



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

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

**Dydd Mawrth, 10 Chwefror 2015**  
**Tuesday, 10 February 2015**

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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir  
trawsgriifiad o'r cyfieithu ar y pryd.

The proceedings are recorded in the language in which they were spoken in the committee. In  
addition, a transcription of the simultaneous interpretation is included.

**Aelodau'r pwyllgor yn bresennol**

**Committee members in attendance**

|                |  |
|----------------|--|
| William Graham | Ceidwadwyr Cymreig<br>Welsh Conservatives  |
| Jocelyn Davies | Plaid Cymru<br>The Party of Wales  |
| Mike Hedges    | Llafur<br>Labour   |
| Sandy Mewies   | Llafur<br>Labour   |
| Darren Millar  | Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor)<br>Welsh Conservatives (Committee Chair) |
| Julie Morgan   | Llafur<br>Labour   |
| Jenny Rathbone | Llafur<br>Labour   |
| Aled Roberts   | Democratiaid Rhyddfrydol Cymru<br>Welsh Liberal Democrats                          |

**Eraill yn bresennol  
Others in attendance**

|                    |   |
|--------------------|---|
| Dave Thomas        | Swyddfa Archwilio Cymru<br>Wales Audit Office             |
| Huw Vaughan Thomas | Archwilydd Cyffredinol Cymru<br>Auditor General for Wales |

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

|                |                               |
|----------------|-------------------------------|
| Michael Kay    | Clerc<br>Clerk                |
| Tanwen Summers | Dirprwy Glerc<br>Deputy Clerk |

*Dechreuodd y cyfarfod am 09:00.  
The meeting began at 09:00.*

**Cyflwyniadau, Ymddiheuriadau a Dirprwyon  
Introductions, Apologies and Substitutions**

[1] **Darren Millar:** Good morning, everybody. Welcome—[*Inaudible.*] There are headsets available. If I could remind people to switch off their mobile phones, or at least switch them to ‘silent’, so that they don’t interfere with the broadcasting equipment—. In the event of a fire alarm, we should follow the instructions of the ushers. We haven’t received any apologies for today’s meeting, so we’ll go straight into item 2 on our agenda.

**Papurau i’w Nodi  
Papers to Note**

[2] **Darren Millar:** We’ve got a few papers to note—first of all, the minutes from the meeting held on 3 February. I’ll take it that those are noted.

[3] **Aled Roberts:** A gaf i ofyn **Aled Roberts:** May I ask a question?

cwestiwn?

[4] **Darren Millar:** Yes.

[5] **Aled Roberts:** O ran y llythyr cyntaf gan James Price, mae rhan o'r cwestiwn cyntaf yn cael ei ateb, ond nid yw'r ail ran. Maen nhw'n dweud bod Arup wedi cael eu penodi i gynnal yr arolwg, ond nid ydyn nhw'n dweud pryd gafodd Arup eu gofyn i gefnogi'r ail-dendro.

**Aled Roberts:** On the first letter from James Price, part of the first question is answered, but the second part isn't. They say that Arup have been appointed to undertake the review, but they don't say when Arup were asked to support the re-tendering.

[6] **Darren Millar:** Yes. I was going to come on to this letter in terms of noting it. I think there are a number of issues in it. That's one of them, which we need to find a little bit more information on, but we are also told, aren't we, at the end of the annex to his letter, about the redacted report coming back to us? So, can I suggest that we wait for that report before we have a more lengthy discussion on this issue, if that's okay, Aled?

[7] **Aled Roberts:** Fine.

[8] **Darren Millar:** Are Members content with that? I'm just wondering, auditor general: do you have any comments to make on this?

[9] **Mr H. Thomas:** No specific points.

[10] **Darren Millar:** Okay. I'll take it that that's noted and we'll pick up the issue that you've just referred to, Aled, when we get the report.

