HYSBYSIAD YNGHYLCH GWELLIANNAU
NOTICE OF AMENDMENTS

Cyflwynwyd ar 2 Mawrth 2020
Tabled on 2 March 2020

Bil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)
Health and Social Care (Quality and Engagement) (Wales) Bill

Angela Burns

Section 2, page 2, after line 4, insert—

““appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.”.

Adran 2, tudalen 2, ar ôl llinell 4, mewnodoser—

““appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.”.
Angela Burns

Section 2, page 2, after line 9, insert—

‘() complying with the staffing duty, and’.

Adran 2, tudalen 2, ar ôl llinell 9, mewnusoder—

‘() complying with the staffing duty, and’.

Angela Burns

Section 2, page 2, after line 11, insert—

“staffing duty” means the duty of the Welsh Ministers to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,

(b) the provision of safe and high-quality health services, and

(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Adran 2, tudalen 2, ar ôl llinell 11, mewnusoder—

““staffing duty” means the duty of the Welsh Ministers to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,

(b) the provision of safe and high-quality health services, and

(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Angela Burns

Section 2, page 2, after line 23, insert—

“appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.’.

Adran 2, tudalen 2, ar ôl llinell 23, mewnoser—

“appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice’.

Angela Burns

Section 2, page 2, after line 28, insert—

‘( ) complying with the staffing duty, and’.

Adran 2, tudalen 2, ar ôl llinell 28, mewnoser—

‘( ) complying with the staffing duty, and’.

Angela Burns

Section 2, page 2, after line 30, insert—

“staffing duty” means the duty of Local Health Boards to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,
(b) the provision of safe and high-quality health services, and
(c) insofar as it affects either of those matters, the wellbeing of staff.’.
Adran 2, tudalen 2, ar ôl llinell 30, mewnosoder—

”staffing duty” means the duty of Local Health Boards to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,
(b) the provision of safe and high-quality health services, and
(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Angela Burns

Section 2, page 3, after line 1, insert—

“”appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.’.

Adran 2, tudalen 3, ar ôl llinell 1, mewnosoder—

””appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.’.

Angela Burns

Section 2, page 3, after line 6, insert—

’( ) complying with the staffing duty, and’.
Adran 2, tudalen 3, ar ôl llinell 6, mewnodoser—

‘( ) complying with the staffing duty, and’.

**Angela Burns**

Section 2, page 3, after line 8, insert—

‘“staffing duty” means the duty of NHS trusts to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,

(b) the provision of safe and high-quality health services, and

(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Adran 2, tudalen 3, ar ôl llinell 8, mewnodoser—

‘“staffing duty” means the duty of NHS trusts to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,

(b) the provision of safe and high-quality health services, and

(c) insofar as it affects either of those matters, the wellbeing of staff.”.

**Angela Burns**

Section 2, page 3, after line 19, insert—

‘“appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,

(b) the local context in which it is being provided,

(c) the number of individuals being provided it,

(d) the needs of individuals being provided it, and

(e) appropriate clinical advice.’.
Adran 2, tudalen 3, ar ôl llinell 20, mewnoser—

“appropriate numbers” means the appropriate number of staff for the provision of a particular kind of health service, having regard to—

(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and
(e) appropriate clinical advice.’.

Angela Burns
Section 2, page 3, after line 24, insert—

‘( ) complying with the staffing duty, and’.

Adran 2, tudalen 3, ar ôl llinell 25, mewnoser—

‘( ) complying with the staffing duty, and’.

Angela Burns
Section 2, page 3, after line 26, insert—

“staffing duty” means the duty of Special Health Authorities to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,
(b) the provision of safe and high-quality health services, and
(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Adran 2, tudalen 3, ar ôl llinell 27, mewnoser—

“staffing duty” means the duty of Special Health Authorities to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—

(a) the health, wellbeing and safety of individuals to whom health services are provided,
(b) the provision of safe and high-quality health services, and
(c) insofar as it affects either of those matters, the wellbeing of staff.’.

Angela Burns

Section 2, page 3, after line 32, insert—

‘(6) In Chapter 4 of Part 2 (Health service bodies: Miscellaneous) before section 25A (duty to have regard to providing sufficient nurses, insert—


(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) Each Local Health Board, NHS trust and Special Health Authority must put and keep in place arrangements for the real-time assessment of its compliance with the staffing duty imposed in sections 12A, 20A and 24A.

(3) The arrangements referred to in subsection (2) must include—

(a) a procedure for the identification by any member of staff of any risks caused to staffing levels to—

(i) the health, wellbeing and safety of patients,
(ii) the provision of safe and quality health care, or
(iii) insofar as it affects either of the matters in subparagraphs (i) or (ii), the wellbeing of staff.

(b) a procedure for the notification of any risk referred to in paragraph (a) to an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified,

(c) a procedure for the mitigation of any risk referred to in paragraph (a) by an individual referred to in paragraph (b) and a requirement for that individual to seek and have regard to appropriate clinical advice in carrying out such mitigation,

(d) raising awareness among staff about the procedures described in paragraphs (a) and (c),

(e) encouraging and enabling staff to use the procedures referred to in paragraphs (a) and (b),

(f) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care in how to implement the arrangements referred to in paragraphs (a) to (e), and
ensuring that the individuals referred to in subsection (f) receive adequate time and resources to implement the arrangements referred to in paragraphs (a) to (e).”

