

Hywel Dda Community Health Council

Annual Report 2020-2021



Accessible formats

An electronic copy of this document can be found on our website:
www.hywelddachc.wales

This report is available in Welsh. If you would like this report in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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A look back at the last year from our Chairperson

As the spring and summer months of 2021 give us some much needed relief following the long covid winter, we can begin to reflect on the monumental year that we have had. This will have been a once in a lifetime experience for all of us. We have had unprecedented national lockdowns with restrictions imposed on most aspects of our day to day lives and these are still not behind us as we face an uncertain future.

It firstly is important to extend our sincere condolences to people within our three counties who have lost a loved one from covid-19. Whilst the number of covid deaths across our three counties has been low, the loss of each individual has a permanent impact on so many others. People are grieving and trying to rebuild very different lives, without their loved ones. Their lives will never be the same again.

Others within our counties may have contracted covid. Whilst many have managed their illness at home, with few long term effects, the same is not true for everyone. Some people had to go into hospital

and may have had to be ventilated and supported by our Intensive Therapy Units. Others may be dealing with the long term effects of covid, facing uncertainty about returning to work or getting back to normal, months after they first became unwell.

We also need to acknowledge the work undertaken by NHS staff over the past year. Not only were their lives impacted by lockdowns and the pandemic restrictions but their work situations also became far more challenging. We know that staff had to wear PPE for long shifts, deal with more seriously ill patients, support patients whose families could not visit them. More frequently, clinicians had to break bad news over the phone and deal with a greater number of deaths than they were accustomed to.

NHS staff have had to go to work when they were worried about the impact of covid on themselves and their families. When many other people were staying at home to work, NHS staff had to soldier on. We would like to thank all NHS staff for the work that they have done and also all the people across our counties who volunteered to help the NHS during this time.

Covid has touched everyone this year and our CHC's activities have also been impacted. All of our members and staff had to follow



lockdown restrictions, some had to shield or work from home and also home-school children. Usual CHC activities had to be put on hold. Visits to NHS settings and engagement events were not possible. Even CHC meetings could not continue as they always had done.

Despite the worldwide turmoil, CHCs across Wales did not stop. Instead, we changed our ways of working. We focussed on what we could do, rather than what we could not. This meant working together with all other CHCs in Wales to make sure we asked the people of Wales what they were worried about and experiencing during the different phases of the pandemic.

Welsh Government (WG) recognised the vital role of CHCs in hearing from the public. We met with WG virtually, on a weekly basis, so that we could reflect what mattered to the people of Wales during this worrying and unprecedented time.

The voices of people in Carmarthenshire, Ceredigion and Pembrokeshire have been loud and we have ensured that they have been heard. We have also fed back public and individual concerns at all levels, to individual practices, hospital managers and Health Board staff.

Now, as the summer of 2021 is upon us, whilst there are currently fewer covid cases in hospital or needing intensive input, hospitals across the counties are still busy. People have been waiting longer during the pandemic, they may now be more ill needing care and treatment in hospital.

We also have weary NHS staff and a vaccination programme being rolled out at pace. Amongst all of this, the NHS still has to plan for next winter, for potential further pandemic peaks, seasonal flu, uncertainty about how restrictions will continue to impact on us over the rest of this year and trying to resume its normal activities.

CHCs have continued their work by scrutinising how covid care is being delivered, listening to the challenges that local residents are facing as well as the difficulties being encountered by the NHS as services are being restarted. Whilst we can't necessarily do all of our work in our usual ways, we are working our way around this and will continue to do so as this situation unfolds over the year ahead.

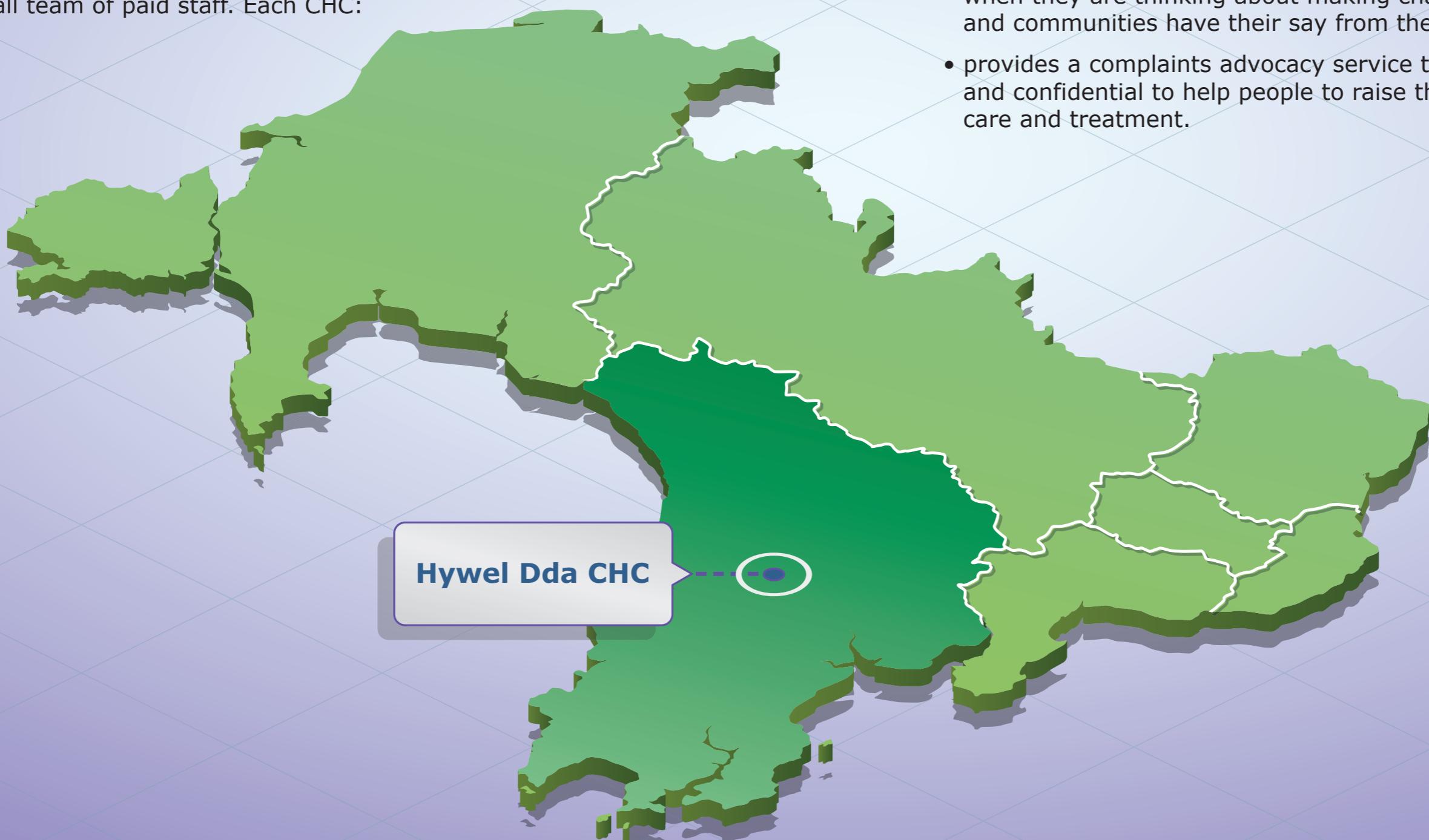
Mansell Bennett MSc
Chair of Hywel Dda CHC



About us

Our Community Health Council (CHC) is an independent body that aims to represent the interests of people living in Carmarthenshire, Ceredigion and Pembrokeshire area in your National Health Service (NHS). We encourage and support people to have a voice in the design, planning and delivery of NHS services.

There are 7 CHCs in Wales. Each one is made up of local volunteer members who live in the communities they serve, supported by a small team of paid staff. Each CHC:



- carries out visits to health services to hear from people using the service (and the people providing care) to see what works well and what doesn't
- reaches out to people in local communities to give information, and to hear their views and experiences of NHS services

We use what we hear to let the NHS know what people think works well, and to help make sure the NHS takes action to make things better where this is needed

- gets involved with health service managers and decision makers when they are thinking about making changes so that people and communities have their say from the start
- provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

Our vision

People in Carmarthenshire, Ceredigion and Pembrokeshire know that they can share their views of the NHS easily and recognise that doing so can have a real influence on the shape of healthcare services.

People understand and value the role played by CHCs in supporting them to be heard and in representing the collective interests of patients and the public.

Our approach to equality

As a people's voice movement, our role is to give a strong and powerful voice to people living in Carmarthenshire, Ceredigion and Pembrokeshire, so that they can have a say about their NHS, particularly those people who often go unheard.

By helping to make sure "every voice is heard", we work to make sure that those who design, develop, plan and deliver NHS services listen and respond to you.

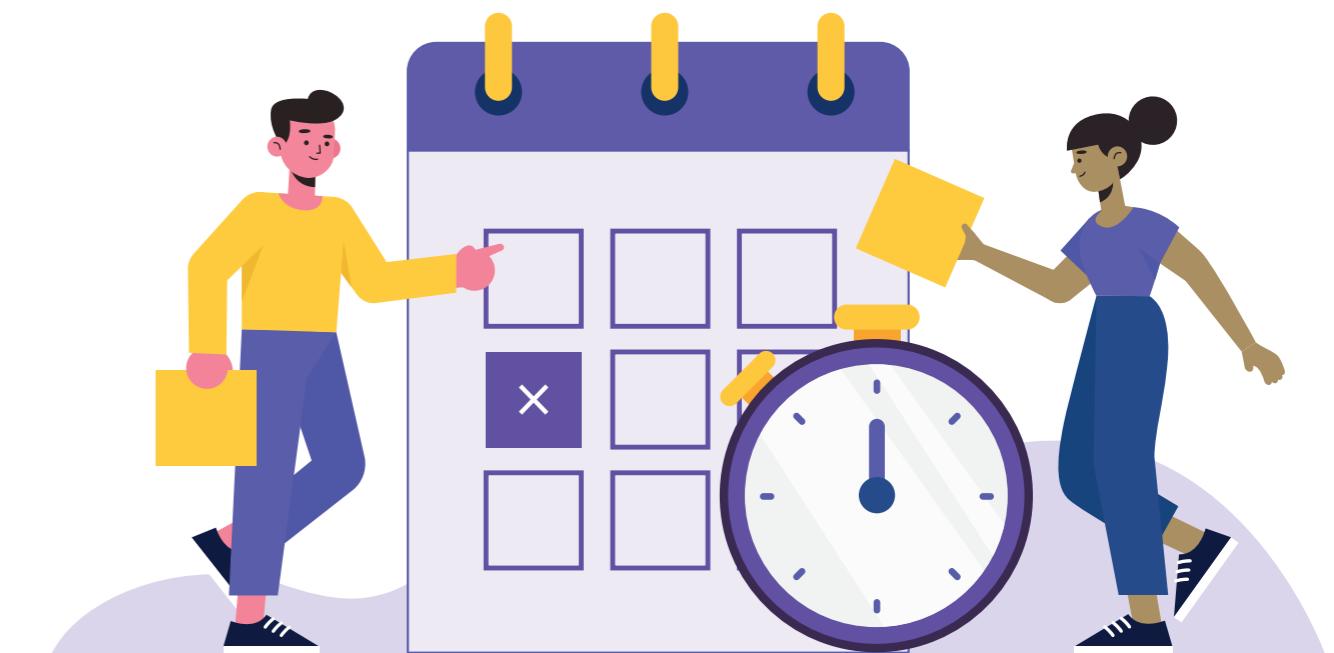
We work hard every day so that everyone has an equal say in their NHS and a fair and equal experience of healthcare services. You can find out more about our equality actions in 2020-2021 in our Equality Report.



Our year at a glance

During a year that was dominated by lockdown, the vast majority of our CHC activities continued, although often very differently.

- We met weekly (initially) and then fortnightly with the Chair and Chief Executive of the Health Board to help us understand how our hospitals and health settings were managing during the pandemic. These meetings also enabled us to tell the Health Board what local people were concerned about.
- We used social media to reach out to people to find out their feelings and views, and to share important messaging. We knew that technology was becoming a greater part of many people's lives and we wanted to harness this.
- We rebuilt our website to make it easier for people to use. We knew that people were relying more on this kind of information and it needed to be easy to find and use.
- We listened to over 500 people who had concerns and queries about their NHS care. Our advocacy service dealt with 159 new complaint cases during this year.



- We changed the way we worked and held over 25 of our meetings in public, using virtual technology, an approach that we had never used before.
- We looked at how NHS services were urgently changed in response to the coronavirus pandemic. We recorded all the changes we heard about so that we could understand what this meant for the public and asked the Health Board to tell us more about these.
- We raised specific questions with the Health Board about issues that concerned us during the pandemic, to try to make sure that we could identify areas of patient care that needed to be monitored.
- We used the information we gathered from an on-going national survey to generate a report 'Our coronavirus nation street' to demonstrate what people were concerned about during the pandemic.
- We contributed information to a range of National Reports on topics such as maternity care and orthodontics. We also had an input into the national report called 'Feeling forgotten' which identified the experiences of people whose care appeared to have stalled during the pandemic.

Our volunteer membership

Our volunteer members are local people who give their time for free.

On 31 March 2021 we had 37 volunteer members able to carry out our activities and take part in our CHC's decision making. We had 5 vacancies.

About half of our volunteer members are appointed by the Welsh Government. A quarter are nominated by Carmarthenshire, Ceredigion and Pembrokeshire Association of Voluntary Services and a quarter are nominated by the local authorities (Carmarthenshire, Ceredigion and Pembrokeshire County Councils) in the area.