[11] The third item to note, then, is a letter from the auditor general to Eluned Parrott regarding the Welsh Government's investment in Roath basin and the BBC's decisions on its headquarters. This is in relation to some comments that the former First Minister made in the media.

[12] **Julie Morgan:** Can I just declare—*[Inaudible]*—just note that he is my partner, and I won't take part, if you're going to have a discussion.

[13] **Sandy Mewies:** And could I declare—*[Inaudible.]*—I'll not be taking part in the later debate on the Commission.

[14] **Darren Millar:** Okay. In terms of the commissioner reports—

[15] **Sandy Mewies:** That's right.

[16] **Darren Millar:** Okay. We'll note both of those.

[17] I don't think that there's a need for any discussion on this, but, if any Members want to, then I'm happy to do that. I take it that the letter and its contents are noted. Yes. Excellent. We'll move on to item 3, then, of our agenda.

09:02

**Arlwyo a Maeth Cleifion mewn Ysbytai: Y Wybodaeth Ysgrifenedig  
Ddiweddaraf gan Lywodraeth Cymru  
Hospital Catering and Patient Nutrition: Written Update from the Welsh  
Government**

[18] **Darren Millar:** We've had a written update from the chief nursing officer in terms of the implementation of the recommendations in the Wales Audit Office report and, indeed, in terms of the recommendations in our report. I think it's fair to say that I'm sure Members will want to discuss this at some length. I'm concerned about the pace of progress, certainly. Do any Members want to start? Aled, I can see you itching away there.

[19] **Aled Roberts:** Jest i ddweud, ar dudalen 19, argymhelliad 5, rwyf jest yn synnu—. Os ydych yn cofio, fe ddywedon nhw eu bod nhw'n cynnal rhyw fath o astudiaeth yn ysbyty Llandochau ynghylch gwastraff bwyd, ac roedden nhw'n rhoi'r argraff bod hyn yn mynd i fod yn rhywbeth a oedd yn mynd i newid y gyfundrefn o ran y gwasanaeth iechyd, ond, pan ydych chi'n edrych ar yr ateb yma, roedd y peilot am un diwrnod ar un safle. Felly, Duw a wŷyr sut maen nhw'n mynd i newid y ffordd maen nhw'n mynd i ddarparu ynglŷn â gwastraff ar sail hynny. Rwyf jest yn meddwl, hwyrach, fod hyn yn creu sefyllfa lle bydd yn rhaid inni fod tipyn bach yn fwy manwl yn y ffordd rydym yn eu cwestiynu nhw yn y—. Rwy'n meddwl eu bod jest wedi rhoi ateb i ni a meddwl, 'Dyna fo; maen nhw wedi'u bodloni rŵan'.

**Aled Roberts:** Just to say, on page 19, recommendation 5, I'm surprised—. If you remember, they said that they were having some kind of study in Llandough hospital on food waste, and they gave the impression that this was going to be something that was going to change the system in terms of the health service, but, when you look at this response, the pilot was for one day at one site. So, goodness' knows how they're going to change their provision in terms of waste on that basis. I just think that, perhaps, this may create a situation where we need to be more detailed in the way that we question them in the—. I just think that they've given us a response and thought, 'There we are; they've been satisfied now'.

[20] **Darren Millar:** Any other comments on that? I think, to be honest, we could have a discussion on all of these recommendations.

[21] **Aled Roberts:** On everything; I know.

[22] **Darren Millar:** I'm particularly concerned, in addition to the fact that the pilot may or may not have been taken forward following its evaluation, that there is reference to the food disposal engagement with local authorities and the environment Bill interfering with food waste digesters, which I just cannot understand. So, I think we need some additional information from the chief nursing officer on this. Shall we go through the letter page by page? We've got a response to recommendation 1. This is about protected meal times. It would appear that the Welsh Government is letting everybody know now, in terms of the health boards, that when meal times are protected, it doesn't mean that family, relatives or friends are excluded from helping patients. Mike.

