaf roi nodyn i chi ar hynny?

[73] **Mick Bates:** Ie, iawn.

Ms Lloyd: Byddwch yn cael y safonau beth bynnag ddiwedd y mis hwn, felly os ydych am imi ddosbarthu'r safonau i chi, a fyddai hynny'n ddefnyddiol?

[74] **Janet Davies:** Byddai, credaf y byddai.

[75] **Mick Bates:** Diolch, Gadeirydd.

[76] **Janet Davies:** Leighton, a oeddech am gyfrannu yma?

[77] **Leighton Andrews:** Oeddwn, a dweud y gwir. Yr ydych yn dweud bod yr ymddiriedolaethau'n hollol atebol, Ms Lloyd, am archwiliadau rheoli heintiau. Fodd bynnag, mae'n anodd deall sut y glynir at yr atebolrwydd hwnnw mewn sefyllfa lle na chynhaliwyd archwiliad am bum mlynedd.

Ms Lloyd: Ie, byddwn yn cytuno'n llwyr.

[78] **Leighton Andrews:** But then how are they accountable in practice? The management is accountable to the trust, and, ultimately, you, presumably, and we, have sanctions over that, but what do you regard as being appropriate?

Ms Lloyd: The trust management will be accountable to its board, which is accountable to its community for the standards of care. That is why we have said in our new standards and in our new guidance that there has to be a greater ownership of this important area at the trust board. It is only really in the last 15 months that the accountability between trust chief executives and myself has been clarified and extended. That is why we have been putting into place under the plan issues such as facilities management and the standards that we expect to see. That accountability has only recently been reasserted.

[79] **Leighton Andrews:** Okay. You say that the trust board is ultimately accountable to its community. The ways in which communities can exercise accountability over their trust boards are not necessarily obvious to the community at large, unless, to be honest with you, probably the media or elected representatives call the community's attention to issues that may arise. That may not be, actually, the most helpful way in which to have accountability in this area, because it means that you simply get a cycle of negative coverage and perhaps an over-fixation on certain points. So in terms of your processes, it seems to me that your processes have to provide an additional layer of accountability so that the operating process itself addresses the kinds of concerns that might arise if people felt that these inspections were not happening on a regular enough basis.

[78] **Leighton Andrews:** Ond sut felly y maent yn atebol yn ymarferol? Mae'r rheolwyr yn atebol i'r ymddiriedolaeth, ac, yn y pen draw, mae gennych chi, mae'n debyg, a ni, sancsiynau dros hynny, ond beth sy'n briodol yn eich tyb chi?

Ms Lloyd: Bydd rheolwyr yr ymddiriedolaeth yn atebol i'w bwrdd, sy'n atebol i'w gymuned am y safonau gofal. Dyna pam ein bod wedi dweud yn ein safonau newydd ac yn ein canllawiau newydd bod yn rhaid i fwrdd yr ymddiriedolaeth gymryd mwy o gyfrifoldeb am y maes pwysig hwn. Yn y 15 mis diwethaf yn unig, mewn gwirionedd, y mae'r atebolrwydd rhwng prif weithredwyr yr ymddiriedolaethau a minnau wedi'u hegluro a'u hesbonio. Dyna pam ein bod wedi bod yn rhoi materion, megis rheoli cyfleusterau a'r safonau yr ydym yn disgwyl eu gweld, ar waith drwy'r cynllun. Yn ddiweddar yn unig yr ailsefydlwyd yr atebolrwydd hwnnw.

[79] **Leighton Andrews:** Iawn. Yr ydych yn dweud mai bwrdd yr ymddiriedolaeth sy'n atebol yn y pen draw i'w gymuned. Nid yw'r ffyrdd y gall cymunedau ofyn am atebolrwydd gan fyrddau eu hymddiriedolaeth yn eglur i drwch y gymuned o reidrwydd, os nad, i fod yn onest â chi, yw'r cyfryngau neu gynrychiolwyr etholedig efallai yn tynnu sylw'r gymuned at faterion a allai godi. Efallai nad hynny, mewn gwirionedd, fyddai'r ffordd fwyaf defnyddiol o sicrhau atebolrwydd yn y maes hwn, oherwydd ei fod yn golygu eich bod yn y bôn yn cael cylch o sylw negyddol a gorbwysleisio pwyntiau penodol o bosibl. Felly o ran eich prosesau, ymddengys i mi fod yn rhaid i'ch prosesau ddarparu lefel ychwanegol o atebolrwydd er mwyn i'r broses weithredu ei hun fynd i'r afael â'r mathau o bryderon a allai godi pe bai pobl yn teimlo nad oedd yr archwiliadau hyn yn digwydd yn ddigon rheolaidd.

Ms Lloyd: That is precisely why, in the past year, I have been developing the performance management structure. That will highlight all these areas and will include any additional guidance and standards that we wish to set. That will be published, so that the community, as well as the Assembly, can see quite well the sorts of standards and performance that are available within each of the organisations. There was not a performance management culture before; there is now.

[80] **Janet Davies:** Thank you, Leighton. Alun, would you like to continue with the questions?

[81] **Alun Cairns:** Thank you, Cadeirydd. I would like to pursue this a bit further, because I am interested in the responses that you gave to Leighton, Mrs Lloyd. I accept that the first level of accountability is to the trust management, and then, obviously, to the board, and then to the community. However, where do you see that your role lies in this? What responsibility or accountability do you, and then, ultimately, the Minister have?

Ms Lloyd: Well I now have the ultimate accountability to the Minister for the management and the standards of the NHS right throughout Wales. However, when I was appointed two years ago, that accountability was not stated like that; on the requirement of the Minister, this has been clarified over the last 18 months. You will know that, in the recent Wanless report, this issue of accountability has again been highlighted. Derek Wanless has recommended that it be strengthened further.

Ms Lloyd: Dyna'n union pam, yn y flwyddyn ddiwethaf, fy mod wedi bod yn datblygu'r sdrwythur rheoli perfformiad. Bydd hwnnw'n amlygu'r holl feysydd hyn ac yn cynnwys unrhyw ganllawiau a safonau ychwanegol yr ydym am eu pennu. Bydd hynny'n cael ei gyhoeddi, er mwyn i'r gymuned, yn ogystal â'r Cynulliad, allu gweld yn eithaf clir y mathau o safonau a pherfformiad sydd ar gael ymhob sefydliad. Nid oedd diwylliant rheoli perfformiad yn y gorffennol; mae un ar gael bellach.

[80] **Janet Davies:** Diolch, Leighton. Alun, a ydych am barhau â'r cwestiynau?

[81] **Alun Cairns:** Diolch, Gadeirydd. Hoffwn fynd ar drywydd y mater hwn ymhellach, oherwydd mae gennyf ddiddordeb yn yr ymatebion yr ydych wedi'u rhoi i Leighton, Ms Lloyd. Yr wyf yn derbyn mai i reolwyr yr ymddiriedolaeth y mae'r lefel gyntaf o atebolrwydd, ac yna, yn amlwg, i'r bwrdd, ac yna i'r gymuned. Fodd bynnag, lle yr ydych yn ystyried eich rôl chi yn hyn i gyd? Pa gyfrifoldeb neu atebolrwydd sydd gennych chi, ac yna, yn y pen draw, y Gweinidog?

Ms Lloyd: Wel mae gennyf yn awr yr atebolrwydd pennaf i'r Gweinidog am reolaeth a safonau'r GIG ledled Cymru. Fodd bynnag, ar ôl fy mhenodi ddwy flynedd yn ôl, ni nodwyd yr atebolrwydd hwnnw fel hynny; ar gais y Gweinidog, mae hyn wedi'i egluro'n ystod y 18 mis diwethaf. Byddwch yn gwybod, yn adroddiad diweddar Wanless, bod yr achos hwn o atebolrwydd wedi'i amlygu eto. Mae Derek Wanless wedi argymhell ei fod yn cael ei atgyfnerthu ymhellach.

[82] **Alun Cairns:** Okay. So, going back to your first answer when you said that accountability is with the trust manager and the board, do you accept that that could suggest an abdication of the responsibility of the Assembly in the process?

Ms Lloyd: No, because we cannot do everything ourselves—otherwise, why appoint trust boards; we might as well manage the lot. It is really important that trusts take care of their own responsibilities. They are charged with that responsibility, for which I hold them to account, for the management and organisation of clinical and support care within their organisations, within guidelines set by the Assembly to which, now, the Assembly holds them to account.

[83] **Jocelyn Davies:** So it is the Assembly and yourself, as well as the community, that will hold them to account?

Ms Lloyd: Yes.

[84] **Janet Davies:** Thank you. Mark, do you have a question?

[85] **Mark Isherwood:** May I ask a supplementary question prior to my allocated questions? It is in relation to this matter.

[86] **Janet Davies:** Yes, okay.

[82] **Alun Cairns:** Iawn. Felly, gan fynd yn ôl at eich ateb cyntaf pan y bu i chi ddweud mai rheolwr yr ymddiriedolaeth a'r bwrdd sydd â'r atebolrwydd, a ydych yn derbyn y gallai hynny awgrymu bod cyfrifoldeb y Cynulliad yn y broses yn cael ei ymwrthod?

Ms Lloyd: Na, oherwydd na allwn wneud popeth ein hunain—fel arall, pam penodi byrddau ymddiriedolaeth; man a man i ni reoli'r cwbl. Mae'n bwysig iawn bod ymddiriedolaethau'n gofalu am eu cyfrifoldebau eu hunain. Eu cyfrifoldeb hwy yw hynny, ac maent yn atebol imi, am reoli a threfnu gofal clinigol a chymorth yn eu sefydliadau, o fewn canllawiau a osodir gan y Cynulliad ac sy'n golygu, bellach, eu bod yn atebol i'r Cynulliad.

[83] **Jocelyn Davies:** Felly i chi a'r Cynulliad, ynghyd â'r gymuned, y byddant yn atebol?

Ms Lloyd: Ie.

