



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Cyfrifon Cyhoeddus
The Public Accounts Committee**

**Dydd Mawrth, 5 Gorffennaf 2011
Tuesday, 5 July 2011**

Cynnwys
Contents

- 3 Ymddiheuriadau a Dirprwyon
Apologies and Substitutions
- 4 Deddfwriaeth Archwilio Bosibl
Potential Audit Legislation
- 5 Y Wybodaeth Ddiweddaraf gan Archwilydd Cyffredinol Cymru am Flaenraglen
Waith Swyddfa Archwilio Cymru
Update from the Auditor General for Wales on the Wales Audit Office Forward Work
Programme
- 12 Y Wybodaeth Ddiweddaraf gan Archwilydd Cyffredinol Cymru am Adroddiad
Swyddfa Archwilio Cymru ar Arlwygo a Maeth Cleifion Mewn Ysbytai
Update from the Auditor General for Wales on the WAO Report on Hospital Catering
and Patient Nutrition
- 21 Cynnig Gweithdrefnol
Procedural Motion

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Mohammad Asghar	Ceidwadwyr Cymreig Welsh Conservatives
Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Mike Hedges	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)
Julie Morgan	Llafur Labour
Gwyn R. Price	Llafur Labour
Jenny Rathbone	Llafur Labour
Leanne Wood	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Gillian Body	Archwilydd Cyffredinol Cynorthwyol – Archwilio Perfformiad Assistant Auditor General – Performance Audit
Gabrielle Smith	Arbenigwr Perfformiad, Swyddfa Archwilio Cymru Performance Specialist, Wales Audit Office
Ian Summers	Ymgynghorydd i'r Pwyllgor Committee Adviser
Dave Thomas	Cyfarwyddwr Iechyd a Gofal Cymdeithasol, Swyddfa Archwilio Cymru Director of Health and Social Care, Wales Audit Office
Huw Vaughan Thomas	Archwilydd Cyffredinol Cymru Auditor General for Wales

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

Dan Collier	Dirprwy Glerc Deputy Clerk
Joanest Jackson	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser
Bethan Webber	Clerc Clerk

Dechreuodd y cyfarfod am 9.34 a.m.
The meeting began at 9.34 a.m.

Ymddiheuriadau a Dirprwyon
Apologies and Substitutions

[1] **Darren Millar:** Good morning and welcome to the first meeting of the Public Accounts Committee in the fourth Assembly. I am delighted that we are finally out of the starting blocks and it is good to see new Members here ready, eager and willing to go. I

remind everybody that the National Assembly for Wales is a bilingual institution and you are welcome to use either English or Welsh during the course of this meeting. Translation facilities are available through the headsets and you can also get amplification through those headsets should you require it. I encourage everyone to switch off their mobile telephones as of course they can interfere with the broadcasting system and other equipment. If the fire alarm goes off, everybody should follow the instructions of the ushers, who will guide you to an appropriate exit. The same instruction applies to anybody who is sat in the public gallery.

[2] I see that we have a full house. I do not have any apologies for today's meeting, so we will move swiftly into item 2.

9.35 a.m.

Deddfwriaeth Archwilio Bosibl Potential Audit Legislation

[3] **Darren Millar:** As a bit of background information to this item, the clerk has provided a paper on potential audit legislation. It touches on the Welsh Government's announcement in the First Minister's statement on the legislative programme. The statement indicated that the Government wanted to bring forward some legislation on governance arrangements for the Wales Audit Office. I want every Member to know that I have written to the First Minister to request an urgent meeting to discuss the development of this legislation, because Members will be aware that the appointment of the Auditor General for Wales is made by the National Assembly, not by the Welsh Government. The important thing here is the independence and impartiality of the audit principles, which could be compromised if a Bill is brought forward by the Government. I ask committee members to consider whether it may be appropriate to write again, underscoring the importance of the independent development of the legislation, and whether it may be more appropriate for this committee to take that legislation forward rather than the Welsh Government. Are Members agreed that that is an appropriate course of action to take? I see that you are.

[4] Are there any questions arising from that, on the development of our legislation? Ian, our adviser, is here. You will recall that, just before the dissolution of the third Assembly, the Public Accounts Committee wrote a report that made some clear recommendations about the development of such legislation; as the Chair of this committee and its predecessor, I am particularly pleased that the Government has decided that it wants to support the development of that legislation. However, it is important that it is seen as an arm's-length exercise. Did you want to add anything for the record, Ian? Ian Summers is an adviser to the committee and was at the forefront of supporting the committee during the development of its report on governance issues at the Wales Audit Office.

[5] **Mr Summers:** I would just reiterate my view that, as the auditor general is an Assembly appointment in essence, and the reports that he produces are addressed to the Assembly and not to the Welsh Government—indeed, some of the reports to the Assembly are about the Welsh Government—it is important to underscore that principle of independence. Therefore, it is also important that any legislation affecting the audit office is developed on a cross-party basis.

[6] **Darren Millar:** Are there any further questions? I see that there are none and, therefore, we will move on to item 3 on our agenda.

9.38 a.m.

**Y Wybodaeth Ddiweddaraf gan Archwilydd Cyffredinol Cymru am Flaenraglen
Waith Swyddfa Archwilio Cymru
Update from the Auditor General for Wales on the Wales Audit Office Forward
Work Programme**

[7] **Darren Millar:** I am delighted to welcome the auditor general, Huw Vaughan Thomas, to the table, and Gillian Body, the assistant auditor general for performance audit. I am sure that you have seen the paper that was circulated to members of the committee that touches on the forward work programme. I am sure that you will agree that we have a busy time ahead of us; there are some meaty topics in that forward work programme. Auditor general, would you like to give us an overview of your report?

[8] **Mr H. Thomas:** If I may crave your indulgence, I would like to do some brief scene-setting on this one. Members will, I am sure, be aware of the considerable challenges that I inherited when I took up my post last autumn. My priority over the last six months has been to put the Wales Audit Office on the firmest of footings so that it can serve you. In that context, I have welcomed any opportunity to look at the primary legislation that affects us. There are aspects that need to be tidied up: there are some burdensome regulations in the local authority area that need to be lightened. We also need to take account of the fact that the Audit Commission is to be abolished and as a good chunk of the Public Audit (Wales) Act 2004 is a case of 'for Audit Commission read Wales Audit Office', we need to tidy that up in advance of Westminster.

[9] During my time as auditor general, we have established two new governance committees for the Wales Audit Office, and they cover resources and remuneration. One of the key issues is that the auditor general was, and is, virtually free to set his or her own salary and the remuneration terms of senior staff without an adequate check. It was therefore essential to bring in a remuneration committee. The calibre of applicants has been very high, and with the formation of these new committees, the audit and risk management committee can actually focus on the role described in its title.