[23] **Mike Hedges:** We're getting on to one of the big problems in the whole of what happens here. I believe the Welsh Government are fully committed to this; I believe that most of the health boards are probably signed up to it; getting that down to what is happening in the wards is where the real problem is. My mother-in-law was in hospital over Christmas and there it was, 'Protected meal times. No relatives to enter during meal times'. That was sort of stuck up on the door. It's great having all these policies that exist here and I'm sure the health boards—. If I have this conversation in Abertawe Bro Morgannwg University Local Health

Board, I'm sure they're going to say, 'We're fully signed up to the Welsh Government's proposals', but by the time it gets down to the wards, it seems to have lost a lot in translation.

[24] **Darren Millar:** What do other Members think? I mean, there is a reference to the fundamentals of care audit, which suggests that—. Well, there are at least 13% of areas that don't have systems in place to be able to even record whether the policy is being implemented on the ground. Perhaps more worrying is the fact that at least 7% of patients—I mean, there's always a concentration on the positive, but 7% of patients is a lot of in-patients in hospitals—who are not happy with the level of support that they receive at meal times.

[25] **William Graham:** I endorse what Mike has said. One of the fundamentals here that all Members would have seen is the complaint that food is left when people are incapable of feeding themselves, hence the necessity for carers and relatives to assist. That, really, should be the basis of the policy. I'm not clear, neither from the recommendation nor from the answer, that that has actually been acknowledged.

[26] **Julie Morgan:** I don't think it's acceptable that 80% had systems in place, because, I mean, really, they should all have systems in place. I think the response from patients—93%—could be explained by some patients who will always, you know—. There's a percentage who might always say 'no' in any case. But, I think, '87%—why isn't it 100%?' I'd like to know which are the ones that haven't got a policy in place and why haven't they got it in place.

[27] **Darren Millar:** That's a perfectly reasonable question. Sandy.

[28] **Sandy Mewies:** I agree with what Julie's just said and I think the worry for me is that this report seems to forget what the point of it is, really. It's to see that people who need it get proper nutrition—people who are sick. That's one of the points of this is that people who are sick really do need their nutrition, otherwise, they can't get well. And, I mean, I can go back now, many years, when my father was left quadriplegic after a massive attack. He couldn't speak, he couldn't move in any way at all and they would put in front of him a baked potato and mince and something to drink. Now, I know that I went in with my mother every day for every meal time. We took in one of those little cups—they don't have them anymore—that you can use to feed. And, I would've hoped that that had changed, because we actually got him taken off the intravenous drip, because we went in, but not everybody can do that, not everybody wants to do it, but at least, we could go in, there was no—. We could go in; once we'd started doing it, we carried on with it.

[29] But, it bothers me, now, that there is a percentage of people—. You do still see them on wards. You go into a ward and you see it outside: you can't go in; it's protected meal times. Now, whether they actually have forgotten to take the notices down, which could be the case, because some of those notices on notice boards are completely out of date and don't tell you what you need to know, or not, I don't know. But, what we don't know yet, even from this report, I don't think, is that people who need to be nourished properly in hospital are getting that nourishment that will help them to improve, because even going in and feeding people is not going to guarantee that they are going to get proper nourishment. I don't think this is just about waste, you see.

[30] **Darren Millar:** Yes. Okay. Did you want to come in on this recommendation, Aled?

[31] **Aled Roberts:** It's just on the point that Mike made, really. There's nothing, you know—. It seems that they're satisfied that the chief nursing officer has had a discussion with the nursing directors. You know, the point that Mike makes is that it's sort of implementation at ward level that really is the issue. I think, as well, there is no information given regarding what is the basis of that audit that provides the 87% assurance because, if you look at the last

paragraph, it's a patient experience questionnaire. Now, if there are only 200 that have been returned in Wales, 87%—. There is no information regarding the baseline.