“25A[] Real-time staffing assessment: duty to have risk escalation process in place

(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) Each Local Health Board, NHS trust and Special Health Authority must put and keep in place arrangements for the escalation of any risk—

(a) identified under the real-time staffing assessment of its staffing levels carried out in accordance with section 25A[] (2), and

(b) which it has not been possible to mitigate in accordance with the arrangement put in place under section 25A[] (3).

(3) The arrangements under subsection (2) must include—

(a) a procedure for the initial reporting of the risk by an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, to a more senior decision maker,

(b) a requirement for the senior decision maker referred to in paragraph (a) to seek and have regard to appropriate clinical advice in reaching a decision on the risk, including how to mitigate it,

(c) a procedure for the onward reporting of the risk to a further more senior decision-maker and a requirement for that decision-maker to seek and have regard to appropriate clinical advice in reaching a decision on the risk, including on how to mitigate it,

(d) a requirement for the arrangements put in place under paragraph (c) to escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board, NHS trust or Special Health Authority (as the case may be),

(e) a requirement to prepare a report on the decision of each decision maker involved in the process, giving reasons for their decision,

(f) a procedure for the notification of every report referred to in paragraph (e) to—

i. any individual who was involved in identifying the risk in accordance with the arrangements put in place under paragraph (a),
ii. any individual who was involved in attempting to
mitigate the risk in accordance with the arrangements
put in place under paragraph (c),

iii. any individual who was involved in reporting the risk
in accordance with the arrangements put in place under
paragraphs (a), (c) or (d), and

iv. any individual who gave clinical advice in accordance
with the arrangements put in place under section 25A[c]
(c) or under paragraphs (b), (c) or (d) of this subsection,

(g) a procedure for any individual referred to in paragraph (f) to
record any disagreement with any decision in the report
referred to in paragraph (e),

(h) a procedure for the individuals referred to in paragraph (f) to
be able to request a review of the final decision on a risk (other
than a final decision made by the members of the Health
Board, NHS trust or Special Health Authority) made in
accordance with the arrangements put in place under
subsection 25A[d] or paragraphs (c), (d) or (e) of this subsection,

(i) raising awareness among staff about the procedures described
in paragraphs (a) to (g),

(j) training individuals with lead professional responsibility
(whether clinical or non-clinical) for particular types of health
care, and other senior decision-makers, in how to implement
the arrangements put in place under paragraphs (a) to (i), and

(k) ensuring that the individuals referred to in paragraph (j)
receive adequate time and resources to implement those
arrangements.”.

Adran 2, tudalen 3, ar ôl llinell 33, mewnodoser—

‘(6) Ym Mhennod 4 o Ran 2 (cyrff y gwasanaeth iechyd: Amrywiol), cyn adran 25A
(dyletswydd i roi sylw i ddarparu digon o nyrsys) mewnodoser—


(1) This section applies to Local Health Boards, NHS trusts and Special
Health Authorities.

(2) Each Local Health Board, NHS trust and Special Health Authority
must put and keep in place arrangements for the real-time assessment
of its compliance with the staffing duty imposed in sections 12A, 20A
and 24A.

(3) The arrangements referred to in subsection (2) must include—
(a) a procedure for the identification by any member of staff of any risks caused to staffing levels to—
   (i) the health, wellbeing and safety of patients,
   (ii) the provision of safe and quality health care, or
   (iii) insofar as it affects either of the matters in subparagraphs (i) or (ii), the wellbeing of staff.

(b) a procedure for the notification of any risk referred to in paragraph (a) to an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified,

(c) a procedure for the mitigation of any risk referred to in paragraph (a) by an individual referred to in paragraph (b) and a requirement for that individual to seek and have regard to appropriate clinical advice in carrying out such mitigation,

(d) raising awareness among staff about the procedures described in paragraphs (a) and (c),

(e) encouraging and enabling staff to use the procedures referred to in paragraphs (a) and (b),

(f) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care in how to implement the arrangements referred to in paragraphs (a) to (e), and

(g) ensuring that the individuals referred to in subsection (f) receive adequate time and resources to implement the arrangements referred to in paragraphs (a) to (e)."

“25A[ ] Real-time staffing assessment: duty to have risk escalation process in place

(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) Each Local Health Board, NHS trust and Special Health Authority must put and keep in place arrangements for the escalation of any risk—
   (a) identified under the real-time staffing assessment of its staffing levels carried out in accordance with section 25A[ ](2), and
   (b) which it has not been possible to mitigate in accordance with the arrangement put in place under section 25A[ ](3).