[10] Following agreement with your predecessor committee, it was intended that David Melding would sit with Dame Mary Keegan and me during the interviews to appoint committees and their chairs. Unfortunately, David had to withdraw because of election pressures, so the chairs are yet to be appointed. Perhaps later on in this committee session we can agree on how I can move forward, because I think that it is appropriate that you as a committee should have a hand in the appointment of the chairs of these committees. Once all of that has been set up, we will publish names and so on as part of our commitment to transparency.

[11] The other matter of concern for this committee was the financial management arrangements at the Wales Audit Office. I would just confirm that we now have the current accounts direction from the Treasury in place, and that is being implemented. Our annual accounts are currently being scrutinised very carefully by Audit Scotland, which is our interim external auditor. Its work is nearing completion. The timetable is that my audit and risk management committee will consider the accounts on 13 July. My aim is to lay them before the National Assembly over the summer, ready for the first session of the committee in September.

[12] For this year's accounts, we have carried out a line-by-line review—it is a fundamental review. That is because I would like to secure further savings and efficiency improvements to continue to reduce the fee levels that I charge the audited bodies. If you visit

the Wales Audit Office website, you will see something akin to a ready reckoner of the fee scales and supporting information appear sometime this week, so that bodies in the public sector can be aware of, and plan for, the level of fees that they are likely to be charged, subject to the rigour with which they supervise and look at their own expenditure, of course. The more work that we have to do for a body, the higher the fee. If bodies run themselves efficiently, the fees will be lower. There are therefore potential savings available to them.

[13] Before we turn to the item in hand, I would like to say how much I have appreciated the supportive role played by the staff trade unions during the past six months. It was important in terms of the work to restore the wellbeing and morale of my staff. I have to say that they coped extremely well with the difficulties of recent times. We continue to deliver high-quality audit work across the Welsh public sector, and that work is the cornerstone of this committee's existence.

[14] In the paper, which you have seen, I have outlined the forward programme, such as it is. You will have a more detailed briefing later on a report on hospital catering that came out during the interim election period. You will also have a briefing on a report that will be produced later this week. We have one in the pipeline on the Merlin ICT contract, and that will be produced by the end of the month. We also hope to publish over the course of the summer, or very early in September, a picture of public services in order to take stock of where we stand as we enter the next round of financial planning.

9.45 a.m.

[15] I mention those because, with the work that you have inherited from the predecessor committee, you have a formidable range of topics that you can inquire into. There will be a need to establish a degree of priority to this, particularly given that you will be meeting for two hours at a time. There will be a need to decide how to best take advantage of the reports that we will be producing.

[16] I will ask Gillian in a second to highlight the arrangements that we have in place to do the consultation exercise that we undertake at this time of year to form our agenda of the topic areas that are to be examined. However, I will end my introductory remarks by saying that I stand ready as auditor general to respond to any requests that the committee may make in the course of a year, as well as now as we form our annual programme. There will be things that will come up from time to time that we will need to take a very quick look at. In committing my forward resources to do the value for money work, I am always conscious of the need to keep a degree of flexibility to allow me to respond to more immediate measures. With that in the way of an introduction, I pass over to Gillian.

[17] **Ms Body:** Figure 1 on page 9 of the paper sets out the programme of work that we have under way, some of which is well under way or is planned. We also have scope to bring other things to this committee based on summaries of our local performance work. We also have plans to do some follow-up work, which is set out in paragraph 16, on issues that have previously come to this committee.

[18] However, we are keen to engage this committee on our future programme of work, as you are the ultimate recipient of it and it is to support your work in holding the Executive to account. Over the summer recess, we will be undergoing a period of consultation engagement with stakeholders and our audited bodies to bring a short list of other potential topics to you in the autumn. However, if there are issues over the summer that you are concerned about, to which you think we could add value in examining them, please do engage us informally, and then formally in the autumn when we come to you with some proposals.

[19] **Darren Millar:** For Members' information, we will have an opportunity during the

private session to discuss items that we might like to refer to the auditor general for consideration in his forward work programme. Sorry, did you want to continue, Gillian, or had you finished?

[20] **Ms Body:** I will just say that, in terms of what we are trying to achieve with our programme of work, we are trying to provide comprehensive coverage of public expenditure. So, you will see that a vast diversity of topics will come to you. We are trying to look at issues that are significant in terms of public spend or that are high profile by their nature, and issues that are topical. You are a really good forum in terms of indicating issues of public concern that warrant audit scrutiny and areas where we can add value. Sometimes, issues are well-known and although we can highlight them, we may not be able to take the agenda much further forward. However, there are lots of issues where the real detail is not known and some audit scrutiny can provide new insight into what is happening on the ground.

[21] **Darren Millar:** Okay, thank you for that. Auditor general, you mentioned that you are hoping to reduce the fees that you charge to the bodies that you audit. What percentage reduction do you expect to achieve for those bodies that you currently work with over the next 12 months?

[22] **Mr H. Thomas:** We have set out an aim to reduce fees by around 5 per cent to 7 per cent for our audited bodies in this financial year, and that is taking place. Obviously, by doing that across the board, some bodies may see their fee rise very marginally or their fee may stand still. However, we have tried to drive fee rates down. I will be taking into account the fee rates for next year, and the committee will receive a paper in October in which I will present my estimates for the forthcoming financial year. I will be assessing the fee levels at that point. I have been telling the audit bodies that I hope to achieve the same level of reduction as this year—around 5 to 7 per cent. However, this requires the audit bodies to satisfy me that they can take proper stock of their own risk factors and that they are addressing them. So, this will vary from body to body, but my aim is to try to reproduce the same level of reduction as last year: 5 to 7 per cent.

[23] **Darren Millar:** That is encouraging news. In terms of appointing the chairs of the two governance committees that you have established on an interim basis until legislation is developed, as Chair of this committee, I welcome the committee's involvement in that process. Later in today's meeting, Members will discuss the opportunities to be involved and who might be able to participate. Would anyone like to come in on this point? I see that Julie has a question.

[24] **Julie Morgan:** You mentioned in your introduction that the Audit Commission will be abolished. Could you tell us how that will affect your work?

[25] **Mr H. Thomas:** It will affect our work in an indirect way. England is the odd one out in having two public audit bodies. Scotland, Northern Ireland and most other legislatures have a single body. The work that the Audit Commission used to do in Wales was transferred to us by the Public Audit (Wales) Act 2004. Therefore, the abolition of the commission, in one sense, will have no impact. However, it will have an impact in the context of the importance of the Audit Commission within the family of audit offices. For example, the commission took the lead in the national fraud initiative. We would want to ensure that that kind of work continues. It has also taken the lead on standards relating to various aspects of public audit work. Again, the auditing bodies need to be able to pick that up.