[32] **Darren Millar:** I think this is the same audit that missed problems and didn't raise concerns about nutrition and hydration in the Princess of Wales Hospital, to be honest, so I'm not sure how much confidence we should store upon it. I'll ask the Wales Audit Office to come in on that point later on, I think. Recommendation 2, then: this is about patient leaflets, patient information. Again, it's a sort of, 'Well, I've sent a letter to everybody; it's their responsibility to implement'. It's a bit of buck-passing, really, I think. Recommendation 3 is the action plans. Again, it's all about the policing of these arrangements, isn't it? Mike's point is the big one. Recommendation 4.

[33] **Jenny Rathbone:** There are a lot of words on the page, but it doesn't actually tell you what you want to know. Somebody upstairs has sort of decided that we've got to hear something and said, 'We'd better put something in', but it really doesn't reflect the sort of change that we all want to see, which is where matron on the ward is, first, sending back food that is not fit to eat and then ensuring people are getting the type of food that they're going to be able to eat, given the condition that they're in, with the focus being on those who genuinely are having great difficulty feeding themselves.

[34] **Darren Millar:** I think what's really disappointing is that we looked at this first in 2011, and lots of this effort appears to be very, very recent, so nothing is taking place. I mean, some of it is as a result of the 'Trusted to Care' report. Well, frankly, it shouldn't have been as a result of that. It should have been a result of some of the other work that had been done previously.

[35] **Sandy Mewies:** There's going to be this second phase report, isn't there, in early 2015?

[36] **Darren Millar:** Yes.

[37] **Sandy Mewies:** I don't know how early—. Is that now-early or has it been done or what?

[38] **Darren Millar:** I mean, there's reference also to the revised fundamentals of care, which are going to be published in April 2015. Again, I'm assuming that these two pieces of work go hand in hand, because the 'Trusted to Care' report is what triggered the review of the fundamentals of care system.

[39] **Mr D. Thomas:** I can clarify, Chair, that the Welsh Government are looking at the new healthcare standards and fundamentals of care as a single entity now, so I think that's—

[40] **Sandy Mewies:** But, you know, when is 'early'? You see, I think it's early in 2015 now. I do; I think it is. And I think, when you get to March, you're moving on quite a bit, aren't you?

[41] **Darren Millar:** Jenny, did you want to come back in?

[42] **Jenny Rathbone:** Yes. I just think this has been written by somebody who actually doesn't know what's going on because, on recommendation 4, I happen to know, because I've been told by the food policy officer, that Cardiff and the Vale are now wanting to locally source all their fruit and vegetables, but it's not mentioned because they don't know about it. I mean, there are issues around that aspiration, but we're just not getting any depth to the response here. You don't get a sense that the Welsh Government officials are on to this.

[43] **Darren Millar:** Aled.

[44] **Aled Roberts:** The other thing that worries me is that, in recommendation 4, there's reference to monitoring as the responsibility of the health board. It says that CHCs carry out a rolling programme of visits to clinical areas, but it's the same sort of indication that we had last week, really, where there may be information that's being sent down to Cardiff but there's no national oversight, and it says that if there are serious concerns, then they can be elevated. You know, I don't think any of us would want the situation to be similar to the situation in Bridgend by the time that anyone within NHS Wales knows what's going on.

09:15

[45] I think there's just a disconnect, really, there between monitoring at local level—. Certainly, I'm not aware of instances where, for example, if you go on Betsi's board minutes, there's an indication there that they're satisfied that the standards have been met. I don't know.

[46] **Darren Millar:** I think also, you know, as was pointed out again last week by Mike, when you've got someone who is the chief executive of NHS Wales, ultimately it's their responsibility in terms of the operational management of the NHS more widely across the country, so it is disappointing that these recommendations don't appear to have been delivered against, some four years after they were originally made.