Volunteer members who join us in these ways are able to take up a wide range of roles. This may include having a vote in the decisions we make about the work we do.

We also have 6 co-opted volunteer members who come directly from local communities. These can't vote or have some areas of responsibility but can get involved in everything else our volunteer members do.

People often become co-opted volunteers to find out more about us before they decide to join us in other ways.

If you are interested in becoming a volunteer member, please contact us by using the details at the back of our report.



Our ways of working

The way in which we organise ourselves to carry out our activities is set out in regulations passed by the Senedd/Welsh Parliament.

The activities we carry out are co-ordinated and overseen by our:

- Executive Committee
- Services Planning Committee
- Carmarthenshire, Ceredigion and Pembrokeshire Local Committees

These committees altogether make up our full council and our executive committee decides what we do and how we do it.



The coronavirus pandemic that reached Wales early in 2020 meant that our CHC's plans and priorities for 2020-2021 needed to change.

When Wales went into the first lockdown in March 2020, our CHC needed to move quickly so that our volunteer members and staff could still hear what people wanted to tell us about their health care in these extraordinary times.

We had to work in new ways and at the same time make sure everyone stayed safe.

We are very grateful to everyone who works for us for being flexible, creative and willing to learn different ways of working.

Our volunteer members and staff still miss being able to speak to people in a face to face way, hearing and sharing views and stories about health services.

Working in new ways, we continued to hear from people about their views and experiences of NHS services during the pandemic. For our CHC, this meant that we had to hold our meetings virtually and this meant we quickly had to learn how to use different kinds of kit and software.

Once we had harnessed this approach, it meant that we were able to speak to individuals and groups on a virtual basis to hear their views and experiences of local healthcare services being impacted by a pandemic.

When lockdown restrictions eased, we knew that many people would still be limited in terms of going out and about in their localities. In response to this we increased the electronic sharing of our newsletter and also did some paper distributions so that people who were digitally disadvantaged could still hear from us and tell us their stories.

We shared these views and experiences with NHS leaders. This was so that they knew what was working well for people and took action when things needed to be done differently.

Our national standards

- 01** CHCs act in the interests of the public and patients in Wales
- 02** CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services
- 03** CHC activities and services meet the needs of and are accessible to all
- 04** CHC activities are open, transparent and inclusive
- 05** CHC activities are properly led, resourced and supported
- 06** CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve
- 07** CHCs strengthen the voice of patients and the public by working together and with others
- 08** CHCs reflect the views and experiences of patients and the public about NHS services
- 09** CHCs share the results of their activities in a balanced and timely way
- 10** CHCs evaluate the impact of their actions and apply the learning to future activities

How we have made a difference: working locally

During 2020-2021 we changed our original plans and priorities because of the coronavirus pandemic.

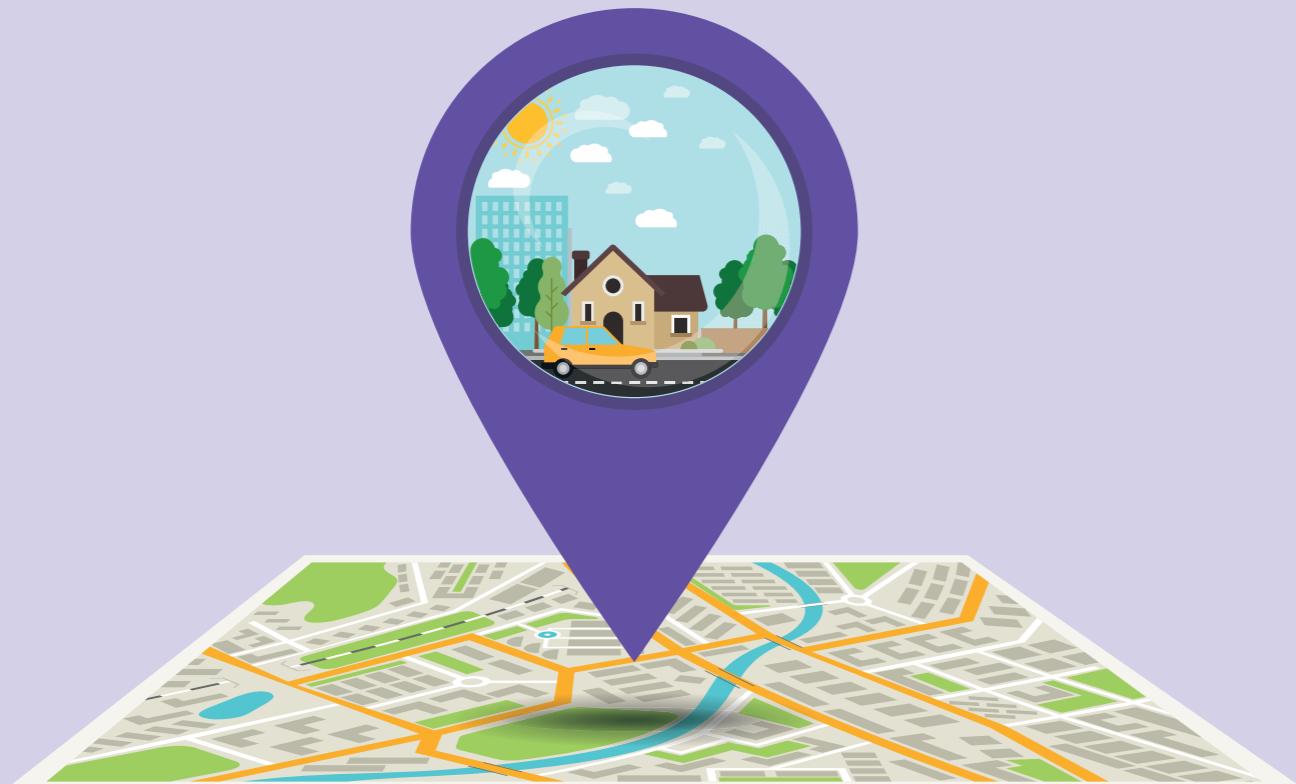
We had to be able to respond quickly to the things people were concerned about in the pandemic. We had to give patients and the public a strong voice during this worldwide crisis.

Our complaints advocacy service continued to help people with formal concerns about NHS care. This involves providing support at any stage of the complaints process. The aim of the complaints advocacy service is to help people with the process so that it can 'make a difference' in improving NHS care. Some examples from our advocacy service are as follows:

- In one case an elderly patient fell in hospital and sustained a significant injury. The advocacy service assisted the complainant by identifying exactly who was investigating and responding to the complaint. This involved liaising between various teams in the Health Board. As the outcome of this matter, NHS staff were reminded of the need to complete nursing assessments following a patient's transfer and admission to a ward and this has been audited. Training has been delivered in relation to accurate completion of documentation following a patient's fall. Staff have been reminded of the need to supervise vulnerable patients while toileting. Communication has been reviewed to improve continuity of care.
- A similar case relating to a fall in a different area of a hospital also identified that staff needed retraining. In this case again there was lack of clarity regarding who was investigating this complaint within the Health Board and this issue has been raised for further discussions between the Health Board and CHC.
- In another case involving a child, the advocate helped with a referral to the Public Services Ombudsman for Wales, where it was identified that the clinician responsible for the child's diagnosis was not experienced. As a result a mis-diagnosis had

been made. An apology was given and consultant training records were reviewed and action taken to ensure that appropriate training was put in place.

- The advocacy team supported another client with a complaint about the care of an elderly relative. This entailed concerns about physical care and appropriate use of medication to manage a mental health condition. The Public Services Ombudsman for Wales investigated and partially upheld the complaint, with the recommendation that an apology be made to the family, that alternatives to drugs needed to be considered and shortcomings in documentation needed to be addressed.
- An advocate supported a client in a meeting with his GP to discuss his concern about his debilitating shoulder problem. This was initially a concern about physiotherapy, however subsequent private care made the matter more complex. Our Advocacy Service can only assist with NHS matters. Separately, there were also issues in relation to an NHS scan referral. Although there remained areas of disagreement at the end of the meeting with the GP, it was identified that action needed to be taken to improve communication in several areas to prevent this happening again.



- A lady was supported by the advocacy service to pursue her complaint about her late sister's care. A late cancer diagnosis was made shortly before her sister's death and the lady was concerned that the diagnosis had not been made earlier. This resulted in an Public Services Ombudsman for Wales report which identified that repeat attendances in A&E needed more rigorous investigation by clinicians and policies needed review.
- Another matter was referred to the Public Services Ombudsman for Wales by the advocacy team on behalf of a client when there appeared to have been lack of monitoring of a regular drug treatment. Whilst the complaint related to hospital care, the Ombudsman's office extended the scope of their investigation to consider the GP's role in drug management. Lessons were learned by both the Health Board and GP in relation to drug management and all GPs within Hywel Dda were written to regarding this. It was also acknowledged that there had been poor handling of the complaints process by the Health Board.
- In a complaint about care in a community hospital, an advocate supported a client at a meeting with the Health Board. The client wanted to discuss matters rather than receiving a written response and our advocacy service aims to work with people by taking their preferences into account. Whilst the meeting had to be delayed initially because of covid-19, the client was then supported through a virtual meeting. Discussions and actions related to medication, personal hygiene, assistance with meals, rehabilitation, staff attitude etc. The client was pleased about the changes that had been made and felt that the complaint had been resolved.

Changes in NHS services are one of the things that CHCs are always monitoring to make sure that people using NHS services have the opportunity to comment and influence on. During the pandemic, changes have had to happen at a pace faster than ever before.

These urgent changes are yet another thing that we are monitoring as well as the Health Board's longer term plan to transform local services.

During the past year some examples of the things we have looked at include:

- Temporary changes in Primary, Hospital and Community care to understand what these mean for people, how long they will last and how these are being evaluated. We recognise that some of these changes may have generated improvements which may need to become routine but this should only take place after involving people who use those services and appropriate discussions have been held.
- The Health Board's planned transformation programme which includes the building of a new hospital and long term plans for different kinds of future health care in Hywel Dda.
- Impact of the coronavirus pandemic on people accessing mental health services.
- How GP surgeries, dentists, opticians and pharmacies are providing services to patients during the pandemic.
- The winter flu campaign.
- Dental services in the Newcastle Emlyn area.
- Blood test (phlebotomy) services in Llanelli and Ferryside.
- Longer term management of the Tuberculosis outbreak in Llanelli.
- Changes in the way that Out of Hours services are working.
- Care being received in the Field Hospitals (which were developed at speed across the area to support hospitals).
- Availability of therapy services across the area.
- Use of video consultations for patients during the pandemic.
- Health Board's 'recovery' plan following the pandemic.
- Care being delivered further afield e.g. cochlear implant services for people with hearing issues.

Engaging with people, listening to their experiences and telling them about NHS services has been difficult for us this year because we have had to "stay home to stay safe". Our members and staff have missed speaking to people on a face to face basis but we have found different ways of hearing from people, mainly using technology.

Our website has been revamped to encourage people to contact us and read about the work we do. Our social media accounts in English and Welsh have been active during the year and we have been able to share information from a wide range of sources. We have actively looked at our existing community groups who are also using social media, to stay abreast of their views and experiences.

Questionnaires and surveys have been widely distributed to encourage people to tell us about any aspect of NHS care. We have kept our questions simple, asking what has been good, what has been bad and what changes are needed, so that people can tell us what matters to them.

People have told us about all areas of care, from problems getting dentures and hearing aids repaired because of the pandemic, to challenges with pain management and mobility because of the long



waits for hip replacements. We have heard how pregnant women have had to deal with tests and deliveries which have had to be done very differently. Children with complex needs have also had some routine care delayed. People with life limiting illnesses have also been faced with less support from visitors during their times in hospital.

Monitoring and scrutinising NHS services and performance

has had to take place through a virtual approach. Our staff and members have had to use technology to attend meetings and speak with NHS managers. Generating some benefits in reduced travel time across the three counties, this saving has enabled us to attend more discussions and working groups to find out more about local services and care during the pandemic. Some of the things we considered and looked at across our three counties are detailed below:

In **Carmarthenshire**, our members monitored how covid was impacting on GP, pharmacy, optometry and dental services when the pandemic meant that they could not deliver services as they had traditionally done. Members also discussed how health and social care was providing some integrated services to help people receive the care that they needed. The important work of community hospitals was noted in enabling patients to be cared for, closer to their communities. Future plans for a 'wellness' village in Llanelli were also reviewed. The speedy development of the 'Enfys', field hospitals in the county was monitored and venues were visited before being occupied to make sure that they were going to provide suitable care for patients.

In **Ceredigion**, our members discussed how changes in the way that NHS services were being delivered during the pandemic meant that patient experiences were different. Mental health services were monitored to identify what support was available for patients during these worrying times. Tregaron was noted to have increased its capacity and again the field hospital that was developed was discussed to understand how it would support acute hospital care, particularly as hospital beds had been adjusted to meet the requirements for social distancing. The role of the Integrated Care Centres in Cardigan and Aberaeron was also kept under review, particularly as this had changed in the pandemic.

Pembrokeshire members reviewed how Bluestone was deployed to support local hospitals during the pandemic and also how people were being enabled to go home from hospital as soon as it was safe for them to be discharged. They also discussed changes to South Pembrokeshire Hospital as part of a raft of temporary changes aimed at providing additional bed capacity. Our members also heard how on-line counselling services were being planned to help young people manage their mental health. Members also heard more about Ward 10 refurbishment work and how it had re-opened for patients.

Finally for CHCs across Wales, The Health and Social Care (Quality and Engagement) (Wales) Act 2020 became law on 1 June 2020. During the year, our members discussed how the new 'Citizens Voice' body would need to be built on strong foundations, using the experiences of the CHC movement to ensure that people in Wales continued to have a voice in terms of the health and social care services that they receive.

