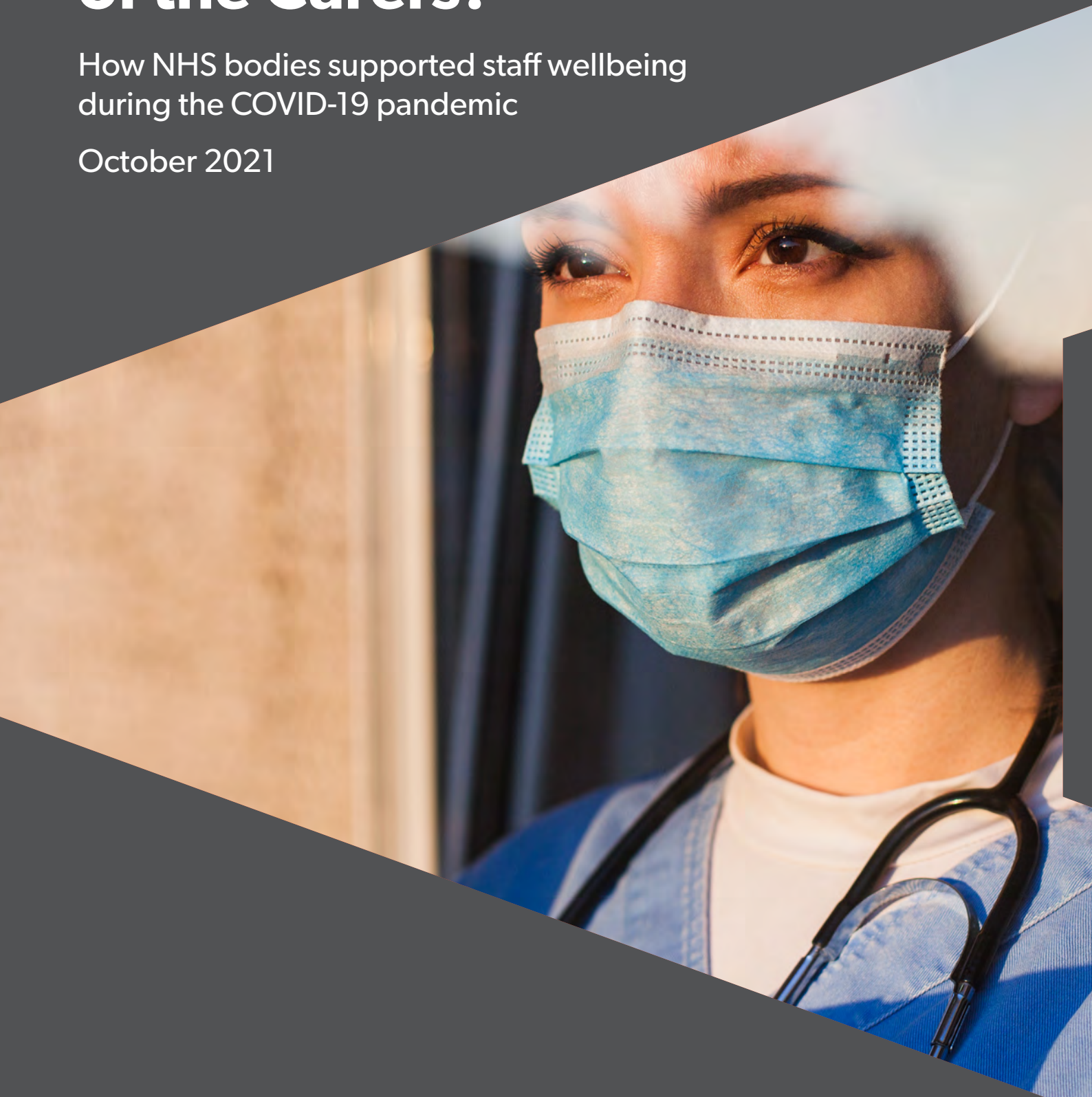


Taking Care of the Carers?

How NHS bodies supported staff wellbeing
during the COVID-19 pandemic

October 2021



This report has been prepared for presentation to the Senedd under section 145A of the Government of Wales Act 1998 and section 61(3) (b) of the Public Audit Wales Act 2004.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities with their own legal functions. Audit Wales is not a legal entity. Consequently, in this Report, we make specific reference to the Auditor General or Wales Audit Office in sections where legal precision is needed.

If you require this publication in an alternative format and/or language, or have any questions about its content, please contact us using the details below. We welcome correspondence in Welsh and English and we will respond in the language you have used. Corresponding in Welsh will not lead to a delay.

Audit Wales
24 Cathedral Road
Cardiff
CF11 9LJ

Telephone 02920 320 500
Email info@audit.wales
Website www.audit.wales
Twitter [@WalesAudit](https://twitter.com/WalesAudit)

Mae'r ddogfen hon hefyd ar gael yn Gymraeg

Contents

Summary report

Background	4
Key messages	4
Recommendations	7

Detailed report

Introduction	11
Importance of supporting staff wellbeing	12
How health bodies supported staff wellbeing during the pandemic	14
Key challenges and opportunities for the future	26

Background

- 1 This report describes how NHS bodies have supported the wellbeing of their staff during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.
- 2 It is the second of two publications which draw on the findings of our local structured assessment work with the aim of highlighting key themes, identifying future opportunities, and sharing learning. The first report [Doing it differently, doing it right?](#) - describes how NHS bodies revised their arrangements to enable them to govern in a lean, agile, and rigorous manner during the pandemic.

Key messages

- 3 NHS staff at all levels have shown tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges caused by the crisis.
- 4 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. However, the unprecedented scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus.
- 5 As a result, all NHS bodies in Wales placed a strong focus on staff wellbeing throughout the COVID-19 pandemic. At the outset of the crisis, each NHS body moved quickly to enhance their existing employee assistance arrangements and to put additional measures in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic. Key actions taken by NHS bodies to protect staff and support their wellbeing included:
 - enhancing infection prevention and control measures;
 - reconfiguring healthcare settings;
 - facilitating access to COVID-19 tests and, more recently, COVID-19 vaccinations;
 - creating dedicated rest spaces;
 - increasing mental health and psychological wellbeing provision;
 - strengthening staff communication and engagement; and
 - enabling remote working.

- 6 All NHS bodies put arrangements in place to roll out the All-Wales COVID-19 Workforce Risk Assessment Tool (the Risk Assessment Tool) as part of their wider efforts to safeguard members of staff at higher risk from COVID-19. Each NHS body promoted the Risk Assessment Tool in a number of ways. However, Risk Assessment Tool completion rates via the Electronic Staff Record (ESR) have varied considerably between individual NHS bodies. All NHS bodies utilised measures from their wider suite of wellbeing arrangements to meet the individual needs of staff at higher risk from COVID-19 as identified by the Risk Assessment Tool.
- 7 The boards and committees of most NHS bodies maintained good oversight and ensured effective scrutiny of all relevant staff wellbeing risks and issues during the pandemic. However, arrangements for reporting Risk Assessment Tool completion rates and providing assurance on the quality of completed risk assessments could have been strengthened in most NHS bodies.
- 8 Whilst the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short-term, the longer-term impacts cannot and should not be ignored or underestimated. Surveys and work undertaken by a range of professional bodies highlight the increased stress, exhaustion and burnout experienced by staff, and point to the growing risk to staff of developing longer term physical and psychological problems without ongoing support.
- 9 A continued focus on providing accessible wellbeing support and maintaining staff engagement, therefore, is going to be needed in the short-term to ensure NHS bodies address the ongoing impact of the pandemic on the physical health and mental wellbeing on their staff.
- 10 However, the COVID-19 pandemic has also created an opportunity to rethink and transform staff wellbeing for the medium to longer term. Whilst supporting the wellbeing of the NHS workforce is more necessary than ever when the service needs to respond to a crisis, investing appropriately in staff wellbeing on an ongoing basis is equally as important as a healthy, engaged, and motivated workforce is essential to the delivery of safe, high-quality, effective, and efficient health and care services.



The resilience and dedication shown by NHS staff at all levels in the face of the unprecedented challenges and pressures presented by the pandemic has been truly remarkable. It is inevitable, however, that this will have taken a considerable toll on the wellbeing of NHS staff, who now also face the challenges of dealing with the pent-up demand in the system caused by COVID-19. It is assuring to see that NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and have implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures which are expected to be greater this winter than they were last year. Taking care of those who care for others is probably more important now than it has ever been before.

Adrian Crompton
Auditor General for Wales



Recommendations

11 Recommendations arising from this work are detailed in **Exhibits 1** and **2**.

Exhibit 1: recommendations for NHS bodies

Recommendations

Retaining a strong focus on staff wellbeing

R1 NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.

Considering workforce issues in recovery plans

R2 NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.

Recommendations

Evaluating the effectiveness and impact of the staff wellbeing offer

R3 NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.

Enhancing collaborative approaches to supporting staff wellbeing

R4 NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.

Recommendations

Providing continued assurance to boards and committees

R5 NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.

Building on local and national staff engagement arrangements

R6 NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.

Exhibit 2: recommendations for the Welsh Government

Recommendations

Evaluating the national staff wellbeing offer

R7 The Welsh Government should undertake an evaluation of the national staff wellbeing services and programmes it commissioned during the pandemic in order to assess their impact and cost-effectiveness. In doing so, the Welsh Government should consider which other national services and programmes should be commissioned (either separately or jointly with NHS bodies) to ensure staff continue to be supported throughout the recovery period and beyond.

Evaluating the All-Wales COVID-19 Workforce Risk Assessment Tool

R8 The Welsh Government should undertake a full evaluation of the All-Wales COVID-19 Workforce Risk Assessment Tool to identify the key lessons that can be learnt in terms of its development, roll-out, and effectiveness. In doing so, the Welsh Government should engage with staff at higher risk from COVID-19 to understand their experiences of using the Risk Assessment Tool, particularly in terms of the extent to which it helped them understand their level of risk and to facilitate a conversation with their managers about the steps that should be taken to support and safeguard them during the pandemic.

Introduction

- 12 NHS bodies in Wales have faced unprecedented challenges and considerable pressures during the COVID-19 pandemic. Throughout this crisis, NHS bodies have had to balance several different, yet important, needs – the need to ensure sufficient capacity to care for people affected by the virus; the need to maintain essential services safely; the need to safeguard the health and wellbeing of their staff; and the need to maintain good governance. In order to respond to these needs effectively, NHS bodies have been required to plan differently, operate differently, manage their resources differently, and govern differently.
- 13 Our structured assessment work¹ in 2020 was designed and undertaken in the context of the ongoing pandemic. As a result, we were given a unique opportunity to see how NHS bodies have been adapting and responding to the numerous challenges and pressures presented by the COVID-19 crisis.
- 14 This report is the second of two publications which draw on the findings of our structured assessment work, and more recent evidence gathering to highlight key themes, identify future opportunities, and share learning both within the NHS and across the public sector in Wales more widely.
- 15 In our first report – Doing it differently, doing it right? – we discussed the importance of maintaining good governance during a crisis and describe how revised arrangements enabled NHS bodies to govern in a lean, agile, and rigorous manner during the pandemic. We also highlighted the key opportunities for embedding learning and new ways of working in a post-pandemic world.
- 16 In this report, we discuss the importance of supporting staff wellbeing and describe how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19. We consider the key lessons that can be drawn from the experiences of NHS bodies of supporting staff wellbeing during the COVID-19 crisis and conclude by highlighting the key challenges and opportunities for the future.
- 17 Whilst this report draws on the findings of our structured assessment work, it has also been informed by additional evidence gathered from each NHS body as well as information received from the Welsh Government, the British Medical Association (BMA), and the Royal College of Nursing (RCN) in Wales. Furthermore, as this report draws largely on the findings of our structured assessment work, we haven't engaged directly with NHS staff. Instead, we have referenced the findings from surveys undertaken by BMA Wales and others to provide insights into staff experiences during the pandemic.

1 A structured assessment is undertaken in each NHS body to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2004, to be satisfied they have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Individual reports are produced for each NHS body, which are available on our [website](#).

Importance of supporting staff wellbeing

- 18 The workforce is an essential component of the Welsh healthcare system. The NHS in Wales employs around 88,000 full-time equivalent staff (**Exhibit 3**) and staff costs accounted for 50% of total NHS spending in 2020-21².

Exhibit 3: NHS staff by staff group (March 2021)³

Staff Group	FTE
Medical and dental staff	7,294
Nursing, midwifery, and health visiting staff	36,027
Administration and estates staff	21,380
Scientific, therapeutic, and technical staff	14,947
Health care assistants and other support staff	5,806
Ambulance staff	2,709
Other non-medical staff	96

Source: [StatsWales](#)

² Total NHS spending in 2020-21 was £9.6 billion, of which £4.8 billion was spent on staff costs. (Source: [Audit Wales](#))

³ General Medical and Dental Practitioners are excluded as they are independent NHS contractors.

- 19 All NHS bodies in Wales have a statutory duty of care to protect the health and safety of their staff and provide a safe and supportive environment in which to work. However, supporting staff wellbeing is also important for several other reasons:
- **patient outcomes** – there is a strong link between negative staff wellbeing and poor patient outcomes. Research shows that negative staff wellbeing and moderate to high levels of burnout are associated with poor patient safety outcomes⁴. The Francis Inquiry Report into the Mid Staffordshire NHS Foundation Trust also highlighted the association between poor staff wellbeing and lower quality of care⁵. Supporting positive wellbeing at work, therefore, enables NHS bodies to maintain higher levels of patient safety, provide better quality of care, and ensure higher patient satisfaction.
 - **organisational outcomes** – there are considerable financial costs associated with poor staff wellbeing. According to Health Education England, the cost of poor mental health in the NHS workforce equates to £1,794 - £2,174 per employee per year⁶. Furthermore, the costs associated with staff absenteeism are significant. The Boorman Review calculated the direct cost of reported absence in the NHS across the UK was around £1.7 billion a year and the indirect cost of employing temporary staff to provide cover was estimated to be £1.45 billion a year⁷. Supporting positive wellbeing at work, therefore, enables NHS bodies to reduce the number of working days lost as a result of poor staff wellbeing and achieve greater cost savings.
 - **employee outcomes** – a poor experience at work is associated with negative wellbeing which, in turn, leads to lower staff engagement and motivation, greater workplace stress, higher staff turnover, and poorer patient outcomes. Research shows that staff wellbeing is impacted negatively by a workforce that is overstretched due to absences and vacancies and supplemented by temporary staff^{8,9}. Wellbeing is also negatively affected when staff feel undervalued and unsupported in their roles, feel overwhelmed by their workloads, and feel as though they have little control over their work lives¹⁰. Supporting positive wellbeing at work, therefore, enables NHS bodies to enhance staff engagement and motivation, minimise workplace stress, and retain more of their employees.

4 [Hall et al \(2016\) Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review](#)

5 [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry \(2013\)](#)

6 [Health Education England \(2019\) NHS Staff and Learners' Mental Wellbeing Commission](#)

7 [NHS Health and Wellbeing Review \(2009\) Interim Report](#)

8 [Rafferty et al \(2007\) Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records](#)

9 [Picker \(2018\) The risks to care quality and staff wellbeing of an NHS system under pressure](#)

10 [West and Coia \(2018\) Caring for doctors, Caring for patients](#)

How health bodies supported staff wellbeing during the pandemic

- 20 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic. The results of the 2018 [NHS Staff Survey](#) show that 64% of respondents stated they had come to work despite not feeling well enough to perform their duties (compared to 57% in 2016), and 34% stated they had been injured or felt unwell as a result of work-related stress (compared to 28% in 2016). Furthermore, the sickness absence 12-month moving average for the 12 months ending March 2020 was the highest since data started to be collected in 2008.
- 21 However, the unprecedented scale and impact of the COVID-19 pandemic brought the importance of supporting staff wellbeing into even sharper focus at both a national and local level in order to:
- protect the health of staff by reducing the prevalence of COVID-19 in healthcare settings and minimising their exposure to the virus;
 - reduce the risk of staff transmitting the virus to colleagues, patients, family members, and other members of the wider community;
 - safeguard vulnerable groups of staff at higher risk from the virus, such as older people, people with underlying health conditions, pregnant women, and people from certain ethnic minority groups;
 - support staff to adapt to new ways of working and adjust to different work settings;
 - help staff to cope with the challenges, pressures, uncertainties, and stresses associated with the pandemic;
 - ensure NHS bodies maintain sufficient staffing levels to sustain essential services and care safely for patients affected by the virus; and
 - enable NHS bodies to restart, recover and rebuild services safely, effectively, and efficiently.
- 22 As a result, all NHS bodies in Wales placed a strong focus on staff wellbeing throughout the crisis in line with their operational plans and Welsh Government guidance¹¹.

11 [WHC/2020/019: Expectations for NHS Health Boards and Trusts to ensure the health and wellbeing of the workforce during the Covid-19 pandemic](#)

- 23 At the outset of the pandemic, each NHS body moved quickly to plan and deliver local packages of support as part of a wider multi-layered wellbeing offer to staff. The multi-layered offer, which grew and evolved over time, gave staff free access to a range of pan-Wales services and resources, including:
- **SilverCloud** – a digital mental health platform designed to help NHS staff manage feelings of stress, anxiety, and depression.
 - **Health for Health Professionals Wales** – a free, confidential service that provides NHS staff, students, and volunteers in Wales with access to various levels of mental health support including self-help, guided self-help, peer support, and virtual face-to-face therapies with accredited specialists.
 - **Samaritans Support Line** – a confidential bilingual wellbeing support line for health and social care workers and volunteers in Wales.
 - **online wellbeing resources for NHS staff** – Health Education and Improvement Wales (HEIW) worked with key colleagues on the Health and Wellbeing Sub-Group of the national COVID-19 Workforce Cell to curate and make resources and access to specific specialist services available through its Covid-19 Playlist – [NHS Wales Staff Wellbeing Covid-19 Resource](#). The Playlist also signposted staff to the wellbeing resources of their respective Health Boards and Trusts. The Health and Wellbeing Sub-Group has now transitioned into the National Health and Wellbeing Network which receives leadership and programme management support from HEIW.
- 24 In this section, we briefly describe the measures put in place by NHS bodies in Wales to support staff wellbeing at a local level, including their arrangements for safeguarding staff at higher risk from COVID-19.