[47] **Mike Hedges:** I'm not sure they actually think like that, Chair. They think their job is to monitor the health boards. That seems to be—. I mean, I agree with you; I think that they are in charge of health in Wales, but they say, 'The health boards do these things and we just monitor them, give them advice, and then it's up to them'. It seems to permeate—I was going to say this later on, but I'll say it now—it seems to permeate right through this report, as well: 'We've sent advice; we've told them what we want them to do, and now it's up to them'. It's as if they're sort of an auditor for health rather than being in charge of health in Wales.

[48] **Darren Millar:** I think the auditor general has made the point before in correspondence to the committee about the fact that the chief exec is also the director general of the department, and whether there's a potential difficulty there in him exercising an operational capacity as well as having the responsibilities as a director general within the department. There may be a tension. Is that fair enough?

[49] **Mr H. Thomas:** It's fair. It's the Director General for Health and Social Services, so you've got quite a wide responsibility in one person. I think one of the issues you looked at with the governance of the NHS is really whether it's compatible to have somebody who's both a chief executive and a director general.

[50] **William Graham:** Chair, is there a correction to the last sentence there? 'Of the UK figure of—'. Or am I reading it wrongly?

[51] **Darren Millar:** Yes, there must be, mustn't there? There's an error, isn't there?

[52] **William Graham:** Is it 5.67?

[53] **Darren Millar:** It's either 5.67 or 7.7 million. That's probably more like it, is it?

[54] **William Graham:** That would seem to be reasonably—

[55] **Darren Millar:** Or 567 k. We'll find out.

[56] **Mr H. Thomas:** Yes, 567 k would be the—

[57] **Darren Millar:** Okay. Recommendation 5: waste reduction targets. This is the one that we've just had a bit of a discussion on.

[58] **Mike Hedges:** I would just say that, really, there is the most wonderful management speak right the way through this. It's almost as if they go through a course on how to write all the right words into sentences, et cetera, without actually conveying anything. 'Untouched meals', so once somebody takes one—

[59] **Darren Millar:** One forkful.

[60] **Mike Hedges:** —one forkful it becomes a touched meal. There seems to be a lack of understanding: why are these meals being untouched? Is it because they're being delivered cold? I mean, very few people like cold potatoes. Even fewer people like cold cabbage. Is it because it's arriving cold? Is it because they're giving it to people who are meant to take nil by mouth? Is it because—. There doesn't seem to be any digging down. It's, 'Very few are left untouched, therefore, it's fine'. There doesn't seem to be any sort of asking the key questions of why some are left untouched. Is it because of the food? Is it because of the patient? Is the patient unconscious?

[61] **Darren Millar:** I think also, Mike, coming back to Sandy's point, if someone's only eaten half a meal, that should be recorded somewhere, because they ought to be getting their full complement in order to bring them up to full strength to aid their recovery. Yet we don't see any evidence—and we raised these concerns directly with the chief nursing officer—that even partially eaten meals are being recorded properly or adequately by the health boards. So, I would suggest that that is a fundamental of care that is not being met. Dave.

[62] **Mr D. Thomas:** I think what's missing from here is clarity as to what's recorded in different places. What they should be doing, of course, is recording the amount of food eaten on the charts. Now, that's a different set of data to record than how much waste there is, and what you've got here is the waste figure. The bit that interests you, really, is in the paragraphs that touch on what ABMU do, and this one-day pilot at Llandough. That gets at the heart of why there is wastage, which picks up Mike's point, and perhaps some more information on that would have been a bit more helpful.

09:20

[63] **William Graham:** On this business about the pilot being on the one site for one day—is that sufficient?

[64] **Mr D. Thomas:** I wouldn't say so.

[65] **William Graham:** No. It does seem absolutely minimal, doesn't it?

[66] **Mr D. Thomas:** I think that if, when that was discussed at a previous evidence session, it had been said that it was one site for one day, it would've been raised as insufficient. I think the assumption was that it would've been for longer.