How we have made a difference: working nationally

Working together, the Board and CHCs highlight issues that do or will impact on people's experiences across Wales. We draw on our local knowledge so that the people who make big decisions about our NHS nationally understand and respond to the things that matter most in local communities across Wales.

During the year, our CHC members and staff haven't been able to speak to people on a face to face basis as they usually would in NHS hospitals or clinics. Neither have they been able to mingle with people in our communities and at local events.

So, we worked together with the Board and other CHCs so that people from across the whole of Wales were able to share their views and experiences of NHS care with us by completing a national survey <https://boardchc.nhs.wales/site-assets/share-your-feedback/>.

CHCs also worked together to share with the Board what they were hearing from people in their local communities.

The Board and CHCs met with the Welsh Government each week to talk about the things people were saying across Wales about their NHS services – so that this informed the Government's own thinking and actions.

The Board of CHCs produced some national reports on our behalf. These shared more widely what people across Wales were saying about some important matters.

Working with others

During the year the 7 CHCs in Wales and the CHC Board worked closely together. This is so we could quickly identify and share with others:

- what was working well in local communities and could be done in other parts of Wales
- what wasn't working well and needed to be done better across Wales
- what people want from their local NHS services moving forward.

We met with Healthcare Inspectorate Wales (HIW) during the year. We shared information about what we were hearing from people and what we were planning to do next. We shared this information so HIW could take action where needed.

We worked with community representatives and groups in our area including West Wales Action for Mental Health and groups representing members with sensory losses to identify what impact the pandemic was having on their health care experiences.



Our plans for 2021-2022

During 2021-2022 we will be working with people across Wales to look into the things that we hear from people about the NHS in Carmarthenshire, Ceredigion and Pembrokeshire.

We will reflect the views and experiences of people in our communities, and we will represent their interests when we work with the NHS locally and nationally.

This will help the NHS plan and prioritise the right things, so we can all recover from the coronavirus pandemic.

Some of the things we will work on include the things that have an impact on the majority of us such as:

- getting to see a doctor, whether that is by attending an appointment in your GP surgery or having a different kind of hospital consultation using telephones or technology



- services in the community such as GP surgeries, pharmacies, dentists and opticians
- getting urgent care in A&E departments or when GP surgeries are shut
- having planned hospital care when you need it and being able to go home safely to recover
- times that people have to wait for care whether this involves outpatient appointments, tests, therapies or surgery
- being able to get care and support for mental health needs to avoid being at crisis points
- having a baby during a time when the pandemic means that antenatal care, deliveries and post-natal care are managed differently
- managing long term conditions when there have been challenges in receiving routine care
- We will continue to scrutinise NHS services across three counties in our locality meetings.

How can you get your voice heard or become involved?

We want to hear from you about your views and experiences of the NHS. You can contact us using the details at the end of this report. You can also tell us if you would like us to send you surveys and updates during the year.

If you are part of a group or organisation and would like to work with us we would love to hear from you.

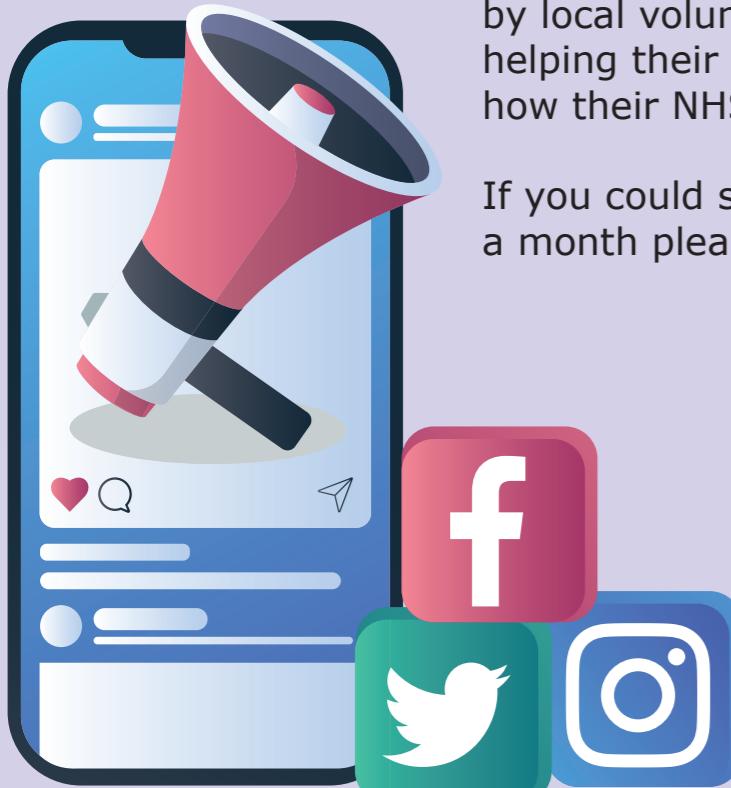
We are happy to hear from groups who have a story to tell us about NHS services. We have a calendar of meetings on our website so that you can see when and how we will be discussing key issues affecting NHS services.

Our committee meetings are held in public so you are welcome to join us. You can also find out more about us by looking at our website and social media pages.

And...we are always looking for new members!

The vast majority of our work is undertaken by local volunteers who have an interest in helping their communities to have a say in how their NHS is designed and delivered.

If you could spare some time over 3-5 days a month please get in touch.



Appendix 1

Financial statement

This financial statement shows how we spent our money for the period 1 April 2020 to 31 March 2021.

We get our money from the Welsh Government, through the Board of Community Health Councils in Wales.

We had an underspend of £10 at the end of the financial year 2020-2021.

Fixed Costs

	Annual Budget (£)	Expenditure to 31 March (£)	Variation (£)
Staff salaries	433,272.00	407,482.00	25,790.00
Office expenses	6,294.00	6,434.00	(140.00)
Accommodation costs	36,062.00	36,782.00	(720.00)
Total (Fixed)	472,628.00	450,698.00	24,930.00

Variable Costs

	Annual Budget (£)	Expenditure to 31 March (£)	Variation (£)
Travel and associated expenses	19,000.00	2,363.00	16,637.00
Office expenses	11,434.00	21,541.00	(10,107.00)
Accommodation costs	6,564.00	5,334.00	1,330.00
Total (Variable)	36,998.00	29,238.00	7,760.00

Overview

	Annual Budget (£)	Expenditure to 31 March (£)	Variation (£)
Total (fixed and variable)	516,626.00	479,936.00	32,690.00
Budget adjustment agreed by the CHC Board	(32,680.00)		(32,680.00)
Total	479,946.00	479,936.00	10.00

Appendix 2**Declarations of interest**

When our staff and volunteers are involved in work with other organisations, they need to tell us about it – this means they have to 'declare an interest'. You can see in the table below any other roles or positions our staff and volunteer members have that could have links with the NHS.

Name	Position held in CHC	Directorship	Other positions of authority
Ian Phillips	Pembrokeshire Locality Vice Chair		Trustee – Swansea Samaritans Trustee – Llanelli MIND CRUSE Bereavement – Care West Wales Trustee – Pembrokeshire Citizens Advice Trustee – Pembrokeshire Counselling
Dr Barbara Wilson	Hywel Dda CHC Vice Chair		Carers Wales Pembrokeshire Carers Strategy Board CRUSE - West Wales Citizens Advice - Pembrokeshire

Appendix 2 cont...

Declarations of interest

Name	Position held in CHC	Directorship	Other positions of authority
Ellinor Morgan	Co-Opted Member Pembrokeshire Locality		Chairperson – Committee of Marloes & Dale Public Access Defibrillation Scheme
Pamela Parsons	Co-Opted Member Pembrokeshire Locality		Secretary – Beneden Healthcare Society
Barry Williams	Voluntary Sector Member Carmarthenshire		Member – Royal British Legion
Ken Jones	Voluntary Sector Member Carmarthenshire		Chair – Carmarthenshire Carers' Forum
Cllr Ken Lloyd	Local Authority Member - Carmarthenshire		Member – MIND Member – Alzheimers' Society
Marj Fogg	Voluntary Sector Member - Ceredigion		Diverse Cymru CRUSE Bereavement
Cllr Lyndon Lloyd	Local Authority Member - Ceredigion		Age Cymru - Ceredigion

Name	Position held in CHC	Directorship	Other positions of authority
Jarrod Thomas	Welsh Government Appointee - Ceredigion		Aberystwyth University – Bursary – Scholarship Former Volunteer – NAS Wales
Pat Bates	Voluntary Sector Member - Ceredigion		Secretary – North Ceredigion Forum for Elderly Care
Cllr Elizabeth Evans	Ceredigion Locality Chair		Mencap Ceredigion Age Cymru Ceredigion

Appendix 3

Our volunteer members during 2020-2021

Name	Position held in CHC	Locality
Ken Jones	Voluntary Sector Member	Carmarthenshire
Maureen Webley	Voluntary Sector Member	Carmarthenshire
Barry Williams	Voluntary Sector Member	Carmarthenshire
Dr Pauline Griffiths	Carmarthenshire Locality Chair Welsh Government Appointee	Carmarthenshire
Mansell Bennett	Hywel Dda CHC Chair Welsh Government Appointee	Carmarthenshire
Patricia Neil	Welsh Government Appointee	Carmarthenshire
Paul Mason	Carmarthenshire Locality Vice Chair Welsh Government Appointee	Carmarthenshire
Christine Clarke	Welsh Government Appointee	Carmarthenshire
Edward Halling	Welsh Government Appointee	Carmarthenshire
Cllr Ieuan Wyn Davies	Local Authority Member	Carmarthenshire
Cllr Ann Davies	Local Authority Member	Carmarthenshire
Cllr Ken Lloyd	Local Authority Member	Carmarthenshire

Name	Position held in CHC	Locality
John Geary	Co-Opted Member	Carmarthenshire
Eiddion Williams	Co-Opted Member	Carmarthenshire
Marj Fogg	Voluntary Sector Member	Ceredigion
Pat Bates	Voluntary Sector Member	Ceredigion
Carol Bainbridge	Welsh Government Appointee	Ceredigion
Diane Richards	Welsh Government Appointee	Ceredigion
Jarrod Thomas	Welsh Government Appointee	Ceredigion
Gwenda Williams	Welsh Government Appointee	Ceredigion
Hugh Hughes	Welsh Government Appointee	Ceredigion
Cllr Elizabeth Evans	Ceredigion Locality Chair Local Authority Member	Ceredigion
Cllr Alun Williams	Ceredigion Locality Vice Chair Local Authority Member	Ceredigion
Cllr Lyndon Lloyd	Local Authority Member	Ceredigion
Dr Gabrielle Heathcote	Co-Opted Member	Ceredigion

Appendix 3 cont...

Our volunteer members during 2020-2021

Name	Position held in CHC	Locality
Lindsay Moran	Welsh Government Appointee	Pembrokeshire
Ian Phillips	Pembrokeshire Locality Vice Chair Welsh Government Appointee	Pembrokeshire
John Harvey	Welsh Government Appointee	Pembrokeshire
Dr Sam Leslie Lewis	Welsh Government Appointee	Pembrokeshire
Margaret Povey	Welsh Government Appointee	Pembrokeshire
Cllr Steve Yelland	Local Authority Member	Pembrokeshire
Cllr David Bryan	Pembrokeshire Locality Chair Local Authority Member	Pembrokeshire
Cllr Ken Rowlands	Local Authority Member	Pembrokeshire
Dr Barbara Wilson	Hywel Dda CHC Vice Chair Voluntary Sector Member	Pembrokeshire
Ellinor Morgan	Co-Opted Member	Pembrokeshire
David Williams	Co-Opted Member	Pembrokeshire
Pamela Parsons	Co-Opted Member	Pembrokeshire

Appendix 4

External representation 2020-2021

Committee/group	CHC representative
Hywel Dda Health Board Meetings	Mansell Bennett (Chair) Donna Coleman (Chief Officer)
Hywel Dda Health Board People Planning Performance Assurance Committee	Sam Dentten (Deputy Chief Officer)
Hywel Dda Health Board Quality Safety & Experience Assurance Committee	Barbara Wilson (Vice Chair) Donna Coleman (Chief Officer)
Hywel Dda Health Board Communications & Engagement Task & Finish Group Programme Business Case (PBC)	Barbara Wilson (Vice Chair)
Cylch Caron Stakeholder Board	Gwen Clements (Public and Patient Engagement Officer)
Regional Learning Disabilities Programme Board	Ken Jones (Services Planning Vice Chair)
Mental Health Legislation Assurance Committee	Ken Jones (Services Planning Vice Chair)
Hywel Dda Health Board Falls Task Group	Ken Jones (Services Planning Vice Chair)
Mid Wales Public and Patient Engagement and Involvement Forum	Leanda Wynn (Public and Patient Engagement Officer)
Urgent Care Steering Group	Sam Dentten (Deputy Chief Officer)
Hywel Dda Health Board Stakeholder Reference Group	Leanda Wynn (Public and Patient Engagement Officer)
Healthier Pembrokeshire Operational Board	Cllr David Bryan (Pembrokeshire Local Committee Chair)

Hywel Dda members and officers usually attend a wider range of meetings in order to represent the public but lockdown restrictions in 2020/2021 led to a number of groups and committees being paused or stood-down. The CHC is currently reviewing its committee membership for 2021-2022.