(3) The arrangements under subsection (2) must include—
   (a) a procedure for the initial reporting of the risk by an individual with lead professional responsibility (whether clinical or non-clinical) in the area where the risk was identified, to a more senior decision maker,
(b) a requirement for the senior decision maker referred to in paragraph (a) to seek and have regard to appropriate clinical advice in reaching a decision on the risk, including how to mitigate it,

(c) a procedure for the onward reporting of the risk to a further more senior decision-maker and a requirement for that decision-maker to seek and have regard to appropriate clinical advice in reaching a decision on the risk, including on how to mitigate it,

(d) a requirement for the arrangements put in place under paragraph (c) to escalate further in order to reach a final decision on the risk, including in appropriate cases by the reporting of the risk to the members of the Health Board, NHS trust or Special Health Authority (as the case may be),

(e) a requirement to prepare a report on the decision of each decision maker involved in the process, giving reasons for their decision,

(f) a procedure for the notification of every report referred to in paragraph (e) to—

   i. any individual who was involved in identifying the risk in accordance with the arrangements put in place under paragraph (a),

   ii. any individual who was involved in attempting to mitigate the risk in accordance with the arrangements put in place under paragraph (c),

   iii. any individual who was involved in reporting the risk in accordance with the arrangements put in place under paragraphs (a), (c) or (d), and

   iv. any individual who gave clinical advice in accordance with the arrangements put in place under section 25A[ ] (c) or under paragraphs (b), (c) or (d) of this subsection,

(g) a procedure for any individual referred to in paragraph (f) to record any disagreement with any decision in the report referred to in paragraph (e),

(h) a procedure for the individuals referred to in paragraph (f) to be able to request a review of the final decision on a risk (other than a final decision made by the members of the Health Board, NHS trust or Special Health Authority) made in accordance with the arrangements put in place under subsection 25A[ ] (c) or, as the case may be, paragraphs (b), (c) or (d) of this subsection,

(i) raising awareness among staff about the procedures described in paragraphs (a) to (g),
(j) training individuals with lead professional responsibility (whether clinical or non-clinical) for particular types of health care, and other senior decision-makers, in how to implement the arrangements put in place under paragraphs (a) to (i), and

(k) ensuring that the individuals referred to in paragraph (j) receive adequate time and resources to implement those arrangements.’’.

Angela Burns

Section 2, page 3, after line 32, insert—

‘(6) In Chapter 4 of Part 2 (Health service bodies: Miscellaneous) before section 25A (duty to have regard to providing sufficient nurses, insert—

“25A Duty of quality: ensuring appropriate number of registered healthcare staff

(1) The Welsh Ministers must ensure that there is a sufficient number of—

(a) registered nurses,
(b) registered midwives,
(c) medical practitioners, and
(d) such other types of employees as the Welsh Ministers may by regulations prescribe
available to every Local Health Board, NHS trust and Special Health Authority to enable them to comply with the staffing duty imposed in sections 12A, 20A and 24A.

(2) In fulfilling the duty under subsection (1), the Welsh Ministers must have regard to—

(a) the number of people training for the professions listed in or by virtue of subsection (1) in Wales,
(b) any information as to variation in staffing needs caused by differences in the geographical areas for which Local Health Boards, NHS trusts and Special Health Authorities are responsible, and
(c) any information provided to them by a Local Health Board, NHS trust or Special Health Authority about how it has complied with the staffing duty imposed in sections 12A, 20A and 24A.

(3) As soon as reasonably practicable after the end of each financial year, the Welsh Ministers must lay before the National Assembly for Wales a report setting out—

(a) how they have complied with subsection (1), and
(b) the extent to which their compliance with subsection (1) enabled Local Health Boards, NHS trusts and Special Health Authorities to comply with the staffing duty imposed in sections 12A, 20A and 24A.”

Adran 2, tudalen 3, ar ôl llinell 33, mewnosoder—

‘(6) Ym Mhennod 4 o Ran 2 (cyrff y gwasanaeth iechyd: Amrywiol), cyn adran 25A (dyletswydd i roi sylw i ddarparu digon o nyrsys) mewnosoder—

25A[ ] Duty of quality: ensuring appropriate number of registered healthcare staff

(1) The Welsh Ministers must ensure that there is a sufficient number of—

(a) registered nurses,
(b) registered midwives,
(c) medical practitioners, and
(d) such other types of employees as the Welsh Ministers may by regulations prescribe

available to every Local Health Board, NHS trust and Special Health Authority to enable them to comply with the staffing duty imposed in sections 12A, 20A and 24A.

(2) In fulfilling the duty under subsection (1), the Welsh Ministers must have regard to—

(a) the number of people training for the professions listed in or by virtue of subsection (1) in Wales,
(b) any information as to variation in staffing needs caused by differences in the geographical areas for which Local Health Boards, NHS trusts and Special Health Authorities are responsible, and
(c) any information provided to them by a Local Health Board, NHS trust or Special Health Authority about how it has complied with the staffing duty imposed in sections 12A, 20A and 24A.

(3) As soon as reasonably practicable after the end of each financial year, the Welsh Ministers must lay before the National Assembly for Wales a report setting out—

(a) how they have complied with subsection (1), and
(b) the extent to which their compliance with subsection (1) enabled Local Health Boards, NHS trusts and Special Health Authorities to comply with the staffing duty imposed in sections 12A, 20A and 24A.”
Section 2, page 3, after line 32, insert—

‘(6) In Chapter 4 of Part 2 (Health service bodies: Miscellaneous) after section 26 (intervention orders) insert—

‘26A Failure to comply with the duty to secure quality in health services

(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) If the Welsh Ministers consider that a body to which this section applies has failed to exercise its functions in accordance with sections 12A, 20A and 24A, they may make an intervention order in respect of the body.”.

Page 3, after line 32, insert a new section—

‘[ ] Duty to review statement of standards in relation to the provision of health care by and for Welsh NHS bodies

(1) Section 47 (standards set by Assembly) of Chapter 2 (NHS health care: introductory) of Part 2 (standards) of the Health and Social Care (Community Health and Standards) Act 2003 is amended as follows.