Supporting physical and mental wellbeing

- 25 We found that all NHS bodies enhanced their existing employee assistance programmes and services (such as Occupational Health) and put additional arrangements in place to support the physical health and mental wellbeing of their staff, as much as possible, during the pandemic. For example:
- **enhancing infection prevention and control measures** – all NHS bodies, particularly the Health Boards and relevant Trusts, introduced enhanced infection prevention and control measures such as providing more hand hygiene facilities, supplying personal protective equipment (PPE) in line with national guidance¹², and increasing the frequency of cleaning and decontaminating surfaces, areas, and equipment.

¹² The Auditor General for Wales has reported on the provision of PPE in a separate report titled [Procuring and Supplying PPE for the COVID-19 Pandemic](#) (April 2021).

- **reconfiguring healthcare settings** – all of the Health Boards and relevant Trusts reconfigured as much of their healthcare settings as possible to segregate COVID-19 and non-COVID-19 care pathways and minimise patient, staff, and visitor movements between areas. However, the design of older buildings made this more challenging in some NHS bodies.
- **facilitating access to COVID-19 tests and COVID-19 vaccinations** – all of the Health Boards and relevant Trusts put arrangements in place to enable frontline staff to access tests for COVID-19 and, more recently, COVID-19 vaccinations in line with JCVI (Joint Committee on Vaccination and Immunisation) guidance¹³. Although some NHS bodies encountered a few challenges facilitating access to COVID-19 testing at the outset of the pandemic due to limited lab capacity, the situation improved gradually over time as lab capacity increased and new rapid-testing technology became more widely available. In terms of vaccinations, overall uptake amongst healthcare workers is extremely high. As of 17 July 2021, 96.3% had received their first dose and 93.2% had received their second dose¹⁴.
- **creating dedicated rest spaces** – most of the Health Boards and relevant Trusts established designated spaces for front-line staff to rest, recuperate, and focus on their welfare. These spaces, which were predominantly based on acute sites, were referred to as ‘wellbeing rooms’ or ‘recharge rooms’ in most areas.
- **increasing mental health and psychological wellbeing provision** – all NHS bodies increased the range, availability, and accessibility of their mental health and psychological wellbeing offer to staff. Examples include:
 - providing information and resources to promote self-care, enhance personal resilience, and support staff to adjust to new ways of working;
 - delivering therapeutic programmes, such as mindfulness and arts in health;
 - facilitating access to counselling and talking services to provide support for staff with mental health concerns such as anxiety, stress, and low mood; and
 - investing in specialised provision for members of staff experiencing the adverse effects of trauma and bereavement.

13 The Auditor General for Wales has reported on the provision of COVID-19 testing and the roll-out of COVID-19 vaccinations in two separate reports titled [Test, Trace, Protect in Wales: An Overview of Progress to Date](#) (March 2021) and [Rollout of the COVID-19 vaccination programme in Wales](#) (June 2021).

14 Source: [Public Health Wales Rapid COVID-19 Surveillance](#)

- **strengthening staff communication and engagement** – all NHS bodies strengthened their internal communication arrangements and used a broad range of channels and platforms to convey information and updates to their staff on a regular basis. In addition, all NHS bodies strengthened their staff engagement arrangements during the pandemic. As well as maintaining ongoing engagement with established employment partnerships and staff networks and groups, all NHS bodies surveyed their staff on a regular basis to better understand their needs and experiences as well as to capture their views on various matters, including the effectiveness of the local wellbeing provision.
- **enabling remote working** – all NHS bodies put arrangements in place to support remote working as part of their wider efforts to ensure and maintain physical distancing, for those staff for whom home working was appropriate. Although some NHS bodies encountered a few challenges rolling-out the necessary technology and software required to support remote working at the outset of the pandemic, these were overcome relatively quickly.
- **providing other forms of support** – a range of other support measures were implemented by NHS bodies, such as:
 - rolling out risk assessment tools, such as Stress Risk Assessment Tools and the All-Wales COVID-19 Workforce Risk Assessment Tool (this is discussed in more detail in the next section);
 - providing additional information and support to leaders and managers to enable them to engage, motivate, and support their teams effectively during the pandemic;
 - providing temporary accommodation for front-line staff living with individuals at higher risk from COVID-19; and
 - enhancing Chaplaincy services to ensure staff have access to pastoral support.

Detailed examples of health and wellbeing initiatives introduced by each NHS body during the pandemic are provided in the briefing produced by Welsh NHS Confederation titled [Supporting Welsh NHS staff wellbeing throughout COVID-19](#).

- 26 The BMA has surveyed its members extensively during the pandemic. Whilst the results are not representative of the NHS workforce as a whole, they do provide useful insights into the experiences of medical staff during the crisis:
- BMA members responding to the surveys felt better protected from coronavirus in their place of work as the pandemic progressed. The proportion of members stating they felt fully protected was 27% (113 of 417) and 37% (100 of 274) in December 2020 and April 2021 respectively. The proportion of members stating they didn't feel protected at all was 11% (47 of 417) and 6% (16 of 274) in December 2020 and April 2021 respectively.
 - A considerable number of BMA members responding to the surveys accessed wellbeing support services (provided by either their employer or a third party) during the pandemic – 43% (117 of 407) in May 2020, 38% (120 of 314) in July, and 38% (95 of 253) in August 2020. However, when asked if they knew how to access wellbeing/occupational health support if they required them, 45% (126 of 279) stated in April 2021 they either didn't know how to access these services or weren't aware what services exist.
- 27 Whilst it has been positive to see so many initiatives being developed and rolled-out during the pandemic, there is evidence to suggest that some staff experienced difficulties navigating their way around the plethora of initiatives to identify the ones that would best meet their needs. In light of this, the Welsh Government recently announced it would be launching a prototype Workforce Wellbeing Conversation Framework Tool to support NHS staff to pro-actively talk openly and honestly with their managers about their ongoing wellbeing needs and to sign-post them to the support available where appropriate¹⁵. Whilst this is a positive development, NHS bodies should also continue to engage with their staff to better understand their experiences of seeking and accessing support and adapt and improve their arrangements as necessary.

Safeguarding staff at higher risk from COVID-19

- 28 All NHS bodies put arrangements in place to roll out the All-Wales COVID-19 Workforce Risk Assessment Tool (the Risk Assessment Tool) as part of their wider efforts to safeguard members of staff at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus¹⁶.

15 [Written Statement - Minister for Health and Social Services](#) (21 July 2021)

16 The Risk Assessment Tool, which was launched in May 2020, was developed by a multi-disciplinary sub-group reporting to an Expert Advisory Group established by Welsh Government. All NHS bodies were using other risk assessments tools prior to the roll-out of the national tool.

- 29 The Risk Assessment Tool is based on a large and growing body of data and research which shows that an individual is at higher risk from COVID-19 if they have a combination of the following risk factors:
- they are over the age of 50 (the risk is further increased for those aged over 60 and 70 years old);
 - they were born male at birth;
 - they are from certain ethnic minority groups;
 - they have certain underlying health conditions (the risk very high for the clinically extremely vulnerable);
 - they are overweight; and
 - their family history makes them more susceptible to COVID-19.
- 30 The risk assessment process is completed in a number of stages with the aim of encouraging a supportive and honest conversation between a member of staff and their line-manager/employer around the measures that should be put in place to ensure they are adequately safeguarded and supported. The process is summarised in **Exhibit 4**.
- 31 We found that NHS bodies promoted the Risk Assessment Tool in a number of ways and put a range of measures in place to encourage and support their staff to complete it. The following arrangements and approaches were considered particularly important by NHS bodies:
- **senior management support** – strong and visible support for the Risk Assessment Tool by senior managers was considered important in terms of reassuring staff that the organisation was committed to the risk assessment process and supporting staff at higher risk from COVID-19.
 - **utilising workforce data** – analysing and utilising workforce data was considered important in terms of identifying staff potentially at higher risk from COVID-19, planning appropriate packages of support, and facilitating targeted messaging around the importance of completing the risk assessment process. However, several NHS bodies told us they had concerns about the robustness of Electronic Staff Record (ESR) data.
 - **support for line-managers** – ongoing information, advice, and support for line-managers, particularly from HR Officers/Business Partners, was considered important not only to help them fully understand their role in the risk assessment process but also to enable them to support their direct reports in a compassionate and supportive manner.

Exhibit 4: COVID-19 workforce risk assessment process

Step 1 – Checking risk	Member of staff completes the Risk Assessment Tool to check which risks apply to them.
Step 2 – Understanding the score	Member of staff calculates their score in order to understand the likely level of risk to them personally (low, high, or very high).
Step 3 – Identifying the right action	Member of staff discusses their score and other relevant factors with their line-manager (especially if they are in the high or very high-risk category) in order to identify the actions they can take personally and/or the support their employer can provide to ensure they are adequately protected.
Step 4 – Taking the right action	Agreed actions are implemented by the member of staff and/or their employer and reviewed on an ongoing basis to ensure they remain relevant and appropriate.

Source: [All Wales COVID-19 Workforce Risk Assessment Tool Guidance for Managers and Staff](#) (February 2021)

- **occupational health input** – information, advice, and support from occupational health practitioners was considered important for both line-managers and staff alike. Occupational health input was considered particularly important for members of staff with underlying health conditions who were not required to shield or who were returning to work after a period of shielding to ensure their needs were assessed and addressed appropriately.
- **joint working with staff networks and employment partnerships** – ongoing communication and joint working with established networks, employment partnerships, and individual Trades Unions was considered important for several reasons. Firstly, they were able to use their insights to advise NHS bodies on local approaches to rolling-out the Risk Assessment Tool and supporting staff wellbeing. Secondly, they played an important role in encouraging their members to complete the Risk Assessment Tool. Thirdly, they supported individual members of staff to complete the Risk Assessment Tool and, in some cases, provided advocacy and mediation for and on behalf of their members.

- **identifying staff champions** – identifying and utilising staff champions was considered important to provide encouragement, support, and reassurance to particular groups of staff at higher risk. Indeed, staff champions proved to be particularly important in NHS bodies that did not have the relevant staff networks in place. In these bodies, staff champions were used to reach-out and support individuals and groups of staff that were unaware they were potentially at higher risk as they didn't or couldn't access the relevant information and/or they were sceptical and/or anxious about engaging with the risk assessment process.
- 32 Over 62,000 risk assessments were completed via ESR and the Learning@Wales platform across the NHS in Wales between June 2020 and April 2021¹⁷. Staff had to complete paper versions of the Risk Assessment Tool prior to its roll-out via ESR in June 2020. In October 2020, the Welsh Government asked NHS bodies to request all staff to complete the Risk Assessment Tool via ESR. Completion rates via ESR in individual NHS bodies are shown in **Exhibit 5**.
- 33 As **Exhibit 5** shows, there is considerable variation in completion rates via ESR. There are several reasons for this:
- completing the Risk Assessment Tool via ESR has not been mandated by all NHS bodies such as Cardiff & Vale and Swansea Bay University Health Boards;
 - staff in some NHS bodies that completed the paper-based Risk Assessment Tool when it was first rolled-out in May were not asked to repeat the assessment when it became available in ESR in June 2020;
 - some staff are unable to access their ESR as they either work in roles that do not require the use of a computer or they do not have general access to a computer at their place of work;
 - most NHS bodies have placed a greater focus on encouraging staff at higher risk to complete the Risk Assessment Tool rather than the workforce as a whole; and
 - evidence from the member surveys undertaken by the BMA suggests that some staff were unaware of any risk assessment at their place of work or had been told explicitly they did not need to be assessed¹⁸.

17 58,552 risk assessments have been completed via ESR and 3,770 have been completed via Learning@Wales between 15 June 2020 and 8 April 2021. Individuals that have completed the Risk Assessment Tool more than once via the ESR are counted more than once in the data. (Source: NHS Wales Shared Services Partnership)

18 The BMA asked its members: 'Have you been risk assessed in your place of work to test if you might be at increased risk from contact with Coronavirus patients in your current role?' The proportion that stated they were not aware of any risk assessment in their place of work was 33% (70 of 211) and 35% (61 of 175) in July and August 2020 respectively. The proportion that stated they had been told explicitly they did not need to be assessed was 7% (15 of 211) and 6% (11 of 175) in July and August 2020 respectively.

Exhibit 5: completion rates as recorded in ESR by NHS body

NHS Body	Number of recorded assessments	% of staff with a completed assessment
Aneurin Bevan University Health Board	3,071	24%
Betsi Cadwaladr University Health Board	19,195	52%
Cardiff & Vale University Health Board	857	5%
Cwm Taf Morgannwg University Health Board	15,487	58%
Health Education and Improvement Wales	134	29%
Hywel Dda University Health Board	6,965	48%
Powys Teaching Health Board	1,789	48%
Public Health Wales	1,019	73%
Swansea Bay University Health Board	174	2%
Velindre NHS Trust	6,716	81%
Welsh Ambulance Services Trust	3,145	67%

Source: NHS Wales Shared Services Partnership (15 June 2020 - 8 April 2021)

- 34 Whilst low completion rates via ESR does not necessarily equate to low use of the tool, it is difficult to know how many staff across the NHS in Wales have actually completed the Risk Assessment Tool due to the variable data collection and monitoring arrangements introduced by NHS bodies when it was launched.
- 35 We found that all NHS bodies adopted the 'hierarchy of control' approach to protect and support staff at higher risk from COVID-19. Under this approach, NHS bodies identified and utilised the most suitable measures from their wider suite of wellbeing arrangements to meet the individual needs of members of staff as identified through the Risk Assessment Tool.

These measures included:

- **engineering and administrative controls** – all NHS bodies put a range of engineering and administrative controls in place to safeguard staff at higher risk who were unable to work from home because of their role, and to support staff at higher risk returning to the workplace after a period of shielding. These included creating ‘COVID-19 secure settings’ (areas that posed a lower level of risk) by segregating COVID-19 and non-COVID-19 care pathways; staggering shift start and end times to reduce congestion; recalling staff on a rotational basis to limit the number of people in the workplace; and offering a phased return to the workplace.
- **personal protective equipment (PPE)** – PPE was provided in line with agreed guidelines to reduce or remove any residual risk to staff not eliminated by other measures. As stated in the Auditor General’s report titled Procuring and Supplying PPE for the COVID-19 Pandemic, Shared Services, in collaboration with other public services, overcame early challenges to provide health and care bodies with the PPE required by guidance without running out of stock at a national level. However, the report also acknowledges that some frontline staff have reported that they experienced shortages of PPE and some felt they should have had a higher grade of PPE than required by guidance.
- **substitution measures** – working from home was not considered a viable option for all members of staff at higher risk. For some members of staff, such as those living with an abusive partner, working from home could potentially have had a greater negative impact on their overall health and wellbeing. As a result, NHS bodies put arrangements in place to enable and support staff in these situations to work in ‘COVID-19 secure settings’. For members of staff unable to perform their normal duties from home due to the nature of the work, NHS bodies put arrangements in place to enable them to work in ‘COVID-19 secure settings’ or to be redeployed to other suitable roles which they could undertake either from home or in ‘COVID-19 secure settings’ with additional support, such as retraining.
- **elimination measures** – all NHS bodies put arrangements in place to enable and support the majority of staff at higher risk to work from home, particularly during official periods of shielding. Most staff at higher risk were also supported to continue working from home when shielding periods ended if this was considered appropriate and safe to do so, and if the arrangement worked effectively for both the employer and employee.

- 36 All NHS bodies also encouraged and supported staff at higher risk to access mental health and psychological wellbeing services to help them adjust to new ways of working and/or manage any anxieties or worries they experienced. Detailed guidance was also provided to line-managers on how to provide effective support to staff at higher risk during the pandemic. As NHS bodies move towards the recovery period, they should continue to engage with staff at higher risk to evaluate the impact of the support and interventions they are providing and amend or improve their arrangements as necessary.
- 37 We found that there are a number of advantages and disadvantages to the Risk Assessment Tool, as follows:

Advantages of the Risk Assessment Tool

- the tool has ensured consistency, reduced variability, and facilitated the sharing of learning across the NHS;
- the format of the tool is simple, easy to use, and enables staff to focus on the main factors which may place them at greater risk;
- the tool helps managers appreciate the importance of addressing risks to staff in a timely and sensitive manner as well as the importance of being a compassionate and supportive manager;
- the process, if done correctly, provides reassurance to staff and gives assurance to managers and leaders that staff risks are being managed appropriately;
- the tool has galvanised organisations into adopting holistic approaches to managing staff risks; and
- the tool has generated a greater awareness and understanding of the needs of certain groups of staff, particularly those underrepresented within existing organisational structures.