Appendix 5

Our staff

Our volunteer members are helped by a small team of CHC staff:

Team	Whole time posts
Chief Officer	1.0
Deputy Chief Officer	1.64
Complaints Advocates	2.0
Business Manager	0.36
Advocacy Support Officers	1.0
Administrative team	2.49
Patient and Public Engagement Officers	1.0
Monitoring and Scrutiny Officers	0.60
Total	10.09

Thanks

We thank everyone who has taken the time to share their views and experiences with us about their health and care services.

We hope the feedback people have taken time to share with us, influences healthcare services to recognise and value what they do well - and take action where they need to as quickly as they can to make things better.

Feedback

We would love to hear what you think about this publication, and any suggestions about how we could have improved it so we can use this to make our future work better.

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BWRDD CYMRU | WALES BOARD

Cyngor Iechyd Cymuned Hywel Dda

Adroddiad Blynnyddol 2020-2021



Fformatau hygyrch

Gellir dod o hyd i gopi electronig o'r ddogfen hon ar ein gwefan:
www.hywelddacic.cymru

Mae'r adroddiad hwn ar gael yn Saesneg hefyd. Os hoffech yr adroddiad hwn mewn fformat a/neu iaith arall, cysylltwch â ni, os gwelwch yn dda.

Gallwch ei lawr lwytho oddi ar ein gwefan neu ofyn am gopi trwy gysylltu â'n swyddfa ni.

Cyngor Iechyd Cymuned Hywel Dda

Ystafell 5
Llawr 1af
Ty Myrddin
Caerfyrddin
SA31 1LP



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Golwg yn ôl ar y flwyddyn ddiwethaf gan ein Cadeirydd

Wrth i fisoeedd y gwanwyn a'r haf 2021 roi rhywfaint o ryddhad mawr ei angen i ni, yn dilyn gaeaf hir Covid, gallwn ddechrau myfyrio ar y flwyddyn anferth a gawsom. Bydd hwn wedi bod yn brofiad unwaith mewn oes i bob un ohonom. Rydym wedi cael cyfnodau clo cenedlaethol digynsail, gyda chyfngiadau wedi'u gosod ar bron bob agwedd ar ein bywydau beunyddiol, ac nid yw'r rhain y tu cefn i ni o hyd, wrth i ni wynebu dyfodol ansicr.

Yn gyntaf, mae'n bwysig estyn ein cydymdeimlad diffuant i bob un yn ein tair sir sydd wedi colli rhywun annwyl o ganlyniad i Covid-19. Er bod nifer y marwolaethau Covid ar draws ein tair sir wedi bod yn isel, mae pob colled unigol yn cael effaith barhaol ar gynifer o bobl eraill. Mae pobl yn galaru ac yn ceisio ailadeiladu bywydau gwahanol iawn, heb eu hanwyliaid. Ni fydd eu bywydau byth yr un peth eto.

Bydd eraill yn ein siroedd wedi dal Covid. Er bod llawer wedi dod i ben â rheoli eu salwch gartref, heb lawer o effeithiau hirdymor, nid yw'r un peth yn wir i bawb. Bu'n rhaid i rai cleifion gael eu derbyn i'r ysbyty ac efallai y bu'n rhaid iddynt gael eu gosod ar beiriant anadlu

a chael cymorth gan ein Hunedau Therapi Dwys. Mae'n bosib bod eraill yn gorfol ymdopi ag effeithiau hirdymor Covid, yn wynebu ansicrwydd yngylch dychwelyd i'r gwaith neu ddychwelyd i fyw bywyd normal, fisoeedd ar ôl iddynt fynd yn sâl yn y lle cyntaf.

Mae angen hefyd i ni gydnabod y gwaith a wnaed gan staff y GIG dros y flwyddyn ddiwethaf. Nid yn unig yr effeithiodd y cyfnodau clo a chyfngiadau'r pandemig ar eu bywydau, ond daeth eu sefyllfa oedd gwaith hefyd yn llawer mwy heriol. Gwyddwn fod yn rhaid i staff wisgo Offer Amddiffyn Personol (PPE) ar gyfer shifftiau hir, eu bod wedi ymdrin â chleifion sy'n fwy difrifol wael, a'u bod wedi rhoi cefnogaeth i gleifion am nad oedd eu teuluoedd yn gallu ymweld â nhw. Yn amlach lawer, bu'n rhaid i glinigwyr roi newyddion drwg dros y ffôn ac ymdrin â nifer yn fwy o farwolaethau nag yr oeddent wedi arfer gwneud.

Mae staff y GIG wedi gorfol mynd i'r gwaith pan oeddent yn poeni am effaith Covid ar ynn nhw eu hunain a'u teuluoedd. Pan oedd llawer o bobl eraill yn aros gartref i weithio, roedd yn rhaid i staff y GIG frwydro ymlaen. Hoffem ddiolch i holl staff y GIG am y gwaith maen nhw wedi'i wneud, a hefyd yr holl bobl ledled ein siroedd a wirfoddolodd i helpu'r GIG yn ystod y cyfnod hwn.



Mae Covid wedi cyffwrdd pawb eleni, ac mae wedi effeithio ar weithgareddau ein CIC hefyd. Roedd yn rhaid i'n holl aelodau a staff ddilyn cyfngiadau'r cyfnod clo, roedd yn rhaid i rai gysgodi neu weithio gartref, a rhoi addysg i'w plant yn y cartref. Bu'n rhaid gohirio gweithgareddau arferol y CIC. Nid oedd yn bosib mynd ar ymweliadau i leoliadau'r GIG a chynnal gweithgareddau ymgysylltu. Ni allai cyfarfodydd y CIC barhau fel yr oeddent wedi gwneud erioed.

Er gwaethaf yr helbul ar hyd a lled y byd, ni stopiodd y CICau ledled Cymru. Yn hytrach, gwnaethom newid ein ffyrdd o weithio. Gwnaethom ganolbwytio ar yr hyn y gallem ei wneud, yn hytrach na'r hyn na allem ei wneud. Roedd hyn yn golygu cydweithio gyda phob un o'r CICau eraill yng Nghymru, i sicrhau ein bod yn gofyn i bobl Cymru beth rodden nhw'n poeni amdano, a sut brofiadau a gawsant yn ystod gwahanol gyfnodau'r pandemig.

Cydnabu Llywodraeth Cymru (LIC) rôl hanfodol y CICau wrth glywed gan y cyhoedd. Gwnaethom gyfarfod â LIC yn rhithwir, yn wythnosol, fel y gallem gyfleu'r hyn a oedd yn bwysig i bobl Cymru yn ystod y cyfnod pryderus a digynsail hwn.

Mae lleisiau trigolion Sir Gaerfyrddin, Ceredigion a Sir Benfro wedi bod yn uchel, ac rydym wedi sicrhau eu bod wedi cael eu clywed. Rydyn ni hefyd wedi bwydo pryderon y cyhoedd ac unigolion yn ôl ar bob lefel, i bractisau unigol, rheolwyr ysbytai a staff y Bwrdd Iechyd.

Nawr, gan fod haf 2021 ar ein gwarthaf, mae llai o achosion Covid yn yr ysbyty ac angen mewnbwn dwys ar hyn o bryd, ond mae'r ysbytai ledled y siroedd yn dal i fod yn brysur. Mae pobl wedi bod yn aros yn hirach yn ystod y pandemig, mae'n bosib eu bod bellach yn fwy sâl, a'u bod angen gofal a thriniaeth yn yr ysbyty.

Mae gennym hefyd staff y GIG sy'n flinedig a rhaglen frechu sy'n cael ei chyflwyno'n gyflym. Ymhlieth hyn oll, mae'n rhaid i'r GIG gynllunio ar gyfer y gaeaf nesaf, brigau pellach yn y pandemig o bosib, ffliw tymhorol, ansicrwydd yngylch sut y bydd cyfngiadau'n parhau i effeithio arnom weddill y flwyddyn hon a cheisio ailafael yn ei gweithgareddau arferol.

Mae'r CICau wedi parhau â'u gwaith, trwy graffu ar sut mae gofal Covid yn cael ei ddarparu, gwrando ar y sialensiau y mae trigolion lleol yn eu hwynebu, yn ogystal â'r anawsterau y mae'r GIG yn eu hwynebu wrth i wasanaethau gael eu hailgychwyn. Er na allwn o reidrwydd wneud ein holl waith yn ein ffyrdd arferol, rydyn ni'n gweithio ein ffordd o gwmpas hyn, a byddwn yn parhau i wneud hynny wrth i'r sefyllfa hon ddatblygu dros y flwyddyn i ddod.

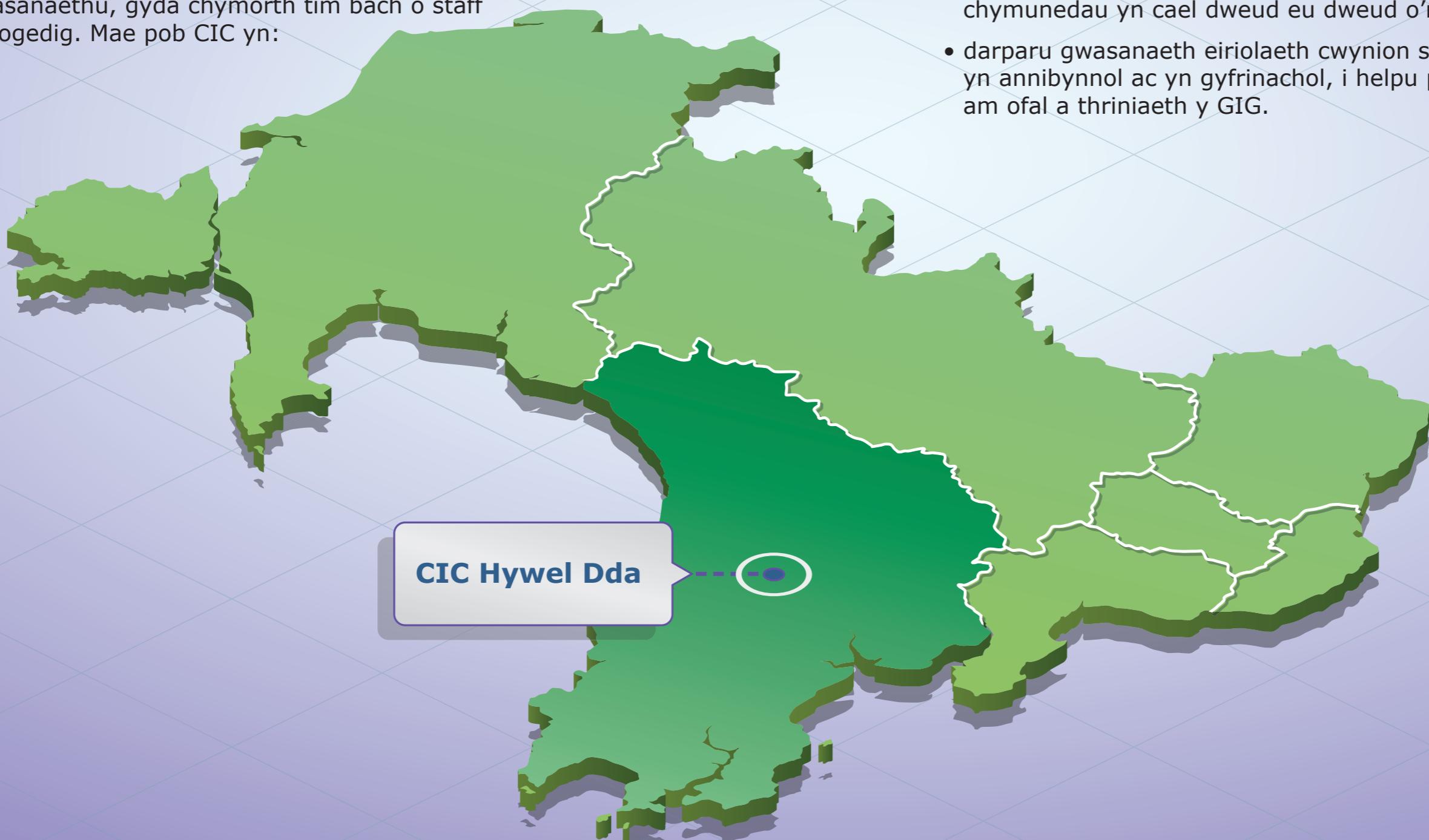
Mansell Bennett MSc
Cadeirydd CIC Hywel Dda



Amdanom ni

Mae ein Cyngor Iechyd Cymuned (CIC) yn gorff annibynnol, sy'n anelu at gynrychioli buddiannau pobl sy'n byw yn Sir Gaerfyrddin, Ceredigion a Sir Benfro yn eich Gwasanaeth Iechyd Gwladol (GIG). Rydyn ni'n annog ac yn cynorthwyo pobl i gael llais wrth ddylunio, cynllunio a darparu gwasanaethau'r GIG.

Ceir 7 CIC yng Nghymru. Mae bob un yn cynnwys aelodau gwirfoddol lleol sy'n byw yn y cymunedau maen nhw'n eu gwasanaethu, gyda chymorth tîm bach o staff cyflogedig. Mae pob CIC yn:



- mynd ar ymweliadau i wasanaethau iechyd, i glywed gan bobl sy'n defnyddio'r gwasanaeth (a'r bobl sy'n darparu gofal), i ddarganfod yr hyn sy'n gweithio'n dda a'r hyn nad sy'n gweithio
- estyn allan at bobl mewn cymunedau lleol, i roi gwybodaeth ac i glywed eu barn a'u profiadau o wasanaethau'r GIG
- Rydyn ni'n defnyddio'r hyn a glywn i roi gwybod i'r GIG am yr hyn mae pobl yn meddwl sy'n gweithio'n dda, ac i helpu i sicrhau bod y GIG yn cymryd camau i wella pethau lle mae angen hyn
- ymwneud â rheolwyr y gwasanaeth iechyd a'r rhai sy'n gwneud penderfyniadau wrth ystyried gwneud newidiadau, fel bod pobl a chymunedau yn cael dweud eu dweud o'r dechrau
- darparu gwasanaeth eiriolaeth cwynion sy'n rhad ac am ddim, yn annibynnol ac yn gyfrinachol, i helpu pobl i godi eu pryderon am ofal a thriniaeth y GIG.