(2) In subsection (2) after the word “review” insert “and carry out a detailed review at least once in every Assembly term”.

Tudalen 3, ar ôl llinell 33, mewnosoder adran newydd—

‘[ ] Dyletswydd i adolygu datganiad o safonau mewn perthynas â’r gofal iechyd a ddarperir gan ac ar gyfer cyrff GIG Cymru
(1) Mae adran 47 (safonau a bennir gan y Cynulliad) o Bennod 2 (Gofal iechyd GIG: rhagarweiniol) o Ran 2 (safonau) o Ddeddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003 wedi’i diwygio fel a ganlyn.

(2) Yn is-adran (2) ar ôl y gair “review” mewnosoder “and carry out a detailed review at least once in every Assembly term”. 

Angela Burns

Page 3, after line 32, insert a new section—

‘[ ] Duty to review statement of standards in relation to the provision of health care by and for Welsh NHS bodies

(1) Section 47 (standards set by Assembly) of Chapter 2 (NHS health care: introductory) of Part 2 (standards) of the Health and Social Care (Community Health and Standards) Act 2003 is amended as follows.

(2) In subsection (3) after the word “consult” insert “and have regard to the views of”. 

Tudalen 3, ar ôl llinell 33, mewnosoder adran newydd—

‘[ ] Dyletswydd i adolygu datganiad o safonau mewn perthynas â’r gofal iechyd a ddarperir gan ac ar gyfer cyrff GIG Cymru

(1) Mae adran 47 (safonau a bennir gan y Cynulliad) o Bennod 2 (Gofal iechyd GIG: rhagarweiniol) o Ran 2 (safonau) o Ddeddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003 wedi’i diwygio fel a ganlyn.

(2) Yn is-adran (3) ar ôl y gair “consult” mewnosoder “and have regard to the views of”.

Angela Burns

Section 2, page 3, after line 32, insert—

‘(6) In Chapter 4 of Part 2 (health service bodies: Miscellaneous), after section 25E (nurse staffing levels: reports) insert—

“Data collection, analysis and publication

“25F Collection, analysis and publication of data

(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) In order to evidence compliance with the duties in sections 12A, 20A and 24A, regulations must provide for the establishment and operation of systems to collect, analyse and publish data which must be supplied by Local Health Boards, NHS trusts and Special Health Authorities to the Welsh Ministers and to Public Health Wales.
(3) The regulations required by subsection (2) must be made no later than twelve months from the date upon which this section comes into force.

(4) Regulations may not be made under this section unless a draft of the regulations has been laid before, and approved by resolution of, the National Assembly for Wales."

(7) In section 203(5) insert in the appropriate place—

“( ) section 25F(1).”.

Adran 2, tudalen 3, ar ôl llinell 33, mewnosoder—

‘(6) Ym Mhennod 4 o Ran 2 (cyff y gwasanaeth iechyd: Amrywiol), ar ôl adran 25E (lefelau staff nyrsio: adroddiadau) mewnosoder—

“Data collection, analysis and publication

“25F Collection, analysis and publication of data

(1) This section applies to Local Health Boards, NHS trusts and Special Health Authorities.

(2) In order to evidence compliance with the duties in sections 12A, 20A and 24A, regulations must provide for the establishment and operation of systems to collect, analyse and publish data which must be supplied by Local Health Boards, NHS trusts and Special Health Authorities to the Welsh Ministers and to Public Health Wales.

(3) The regulations required by subsection (2) must be made no later than twelve months from the date upon which this section comes into force.

(4) Regulations may not be made under this section unless a draft of the regulations has been laid before, and approved by resolution of, the National Assembly for Wales.”

(7) Yn is-adran 203(5) mewnosoder yn y man priodol—

“( ) section 25F(1).’.

Angela Burns

Page 6, after line 27, insert a new section—

‘[] Non-compliance with the duty of candour

(1) Any failure by an NHS body to comply with the regulations issued under section 4 of this Act must be dealt with under the NHS Wales Escalation and Intervention Arrangements or any other arrangements which replace them, wholly or in part, from time to time.
(2) Any failure by an NHS body to comply with sections 5 to 10 of this Act must be dealt
with under the NHS Wales Escalation and Intervention Arrangements or any other
arrangements which replace them, wholly or in part, from time to time.’.

Tudalen 6, ar ôl llinell 31, mewnosoder adran newydd—

‘[ ] Diffyg cydymffurfio â’r ddyletswydd gonestrwydd

(1) Rhaid ymdrin ag unrhyw fethiant gan gorff GIG i gydymffurfio â’r rheoliadau a
ddyroddir o dan adran 4 o’r Ddeddf hon o dan Drefniadau Uwchgyfeirio ac Ymyrryd
GIG Cymru neu unrhyw drefniadau eraill sy’n eu disodli yn gyfan gwbl neu’n rhannol, o
bryd i’w gilydd.

(2) Rhaid ymdrin ag unrhyw fethiant gan gorff GIG i gydymffurfio ad drannau 5 i 10 o’r
Ddeddf hon o dan Drefniadau Uwchgyfeirio ac Ymyrryd GIG Cymru neu unrhyw
drefniadau eraill sy’n eu disodli yn gyfan gwbl neu’n rhannol, o bryd i’w gilydd.’.