Disadvantages of the Risk Assessment Tool

- the tool has made some staff feel ‘targeted’ or ‘singled out’ for special treatment;
- there have been some concerns about the use of the acronym BAME (Black, Asian, and Minority Ethnic) in the tool because it places a greater emphasis on certain ethnic minority groups (Asian and Black) and exclude others (Mixed, Other and White ethnic minority groups);
- there have been some concerns that the tool’s scoring matrix does not give sufficient weighting to certain risk factors, such as ethnicity and Type 1 diabetes;
- the tool and process have been seen and treated as a ‘tick box exercise’ by a small number of managers and members of staff; that is, the tool was completed to maintain compliance, but no real action was taken in response to the score;

- the tool does not pick-up the whole picture in one place for all staff, particularly those required to complete other risk assessments (eg stress risk assessment); and
- the ongoing development and evolution of the tool has led to a sense of 'risk assessment fatigue' amongst some members of staff.

Maintaining oversight of staff wellbeing arrangements

- 38 At an operational level, we found that all NHS bodies had staff wellbeing planning cells/groups in place as part of their emergency command and control structures with responsibility for planning and overseeing the delivery of local staff wellbeing provision. These planning cells/groups were tasked with working with other relevant cells/groups, such as those with responsibility for PPE and staff communication and engagement, to ensure a co-ordinated approach to supporting staff wellbeing.
- 39 These planning cells/groups were also responsible for monitoring COVID-19 workforce related risks and indicators and escalating key concerns and issues to the relevant group(s) within the emergency command structure as appropriate. Whilst the majority of these planning cells/groups monitored similar indicators, such as absence rates due to illness or shielding, we found that only a small number were actively monitoring risk assessment completion rates. Furthermore, we found that only NHS body had arrangements in place at an operational level to assess and monitor the quality of completed risk assessments.
- 40 At a corporate level, we saw evidence in most NHS bodies of good flows of information to boards and committees to provide assurance and enable effective oversight and scrutiny of all relevant staff wellbeing risks and issues during the pandemic. However, we found there was scope across most NHS bodies to strengthen the arrangements for reporting risk assessment completion rates and providing greater assurances to boards and committees around the quality of completed risk assessments.
- 41 We found that the crisis generated a greater awareness at board-level in all NHS bodies around the importance of supporting staff wellbeing and, in particular, the importance of understanding and addressing the needs of particular groups of staff. In some NHS bodies, this led to the creation of new staff networks and advisory groups for specific groups of staff which have traditionally been underrepresented within existing corporate structures. However, one Health Board has taken this further by establishing an Advisory Group for staff from ethnic minority groups as a formal sub-group of the board to ensure a stronger voice and involvement within the organisation for black, Asian, and minority ethnic staff. Although the Advisory Group reports formally via the Health Board's Chair, the Advisory Group's Chair and Vice-Chair are invited to attend all board meetings.

Key challenges and opportunities for the future

- 42 NHS staff at all levels have shown tremendous resilience, adaptability, and dedication throughout the pandemic. However, they have also experienced significant physical and mental pressures due to the unprecedented challenges presented by the crisis, including:
- working longer hours and managing greater workloads;
 - operating in rapidly changing, demanding, and intensive environments;
 - managing fears, concerns, and anxieties about the risks to their own health as well as the risks to the health of their loved ones;
 - seeing patients, colleagues and/or family and friends falling seriously ill or even dying with COVID-19;
 - contracting COVID-19, and, for some, managing the longer-term effects of the virus (long-COVID);
 - adjusting to new ways of working and, in some cases, adjusting to different roles;
 - dealing with the resulting impact of shielding or working from home in terms of feeling isolated and alone and/or feeling guilty about not being able to support colleagues on the front-line; and
 - adapting to wider social restrictions and managing their associated impacts, such as delivering home schooling, and providing enhanced care for elderly or vulnerable relatives.
- 43 The crisis has undoubtedly had a considerable impact on the wellbeing of staff. For example, surveys undertaken by RCN Wales, whilst not representative of the NHS workforce as a whole, highlight the impact of the pandemic on staff wellbeing. The results of the survey undertaken in June 2020, which received 2,011 responses, found:
- 75.9% stated their stress levels had increased since the beginning of the pandemic;
 - 58.4% stated that staff morale had worsened since the beginning of the pandemic; and
 - 52% stated they either strongly agreed or agreed with the statement 'I am worried about my mental health'.
- 44 However, the longer-term impacts cannot and should not be ignored or underestimated. Indeed, the surveys undertaken by the BMA, whilst not representative of the NHS workforce as a whole, point to some of the challenges that remain in relation to staff wellbeing:
- in April 2021, 45% (126 of 279) of members stated they were suffering from depression, anxiety, stress, burnout, emotional distress, or other mental health conditions relating to or made worse by their place of work or study compared with 40% (298 of 735) in April 2020.

- in April 2021, 33% (92 of 279) of members stated their symptoms were worse than before the start of the pandemic compared with 25% (185 of 735) in April 2020.
 - in April 2021, 36% (72 of 281) of members stated their current levels of health and wellbeing were slightly worse or much worse compared with that during the first wave between March and May 2020. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 43% (205 of 480) and 48% (224 of 467) respectively.
 - on a scale of one to five (where 1 equalled very low/negative, and 5 equalled very high/positive), 32% (74 of 229) of members scored their morale as either a 1 or 2 in April 2021. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 45% (203 of 454) and 47% (195 of 402) respectively.
 - in April 2021, 56% (157 of 282) of members stated their current level of fatigue or exhaustion was higher than normal from working or studying during the pandemic. However, it should be noted that this is an improvement when compared with the results in October and December 2020, namely 60% (286 of 480) and 64% (297 of 467) respectively.
- 45 Surveys and work undertaken by other professional bodies also highlight the increased stress, exhaustion, and burnout experienced by staff. They also point to the increased risk to staff of developing longer term physical and psychological problems without ongoing support and opportunities for proper rest and recuperation.
- 46 Trends in sickness absence rates also point to some of the challenges that NHS bodies have faced during the crisis. After a gradual fall during 2015 to 2017, the sickness absence 12-month moving average has been rising and was 6.0% over the last year, mainly due to an increase from the April to June 2020 quarter during the pandemic. For the quarter ending 31 December 2020¹⁹:
- the sickness absence rate was 6.4%, up 1.3 percentage points compared to the quarter ending 30 September 2020.
 - the NHS bodies with the highest sickness rates were Cwm Taf Morgannwg University Health Board at 8.5%, Welsh Ambulance Services NHS Trust at 8.4%, and Swansea Bay University Health Board at 8.3% (compared with 5.6%, 5.9%, and 6.2% respectively for the quarter ending 30 September 2020).

19 Source: [StatsWales](#)

- the staff groups with the highest sickness absence rates were the Ambulance staff group at 9.6%, the Healthcare Assistants and Support Workers staff group at 9.2%, and the Nursing, Midwifery and Health Visiting staff group at 8.1% (compared with 6.2%, 7.4%, and 6.5% respectively for the quarter ending 30 September 2020).
- 47 In the short-term, NHS bodies will face challenges in terms of managing seasonable absences which tend to be higher in the winter months as well as dealing with absences caused by staff requiring to self-isolate by the Test, Trace, Protect Service. However, they will also potentially face future challenges in terms of managing absence rates attributed to the longer-term physical and mental conditions caused by the pandemic unless they maintain and build upon their staff wellbeing arrangements.
- 48 The COVID-19 pandemic has undoubtedly brought staff wellbeing into sharper focus at both a national and local level. It has also shown that NHS bodies can respond rapidly and effectively to the challenges and pressures presented by a crisis. However, there is no doubt that the NHS workforce in Wales, which was already under pressure prior to the pandemic, is more emotionally and physically exhausted than ever before after the significant and unprecedented efforts of the last 18 months.
- 49 A continued focus on providing accessible wellbeing support and services and maintaining staff engagement, therefore, is going to be needed in the short-term to ensure NHS bodies address the ongoing impact of the pandemic on the physical health and mental wellbeing on their staff. Without such a focus, there is a risk the impact of the pandemic on the physical and mental health of staff will grow which could, in turn, compromise the ability of NHS bodies to deal effectively with the combined challenges of recovering and restarting services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures which are expected to be greater this winter than they were last year.
- 50 However, the COVID-19 pandemic has also created an opportunity to rethink and transform staff wellbeing for the medium to longer term. Whilst supporting the wellbeing of the NHS workforce is more necessary than ever when the service needs to respond to a crisis, investing appropriately in staff wellbeing on an ongoing basis is equally as important as a healthy, engaged, and motivated workforce is essential to the delivery of safe, high-quality, effective, and efficient health and care services.
- 51 We have prepared a checklist to accompany this report which sets out some of the questions NHS Board Members should be asking to obtain assurance that their respective health bodies have effective, efficient, and robust arrangements in place to support the wellbeing of their staff.



Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in
Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales

Taking Care of the Carers? A Checklist for NHS Board Members

This checklist sets out some of the questions NHS Board Members should be asking to obtain assurance that their respective health bodies have effective, efficient, and robust arrangements in place to support the wellbeing of their staff. The questions are aligned to the recommendations we have set out in our report – Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic

1.



What wellbeing services does the health body currently offer to staff?

The Board should have a clear understanding of the health body's current wellbeing offer to staff. In particular, the Board should seek to understand: (a) what provision has remained largely unchanged during the pandemic, (b) what provision has been enhanced during the pandemic, and (c) what new provision has been introduced during the pandemic. The Board should also seek to understand which services are available to all groups of staff and which services are available to particular groups of staff, such as staff at higher risk from COVID-19.

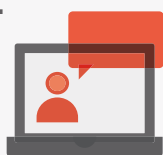
2.



How much do they cost?

The Board should have a clear understanding of the costs/resources associated with the health body's current wellbeing offer to staff and how they are funded.

3.



How accessible is the health body's current staff wellbeing offer?

The Board should have a clear understanding of how the health body's current wellbeing offer is promoted to and accessed by staff. In particular, the Board should seek to gain an understanding of staff experiences of accessing the services they feel they need and/or have been assessed as requiring in order to meet their wellbeing needs. Boards should seek assurance that appropriate action is being taken to address any issues or difficulties experienced by staff.

4.



How effective is the health body's current staff wellbeing offer?

The Board should have a clear understanding of the effectiveness of the health body's current staff wellbeing offer. In particular, the Board should seek to understand which services are the most effective and the least effective based on staff feedback and/or user evaluations. The Board should also consider any evidence which might be available on the clinical effectiveness of particular approaches and interventions adopted by the health body.

5.



Which wellbeing services should the health body offer to staff in the short-, medium-, and long-term?

The Board should consider which wellbeing services the health body should offer to staff initially in the short-term to deal with the immediate impact of the pandemic on the physical health and mental wellbeing of staff. Whilst the longer-term impact of the pandemic is difficult to quantify at this stage, Boards should nevertheless start to consider which wellbeing services will be required in the medium to long term.

In refreshing the health body's wellbeing offer to staff, Boards should consider the following questions in line with staff needs, staff feedback/user evaluations, evidence of clinical effectiveness, and value for money:

- which existing services should be scaled back or stopped altogether?
- which existing services should be enhanced or reconfigured?
- which new services should be piloted or introduced?

As part of this exercise, Boards should also seek to distinguish between services aimed at all staff groups and services required by particular groups of staff, such as those at higher risk from COVID-19 and those that have directly worked at the front-line throughout the pandemic.

6.



How should the health body deliver its wellbeing offer to staff?

Boards should have a clear understanding of the opportunities that exist to collaborate with other health bodies to procure, commission, and/or deliver wellbeing services on a joint basis particularly in specialist areas, such as psychotherapy. Boards should also seek to understand the opportunities that exist to share learning and resources more widely in respect of general approaches to staff wellbeing.

Boards should also have a clear understanding of how services will be funded with a view to providing stability, ensuring sustainability, and achieving value for money.

7.



How should the health body continue to engage with staff?

Boards should have a clear understanding of how the health body will continue to engage with staff to ensure they have meaningful opportunities to highlight their needs and share their views on a regular basis, particularly during the recovery phase of the pandemic. Boards should also seek to understand what arrangements are in place or will be put in place to engage meaningfully with underrepresented groups of staff, such as ethnic minority staff. Boards should also seek assurance that the health body's staff engagement arrangements compliment, rather than duplicate, other arrangements that might be in place at a national level.

8.



What assurance does the Board require going forward?

The Board should ensure there are robust arrangements in place to receive assurance on all relevant matters relating to staff wellbeing. The Board should provide clarity on which matters should be scrutinised by the relevant committee with responsibility for workforce matters and which matters should be reserved by the Board and/or reviewed by the Board on a regular basis (such as monitoring performance against key workforce indicators).

Gofalu am y Gofalwyr?

Sut roedd cyrff y GIG yn cefnogi lles staff
yn ystod pandemig COVID-19

Hydref 2021



Paratowyd yr adroddiad hwn i'w gyflwyno i'r Senedd dan adran 145A Deddf Llywodraeth Cymru 1998 ac adran 61(3) (b) Deddf Archwilio Cyhoeddus (Cymru) 2004.

Archwilio Cymru yw'r enw cyfunol anstatudol ar gyfer Archwilydd Cyffredinol Cymru a Swyddfa Archwilio Cymru, sy'n endidau cyfreithiol ar wahân sydd â'u swyddogaethau cyfreithiol eu hunain. Nid yw Archwilio Cymru yn endid cyfreithiol. O ganlyniad, yn yr Adroddiad hwn, rydym yn cyfeirio'n benodol at yr Archwilydd Cyffredinol neu Swyddfa Archwilio Cymru mewn adrannau lle mae angen manylder cyfreithiol. Os oes arnoch angen y cyhoeddiad hwn mewn fformat a/neu iaith arall, neu os oes gennych unrhyw gwestiynau am ei gynnwys, cysylltwch â ni gan ddefnyddio'r manylion isod. Rydym yn croesawu gohebiaeth yn Gymraeg ac yn Saesneg, a byddwn yn ymateb yn yr iaith a ddefnyddiwyd gennych chi. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd
CF11 9LJ

Ffôn 02920 320 500
E-bost post@archwilio.cymru
Gwefan www.archwilio.cymru
Twitter [@WalesAudit](https://twitter.com/WalesAudit)

Mae'r ddogfen hon hefyd ar gael yn Saesneg

Cynnwys

Adroddiad cryno

Cefndir	4
Negeseuon allweddol	4
Argymhellion	7

Prif Adroddiad

Cyflwyniad	11
Pwysigrwydd cefnogi lles staff	12
Sut y gwnaeth cyrff iechyd gefnogi lles staff yn ystod y pandemig	15
Heriau a chyfleoedd allweddol ar gyfer y dyfodol	28

Cefndir

- 1 Mae'r adroddiad hwn yn disgrifio sut y mae cyrff y GIG wedi cefnogi lles eu staff yn ystod pandemig COVID-19, gyda ffocws penodol ar eu trefniadau ar gyfer diogelu staff sy'n wynebu risg uwch o COVID-19.
- 2 Hwn yw'r ail o ddau gyhoeddiad sy'n tynnu ar ganfyddiadau ein gwaith i gwblhau asesiadau strwythuredig lleol gyda'r nod o amlygu themâu allweddol, adnabod cyfleoedd ar gyfer y dyfodol, a rhannu gwersi. Mae'r adroddiad cyntaf [Ei wneud yn wahanol, ei wneud yn iawn?](#) – yn disgrifio sut gwnaeth cyrff y GIG ddiwygio'u trefniadau i'w galluogi i lywodraethu mewn modd darbodus, ystwyth a thrylwyr yn ystod y pandemig.

Negeseuon allweddol

- 3 Mae staff y GIG ar bob lefel wedi dangos cydnerthedd, cyfaddaster ac ymroddiad aruthrol trwy gydol y pandemig. Fodd bynnag, maent hefyd wedi profi pwysau corfforol a meddyliol sylweddol oherwydd yr heriau digynsail a achoswyd gan yr argyfwng.
- 4 Roedd y GIG yng Nghymru eisoes yn wynebu nifer o heriau mewn perthynas â lles staff cyn y pandemig. Fodd bynnag, arweiniodd maint ac effeithiau digynsail pandemig COVID-19 at ffocws mwy manwl byth ar bwysigrwydd cefnogi lles staff.
- 5 O ganlyniad, gosododd holl gyrff y GIG yng Nghymru ffocws cryf ar les staff trwy gydol pandemig COVID-19. Ar ddechrau'r argyfwng, symudodd pob un o gyrff y GIG yn gyflym i wella'u trefniadau presennol i roi cymorth i gyflogeion ac i roi mesurau ychwanegol ar waith i gefnogi iechyd corfforol a lles meddyliol eu staff, gymaint â phosibl, yn ystod y pandemig. Roedd camau gweithredu allweddol a gymerwyd gan gyrff y GIG i amddiffyn staff a chefnogi eu lles yn cynnwys:
 - gwella mesurau atal a rheoli heintiau;
 - ailgyflunio lleoliadau gofal iechyd;
 - hwyluso mynediad at brofion COVID-19 ac, yn fwy diweddar, brechiadau COVID-19;
 - creu manau gorffwys pwrpasol;
 - cynyddu darpariaeth iechyd meddwl a lles seicolegol;
 - cryfhau'r modd y cyfathrebir ac yr ymgysylltir â staff; a
 - galluogi trefniadau gweithio o bell.