Ein gweledigaeth

Mae pobl yn Sir Gaerfyrddin, Ceredigion a Sir Benfro yn gwybod y gallant rannu eu barn am y GIG yn hawdd, ac maen nhw'n cydnabod bod gwneud hynny'n gallu cael gwir ddylanwad ar siâp gwasanaethau gofal iechyd.

Mae pobl yn deall ac yn gwerthfawrogi'r rôl mae'r CICau'n ei chwarae wrth eu cynorthwyo i gael llais a chynrychioli buddiannau cyfunol y claf a'r cyhoedd.

Ein hymagwedd tuag at gydraddoldeb

Fel sefydliad llais pobl, ein rôl yw rhoi llais cryf a phwerus i bobl sy'n byw yn Sir Gaerfyrddin, Ceredigion a Sir Benfro, fel y gallant fynegi barn am eu GIG, yn enwedig y bobl hynny sydd heb lais yn aml.

Trwy helpu i sicrhau bod "pob llais yn cael ei glywed", rydyn ni'n gweithio i sicrhau bod y rhai sy'n dylunio, datblygu, cynllunio a darparu gwasanaethau'r GIG yn gwrando ac yn ymateb i chi.

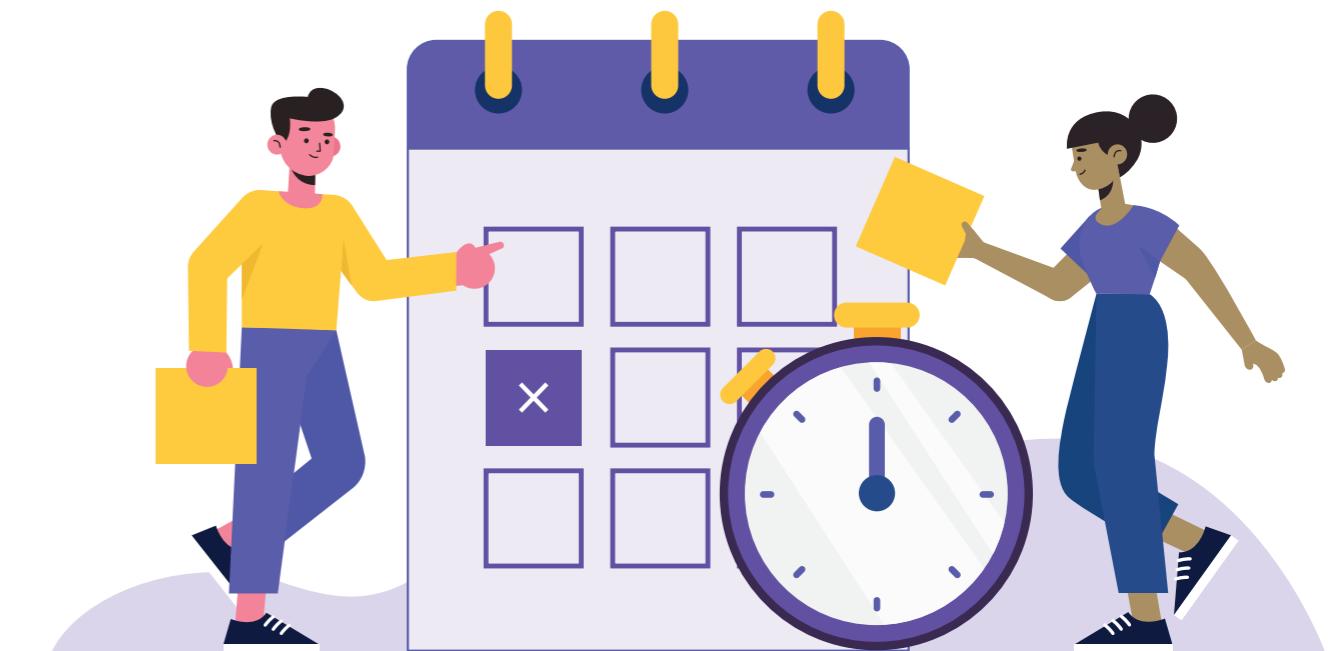
Rydyn ni'n gweithio'n galed bob dydd, fel bod pawb yn cael llais cyfartal yn eu GIG, a phrofiad teg a chyfartal o wasanaethau gofal iechyd. Gallwch ddarganfod mwy am ein gweithredoedd cydraddoldeb yn 2020-2021 yn ein Hadroddiad Cydraddoldeb.



Cipolwg ar ein blwyddyn

Yn ystod blwyddyn a gafodd ei dominyddu gan gyfnodau clo, fe wnaeth mwyafrif helaeth ein gweithgareddau CIC barhau, er bod hynny mewn ffordd wahanol iawn yn aml.

- Gwnaethom gyfarfod yn wythnosol (i ddechrau) ac yna bob pythefnos, gyda Chadeirydd a Phrif Weithredwr y Bwrdd Iechyd, i'n helpu i ddeall sut roedd ein hysbytai a'n lleoliadau iechyd yn ymdopi yn ystod y pandemig. Roedd y cyfarfodydd hyn yn ein galluogi ni hefyd i roi gwybod i'r Bwrdd Iechyd am yr hyn yr oedd pobl leol yn poeni amdano.
- Defnyddion ni'r cyfryngau cymdeithasol i estyn allan at bobl, i gael gwybod eu teimladau a'u barn, ac i rannu negeseuon pwysig. Roeddym yn gwybod bod technoleg yn dod yn rhan fwy blaenllaw ym mywydau llawer o bobl ac roeddym am fachu ar hyn.
- Gwnaethom ailadeiladu ein gwefan, i'w gwneud hi'n haws i bobl ei defnyddio. Roeddym yn gwybod bod pobl yn dibynnu mwy ar y math hwn o wybodaeth, a bod angen i'r wybodaeth fod yn hawdd dod o hyd iddi a'i defnyddio.



- Gwrandawon ni ar dros 500 o bobl a oedd â phryderon a chwestiynau am eu gofal GIG. Ymdriniodd ein gwasanaeth eirioli â 159 o gwynion newydd yn ystod y flwyddyn.
- Newidiwyd y ffordd roeddem yn gweithio, a chynhalion ni dros 25 o'n cyfarfodydd yn gyhoeddus, gan ddefnyddio technoleg rithwir, dull nad oeddem wedi'i ddefnyddio erioed o'r blaen.
- Edrychon ni ar sut y newidiwyd gwasanaethau'r GIG ar frys, mewn ymateb i'r pandemig Coronafeirws. Gwnaethom gofnodi pob un o'r newidiadau y clywsom amdanyst, fel y gallem ddeall beth oedd hyn yn ei olygu i'r cyhoedd, a gofyn i'r Bwrdd Iechyd i ddweud mwy wrthym am y rhain.
- Codon ni gwestiynau penodol gyda'r Bwrdd Iechyd ynghylch materion a oedd yn peri pryer i ni yn ystod y pandemig, er mwyn ceisio sicrhau y gallem nodi meysydd gofal cleifion yr oedd angen eu monitro.
- Defnyddion ni'r wybodaeth a gasglwyd gennym trwy arolwg cenedlaethol parhaus, i baratoi adroddiad 'Ein Stryd Coronafeirws', i ddangos yr hyn yr oedd pobl yn poeni amdanu yn ystod y pandemig.
- Cyfrannon ni wybodaeth at ystod o Adroddiadau Cenedlaethol ar bynciau megis gofal mamolaeth ac orthodonteg. Cawsom hefyd fewnbwn i'r adroddiad cenedlaethol o'r enw 'Teimlo'n Angof', a oedd yn nodi profiadau pobl yr oedd yn ymddangos bod eu gofal wedi stopio yn ystod y pandemig.

Ein haelodau gwirfoddol

Mae ein haelodau gwirfoddol yn bobl leol sy'n rhoi o'u hamser am ddim.

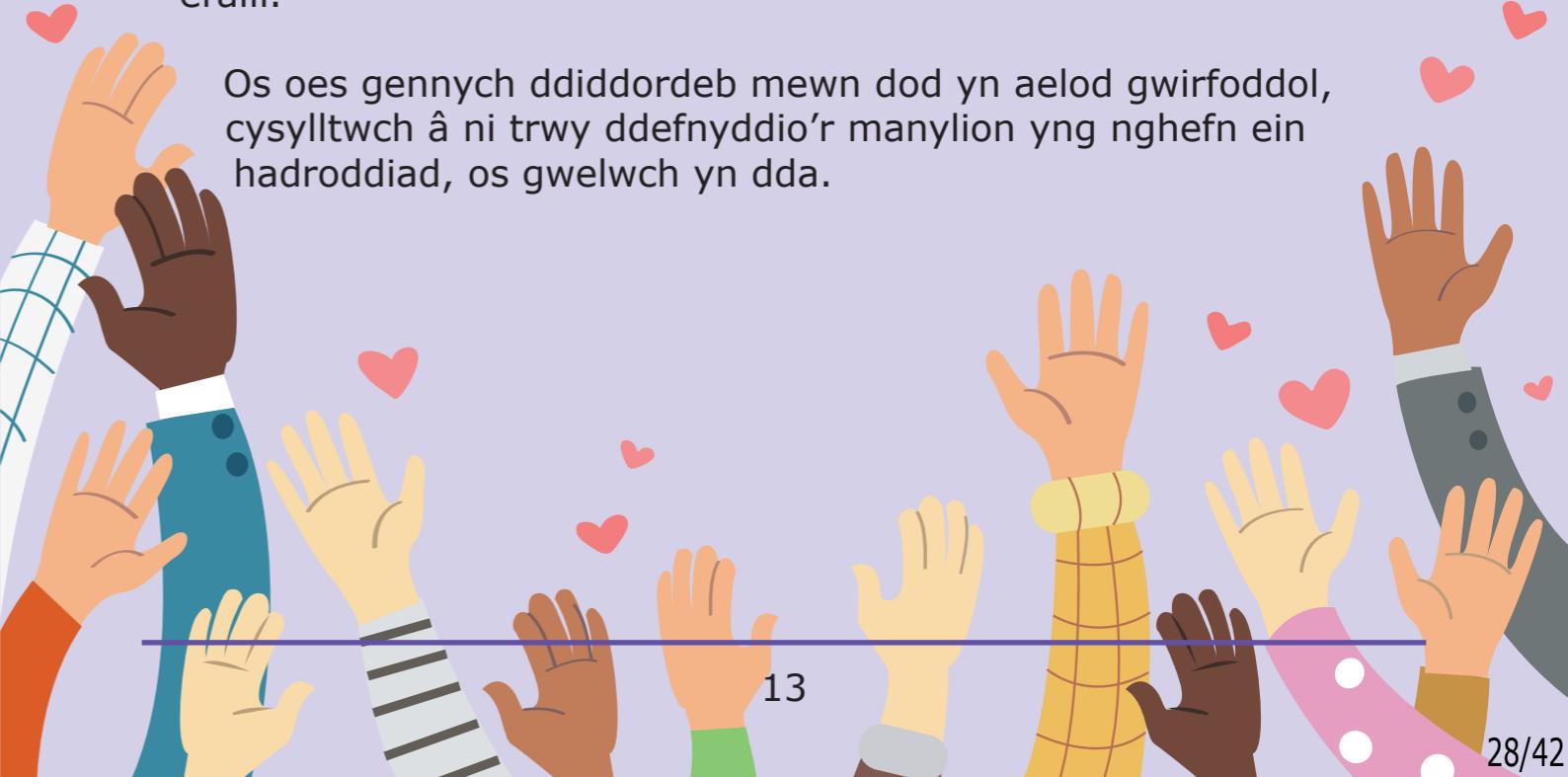
Ar 31 Mawrth 2021 roedd gennym 37 o aelodau gwirfoddol, a oedd yn gallu cyflawni ein gweithgareddau a chyfranogi ym mhenderfyniadau ein CIC. Roedd gennym 5 swydd wag.

Caiff tua hanner ein haelodau gwirfoddol eu penodi gan Lywodraeth Cymru. Caiff chwarter eu henwebu gan Gymdeithasau Gwasanaethau Gwirfoddol Sir Gaerfyrddin, Ceredigion a Sir Benfro, a chaiff chwarter eu henwebu gan yr awdurdodau lleol (Cyngor Sir Gaerfyrddin, Cyngor Sir Ceredigion a Chyngor Sir Penfro) yn yr ardal.

Gall aelodau gwirfoddol sy'n ymuno â ni yn y ffyrdd hyn ymgymryd ag ystod eang o rolau. Gall hyn gynnwys cael pleidlais yn y penderfyniadau a wnawn am y gwaith a wnawn.

Mae gennym 6 aelod gwirfoddol cyfetholedig hefyd, a ddaw'n uniongyrchol o gymunedau lleol. Ni all y rhain bleidleisio na bod â rhai meysydd cyfrifoldeb, ond gallant gyfranogi ym mhopheth arall y mae ein haelodau gwirfoddol yn ei wneud.


Yn aml, mae pobl yn dod yn wirfoddolwyr cyfetholedig er mwyn dod i wybod mwy amdanom ni, cyn penderfynu ymuno â ni mewn ffyrdd eraill.