[26] I commented earlier that a lot of the legislation included in the Public Audit (Wales) Act 2004 refers to a piece of primary legislation relating to the Audit Commission, and involves the substitution of the Wales Audit Office in place of the Audit Commission in particular parts of the Schedule. Therefore, we need to ensure that we have fully detached

ourselves from that primary piece of legislation, in terms of continuing the work of the Wales Audit Office.

[27] **Leanne Wood:** Please excuse me if these questions are a bit basic, but I am new to this committee. I want to ask you about the table on page 9 of your forward work programme paper. I know that we will be discussing in private any potential additions, but what is 'consultant contract benefits realisation'. Could someone please explain that term to me?

[28] **Ms Body:** Yes, that term refers to the UK contract for the terms and conditions for consultants.

[29] **Leanne Wood:** Are you referring to the NHS?

[30] **Ms Body:** Yes. We undertook some work on this when it was introduced some years ago. This is follow-up work to see whether the benefits that were intended to result from the contract have been realised. We have done this work at every NHS body across Wales, and this report is an all-Wales summary of the messages that have come out of that local work.

[31] **Leanne Wood:** I thought that this might be something to do with the benefits system. I wondered what scope or powers you have, if any, to look at Westminster-derived policy, and how it impacts on Wales. For example, the changes in housing benefit have been driven by Westminster but will impact on devolved services. This is also the case with other benefits. Are you able to look at Westminster-driven policy?

[32] **Mr H. Thomas:** Indirectly. Clearly, if we are referring to a responsibility of the Westminster Government, it is for the NAO to take the public audit role. However, there will be an indirect impact from things like housing benefit changes within local government in Wales, and so on. Therefore, we could look at that. However, this is very indirect; it would not be a case of looking fully, in a sense, at the housing benefit system. That belongs elsewhere. However, we audit the housing benefits system, which is largely operated by the Department for Work and Pensions. We are the auditors in Wales for the local authorities that administer those schemes.

[33] **Leanne Wood:** I can see the difficulties in your auditing policy over which you can have no influence, and on which, presumably, you could not make recommendations to the Westminster Government. If you found that a policy was having a detrimental impact and causing local authorities to spend a lot of extra money on providing temporary accommodation, say, what could you do?

[34] **Mr H. Thomas:** I would certainly comment on it and bring it to this body's attention.

[35] **Leanne Wood:** That is about the limit; there is nothing further that you can do.

[36] **Mr H. Thomas:** I am, rightly, accounting for the working out of a Westminster Government bit of policy and the impact on the bodies that I audit in Wales on your behalf. I can look at the impact but not the policy itself—I realise that the difference is on a knife edge, as it were. I have to take the policy as a given. It is for the National Audit Office to comment if necessary.

[37] **Mohammad Asghar:** Thank you for your statement, auditor general; I thoroughly enjoyed it. You said that you will reduce your fees by between 5 per cent and 7 per cent. I assume that you are not cutting corners or anything like that, and that there will be no redundancies. How are you ensuring that the quality and standard of your work is not compromised in any way? All the other professional bodies, including the top 10 accountancy firms, have not reduced their fees. So, what is that rosy figure based on?

[38] **Mr H. Thomas:** I have an obligation to the public sector in Wales, as do other auditing bodies to the public sector elsewhere. In Scotland, for example, the aim is to reduce audit fees by 20 per cent over three years. We are doing it because our fees represent a charge on the public bodies, and, in turn, they are passed on. I am anxious to ensure that I am able to do this not only by saying that less money is coming in but by making sure that I am running the organisation in as cost-effective a manner as possible. That may mean looking at the balance in relation to the amount of work that is contracted out, because I can always use my staff to do every aspect of a piece of work. We can also look at whether we can share resources with other bodies to do particular pieces of work. We are looking at performing our work as smartly, as cleverly and as agilely as possible. That has to be done in the context of ensuring that we are contributing to the reduction in public expenditure. I see that going forward by encouraging public bodies in Wales to improve their internal processes. The more that we can rely on their process, the lighter the touch with which I can operate as an external auditor. That is the kind of message and discussion that we are having with local government this year, for example, with regard to making sure that we are in a better position to rely on their peer reviews and self-assessments.

[39] **Mike Hedges:** You are undertaking value for money studies. How do you prove that they are themselves value for money?

[40] **Mr H. Thomas:** That is, that the studies that I undertake are themselves justified.

[41] **Mike Hedges:** Yes.

[42] **Mr H. Thomas:** You can look at that in two ways. The clearest way is to ask what the return will be for the public purse as a result of a study that we have undertaken. What has it shown with regard to the potential for savings? Have we prevented irregularity or pointed to better ways of working? I would expect to be able to demonstrate that to you as we consider the individual reports. We can perhaps go into it when we look at the catering report in terms of its cost weighed against its benefits.

10.00 a.m.

[43] **Mike Hedges:** Secondly, you talk about the ombudsman here. I will be careful, because I am still a serving councillor and I know how the ombudsman in Wales acts. Paragraph 13 of the paper sets out the position, which is that the ombudsman seems to work on his own, unaccountable to anyone, spending money as if it is going out of fashion on investigations that could have been solved quickly by taking proper legal advice at the beginning. While accepting that the role of an ombudsman is very important, I have serious concerns about the way that it is being carried out in Wales at the moment and it does not seem to be under any control whatsoever.

[44] **Darren Millar:** I would make the point that the auditor general is not here to answer for the Public Service Ombudsman for Wales, but he refers to the role, quite rightly, in the report. The important issue is that the development of some legislation is needed to ensure that effective scrutiny arrangements around the work of corporations such as the auditor general and the public service ombudsman are in place. As we look at the development of legislation, as we discussed earlier, we will be able to include some recommendations around the Government's arrangements for the public service ombudsman. I know that you have strong feelings on this; most people who are local authority members have. I totally understand the points that you made, which were about the conduct of the public service ombudsman, but it is unfair to ask the auditor general to respond to that, other than in the context of the reference to the public service ombudsman in his report.

[45] **Mike Hedges:** The point that I was coming to is that he is asking for some sort of accountability.

[46] **Mr H. Thomas:** What we have—I would not say ‘unearthed’, but what has become glaringly obvious in looking at the history of the Wales Audit Office is the issue of the accountability of the accounting officer of the Wales Audit Office to the Assembly. In the same way, if I am right, the Finance Committee looks at the ombudsman’s estimates, but perhaps there is a need for improvement in that area and also with the standards commissioner, so that the Assembly properly holds the three of us to account for our accounting officer responsibilities, while having a different set of arrangements as regards the reports that we produce.