[84] **Janet Davies:** Diolch. Mark, a oes gennych chi gwestiwn?

[85] **Mark Isherwood:** A gaf ofyn cwestiwn ychwanegol cyn fy nghwestiynau penodol? Mae'n ymwneud â'r mater hwn.

[86] **Janet Davies:** Ie, iawn.

[87] **Mark Isherwood:** You have referred many times to performance management, Ms Lloyd. I would be interested to hear your understanding of performance management, because on one occasion you actually said that you could use performance management to deal with failure to deliver. My understanding of performance management is that it is about coaching, development, agreeing action plans with individuals, and then reviewing that on a systematic basis, whereas failure to deliver and failure to co-operate becomes more of a disciplinary issue. Do you agree, or does your performance management system incorporate the disciplinary aspects as well?

Ms Lloyd: The regions and we are monitoring all the trusts against all the targets and standards that have been set. We have just finished the first round of that, and are now into the first quarterly reviews of how the organisations are performing against the standards set by the Assembly and its Government. What is also contained within that, and that has been something that we have been discussing in the last six months, is the issue of what are the incentives and sanctions that you place within a performance management system. The sanctions obviously follow the line that, if there is a failure to act against an agreed action plan over a reasonable period of time—that is, reasonable in our view—then, obviously, there has to be a withdrawal of executive authority. That is what you will see. As accounting officer, I already have the responsibility for the governance of the organisations, and I can issue letters of censure to chief executives who fail to operate their accountability effectively. This is not a disciplinary issue; this is a performance management issue. This is something that I do very infrequently, I have to say. However, the whole of the performance management system, which has been developed in Wales, is all about

[87] **Mark Isherwood:** Yr ydych wedi cyfeirio sawl gwaith at reoli perfformiad, Ms Lloyd. Byddwn â diddordeb i glywed beth yw ystyr rheoli perfformiad i chi, oherwydd ar un achlysur bu i chi ddweud y gallech ddefnyddio'r broses o reoli perfformiad i ddelio â methu â darparu. Yr oeddwn i ar ddeall bod rheoli perfformiad yn ymwneud â hyfforddi, datblygu, cytuno ar gynlluniau gweithredu gydag unigolion, ac yna adolygu hynny'n systematig, a bod methu â darparu a methu â chydweithredu yn fwy o fater disgyblu. A ydych yn cytuno, neu a yw eich system rheoli perfformiad yn cynnwys agweddau disgyblu hefyd?

Ms Lloyd: Mae'r rhanbarthau a ninnau yn monitro pob ymddiriedolaeth yn ôl y targedau a'r safonau a osodwyd. Yr ydym newydd orffen y cam cyntaf o hynny, a bellach yr ydym yn cynnal yr adolygiadau chwarterol cyntaf o sut y mae'r sefydliadau'n perfformio yn ôl y safonau a osodwyd gan y Cynulliad a'i Lywodraeth. Yr hyn sydd hefyd wedi'i gynnwys yn hwnnw, ac mae hynny'n rhywbeth yr ydym wedi bod yn ei drafod yn ystod y chwe mis diwethaf, yw beth yw'r cymhellion a'r sancsiynau a roddir gennyh o fewn system rheoli perfformiad. Mae'r sancsiynau'n amlwg yn dilyn y feddylfryd, sef os methir â gweithredu'n erbyn cynllun gweithredu y cytunwyd arno dros gyfnod rhesymol o amser—hynny yw, rhesymol yn ein barn ni—yna, yn amlwg, mae'n rhaid dirymu'r awdurdod gweithredol. Dyna beth y byddwch yn ei weld. Fel swyddog cyfrifo, mae gennyf y cyfrifoldeb yn barod dros reoli'r sefydliadau, a gallaf anfon llythyrau cerydd at brif weithredwyr nad ydynt yn gweithredu eu hatebolrwydd yn effeithiol. Nid mater o ddisgyblu yw hyn; mae'n fater o reoli perfformiad. Anaml iawn y byddaf yn gwneud hyn, mae'n rhaid i mi ddweud. Fodd bynnag, mae'r holl system rheoli perfformiad,

continuous improvement, and a continuing striving towards increased accountability, increased responsibility and an increase in standards and delivery. However, if there is a failure that is continuous, then executive power has to be removed.

[88] **Mark Isherwood:** There are checks and balances therefore in place?

Ms Lloyd: Yes.

[89] **Mark Isherwood:** To return to my allocated questions therefore, I draw attention to paragraph 2.15 of the report, which notes that many hospitals have monitoring checks in place. However, the results of the monitoring checks were, apparently, rarely reported to senior management or discussed at board level. Why should this be the case, when the NHS plan for Wales clearly aims to ensure that trust boards are accountable for overseeing all aspects of hygiene?

Ms Lloyd: I think that that again is an issue of culture, and of the priority given by organisations to this area. That is why we now have an executive board member on each board who is designated as responsible for the ultimate ownership of this issue, and who has to report on this area within the board itself. We felt that it was important that the boards did start to grapple with this.

[90] **Mark Isherwood:** Thank you. Referring again to case study D on page 19, which highlights best practice in the Singleton and Morriston hospitals in Swansea NHS Trust, it showed that some hospitals have introduced strict lines of communication—monthly monitoring checks in this case. How could you make such a system compulsory across the whole of Wales, and when could this become the case?

sydd wedi'i datblygu yng Nghymru, yn ymwneud â chynnydd parhaus, ac ymdrech barhaus tuag at atebolrwydd cynyddol, cyfrifoldeb cynyddol a chynnydd mewn safonau a darpariaeth. Fodd bynnag, os ceir methiant parhaus, mae'n rhaid dirymu'r pwerau gweithredol.

[88] **Mark Isherwood:** Mae rhwystrau a gwrthbwysau ar waith felly?

Ms Lloyd: Oes.

[89] **Mark Isherwood:** I ddychwelyd at fy nghwestiynau penodol felly, tynnaf eich sylw at baragraff 2.15 yr adroddiad, sy'n nodi bod nifer o ysbytai yn gweithredu gwiriadau monitro. Fodd bynnag, anaml yr oedd canlyniadau'r gwiriadau monitro, yn ôl pob sôn, yn cael eu hadrodd i uwch reolwyr na'u trafod ar lefel y bwrdd. Pam fod hyn yn digwydd, pan fo cynllun GIG i Gymru yn amlwg am sicrhau bod byrddau'r ymddiriedolaethau'n gyfrifol am oruchwylio pob agwedd ar hylendid?

Ms Lloyd: Credaf fod hynny eto'n fater o ddiwylliant, ac o'r flaenoriaeth a roddir gan sefydliadau i'r maes hwn. Dyna pam bod gennym aelod bwrdd gweithredol ar bob bwrdd sy'n gyfrifol am berchnogaeth y mater yn y pen draw, ac sy'n gorfod adrodd ar y maes hwn o fewn y bwrdd ei hun. Yr oeddem yn teimlo ei bod yn bwysig bod y byrddau yn dechrau mynd i'r afael â hyn.

[90] **Mark Isherwood:** Diolch. Gan gyfeirio eto at astudiaeth achos D ar dudalen 19, sy'n amlygu arferion gorau yn ysbytai Singleton a Threforys yn Ymddiriedolaeth GIG Abertawe, yr oedd yn dangos bod rhai ysbytai wedi cyflwyno sianeli cyfathrebu llym—gwiriadau monitro misol yn yr achos hwn. Sut allech chi wneud system fel hyn yn orfodol ledled Cymru gyfan, a phryd ellid gwneud hyn?

Ms Lloyd: This is again part of the standards. These are the good practice issues that have been picked up by the forum as it developed these standards. Again, I will be able to advise you on how prevalent this system is throughout Wales once we have finished our first six-monthly check. However, we will agree with each organisation, if it does not already do this, by what time it will be doing it. I think that there is an important issue to remember here. About 20 years ago, in terms of domestic services, there was a national domestic services manager training programme, which lapsed right throughout the UK. Given the importance of cleaning, and the development of support services, this is a time when we need to reconsider how we really get good supervisors, good managers of these services, back into the system. The supervision of cleaning makes a great deal of difference to a hospital. Again, we need to provide and reinstate a proper career structure, with proper training and development, so that, working with the infection control teams, those people can ensure that induction for all staff is right, and that the importance of cleanliness and personal hygiene is highlighted for everybody within the hospital community.

[91] **Mark Isherwood:** Thank you. Leading on from that, I refer you to paragraph 2.18, which highlights the issues of poor communication to hospital staff in this area. Case study G on page 20, which again highlights good practice—
[*Interruption.*]

Ms Lloyd: Excuse me, I have a cough.

Ms Lloyd: Mae hyn eto'n rhan o'r safonau. Y rhain yw'r materion arferion gorau sydd wedi'u dethol gan y fforwm wrth iddo ddatblygu'r safonau hyn. Eto, byddaf yn gallu eich cynghori ar ba mor gyffredin yw'r system hon ledled Cymru ar ôl i ni orffen ein gwiriad chwemisol cyntaf. Fodd bynnag, byddwn yn cytuno â phob sefydliad, os nad yw'n gwneud hyn yn barod, erbyn pryd y bydd yn ei wneud. Credaf fod mater pwysig i'w gofio yma. Tua 20 mlynedd yn ôl, o ran gwasanaethau domestig, yr oedd rhaglen hyfforddi rheolwyr gwasanaethau domestig cenedlaethol, a ddaeth i ben ledled y DU. O ystyried pwysigrwydd glanhau, a datblygiad gwasanaethau cymorth, dyma gyfnod lle mae angen i ni ailystyried sut y gallwn gael goruchwylwyr gwirioneddol dda, rheolwyr da ar gyfer y gwasanaethau hyn, yn ôl i'r system. Mae goruchwylwyr glanhau yn gwneud cryn wahaniaeth i ysbyty. Eto, mae angen i ni ddarparu ac ailsefydlu sdrwythur gyrfa iawn, gyda hyfforddi a datblygu iawn, er mwyn i'r bobl hynny, drwy weithio â'r timau rheoli heintiau, sicrhau bod eu rhaglenni sefydlu ar gyfer yr holl staff yn iawn, a bod pwysigrwydd glanweithdra a hylendid personol yn cael ei amlygu i bawb yng nghymuned yr ysbyty.