[67] **Darren Millar:** Yes, and that is the impression that was created, wasn't it? Can I just ask in terms of the Environment Bill White Paper, is this a UK Government Bill or—

[68] **Mr D. Thomas:** I don't know, Chair, I'm sorry.

[69] **Aled Roberts:** No, it's a Wales Bill; it's not allowing discharge into sewers. They

said there were about four or five sites where they were doing the—

[70] **Darren Millar:** That's right. It's not so much that concern; it's the impact on food waste digesters, though, isn't it?

[71] **Aled Roberts:** Yes, but that is why they're saying—. Because at the moment, they're using the digesters to pulp the food and then flush it out.

[72] **Sandy Mewies:** That goes straight into the sewer.

[73] **Darren Millar:** But it's not energy from anaerobic digestion.

[74] **Sandy Mewies:** No.

[75] **Aled Roberts:** No.

[76] **Darren Millar:** That won't be affected by the Environment Bill.

[77] **Aled Roberts:** No.

[78] **Darren Millar:** Okay. So, that's another issue that we need to try and find out further information on as to the impact on their modus operandi. To be honest, if they'd taken action three years ago, they probably would not have an impact, would they, on this?

[79] Okay. Recommendation 6—food ratings displayed.

[80] **Jenny Rathbone:** I thought it was fine. You can't have food ratings on every single ward.

[81] **Darren Millar:** No, but it is a concern that they're still not on some hospital front doors, isn't it?

[82] **Sandy Mewies:** It's food hygiene ratings that we're talking about here.

[83] **Darren Millar:** Yes.

[84] **Sandy Mewies:** Not, 'This is good food', or 'It's awful'; it's hygiene.

[85] **Darren Millar:** But, still, they're not even complying with the Welsh Government's—

[86] **Jocelyn Davies:** Own policy.

[87] **Darren Millar:** Well, not just policy, but law—that there ought to be these things displayed at the entrance to food establishments. Again, it's hardly showing leadership, is it, to the rest of the country?

[88] Recommendation 7—plan of how these are going to be implemented, which is precisely what we should have had three years ago.

[89] **Mr D. Thomas:** Chair, we've had some commentary from the Welsh Government on what we're discussing at the moment as to where they are against our recommendations from the 2011 report. That's ongoing dialogue.

[90] **Darren Millar:** Right. Are there any other comments on this? We asked about the

training, didn't we, if you remember? Not all members of staff had undertaken the training. There's information on the numbers of people who have been trained, but not the numbers of those who remain yet to be trained, in the response.

[91] **Jenny Rathbone:** Perhaps—[*Inaudible.*]—we don't know whether all of the 6,000-plus people all come from one or two health boards.

[92] **Aled Roberts:** There was also an issue, wasn't there, that some couldn't undertake e-training because they didn't have an NHS PC address? And it may be that, you know, 5,000 staff can't even undertake the training because they're still in that position.

[93] **Darren Millar:** I think it's fair to say that we've got lots of questions that remain unanswered. Auditor general, do you have any other points that you wanted to raise.

[94] **Mr H. Thomas:** I do think that you do need to note that the 'Trusted to Care' spot checks and the other inspections that Healthcare Inspectorate Wales and the community health councils are carrying out mean that there's an increased level of attention to this area in hospitals at present. As Dave has indicated, we've had some initial commentary from the Welsh Government on our own recommendations and we'll be using it as a context for our local audit work.

[95] **Mr D. Thomas:** Indeed, yes; it's a starting point for us before we go back to the health boards a little bit later on this year to see where things actually happen on the ground and really that's what we need to know to get some context on this. I think that perhaps what's missing here is the oversight from Welsh Government, but what happens on the ward is the crucial thing, and I think Mike raised the point—it's the ward leadership that will make the difference.

[96] **Mr H. Thomas:** We'll be bringing all of that together into a national picture in the autumn. So, clearly, we could bring an update before the committee later this year and, really, it's a question of whether you would want to take this further before then or would just like to see our take on the position.