Os oes gennych ddiddordeb mewn dod yn aelod gwirfoddol, cysylltwch â ni trwy ddefnyddio'r manylion yng nghefn ein hadroddiad, os gwelwch yn dda.

Ein ffyrdd o weithio

Mae'r ffordd yr ydym yn trefnu ein hunain, i gyflawni ein gweithgareddau, wedi'i nodi yn y rheoliadau a basiwyd gan y Senedd/Senedd Cymru.

Caiff y gweithgareddau a gyflawnwn eu cydlynu a'u goruchwyliau gan ein:

- Pwyllgor Gweithredol
- Pwyllgor Cynllunio Gwasanaethau
- Pwyllgorau Lleol Sir Gaerfyrddin, Ceredigion a Sir Benfro

Ar y cyd, mae'r pwyllgorau hyn yn creu ein cyngor llawn ac mae ein pwyllgor gweithredol yn penderfynu ar yr hyn yr ydym yn ei wneud a sut yr ydym yn ei wneud.

Roedd y pandemig Coronafeirws, a gyrhaeddodd Cymru yn gynnar yn 2020, yn golygu bod angen newid cynlluniau a blaenoriaethau ein CIC ar gyfer 2020-2021.



Pan gychwynnodd Cymru ar ei chyfnod clo cyntaf ym mis Mawrth 2020, roedd angen i'n CIC symud yn gyflym, fel bod ein haelodau gwirfoddol a'n staff yn dal i allu clywed yr hyn yr oedd pobl eisiau ei ddweud wrthym am eu gofal iechyd yn y cyfnod anghyffredin hwn.

Roedd yn rhaid i ni weithio mewn ffyrdd newydd, a sicrhau bod pawb yn aros yn ddiogel ar yr un pryd.

Rydyn ni'n ddiolchgar iawn i bawb sy'n gweithio i ni am fod yn hyblyg, yn greadigol ac yn barod i ddysgu gwahanol ffyrdd o weithio.

Mae ein haelodau gwirfoddol a'n staff yn dal i weld eisiau gallu siarad â phobl wyneb yn wyneb, a chlywed eu barn a'u storiâu am wasanaethau iechyd.

Gan weithio mewn ffyrdd newydd, gwnaethom barhau i glywed gan bobl am eu barn a'u profiadau o wasanaethau'r GIG yn ystod y pandemig. I'n CIC ni, roedd hyn yn golygu bod yn rhaid i ni gynnal ein cyfarfodydd yn rhithwir, ac roedd hyn yn golygu bod yn rhaid i ni ddysgu'n gyflym sut i ddefnyddio gwahanol fathau o offer a meddalwedd.

Unwaith yr oeddem wedi taclu'r dull hwn, roedd yn golygu ein bod yn gallu siarad ag unigolion a grwpiau yn rhithwir, er mwyn clywed eu barn a'u profiadau o wasanaethau gofal iechyd lleol yn cael eu heffeithio gan bandemig.

Pan gafodd cyfyngiadau'r cyfnod clo eu llacio, roeddem yn gwybod y byddai llawer o bobl yn dal i fod yn gyfyngedig o ran mynd allan yn eu hardaloedd. Mewn ymateb i hyn, fe wnaethom gynyddu ein hymdrehigion i rannu ein cylchlythyr trwy gyfrwng electronig, a dosbarthwyd rhai copïau papur hefyd, fel bod pobl a oedd dan anfantais yn ddigidol yn dal i allu clywed gennym ni ac adrodd eu stori wrthym.

Gwnaethom rannu'r barnau a'r profiadau hyn gydag arweinwyr y GIG. Roedd hyn fel eu bod yn gwybod yr hyn oedd yn gweithio'n dda i bobl ac yn gallu cymryd camau pan oedd angen gwneud pethau'n wahanol.

Ein safonau cenedlaethol

- 01** Mae'r CICau'n gweithredu er lles y claf a'r cyhoedd yng Nghymru
- 02** Mae'r CICau'n gweithio'n effeithiol gydag eraill, i ddiogelu a hybu lles pobl sy'n defnyddio gwasanaethau'r GIG
- 03** Mae gweithgareddau a gwasanaethau'r CIC yn diwallu anghenion, ac yn hygyrch i bawb
- 04** Mae gweithgareddau'r CIC yn agored, tryloyw a chynhwysol
- 05** Caiff gweithgareddau'r CIC eu harwain, eu hadnoddu a'u cefnogi'n briodol
- 06** Mae'r CICau'n cynllunio a chynnal eu gweithgareddau mewn ffordd sy'n cadw eu hannibyniaeth, ac sy'n arddangos eu hatebolrwydd i'r cymunedau maen nhw'n eu gwasanaethu
- 07** Mae'r CICau'n cryfhau llais y claf a'r cyhoedd, trwy weithio gyda'i gilydd a gydag eraill
- 08** Mae'r CICau'n adlewyrchu barnau a phrofiadau'r claf a'r cyhoedd am wasanaethau'r GIG
- 09** Mae'r CICau'n rhannu canlyniadau eu gweithgareddau mewn modd cytbwys ac amserol
- 10** Mae'r CICau'n gwerthuso effaith eu gweithredoedd, ac yn cymhwys o'r hyn a ddysgwyd at weithgareddau yn y dyfodol

Sut yr ydym wedi gwneud gwahaniaeth: gweithio'n lleol

Yn ystod 2020-2021, fe wnaethom newid ein cynlluniau a'n blaenorriaethau gwreiddiol oherwydd y pandemig Coronafeirws.

Roedd yn rhaid i ni allu ymateb yn gyflym i'r pethau yr oedd pobl yn poeni amdanynt yn y pandemig. Roedd yn rhaid i ni roi llais cryf i'r claf a'r cyhoedd yn ystod yr argyfwng byd-eang hwn.

Parhaodd ein **gwasanaeth eiriolaeth cwynion** i helpu pobl â phryderon ffurfiol am ofal y GIG. Mae hyn yn cynnwys cynnig cefnogaeth ar unrhyw gam o'r broses gwynion. Nod y gwasanaeth eiriolaeth cwynion yw helpu pobl gyda'r broses, fel y gall 'wneud gwahaniaeth' wrth wella gofal y GIG. Mae rhai enghreifftiau o'n gwasanaeth eirioli i'w gweld isod:

- Mewn un achos, cwmpodd claf oedrannus yn yr ysbty a chael anaf sylweddol. Cynorthwyodd y gwasanaeth eirioli'r achwynydd, trwy nodi'n union pwy oedd yn ymchwilio ac yn ymateb i'r gŵyn. Roedd hyn yn golygu trafod gyda gwahanol dimau yn y Bwrdd Iechyd. Fel canlyniad i'r mater hwn, cafodd staff y GIG eu hatgoffa o'r angen i gwblhau asesiadau nysrio ar ôl i glaf gael ei drosglwyddo a'i dderbyn i ward, ac mae hyn wedi'i archwilio. Rhoddyd hyfforddiant ar sut i gwblhau dogfennau yn gywir ar ôl i glaf gwympo. Atgoffwyd staff o'r angen i oruchwyllo cleifion sy'n agored i niwed wrth fynd i'r toiled. Adolygwyd y cyfathrebu er mwyn gwella parhad gofal.
- Gwnaeth achos tebyg, yn ymwneud â pherson yn cwympo mewn ardal wahanol o'r ysbty, amlygu'r ffaith bod angen ailhyfforddi staff. Yn yr achos hwn eto, roedd diffyg eglurder yngylch pwy oedd yn ymchwilio i'r gŵyn o fewn y Bwrdd Iechyd, ac mae'r mater hwn wedi'i grybwyl ar gyfer trafodaethau pellach rhwng y Bwrdd Iechyd a'r CIC.
- Mewn achos arall yn ymwneud â phlentyn, bu'r eiriolwr yn helpu gydag atgyfeiriad at yr Ombudsman Gwasanaethau Cyhoeddus Cymru, lle nodwyd nad oedd y clinigwr a oedd yn gyfrifol am ddiagnosis y plentyn yn brofiadol. O ganlyniad, cafodd y plentyn

ddiagnosis anghywir. Ymddiheurwyd ac adolygwyd cofnodion hyfforddi meddygon ymgynghorol, a chymerwyd camau i sicrhau bod hyfforddiant priodol yn cael ei roi ar waith.

- Cynorthwyodd y tîm eiriolaeth gleient arall gyda chwyn am ofal perthynas oedrannus. Roedd yn ymwneud â phryderon ynghylch gofal corfforol a defnydd priodol o feddyginaeth i reoli cyflwr iechyd meddwl. Ombwdsman Gwasanaethau Cyhoeddus Cymru a chafodd y cwyn ei gynnal yn rhannol, gyda'r argymhelliaid y dylid ymddiheuro i'r teulu, bod angen ystyried dewisiadau amgen i gyffuriau, a bod angen mynd i'r afael â diffygion mewn dogfennau.
- Cynorthwyodd eiriolwr gleient mewn cyfarfod gyda'i Meddyg Teulu, i drafod ei bryder am broblem wanychol gyda'i ysgwydd. Pryder ynghylch ffisiotherapi oedd hyn i ddechrau, fodd bynnag, gwnaeth gofal preifat dilynol y mater yn fwy cymhleth. Dim ond gyda materion y GIG y gall ein Gwasanaeth Eirioli gynnig cymorth. Ar wahân i hynny, roedd problemau hefyd yn ymwneud ag atgyfeiriad i gael sgan GIG. Er bod anghytuno o hyd ar ddiwedd y cyfarfod gyda'r Meddyg Teulu, nodwyd bod angen cymryd camau i wella'r cyfathrebu mewn sawl maes, i atal hyn rhag digwydd eto.



- Cafodd gwraig ei chynorthwyo gan y gwasanaeth eirioli, i fynd ar drywydd ei chwyn am ofal ei diweddar chwaer. Gwnaed diagnosis hwyr o ganser ychydig cyn marwolaeth ei chwaer, ac roedd y wraig yn poeni na chafodd y diagnosis yn gynharach. Arweiniodd hyn at adroddiad gan yr Ombwdsman, a nododd fod angen i glinigwyr ymchwilio'n fwy trwyadl i achosion lle mae pobl yn mynychu Adran D ac AB droeon, a bod angen adolygu polisiau.
- Atgyfeiriodd y tîm eiriolaeth fater arall at yr Ombwdsman Gwasanaethau Cyhoeddus Cymru ar ran cleient, pan oedd yn ymddangos bod diffyg monitro triniaeth cyffuriau rheolaidd. Er bod y gŵyn yn ymwneud â gofal ysbty, estynnodd swyddfa'r Ombwdsman gwmpas eu hymchwiliad, i ystyried rôl y MT wrth reoli cyffuriau. Dysgodd y Bwrdd Iechyd a'r MT wersi mewn perthynas â rheoli cyffuriau, ac ysgrifennwyd at bob Meddyg Teulu yn ardal Hywel Dda ynglŷn â hyn. Cydnabuwyd hefyd bod y Bwrdd Iechyd wedi ymdrin yn wael â'r broses gwynion.
- Mewn cwyn am ofal mewn ysbty cymunedol, rhoddodd eiriolwr gefnogaeth i gleient mewn cyfarfod gyda'r Bwrdd Iechyd. Roedd y cleient eisiau trafod materion yn hytrach na derbyn ymateb ysgrifenedig, ac mae ein gwasanaeth eirioli yn anelu at weithio gyda phobl trwy ystyried eu hoffterau. Er y bu'n rhaid gohirio'r cyfarfod i ddechrau oherwydd Covid-19, cafodd y cleient gefnogaeth wedyn trwy gyfarfod rhithwir. Roedd y trafodaethau a'r camau gweithredu yn ymwneud â meddyginaeth, hylendid personol, cymorth gyda phrydau bwyd, adferiad, agwedd staff ac ati. Roedd y cleient yn falch o'r newidiadau a wnaed ac yn teimlo bod y gŵyn wedi'i datrys.

Mae **newidiadau yng ngwasanaethau'r GIG** yn un o'r pethau y mae'r CICau yn eu monitro bob amser, i sicrhau bod pobl sy'n defnyddio gwasanaethau'r GIG yn cael cyfle i wneud sylwadau a chael dylanwad. Yn ystod y pandemig, bu'n rhaid i newidiadau ddigwydd yn gyflymach nag erioed o'r blaen.

Mae'r newidiadau brys hyn yn beth arall yr ydym yn ei fonitro, yn ogystal â chynllun tymor hirach y Bwrdd Iechyd i drawsnewid gwasanaethau lleol.