[47] **Mike Hedges:** Thirdly, you talk highly of Estyn and Care and Social Services Inspectorate Wales and all of you are working together. These are nice words, but does the reality bear them out? I am sure that every organisation talks about working closely. I do not expect you to do this now, but are there any examples of where you have worked closely with the other inspectorates?

[48] **Mr H. Thomas:** We are working more closely together now than we have been for a number of years. The agreement is not just a form of words; I have attached a clear priority, over the last six months, to securing it. I have an obligation under the Local Government (Wales) Measure 2009 to co-ordinate the work of Estyn and the social services inspectorate, as it impacts on local government. You will also see that I am also carrying out a value for money exercise as regards the social services inspectorate, wearing my auditor general hat. So, my concern is to ensure that we co-ordinate our activities.

[49] The problem does not always lie with the inspectorate. It sometimes lies in the way in which the Welsh Government issues directions or recommendations. We have spent a little time, for example, on the health service recently, in which new standards of governance and accountability were issued by the Welsh Government without consulting us. It ran across work that we did and led to the Welsh Government commissioning Health Inspectorate Wales to carry out work that was not a million miles away from what we were doing. We have focused on this and brought ourselves together to reduce the potential for the audited bodies to be hit twice on the same topic.

[50] **Jenny Rathbone:** May I ask about your remuneration strategy, and whether you will bear in mind the recommendations made by Will Hutton on the 1:20 ratio of the pay of lowest paid staff to highest paid staff? It is important that private bodies—the main culprits in this regard—review their strategy on remuneration, but public bodies have to put their house in order first of all.

[51] **Mr H. Thomas:** Yes, I have read about the Hutton ratio of 1:20 across the organisation, which applies to us—we are not outside that. However, what I am anxious to do over a period, and I will use the remuneration committee for this, is to give you reassurance that the terms of remuneration that are set are appropriate and properly benchmarked, and that there is a rationale about how people are paid and assessed.

[52] **Jenny Rathbone:** Excellent. Secondly, to follow up on the comments in the last paragraph about your decision not to do any further work at the moment on nutrition in schools, who is going to do that follow-up work? There are councils, including Cardiff Council, that have decided not to implement the guidelines on ‘Appetite for Life’, which has serious implications for the nutrition of young people in our schools.

[53] **Ms Body:** I think that it is fair to say that we are keeping it in view. We do not intend to start any work initially, because of the amount of activity that has happened in the Welsh

Government—it is a live area, so it did not seem to be quite the right time to carry out an audit scrutiny. Rather than leave it in our plans for months or years, we thought it best just to take it out for the moment. However, it is still in view, and when it becomes the right time to look at it, we will think about bringing it back in. So, I reassure you that it is not lost completely.

[54] **Darren Millar:** ‘There is plenty to get our teeth stuck into’ is the appropriate phrase, I think.

[55] **Peter Black:** You could not resist taking a bite out of that one, could you? I presume that the legislation for the abolition of the Audit Commission is part of the Public Bodies Bill. How far advanced is that?

[56] **Mr H. Thomas:** To the best of my knowledge, it is not part of the Bill.

[57] **Peter Black:** Would there be a separate Act on the abolition of the Audit Commission?

[58] **Mr H. Thomas:** I will need to take advice and come back to you on that. My current understanding is that the Audit Commission is not scheduled for abolition before 2014-15.

[59] **Darren Millar:** Our legal adviser has offered to do a note to the committee on that.

[60] **Peter Black:** It has just occurred to me that, if we want to pursue our own legislation, depending on the timing, it might be possible to incorporate legislation in the Bill abolishing the Audit Commission. That is an option available to us.

[61] **Darren Millar:** The discussions that I have with the First Minister will be crucial here, in terms of making sure that there is adequate time in Assembly Plenary sessions and within the committee structure for us to take forward legislation on the governance of the Wales Audit Office.

[62] **Peter Black:** All that I am doing is highlighting another option. That is an option available to us for getting legislation through and for the way in which we interact with the Wales Audit Office.

[63] **Ms Jackson:** I will look into this and I will do a note to update the committee on the abolition of the Audit Commission.

[64] **Darren Millar:** I will also report back following my discussions with the First Minister on the Welsh Government’s timetable, and whether it may want to make some time available to the committee.

[65] **Gwyn R. Price:** What knock-on effect will the 5 to 7 per cent reduction in fees have on staff? Will there be any cuts with regard to redundancies in the future, or will it be covered by efficiency savings?

[66] **Mr H. Thomas:** This year, we were able to operate a programme of voluntary early severances; about 14 staff took advantage of that and left. Clearly, we also have other turnover within the organisation. Looking ahead, I am not proposing any kind of programme for compulsory redundancy. I am looking to take advantage of movements. However, as part of my submission of the accounts to you, I may well be asking to retain some sums in order to also carry out a similar-level programme of voluntary early severance next year.

[67] **Darren Millar:** Are there any further questions on this item?

[68] **Leanne Wood:** On the general changes to the governance structures and so on, you mentioned earlier that you were grateful to the union and for the way that staff had responded. Can you explain a little about the mechanisms that are in place for staff to come to you with grievances and problems before they escalate into the formal procedure? You will be aware that there have been staff-related issues in the past, and I just want to be clear that there are now ways for staff to raise problems at an early stage.

[69] **Mr H. Thomas:** I would hope that you would get the response from union officials that I am very accessible to them. Equally, we have been able to put to bed a number of the old grievances—I am glad to say—over a period. Part of the problem is that the procedures listed within the organisation have been incredibly complex and, therefore, really needed revision. Again, we are agreeing those with the unions. In short, I am accessible to staff. We have also introduced firmer line management and line-manager accountability within the organisation. So, staff are clear as to who is responsible for what and where their line management responsibilities lie as regards the staff that they supervise. It is part of a change of culture that I am introducing. Again, I would be very happy for you to take advice or a response from the unions on that.

[70] **Leanne Wood:** Have you seen a reduction in formal grievance procedures?

[71] **Mr H. Thomas:** Yes, we have

[72] **Darren Millar:** I think that it is also fair to say that this committee has a role to play in that respect. If members of staff feel that their grievances have not been dealt with appropriately, they can report any matters to this committee.

[73] **Mr H. Thomas:** I think that I would take advice on that, because, basically normal staff issues are not those that come before committees of the Assembly.