Angela Burns

Section 13, page 8, line 6, after ‘services’, insert—

‘and

(b) establish regional bodies reflecting the geographical areas of partnership boards
established under section 68 of the Social Services and Well-being (Wales) Act
2014 to ensure that the Citizen Voice Body—

(i) represents the interests of people in all parts of Wales, and

(ii) is accessible to people in all parts of Wales’.

Adran 13, tudalen 8, llinell 7, ar ôl ‘cymdeithasol’, mewnosoder—

‘a

(b) sefydlu cyrff rhanbarthol i adlewyrchu ardaloedd daearyddol byrddau
partneriaeth a sefydlwyd o dan adran 68 o Ddeddf Gwasanaethau Cymdeithasol a
Llesiant (Cymru) 2014 i sicrhau bod Corff Llais y Dinesydd—

(i) yn cynrychioli buddiannau pobl ym mhob rhan o Gymru, a

(ii) yn hygyrch i bobl ym mhob rhan o Gymru’.

Angela Burns

Section 15, page 8, after line 21, insert—

‘(c) in relation to any issues which affect all or more than one area of Wales, the Welsh
Ministers, and

(d) any other person or body who makes decisions or exercises functions on behalf of
a local authority or NHS body.’.
Adran 15, tudalen 8, ar ôl llinell 22, mewnodoser—

‘(c) Gweinidogion Cymru, mewn perthynas ag unrhyw faterion sy’n effeithio ar bob ardal o Gymru neu fwy nag un o’r ardaloedd hynny, a

(d) unrhyw berson neu gorff arall sy’n gwneud penderfyniadau neu sy’n arfer swyddogaethau ar ran awdurdod lleol neu gorff GIG.’

Angela Burns

Section 15, page 8, after line 23, insert—

‘(4) The recipient of any representation made under subsection (1) must prepare a response to each representation made.

(5) A response under subsection (4) must state—

(a) the extent to which the recipient of the representation accepts each representation made, and

(b) any actions that the recipient of the representation intends to take in relation to each representation made.

(6) As soon as reasonably practicable, the recipient of the representation must publish the response prepared under subsection (4) on their website and send their response to the Citizen Voice Body.

(7) The Welsh Ministers must prepare and publish guidance directed at the persons listed in subsection (2) in relation to representations made under this section.

(8) Guidance prepared and published under subsection (7) must, in particular, set out how the persons listed in subsection (2) must take into account and respond to representations made by the Citizen Voice Body.

(9) The persons listed in subsection (2) must act in accordance with the guidance published under subsection (7) when complying with subsections (3), (4), (5) and (6).’

Adran 15, tudalen 8, ar ôl llinell 24, mewnodoser—

‘(4) Rhaid i’r sawl sy’n cael unrhyw sylwadau a wneir o dan is-adran (1) lunio ymateb i bob sylw a wneir.

(5) Rhaid i ymateb o dan is-adran (4) nodi—

(a) y graddau y mae’r sawl sy’n cael y sylwadau yn derbyn pob sylw a wneir, a

(b) unrhyw gamau y mae’r sawl sy’n cael y sylwadau yn bwriadu eu cymryd mewn perthynas â phob sylw a wneir.

(6) Cyn gynted ag y bo’n rhesymol ymarferol, rhaid i’r sawl sy’n cael y sylwadau gyhoeddi’r ymateb a lunnir o dan is-adran (4) ar ei wefan ac anfon ei ymateb at Gorff Llais y Dinesydd.

(7) Rhaid i Weinidogion Cymru lunio a chyhoeddi canllawiau wedi’u cyfeirio at y personau a restrir yn is-adran (2) mewn perthynas â sylwadau a wneir o dan yr adran hon.
(8) Rhaid i ganllawiau a gaiff eu llunio a’u cyhoeddi o dan is-adran (7), yn benodol, nodi sut y mae’n rhaid i’r personau a restrir yn is-adran (2) ystyried sylwadau a wneir gan Gorff Llais y Dinesydd ac ymateb iddynt.

(9) Rhaid i’r personau a restrir yn is-adran (2) weithredu yn unol â'r canllawiau a gyhoeddir o dan is-adran (7) wrth gydymffurfio ag is-adrannau (3), (4), (5) a (6).

Angela Burns

Section 16, page 9, after line 14, insert—

‘( ) Subsections ([second subsection to be inserted by this amendment]) and ([third subsection to be inserted by this amendment]) apply in respect of any concern as defined in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and any complaint as defined in the Social Services Complaints Procedure (Wales) Regulations 2014.

( ) The Welsh Ministers must by regulations provide for a system which enables a joint investigation to be carried out by an NHS body and a local authority into any concern or complaint raised by or on behalf of any person which relates to the provision of both health services and social services.

( ) The regulations in subsection ([second subsection to be inserted by this amendment]) must provide for—

(a) timescales within which a complaint or concern must be received,
(b) the investigation process,
(c) the reporting process, and
(d) redress.

( ) Regulations under subsection ([second subsection to be inserted by this amendment]) may not be made unless a draft of the regulations has been laid before, and approved by resolution of, the National Assembly for Wales.

( ) Regulations under subsection ([second subsection to be inserted by this amendment]) must be made no later than six months from the date upon which this section comes into force.’.