Yn ystod y flwyddyn ddiwethaf, mae rhai enghreifftiau o'r pethau rydyn ni wedi eu hystyried yn cynnwys:

- Newidiadau dros dro mewn gofal Sylfaenol, gofal Ysbyty a gofal Cymunedol, er mwyn deall yr hyn mae'r rhain yn ei olygu i bobl, pa mor hir y byddant yn para a sut mae'r rhain yn cael eu gwerthuso. Rydyn ni'n cydnabod y gallai rhai o'r newidiadau hyn fod wedi arwain at welliannau, a allai fod angen dod yn fater o drefn, ond dim ond ar ôl cynnwys pobl sy'n defnyddio'r gwasanaethau hynny a chynnal trafodaethau priodol.
- Rhaglen drawsnewid arfaethedig y Bwrdd Iechyd, sy'n cynnwys adeiladu ysbyty newydd a chynlluniau hirdymor ar gyfer gwahanol fathau o ofal iechyd yn y dyfodol yn ardal Hywel Dda.
- Effaith y pandemig Coronafeirws ar bobl sy'n cyrchu gwasanaethau iechyd meddwl.
- Sut mae meddygfeydd, deintyddion, optegwyr a fferyllfeydd yn darparu gwasanaethau i gleifion yn ystod y pandemig.
- Ymgyrch ffliw'r gaeaf.
- Gwasanaethau deintyddol yn ardal Castellnewydd Emlyn.
- Gwasanaethau prawf gwaed (fflebotomi) yn Llanelli a Glanyfferi.
- Rheoli'r cychwyniad Tiwberciwlosis yn Llanelli yn y tymor hirach.
- Newidiadau yn y ffordd y mae gwasanaethau y Tu Allan i Oriau yn gweithio.
- Gofal yn cael ei dderbyn yn yr Ysbytai Maes (a ddatblygwyd yn gyflym ledled yr ardal i gynorthwyo'r ysbytai).
- Argaeedd gwasanaethau therapi ledled yr ardal.
- Defnyddio ymgynghoriadau fideo ar gyfer cleifion yn ystod y pandemig.
- Cynllun 'adferiad' y Bwrdd Iechyd yn dilyn y pandemig.
- Gofal yn cael ei ddarparu ymhellach i ffwrdd e.e. gwasanaethau mewnblianiad yn y cochlea ar gyfer pobl â phroblemau gyda'u clyw.

Mae **ymgysylltu â phobl**, gwrando ar eu profiadau a rhoi gwybod iddynt am wasanaethau'r GIG, wedi bod yn anodd i ni eleni, oherwydd ein bod wedi gorfol "aros gartref i aros yn ddiogel". Mae ein haelodau a'n staff wedi gweld eisiau siarad â phobl wyneb yn wyneb, ond rydyn ni wedi dod o hyd i wahanol ffyrdd o glywed gan bobl, gan ddefnyddio technoleg yn bennaf.

Ailwampiwyd ein gwefan, i annog pobl i gysylltu â ni a darllen am y gwaith rydyn ni'n ei wneud. Mae ein cyfrifon cyfryngau cymdeithasol wedi bod yn weithredol, yn Gymraeg ac yn Saesneg, yn ystod y flwyddyn ac rydyn ni wedi gallu rhannu gwybodaeth gan ystod eang o ffynonellau. Aethom ati i edrych ar ein grwpiau cymunedol presennol sydd hefyd yn defnyddio'r cyfryngau cymdeithasol, i gael yr wybodaeth ddiweddaraf am eu barn a'u profiadau.

Dosbarthwyd holiaduron ac arolygon yn eang, i annog pobl i roi gwybod i ni am unrhyw agwedd ar ofal y GIG. Rydyn ni wedi cadw ein cwestiynau'n sympl, gan ofyn am yr hyn sydd wedi bod yn dda, yr hyn sydd wedi bod yn ddrwg a pha newidiadau sydd eu hangen, fel y gall pobl roi gwybod i ni'r hyn sy'n bwysig iddyn nhw.

Mae pobl wedi sôn wrthym am bob maes gofal, o broblemau wrth gael dannedd gosod a chymhorthion clyw wedi'u hatgyweirio oherwydd y pandemig, i sialensiau gyda rheoli poen a symudedd oherwydd amserau aros hir i gael clun newydd. Rydyn ni wedi clywed sut mae menywod beicioig wedi gorfol ymdopi â chael profion a rhoi genedigaeth dan amgylchiadau gwahanol iawn. Mae plant ag anghenion cymhleth hefyd wedi cael rhywfaint o ofal arferol wedi'i ohirio. Mae pobl â salwch sy'n cyfyngu ar fywyd hefyd wedi wynebu cael llai o gefnogaeth gan ymwelwyr yn ystod eu hamser yn yr ysbyty.



Bu'n rhaid **monitro a chraffu ar wasanaethau a pherfformiad y GIG** trwy ddull rhithwir. Mae ein staff a'n haelodau wedi gorfol defnyddio technoleg i fynychu cyfarfodydd a siarad â rheolwyr y GIG. Cafwyd rhai buddion o ran treulio llai o amser yn teithio ar draws y tair sir, ac mae'r arbediad hwn wedi ein galluogi i fynychu mwy o drafodaethau a gweithgorau, i ddarganfod mwy am wasanaethau a gofal lleol yn ystod y pandemig. Manylir isod yngylch rhai o'r pethau y gwnaethom eu hystyried ac edrych arnynt ar draws ein tair sir:

Yn **Sir Gaerfyrddin**, bu ein haelodau'n monitro sut roedd Covid yn effeithio ar feddygon teulu, fferylliaeth, optometreg a gwasanaethau deintyddol, pan oedd y pandemig yn golygu na allent ddarparu gwasanaethau fel y byddent wedi gwneud yn draddodiadol.

Trafododd yr aelodau hefyd sut roedd iechyd a gofal cymdeithasol yn darparu rhai gwasanaethau integredig, i helpu pobl i dderbyn y gofal oedd ei angen arnynt. Nodwyd gwaith pwysig ysbytai cymunedol wrth alluogi cleifion i gael gofal, yn agosach at eu cymunedau.

Adolygydd cynlluniau yn y dyfodol ar gyfer pentref 'llesiant' yn Llanelli hefyd. Cafodd datblygiad cyflym yr ysbytai Enfys yn y sir ei fonitro ac ymwelwyd â lleoliadau cyn iddynt gael eu meddiannu, er mwyn gwneud yn siŵr eu bod yn mynd i ddarparu gofal addas i gleifion.

Yng **Ngheredigion**, trafododd ein haelodau sut roedd newidiadau yn y ffordd yr oedd gwasanaethau'r GIG yn cael eu darparu yn ystod y pandemig yn golygu bod profiadau cleifion yn wahanol. Monitrwyd gwasanaethau iechyd meddwl, er mwyn nodi pa gymorth oedd ar gael i gleifion yn ystod yr amseroedd pryderus hyn. Nodwyd bod Tregaron wedi cynyddu ei chapasiti, ac unwaith eto trafodwyd yr ysbyty enfys a ddatblygydd, i ddeall sut y byddai'n cefnogi gofal ysbyty aciwt, yn enwedig gan fod gwelyau ysbyty wedi'u haddasu i fodloni'r gofynion o ran cadw pellter cymdeithasol. Hefyd, adolygydd rôl y Canolfannau Gofal Integredig yn Aberteifi ac Aberaeron yn gyson, yn enwedig gan fod hyn wedi newid yn y pandemig.

Adolygodd aelodau **Sir Benfro** sut y defnyddiwyd Bluestone i gynorthwyo ysbytai lleol yn ystod y pandemig, a hefyd sut roedd pobl yn cael eu galluogi i ddychwelyd adref o'r ysbyty cyn gynted ag y byddai'n ddiogel iddynt gael eu rhyddhau. Hefyd, fe wnaethant drafod newidiadau i Ysbyty De Sir Benfro, fel rhan o newidiadau lu

dros dro, gyda'r nod o ddarparu capaciti gwelyau ychwanegol. Clywodd yr aelodau hefyd fwy am y gwaith o adnewyddu Ward 10, a sut yr oedd wedi ailagor i gleifion.

Yn olaf ar gyfer y CICau ledled Cymru, daeth Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 yn gyfraith ar 1 Mehefin 2020. Yn ystod y flwyddyn, bu ein haelodau'n trafod sut y byddai angen adeiladu'r corff 'Llais y Dinesydd' newydd ar sylfeini cadarn, gan ddefnyddio profiadau sefydliad CIC i sicrhau bod pobl yng Nghymru yn parhau i fod â llais o ran y gwasanaethau iechyd a gofal cymdeithasol y maen nhw'n eu derbyn.

Sut yr ydym wedi gwneud gwahaniaeth: gweithio'n genedlaethol

Gan weithio gyda'n gilydd, mae'r Bwrdd a CICau yn tynnu sylw at faterion sydd yn neu a fydd yn effeithio ar brofiadau pobl ledled Cymru. Rydym yn tynnu ar ein gwybodaeth lleol fel bod y bobl sy'n gwneud penderfyniadau mawr am ein GIG yn genedlaethol yn deall ac yn ymateb i'r pethau sydd bwysicaf mewn cymunedau lleol ledled Cymru.

Yn ystod y flwyddyn, nid yw ein haelodau a staff CIC wedi gallu siarad â phobl wyneb yn wyneb fel y byddent fel arfer yn ysbytai neu glinigau'r GIG. Nid ydynt ychwaith wedi gallu cymysgu â phobl yn ein cymunedau ac mewn digwyddiadau lleol.

Felly, buom yn gweithio gyda'r Bwrdd a CICau eraill fel bod pobl o bob rhan o Gymru yn gallu rhannu eu barn a'u profiadau o ofal y GIG gyda ni trwy gwblhau arolwg cenedlaethol. Rhannwch eich adborth - <https://bwrrdcic.gig.cymru/site-assets/rhannwch-eich-adborth/>

Bu CICau hefyd yn gweithio gyda'i gilydd i rannu gyda'r Bwrdd yr hyn yr oeddent yn ei glywed gan bobl yn eu cymunedau lleol.

Roedd y Bwrdd a CICau yn cwrdd â Llywodraeth Cymru bob wythnos i siarad am y pethau yr oedd pobl yn eu dweud ledled Cymru am eu gwasanaethau GIG - fel bod hyn yn llywio meddwl a gweithredoedd y Llywodraeth ei hun.

Cynhyrchodd Bwrdd y CIC rai adroddiadau cenedlaethol ar ein rhan. Roedd y rhain yn rhannu'n ehangach yr hyn yr oedd pobl ledled Cymru yn ei ddweud am rai materion pwysig.

Gweithio gydag eraill

Yn ystod y flwyddyn, bu'r 7 CIC yng Nghymru a'r Bwrdd CICau yn cydweithio'n agos. Mae hyn er mwyn i ni allu nodi a rhannu'n gyflym gydag eraill:

- yr hyn a oedd yn gweithio'n dda mewn cymunedau lleol a gellid ei wneud mewn rhannau eraill o Gymru
- yr hyn nad oedd yn gweithio'n dda ac a oedd angen ei wneud yn well ledled Cymru
- yr hyn mae pobl eisiau gan eu gwasanaethau GIG lleol yn y dyfodol.

Gwnaethom gyfarfod ag Arolygiaeth Gofal Iechyd Cymru (AGIC) yn ystod y flwyddyn. Gwnaethom rannu gwybodaeth am yr hyn yr oeddem yn ei glywed gan bobl a'r hyn yr oeddem yn bwriadu ei wneud nesaf. Gwnaethom rannu'r wybodaeth hon, fel y gallai AGIC gymryd camau, lle bo angen.

Buom yn gweithio gyda chynrychiolwyr y gymuned a grwpiau yn ein hardal, gan gynnwys Gweithredu dros Iechyd Meddwl Gorllewin Cymru a grwpiau sy'n cynrychioli aelodau â nam ar y synhwyrau, i nodi pa effaith roedd y pandemig yn ei chael ar eu profiadau gofal iechyd.



Ein cynlluniau ar gyfer 2021-2022

Yn ystod 2021-2022, byddwn yn gweithio gyda phobl ledled Cymru, i ymchwilio i'r pethau rydyn ni'n eu clywed gan bobl am y GIG yn Sir Gaerfyrddin, Sir Geredigion a Sir Benfro.

Byddwn yn adlewyrchu barn a phrofiadau pobl yn ein cymunedau, a byddwn yn cynrychioli eu buddiannau pan fyddwn yn gweithio gyda'r GIG, yn lleol ac yn genedlaethol.

Bydd hyn yn helpu'r GIG i gynllunio a blaenoriaethu'r pethau cywir, fel y gall pob un ohonom adfer o'r pandemig Coronafeirws.

Mae rhai o'r pethau y byddwn yn gweithio arnynt yn cynnwys y pethau sy'n cael effaith ar y mwyafriw ohonom, megis:

- cael gweld meddyg, bydded hynny trwy fynychu apwyntiad yn eich meddygfa, neu gael math gwahanol o ymgynghoriad ysbyty gan ddefnyddio ffonau neu dechnoleg



- gwasanaethau yn y gymuned, megis meddygfeydd, fferyllfeydd, deintyddion ac optegwyr
- cael gofal brys mewn adrannau D ac AB, neu pan fo meddygfeydd ar gau
- cael gofal ysbyty wedi'i drefnu ymlaen llaw, pan fydd ei angen arnoch, a gallu dychwelyd adref yn ddiogel i wella
- amserau y mae'n rhaid i bobl aros am ofal, bydded hynny'n apwyntiadau cleifion allanol, profion, therapïau neu'n llawdriniaethau
- gallu cael gofal a chymorth ar gyfer anghenion iechyd meddwl i osgoi argyfwng
- cael babi yn ystod cyfnod pan fo'r pandemig yn golygu bod gofal cyn-geni, rhoi genedigaeth a gofal ar ôl geni yn cael eu rheoli'n wahanol
- rheoli cyflyrau hirdymor pan fu heriau wrth dderbyn gofal arferol
- Byddwn yn parhau i graffu ar wasanaethau'r GIG ar draws y tair sir yn ein cyfarfodydd ardal.

Sut allwch chi leisio'ch barn neu gyfranogi

Rydyn ni am glywed gennych am eich barn a'ch profiadau o'r GIG. Gallwch gysylltu â ni gan ddefnyddio'r manylion ar ddiwedd y cynllun hwn. Gallwch roi gwybod i ni hefyd os hoffech i ni anfon arolygon a diweddariadau atoch yn ystod y flwyddyn.

Os ydych chi'n rhan o grŵp neu sefydliad a hoffech weithio gyda ni, yna carem glywed gennych.