[91] **Mark Isherwood:** Diolch. Gan ddilyn y trywydd hwnnw, cyfeirïaf at baragraff 2.18, sy'n amlygu materion cyfathrebu gwael i staff ysbyty yn y maes hwn. Mae astudiaeth achos G ar dudalen 20, sydd eto'n amlygu arferion da—
[*Torri ar draws.*]

Ms Lloyd: Esgusodwch fi, yr wyf yn pesychu.

[92] **Mark Isherwood:** Are you all right? Good. Case study G on page 20 again highlights best practice in Swansea NHS Trust. What plans do you have to ensure that such a system is used across all hospitals in Wales, and how can outcomes then be systematically monitored?

Ms Lloyd: Well, in the same way, this is also part of the standards and will also be available.

[93] **Mark Isherwood:** I am sure, from what you have already told us, that you agree that ownership of delivery should be cascaded top-down to everybody in the organisation, on a collective team basis?

Ms Lloyd: Yes.

[94] **Mark Isherwood:** As part of that, do you believe that you yourself should have sight of the hospitals that are continually failing to keep the wards clean?

Ms Lloyd: As part of my performance management, I make regular visits, with my regional directors, to organisations, good and improving. I will be taking up the results of the performance management outcomes with them to address personally how the trust management is going to take forward any improvements that are needed, or how the trust management is going to spread the good practice that has been found in the trust.

[95] **Mark Isherwood:** I think that your visible involvement will give a powerful message to all the staff involved in these improvement projects, certainly.

Ms Lloyd: Yes. Well, I hope so.

[92] **Mark Isherwood:** A ydych yn iawn? Da iawn. Mae astudiaeth achos G ar dudalen 20 eto'n amlygu arferion gorau yn Ymddiriedolaeth GIG Abertawe. Pa gynlluniau sydd gennych i sicrhau bod system o'r fath yn cael ei defnyddio ym mhob ysbyty yng Nghymru, a sut y gellir monitro canlyniadau'n systematig wedi hynny?

Ms Lloyd: Wel, yn yr un modd, mae hyn hefyd yn rhan o'r safonau a bydd hefyd ar gael.

[93] **Mark Isherwood:** Yr wyf yn siwr, o'r hyn yr ydych wedi'i ddweud wrthym yn barod, eich bod yn cytuno y dylai'r cyfrifoldeb am ddarpariaeth gael ei ffrydio o'r brig i'r bôn i bawb yn y sefydliad, ar sail tîm cyfunol?

Ms Lloyd: Ydw.

[94] **Mark Isherwood:** Fel rhan o hynny, a ydych yn credu y dylech chi eich hun weld yr ysbytai sy'n methu byth a hefyd â chadw'r wardiau'n lân?

Ms Lloyd: Fel rhan o'm system rheoli perfformiad, ymwelaf yn rheolaidd, gyda'm cyfarwyddwyr rhanbarthol, â sefydliadau, rhai da a rhai sy'n gwella. Byddaf yn trafod canlyniadau'r rheoli perfformiad gyda hwy er mwyn mynd i'r afael yn bersonol â sut y bydd rheolwyr yr ymddiriedolaeth yn cyflawni unrhyw welliannau sydd eu hangen, neu sut y bydd rheolwyr yr ymddiriedolaeth yn lledaenu'r arferion da sydd wedi'u canfod yn yr ymddiriedolaeth.

[95] **Mark Isherwood:** Credaf y bydd eich gweld yn cyfrannu yn rhoi neges bwerus i'r holl staff sy'n cyfrannu at y prosiectau gwella hyn, yn sicr.

Ms Lloyd: Bydd. Wel, yr wyf yn gobeithio hynny.

[96] **Mark Isherwood:** Okay, thank you.

[97] **Janet Davies:** Moving on to page 22, I want to look at figure 8, which shows the number of cleaning specifications that have been rewritten recently. Clearly, we are hearing this morning about all the new systems that are being put into place, and, in a way, this whole situation is moving. So, perhaps, on some of the things that we are looking at in the report, there may have been changes by the time we get to them but, obviously, it is the report that we are talking about. So, could I ask you about the fact that only two of the 17 acute hospitals in Wales have updated their cleaning specifications, according to the report, within the last three years, and that seven of them have not rewritten them for more than 10 years. I do not know if you can give any more up-to-date information than that but, if not, how would you explain that situation?

Ms Lloyd: I am advised by my colleague that these specifications will obviously be rewritten as part of the standards that have to be complied with. In terms of why they have not been rewritten so far, there have always been basic standards against which trusts commission their cleaning services, and again, I think that this is very much a matter of trust priority—what priority did the management give to rewriting specifications. For many of them, their hospitals will have remained unchanged for some considerable time. Obviously, when you have new areas, you rewrite specifications, so some might have been luckier than others. However, with the increase in infection, and with the spotlight that has been highlighted there, then obviously all of them will be rewritten within the next year, unless they are very, very new and comply with the best practice.

[96] **Mark Isherwood:** Iawn, diolch.

[97] **Janet Davies:** Gan symud ymlaen at dudalen 22, yr wyf am edrych ar ffigur 8, sy'n dangos nifer y manylebau glanhau sydd wedi'u hailysgrifennu'n ddiweddar. Yn amlwg, yr ydym yn clywed y bore yma am yr holl systemau newydd sy'n cael eu rhoi ar waith, ac, mewn ffordd, mae'r holl sefyllfa hon yn symud. Felly, efallai, gyda rhai o'r pethau yr ydym yn edrych arnynt yn yr adroddiad hwn, efallai y bu newidiadau erbyn i ni eu trafod ond, yn amlwg, yr ydym yn trafod yr adroddiad. Felly, a gaf ofyn i chi am y ffaith mai dau ysbyty'n unig o'r 17 ysbyty aciwt yng Nghymru sydd wedi diweddarau eu manylebau glanhau, yn ôl yr adroddiad, o fewn y tair blynedd diwethaf, ac nid yw saith ohonynt wedi'u hailysgrifennu ers dros 10 mlynedd. Nid wyf yn gwybod a allwch roi gwybodaeth fwy diweddar na hynny ond, os na allwch, sut y byddech yn egluro'r sefyllfa honno?

Ms Lloyd: Fe'm cynghorir gan fy nghydweithiwr y bydd y manylebau hyn yn amlwg yn cael eu hailysgrifennu fel rhan o'r safonau y mae'n rhaid cydymffurfio â hwy. O ran pam nad ydynt wedi'u hailysgrifennu hyd yma, bu safonau sylfaenol gydol yr amser fel sail i'r ymddiriedolaethau gomisiynu eu gwasanaethau glanhau, ac eto, credaf fod hwn yn fater y dylai'r ymddiriedolaethau roi blaenoriaeth iddo—pa flaenoriaeth a roddodd yr ymddiriedolaethau i ailysgrifennu manylebau. I nifer ohonynt, ni fydd eu hysbytai wedi newid ers cryn amser. Yn amlwg, pan geir meysydd newydd, bydd yn rhaid ailysgrifennu manylebau, felly efallai fod rhai wedi bod yn fwy ffodus nag eraill. Fodd bynnag, gyda'r cynnydd mewn heintiau, a chyda'r sylw sydd wedi'i roi ar y maes, byddant i gyd yn amlwg yn cael eu hailysgrifennu yn ystod y flwyddyn nesaf, os nad ydynt yn newydd sbon ac yn cydymffurfio â'r arferion gorau.

[98] **Janet Davies:** Yes, because the report does talk about changes to the soft furnishings or the floor coverings and so on, and it seems to me that most hospitals will have changed those within 10 years. I am also very concerned that, over the years, and after taking evidence on different issues within the NHS, we have been told quite a number of times that various issues have not been seen as a priority. I think that I may have raised that issue before, namely what are the priorities in the health service, over and above day-to-day crisis management. It is something that I get quite concerned about. I think that that is more of a statement than a question possibly. How are you going to ensure that these hospitals update their cleaning specifications regularly? Will you be going back to them now to ensure that this is happening?

Ms Lloyd: Yes. With the standards being rolled out, and with the six-month review, we will be very clear about what specifications really need to be updated first because they will have to risk-assess their environment.

[99] **Janet Davies:** Right, thank you. Alun, you have some questions?

[100] **Alun Cairns:** Thank you, Cadeirydd. My questions build on those that you have just asked and I will refer specifically to the budgets that are built on the specifications. Eleven out of the 17 acute hospitals calculate their cleaning service budget from out-of-date specifications. Are you satisfied that sufficient resources are being invested in hospital cleanliness?

[98] **Janet Davies:** Ie, oherwydd mae'r adroddiad yn sôn am newidiadau i'r dodrefn meddal neu'r gorchuddion llawr ac ati, ac ymddengys i mi y bydd y mwyafrif o ysbytai wedi newid y rheini o fewn 10 mlynedd. Yr wyf hefyd yn bryderus iawn, dros y blynyddoedd, ac ar ôl cymryd tystiolaeth ar wahanol faterion o fewn y GIG, ein bod wedi clywed sawl gwaith nad yw materion amrywiol wedi'u hystyried fel blaenoriaeth. Credaf fy mod wedi trafod y mater hwnnw o'r blaen, sef yn bennaf beth yw'r blaenoriaethau yn y gwasanaeth iechyd, ar wahân i reoli argyfwng o ddydd i ddydd. Mae'n rhywbeth yr wyf yn eithaf pryderus yn ei gylch. Credaf ei fod yn fwy o ddatganiad na chwestiwn o bosibl. Sut yr ydych am sicrhau bod yr ysbytai hyn yn diweddarau eu manylebau glanhau yn rheolaidd? A fyddwch yn mynd yn ôl atynt yn awr i sicrhau bod hyn yn digwydd?