[74] **Darren Millar:** Of course; but if there is an area that would need to—

[75] **Mr H. Thomas:** It may well be that a grievance demonstrates a more general issue, and that would be appropriate. Again, you are free, in a different session, to take evidence from the staff unions.

[76] **Darren Millar:** Okay. If there are no further questions I suggest that we resolve the issue of the appointment of chairs to the remuneration and resources governance committees. The auditor general has indicated that he would like to invite the committee to participate in the appointment of the chairs to those committees. As indicated by the auditor general, a former member of this committee has been invited to participate in the appointments process. I suggest that I, as Chair, could be involved in these interim arrangements. If Members are happy with that, we will resolve to do that. Is that okay? Are you content with that, auditor general? I see that you are. That is excellent. Thank you.

10.15 a.m.

**Y Wybodaeth Ddiweddaraf gan Archwilydd Cyffredinol Cymru am Adroddiad
Swyddfa Archwilio Cymru ar Arlwy a Maeth Cleifion Mewn Ysbytai
Update from the Auditor General for Wales on the WAO Report on Hospital
Catering and Patient Nutrition**

[77] **Darren Millar:** This update was published at the end of March, just before the dissolution of the third Assembly. I welcome to the table Dave Thomas, director of health and

social care at the Wales Audit Office, and Gabrielle Smith, performance specialist at the Wales Audit Office. Welcome to you both. Auditor general, would you like to give us a brief update or an overview of your report?

[78] **Mr H. Thomas:** First, I would like to put this into context—and you have just seen the forward shopping list of reports—and then I will pass over to Dave to give you a more detailed commentary on the report itself. We basically deliver value for money work within a separate arrangement; that is we carry out a separate study. The alternative, which this represents, is that we put together a lot of work from local audits that we do across the country—in this instance, we are locally auditing NHS bodies. Given that that is the case, our findings in this regard are not only dealt with nationally, but are also reported to the individual NHS bodies in the form of very local audit reports for their area, so that their audit committees, board sub-committees and so on can take account of the recommendations. So, it is not just a national study that we put on a shelf; we actually work with local NHS bodies and tell them ‘This is what we found and this is how we implement it’.

[79] We took on this work partly because hospital food plays an important part in supporting patients’ rehabilitation and recovery but also because patients’ experience of hospitals is strongly coloured by the meal service that they receive—mine is, I can tell you that. It is also an area that frequently tends to be overlooked with regard to value for money. People tend to think about the more traditional hospital stuff, while catering almost carries on in the background. Previous work had been undertaken by the Audit Commission in 2002 in Wales, and we set out to find what had changed since that time. It was a mixed picture, as you might expect. Catering arrangements and nutritional care had generally improved, and patient satisfaction was relatively high, but there were a number of areas where improvements needed to be made and we made recommendations to strengthen those.

[80] This report was published in March, in the same week as the Older People’s Commissioner for Wales and the Public Services Ombudsman for Wales both produced reports on patient care in the NHS. It therefore attracted a degree of attention in the press, largely because of that. There have been a number of developments since March. The Welsh Government has issued guidance on the management of malnutrition in the community, there has been a consultation on national catering and nutrition standards for hospital in-patients and work is under way to develop web-based learning tools for NHS staff to help reinforce best practice. We are engaged in these developments, and I ask Dave to enlarge on these, so that you can see how a report that we produced, which perhaps just attracts headlines at a national level, was tracked back, with work done at various levels in dealing with the recommendations.

[81] **Mr D. Thomas:** As Huw said, we have done this work in all health boards in Wales and also in the Velindre NHS Trust. We looked at all major hospital sites in Wales, and the auditors followed the whole catering pathway, from the production of food in the kitchens right through to the service at ward level. We surveyed close to 700 patients and we set up tasting panels, which caused some trepidation in hospitals. So, there is a lot of information behind the report. As Huw said, each local body has had a detailed report of its audit findings, which has been to its audit committee as well. They can be found on our website.

[82] As Huw said, this follows a report by the Audit Commission in Wales in 2002, and the picture is mixed, with some improvements and some positive responses to the patient survey. On a positive note, the importance of food care within hospitals is recognised—in Welsh Government policies, and in how these policies have been implemented locally by health boards. We have had the patient satisfaction scores; we saw some examples of good practice, but we also saw some quite worrying findings. We mentioned that it was a mixed picture, and, as you would expect, we saw variations between large health boards and within different hospital sites, within health boards, within wards and within different wings of

wards. So, it was really an incredibly mixed picture. One of the key underpinning issues is the role of the ward manager and the charge nurse in driving good practice at ward level.

[83] The report summarises our findings in four key areas. The first deals with the very important first bit of screening that the patient gets when they are first taken into hospital. In 2002, we found that that work really needed to improve. Since then, the Welsh Government has launched a care pathway that sets out the key steps that need to be taken. We looked at a sample of case notes at each ward that we went to, and, in each of those cases, we saw evidence that screening was taking place for the assessment of such things as nutritional needs. Unfortunately, the quality of that screening varies hugely. It varies because different hospitals are using different screening tools, and we have found that, invariably, key bits of information are missing—simple things such as weight and height, and the state of oral health, are not always covered by the screening tools, and they should be. What is supposed to happen is that, once the screening has taken place, if the patient has specific needs then those should be met by a defined care plan. We did not always see a care plan in place for patients with specific needs, and we did not always see those patients getting referred on to a dietician for more specialist advice.

[84] The second main area of the report deals with the meal-time experience that patients receive. Happily, we are able to report that most hospitals provide a good choice of meals. One notable advance in practice since the last time that we looked at this, back in 2002, was that the importance of meal times was recognised. That simply means tidying the ward up before the food is served, taking away some of the general clutter that you tend to find at the patient bedside, and so on. Back in 2002, we saw some rather unpleasant examples of bedpans and other things being left around at the time of meals being served, which you can imagine is not conducive to patients eating their food. That is much better now; we certainly saw that being improved, as well as the concept of the protected meal time, whereby all non-urgent clinical activity stops in the ward while meals are served—that is a really important part of the Welsh Government policy. We saw that protected meal times were definitely becoming embedded in hospital practice—it is not happening everywhere, so there is still a little way to go, but certainly it is happening.

[85] The tasting panels that I mentioned earlier are slightly subjective, but they showed that the quality of food overall is quite good. There is variation within that, obviously, but a lot of the catering and ward staff had an opportunity to do the tasting panel stuff with us. They took some useful things away from that in terms of taste, texture and presentation of food to make it more appealing to patients.