Adran 16, tudalen 9, ar ôl llinell 14, mewnodoser—

‘( ) Mae is-adrannau ([yr ail is-adran sydd i’w mewnodos gan y gwelliart hwn]) a ([y drydedd is-adran sydd i’w mewnodos gan y gwelliart hwn]) yn gymwys mewn perthynas ag unrhyw bryder fel y’i ddiffiniwyd yn Rheoliadau’r Gwasanaeth Lechyd Gwladol (Trefniaid Pryderon, Cwynion ac Iawn) (Cymru) 2011 ac unrhyw gwyn fel y’i ddiffiniwyd yn Rheoliadau Gweithdrefn Gwynion y Gwasanaethau Cymdeithasol (Cymru) 2014.

( ) Rhaid i Weinidogion Cymru, drwy reoliadu, ddarparu ar gyfer system sy’n galluogi corff GIG ac awdurddod lleol i gynnal ymchwiliad ar y cyd i unrhyw bryder neu gwyn a godir gan unrhyw berson neu ar ran unrhyw berson yng Nghymru darchar gwasanaethau lechyd a gwasanaethau cymdeithasol.
Rhad i’r rheoliadau yn is-adran ([yr ail is-adran sydd i’w mewnosed gan y gwelliant hwn]) ddarparu ar gyfer—

(a) y terfynau amser y mae’n rhaid i gwyn neu bryder ddod i law,

(b) proses yr ymchwiliad,

(c) y broses adrodd, a

(d) iawn.

Ni chaniateir gwneud rheoliadau o dan is-adran ([yr ail is-adran sydd i’w mewnosed gan y gwelliant hwn]) oni bai bod drafft o’r rheoliadau wedi’i osod gerbron Cynulliad Cenedlaethol Cymru a’i gymeradwyo ganddo drwy benderfyniad.

Rhaid gwneud Rheoliadau o dan is-adran ([yr ail is-adran sydd i’w mewnosed gan y gwelliant hwn]) heb fod yn hwyrach na chwe mis o’r dyddiad y daw’r adran hon i rym.’

Angela Burns

Page 9, after line 33, insert a new section—

‘[ ] Duty to provide information, advice and training to volunteers and staff of Citizen Voice Body

(1) The Citizen Voice Body must secure the provision of information, advice and training to its volunteers and staff.

(2) In exercising its functions under this section, the Citizen Voice Body must have regard to any guidance given from time to time by the Welsh Ministers.’.

Tudalen 9, ar ôl llinell 33, mewnodoser adran newydd—

‘[ ] Dyletswydd i ddarparu gwybodaeth, cyngor a hyfforddiant i wirfoddolwyr a staff Corff Llais y Dinesydd

(1) Rhaid i Gorff Llais y Dinesydd sicrhau bod gwybodaeth, cyngor a hyfforddiant yn cael eu darparu i’w wirfoddolwyr a’i staff.

(2) Wrth arfer ei swyddogaethau o dan yr adran hon, rhaid i Gorff Llais y Dinesydd roi sylw i unrhyw ganllawiau a roddir gan Weinidogion Cymru o bryd i’w gilydd.’.

Angela Burns

Page 9, after line 33, insert a new section—

‘[ ] Entry to premises

(1) The Citizen Voice Body may access, enter and view premises for the purpose of exercising any of its functions.

(2) The Welsh Ministers must prepare and publish a code of practice regarding access, entry and viewing of premises which must be followed by the Citizen Voice Body.
(3) The code of practice prepared and published in accordance with subsection (2) must provide—

(a) an exhaustive list of the circumstances in which the Citizen Voice Body may access, enter and view premises;

(b) that the Citizen Voice Body may only access, enter and view premises in order to seek the views of individuals in respect of health or social services;

(c) an exhaustive list of the circumstances in which the Citizen Voice Body may access, enter and view Excluded Premises upon the invitation of an individual for the purpose of seeking the views of individuals in respect of health or social services;

(d) for how the Citizen Voice Body may engage with individuals during the course of accessing, entering and viewing premises, including Excluded Premises where subsection (c) applies;

(e) that each local authority and NHS body must ensure that—

(i) it permits the Citizen Voice Body to access, enter and view any of its premises, including Excluded Premises where subsection (c) applies, and

(ii) any third party provider of health and social care on behalf of the local authority or NHS body is obliged to permit the Citizen Voice Body to access, enter and view premises and, where subsection (c) applies, Excluded Premises.

(4) The Citizen Voice Body, NHS bodies and local authorities must comply with the code of practice prepared and published in accordance with subsection (2).

(5) In preparing the code of practice in accordance with subsections (2) and (3), the Welsh Ministers must consult—

(a) the Citizen Voice Body,

(b) each local authority,

(c) each NHS body, and

(d) such other persons as the Welsh Ministers consider appropriate.

(6) Before publishing the code of practice in accordance with subsection (2), the Welsh Ministers must lay a copy of the draft code of practice before the National Assembly for Wales.

(7) If, before the end of the 40 day period, the National Assembly for Wales resolves not to approve the draft of the code, the Welsh Ministers must not issue the code in the form of that draft.

(8) If no such resolution is made before the end of that period—

(a) the Welsh Ministers must issue the code (or revised code) in the form of the draft, and

(b) the code (or revised code) comes into force on the date appointed by order of the Welsh Ministers.