Ms Lloyd: Byddaf. Gyda'r safonau'n cael eu cyflwyno, a chyda'r adolygiad chwe mis, byddwn yn glir iawn ynglyn â pha fanylebau sydd wir angen eu diweddarau gyntaf oherwydd y bydd yn rhaid iddynt asesu risg eu hamgylchedd.

[99] **Janet Davies:** Iawn, diolch. Alun, mae gennych gwestiynau?

[100] **Alun Cairns:** Diolch, Gadeirydd. Mae fy nghwestiynau'n ychwanegu at y rheini yr ydych newydd eu gofyn a byddaf yn cyfeirio'n benodol at y cyllidebau sy'n seiliedig ar y manylebau. Mae 11 o'r 17 ysbyty aciwt yn cyfrifo eu cyllideb gwasanaeth glanhau o fanylebau sydd wedi dyddio. A ydych yn fodlon bod adnoddau digonol yn cael eu buddsoddi yng nglanweithdra ysbytai?

Ms Lloyd: Until I have those updated specifications, which are costed, I cannot give you an answer to that. What we have got to do is to review very carefully the funding available to them once those specifications have been costed.

[101] **Alun Cairns:** Can I then refer you to case study H on page 23, which shows a hospital that has recently reviewed its specifications? When it then analysed the costing of that, it came up with a shortfall of £650,000 in the cleaning budget. How should the hospital reconcile that?

Ms Lloyd: I think that that is very much an issue of the cleaning culture. The LHBs will be commissioning care from hospitals like the Princess of Wales Hospital in the future. They will know what environmental standards will need to be attained in the hospitals. It will be a discussion between them and those hospitals about the priority that they accord to an improvement in a specification if it is not being met at the moment.

[102] **Alun Cairns:** So how are you providing the resources, or what resources are being provided? If, after the review of the specifications comes out, the example in case study H of the Princess of Wales Hospital is typical everywhere else, the need for additional resources will be massive when you multiply that 17 times, or at least the potential is that it will be 17 times greater. From where should they fund the increased requirement in funding?

Ms Lloyd: Tan imi weld y manylebau diweddaraf hynny, gyda'u prisiau wedi'u pennu, ni allaf roi ateb i chi ar hynny. Yr hyn sydd yn rhaid i ni ei wneud yw adolygu'r cyllid sydd ar gael iddynt yn ofalus iawn ar ôl pennu prisiau'r manylebau hynny.

[101] **Alun Cairns:** A gaf fi felly eich cyfeirio at astudiaeth achos H ar dudalen 23, sy'n dangos ysbyty a adolygodd ei fanylebau'n ddiweddar? Pan ddadansoddodd gostau hynny yn ddiweddarach, dangosodd ddiffyg ariannol o £650,000 yn y gyllideb lanhau. Sut y dylai'r ysbyty gysoni hynny?

Ms Lloyd: Credaf fod hynny'n fater o ddiwylliant glanhau. Bydd y byrddau iechyd lleol yn comisiynu gofal o ysbytai fel Ysbyty Tywysoges Cymru yn y dyfodol. Byddant yn gwybod pa safonau amgylcheddol fydd angen eu bodloni yn yr ysbytai. Trafodaeth rhyngddynt a'r ysbytai hynny fydd hon am y flaenoriaeth y byddant yn ei rhoi i wella manyleb os nad yw'n cael ei bodloni ar hyn o bryd.

[102] **Alun Cairns:** Felly sut yr ydych yn darparu'r adnoddau, neu pa adnoddau a ddarperir? Os, ar ôl cyhoeddi adolygiad y manylebau, yw'r enghraifft yn astudiaeth achos H o Ysbyty Tywysoges Cymru yn nodweddiadol o bob man arall, bydd angen dybryd am adnoddau ychwanegol ar ôl lluosu hynny 17 o weithiau, neu o leiaf mae posibilrwydd y bydd 17 gwaith yn fwy. O ble y dylent gyllido'r gofynion cyllid cynyddol?

Ms Lloyd: That is a discussion that I and my regional directors will have with the local health boards in terms of the priorities that need to be met within the NHS in Wales because they do get an uplift every year and it is a question of how that is applied.

[103] **Alun Cairns:** Okay. Thank you.

[104] **Janet Davies:** Christine, you have some questions?

[105] **Christine Gwyther:** Yes. I would like to try, if possible, to tease out to what extent our trusts are anticipating the unexpected. I will take you back to paragraph 3.2 in the document, which states that many hospitals cannot meet their own minimum standards of cleanliness. I think that it states that eight out of the 11 acute hospitals that were visited stated that they were not meeting their own standards. So that I can be clear, could you tell me whether the three hospitals that are meeting the standards are those where infection control teams are working in collaboration with cleaning services? I think that that would help me to understand where the problem might lie. Could you tell me how they tackle the problems of unforeseen cleaning such as spillages or emergency barrier rooms; that relates to the infection control question that was asked by Mick Bates.

Ms Lloyd: I do not know which three are not complying with this. I will not know that until we place these standards and they report back formally.

[106] **Christine Gwyther:** I think that there are three that are meeting the standards, and eight that are not.

Ms Lloyd: Mae honno'n drafodaeth y byddaf i a'm cyfarwyddwyr rhanbarthol yn ei chynnal gyda'r byrddau iechyd lleol am y blaenoriaethau sydd angen eu bodloni o fewn y GIG yng Nghymru oherwydd eu bod yn cael cynnydd bob blwyddyn ac mae'n fater o sut y byddant yn defnyddio hwnnw.

[103] **Alun Cairns:** Iawn. Diolch.

[104] **Janet Davies:** Christine, mae gennych gwestiynau?

[105] **Christine Gwyther:** Oes. Hoffwn geisio, os yw hynny'n bosibl, weld i ba raddau y mae ein hymddiriedolaethau yn rhagweld yr annisgwyl. Yr wyf am eich cyfeirio'n ôl at baragraff 3.2 yn y ddogfen, sy'n nodi na all nifer o ysbytai fodloni eu safonau glanweithdra gofynnol eu hunain. Credaf ei fod yn nodi bod wyth o'r 11 ysbyty aciwt yr ymwelwyd â hwy yn datgan nad oeddent yn bodloni eu safonau eu hunain. Er mwyn imi allu bod yn glir, a allwch ddweud wrthyf ai'r tri ysbyty sy'n bodloni eu safonau yw'r rhai hynny sydd â thimau rheoli heintiau yn cydweithio gyda'r gwasanaethau glanhau? Credaf y byddai hynny o bosibl yn fy helpu i ddeall ble mae gwreiddyn y broblem. A allwch ddweud wrthyf sut y maent yn mynd i'r afael â'r problemau glanhau annisgwyl megis gollyngiadau neu ystafelloedd rhwystr argyfwng; mae hynny'n gysylltiedig â'r cwestiwn ar reoli heintiau a ofynnwyd gan Mick Bates.

Ms Lloyd: Nid wyf yn gwybod pa dri a fethodd â chydymffurfio â hyn. Ni fyddaf yn gwybod hynny tan i ni roi'r safonau hyn ar waith a'u bod yn adrodd yn ôl yn ffurfiol.

[106] **Christine Gwyther:** Credaf fod tri sydd yn bodloni'r safonau, ac wyth sydd yn methu.

Ms Lloyd: Three that are? I do not know which ones they are. In terms of people continually failing to meet the standards, it depends to what extent that is and how they have risk-assessed the consequences of failing to meet the standards. I have to re-stress that this is an issue for trust management. I am not directly operationally managing the NHS trusts in Wales on a day-to-day basis. The trusts' management are charged with doing that on behalf of their communities. I would expect them to properly risk assess any failure to meet their standards whether cleaning or any other clinical standards. They will then be held to account for their risk assessment, whether it is wrong or right.

In terms of spillages, this is one of the things that causes me the greatest concern because too often we get so much feedback from the general public and staff that areas appear unwholesome because there is dried blood on the floor or patients will say that there has been a spillage for the last three hours and nobody has come to clean it up. Personally, this is one of the areas that I will be chasing up with the greatest diligence with the trust staff management because it cannot give confidence to patients and it can be a hazard as well, and a difficult hazard to deal with. Some places have managed very well in dealing with spillages, in that they have proper processes in place. However, that good practice must be spread out, because I think that it is one of the more disturbing parts of a failure to address cleaning standards.

Ms Lloyd: Tri sydd yn eu bodloni? Nid wyf yn gwybod pa rai ydynt. O ran pobl yn methu'n barhaus â bodloni'r safonau, mae'n dibynnu i ba raddau y mae hynny'n digwydd a sut y maent wedi asesu'r risg yn sgîl methu â bodloni'r safonau. Mae'n rhaid imi ailbwysleisio bod hyn yn fater i reolwyr ymddiriedolaethau. Nid wyf yn rheoli gwaith ymddiriedolaethau'r GIG yng Nghymru'n uniongyrchol o ddydd i ddydd. Cyfrifoldeb rheolwyr yr ymddiriedolaeth yw hynny ar ran eu cymunedau. Byddwn yn disgwyl iddynt asesu risg unrhyw achos o fethu â bodloni eu safonau boed yn safonau glanhau neu unrhyw safonau clinigol eraill. Byddant wedyn yn atebol am eu hasesiad risg, boed yn anghywir neu'n gywir.