[86] We identify the need to improve some meal-ordering systems in some wards. Not all patients get the chance to choose the meal themselves; in some wards, nurses choose it for them. Often, you will see that meals are ordered 24 hours in advance, which means that, if a patient is discharged and a new patient comes in to the bed, he or she may end up with the meal that the previous patient chose. That element needs to be improved. In some ward-level observations we saw that the catering staff served the meals to patients in the same order, so that the same person was always at the end, and always had the least choice. Addressing simple things such as that can make a huge difference to patients.

[87] Huw mentioned that the report came out at the same time as work by the Commissioner for Older People in Wales and the Public Services Ombudsman for Wales on the care of elderly patients in hospital. One of the things that we looked for was the help that patients got to eat their food, particularly the older and more frail ones. We saw some good examples of that. In the report there are case studies of certain staff being identified to help patients eat, but it is not universal. It does not happen everywhere, but we did see some examples of patients not getting the help that they needed. It could be simple stuff such as helping people with arthritis, for example, to open pre-packaged food, and ensuring that,

when patients do get help, it is not 20 minutes after the meal has been served. There is definitely scope for improvement there.

[88] The third key area of our findings deals with the control of costs. As Huw mentioned, this is an area where, really, the scope for value for money has not had as much focus as it could have had. It was the area where we saw least progress since our original work in 2002. Financial information on hospital catering services is still, by and large, quite poor. We found that the cost of catering services varied hugely, with no clear correlation between how much hospitals spent on catering and the quality of the service. There is a graph in the report that shows that the hospital that spends one of the smallest amounts on patient food had one of the highest satisfaction scores. That is strange, but it demonstrates that there is not enough of a focus on cost.

[89] Committee members will probably be aware that hospitals do not just serve food to patients—they serve it in canteens and restaurants to visitors and staff. These non-patient catering services typically run at a loss, and so are subsidised, if you like, but not knowingly—it is not part of an overall policy. It could be; hospitals could say that, as part of their terms and conditions, they will make food cheaper for staff, but it is not actually very clear, so we think that there is scope to at least make those non-patient services break even, or at least to know what they cost.

[90] One of the key findings in this part of the report is to do with food waste. We calculated that, on the wards that we visited, on average, 15 per cent of the meals went untouched—that is, whole meals that went unserved. That is down to poor ordering systems between the wards and the kitchens, and inflexible production systems whereby a fixed number of meals are plated up regardless of whether they are required. So, there are some simple things that can be done to change all that. Just on the wards that we visited, we calculated that about £1.5 million may be being wasted on meals that are not served. If you extrapolate from that, you get a much bigger figure. There is a graph in the report that shows huge variations. Some wards have got this right, as have some hospitals, and there is very little waste at all. At other hospitals that we went to, at worst, 60 per cent of meals can go unserved. There is therefore huge scope for savings there.

[91] The final section of the report looks at the scope for the better planning and review of services. We have seen a number of good policy initiatives from the Welsh Government, but there are a lot of them. In the report, we say that there is scope to bring those together coherently into a single framework. Co-ordination among different policy makers would be helpful to the service.

[92] Locally, we saw some good examples of teamwork across different disciplines to plan and manage catering services. Overall, however, we felt that the boards of the NHS organisations were not getting enough information about their catering services to scrutinise, to ask questions, or to know what was going on in quite an important part of the hospital service.

[93] We also identified that there is scope to make better use of patients' views. Different staff, such as catering managers and nurses, collect information from patients about their views on the food service, but they do not bring that together in one place to make best use of it. Therefore, there is information that could be made better use of.

[94] I will finish now, Chair, because I am conscious of the time, with a few words about how we are supporting improvement beyond the production of the reports. We produced a board member leaflet—I will leave some copies here for colleagues to look at in the private session, if they wish. The leaflet helps board members to ask the pertinent questions that they need to ask to challenge the officers in those NHS bodies to do what they should be doing.

We are working on a similar leaflet for patients, so that, when they are admitted, they have some information from us about what they should expect from a good hospital catering service.

[95] We are currently finalising the mechanics of a shared learning event to be held in September. That will bring practitioners from across Wales together to share the good practice that we have identified in the report and to discuss further how it can be spread more widely. We have also worked closely with other external review bodies, such as the community health councils and Healthcare Inspectorate Wales, so that our findings can be taken forward and used by them to inform their future work.

[96] Our overall view is that the NHS locally, and certainly the Welsh Government, has responded well to the findings. We saw some instantaneous changes following the local work that we did, and there has been really good engagement, as Huw mentioned, with the policy agenda in terms of taking on board the recommendations that we left for the Government.

[97] I am conscious of the time, Chair, so I shall stop there. Gabby and I are happy to take questions on the findings.

[98] **Darren Millar:** Thank you very much; it was a fascinating report. I recall that it was published shortly after the report by the older people's commissioner. She touched on some of the issues to do with food, noting that in some hospitals food and drink was even having to be prescribed to ensure that patients were consuming something in order to aid their recovery. There is some pretty astonishing evidence in both reports.

[99] In your report, you tend not to touch on whether older people are more vulnerable with regard to the food that they are or are not given. Nor do you refer to hospital catering services for children specifically. Were there any variations or difficulties with regard to those age brackets?

[100] **Mr D. Thomas:** We tried to visit a range of wards, so we included elderly care wards among the hospital wards that we visited. We did not stop there, however; we tried to get as broad a picture as possible. It is always a challenge with a report such as this—do you focus on one specialty, or do you go broad? We decided to go broad. From memory, I do not think that we went to any children's wards, did we, Gabby?

[101] **Ms Smith:** No.

[102] **Mr D. Thomas:** So that is a separate area that we have not looked at in this report. The mixed picture applies to elderly care wards, too. We saw some really good stroke care wards, for example, where practices are spot on. We saw other wards, however, where elderly patients were left for perhaps 20 minutes before they had help to eat.

[103] **Darren Millar:** That is very interesting. A few people want to come in. Peter is first, and then Leanne.

[104] **Peter Black:** With regard to the choice that patients were offered, I was concerned that some patients did not seem to have much choice of what they had to eat, and sometimes had food put in front of them that they may not have wanted. How were patients' particular dietary needs accommodated, such as for gluten-free, vegetarian or vegan food? Were those needs accommodated, or did you find instances where patients with such needs found difficulty in having them met?

10.30 a.m.

[105] **Ms Smith:** Most hospitals are able to accommodate patients with special dietary requirements. The findings from our surveys suggest that is not the case, in that patients did not necessarily have a good experience and would wait for their relatives to bring in particular types of food. So, all hospitals can accommodate special dietary requirements, but whether it is what the patient actually wants is another matter. We do not know why there was such a failing on most parts, because we looked at special dietary needs in the kitchen in terms of what was being provided by catering departments and at what was happening on the ward. As Dave mentioned earlier, when patients are first admitted to hospital, the purpose of screening them is to find out what their specific dietary requirements and needs are, which then gets communicated to the catering department, and the whole cycle begins. There is sometimes a failing in that regard at the front door when the patient is admitted. So, it is quite a complicated, mixed picture, and I am not quite sure why it all fails.