(9) The 40 day period—
(a) begins on the day on which the draft is laid before the National Assembly for Wales, and

(b) does not include any time during which the National Assembly for Wales is dissolved or is in recess for more than four days.

(10) Subsection (7) does not prevent a new draft of a proposed code from being laid before the National Assembly for Wales.

(11) References in this section to a proposed code include a proposed revised code.

(12) In this section—

(a) “excluded premises” means—

(i) any private domestic dwelling, or

(ii) any private room in a publicly or privately owned nursing or care home or other premises to which other residents and patients do not have access.

(b) “premises” means any premises at which health or social services are being provided but excluding any Excluded Premises.

Tudalen 9, ar ôl llinell 33, mewnosoder adran newydd—

‘[]

Mynd i mewn i fangre

(1) Caiff Corff Liais y Dinesydd gael mynediad i fangre, mynd i mewn i fangre a’i gweld at ddiben arfer unrhyw rai o’i swyddogaethau.

(2) Rhaid i Weinidogion Cymru lunio a chyhoeddi cod ymarfer ynghylch cael mynediad i fangre, mynd i mewn i fangre a’i gweld, a rhaid i Gorff Liais y Dinesydd ddilyn y cod hwnnw.

(3) Rhaid i’r cod ymarfer a gaiff ei lunio a’i gyhoeddi yn unol ag adran (2) ddarparu—

(a) rhestr gynhwysfawr o’r amgylchiadau y caiff Corff Liais y Dinesydd gael mynediad i fangre, mynd i mewn i fangre a’i gweld;

(b) na chaiff Corff Liais y Dinesydd ond cael mynediad i fangre, mynd i mewn i fangre a’i gweld er mwyn ceisio barn unigolion mewn perthnas â gwasanaethau iechyd neu gymdeithasol;

(c) rhestr gynhwysfawr o’r amgylchiadau y caiff Corff Liais y Dinesydd fynediad i Fangre wedi’i Heithrio, mynd i mewn iddi a’i gweld drwy wahoddiad unigolyn at ddiben ceisio barn unigolion mewn perthnas â gwasanaethau iechyd neu gymdeithasol;

(d) sut y caiff Corff Liais y Dinesydd ymgysylltu ag unigolion yn ystod cael mynediad i fangre, mynd i mewn i fangre a’i gweld, gan gynnwys Mangre wedi’i Heithrio pan fo is-adran (c) yn gymwys;

(e) bod yn rhaid i bob awdur dad llenol a chorff GIG sicrhau—

(i) ei fod yn caniatáu i Gorff Liais y Dinesydd gael mynediad i fangre, mynd i mewn i fangre a’i gweld, gan gynnwys Mangre wedi’i Heithrio pan fo is-adran (c) yn gymwys, a
(ii) bod unrhyw ddarparwr iechyd a gofal cymdeithasol trydydd parti ar ran yr awdur dodd lleol neu’r corff GIG yn gorfod caniatâu i Gorff Llais y Dinesydd gael mynediad i fangre, mynd i mewn i fangre a’i gweld a, phan fo is-adran (c) yn gymwys, Mangre wedi’i Heithrio.

(4) Rhaid i Gorff Llais y Dinesydd, cyrff GIG ac awdur dodd lleol gydymffurfio á’r cod ymarfer a gaiff ei lunio a’i gyhoeddii yn unol ag is-adran (2).

(5) Wrth lunio’r cod ymarfer yn unol ag is-adrannau (2) a (3), rhaid i Weinidogion Cymru ymgynghori ag—

(a) Corff Llais y Dinesydd,
(b) pob awdur dodd lleol,
(c) pob corff GIG, a
(d) unrhyw bersonau eraill y mae Gweinidogion Cymru yn ystyried eu bod yn briodol.

(6) Cyn cyhoeddii’r cod ymarfer yn unol ag is-adran (2), rhaid i Weinidogion Cymru osod copi o’r cod ymarfer drafft gerbron Cynulliad Cenedlaethol Cymru.

(7) Os bydd Cynulliad Cenedlaethol Cymru, cyn diwedd y cyfnod o 40 diwrnod, yn penderfynu peidio à chymeradwyor’r cod ymarfer drafft, ni chaniateir i Weinidogion Cymru ddyroddi’r cod ar ffurf y drafft hwnnw.

(8) Os na chaiff penderfyniad o’r fath ei wneud cyn diwedd y cyfnod hwnnw—

(a) rhaid i Weinidogion Cymru ddyroddi’r cod (neu’r cod diwygiedig) ar ffurf y drafft, a
(b) daw’r cod (neu’r cod diwygiedig) i rym ar y diwrnod a drefnwyd drwy orchymyn Gweinidogion Cymru.

(9) O ran y cyfnod o 40 diwrnod—

(a) bydd yn dechrau ar y diwrnod y gosodir y drafft gerbron Cynulliad Cenedlaethol Cymru, a
(b) nid yw’n cynnwys unrhyw adeg pan fo Cynulliad Cenedlaethol Cymru wedi ei ddiyngymru neu ar doriad am fwy na phedwar diwrnod.

(10) Nid yw is-adran (7) yn atal drafft newydd o god arfaethedig rhag cael ei osod gerbron Cynulliad Cenedlaethol Cymru.