- 6 Rhoddodd holl gyrff y GIG drefniadau ar waith i gyflwyno Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu (yr Adnodd Asesu Risg) fel rhan o'u hymdrechion ehangach i ddiogelu aelodau o staff sy'n wynebu risg uwch pe baent yn dal COVID-19. Fe wnaeth pob un o gyrff y GIG hyrwyddo'r Adnodd Asesu Risg mewn nifer o ffyrdd. Fodd bynnag, mae cyfraddau cwblhau'r Adnodd Asesu Risg trwy'r Cofnod Staff Electronig (CSE) wedi amrywio'n sylweddol rhwng cyrff unigol y GIG. Defnyddiodd holl gyrff y GIG fesurau o'u casgliad ehangach o drefniadau lles i ddiwallu anghenion unigol staff sy'n wynebu risg uwch pe baent yn dal COVID-19 fel a nodwyd gan yr Adnodd Asesu Risg.
- 7 Fe wnaeth byrddau a phwyllgorau'r rhan fwyaf o gyrff y GIG gynnal goruchwyliaeth dda a sicrhau craffu effeithiol ar yr holl risgiau perthnasol i les staff a materion o ran lles staff yn ystod y pandemig. Fodd bynnag, gallai trefniadau i adrodd ar gyfraddau cwblhau'r Adnodd Asesu Risg a darparu sicrwydd ynghylch ansawdd asesiadau risg a gwblhawyd fod wedi cael eu cryfhau yn y rhan fwyaf o gyrff y GIG.
- 8 Er bod yr argyfwng wedi cael effaith sylweddol ar les staff yn y tymor byr heb os, ni ellir ac ni ddylid anwybyddu na thanamcangyfrif yr effeithiau tymor hwy. Mae arolygon a gwaith a wnaed gan ystod o gyrff proffesiynol yn amlygu'r profiadau cynyddol o straen, gorludded a diffygio ymhlith staff, ac yn tynnu sylw at y risg gynyddol bod staff yn datblygu problemau corfforol a seicolegol tymor hwy heb gymorth parhaus.
- 9 Felly, bydd angen ffocws parhaus ar ddarparu cymorth hygyrch gyda lles a chynnal ymgysylltiad staff yn y tymor byr i sicrhau bod cyrff y GIG yn mynd i'r afael ag effaith barhaus y pandemig ar iechyd corfforol a lles meddyliol eu staff.
- 10 Fodd bynnag, mae pandemig COVID-19 wedi creu cyfle hefyd i ailfeddwl am les staff a'i drawsnewid ar gyfer y tymor canolig a hwy. Er bod cefnogi lles gweithlu'r GIG yn fwy angenrheidiol nag erioed pan fo angen i'r gwasanaeth ymateb i argyfwng, mae buddsoddi'n briodol yn lles staff ar sail barhaus yr un mor bwysig ag y mae gweithlu iach, ymgysylltiol a chryf ei gymhelliant yn hanfodol i ddarparu gwasanaethau iechyd a gofal diogel, effeithiol ac effeithlon o ansawdd da.



Mae'r cydnerthedd a'r ymroddiad a ddangoswyd gan staff y GIG ar bob lefel yn wyneb yr heriau a'r pwysau digynsail a gyflwynwyd gan y pandemig wedi bod yn wirioneddol ryfeddol. Fodd bynnag, mae'n anochel y bydd hyn wedi cael effaith sylweddol ar les staff y GIG, sydd bellach hefyd yn wynebu'r heriau o ddelio â'r galw cynyddol yn y system a achosir gan COVID-19. Mae'n galonogol gweld bod cyrff y GIG wedi parhau i ganolbwyntio'n glir ar les staff drwy gydol y pandemig ac wedi gweithredu ystod eang o fesurau i gefnogi iechyd corfforol a lles meddyliol eu staff yn ystod yr argyfwng. Mae'n hanfodol bod y gweithgareddau hyn yn cael eu hadeiladu a bod lles staff yn parhau i fod yn flaenoriaeth ganolog i gyrff y GIG wrth iddynt ddelio â heriau cyfunol adennill gwasanaethau, parhau i ymateb i bandemig COVID-19, a hefyd rheoli pwysau tymhorol y disgwylir iddynt fod yn fwy y gaeaf hwn nag yr oeddent y llynedd. Mae'n debyg bod gofalu am y rhai sy'n gofalu am eraill yn bwysicach nawr nag y bu erioed o'r blaen.

Adrian Crompton

Archwilydd Cyffredinol Cymru



Argymhellion

11 Caiff argymhellion sy'n deillio o'r gwaith hwn eu nodi yn **Arddangosion 1 a 2**.

Arddangosyn 1: Argymhellion ar gyfer cyrff y GIG

Argymhellion

Cadw ffocws cryf ar les staff

A1 Dylai cyrff y GIG barhau i gynnal ffocws cryf ar les staff wrth iddynt ddechrau dod allan o'r pandemig a dechrau canolbwyntio ar adfer eu gwasanaethau. Mae hyn yn cynnwys cynnal ffocws cryf ar staff sy'n wynebu risg uwch pe baent yn dal COVID-19. Er gwaethaf llwyddiant y rhaglen frechu yng Nghymru, mae'r feirws (a'i amrywiolion) yn parhau i gylchredeg yn y boblogaeth gyffredinol. Felly dylai holl gyrff y GIG barhau i gyflwyno'r Adnodd Asesu Risg i sicrhau bod yr holl staff wedi cael asesiadau risg, ac y cymerir camau gweithredu priodol i ddiogelu a chefnogi staff y nodwyd eu bod yn wynebu risg uwch pe baent yn dal COVID-19.

Ystyried materion y gweithlu mewn cynlluniau adfer

A2 Dylai cyrff y GIG sicrhau bod eu cynlluniau adfer yn seiliedig ar ystyriaeth lawn a thrylwyr i'r holl oblygiadau perthnasol ar gyfer y gweithlu i sicrhau bod capasiti a gallu digonol i fynd i'r afael â'r heriau a'r cyfleoedd sy'n gysylltiedig ag adfer gwasanaethau. Dylai cyrff y GIG sicrhau hefyd eu bod yn ystyried y materion gwaddol ehangach o ran lles staff sy'n gysylltiedig â'r ymateb i'r pandemig i sicrhau bod ganddynt ddigon o gapasiti a gallu i gynnal gofal iechyd diogel, effeithiol ac o ansawdd da yn y tymor canolig a hir.

Argymhellion

Gwerthuso effeithiolrwydd ac effaith yr arlwy lles staff

- A3 Dylai cyrff y GIG geisio myfyrio ynghylch eu profiadau o gefnogi lles staff yn ystod y pandemig trwy gynnal gwerthusiad llawn o effeithiolrwydd ac effaith eu pecynnau cymorth lleol er mwyn: (a) ystyried beth weithiodd yn dda a beth na wnaeth weithio cystal; (b) deall ei effaith ar les staff; (c) adnabod beth fyddent yn ei wneud yn wahanol yn ystod argyfwng arall; a (d) canfod pa wasanaethau, rhaglenni, mentrau a dulliau a gyflwynwyd yn ystod y pandemig ddylid eu cadw neu eu hail-lunio i sicrhau bod staff yn parhau i gael eu cefnogi trwy gydol y cyfnod adfer a'r tu hwnt. Dylai cyrff y GIG sicrhau yr ymgysylltir yn llawn â staff a'u bod yn cael eu cynnwys yn llawn yn y broses werthuso.

Gwella dulliau cydweithredol o gefnogi lles staff

- A4 Dylai cyrff y GIG, trwy'r Rhwydwaith Iechyd a Lles Cenedlaethol a / neu grwpiau a fforymau cenedlaethol perthnasol eraill, barhau i gydweithio i sicrhau bod capasiti ac arbenigedd digonol i gefnogi gofynion lles staff mewn meysydd arbenigol, megis seicotherapi, yn ogystal â chynyddu i'r eithaf y cyfleoedd i rannu gwersi ac adnoddau mewn perthynas â dulliau mwy cyffredinol o gefnogi lles staff.

Argymhellion

Darparu sicrwydd parhaus ar gyfer byrddau a phwyllgorau

A5 Dylai cyrff y GIG barhau i ddarparu sicrwydd rheolaidd a pharhaus ar gyfer eu Byrddau a phwyllgorau perthnasol ynghylch yr holl faterion perthnasol sy'n ymwneud â lles staff. Wrth wneud hynny, dylai cyrff y GIG osgoi darparu disgrifiad cyffredinol yn unig o'r rhaglenni, gwasanaethau, mentrau a dulliau sydd ganddynt i gefnogi lles staff. Dylent hefyd ddarparu sicrwydd bod y rhaglenni, gwasanaethau, mentrau a dulliau hyn yn cael yr effaith a ddymunir ar les staff ac yn sicrhau gwerth am arian. Ar ben hynny, dylai holl gyrff y GIG sicrhau bod eu Byrddau'n cynnal goruchwyliaeth effeithiol ar ddangosyddion perfformiad allweddol ar gyfer y gweithlu – nid yw hyn yn digwydd ym mhob sefydliad ar hyn o bryd.

Adeiladu ar drefniadau lleol a chenedlaethol i ymgysylltu â staff

A6 Dylai cyrff y GIG geisio adeiladu ar drefniadau lleol a chenedlaethol presennol i ymgysylltu â'r gweithlu er mwyn sicrhau bod staff yn cael cyfleoedd parhaus i amlygu eu hanghenion a rhannu eu barn, yn enwedig ynglŷn â materion sy'n ymwneud ag adfer, ailgychwyn ac ailosod gwasanaethau. Dylai cyrff y GIG sicrhau bod y trefniadau hyn yn ategu ymgysylltu ystyrion â grwpiau o staff sydd heb gynrychiolaeth ddigonol, megis staff o leiafrifoedd ethnig.

Arddangosyn 2: argymhellion ar gyfer Llywodraeth Cymru

Argymhellion

Gwerthuso'r arlwy genedlaethol o ran lles staff

A7 Dylai Llywodraeth Cymru gynnal gwerthusiad o'r gwasanaethau a rhaglenni lles staff cenedlaethol a gomisiynwyd ganddi yn ystod y pandemig er mwyn asesu eu heffaith a'u cost-ffeithiolrwydd. Wrth wneud hynny, dylai Llywodraeth Cymru ystyried pa wasanaethau a rhaglenni cenedlaethol eraill ddylid eu comisiynu (naill ai ar wahân neu ar y cyd â chyrrff y GIG) i sicrhau bod staff yn parhau i gael eu cefnogi trwy gydol y cyfnod adfer a'r tu hwnt.

Gwerthuso Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu

A8 Dylai Llywodraeth Cymru gynnal gwerthusiad llawn o Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu i ganfod y gwersi allweddol y gellir eu dysgu o ran ei ddatblygu, ei gyflwyno, a'i effeithiolrwydd. Wrth wneud hynny, dylai Llywodraeth Cymru ymgysylltu â staff sy'n wynebu risg uwch pe baent yn dal COVID-19 i ddeall eu profiadau o ddefnyddio'r Adnodd Asesu Risg, yn enwedig i ba raddau y gwnaeth eu helpu i ddeall eu lefel o risg ac i hwyluso sgwrs gyda'u rheolwyr ynglŷn â'r camau y dylid eu cymryd i'w cefnogi a'u diogelu yn ystod y pandemig.

Cyflwyniad

- 12 Mae cyrff y GIG yng Nghymru wedi wynebu heriau digynsail a phwysau sylweddol yn ystod pandemig COVID-19. Trwy gydol yr argyfwng, mae cyrff y GIG wedi gorfod taro cydbwysedd rhwng nifer o anghenion gwahanol, ond pwysig – yr angen i sicrhau capasiti digonol i ofalu am bobl yr effeithiwyd arnynt gan y feirws; yr angen i sicrhau digon o gapasiti i ofalu am bobl yr effeithiwyd arnynt gan y feirws; yr angen i gynnal gwasanaethau hanfodol yn ddiogel; yr angen i ddiogelu iechyd a lles eu staff; a'r angen i gynnal trefniadau llywodraethu da. Er mwyn ymateb i'r anghenion hyn yn effeithiol, bu'n ofynnol i gyrff y GIG gynllunio'n wahanol, gweithredu'n wahanol, rheoli eu hadnoddau'n wahanol a llywodraethu'n wahanol.
- 13 Cafodd ein gwaith asesu strwythuredig¹ yn 2020 ei ddylunio a'i wneud yng nghyd-destun y pandemig parhaus. O ganlyniad, cawsom gyfle unigryw i weld sut y mae cyrff y GIG wedi bod yn addasu ac yn ymateb i'r heriau a phwysau niferus a achoswyd gan argyfwng COVID-19.
- 14 Yr adroddiad hwn yw'r ail o ddau gyhoeddiad sy'n tynnu ar ganfyddiadau ein gwaith asesu strwythuredig, ac ymarferion casglu tystiolaeth mwy diweddar i amlygu themâu allweddol, adnabod themâu ar gyfer y dyfodol, a rhannu gwersi o fewn y GIG ac ar draws y sector cyhoeddus yng Nghymru'n fwy eang.
- 15 Yn ein hadroddiad cyntaf – Ei wneud yn wahanol, ei wneud yn iawn? – fe wnaethom drafod pwysigrwydd cynnal trefniadau llywodraethu da yn ystod argyfwng a disgrifio sut y gwnaeth trefniadau diwygiedig alluogi cyrff y GIG i lywodraethu mewn modd darbodus, ystwyth a thrylwyr yn ystod y pandemig. Fe wnaethom hefyd amlygu'r cyfleoedd allweddol ar gyfer sefydlu gwersi a ffyrdd newydd o weithio mewn byd ar ôl y pandemig.
- 16 Yn yr adroddiad hwn, rydym yn trafod pwysigrwydd cefnogi lles staff ac yn disgrifio sut y mae cyrff y GIG wedi cefnogi lles eu staff yn ystod y pandemig, gyda ffocws penodol ar y trefniadau ar gyfer diogelu staff sy'n wynebu risg uwch pa baent yn dal COVID-19. Rydym yn ystyried y gwersi allweddol y gellir eu tynnu o brofiadau cyrff y GIG o gefnogi lles staff yn ystod argyfwng COVID-19 ac yn diweddu trwy amlygu'r heriau a'r cyfleoedd allweddol ar gyfer y dyfodol.

1 Cynhelir asesiad strwythuredig ym mhob un o gyrff y GIG i helpu i ateb gofyniad statudol yr Archwilydd Cyffredinol, dan adran 61 Deddf Archwilio Cyhoeddus (Cymru) 2004, i fod wedi'i argyhoeddi eu bod wedi gwneud trefniadau priodol i sicrhau darbodaeth, effeithlonrwydd ac effeithiolrwydd o ran defnyddio adnoddau. Cynhyrchir adroddiadau unigol ar gyfer pob un o gyrff y GIG, ac maent ar gael ar ein [gwefan](#).

- 17 Er bod yr adroddiad hwn yn tynnu ar ganfyddiadau ein gwaith asesu strwythuredig, fe'i goleuwyd hefyd gan dystiolaeth ychwanegol a gasglwyd gan bob un o gyrff y GIG yn ogystal â gwybodaeth a gafwyd gan Lywodraeth Cymru, Cymdeithas Feddygol Prydain (BMA), a'r Coleg Nyrso Brenhinol (RCN) yng Nghymru. Ar ben hynny, gan bod yr adroddiad hwn yn tynnu i raddau helaeth ar ganfyddiadau ein gwaith asesu strwythuredig, nid ydym wedi ymgysylltu'n uniongyrchol â staff y GIG. Yn lle hynny, rydym wedi cyfeirio at ganfyddiadau o arolygon a gynhaliwyd gan BMA Cymru ac eraill i ddarparu mewnwelediadau i brofiadau staff yn ystod y pandemig.

Pwysigrwydd cefnogi lles staff

- 18 Mae'r gweithlu'n elfen hanfodol o system gofal iechyd Cymru. Mae'r GIG yng Nghymru'n cyflogi 88,000 o staff cyfwerth ag amser llawn (**Arddangosyn 3**) ac roedd costau staff yn rhoi cyfrif am 50% o gyfanswm gwariant y GIG yn 2020-21².

2 £9.6 biliwn oedd cyfanswm gwariant y GIG yn 2020-21, y cafodd £4.8 biliwn ohono'i wario ar gostau staff. (Ffynhonnell: [Archwilio Cymru.](#))

Arddangosyn 3: Staff y GIG yn ôl grŵp o staff (Mawrth 2021)³

Grŵp o staff	CagALI
Staff meddygol a deintyddol	7,294
Staff nyrsio, bydwreigiaeth, ac ymwelwyr iechyd	36,027
Staff gweinyddiaeth ac ystadau	21,380
Staff gwyddonol, therapiwtig a thechnegol	14,947
Cynorthwywyr gofal iechyd a staff cymorth eraill	5,806
Staff ambiwlans	2,709
Staff anfeddygol eraill	96

Ffynhonnell: [StatsCymru](#)

³ Nid yw Ymarferwyr Meddygol a Deintyddol Cyffredinol wedi'u cynnwys gan mai contractwyr annibynnol y GIG ydynt.