O ran gollyngiadau, dyma un o'r pethau sy'n achosi'r pryder mwyaf imi oherwydd yn rhy aml yr ydym yn derbyn cymaint o ymateb gan y cyhoedd a staff bod manau yn ymddangos yn afiach oherwydd bod gwaed wedi sychu ar lawr neu bydd cleifion yn dweud bod rhyw hylif wedi'i ollwng ers tair awr ac nad oes neb wedi dod i'w lanhau. Yn bersonol, dyma un o'r meysydd y byddaf yn mynd i'r afael ag ef gyda'r diwydrwydd mwyaf gyda staff rheoli'r ymddiriedolaethau oherwydd na all roi hyder i gleifion a gall fod yn beryglus hefyd, ac yn berygl anodd i fynd i'r afael ag ef. Mae rhai lleoedd wedi ymdopi'n dda iawn wrth ddelio â gollyngiadau, oherwydd fod ganddynt brosesau iawn ar waith. Fodd bynnag, mae'n rhaid lledaenu'r arferion da hynny, oherwydd fy mod yn credu ei fod yn un o'r elfennau sy'n peri'r pryder mwyaf o ran methu â bodloni safonau glanhau.

[107] **Christine Gwyther:** Coming back to the emergency barrier rooms issue, would you say that there should be flexibility built into the cleaning specifications as part of that risk assessment and should rapid response cleaning teams be introduced, perhaps?

Ms Lloyd: Yes. In terms of the specifications, that flexibility is built in and we do have to ensure that emergency barrier rooms can be thoroughly cleaned before any other patient goes in them or they cease to be a requirement for barrier nursing. Some of these rapid response teams have been very effective at doing that. However, again, it is an issue of ward management. There has to be control over that environment so that risk is absolutely minimised.

[108] **Christine Gwyther:** Finally, will those risk assessment reviews, when they are carried out, be part of your performance management systems?

Ms Lloyd: Yes.

[109] **Janet Davies:** Alun, you have some questions?

[110] **Alun Cairns:** Yes, thank you, Chair. Before I move forward to page 25, I was a bit troubled again by one of your responses to Christine Gwyther, Ms Lloyd, in relation to repeating the point that you made earlier about responsibility lying with the trust management. Again, if the trust management fails to meet its obligations in terms of the specifications, setting the right priorities and so on, someone needs to act. Do you think that there needs to be clarification, even if it is only for me personally, as to where the accountability lines are, because I am still not clear from the answers that you have given?

[107] **Christine Gwyther:** Gan ddychwelyd at ystafelloedd rhwystr argyfwng, a fyddech yn dweud bod angen hyblygrwydd yn y manylebau glanhau fel rhan o'r asesiadau risg hynny ac a ddylid cyflwyno timau glanhau ymateb brys, o bosibl?

Ms Lloyd: Dylid. O ran y manylebau, mae'r hyblygrwydd hwnnw yn rhan ohonynt ac mae'n rhaid i ni sicrhau y gellir glanhau ystafelloedd rhwystr argyfwng yn drylwyr cyn i unrhyw gleifion eraill fynd i mewn iddynt neu ni fyddant yn un o ofynion nyrsio rhwystr. Bu rhai o'r timau ymateb brys hyn yn effeithiol iawn wrth wneud hynny. Fodd bynnag, eto, mae'n fater o reoli wardiau. Mae'n rhaid rheoli'r amgylchedd hwnnw er mwyn lleihau'r risg yn llwyr.

[108] **Christine Gwyther:** Yn olaf, a fydd yr adolygiadau asesu risg hynny, pan fyddant ar y gweill, yn rhan o'ch system reoli perfformiad?

Ms Lloyd: Byddant.

[109] **Janet Davies:** Alun, mae gennyh gwestiynau?

[110] **Alun Cairns:** Oes, diolch, Gadeirydd. Cyn imi symud ymlaen at dudalen 25, yr oeddwn yn eithaf pryderus eto gydag un o'ch ymatebion i Christine Gwyther, Ms Lloyd, o ran ailbwysleisio'r pwynt y gwnaethoch yn gynharach bod y cyfrifoldeb yn nwylo rheolwyr yr ymddiriedolaeth. Eto, os yw rheolwyr yr ymddiriedolaeth yn methu â bodloni'r gofynion o ran y manylebau, pennu'r blaenoriaethau cywir ac ati, mae'n rhaid i rywun weithredu. A ydych yn credu bod angen eglurhad, hyd yn oed os yw imi yn unig, ynglyn â'r drefn gyfrifoldeb, oherwydd nid wyf yn glir o hyd o'r atebion yr ydych wedi'u rhoi?

Ms Lloyd: Trust management is now accountable to me. It was not in the past.

[111] **Alun Cairns:** That is the answer that you gave earlier. However, you still come back to say that the responsibility lies with the trust management. In reality, the ultimate responsibility really lies with you and then the Minister, surely?

Ms Lloyd: Yes, that is how it is. However, the day-to-day management responsibility has to be vested in trust management. That is what it is charged to do. Ultimately, it will be my responsibility, but I have delegated day-to-day management to the trusts.

[112] **Alun Cairns:** Fine, I accept that.

[113] **Leighton Andrews:** May I come in here?

[114] **Janet Davies:** Yes.

[115] **Leighton Andrews:** It is confusing at one level, though. Trying to understand the difference in the level of accountability from the trust management to you and the trust management to its own board is one of the areas here, I think. As you rightly said earlier, the trust management is accountable to its board and it is accountable theoretically—I think that it is sometimes a theoretical accountability—to its community. One of you might say that your role perhaps, and the Minister's role, is to lay down national standards and to ensure that they are being adhered to. However, there is a level at which the board has to ensure locally that the trust is also doing that. To what extent are you, therefore, involved in ensuring that board members themselves understand their own responsibilities

Ms Lloyd: Mae rheolwyr yr ymddiriedolaethau bellach yn atebol i mi. Nid oeddent yn y gorffennol.

[111] **Alun Cairns:** Dyna'r ateb y bu i chi ei roi yn gynharach. Fodd bynnag, yr ydych yn dal i ddod yn ôl i ddweud mai rheolwyr yr ymddiriedolaethau sy'n gyfrifol. Mewn gwirionedd, eich cyfrifoldeb chi yw hynny yn y pen draw ac yna'r Gweinidog, does bosibl?

Ms Lloyd: Ie, fel yna y mae hi. Fodd bynnag, mae'n rhaid rhoi'r cyfrifoldeb o reoli o ddydd i ddydd yn nwylo rheolwyr yr ymddiriedolaethau. Dyna eu cyfrifoldeb. Yn y pen draw, fy nghyfrifoldeb i ydyw, ond yr wyf wedi dirprwyo'r cyfrifoldeb rheoli o ddydd i ddydd i'r ymddiriedolaethau.

[112] **Alun Cairns:** Iawn, yr wyf yn derbyn hynny.

[113] **Leighton Andrews:** A gaf fi gyfrannu yma?

[114] **Janet Davies:** Cewch.

[115] **Leighton Andrews:** Fodd bynnag, mae'n ddryslyd ar un lefel. Ceisio deall lefelau gwahanol yr atebolrwydd o reolwyr yr ymddiriedolaethau i chi a rheolwyr yr ymddiriedolaethau i'w bwrddau eu hunain yw un o'r meysydd yma, yn fy marn i. Yr oeddech yn llygad eich lle pan y bu i chi ddweud yn gynharach bod rheolwyr yr ymddiriedolaeth yn atebol i'w bwrdd a'r bwrdd yn atebol yn ddamcaniaethol—credaf mai atebolrwydd damcaniaethol yw hyn ar brydiau—i'w gymuned. Efallai y gallai un ohonoch ddweud mai eich rôl o bosibl, a rôl y Gweinidog, yw pennu safonau cenedlaethol a sicrhau eu bod yn cael eu cadw. Fodd bynnag, mae lefel lle mae'r bwrdd yn gorfod sicrhau'n lleol bod yr ymddiriedolaeth yn gwneud hynny. I ba raddau yr ydych, felly, yn

in this area?

Ms Lloyd: In terms of cleaning, or generally?

[116] **Leighton Andrews:** Cleaning particularly.

Ms Lloyd: To step back, generally, there is an induction programme anyway for all board members so that they can understand their responsibilities well. The trust chair is held to account in a performance review held by the Minister on an annual basis anyway, as is now the chief executive whom I hold to account. So, that covers that dual accountability. In terms of the cleaning specifications, we have required trust boards to ensure that one of their executive directors holds a portfolio for this area and that there are regular reports provided to the trust boards on the standards that are being achieved. That will be underpinned by these new standards, where reports on that which is to be included in the results of the balanced scorecards are regularly provided to the trust boards. As the regional offices are monitoring trusts on a quarterly basis now with this new performance management system, then, on a quarterly basis, the results will be published and will go to the trust boards.

[117] **Janet Davies:** Alun, do you want to continue with your questions?

cyfrannu at sicrhau bod aelodau'r bwrdd eu hunain yn deall eu cyfrifoldebau eu hunain yn y maes hwn?

Ms Lloyd: O ran glanhau, neu yn gyffredinol?

[116] **Leighton Andrews:** Glanhau'n benodol.

Ms Lloyd: I gamu'n ôl, yn gyffredinol, mae rhaglen gyflwyno beth bynnag ar gyfer pob aelod o'r bwrdd er mwyn iddynt allu deall eu cyfrifoldebau'n well. Cadeirydd yr ymddiriedolaeth sy'n atebol mewn adolygiad o berfformiad a gynhelir gan y Gweinidog yn flynyddol beth bynnag, a'r prif weithredwr sy'n atebol i mi. Felly, mae hynny'n delio â'r atebolrwydd deublyg hwnnw. O ran y manylebau glanhau, yr ydym wedi gofyn i fyrddau ymddiriedolaethau sicrhau bod gan un o'u cyfarwyddwyr gweithredol bortffolio ar gyfer y maes hwn a bod adroddiadau rheolaidd yn cael eu darparu i fyrddau'r ymddiriedolaethau ar y safonau sy'n cael eu bodloni. Bydd hynny'n cael ei ategu gan y safonau newydd hyn, lle bydd adroddiadau ar hynny'n cael eu cynnwys yng nghanlyniadau'r adroddiadau mesur perfformiad a'u darparu'n rheolaidd i fyrddau'r ymddiriedolaethau. Gan fod y swyddfeydd rhanbarthol yn monitro ymddiriedolaethau bob tri mis bellach gyda'r system rheoli perfformiad newydd hon, yna, bob tri mis, bydd y canlyniadau'n cael eu cyhoeddi ac yn mynd i fyrddau'r ymddiriedolaethau.