Rydyn ni'n hapus i glywed gan grwpiau sydd â stori i'w hadrodd wrthym am wasanaethau'r GIG. Mae gennym galendr cyfarfodydd ar ein gwefan, fel y gallwch weld pryd a sut y byddwn yn trafod materion allweddol sy'n effeithio ar wasanaethau'r GIG.

Cynhelir ein cyfarfodydd pwylgor yn gyhoeddus, felly mae croeso i chi ymuno â ni. Hefyd, gallwch gael gwybod mwy amdanom ni trwy edrych ar ein gwefan a'n tudalennau cyfryngau cymdeithasol.

Ac... rydyn ni bob amser yn chwilio am aelodau newydd!

Caiff mwyafrif ein gwaith ei wneud gan wirfoddolwyr lleol sydd am helpu eu cymunedau i gael llais yn eu GIG.

Pe galles chi sbario peth amser dros 3-5 diwrnod y mis, cysylltch a ni.



Atodiad 1

Datganiad ariannol

Mae'r datganiad ariannol hwn yn dangos sut y gwnaethom wario ein harian ar gyfer y cyfnod o 1 Ebrill 2020 i 31 Mawrth 2021.

Cawn ein harian gan Lywodraeth Cymru, trwy'r Bwrdd Cynghorau Iechyd Cymuned yng Nghymru.

Roedd gennym danwariant o £10 ar ddiwedd y flwyddyn ariannol 2020-2021.

Costau Sefydlog

	Cyllideb Flynyddol (£)	Gwariant i 31 Mawrth (£)	Amrywiad (£)
Cyflogau staff	433,272.00	407,482.00	25,790.00
Costau swyddfa	6,294.00	6,434.00	(140.00)
Costau llety	36,062.00	36,782.00	(720.00)
Cyfanswm (Sefydlog)	472,628.00	450,698.00	24,930.00

Costau amrywiol

	Cyllideb Flynyddol (£)	Gwariant i 31 Mawrth (£)	Amrywiad (£)
Costau teithio a chostau cysylltiedig	19,000.00	2,363.00	16,637.00
Treuliau swyddfa	11,434.00	21,541.00	(10,107.00)
Costau llety	6,564.00	5,334.00	1,330.00
Cyfanswm (Amrywiol)	36,998.00	29,238.00	7,760.00

Trosolwg

	Cyllideb Flynyddol (£)	Gwariant i 31 Mawrth (£)	Amrywiad (£)
Cyfanswm (sefydlog ac amrywiol)	516,626.00	479,936.00	32,690.00
Addasiad cyllideb y cytunwyd arno gan Fwrdd CICau	(32,680.00)		(32,680.00)
Cyfanswm	479,946.00	479,936.00	10.00

Atodiad 2**Datganiadau o fuddiant**

Pan fydd ein staff a'n gwirfoddolwyr yn ymwneud â gwaith gyda sefydliadau eraill, mae angen iddynt roi gwybod i ni amdano – mae hyn yn golygu bod yn rhaid iddynt 'ddatgan buddiant'. Gallwch chi weld yn y tabl isod unrhyw rolau neu swyddi eraill sydd gan ein staff a'n haelodau gwirfoddol, a allai fod â chysylltiadau â'r GIG.

Enw	Swydd yn y CIC	Cyfarwyddwr	Swyddi eraill o awdurdod
Ian Phillips	Is-gadeirydd Ardal Sir Benfro		Ymddiriedolwr – Samariaid Abertawe Ymddiriedolwr – MIND Llanelli Gofal Galar CRUSE Gorllewin Cymru Ymddiriedolwr – Cyngor ar Bopeth Sir Benfro Ymddiriedolwr – Cwnsela Sir Benfro
Dr Barbara Wilson	Is-gadeirydd CIC Hywel Dda		Gofalwyr Cymru Bwrdd Strategaeth Gofalwyr Sir Benfro CRUSE – Gorllewin Cymru Cyngor ar Bopeth Sir Benfro

Atodiad 2 parhad...**Datganiadau o fuddiant**

Enw	Swydd yn y CIC	Cyfarwyddwr	Swyddi eraill o awdurdod
Ellinor Morgan	Aelod Cyfetholedig – Ardal Sir Benfro		Cadeirydd – Cynllun Diffibrilio Mynediad Cyhoeddus Pwyllgor Marloes a Dale
Pamela Parsons	Aelod Cyfetholedig – Ardal Sir Benfro		Ysgrifennydd - Cymdeithas Gofal Iechyd Beneden
Barry Williams	Aelod Sector Gwirfoddol – Sir Gaerfyrddin		Aelod – Lleng Brydeinig Frenhinol
Ken Jones	Aelod Sector Gwirfoddol – Sir Gaerfyrddin		Cadeirydd – Fforwm Gofalwyr Sir Gaerfyrddin
Cyng. Ken Lloyd	Aelod Awdurdod Lleol – Sir Gaerfyrddin		Aelod – MIND Aelod – Cymdeithas Alzheimers
Marj Fogg	Aelod Sector Gwirfoddol – Ceredigion		Diverse Cymru Gofal Galar CRUSE
Cyng. Lyndon Lloyd	Aelod Awdurdod Lleol – Ceredigion		Age Cymru - Ceredigion

Enw	Swydd yn y CIC	Cyfarwyddwr	Swyddi eraill o awdurdod
Jarrod Thomas	Penodai Llywodraeth Cymru – Ceredigion		Prifysgol Aberystwyth – Bwrsari – Ysgoloriaeth Cyn-wirfoddolwr - NAS Cymru
Pat Bates	Aelod Sector Gwirfoddol – Ceredigion		Ysgrifennydd – Fforwm Gofal Henoed Gogledd Ceredigion
Cyng. Elizabeth Evans	Cadeirydd Ardal Ceredigion		Mencap Ceredigion Age Cymru Ceredigion

Atodiad 3

Ein haelodau gwirfoddol yn ystod 2020-2021

Enw	Swydd yn y CIC	Ardal
Ken Jones	Aelod Sector Gwirfoddol	Sir Gaerfyrddin
Maureen Webley	Aelod Sector Gwirfoddol	Sir Gaerfyrddin
Barry Williams	Aelod Sector Gwirfoddol	Sir Gaerfyrddin
Dr Pauline Griffiths	Cadeirydd Ardal Sir Gaerfyrddin Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Mansell Bennett	Cadeirydd CIC Hywel Dda Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Patricia Neil	Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Paul Mason	Is-gadeirydd Ardal Sir Gaerfyrddin Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Christine Clarke	Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Edward Halling	Penodai Llywodraeth Cymru	Sir Gaerfyrddin
Cyng. Ieuan Wyn Davies	Aelod Awdurdod Lleol	Sir Gaerfyrddin
Cyng. Ann Davies	Aelod Awdurdod Lleol	Sir Gaerfyrddin
Cyng. Ken Lloyd	Aelod Awdurdod Lleol	Sir Gaerfyrddin

Enw	Swydd yn y CIC	Ardal
John Geary	Aelod Cyfetholedig	Sir Gaerfyrddin
Eiddion Williams	Aelod Cyfetholedig	Sir Gaerfyrddin
Marj Fogg	Aelod Sector Gwirfoddol	Ceredigion
Pat Bates	Aelod Sector Gwirfoddol	Ceredigion
Carol Bainbridge	Penodai Llywodraeth Cymru	Ceredigion
Diane Richards	Penodai Llywodraeth Cymru	Ceredigion
Jarrod Thomas	Penodai Llywodraeth Cymru	Ceredigion
Gwenda Williams	Penodai Llywodraeth Cymru	Ceredigion
Hugh Hughes	Penodai Llywodraeth Cymru	Ceredigion
Cyng. Elizabeth Evans	Cadeirydd Ardal Sir Geredigion Aelod Awdurdod Lleol	Ceredigion
Cyng. Alun Williams	Is-gadeirydd Ardal Sir Geredigion Aelod Awdurdod Lleol	Ceredigion
Cyng. Lyndon Lloyd	Aelod Awdurdod Lleol	Ceredigion
Dr Gabrielle Heathcote	Aelod Cyfetholedig	Ceredigion

Atodiad 3 parhad...

Ein haelodau gwirfoddol yn ystod 2020-2021

Enw	Swydd yn y CIC	Ardal
Lindsay Moran	Penodai Llywodraeth Cymru	Sir Benfro
Ian Phillips	Is-gadeirydd Ardal Sir Benfro Penodai Llywodraeth Cymru	Sir Benfro
John Harvey	Penodai Llywodraeth Cymru	Sir Benfro
Dr Sam Leslie Lewis	Penodai Llywodraeth Cymru	Sir Benfro
Margaret Povey	Penodai Llywodraeth Cymru	Sir Benfro
Cyng. Steve Yelland	Aelod Awdurdod Lleol	Sir Benfro
Cyng. David Bryan	Cadeirydd Ardal Sir Benfro Aelod Awdurdod Lleol	Sir Benfro
Cyng. Ken Rowlands	Aelod Awdurdod Lleol	Sir Benfro
Dr Barbara Wilson	Is-gadeirydd CIC Hywel Dda Aelod Sector Gwirfoddol	Sir Benfro
Ellinor Morgan	Aelod Cyfetholedig	Sir Benfro
David Williams	Aelod Cyfetholedig	Sir Benfro
Pamela Parsons	Aelod Cyfetholedig	Sir Benfro

Atodiad 4

Cynrychiolaeth allanol 2020-2021

Pwyllgor/grŵp	Cynrychiolydd CIC
Cyfarfodydd Bwrdd Iechyd Hywel Dda	Mansell Bennett (Cadeirydd) Donna Coleman (Prif Swyddog)
Pwyllgor Sicrwydd Perfformiad a Threfnu Pobl Bwrdd Iechyd Hywel Dda	Sam Dentten (Dirprwy Brif Swyddog)
Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad Bwrdd Iechyd Hywel Dda	Barbara Wilson (Is-gadeirydd) Donna Coleman (Prif Swyddog)
Achos Busnes Rhaglen (PBC) Grŵp Tasg a Gorffen Cyfathrebu ac Ymgysylltu Bwrdd Iechyd Hywel Dda	Barbara Wilson (Is-gadeirydd)
Bwrdd Rhanddeiliaid Cylch Caron	Gwen Clements (Swyddog Ymgysylltu â'r Cyhoedd a'r Claf)
Bwrdd Rhaglen Anableddau Dysgu Rhanbarthol	Ken Jones (Is-gadeirydd Cynllunio Gwasanaethau)
Pwyllgor Sicrwydd Deddfwriaeth Iechyd Meddwl	Ken Jones (Is-gadeirydd Cynllunio Gwasanaethau)
Grŵp Gorchwyl Cwympiadau Bwrdd Iechyd Hywel Dda	Ken Jones (Is-gadeirydd Cynllunio Gwasanaethau)
Fforwm Cynnwys ac Ymgysylltu â'r Cyhoedd a'r Claf Gorllewin Cymru	Leanda Wynn (Swyddog Ymgysylltu â'r Cyhoedd a'r Claf)
Grŵp Llywio Gofal Brys	Sam Dentten (Dirprwy Brif Swyddog)
Grŵp Cyfeirio Rhanddeiliaid Bwrdd Iechyd Hywel Dda	Leanda Wynn (Swyddog Ymgysylltu â'r Cyhoedd a'r Claf)
Bwrdd Gweithredol Sir Benfro Iachach	Cyng. David Bryan (Cadeirydd Pwyllgor Ardal Sir Benfro)

Fel arfer, mae aelodau a swyddogion Hywel Dda yn mynchu ystod ehangach o gyfarfodydd, er mwyn cynrychioli'r cyhoedd, ond arweiniodd cyfyngiadau'r cyfnodau clo yn 2020/2021 at oedi neu ddiddymu nifer o grwpiau a phwyllgorau. Ar hyn o bryd, mae'r CIC yn adolygu ein haelodaeth ar bwylgorau ar gyfer 2021-2022.

Atodiad 5

Ein staff

Caiff ein haelodau gwirfoddol eu cynorthwyo gan dîm bach o staff CIC:

Tîm	Swyddi llawn amser
Prif Swyddog	1.0
Dirprwy Brif Swyddog	1.64
Eiriolwyr Cwynion	2.0
Rheolwr Busnes	0.36
Swyddogion Cymorth Eiriolaeth	1.0
Tîm Gweinyddol	2.49
Swyddogion Ymgysylltu â'r Cyhoedd a'r Claf	1.0
Swyddogion Monitro a Chraffu	0.60
Cyfanswm	10.09

Diolch

Diolchwn i bawb a gymerodd yr amser i rannu eu barn a'u profiadau gyda ni am eu gwasanaethau gofal iechyd ac i rannu eu syniadau.

Rydym yn diolch i'r staff gofal iechyd sy'n gweithio mor galed i ofalu am bobl a'u hanwyliaid yn ystod y pandemig.

Rydyn ni'n gobeithio bod yr adborth mae pobl wedi cymryd amser i rannu yn dylanwadu gwasanaethau gofal iechyd i gydnabod a gwerthfawrogi'r hyn maen nhw'n ei wneud yn dda - a gweithredu lle mae angen iddyn nhw wneud cyn gynted ag y gallan nhw i wella pethau.

Adborth

Byddem wrth ein bodd yn clywed eich barn am y cyhoeddiad hwn, ac unrhyw awgrymiadau yngylch sut y gallem fod wedi'i wella, fel y gallwn ei ddefnyddio i wneud i'n dyfodol weithio'n well.

Cyngor Iechyd Cymuned Hywel Dda

Ystafell 5
Llawr 1af
Ty Myrddin
Caerfyrddin
SA31 1LP



BWRDD CYMRU | WALES BOARD