- 19 Mae dyletswydd gofal ar holl gyrrff y GIG yng Nghymru i warchod iechyd a diogelwch eu staff a darparu amgylchedd diogel a chefnogol i weithio ynddo. Fodd bynnag, mae cefnogi lles staff hefyd yn bwysig am nifer o resymau eraill:
- **deilliannau cleifion** – mae cysylltiad cryf rhwng lles negyddol ymhlith staff a deilliannau gwael ar gyfer cleifion. Mae ymchwil yn dangos bod lles negyddol ymhlith staff a lefelau diffygio cymedrol ac uchel yn gysylltiedig â deilliannau gwael o ran diogelwch ar gyfer cleifion⁴. Fe amlygodd Adroddiad Ymchwiliad Francis i Ymddiriedolaeth Sefydledig y GIG Canol Swydd Stafford y cysylltiad rhwng lles gwael ymhlith staff a gofal o ansawdd is hefyd⁵. Felly mae cefnogi lles cadarnhaol yn y gwaith yn galluogi cyrrff y GIG i gynnal lefelau uwch o ran diogelwch cleifion, darparu gofal o ansawdd gwell, a sicrhau bodlonrwydd uwch ymhlith cleifion.
 - **deilliannau sefydliadol** – mae costau ariannol sylweddol yn gysylltiedig â lles gwael ymhlith staff. Yn ôl Health Education England, mae cost iechyd meddwl gwael yng ngweithlu'r GIG yn cyfateb i £1,794 - £2,174 am bob cyflogai bob blwyddyn⁶. Ar ben hynny, mae'r costau sy'n gysylltiedig ag absenoldeb staff yn sylweddol. Fe gyfrifodd Adolygiad Boorman fod cost uniongyrchol absenoldeb cofnodedig yn y GIG ledled y DU oddeutu £1.7 biliwn y flwyddyn ac roedd cost anuniongyrchol cyflogi staff dros dro i gyflenwi yn ystod absenoldeb yn £1.45 biliwn y flwyddyn yn ôl yr amcangyfrif⁷. Felly mae cefnogi lles cadarnhaol yn y gwaith yn galluogi cyrrff y GIG i leihau nifer y diwrnodau gwaith a gollir o ganlyniad i les gwael ymhlith staff a chyflawni arbedion uwch o ran costau.
 - **deilliannau ar gyfer cyflogeion** – mae profiad negyddol yn y gwaith yn gysylltiedig â lles negyddol sydd, yn ei dro, yn arwain at ymgysylltiad a chymhelliant is ymhlith staff, mwy o straen yn y gweithle, trosiant uwch ymhlith staff, a deilliannau gwaeth ar gyfer cleifion. Mae ymchwil yn dangos bod gweithlu sydd dan ormod o bwysau oherwydd absenoldebau a swyddi gwag ac a ategir gan staff dros dro yn cael effaith negyddol ar les staff^{8,9}.

4 [Hall et al \(2016\) Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review](#)

5 [Adroddiad Ymchwiliad Cyhoeddus Ymddiriedolaeth Sefydledig y GIG Canol Swydd Stafford \(2013\)](#)

6 [Health Education England \(2019\) NHS Staff and Learners' Mental Wellbeing Commission](#)

7 [Adroddiad Interim ar Adolygiad Iechyd y GIG \(2009\)](#)

8 [Rafferty et al \(2007\) Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records](#)

9 [Picker \(2018\) The risks to care quality and staff wellbeing of an NHS system under pressure](#)

Effeithir yn negyddol ar les hefyd pan fo staff yn teimlo nad ydynt yn cael eu gwerthfawrogi ddigon ac nad ydynt yn cael eu cefnogi yn eu rolau, pan ydynt yn teimlo wedi'u gorlethu gan eu llwythi gwaith, a phan ydynt yn teimlo fel nad oes ganddynt rhyw lawer o reolaeth ar eu bywydau gwaith¹⁰. Felly mae cefnogi lles cadarnhaol yn y gwaith yn galluogi cyrff y GIG i wella ymgysylltiad a chymhelliant staff, lleihau straen yn y gweithle i'r eithaf, a chadw mwy o'u cyflogeion.

Sut y gwnaeth cyrff iechyd gefnogi lles staff yn ystod y pandemig

- 20 Roedd y GIG yng Nghymru eisoes yn wynebu nifer o heriau mewn perthynas â lles staff cyn y pandemig. Dengys canlyniadau [Arolwg Staff y GIG 2018](#) fod 64% o ymatebwyr wedi dweud iddynt ddod i'r gwaith er nad oeddent yn teimlo'n ddigon da i gyflawni eu dyletswyddau (o'i gymharu â 57% yn 2016), a bod 34% wedi dweud eu bod wedi cael anaf neu wedi teimlo'n anhwylyd o ganlyniad i straen a oedd yn gysylltiedig â gwaith (o'i gymharu â 28% yn 2016). Ar ben hynny, Roedd y cyfartaledd treigl 12 mis absenoldeb oherwydd salwch ar gyfer y 12 mis a ddaeth i ben ar ym mis Mawrth 2020 ar ei uchaf ers dechrau casglu data yn 2008.
- 21 Fodd bynnag, fe wnaeth graddfa ac effaith ddigynsail pandemig COVID-19 arwain at roi ffocws mwy manwl byth ar bwysigrwydd cefnogi lles staff ar lefel genedlaethol a lleol er mwyn:
- diogelu iechyd staff trwy leihau nifer yr achosion o COVID-19 mewn lleoliadau gofal iechyd a lleihau eu cysylltiad â'r feirws i'r eithaf;
 - lleihau'r risg y byddai staff yn trosglwyddo'r feirws i gydweithwyr, cleifion, aelodau eu teuluoedd, ac aelodau eraill y gymuned ehangach;
 - diogelu grwpiau o staff agored i niwed a oedd yn wynebu risg pe baent yn dal y feirws, megis pobl hŷn, pobl â chyflyrau iechyd a oedd yn bodoli eisoes, menywod beichiog, a phobl o rai grwpiau ethnig lleiafrifol penodol;
 - cynorthwyo staff i ymaddasu i ffyrdd newydd o weithio ac addasu i leoliadau gwaith gwahanol;
 - helpu staff i ymdopi â'r heriau, pwysau, ansicrwydd a straeniau a oedd yn gysylltiedig â'r pandemig;
 - sicrhau bod cyrff y GIG yn cynnal lefelau staffio digonol i gynnal gwasanaethau a gofal hanfodol yn ddiogel ar gyfer cleifion yr effeithiwyd arnynt gan y feirws; a
 - galluogi cyrff y GIG i ailgychwyn, adfer ac ailadeiladu gwasanaethau'n ddiogel, yn effeithiol ac yn effeithlon.

10 [West a Coia \(2018\) Caring for doctors, Caring for patients](#)

- 22 O ganlyniad, gosododd holl gyrrff y GIG yng Nghymru ffocws cryf ar les staff trwy gydol yr argyfwng yn unol â'u cynlluniau gweithredol a chanllawiau Llywodraeth Cymru¹¹.
- 23 Ar ddechrau'r pandemig, symudodd pob un o gyrrff y GIG yn gyflym i gynllunio a darparu pecynnau lleol o gymorth fel rhan o arlwy lles amlhaen ar gyfer staff. Rhoddodd yr arlwy amlhaen, a dyfodd ac a esblygodd dros amser, fynediad rhad ac am ddim i staff at ystod o wasanaethau ac adnoddau Cymru gyfan, gan gynnwys:
- **SilverCloud** – plattform iechyd meddwl digidol a oedd wedi'i fwriadu i helpu staff y GIG i reoli teimladau o straen, gorbryder ac iselder.
 - **Iechyd i Weithwyr Iechyd Proffesiynol Cymru** – gwasanaeth cyfrinachol, rhad-ac-am-ddim sy'n darparu mynediad ar gyfer staff, myfyrwyr a gwirfoddolwyr y GIG yng Nghymru at amryw lefelau o gymorth iechyd meddwl gan gynnwys hunangymorth, hunangymorth dan arweiniad, cymorth gan gymheiriaid, a therapïau wyneb yn wyneb rhithwir gydag arbenigwyr achrededig.
 - **Llinell Gymorth y Samariaid** – llinell gymorth lles ddwyieithog gyfrinachol ar gyfer gweithwyr a gwirfoddolwyr iechyd a gofal cymdeithasol yng Nghymru.
 - **Adnoddau lles ar-lein i staff y GIG** – Bu Addysg a Gwella Iechyd Cymru (AaGIC) yn gweithio gyda chydweithwyr allweddol ar Is-grŵp Iechyd a Lles y Gell Gweithlu COVID-19 genedlaethol i guradu adnoddau a mynediad at wasanaethau arbenigol penodol a threfnu eu bod ar gael trwy ei Restr Chwarae Covid-19 – [Adnodd GIG Cymru i Gefnogi Lles Staff yn Ystod Pandemig Covid-19](#). Roedd y Rhestr Chwarae hefyd yn cyfeirio staff at adnoddau lles eu priod Fyrddau ac Ymddiriedolaethau Iechyd. Mae'r Is-grŵp Iechyd a Lles bellach wedi newid i fod y Rhwydwaith Iechyd a Lles Cenedlaethol sy'n cael cymorth arwain a rheoli rhaglenni gan AaGIC.
- 24 Yn yr adran hon, rydym yn rhoi disgrifiad byr o'r mesurau a roddwyd ar waith gan gyrrff y GIG yng Nghymru i gefnogi lles staff ar lefel leol, gan gynnwys eu trefniadau ar gyfer diogelu staff a oedd yn wynebu risg uwch pe baent yn dal COVID-19.

Cefnogi lles corfforol a meddyliol

- 25 Canfuom fod holl gyrrff y GIG wedi gwella'u rhaglenni a gwasanaethau cynorthwyo cyflogaeth presennol (megis Iechyd Galwedigaethol) ac wedi sefydlu trefniadau ychwanegol i gefnogi iechyd corfforol a lles meddyliol eu staff, gymaint â phosibl, yn ystod y pandemig. Er enghraifft:

¹¹ [WHC/2020/019: Yr hyn y disgwyliwr i Fyrddau Iechyd ac Ymddiriedolaethau'r GIG ei wneud i gefnogi iechyd a lles y gweithlu yn ystod pandemig Covid-19](#)

- **gwella mesurau atal a rheoli heintiau** – fe gyflwynodd holl gyrff y GIG, yn enwedig y Byrddau Iechyd ac Ymddiriedolaethau perthnasol, fesurau estynedig ar gyfer atal a rheoli heintiau megis darparu mwy o gyfleusterau hylendid dwylo, darparu cyfarpar diogelu personol yn unol â chanllawiau cenedlaethol¹², a chynyddu amlder gweithgareddau glanhau a dihalogi arwynebau, ardaloedd ac offer.
- **ailgyflunio lleoliadau gofal iechyd** – fe wnaeth yr holl Fyrddau Iechyd ac Ymddiriedolaethau perthnasol ailgyflunio cymaint â phosibl o’u lleoliadau gofal iechyd i wahanu llwybrau gofal COVID-19 a llwybrau gofal eraill a lleihau i’r eithaf symudiadau cleifion, staff ac ymwelwyr rhwng ardaloedd. Fodd bynnag, fe wnaeth dyluniad adeiladau hŷn hyn yn fwy o her yn rhai o gyrff y GIG.
- **hwyluso mynediad at brofion COVID-19 a brechiadau COVID-19** – fe sefydlodd yr holl Fyrddau Iechyd ac Ymddiriedolaethau perthnasol drefniadau i alluogi staff rheng-flaen i gael mynediad at brofion ar gyfer COVID-19 ac, yn fwy diweddar, brechiadau COVID-19 yn unol â chanllawiau JCVI (y Cydbwyllgor ar Frechu ac Imiwneiddio)¹³. Er bod rhai o gyrff y GIG wedi dod ar draws ychydig o heriau o ran hwyluso mynediad at brofion COVID-19 ar ddechrau’r pandemig oherwydd capasiti cyfyngedig o ran labordai, fe wellodd y sefyllfa’n raddol dros amser wrth i’r capasiti labordai gynyddu ac i dechnoleg profi cyflym newydd fod ar gael yn fwy eang. O ran brechiadau, mae’r gyfradd derbyn ar y cyfan ymhlith gweithwyr gofal iechyd yn eithriadol o uchel. O ran y sefyllfa ar 17 Gorffennaf 2021, roedd 96.3% wedi cael eu dos cyntaf a 93.2% wedi cael eu hail dds¹⁴.
- **creu mannau gorffwys pwrpasol** – fe sefydlodd y rhan fwyaf o Fyrddau Iechyd ac Ymddiriedolaethau perthnasol fannau pwrpasol i staff rheng-flaen orffwys, cael eu nerth yn ôl, a chanolbwyntio ar eu lles. Cyfeirid at y mannau hyn, a oedd wedi’u lleoli ar safleoedd aciwt yn bennaf, fel ‘ystafelloedd lles’ neu ‘ystafelloedd dadflino’ yn y rhan fwyaf o ardaloedd.

12 Mae Archwilydd Cyffredinol Cymru wedi adrodd ar ddarparu cyfarpar diogelu personol mewn adroddiad ar wahân a oedd yn dwyn y teitl [Caffael a Chyflenwi Cyfarpar Diogelu Personol ar gyfer Pandemig COVID-19](#) (Ebrill 2021).

13 Mae Archwilydd Cyffredinol Cymru wedi adrodd ar ddarparu profion COVID-19 a chyflwyno brechiadau COVID-19 mewn dau adroddiad ar wahân a oedd yn dwyn y teitlau [Profi. Orlhain, Diogelu yng Nghymru: Trosolwg o’r Cynnydd Hyd Yma](#) (Mawrth 2021) a [Gweithredu rhaglen frechu COVID-19 yng Nghymru](#) (Mehefin 2021).

14 Ffynhonnell: [Dangosfwrdd Goruchwyliaeth Cyflym COVID-19 Iechyd Cyhoeddus Cymru](#)

- **cynyddu'r ddarpariaeth iechyd meddwl a lles seicolegol** – fe wnaeth holl gyrff y GIG gynyddu ystod, argaeledd a hygyrchedd eu harlwy iechyd meddwl a lles seicolegol i staff. Mae enghreifftiau'n cynnwys:
 - darparu gwybodaeth ac adnoddau i hybu hunanofal, gwella cydnerthedd personol, a chynorthwyo staff i ymaddasu i ffyrdd newydd o weithio;
 - darparu rhaglenni therapiwtig, megis ymwybyddiaeth ofalgar a'r celfyddydau mewn iechyd;
 - hwyluso mynediad at wasanaethau cwnsela a siarad i roi cymorth i staff gyda phryderon ynghylch iechyd meddwl megis gorbryder, straen, a hwyliau isel; a
 - buddsoddi mewn darpariaeth arbenigol i aelodau o staff a oedd yn profi effeithiau andwyol trawma a phrofedigaeth.

Cyflawnwyd hyn i raddau helaeth trwy hwyluso mwy o gydweithio ac integreiddio rhwng gwasanaethau seicoleg glinigol a thimau iechyd a lles canolog ac adleoli'r staff clinigol a gweinyddol perthnasol i'r timau canolog hyn yn ôl y gofyn.

- **cryfhau trefniadau cyfathrebu ac ymgysylltu â staff** – fe wnaeth holl gyrff y GIG gryfhau eu trefniadau cyfathrebu mewnol a defnyddio ystod eang o sianeli a phlatfformau i gyfleu gwybodaeth a diweddariadau i'w staff yn rheolaidd. Hefyd, fe wnaeth holl gyrff y GIG gryfhau eu trefniadau ymgysylltu â staff yn ystod y pandemig. Yn ogystal â chynnal ymgysylltiad parhaus â phartneriaethau cyflogaeth a rhwydweithiau a grwpiau staff sefydledig, fe gynhaliodd holl gyrff y GIG arolygon ymhlith eu staff yn rheolaidd i ddeall eu hanghenion a'u profiadau'n well yn ogystal â chasglu eu barn ynglŷn â materion amrywiol, gan gynnwys effeithiolrwydd y ddarpariaeth leol ar gyfer lles.
- **galluogi staff i weithio o bell** – rhoddodd holl gyrff y GIG drefniadau ar waith i gefnogi trefniadau gweithio o bell fel rhan o'u hymdrechion ehangach i sicrhau a chynnal mesurau cadw pellter cymdeithasol, ar gyfer y staff hynny yr oedd gweithio gartref yn briodol iddynt. Er bod rhai o gyrff y GIG wedi dod ar draws ychydig o heriau yn cyflwyno'r dechnoleg a'r meddalwedd a oedd yn ofynnol i gefnogi trefniadau gweithio o bell ar ddechrau'r pandemig, cafodd y rhain eu goresgyn yn weddol gyflym.

- **darparu mathau eraill o gymorth** – cafodd ystod o fesurau cymorth eraill eu rhoi ar waith gan gyrff y GIG, megis:
 - cyflwyno adnoddau asesu risg, megis Adnoddau Asesu'r Risg o Straen ac Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu (trafodir hwn mewn mwy o fanylder yn yr adran nesaf);
 - rhoi gwybodaeth a chymorth ychwanegol i arweinwyr a rheolwyr i'w galluogi i ymgysylltu â'u timau, eu cymell a'u cefnogi mewn modd effeithiol yn ystod y pandemig;
 - darparu llety dros dro ar gyfer staff rheng-flaen a oedd yn byw gydag unigolion a oedd yn wynebu risg uwch pe baent yn dal COVID-19; a
 - chyfoethogi gwasanaethau Caplaniaeth i sicrhau bod gan staff fynediad at gymorth bugeiliol.

Darperir enghreifftiau manwl o fentrau iechyd a lles a gyflwynwyd gan bob un o gyrff y GIG yn ystod y pandemig yn y papur briffio a gynhyrchwyd gan Gonffederasiwn GIG Cymru ac a oedd yn dwyn y teitl Cefnogi lles staff y GIG yng Nghymru trwy gydol COVID-19.