[106] **Leanne Wood:** I am interested in the difference in cost across the range. I am not being parochial here, but the Royal Glamorgan Hospital is in my patch and it seems to be among the highest in terms of cost. It has ward assistants, but what do they do? Do they help people to eat?

[107] **Ms Smith:** I did an audit at Cwm Taf Health Board, so I visited the Royal Glamorgan Hospital. The ward-based catering assistants have been well established at that hospital for quite a number of years. They go to the ward every morning, and they are responsible for making sure that patients have water, teas and coffees, but they also take the patient's food orders. So, in that particular hospital, patients are asked what they would like from the menu of the day, and the ward-based catering assistants then prepare the meals. They have a cook-freeze system, which means that the food is already prepared and frozen, but it is then cooked and prepared ready to be fresh for the patients at lunch time and supper time. So, in that case, patients get exactly what they want. It is a staff cost that makes the costs at Royal Glamorgan Hospital that much higher, but the ward-based catering staff provide quite a good quality service and the patients get much more of a one-to-one type of service.

[108] **Leanne Wood:** I also want to ask about the procurement of food, because you mentioned at the very beginning that procurement is part of the operation, and that it was important to have effective communication and co-ordination between the different parts of the service. Did you look at where catering bodies are procuring the food from and how small or big the contracts are? Does all of that have an impact on cost? The other question in relation to that is whether you looked at the wider benefits that can be derived from procuring locally, even though the financial cost may be greater per unit.

[109] **Mr D. Thomas:** I will start and then Gabby can come in. We looked in broad terms at the procurement. A lot of all-Wales contracts are set up for this. It is predominately all-Wales contracts, but there is some local procurement. Some local health boards have made more progress on sustainable procurement than others, to take your point about local procurement. However, it is very much on their radar.

[110] We did not look specifically at the savings that could be accrued from procurement—we just satisfied ourselves that the arrangements in place were supportive of a good food service. In the main, they are. We thought that some hospitals could do more to standardise menus so that they could make the best use of the procurement powers at their disposal. By having a fixed set of menus, although still with plenty of choice, rather than organisations within the same health boards having several different menus, that would help with procurement. Is there anything else from the local work that you want to add, Gabby?

[111] **Ms Smith:** The NHS reforms in 2009 brought together hospitals that had very different contractual arrangements. As part of integrating those services, one of the things that they did was to look at the contractual arrangements for procuring food, because they had

established that, for example, they had four different contracts just to buy one product, and, by buying it through one contract, they could make savings of £1,000. That is just on one simple food item. That work is ongoing in terms of how they can maximise value in the contracting arrangements.

[112] **Leanne Wood:** What I am trying to get at is the link between different arms of Government policy, if you like. We hear a lot about Government saying that the public sector should procure more locally to stimulate local economies, and here you have an opportunity to bring that to life. Is there any connection between what the Government is trying to do in that area and this piece of work?

[113] **Mr D. Thomas:** Yes and no, really; hospitals have to procure in a way that meets the all-Wales procurement strategy that the NHS has set up, and they also have responsibility for the sustainable procurement of the local stuff. Within that, they have to use both mechanisms to ensure that they provide a safe and cost-effective set of ingredients to support their systems. So, it is difficult to give a definitive answer to that one. Procurement is something that we keep a close eye on.

[114] **Leanne Wood:** May I ask a quick question? Off the top of your head, do you think that local procurement is easy or hard?

[115] **Mr D. Thomas:** It is difficult to answer that without being directly involved in it. There are toolkits that you can use that will help you, and with that support it should be okay, but you should not enter into it lightly—you need to have the skills behind you. The all-Wales skillset from Welsh Health Supplies, for example, needs to be shared to make sure that it is done properly.

[116] **Darren Millar:** It sounds like we may want to ask some of these questions directly to some of the people who are procuring food for hospitals. Before I bring Julie in, I want to ask a follow-up to a question that Leanne asked. I was also astonished to see the variation in the cost per day. Leanne mentioned the Royal Glamorgan Hospital, and you indicated that one of the big reasons for the additional costs was the ward catering assistants, but of course the cost of the provisions themselves is also the highest at that hospital. It seems pretty extraordinary because if it is getting it right and cooking according to menu choice, it should therefore have less waste in terms of meals thrown away, yet the cost of provisions per patient per day is the highest, at £5-odd compared to £1.33 at Velindre. Is there any particular reason for that that you are able to determine?

[117] **Mr D. Thomas:** Did you identify any reasons?

[118] **Ms Smith:** The Royal Glamorgan Hospital, as well as having ward-based catering staff, has its own in-house cook-freeze service, so it produces all its own food. At the time we were doing the audit, Velindre contracted with Cwm Taf Local Health Board for the provision of its own products. Obviously, Velindre is much smaller and was able to manage its smaller number of in-patients in terms of how it utilised its contract and the volume of food that it was buying in from the health board.

[119] At the time of our audit, the health board was not very clear as to why the costs were that much greater. It provided a lot of different types of food that patients might want. The ward-based catering assistants might go around and take patients' orders, but when it came to the meal time, the patients sometimes could not face eating it, so the assistants would go to get different food from the kitchen restaurant and bring that back to the patient. Potentially, you then have extra waste building up with the food that you are not serving. It is complicated.

[120] **Mr D. Thomas:** The more general point is that this goes back to the overarching measures and that there has not been enough of a focus on cost. The local reports got the health board to look at its costs without compromising quality, putting the spotlight on an area that it had not looked at. It had not realised how out of step it was with other health boards.

[121] **Darren Millar:** I will bring in Julie, then Oscar, and then Mike and Gwyn.

[122] **Julie Morgan:** Did you find any problems with language issues in terms of different ethnic groups and their satisfaction with the food that they received? How well did the different hospitals seem to cater for those demands?

[123] **Mr D. Thomas:** We saw examples, as Gabby said, of special dietary needs and, again, hospitals were geared up to take on board special ethnic dietary needs. We did not look at language, so I cannot directly answer whether there was difficulty in terms of interpretation. One suspects that there may be. The overall picture we had was that they were dealing quite well with that, but there is such a mixed picture that you cannot generalise. Some of the feedback that we had from the patient survey indicated again that more could be done. It goes back to the screening on admission to identify not just the clinical needs, but the religious and ethnic needs. Where that is done well, you tend to have a better set of arrangements in place.