(11) Mae cyfeiriadau yn yr adran hon at god arfaethedig yn cynnwys cod diwygiedig arfaethedig.

(12) Yn yr adran hon—

(a) ystyr “mangre wedi’i heithrio” yw—

(i) unrhyw annedd ddomestic breifat, neu
(ii) unrhyw ystafell breifat mewn cartref nyrscio neu gartref gofal sy’n eiddo cyhoeddus neu breifat neu Fangre arall nad oes gan breswylwyr na chleifion fynediad iddi.

(b) ystyr “mangre” yw unrhyw Fangre lle darperir gwsanaethau iechyd neu gymdeithasol ac eithrio unrhyw Fangre wedi’i Heithrio.’.
Page 9, after line 33, insert a new section—

‘[] Duty to co-operate with the Citizen Voice Body

Each NHS body and local authority must co-operate with the Citizen Voice Body in the exercise of its functions and must, upon the request of the Citizen Voice Body, assist the Citizen Voice Body in collecting independent feedback from people who are receiving, or may receive, health services or social services.’.

Tudalen 9, ar ôl llinell 33, mewnosodder adran newydd—

‘[] Dyletswydd i gydweithredu â Chorff Llais y Dinesydd

Rhad i bob corff GIG ac awdurddod lleol gydweithredu â Chorff Llais y Dinesydd wrth arfer ei swyddogaethau a rhaid i bob un, ar gais Corff Llais y Dinesydd, gynorthwyo Corff Llais y Dinesydd wrth gasglu adborth annibynnol gan bobil sy’n cael, neu a all gael, gwasanaethau iechyd neu wasanaethau cymdeithasol.’.

Section 23, page 11, line 27, after ‘Act’, insert ‘save for section 16(“second subsection to be inserted by amendment 43”),’.

Adran 23, tudalen 11, llinell 27, ar ôl ‘hon’, mewnosoder ‘, ac eithrio adran 16(“yr ail is-adran sydd i’w mewnosod gan welliant 43”),’.

Schedule 1, page 13, line 18, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.

Atodlen 1, tudalen 13, llinell 17, hepgorer ‘Gweinidogion’ a mewnosoder ‘Cynulliad Cenedlaethol’.

Schedule 1, page 13, line 31, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.

Atodlen 1, tudalen 13, llinell 30, hepgorer ‘Weinidogion’ a mewnosoder ‘Gynulliad Cenedlaethol’.
Angela Burns
Schedule 1, page 14, line 2, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.
Atodlen 1, tudalen 14, llinell 2, hepgorer ‘Gweinidogion’ a mewnodoser ‘Cynulliad Cenedlaethol’.

Angela Burns
Schedule 1, page 14, line 6, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.
Atodlen 1, tudalen 14, llinell 7, hepgorer ‘Gweinidogion’ a mewnodoser ‘Cynulliad Cenedlaethol’.

Angela Burns
Schedule 1, page 14, line 7, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.
Atodlen 1, tudalen 14, llinell 8, hepgorer ‘Weinidogion’ a mewnodoser ‘Gynulliad Cenedlaethol’.

Angela Burns
Schedule 1, page 14, line 10, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.
Atodlen 1, tudalen 14, llinell 10, hepgorer ‘Gweinidogion’ a mewnodoser ‘Cynulliad Cenedlaethol’.

Angela Burns
Schedule 1, page 14, line 23, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.
Atodlen 1, tudalen 14, llinell 23, hepgorer ‘Gweinidogion’ a mewnodoser ‘Cynulliad Cenedlaethol’.

Angela Burns
Schedule 1, page 14, after line 31, insert—

‘Indemnity cover
[ ] The Welsh Ministers must make regulations for the purpose of providing that, in prescribed circumstances, the Citizen Voice Body must hold indemnity cover as prescribed in the regulations for the benefit of its staff and volunteers.’.
Atodlen 1, tudalen 14, ar ôl llinell 30, mewnosoder –

’Sicrwydd indemniad

Rhaid i Weinidogion Cymru wneud rheoliadau at ddibenion darparu bod yn rhaid bod gan Gorff Llais y Dinesydd, o dan amgylchiadau rhagnodedig, sicrwydd indemniad fel y rhagnodir yn y rheoliadau er budd ei staff a’i wirfoddolwyr.’

Angela Burns

Schedule 1, page 14, line 31, leave out ‘Welsh Ministers’ and insert ‘National Assembly for Wales’.

Atodlen 1, tudalen 14, llinell 30, hepgorer ‘Gweinidogion’ a mewnosoder ‘Cynulliad Cenedlaethol’.

Angela Burns

Schedule 1, page 16, line 10, leave out ‘may’ and insert ‘must’.

Atodlen 1, tudalen 16, llinell 10, hepgorer ‘Caiff Gweinidogion’ a mewnosoder ‘Rhaid i Weinidogion’.

Angela Burns

Schedule 1, page 16, line 11, after ‘appropriate’, insert ‘and ensure that the Citizen Voice Body has sufficient resources to undertake its functions effectively’.

Atodlen 1, tudalen 16, llinell 12, ar ôl ‘briodol’, mewnosoder ‘a sicrhaiu bod gan Gorff Llais y Dinesydd ddigon o adnodau i gyflawni ei swyddogaethau yn efeithiol’.