- 26 Mae Cymdeithas Feddygol Prydain wedi bod yn cynnal arolygon helaeth ymhlith ei haelodau yn ystod y pandemig. Er nad yw'r canlyniadau'n cynrychioli gweithlu'r GIG yn ei gyfanrwydd, maent yn darparu mewnwelediadau defnyddiol i brofiadau staff meddygol yn ystod yr argyfwng:
- Roedd aelodau Cymdeithas Feddygol Prydain a ymatebodd i'r arolygon yn teimlo'u bod yn cael eu diogelu'n well rhag y coronafeirws yn eu man gweithio wrth i'r pandemig fynd rhagddo. Roedd y gyfran o'r aelodau a ddywedodd eu bod yn teimlo'u bod yn cael eu diogelu'n llawn yn 27% (113 allan o 417) ac yn 37% (100 allan o 274) ym mis Rhagfyr a mis Ebrill 2021 yn y drefn honno. Roedd y gyfran o'r aelodau a ddywedodd nad oeddent yn teimlo'u bod yn cael eu diogelu o gwbl yn 11% (47 allan o 417) a 6% (16 allan o 274) ym mis Rhagfyr 2020 a mis Ebrill 2021 yn y drefn honno.
 - Fe wnaeth nifer sylweddol o aelodau Cymdeithas Feddygol Prydain a ymatebodd i'r arolygon gael mynediad at wasanaethau cymorth lles (a oedd yn cael eu darparu naill ai gan eu cyflogwr neu gan drydydd parti) yn ystod y pandemig – 43% (117 allan o 407) ym mis Mai 2020, 38% (120 allan o 314) ym mis Gorffennaf, a 38% (95 allan o 253) ym mis Awst 2020. Fodd bynnag, pan ofynnwyd iddynt a oeddent yn gwybod sut i gael mynediad at gymorth lles / iechyd galwedigaethol os oedd ei angen arnynt, dywedodd 45% (126 allan o 279) ym mis Ebrill 2021 naill ai nad oeddent yn gwybod sut i gael mynediad at y gwasanaethau hyn neu nad oeddent yn ymwybodol bod y gwasanaethau hyn yn bodoli.

27 Er y bu'n gadarnhaol gweld cymaint o fentrau'n cael eu datblygu a'u cyflwyno yn ystod y pandemig, ceir tystiolaeth awgrymu bod rhai aelodau o staff wedi profi anawsterau'n llywio drwy'r llw o fentrau i ganfod y rhai a fyddai'n gweddu orau i'w hanghenion. Yng ngoleuni hyn, cyhoeddodd Llywodraeth Cymru yn ddiweddar y byddai'n lansio Offeryn Fframwaith Sgyrsiau Lles y Gweithlu i gynorthwyo staff y GIG i fynd ati'n rhagweithiol i siarad yn agored ac yn onest gyda'u rheolwyr am eu hanghenion lles parhaus ac i'w cyfeirio at y cymorth a oedd ar gael lle'r oedd yn briodol¹⁵. Er bod hwn yn ddatblygiad cadarnhaol, dylai cyrff y GIG barhau hefyd i ymgysylltu â'u staff i gael dealltwriaeth well am eu profiadau o geisio cymorth a chael mynediad ato ac addasu a gwella'u trefniadau fel y bo angen.

Diogelu staff a oedd yn wynebu risg uwch pe baent yn dal COVID-19

- 28 Rhoddodd pob un o gyrff y GIG drefniadau ar waith i gyflwyno Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu (yr Adnodd Asesu Risg) fel rhan o'u hymdrechion ehangach i ddiogelu aelodau o staff a oedd yn wynebu risg uwch o ddatblygu symptomau mwy difrifol pe baent yn dod i gysylltiad â feirws COVID-19¹⁶.
- 29 Mae'r Adnodd Asesu Risg yn seiliedig ar gorff mawr a chynyddol o ddata ac ymchwil sy'n dangos bod unigolyn yn wynebu risg uwch pe baent yn dal COVID-19 os oes ganddynt gyfuniad o'r ffactorau risg canlynol:
- maent dros 50 oed (mae'r risg yn cynyddu ymhellach ar gyfer y rhai dros 60 a thros 70 oed);
 - cawsant eu geni'n wryw;
 - maent o grwpiau ethnig lleiafrifol penodol;
 - mae ganddynt rai cyflyrau iechyd (risg uchel iawn ar gyfer y rhai sy'n eithriadol o fregus yn glinigol);
 - maent dros eu pwysau;
 - mae eu hanes teuluol yn eu gwneud yn fwy tueddol o ddal COVID-19.
- 30 Caiff y broses asesu risg ei chwblhau mewn nifer o gamau a'r nod yw hybu sgwrs gefnogol a gonest rhwng aelod o staff a'i reolwr llinell / cyflogwr ynghylch y mesurau y dylid eu sefydlu i sicrhau ei fod yn cael ei ddiogelu a'i gefnogi'n ddigonol. Caiff y broses ei chrynhof yn **Arddangosyn 4**.

15 [Datganiad Ysgrifenedig – Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol \(21 Gorffennaf 2021\)](#)

16 Cafodd yr Adnodd Asesu Risg, a lansiwyd ym mis Mai 2020, ei ddatblygu gan is-grŵp amlddisgyblaethol a oedd yn atebol i Grŵp Cyngori Arbenigol a sefydlwyd gan Lywodraeth Cymru. Roedd holl gyrff y GIG yn defnyddio adnoddau asesu risg eraill cyn cyflwyno'r adnodd cenedlaethol.

- 31 Canfuom fod cyrff y GIG wedi hyrwyddo'r Adnodd Asesu Risg mewn nifer o ffyrdd ac wedi rhoi ystod o fesurau ar waith i annog a chynorthwyo eu staff i'w gwblhau. Roedd cyrff y GIG yn ystyried bod y trefniadau a'r dulliau canlynol yn arbennig o bwysig:
- **cymorth gan uwch reolwyr** – roedd cymorth cryf a gweladwy ar gyfer yr Adnodd Asesu Risg gan uwch reolwyr yn cael ei ystyried yn bwysig o ran sicrhau staff bod y sefydliad yn ymrwymedig i'r broses asesu risg a chefnogi staff a oedd yn wynebu risg uwch pe baent yn dal COVID-19.
 - **defnyddio data'r gweithlu** – roedd dadansoddi a defnyddio data'r gweithlu'n cael eu hystyried yn bwysig o ran adnabod staff a allai fod yn wynebu risg uwch pe baent yn dal COVID-19, cynllunio pecynnau cymorth priodol, a hwyluso negeseuon wedi'u targedu ynghylch pwysigrwydd cwblhau'r broses asesu risg. Fodd bynnag, dywedodd sawl un o gyrff y GIG wrthym fod ganddynt bryderon ynghylch cadernid data'r Cofnod Staff Electronig.
 - **cymorth i reolwyr llinell** – roedd gwybodaeth, cyngor a chymorth parhaus i reolwyr llinell, yn enwedig gan Swyddogion / Partneriaid Busnes Adnoddau Dynol, yn cael eu hystyried yn bwysig nid dim ond i'w helpu i ddeall yn llawn beth yw eu rôl yn y broses asesu risg ond hefyd i'w galluogi i gefnogi eu hadroddiadau uniongyrchol mewn modd tosturiol a chefnogol.

Arddangosyn 4: Y broses asesu risg COVID-19 ar gyfer y gweithlu

Cam 1 – Gwirio'r risg	Mae'r aelod o staff yn cwblhau'r Adnodd Asesu Risg i wirio pa risgiau sy'n berthnasol iddynt.
Cam 2 – Deall y sgôr	Mae'r aelod o staff yn cyfrifo'i sgôr er mwyn deall lefel debygol y risg iddynt hwy'n bersonol (isel, uchel, neu uchel iawn).
Cam 3 – Nodi'r camau gweithredu sy'n addas	Mae'r aelod o staff yn trafod ei sgôr a ffactorau perthnasol eraill gyda'i reolwr llinell (yn enwedig os yw yn y categori risg uchel neu uchel iawn) er mwyn nodi'r camau y gall eu cymryd yn bersonol a / neu'r cymorth y gall ei gyflogwr ei roi i sicrhau ei fod yn cael ei ddiogelu'n ddigonol.
Cam 4 – Cymryd y camau cywir	Mae camau y cytunwyd arnynt yn cael eu rhoi ar waith gan yr aelod o staff a / neu ei gyflogwr ac yn cael eu hadolygu'n barhaus i sicrhau eu bod yn dal i fod yn berthnasol ac yn briodol.

Ffynhonnell: [Adnodd Asesu Risg COVID-19 Cymru Gyfan ar gyfer y Gweithlu: Canllawiau i Reolwyr a Staff \(Chwefror 2021\)](#)

- **mewnbwn iechyd galwedigaethol** – roedd gwybodaeth, cyngor a chymorth gan ymarferwyr iechyd galwedigaethol yn cael eu hystyried yn bwysig i reolwyr llinell a staff fel ei gilydd. Roedd mewnbwn iechyd galwedigaethol yn cael ei ystyried yn arbennig o bwysig i aelodau o staff â chyflyrau iechyd a oedd yn bodoli eisoes nad oedd yn ofynnol iddynt warchod neu a oedd yn dychwelyd i'r gwaith ar ôl cyfnod o warchod i sicrhau bod eu hanghenion yn cael eu hasesu ac yn cael sylw priodol.
- **cydweithio gyda rhwydweithiau staff a phartneriaethau cyflogaeth** – roedd cyfathrebu a chydweithio parhaus gyda rhwydweithiau sefydledig, partneriaethau cyflogaeth ac Undebau Llafur unigol yn cael eu hystyried yn bwysig am nifer o resymau. Yn gyntaf, roeddent yn gallu defnyddio'u mewnwediadau i gynghori cyrff y GIG ynghylch dulliau lleol o gyflwyno'r Adnodd Asesu Risg a chefnogi lles staff. Yn ail, roedd ganddynt rôl bwysig o ran annog eu haelodau i gwblhau'r Adnodd Asesu Risg. Yn drydydd, fe wnaethant gefnogi aelodau unigol o staff i gwblhau'r Adnodd Asesu Risg ac, mewn rhai achosion, fe wnaethant ddarparu cymorth eirioli a chyfryngu ar gyfer ac ar ran eu haelodau.
- **adnabod hyrwyddwyr o blith staff** – roedd adnabod a defnyddio hyrwyddwyr o blith staff yn cael eu hystyried yn bwysig i ddarparu anogaeth, cefnogaeth a sicrwydd ar gyfer grwpiau penodol o staff a oedd yn wynebu risg uwch. Yn wir, profodd hyrwyddwyr o blith staff yn arbennig o bwysig yng nghyrrff y GIG nad oedd ganddynt y rhwydweithiau staff perthnasol. Yn y cyrff hyn, roedd hyrwyddwyr o blith staff yn cael ei defnyddio i estyn allan a chefnogi unigolion a grwpiau o staff nad oeddent yn ymwybodol y gallent fod yn wynebu risg uwch am nad oeddent yn ceisio mynediad neu am nad oeddent yn gallu cael mynediad at yr wybodaeth berthnasol a / neu am eu bod yn sgeptigol a / neu'n bryderus ynghylch ymgysylltu â'r broses asesu risg.

32 Cwblhawyd dros 62,000 o asesiadau risg trwy'r Cofnod Staff Electronig a phlatfform Learning@Wales ar draws y GIG yng Nghymru rhwng mis Mehefin 2020 a mis Ebrill 2021¹⁷. Roedd rhaid i staff gwblhau fersiynau papur o'r Adnodd Asesu Risg cyn ei gyflwyno trwy'r Cofnod Staff Electronig ym mis Mehefin 2020. Ym mis Hydref 2020, gofynnodd Llywodraeth Cymru i gyrff y GIG ofyn i bob aelod o staff gwblhau'r Adnodd Asesu Risg trwy'r Cofnod Staff Electronig. Caiff y cyfraddau cwblhau trwy'r Cofnod Staff Electronig yng nghyrrff unigol y GIG eu dangos yn **Arddangosyn 5**.

17 Mae 58,552 o asesiadau risg wedi eu cwblhau trwy'r Cofnod Staff Electronig a 3,770 wedi eu cwblhau trwy Learnin@Wales rhwng 15 Mehefin 2020 ac 8 Ebrill 2021. Caiff unigolion sydd wedi cwblhau'r Adnodd Asesu Risg fwy nag unwaith trwy'r Cofnod Staff Electronig eu cyfrif fwy nag unwaith yn y data. (Ffynhonnell: Partneriaeth Cydwasanaethau GIG Cymru)

- 33 Fel y dengys **Arddangosyn 5**, mae'r cyfraddau cwblhau trwy'r Cofnod Staff Electronig yn amrywio'n sylweddol. Mae sawl rheswm dros hyn:
- nid yw cwblhau'r Adnodd Asesu Risg trwy'r Cofnod Staff Electronig wedi cael ei wneud yn orfodol gan holl gyrff y GIG megis Byrddau Iechyd Prifysgol Caerdydd a'r Fro a Bae Abertawe;
 - ni ofynnwyd i staff yn rhai o gyrff y GIG a gwblhaodd yr Adnodd Asesu Risg papur pan gafodd ei gyflwyno gyntaf ym mis Mai ailadrodd yr asesiad pan oedd ar gael yn y Cofnod Staff Electronig ym mis Mehefin 2020;
 - nid yw rhai aelodau o staff yn gallu cael mynediad at eu Cofnod Staff Electronig gan eu bod naill ai'n gweithio mewn rolau lle nad yw'n ofynnol iddynt ddefnyddio cyfrifiadur, neu am nad oes ganddynt fynediad cyffredinol at gyfrifiadur yn eu man gweithio;
 - mae'r rhan fwyaf o gyrff y GIG wedi gosod mwy o ffocws ar annog staff sy'n wynebu risg uwch i gwblhau'r Adnodd Asesu Risg yn hytrach na'r gweithlu cyfan; ac
 - mae tystiolaeth o'r arolygon aelodau a gynhaliwyd gan Gymdeithas Feddygol Prydain yn awgrymu nad oedd rhai aelodau o staff yn ymwybodol o unrhyw asesiad risg yn eu man gweithio neu eu bod wedi cael gwybod yn benodol nad oedd angen iddynt gael eu hasesu¹⁸.

18 Gofynnodd Cymdeithas Feddygol Prydain i'w haelodau: 'Ydych chi wedi cael asesiad risg yn eich man gweithio i brofi a allech wynebu risg uwch yn sgîl cysylltiad â chleifion y Coronafeirws yn eich rôl gyfredol?' Y gyfran a ddywedodd nad oeddent yn ymwybodol o unrhyw asesiad risg yn eu man gweithio oedd 33% (70 allan o 211) a 35% (61 allan o 175) ym mis Gorffennaf a mis Awst 2020 yn y drefn honno. Y gyfran a ddywedodd eu bod wedi cael gwybod yn benodol nad oedd angen iddynt gael eu hasesu oedd 7% (15 allan o 211) a 6% (11 allan o 175) ym mis Gorffennaf a mis Awst 2020 yn y drefn honno.

Arddangosyn 5: cyfraddau cwblhau a gofnodwyd yn y Cofnod Staff Electronig gan gorff y GIG

Corff y GIG	Nifer yr asesiadau a gofnodwyd	% y staff ag asesiad wedi'i gwblhau
Bwrdd Iechyd Prifysgol Aneurin Bevan	3,071	24%
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	19,195	52%
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	857	5%
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	15,487	58%
Addysg a Gwella Iechyd Cymru	134	29%
Bwrdd Iechyd Prifysgol Hywel Dda	6,965	48%
Bwrdd Iechyd Addysgu Powys	1,789	48%
Iechyd Cyhoeddus Cymru	1,019	73%
Bwrdd Iechyd Prifysgol Bae Abertawe	174	2%
Ymddiriedolaeth GIG Felindre	6,716	81%
Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	3,145	67%

Ffynhonnell: Partneriaeth Cydwasanaethau GIG Cymru (15 Mehefin 2020 - 8 Ebrill 2021)

- 34 Er nad yw cyfraddau cwblhau isel trwy'r Cofnod Staff Electronig yn gyfystyr â defnydd isel o'r adnodd o anghenraid, mae'n anodd gwybod faint o staff ar draws y GIG yng Nghymru sydd wedi mynd mor bell â chwblhau'r Adnodd Asesu Risg oherwydd y trefniadau casglu data a monitro amrywiol a gyflwynwyd gan gyrff y GIG pan gafodd ei lansio.
- 35 Canfuom fod holl gyrff y GIG wedi mabwysiadu dull 'hierarchaeth rheolaethau' o ddiogelu a chefnogi staff sy'n wynebu risg uwch pe baent yn dal COVID-19. O dan y dull hwn, roedd gyrff y GIG yn adnabod ac yn defnyddio'r mesurau mwyaf addas o'u cyfres ehangach o drefniadau lles i ddiwallu anghenion unigol aelodau o staff fel y'u hadnabuwyd trwy'r Adnodd Asesu Risg.