[117] **Janet Davies:** Alun, a ydych am barhau gyda'ch cwestiynau?

[118] **Alun Cairns:** Thank you, Cadeirydd. Mrs Lloyd, I do not want to labour the point, but is there any way in which you can provide a paper to the Committee, with the Cadeirydd's permission obviously, to explain where the accountability line falls? The reason for my asking this is that we get requests from constituents asking who is responsible when standards have not been met. Therefore, we need to be quite clear in responding to those constituents on where the responsibility lies and, where there has been a failure, whether it is within the Assembly or at trust management level.

Ms Lloyd: I would be very happy to provide that. As a consequence of the action plan that the Minister has asked me to prepare for the implementation of Wanless—which, again, underlines the importance of strengthening accountability—I will be able to give you an update on the recommendations arising from that report.

[119] **Janet Davies:** Thank you, Ms Lloyd.

[120] **Alun Cairns:** I am sure that you will be glad to hear that these are my final questions. Page 25 of the report shows some pretty worrying photographs of the condition of the building fabric and how it hinders the cleaning services. However, case study I on the same page details the relationship between the maintenance department and the cleaning staff in terms of how some of these issues have been overcome at the University Hospital of Wales. Are there any plans to promote this good practice?

[118] **Alun Cairns:** Diolch, Gadeirydd. Mrs Lloyd, nid wyf am rygnu ar y pwynt, ond a oes unrhyw ffordd y gallwch ddarparu papur i'r Pwyllgor, gyda chaniatâd y Cadeirydd yn amlwg, i egluro pwy yn union sy'n atebol? Y rheswm fy mod yn gofyn hyn yw ein bod yn cael ceisiadau gan etholwyr yn gofyn pwy sy'n gyfrifol pan nad yw safonau wedi'u bodloni. Felly, rhaid inni fod yn hollol glir wrth ymateb i'r etholwyr hynny ynghylch pwy sy'n gyfrifol ac, mewn achosion o fethu â bodloni'r safonau, ai'r Cynulliad neu reolwyr yr ymddiriedolaethau oedd ar fai.

Ms Lloyd: Byddwn yn falch iawn o ddarparu hynny. O ganlyniad i'r cynllun gweithredu y mae'r Gweinidog wedi gofyn imi ei baratoi ar gyfer gweithredu Wanless—sydd, eto, yn ategu pwysigrwydd cryfhau atebolrwydd—byddaf yn gallu rhoi'r newyddion diweddaraf i chi ar yr argymhellion sy'n deillio o'r adroddiad hwnnw.

[119] **Janet Davies:** Diolch, Ms Lloyd.

[120] **Alun Cairns:** Yr wyf yn siwr y byddwch yn falch o glywed mai dyma fy nghwestiynau olaf. Mae tudalen 25 yr adroddiad yn dangos ffotograffau o gyflwr ffabrig yr adeilad sy'n peri tipyn o ofid a sut y mae'n rhwystro'r gwasanaethau glanhau. Fodd bynnag, mae astudiaeth achos I ar yr un dudalen yn manylu ar y berthynas rhwng yr adran gynnal a chadw a'r staff glanhau o ran sut y mae rhai o'r materion hyn wedi'u goresgyn yn Ysbyty Athrofaol Cymru. A oes unrhyw gynlluniau i hyrwyddo'r arfer da hwn?

Ms Lloyd: Yes, indeed. As part of the estates management standards that are also produced now, the first round of reviews of which will be in January 2004, this good practice from the University Hospital of Wales is being highlighted. It is really important that there is correlation between the cleaning services and maintenance. Trusts in Wales are provided with £52 million a year to maintain their buildings and to undertake small improvement schemes. Pictures such as these are unacceptable.

[121] **Alun Cairns:** The reality is that, irrespective of the increased investment that has gone into the health service, such conditions still exist in hospitals, and the photographs are evidence of that. Can you tell me whether, if patients find themselves in a hospital or a ward area where there are such conditions, they are more susceptible to germ infection?

Ms Lloyd: I do not know whether I can answer that question. Can you answer it, Dr Howard?

Dr Howard: Sorry, can you repeat the question?

[122] **Alun Cairns:** Yes. Bearing in mind the photographs on page 25, which highlight the state of disrepair in some hospitals, if patients finds themselves in a ward where there are such conditions, are they more susceptible to germ infection? Is there an increased risk of that?

Ms Lloyd: Oes, yn wir. Fel rhan o'r safonau rheoli ystadau sydd hefyd yn cael eu cynhyrchu'n awr, a bydd y cylch cyntaf o adolygiadau ym mis Ionawr 2004, mae'r arfer da hwn gan Ysbyty Athrofaol Cymru yn cael ei amlygu. Mae'n hynod bwysig bod cydberthynas rhwng y gwasanaethau glanhau a'r adran gynnal a chadw. Darperir £52 miliwn y flwyddyn i'r ymddiriedolaethau yng Nghymru i gynnal a chadw eu hadeiladau ac i gyflawni cynlluniau gwella bach. Mae lluniau fel y rhain yn annerbyniol.

[121] **Alun Cairns:** Y gwirionedd yw bod amodau fel hyn, er gwaethaf y buddsoddiad cynyddol yn y gwasanaeth iechyd, yn bodoli o hyd mewn ysbytai, ac mae'r lluniau'n dystiolaeth o hynny. A allwch ddweud wrthyf a yw cleifion, os ydynt yn canfod eu hunain mewn ysbyty neu ward yn y fath gyflwr, yn fwy agored i heintiau germau?

Ms Lloyd: Nid wyf yn gwybod a allaf ateb y cwestiwn hwnnw. A allwch chi ei ateb, Dr Howard?

Dr Howard: Mae'n ddrwg gennyf, a allwch ailofyn y cwestiwn?

[122] **Alun Cairns:** Gallaf. O gofio'r lluniau ar dudalen 25, sy'n amlygu cyflwr gwael rhai ysbytai, os yw cleifion yn cael eu rhoi ar ward yn y cyfryw gyflwr, a ydynt yn fwy agored i heintiau germau? A oes risg gynyddol o hynny?

Dr Howard: In themselves, fabric problems such as those would provide a low risk of infection. If they are reflective of a wider systems failure, then there may be other reasons for an association with increased infection, but, in themselves, no.

[123] **Janet Davies:** Thank you. Christine, you have some questions to ask?

[124] **Christine Gwyther:** Thank you, Chair. To the casual observer—and that is what we are; we are lay people—that sort of imperfection in the infrastructure makes us less confident in the overall management. I want to talk about new furnishings and fabrics. There is a case study on page 26 of the report that talks about Llandough Hospital and a fancy new carpet that was installed there, which has been difficult and costly to clean, and must be cleaned three times a day, or something like that. I wanted to ask you—and this is a subjective question, but I am interested in hearing your answer—whether you think it is the case that hospital management is becoming more concerned with the aesthetic appearance of their hospitals rather than with the cleanliness.

Ms Lloyd: I think that the hospital management would wish the environment to look as welcoming as possible. I think that the issue with this was that it probably did not ask its cleaning experts first before laying the carpet, and that, I think, is highlighted here. If we are trying to make hospitals more friendly appearing places and more welcoming to people—and, of course, there has been a lot of talk and fashion in the last six years in terms of trying to make them look more like hotels than hospitals because it was felt that, psychologically, that was better for patients and visitors. Then we saw a great prevalence of laying carpets which was followed by everyone taking them up again because they did not prove

Dr Howard: Ohonynt eu hunain, byddai problemau ffabrig fel y rheini yn peri risg isel o heintiau. Os ydynt yn adlewyrchu methiant system ehangach, yna efallai fod rhesymau eraill dros gysylltiad â rhagor o heintiau, ond, ohonynt eu hunain, na.

[123] **Janet Davies:** Diolch. Christine, mae gennych gwestiynau i'w gofyn?

[124] **Christine Gwyther:** Diolch, Gadeirydd. I'r llygaid cyffredin—a dyna beth ydym; yr ydym yn bobl leyg—mae'r math hwnnw o amherffeithrwydd yn y seilwaith yn ein gwneud yn llai hyderus yn y rheolaeth gyffredinol. Yr wyf am drafod dodrefn a ffabrigau newydd. Mae astudiaeth achos ar dudalen 26 yr adroddiad sy'n trafod Ysbyty Llandoche a charped newydd ffansi a osodwyd yno, sydd wedi bod yn anodd a chostus i'w lanhau, ac mae'n rhaid ei lanhau dair gwaith y diwrnod, neu rywbeth tebyg. Yr oeddwn am ofyn i chi—ac mae hwn yn gwestiwn goddrychol, ond mae gennyf ddiddordeb i glywed eich ateb—a ydych yn credu fod rheolwyr ysbyty yn fwy pryderus am ymddangosiad esthetaidd eu hysbytai na chyda'r glanweithdra.

Ms Lloyd: Credaf y byddai rheolwyr yr ysbyty am i'r amgylchedd edrych mor groesawgar â phosibl. Credaf mai'r broblem yma oedd nad oedd y rheolwyr yn debygol o fod wedi gofyn i'w arbenigwyr glanhau cyn gosod y carped, ac mae hynny, yn fy marn i, yn cael ei amlygu yma. Os ydym yn ceisio gwneud ysbytai yn lleoedd sy'n ymddangos yn fwy cyfeillgar a chroesawgar i bobl—ac, wrth gwrs, mae llawer o siarad a thrafod wedi bod dros y chwe blynedd diwethaf am geisio gwneud iddynt edrych yn fwy fel gwestai nag ysbytai oherwydd y gred bod hynny'n well, yn seicolegol, i gleifion ac ymwelwyr. Yna gwelwyd tuedd gyffredin gennym i osod carpedi cyn i bawb eu codi eto

to be satisfactory given the environment in which they were laid. I think that, basically, the lesson to be learnt from this is, if you are going to make hospitals more aesthetically pleasing, for goodness' sake ensure that the furnishings can be cleaned and that they are robust enough to stand the wear and tear to which they are to be subjected.