[124] **Julie Morgan:** However, overall, you felt—

[125] **Mr D. Thomas:** Overall, we did not identify any major problems with it. We can only go on the evidence base that we have. I think that it is fair to say that nothing was coming through to us that rang any major alarm bells.

[126] **Mohammad Asghar:** Thank you very much for the information. I have a couple of questions, the first of which is about cost, which is serious. There is a very big difference to a hospital between being three times cheaper and being three times more expensive. I took very seriously your statement that non-patient food is more expensive and that it is making losses. It is not true because I know that, in Newport, it is one of the best. When we go to see patients in Newport, that hospital has the best canteen. It may be serving the best food or the best local food and it should get praise for that. However, what it gives to the patients is a very different thing. Some patients or constituents have reported that they have not had good food there. That is serious. Is the information being shared between hospitals on best financial practice in the catering sector?

[127] **Mr D. Thomas:** I think that the answer is that they are not doing so as well as they could do. If there was a focus on this in hospitals across health boards in Wales, you would expect to see much less variation than what we actually found. There has been a historical problem with generating accurate financial data on catering. Each year, since 2002, hospitals have submitted data to Welsh Health Estates. A large database has been created, but there is not a great deal of confidence in the quality of those data. Therefore, that seems to undermine the debate to which you are referring in terms of the sharing of practice. We have to collect our data afresh to ensure that we are collecting the same data from everywhere, so that we can compare on a like-for-like basis. We did not have enough confidence in that all-Wales database. That is one of the key recommendations in the report. There are some really rich data to support the sorts of discussions that you are talking about, but we just need a bit of focus on the quality of those data to be able to use them properly.

[128] **Darren Millar:** Three more people wish to ask questions and I am very conscious of the time available because we need to move on to the adult mental health report. Therefore, we would appreciate brief questions and answers. I will call on Mike first, then Gwyn and Jenny.

[129] **Mike Hedges:** What follow-up proposals do you have, particularly for those that have performed quite poorly? Is there a correlation between the number of people who effectively have their meal ordered for them, that is, 24 hours in advance, and the amount of waste?

[130] **Mr D. Thomas:** We will follow up locally. Each year we have a fresh audit plan. Where we have identified problems, there will be early follow-up to ensure that those issues are being addressed and we will report that back to the local audit committees. I am sorry; I did not quite catch the second question.

[131] **Mike Hedges:** Is it possible that if you have to order 24 hours in advance, you are effectively ordering for the next patient? Is there any correlation between that and waste?

[132] **Mr D. Thomas:** There are no strong correlations between different ordering systems and waste. Common sense tells you that if someone else has ordered your food, you are more likely not to touch it—or enjoy it. In the report, we present figures on waste from untouched meals; that is, basically, unserved meals. Therefore, those meals will sit on the actual trolley rather than someone taking a bite out of it and saying that they do not like it. We did quantify that sort of waste, but it is much more difficult to quantify plate waste. There is some correlation, but not a strong one.

[133] **Gwyn R. Price:** With E. coli in mind, and for the sake of transparency, what checks on suppliers were in place, and did you see evidence of that?

[134] **Mr D. Thomas:** I will ask Gabby to answer that question.

[135] **Ms Smith:** That comes back to the question around procurement. When the hospitals put their contracts in place for food purchasing, they have to ensure that the providers of the food meet various quality standards. Therefore, they are quite rigorous about that, which makes looking at local procurement quite difficult in some respects. You cannot just go into a shop and buy off the shelf; you have to make sure that the provider is meeting quite stringent criteria around food safety.

[136] **Gwyn R. Price:** Did you see evidence of that? We had young Mason Jones in my area, who sadly died of E. coli. I am concerned that, without saying it, we are actually doing it.

[137] **Ms Smith:** We did not follow that trail. We looked at the hospitals in terms of the environmental health inspections that were undertaken of them as food outlets. All of the hospitals are subject to the same stringent inspections that someone like that butcher would have undergone.

10.45 a.m.

[138] **Gwyn R. Price:** I just want to make the point that that is the one that I worry about. In this case, they are supposed to have done it, but they did not do it. So, we need to follow up on that.

[139] **Darren Millar:** Perhaps we could ask the accounting officer about that if we decide to do a session on this in the autumn term. That would be a good idea.

[140] **Jenny Rathbone:** Screening patients and recording accurately what they eat is an incredibly important part of identifying whether poor nutrition may be one of the reasons why people are in the hospital in the first place and also in trying to encourage people to change

their way of life and to speed up their recovery. Vitamin C is hugely important in the healing of wounds, for example.

[141] One thing that I want to unpick a little is how you manage different types of patient stays in hospitals. Older people's wards probably have fewer throughputs than medical or surgical wards, where the throughput is much greater. Is there a role for information technology in having a quicker response time for when patients come in unannounced and it is not clear how long they are staying?

[142] **Mr D. Thomas:** That is a fair comment. There are different populations of patients within a given hospital and a patient staying longer will need much more intensive screening and re-screening to ensure that the care plan in place is right. However, if a patient is in for a quick procedure and will be going home the following day, even though you are not saying that it is not important, if there is not a problem there, the care plan will not be as important. IT could be used—that is certainly something for the future. That may be something to ask if you have an evidence session on the plans that the Welsh Government may have regarding that.

[143] **Mr H. Thomas:** I want to return to an earlier question that Mike Hedges asked with regard to how I assess the value for money of the value for money reports. This report has cost us somewhere in the region of £280,000, and that figure includes the follow-up work that we are now doing with the trusts. The sample of 60 wards that we visited, which were all performing at the best level, would save £758,000, and that figure can be multiplied by a factor of 10 to identify the potential savings that exist. So, we have tried to shine a light on an area that people do not tend to think about too often, although everyone experiences it, and show that adopting the good practice that already exist within the NHS could result in considerable savings.

[144] **Darren Millar:** Thank you for that answer. Given the questions that have arisen, I think that we ought to have a formal evidence session on this as soon as we can in the autumn term. Given the Commissioner for Older People in Wales's report, we should invite Ruth Marks to come to give evidence to the committee, as well as the appropriate accounting officers. Are Members happy with that? I see that you are.

10.48 a.m.

Cynnig Gweithdrefnol Procedural Motion

[145] **Darren Millar:** Subject to the committee's agreement, the remainder of the meeting will be held in private session under Standing Order No. 17.42(vi).

[146] **Jenny Rathbone:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 17.42(vi).

[147] **Darren Millar:** I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.48 a.m.
The public part of the meeting ended at 10.48 a.m.*