Roedd y mesurau hyn yn cynnwys:

- **rheolaethau peirianegol a gweinyddol** – sefydlodd holl gyrff y GIG ystod o reolaethau peirianegol a gweinyddol i ddiogelu staff a oedd yn wynebu risg uwch nad oeddent yn gallu gweithio gartref oherwydd eu rôl, ac i gefnogi staff a oedd yn wynebu risg uwch ac a oedd yn dychwelyd i'r gweithle ar ôl cyfnod o warchod. Roedd y rhain yn cynnwys creu 'lleoliadau diogel rhag COVID-19' (ardaloedd a oedd yn achosi lefel is o risg) trwy wahanu llwybrau gofal COVID-19 a llwybrau gofal eraill; gwasgaru amseroedd dechrau a gorffen sifftiau i leihau tagfeydd; galw staff yn ôl ar sail cylchdro i gyfyngu ar nifer y bobl yn y gweithle; a chynig dychweliad graddol i'r gweithle.
- **cyfarpar diogelu personol (PPE)** – roedd cyfarpar diogelu personol yn cael ei ddarparu yn unol â chanllawiau y cytunwyd arnynt i leihau neu ddileu unrhyw risg weddillol i staff na chafodd ei dileu gan fesurau eraill. Fel a nodwyd yn adroddiad yr Archwilydd Cyffredinol a oedd yn dwyn y teitl Caffael a Chyflenwi Cyfarpar Diogelu Personol ar gyfer Pandemig COVID-19, fe wnaeth y Cydwasanaethau, ar y cyd â gwasanaethau cyhoeddus eraill, oresgyn heriau cynnar i ddarparu'r cyfarpar diogelu personol a oedd yn ofynnol yn ôl y canllawiau ar gyfer cyrff iechyd a gofal heb redeg allan o stoc ar lefel genedlaethol. Fodd bynnag, mae'r adroddiad hefyd yn cydnabod bod rhai aelodau o staff rheng-flaen wedi dweud iddynt brofi prinderau cyfarpar diogelu personol a bod rhai'n teimlo y dylent fod wedi cael cyfarpar diogelu personol o radd uwch nag a oedd yn ofynnol yn ôl y canllawiau.
- **mesurau amnewid** – fodd bynnag, nid oedd gweithio gartref yn cael ei ystyried yn opsiwn dichonadwy i bob aelod o staff a oedd yn wynebu risg uwch. I rai aelodau o staff, megis y rhai a oedd yn byw gyda phartner camdriniol, gallai gweithio gartref fod wedi cael mwy o effaith negyddol ar eu hiechyd a lles ar y cyfan. O ganlyniad, fe sefydlodd cyrff y GIG drefniadau i alluogi a chynorthwyo staff yn y sefyllfaoedd hyn i weithio mewn 'lleoliadau diogel rhag COVID-19'. I aelodau o staff nad oeddent yn gallu cyflawni eu dyletswyddau arferol gartref oherwydd natur y gwaith, sefydlodd cyrff y GIG drefniadau i'w galluogi i weithio mewn 'lleoliadau diogel rhag COVID-19' neu i gael eu hadleoli i rolau addas eraill y gallent eu cyflawni naill ai gartref neu mewn 'lleoliadau diogel rhag COVID-19' gyda chymorth ychwanegol, megis ailhyfforddi.
- **mesurau dileu** – fe wnaeth holl gyrff y GIG sefydlu trefniadau i alluogi a chynorthwyo'r mwyafrif o staff a oedd yn wynebu risg uwch i weithio gartref, yn enwedig yn ystod cyfnodau gwarchod swyddogol. Cafodd y rhan fwyaf o staff a oedd yn wynebu risg uwch eu cefnogi i barhau i weithio gartref pan oedd cyfnodau gwarchod yn dod i ben hefyd os ystyrid bod hynny'n briodol ac yn ddiogel, ac os oedd y trefniant yn gweithio'n effeithiol i'r cyflogwr a'r cyflogai.

- 36 Fe wnaeth holl gyrff y GIG annog a chynorthwyo staff a oedd yn wynebu risg uwch i gael mynediad at wasanaethau iechyd meddwl a lles seicolegol hefyd i'w helpu i ymaddasu i ffyrdd newydd o weithio a/neu reoli unrhyw orbryderon neu ofidiau yr oeddent yn eu profi. Darparwyd canllawiau manwl ar gyfer rheolwyr llinell hefyd ynghylch sut i roi cymorth effeithiol i staff a oedd yn wynebu risg uwch yn ystod y pandemig. Wrth i gyrff y GIG symud tuag at y cyfnod adfer, dylent barhau i ymgysylltu â staff sy'n wynebu risg uwch i werthuso effaith y cymorth a'r ymyriadau y maent yn eu darparu a diwygio neu wella'u trefniadau fel y bo angen.
- 37 Canfuom fod nifer o fanteision ac anfanteision i'r Adnodd Asesu Risg, fel a ganlyn:

Manteision yr Adnodd Asesu Risg

- mae'r adnodd wedi sicrhau cysondeb, wedi lleihau amrywioldeb, ac wedi hwyluso'r broses o rannu gwersi ar draws y GIG;
- mae fformat yr adnodd yn syml, hawdd i'w ddefnyddio, ac yn galluogi staff i ganolbwyntio ar y prif ffactorau a allai olygu eu bod yn wynebu mwy o risg;
- mae'r adnodd yn helpu rheolwyr i werthfawrogi pwysigrwydd mynd i'r afael â risgiau i staff mewn modd amserol a sensitif yn ogystal â phwysigrwydd bod yn rheolwr tosturiol a chefnogol;
- mae'r broses, o'i gwneud yn gywir, yn darparu sicrwydd ar gyfer staff ac yn rhoi sicrwydd i reolwyr ac arweinwyr bod risgiau i staff yn cael eu rheoli'n briodol;
- mae'r adnodd wedi galfaneiddio sefydliadau i fabwysiadu dulliau cyfannol o reoli risgiau i staff; ac
- mae'r adnodd wedi creu mwy o ymwybyddiaeth a dealltwriaeth am anghenion grwpiau penodol o staff, yn enwedig y rhai sydd heb gynrychiolaeth ddigonol o fewn strwythurau sefydliadol presennol.

Anfanteision yr Adnodd Asesu Risg

- mae'r adnodd wedi gwneud i rai aelodau o staff deimlo'u bod yn cael eu 'targedu' neu eu 'dethol' ar gyfer triniaeth arbennig;
- bu rhai pryderon ynghylch y defnydd o'r acronym BAME (Pobl Dduon, Asiaidd, a Lleiafrifoedd Ethnig) yn yr adnodd am bod hynny'n gosod mwy o bwyslais ar rai grwpiau ethnig lleiafrifol penodol (Pobl Dduon ac Asiaidd) ac yn eithrio rhai eraill (Lleiafrifoedd Ethnig Cymysg, Eraill a Gwyn);
- bu rhai pryderon nad yw matrices sgorio'r adnodd yn rhoi digon o bwysoliad i rai ffactorau risg penodol, megis ethnigrwydd a diabetes Math 1;

- mae'r adnodd a'r broses wedi cael eu gweld a'u trin fel 'ymarfer ticio blychau' gan nifer fach o reolwyr ac aelodau o staff, h.y. fe gwblhawyd yr adnodd er mwyn cydymffurfio, ond ni chymerwyd unrhyw gamau go iawn mewn ymateb i'r sgôr;
- nid yw'r adnodd yn cyfleu'r darlun cyfan mewn un lle ar gyfer yr holl staff, yn enwedig y rhai y mae'n ofynnol iddynt gwblhau asesiadau risg eraill (e.e. asesiad risg straen); ac
- mae datblygiad ac esblygiad parhaus yr adnodd wedi arwain at ymdeimlad o 'syrrfed ar asesu risg' ymhlith rhai aelodau o staff.

Cynnal goruchwyliaeth ar drefniadau lles staff

- 38 Ar lefel weithredol, canfuom fod gan holl gyrff y GIG gelloedd/grwpiau cynllunio lles staff fel rhan o'u strwythurau gorchymyn a rheoli mewn argyfwng a chanddynt gyfrifoldeb am gynllunio darpariaeth leol ar gyfer lles staff a goruchwyllo'r ddarpariaeth honno. Cafodd y celloedd/grwpiau cynllunio hyn orchwyl i weithio gyda celloedd/grwpiau perthnasol eraill, megis y rhai â chyfrifoldeb am gyfarpar diogelu personol a chyfathrebu ac ymgysylltu â staff, i sicrhau dull cydgysylltiedig o gefnogi lles staff.
- 39 Roedd y celloedd/grwpiau cynllunio hyn hefyd yn gyfrifol am fonitro risgiau a dangosyddion o ran COVID-19 mewn perthynas â'r gweithlu ac am uwchgyfeirio pryderon a materion allweddol at y grŵp/grwpiau perthnasol yn y strwythur rheoli argyfwng fel y bo'n briodol. Er bod y mwyafrif o'r celloedd/grwpiau cynllunio hyn yn monitro dangosyddion tebyg, megis cyfraddau absenoldeb oherwydd salwch neu warchod, canfuom mai dim ond nifer fach oedd wrthi'n monitro cyfraddau cwblhau asesiadau risg. Ar ben hynny, canfuom mai dim ond un o gyrff y GIG oedd â threfniadau ar lefel weithredol i asesu a monitro ansawdd asesiadau risg a gwblhawyd.
- 40 Ar lefel gorfforaethol, gwelsom dystiolaeth yn y rhan fwyaf o gyrff y GIG o lifoedd gwybodaeth da i fyrddau a phwyllgorau i ddarparu sicrwydd a galluogi goruchwyliaeth a chraffu effeithiol ar yr holl risgiau a materion perthnasol o ran lles staff yn ystod y pandemig. Fodd bynnag, canfuom fod cyfle ar draws y rhan fwyaf o gyrff y GIG i gryfhau'r trefniadau ar gyfer adrodd ar gyfraddau cwblhau asesiadau risg a darparu mwy o sicrwydd ar gyfer byrddau a phwyllgorau ynghylch ansawdd asesiadau risg a gwblhawyd.

- 41 Canfuom fod yr argyfwng wedi creu mwy o ymwybyddiaeth ar lefel byrddau yn holl gyrff y GIG o bwysigrwydd cefnogi lles staff ac, yn arbennig, pwysigrwydd deall a diwallu anghenion grwpiau penodol o staff. Yn rhai o gyrff y GIG, fe arweiniodd hyn at greu rhwydweithiau staff newydd a grwpiau cynghori newydd ar gyfer grwpiau penodol o staff sy'n draddodiadol wedi bod heb gynrychiolaeth ddigonol o fewn strwythurau corfforaethol presennol. Fodd bynnag, mae un Bwrdd Iechyd wedi mynd â hyn ymhellach trwy sefydlu Grŵp Cynghori ar gyfer staff o grwpiau ethnig lleiafrifol fel is-grŵp ffurfiol i'r bwrdd i sicrhau llais ac ymwneud cryfach o fewn y sefydliad ar gyfer staff o grwpiau pobl dduon, Asiaidd a lleiafrifoedd ethnig. Er bod y Grŵp Cynghori'n adrodd yn ffurfiol trwy Gadeirydd y Bwrdd Iechyd, gwahoddir Cadeirydd ac Is-Gadeirydd y Grŵp Cynghori i fynychu holl gyfarfodydd y bwrdd.

Heriau a chyfleoedd allweddol ar gyfer y dyfodol

- 42 Mae staff y GIG ar bob lefel wedi dangos cydnerthedd, cyfaddaster ac ymroddiad aruthrol trwy gydol y pandemig. Fodd bynnag, maent hefyd wedi profi pwysau corfforol a meddyliol sylweddol o ganlyniad i'r heriau digynsail a achoswyd gan yr argyfwng, gan gynnwys:
- gweithio oriau hwy a rheoli llwythi gwaith mwy;
 - gweithredu mewn amgylcheddau a oedd yn ddwys, yn gofyn llawer ac yn newid yn gyflym;
 - rheoli ofnau, gofidiau a gorbryderon ynghylch y risgiau i'w hiechyd hwy eu hunain yn ogystal â'r risgiau i iechyd eu hanwyliaid;
 - gweld cleifion, cydweithwyr a / neu deulu a ffrindiau'n mynd yn ddifrifol wael neu hyd yn oed yn marw gyda COVID-19;
 - dal COVID-19 ac, i rai, rheoli effeithiau tymor hwy'r feirws (COVID hir);
 - ymaddasu i ffyrdd newydd o weithio ac, mewn rhai achosion, ymaddasu i rolau gwahanol;
 - ymdrin ag effaith ganlyniadol gwarchod neu weithio gartref o ran teimlo wedi'u hynysu ac yn unig a / neu deimlo'n euog am fethu â chefnogi cydweithwyr ar y rheng flaen; ac
 - addasu i gyfyngiadau cymdeithasol ehangach a rheoli eu heffeithiau cysylltiedig, megis addysgu eu plant yn y cartref, a rhoi gofal estynedig i berthnasoedd oedranus neu agored i niwed.

- 43 Heb os nac oni bai, mae'r argyfwng wedi cael effaith sylweddol ar les staff. Er enghraifft, er nad ydynt yn cynrychioli gweithlu'r GIG yn ei gyfanrwydd, mae arolygon a gynhaliwyd gan y Coleg Nyrso Brenhinol yng Nghymru'n amlygu effaith y pandemig ar les staff. Canfu'r arolwg a gynhaliwyd ym mis Mehefin 2020, y cafwyd 2,011 o ymatebion iddo, fel a ganlyn:
- dywedodd 75.9% fod eu lefelau straen wedi cynyddu ers dechrau'r pandemig;
 - dywedodd 58.4% fod morâl staff wedi gwaethygu ers dechrau'r pandemig; a
 - dywedodd 52% eu bod naill ai'n cytuno'n gryf neu'n cytuno â'r gosodiad 'Rwy'n gofidio am fy iechyd meddwl'.
- 44 Fodd bynnag, ni all ac ni ddylai'r effeithiau tymor hwy gael eu hanwybyddu na'u tanamcangyfrif. Yn wir, er nad ydynt yn cynrychioli gweithlu'r GIG yn ei gyfanrwydd, mae'r arolygon a gynhaliwyd gan Gymdeithas Feddygol Prydain yn tynnu sylw at rai o'r heriau sy'n dal i fodoli mewn perthynas â lles staff:
- ym mis Ebrill 2021, dywedodd 45% (126 allan o 279) o aelodau eu bod yn dioddef iselder, gorbryder, straen, teimladau o ddiffygio, trallod emosiynol, neu gyflyrau iechyd meddwl eraill a oedd yn gysylltiedig â'u man gweithio neu astudio neu'n cael eu gwneud yn waeth gan eu man gweithio neu astudio o'i gymharu â 40% (298 allan o 735) ym mis Ebrill 2020.
 - ym mis Ebrill 2021, dywedodd 33% o'r aelodau (92 allan o 279) fod eu symptomau'n waeth na chyn dechrau'r pandemig o'i gymharu â 25% (185 allan o 735) ym mis Ebrill 2020.
 - ym mis Ebrill 2021, dywedodd 36% (72 allan o 281) o'r aelodau fod eu lefelau iechyd a lles presennol ychydig yn waeth neu'n llawer gwaeth nag yn ystod y don gyntaf rhwng mis Mawrth a mis Mai 2020. Fodd bynnag, dylid nodi bod hyn yn welliant o'i gymharu â'r canlyniadau ym mis Hydref a mis Rhagfyr 2020, sef 43% (205 allan o 480) a 48% (224 allan o 467) yn y drefn honno.
 - ar raddfa o un i bump (lle'r oedd 1 yn golygu isel / negyddol iawn, a 5 yn golygu uchel / cadarnhaol iawn), rhoddodd 32% (74 allan o 229) o'r aelodau sgôr o naill ai 1 neu 2 i'w morâl ym mis Ebrill 2021. Fodd bynnag, dylid nodi bod hyn yn welliant o'i gymharu â'r canlyniadau ym mis Hydref a mis Rhagfyr 2020, sef 45% (203 allan o 454) a 47% (195 allan o 402) yn y drefn honno.
 - ym mis Ebrill 2021, dywedodd 56% (157 allan o 282) o'r aelodau fod lefel eu blinder a lludded ar y pryd yn uwch nag arfer o ganlyniad i weithio neu astudio yn ystod y pandemig. Fodd bynnag, dylid nodi bod hyn yn welliant o'i gymharu â'r canlyniadau ym mis Hydref a mis Rhagfyr 2020, sef 60% (286 allan o 480) a 64% (297 allan o 467) yn y drefn honno.