[125] **Christine Gwyther:** How can we ensure that hospitals only buy fabrics and furnishings that can be effectively cleaned, and using the cleaning equipment already available, because, again, they should not be spending large amounts of cash not just on the products themselves, but on the cleaning equipment that is needed to keep them in good condition? How do we do that?

Ms Lloyd: I think that examples such as this help us enormously because that sort of example, having been publicised by the NAO as it has, will highlight to any trust management that these things must be considered and that one might want the environment to look much more domestic but that there are consequences to that decision. It must either be prepared to accept the consequences or not do it, and be warned by it.

[126] **Christine Gwyther:** How can you guarantee that hotel services teams and, more specifically, infection control teams are consulted when new fabrics and furnishings are bought? Will that be put into a strict service conduct standard?

oherwydd nad oeddent yn foddhaol o ystyried yr amgylchedd lle cawsant eu gosod. Credaf, yn y bôn, mai'r wers i'w dysgu o hyn yw, os ydych am wneud ysbytai'n fwy pleserus yn esthetaidd, gwnewch yn siwr er mwyn y nefoedd y gellir golchi'r carpedi a'u bod yn ddigon cryf i wrthsefyll y traul a'r gwisgo sy'n dod i'w rhan.

[125] **Christine Gwyther:** Sut y gallwn sicrhau bod ysbytai ond yn prynu ffabrigau a dodrefn y gellir eu glanhau'n effeithiol, a chan ddefnyddio'r cyfarpar glanhau sydd ar gael yn barod, oherwydd, eto, ni ddylent fod yn gwario llawer o arian ar y cynhyrchion eu hunain, ac ar y cyfarpar glanhau sydd eu hangen i'w cadw mewn cyflwr da? Sut y gallwn wneud hynny?

Ms Lloyd: Credaf fod enghreifftiau fel hyn yn ein cynorthwyo'n fawr oherwydd y bydd enghraifft fel honno, ar ôl i'r SAG dynnu sylw ati fel y gwnaeth, yn pwysleisio i reolwyr unrhyw ymddiriedolaeth bod yn rhaid ystyried y pethau hyn ac y gallai amgylchedd sy'n ymddangos yn llawer mwy domestig fod yn ddymunol ond bod gan y penderfyniad hwnnw oblygiadau. Bydd yn rhaid iddynt naill ai fod yn barod i dderbyn y canlyniadau neu beidio â gwneud hyn, a'i ddefnyddio fel rhybudd.

[126] **Christine Gwyther:** Sut y gallwch sicrhau yr ymgynghorir â thimau gwasanaethau gwesty ac, yn fwy penodol, timau rheoli heintiau, wrth brynu ffabrigau a dodrefn newydd? A fydd hynny'n cael ei gynnwys mewn safon ymddygiad gwasanaeth llym?

Ms Lloyd: That is part of the environment standards that have been set now. It is again an excellent check to ensure that trust management, right throughout, is aware of the importance of these issues and the fact that the teams must work together.

[127] **Christine Gwyther:** How will that be put into operation when, for instance, friends of the hospital, or other organisations, want to purchase items for their local hospital?

Ms Lloyd: Trust managers usually attend leagues of friends meetings and other fundraising enterprises, and I would expect them to operate in no different a way than if they were buying it themselves. It is only fair that leagues of friends are properly advised on these matters.

[128] **Janet Davies:** Before I bring Val in, I have a closely related question on the type of cleaning equipment used—the state-of-the-art equipment. Perhaps I could give you an example. Using vacuum cleaners on carpets to move the dust and make them look nice while blowing bugs out of the back of the cleaner is not particularly helpful. Is there any guidance for trusts on the type of cleaning equipment that they should use?

Ms Lloyd: Yes, a huge amount of research has been undertaken into the type of cleaning equipment that is required. That is part of the specifications, which is why it is important that these specifications are updated and that the evidence available on what is most effective to clean modern surfaces, or even old ones, is disseminated widely. There are cleaning supervisors who will be well-versed in what is the best method of cleaning certain surfaces and fabrics.

Ms Lloyd: Mae hynny'n rhan o'r safonau amgylchedd sydd wedi'u pennu bellach. Mae hyn eto'n ddull rhagorol o wirio i sicrhau bod rheolwyr ymddiriedolaethau, drwy'r ymddiriedolaeth i gyd, yn ymwybodol o bwysigrwydd y materion hyn a'r ffaith bod yn rhaid i'r timau gydweithio.

[127] **Christine Gwyther:** Sut y bydd hynny'n cael ei roi ar waith pan fydd, er enghraifft, cyfeillion yr ysbyty, neu sefydliadau eraill, am brynu eitemau ar gyfer eu hysbyty lleol?

Ms Lloyd: Fel arfer, mae rheolwyr ymddiriedolaeth yn mynychu cyfarfodydd cymdeithasau cyfeillion a mentrau codi arian eraill, ac ni fyddwn yn disgwyl iddynt weithredu mewn ffordd wahanol na phe baent yn prynu eu hunain. Mae ond yn deg rhoi cyngor priodol i gymdeithasau cyfeillion ar y materion hyn.

[128] **Janet Davies:** Cyn i Val gyfrannu, mae gennyf gwestiwn cysylltiedig ar y math o gyfarpar glanhau a ddefnyddir—y cyfarpar diweddaraf. Efallai y gallaf roi enghraifft i chi. Nid yw defnyddio sugnwyr llwch ar garpedi i symud y llwch a gwneud iddynt edrych yn ddymunol tra'n chwythu bygiau o gefn y sugnwr yn arbennig o ddefnyddiol. A oes unrhyw ganllawiau i ymddiriedolaethau ar y math o gyfarpar glanhau y dylent ei ddefnyddio?

Ms Lloyd: Oes, mae ymchwil di-ri wedi'i gynnal ar y math o gyfarpar glanhau sydd angen ei ddefnyddio. Mae hynny'n rhan o'r manylebau, a dyna pam ei bod yn bwysig diweddarau'r manylebau hyn a bod y dystiolaeth sydd ar gael ar yr hyn sy'n effeithiol i lanhau arwynebau modern, neu hyd yn oed hen arwynebau, yn cael ei dosbarthu'n eang. Mae goruchwylwyr glanhau sydd â gwybodaeth eang am y dulliau gorau o lanhau arwynebau a ffabrigau penodol.

[129] **Val Lloyd:** In an earlier question asked by my colleague, Denise, relating to case study A, which refers to the spend-to-save scheme, you made your views known in relation to the positive effects such schemes could have on staffing issues. However, that case study also shows what can be done when money is invested in buying new equipment. It was a very good case study in that it highlighted a number of issues. Are there any plans to investigate the impact that such schemes could have on the rest of the NHS in Wales?

Ms Lloyd: Yes, the trust facilities forum will be taking those schemes forward and disseminating them throughout the NHS. We will ask it to evaluate the consequences of that particular scheme.

[130] **Val Lloyd:** Throughout the document, there are instances of equipment—in more than one hospital—being out of date and not really fit for purpose. How do you reconcile the fact that that seems to be a Wales-wide problem and yet, in case study J, we have what seems to be inappropriate expenditure, or not properly thought through expenditure, on a new carpet?

Ms Lloyd: All trusts have equipment budgets and it is for them to decide what their priorities for expenditure are. Much of it goes on medical equipment, which is quite appropriate, but I think that they have to give a bit more thought as to whether or not the rest of the equipment, which patients rely on for their care, is appropriate any longer. I think that case study J shows a well-intentioned effort by an organisation to try to improve its environment that, unfortunately, did not work. I think that these two things have to be balanced. The importance of being able to clean an environment is being highlighted and we have

[129] **Val Lloyd:** Mewn cwestiwn cynharach a ofynnwyd gan fy nghydweithiwr, Denise, ynglyn ag astudiaeth achos A, sy'n cyfeirio at y cynllun gwario i gynilo, bu i chi roi eich barn ar yr effeithiau cadarnhaol y gallai cynlluniau fel hyn eu cael ar faterion staffio. Fodd bynnag, mae'r astudiaeth achos honno hefyd yn dangos yr hyn y gellir ei wneud pan fuddsoddir arian mewn prynu cyfarpar newydd. Yr oedd yn astudiaeth achos dda iawn oherwydd ei bod yn amlygu sawl mater. A oes unrhyw gynlluniau i ymchwilio i'r effaith y gall y fath gynlluniau ei chael ar weddill y GIG yng Nghymru?

Ms Lloyd: Oes, bydd fforwm cyfleusterau'r ymddiriedolaeth yn datblygu'r cynlluniau hynny ac yn eu dosbarthu ledled y GIG. Byddwn yn gofyn iddo werthuso canlyniadau'r cynllun penodol hwnnw.

[130] **Val Lloyd:** Gydol y ddogfen, mae enghreifftiau o gyfarpar—mewn mwy nag un ysbyty—wedi dyddio ac yn anaddas i'r pwrpas. Sut yr ydych yn cysoni'r ffaith bod hon yn broblem ledled Cymru ond eto, yn astudiaeth achos J, bod gennym enghraifft o'r hyn sy'n ymddangos fel gwariant amhriodol, neu wariant na chafodd ei gynllunio'n fanwl, ar garped newydd?

Ms Lloyd: Mae gan bob ymddiriedolaeth gyllidebau cyfarpar a'u cyfrifoldeb hwy yw penderfynu ar eu blaenoriaethau gwario. Mae llawer o hwn yn mynd ar gyfarpar meddygol, sy'n eithaf priodol, ond credaf fod yn rhaid iddynt feddwl mwy ynglyn ag a yw gweddill y cyfarpar, y mae cleifion yn dibynnu arno am eu gofal, yn briodol bellach ai peidio. Credaf fod astudiaeth achos J yn dangos ymdrech ddidwyll gan sefydliad i geisio gwella ei amgylchedd ond, yn anffodus, ni weithiodd. Credaf fod angen cydbwysedd rhwng y ddau beth hyn. Mae pwysigrwydd gallu glanhau amgylchedd yn cael

all laid carpets that we have had to pull up, I am afraid.