[97] **Darren Millar:** I think probably Members will be minded to want to have another evidence session with the chief nursing officer, but I'll take some views now. Sandy and then Jenny.

[98] **Sandy Mewies:** I think the auditor general made a good point there, because there are some positives. You're talking about the 70 wards in the 20 hospitals that were checked. What I do think we should be saying is—I mean, one of the issues that we are raising is how is it monitored. Well, there is some checking going on, and I actually see a very important role for the CHC in this, myself, but I'd like to know more about—. That happened, is it a one-off, is it going on, will it continue? And it did say that the second phase was in 25 elderly mentally ill in-patient areas, but it doesn't say what happened about that. It does say further up about water jugs being changed, so, actually, I'd like to know a bit more about how these spot checks worked and whether they're going to continue.

[99] **Darren Millar:** Well, we can ask those questions if we have an evidence session. Jenny.

[100] **Jenny Rathbone:** I just wanted to suggest that we ask community health councils to do an unannounced visit on a particular week or a particular four days of consecutive weeks, to give us a picture across the seven health boards of what they saw on that day in that ward, just because this doesn't tell us whether there's been a sea change, and the only way that we're going to get it is to either go and do the visit ourselves or to get the CHCs to do it.

[101] **Darren Millar:** Okay, interesting point. Any other comments?

[102] **Aled Roberts:** Just on that point, Betsi Cadwaladr CHC is actually carrying out huge amounts of unannounced visits when you compare it with other CHCs, and it may be that we could ask them as to what their view is of the current situation, because, you know, the figures are quite sort of startling when you compare their numbers of unannounced visits to other CHCs.

[103] **Darren Millar:** Okay, shall we do two things, then? Shall we invite the chief nursing officer back in for a further evidence session? There's reference to this April date. In terms of the review of fundamentals of care, do we want the chief nursing officer in before April or post April, given that date?

[104] **Aled Roberts:** Post April.

[105] **Darren Millar:** Post? Okay.

[106] **Jenny Rathbone:** We want to see the evidence from the CHCs.

[107] **Darren Millar:** And then, in addition, we'll write to the CHCs, we'll write to all the CHCs asking them what work they have undertaken on patient nutrition and hydration in the past 12 months.

[108] **Mr D. Thomas:** You could write to the chief officer. He could then give a view across all the CHCs if that's easier for you, but it's a matter for the committee really.

[109] **Darren Millar:** Okay. Are you content to do that? And we'll consider the response that we receive, and we'll want to know, by CHC, what action is taking place at a local level, not just in the main district general hospitals but in other care settings as well. Yeah? Are Members content with that?

[110] **Jenny Rathbone:** I'm a bit unclear as to why we're asking one person. Wouldn't it be possible to ask seven people?

[111] **Darren Millar:** It's the chief of the board—the board of CHCs.

[112] **Mr H. Thomas:** So that we would get a consistent message down.

[113] **Jenny Rathbone:** Okay, but we wouldn't want things to be massaged.

[114] **Darren Millar:** Well, there's nothing stopping us writing to the individual chief officers of the individual CHCs. Let's do that. Okay. Excellent. Thank you very much.

09:28

**Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o'r  
Cyfarfod**

**Motion under Standing Order 17.42 to Resolve to Exclude the Public from the  
Meeting**

[115] **Darren Millar:** Item 4, then. I'll move the motion under Standing Order 17.42 to resolve to exclude the public for the following business: items 5 and 6.

*Cynnig:*

*y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).*

*Motion:*

*the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi).*

*Cynigiwyd y cynnig.*

*Motion moved.*

[116] **Darren Millar:** Does any Member object? There are no objections, so we'll go into private session.

*Derbyniwyd y cynnig.*

*Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 09:28.*

*The public part of the meeting ended at 09:28.*