- 45 Mae arolygon a gwaith a wnaed gan gyrrff proffesiynol eraill hefyd yn amlygu'r cynnydd mewn straen, lludded a theimladau o ddiffygio a brofwyd gan staff. Maent hefyd yn tynnu sylw at y risg gynyddol i staff y gallent ddatblygu problemau corfforol a seicolegol tymor hwy heb gymorth a chyfleoedd parhaus ar gyfer gorffwys a chael eu nerth yn ôl.
- 46 Mae tueddiadau mewn cyfraddau absenoldeb oherwydd salwch hefyd yn cyfeirio at rai o'r heriau y mae cyrrff y GIG wedi'u hwynebu yn ystod yr argyfwng. Ar ôl gostyngiad graddol rhwng 2015 a 2017, mae cyfartaledd treigl 12 mis absenoldeb oherwydd salwch wedi bod yn codi ac roedd yn 6.0% dros y flwyddyn ddiwethaf, yn bennaf oherwydd cynnydd yn y chwarter rhwng mis Ebrill a mis Mehefin 2020 yn ystod y pandemig. Ar gyfer y chwarter a ddaeth i ben ar 31 Rhagfyr 2020¹⁹:
- roedd y gyfradd absenoldeb oherwydd salwch yn 6.4%, i fyny 1.3 pwynt canran o'i gymharu â'r chwarter a ddaeth i ben ar 30 Medi 2020.
 - cyrrff y GIG â'r cyfraddau salwch uchaf oedd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar 8.5%, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ar 8.4%, a Bwrdd Iechyd Prifysgol Bae Abertawe ar 8.3% (o'i gymharu â 5.6%, 5.9% a 6.2% yn y drefn honno ar gyfer y chwarter a ddaeth i ben ar 30 Medi 2020).
 - y grwpiau staff â'r cyfraddau absenoldeb oherwydd salwch uchaf oedd y grŵp staff Ambiwlans ar 9.6%, y grŵp staff Cynorthwyr a Gweithwyr Cymorth Gofal Iechyd ar 9.2%, a'r grŵp staff Nyrsio, Bydwreigiaeth ac Ymwelwyr Iechyd ar 8.1% (o'i gymharu â 6.2%, 7.4% a 6.5% yn y drefn honno ar gyfer y chwarter a ddaeth i ben ar 30 Medi 2020).
- 47 Yn y tymor byr, bydd cyrrff y GIG yn wynebu heriau o ran rheoli absenoldebau tymhorol sy'n tueddu i fod yn uwch ym misoedd y gaeaf yn ogystal ag ymdrin ag absenoldebau a achosir am bod y Gwasanaeth Profi, Orlhain, Diogelu yn ei gwneud yn ofynnol i staff hunanynysu. Fodd bynnag, gallent hefyd wynebu heriau yn y dyfodol o ran rheoli cyfraddau absenoldeb sydd i'w priodoli i'r cyflyrau corfforol a meddyliol tymor hwy a achoswyd gan y pandemig, oni bai eu bod yn cynnal ac yn adeiladu ar eu trefniadau ar gyfer lles staff.
- 48 Heb os nac oni bai, mae pandemig COVID-19 wedi arwain at ffocws mwy manwl ar lefel genedlaethol a lleol. Mae hefyd wedi dangos y gall cyrrff y GIG ymateb yn gyflym ac yn effeithiol i'r heriau a'r pwysau a achosir gan argyfwng. Fodd bynnag, nid oes unrhyw amheuaeth bod gweithlu'r GIG yng Nghymru, a oedd eisoes dan bwysau cyn y pandemig, yn fwy lluddedig yn emosiynol ac yn gorfforol nag erioed o'r blaen ar ôl ymdrechion sylweddol a digynsail y 18 mis diwethaf.

19 Ffynhonnell: [StatsCymru](#)

- 49 Felly bydd angen ffocws parhaus ar ddarparu cymorth a gwasanaethau lles hygyrch a chynnal ymgysylltiad staff yn y tymor byr i sicrhau bod cyrff y GIG yn mynd i'r afael ag effaith barhaus y pandemig ar iechyd corfforol a lles meddyliol eu staff. Heb ffocws o'r fath, ceir risg y bydd effaith y pandemig ar iechyd corfforol a meddyliol staff yn tyfu, ac fe allai hynny yn ei dro beryglu gallu cyrff y GIG i ymdrin yn effeithiol â heriau cyfunol adfer ac ailgychwyn gwasanaethau, parhau i ymateb i bandemig COVID-19, a hefyd rheoli pwysau tymhorol y disgwylir iddynt fod yn fwy y gaeaf hwn nag oeddent y llynedd.
- 50 Fodd bynnag, mae pandemig COVID-19 wedi creu cyfle hefyd i ailfeddwl am les staff a'i drawsnewid ar gyfer y tymor canolig a hwy. Er bod cefnogi lles gweithlu'r GIG yn fwy angenrheidiol nag erioed pan fo angen i'r gwasanaeth ymateb i argyfwng, mae buddsoddi'n briodol yn lles staff ar sail barhaus yr un mor bwysig ag y mae gweithlu iach, ymgysylltiol a chryf ei gymhelliant yn hanfodol i ddarparu gwasanaethau iechyd a gofal diogel, effeithiol ac effeithlon o ansawdd da.
- 51 Rydym wedi paratoi rhestr wirio i gyd-fynd â'r adroddiad hwn sy'n nodi rhai o'r cwestiynau y dylai Aelodau o Fyrddau'r GIG fod yn eu gofyn i gael sicrwydd bod gan eu priod gyrff iechyd drefniadau effeithiol, effeithlon a chadarn i gefnogi lles eu staff.



Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in
Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales

Gofalu am y Gofalwyr? Rhestr Wirio ar gyfer Aelodau Bwrdd y GIG

Mae'r rhestr wirio hon yn nodi rhai o'r cwestiynau y dylai Aelodau Bwrdd y GIG fod yn gofyn am sicrwydd bod gan eu priod gyrff iechyd drefniadau effeithiol, effeithlon a chadarn ar waith i gefnogi lles eu staff. Mae'r cwestiynau'n cyd-fynd â'r argymhellion rydym wedi'u nodi yn ein hadroddiad – Gofalu am y Gofalwyr? Sut roedd cyrff y GIG yn cefnogi lles staff yn ystod pandemig COVID-19

1.



Pa wasanaethau lles y mae'r corff iechyd yn eu cynnig i staff ar hyn o bryd?

Dylai fod gan y Bwrdd ddealltwriaeth glir o arlwy lles presennol y corff iechyd i staff. Yn benodol, dylai'r Bwrdd geisio deall: (a) pa ddarpariaeth sydd wedi aros yn ddigyfnewid i raddau helaeth yn ystod y pandemig, (b) pa ddarpariaeth sydd wedi'i gwella yn ystod y pandemig, ac (c) pa ddarpariaeth newydd sydd wedi'i chyflwyno yn ystod y pandemig. Dylai'r Bwrdd hefyd geisio deall pa wasanaethau sydd ar gael i bob grŵp o staff a pha wasanaethau sydd ar gael i grwpiau penodol o staff, megis staff sydd mewn mwy o berygl o COVID-19.

2.



Faint maen nhw'n ei gostio?

Dylai fod gan y Bwrdd ddealltwriaeth glir o'r costau/ adnoddau sy'n gysylltiedig â chynnig lles presennol y corff iechyd i staff a sut y cânt eu hariannu

3.



Pa mor hygyrch yw cynnig lles staff presennol y corff iechyd?

Dylai'r Bwrdd fod â dealltwriaeth glir o sut y caiff cynnig lles presennol y corff iechyd ei hyrwyddo a'i ddefnyddio gan staff. Yn benodol, dylai'r Bwrdd geisio cael dealltwriaeth o brofiadau staff o gael gafael ar y gwasanaethau y maent yn teimlo eu bod eu hangen a/neu wedi cael eu hasesu fel rhai sydd eu hangen er mwyn diwallu eu hanghenion lles. Dylai Byrddau geisio sicrwydd bod camau priodol yn cael eu cymryd i fynd i'r afael ag unrhyw faterion neu anawsterau a brofir gan staff.

4.



Pa mor effeithiol yw cynnig lles staff presennol y corff iechyd?

Dylai fod gan y Bwrdd ddealltwriaeth glir o effeithiolrwydd cynnig lles staff presennol y corff iechyd. Yn benodol, dylai'r Bwrdd geisio deall pa wasanaethau yw'r rhai mwyaf effeithiol a lleiaf effeithiol yn seiliedig ar adborth staff a/ neu werthusiadau defnyddwyr. Dylai'r Bwrdd hefyd ystyried unrhyw dystiolaeth a allai fod ar gael ar effeithiolrwydd clinigol dulliau ac ymyriadau penodol a fabwysiadwyd gan y corff iechyd.

5.



Pa wasanaethau lles y dylai'r corff iechyd eu cynnig i staff yn y tymor byr, y tymor canolig a'r tymor hir?

Dylai'r Bwrdd ystyried pa wasanaethau lles y dylai'r corff iechyd eu cynnig i staff yn y tymor byr i ddechrau i ddelio ag effaith uniongyrchol y pandemig ar iechyd corfforol a lles meddyliol staff. Er bod effaith tymor hwy y pandemig yn anodd ar hyn o bryd, dylai Byrddau, serch hynny, ddechrau ystyried pa wasanaethau lles fydd eu hangen yn y tymor canolig i'r hirdymor.

Wrth adnewyddu cynnig lles y corff iechyd i staff, dylai Byrddau ystyried y cwestiynau canlynol yn unol ag anghenion staff, adborth staff/gwerthusiadau defnyddwyr, tystiolaeth o effeithiolrwydd clinigol, a gwerth am arian:

- pa wasanaethau presennol y dylid eu graddio'n ôl neu eu hatal yn gyfan gwbl?
- pa wasanaethau presennol y dylid eu gwella neu eu had-drefnu?
- pa wasanaethau newydd y dylid eu treialu neu eu cyflwyno?

Fel rhan o'r ymarfer hwn, dylai Byrddau hefyd geisio gwahaniaethu rhwng gwasanaethau sydd wedi'u hanelu at bob grŵp staff a gwasanaethau sy'n ofynnol gan grwpiau penodol o staff, megis y rhai sydd mewn mwy o berygl o COVID-19 a'r rhai sydd wedi gweithio'n uniongyrchol yn y rheng flaen drwy gydol y pandemig.

6.



Sut y dylai'r corff iechyd gyflwyno ei gynnegid lles i staff?

Dylai byrddau fod â dealltwriaeth glir o'r cyfleoedd sy'n bodoli i gydweithio â chyrff iechyd eraill i gaffael, comisiynu a/neu ddarparu gwasanaethau lles ar y cyd, yn enwedig mewn meysydd arbenigol, megis seicotherapi. Dylai byrddau hefyd geisio deall y cyfleoedd sy'n bodoli i rannu dysgu ac adnoddau yn ehangach o ran dulliau cyffredinol o ymdrin â lles staff.

Dylai byrddau hefyd fod â dealltwriaeth glir o sut y caiff gwasanaethau eu hariannu gyda'r nod o ddarparu sefydlogrwydd, sicrhau cynaliadwyedd, a sicrhau gwerth am arian.

7.



Sut y dylai'r corff iechyd barhau i ymgysylltu â staff?

Dylai fod gan fyrddau ddealltwriaeth glir o sut y bydd y corff iechyd yn parhau i ymgysylltu â staff i sicrhau eu bod yn cael cyfleoedd ystyrlon i dynnu sylw at eu hanghenion a rhannu eu barn yn rheolaidd, yn enwedig yn ystod cyfnod adfer y pandemig. Dylai byrddau hefyd geisio deall pa drefniadau sydd ar waith neu a fydd yn cael eu rhoi ar waith i ymgysylltu'n ystyrlon â grwpiau o staff sydd heb gynrychiolaeth ddigonol, megis staff o leiafrifoedd ethnig. Dylai byrddau hefyd geisio sicrwydd bod trefniadau ymgysylltu â staff y corff iechyd yn ategu, yn hytrach na dyblygu, drefniadau eraill a allai fod ar waith ar lefel genedlaethol.

8.



Pa sicrwydd sydd ei angen ar y Bwrdd wrth symud ymlaen?

Dylai'r Bwrdd sicrhau bod trefniadau cadarn ar waith i gael sicrwydd ar yr holl faterion perthnasol sy'n ymwneud â lles staff. Dylai'r Bwrdd roi eglurder ynghylch pa faterion y dylai'r pwyllgor perthnasol graffu arnynt sy'n gyfrifol am faterion yn ymwneud â'r gweithlu a pha faterion y dylai'r Bwrdd eu cadw a/neu eu hadolygu gan y Bwrdd yn rheolaidd (megis monitro perfformiad yn erbyn dangosyddion allweddol y gweithlu).

Management Response – Taking Care of the Carers?

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R1	<p>Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering their services. This includes maintaining a strong focus on staff at higher risk from COVID-19. Despite the success of the vaccination programme in Wales, the virus (and variations thereof) continues to circulate in the general population. All NHS bodies, therefore, should continue to roll-out the Risk Assessment Tool to ensure all staff have been risk assessed, and appropriate action is taken to safeguard and support staff identified as being at higher risk from COVID-19.</p>	<p>There has been local investment and the Health Board has in place an expanded Staff Psychological Well Being Service with a comprehensive Staff Psychological Wellbeing Plan. The Health Board will ensure that this provision continues and that the range of service provision is regularly promoted</p> <p>The Staff Wellbeing Information Line was launched on 19.11.21 and will be evaluated at the end of May 2022.</p> <p>A Health and Well Being Champions Network has also been established.</p> <p>The number of COVID 19 related enquires from employees/managers has reduced significantly since the start of the pandemic. Requests from managers regarding staff at high risk from COVID19 are treated as a high priority when managers request occupational health advice.</p> <p>A COVID risk assessment is now part of the All-Wales Pre-employment Health</p>	<p>March 2022</p> <p>May 2022</p> <p>December 2021</p> <p>All-Wales questionnaire</p>	<p>Suzanne Tarrant</p> <p>Suzanne Tarrant</p> <p>Leony Davies</p> <p>Karen Ryan</p>

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		<p>questionnaire. The Occupational Health service aims to complete clearance for all pre-employment questionnaires within 5 working days of receipt where possible. If an employee is identified as high-risk, further information is requested to facilitate the provision of Occupational Health advice to line managers prior to starting work to ensure that the necessary control measures are in place.</p>	<p>amended in 2020 – ongoing.</p>	
R2	<p>Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.</p>	<p>An action plan is being developed to take forward the recommendations of the discovery report, the staff survey and well-being matters survey. The common themes across these 3 pieces of work are:</p> <ul style="list-style-type: none"> • Growing inspirational leaders • Creating spaces and ways of working that enable our people and services to thrive • Putting Wellbeing at the heart of Hywel Dda • Creating a safe and supportive place to work • Building on our Covid team spirit • Enabling learning and innovation <p>The action plan will be presented at the People, Organisational Development and Culture Committee in December 2021.</p>	<p>December 2021</p>	<p>Christine Davies</p>

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R3	<p>Evaluating the effectiveness and impact of the staff wellbeing offer</p> <p>NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during the pandemic by evaluating fully the effectiveness and impact of their local packages of support in order to: (a) consider what worked well and what did not work so well; (b) understand its impact on staff wellbeing; (c) identify what they would do differently during another crisis; and, (d) establish which services, programmes, initiatives, and approaches introduced during the pandemic should be retained or reshaped to ensure staff continue to be supported throughout the recovery period and beyond. NHS bodies should ensure that staff are fully engaged and involved in the evaluation process.</p>	<p>User satisfaction feedback and clinical outcomes monitoring is in place for all 121 psychological support services and trend analysis is conducted monthly. User satisfaction and clinical outcomes are monitored on an ongoing basis with monthly reporting to the Wellbeing Dashboard.</p> <p>Evaluation plans are in place for the new Staff Wellbeing Information Line as well as the Staff Ecotherapy Programme. A Well-Being Dashboard is produced monthly.</p> <p>The Ecotherapy pilot will be evaluated on completion with a target date of April 2022 to inform future cohorts of the programme.</p> <p>The Occupational Health Service plans to deliver a monthly Occupational Health report. KPI's have also been introduced on key activities within the Occupational Health service.</p> <p>Evaluation of the wellbeing champions initiative is planned to establish a better understanding of the wellbeing champion role as it develops and the overall impact on staff wellbeing and areas for development.</p>	<p>Monthly reporting</p> <p>May 2022</p> <p>April 2022</p> <p>Ongoing</p> <p>First phase of evaluation to be completed by Sept 2022</p>	<p>Suzanne Tarrant</p> <p>Suzanne Tarrant</p> <p>Suzanne Tarrant</p> <p>Karen Ryan</p> <p>Leony Davies</p>

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
R4	<p>Enhancing collaborative approaches to supporting staff wellbeing NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.</p>	<p>The National Health and Wellbeing Network forum is attended regularly by the Head of Occupational Health, Head of Staff Psychological Wellbeing and Health Intervention Coordinator. Good practice on wellbeing resources and services is shared. Networking and Benchmarking is encouraged. The effectiveness of services is shared within the forum and cascaded as required.</p>		Karen Ryan
R5	<p>Providing continued assurance to boards and committees NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant committees on all applicable matters relating to staff wellbeing. In doing so, NHS bodies should avoid only providing a general description of the programmes, services, initiatives, and approaches they have in place to support staff wellbeing. They should also provide assurance that these programmes, services, initiatives, and approaches are having the desired effect on staff wellbeing and deliver value for money. Furthermore, all NHS bodies should ensure their Boards maintain effective oversight of key workforce performance indicators – this does not happen in all organisations at present.</p>	<p>KPI's have been introduced on key Occupational Health functions including management referral activity and pre-employment clearance times. There is a KPI in place of clearance within 5 working days for 85% of PPHQ's.</p> <p>These KPIs will provide assurance to the board and identify any issues which may impact on staff wellbeing e.g., clearance delays, delayed advice for managers.</p> <p>All recruitment activity is treated as high priority within the Occupational Health service to optimise capacity across the Health Board.</p>	April 2022	Karen Ryan

Ref	Recommendation	Management Response / Action	Target Completion Date	Responsible Officer
		Progress and impact are assessed across the Health Board and scrutinised by the People, Organisational and Culture Committee.		
R6	<p>Building on local and national staff engagement arrangements</p> <p>NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.</p>	<p>Exit interviews are in place and “Thinking of leaving” interviews will be implemented in 2022.</p> <p>A ‘Working in confidence’ platform to support the staff voice will launch in December 2021. Under-represented groups will be contactable via the platform. All concerns, needs and views will be reported to the People, Organisational Development and Culture Committee on an ongoing basis.</p>	<p>March 2022</p> <p>December 2021</p>	<p>Rob Blake</p> <p>Rob Blake</p>

Please indicate below how the Board Members Checklist will be used to inform debate within your organisation

The Board Members Checklist will be reviewed regularly by the Assistant Directors of Workforce responsible for delivering the health and well-being agenda in our 10 year Workforce &OD strategy. The Directorate has an established Core Leadership Team and meetings structure which will ensure that progress against the management responses/action plans are regularly monitored. Action plans will be presented at the People, Organisational Development and Culture Committee for scrutiny.