[131] **Janet Davies:** Okay. Thank you. Mark, you have some questions to ask?

[132] **Mark Isherwood:** Paragraphs 3.15 to 3.16 note that domestic staff combine cleaning duties with other activities, such as serving food. What are your personal views on this?

Ms Lloyd: I have very particular personal views on this, as it happens. Objectively, I have no real view on the appropriateness of either nursing auxiliaries or domestic cleaners, or any support staff, serving food as long as proper hygiene procedures are followed and as long as the ward manager believes that that is the most appropriate individual or team to undertake that job. Personally, I believe that one of the responsibilities of the nursing staff is the whole care of a patient, which will include their diet, which is really very important to the health and wellbeing and the recovery rates of patients. Therefore, I think that the nursing staff must accept a responsibility for ensuring that the right quality and quantity of food is served to patients, that they actually eat it and that it is suitable for them. So, my personal view is probably a harder-line view than my more objective professional view, I am afraid.

[133] **Mark Isherwood:** Perhaps you are more objective professionally than you would be—

ei bwysleisio ac yr ydym oll wedi gosod carpedi y bu'n rhaid i ni eu codi, yn anffodus.

[131] **Janet Davies:** Iawn. Diolch. Mark, mae gennyh gwestiynau i'w gofyn?

[132] **Mark Isherwood:** Mae paragraffau 3.15 i 3.16 yn nodi bod staff domestig yn cyfuno eu dyletswyddau glanhau gyda gweithgareddau eraill, fel gweini bwyd. Beth yw eich barn bersonol ar hyn?

Ms Lloyd: Mae gennyf farn bersonol gref iawn ar hyn, fel mae'n digwydd. Yn wrthrychol, nid oes gennyf farn bendant ar briodolrwydd cynorthwywyr nyrsio na glanhawyr domestig, nac unrhyw staff cymorth, yn gweini bwyd cyhyd â bod gweithdrefnau hylendid manwl yn cael eu dilyn a chyhyd â bod rheolwr y ward yn credu mai dyna'r unigolyn neu'r tîm mwyaf priodol i wneud y gwaith hwnnw. Yn bersonol, credaf mai un o gyfrifoldebau'r staff nyrsio yw gofal llwyr am y claf, a fydd yn cynnwys eu deiet, sy'n bwysig iawn i iechyd a lles a chyfraddau gwella cleifion. Felly, credaf fod yn rhaid i'r staff nyrsio dderbyn cyfrifoldeb dros sicrhau bod digon o fwyd o ansawdd yn cael ei weini i gleifion, eu bod yn ei fwyta a'i fod yn addas ar eu cyfer. Felly, mae'n debyg fod fy marn bersonol i yn farn fwy digyfaddawd na fy marn broffesiynol fwy gwrthrychol, yn anffodus.

[133] **Mark Isherwood:** Efallai eich bod yn fwy gwrthrychol yn broffesiynol nag y byddech—

Ms Lloyd: Well, it does not matter who serves the food as long as the right procedures are followed and as long as the nurses ensure that the patients have eaten it and that it has been suitable for them. I would really expect a team approach to this. It matters not who serves it, but I do believe that the nursing staff, in terms of their care for the patient, which includes diet and nutrition, have an essential role to play.

[134] **Mark Isherwood:** Career development is clearly vital for the retention and motivation of all staff, including cleaning staff. So, in terms of having sufficient cleaning staff and retaining them, how can you do that while meeting their career objectives and giving them clear career paths?

Ms Lloyd: I ran a scheme once that looked at how you could have layers of support care workers, who would encompass whole housekeeping roles and who were really integral to that ward team and not regarded as different from it. I think that that is the only way to get people very motivated, that they are part of a whole clinically orientated team. Many of the housekeeping schemes have been very successful because they will do the portering roles, they will do the cleaning roles, they will serve meals, but they will be working as a whole team and as part of that clinical team on the ward. I believe that that is the best way to motivate people and give them a career path because they can then progress from junior to senior staff where they are given more training and they can also incorporate more tasks. We found that nursing auxiliaries, when national vocational qualifications came in, could start to move up through the ranks to be higher-graded nursing auxiliaries, taking over many of the roles that the professionally qualified nurses used to undertake.

Ms Lloyd: Wel, nid yw'n bwysig pwy sy'n gweini'r bwyd cyhyd â bod y gweithdrefnau cywir yn cael eu dilyn a chyhyd â bod y nyrsys yn sicrhau bod y cleifion wedi'i fwyta a'i fod yn addas ar eu cyfer. Byddwn yn disgwyl i dîm wneud hyn. Nid yw'n bwysig pwy sy'n ei weini, ond credaf fod gan staff nyrsio, o ran eu gofal am y claf, sy'n cynnwys deiet a maethiad, rôl hanfodol i'w chwarae.

[134] **Mark Isherwood:** Mae'n amlwg bod datblygu gyrfa yn hanfodol i gadw ac ysgogi'r holl staff, gan gynnwys staff glanhau. Felly, o ran bod â digon o staff glanhau a'u cadw, sut y gallwch wneud hynny tra'n parhau i fodloni eu hamcanion gyrfa a rhoi llwybrau gyrfa clir iddynt?

Ms Lloyd: Bu imi gynnal cynllun unwaith a oedd yn edrych ar sut y gellid cael gwahanol lefelau o weithwyr gofal cymorth, a fyddai'n cwmpasu'r holl swyddogaethau cadw ty ac a oedd yn wirioneddol ganolog i'r tîm ward hwnnw ac nid yn cael ei ystyried i fod yn wahanol iddo. Credaf mai dyna'r unig ffordd o wir ysgogi pobl, eu bod yn rhan o dîm clinigol cyfan. Mae llawer o'r cynlluniau cadw ty wedi bod yn llwyddiannus iawn oherwydd byddant yn cyflawni swyddogaethau'r porthorion, byddant yn cyflawni'r swyddogaethau glanhau, byddant yn gweini prydau, ond byddant hefyd yn gweithio fel tîm cyfan ac fel rhan o'r tîm clinigol hwnnw ar y ward. Credaf mai honno yw'r ffordd orau o ysgogi pobl a rhoi llwybr gyrfa iddynt, oherwydd gallant ddatblygu wedi hynny o fod yn staff iau i fod yn staff uwch pan fyddant yn derbyn rhagor o hyfforddiant ac yn cyflawni mwy o dasgau. Yr ydym wedi gweld bod cynorthwywyr nyrsio, ar ôl cyflwyno cymwysterau galwedigaethol cenedlaethol, yn gallu dechrau dringo'r ysgol i fod yn gynorthwywyr nyrsio â graddau uwch,

It really acted as a motivation for them. I am a great believer in teamwork and in ensuring that people have the proper training to do the job.

[135] **Janet Davies:** To sum up, there have been a number of quite worrying aspects of the management and delivery of hospital cleaning services. Could I ask you, Ms Lloyd, what are your key priorities to improve matters quickly?

Ms Lloyd: I think that the thing that will improve matters quickly is the swift dissemination of these standards and training and development to underpin them in each of the organisations. I think that it will be a good learning experience that will highlight the issues that trust management needs to grapple with when we undertake the first six-monthly review and have an action plan from each of the organisations.

[136] **Janet Davies:** Thank you. We look forward to seeing that come back to the Committee at the appropriate time. I thank the three of you for your answers, which were, as always, very helpful and informative. You will be aware that a draft transcript of the proceedings will be sent to you for you to check its factual accuracy before it is published as part of the minutes. When the Committee publishes its report, the transcript will be included as an annex. Thank you very much indeed.

gan ymgymryd â nifer o'r swyddogaethau yr oedd nyrsys cymwys proffesiynol yn arfer eu cyflawni. Cafodd effaith fawr wrth eu hysgogi. Yr wyf yn credu'n gryf mewn gwaith tîm a sicrhau bod pobl yn derbyn yr hyfforddiant iawn i wneud y gwaith.

[135] **Janet Davies:** I gloi, cafwyd nifer o agweddau ar reoli a darparu gwasanaethau glanhau ysbytai sy'n peru pryder mawr. A allaf ofyn i chi, Ms Lloyd, beth yw eich blaenoriaethau allweddol i wella'r sefyllfa'n gyflym?

Ms Lloyd: Credaf mai'r ffordd o wella'r sefyllfa'n gyflym yw lledaenu'r safonau hyn yn gyflym a darparu hyfforddiant a datblygiad i'w hategu ym mhob un o'r sefydliadau. Credaf y bydd yn brofiad addysgol da a fydd yn amlygu'r materion y mae angen i reolwyr ymddiriedolaethau fynd i'r afael â hwy pan fyddwn yn cynnal yr adolygiad chwemisol cyntaf a chael cynllun gweithredu gan bob sefydliad.

[136] **Janet Davies:** Diolch. Edrychwn ymlaen at weld hynny'n dod yn ôl at y Pwyllgor ar yr adeg priodol. Diolchaf i'r tri ohonoch am eich atebion, a oedd, fel bob amser, yn ddefnyddiol iawn ac yn llawn gwybodaeth. Byddwch yn ymwybodol yr anfonir trawsgrifiad drafft o'r trafodion atoch i chi gael archwilio ei gywirdeb ffeithiol cyn ei gyhoeddi fel rhan o'r cofnodion. Pan fydd y Pwyllgor yn cyhoeddi ei adroddiad, caiff y trawsgrifiad ei gynnwys fel atodiad. Diolch yn fawr iawn.

*Daeth y sesiwn cymryd tystiolaeth i ben am 11.35 a.m.
The evidence-taking session ended at 11.35 a.m.*