Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Cyfrifon Cyhoeddus
The Public Accounts Committee

Dydd Mawrth, 4 Chwefror 2014
Tuesday, 4 February 2014

Cynnwys
Contents

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad 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

Mohammad Asghar	Ceidwadwyr Cymreig Welsh Conservatives
Mike Hedges	Llafur Labour
Alun Ffred Jones	Plaid Cymru The Party of Wales
Sandy Mewies	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)
Julie Morgan	Llafur Labour
Jenny Rathbone	Llafur Labour
Aled Roberts	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Anthony Barrett	Swyddfa Archwilio Cymru Wales Audit Office
Peter Jones	Llywodraeth Cymru Welsh Government
Dave Thomas	Swyddfa Archwilio Cymru Wales Audit Office
Mike Usher	Swyddfa Archwilio Cymru Wales Audit Office
Yr Athro/Professor Jean White	Prif Swyddog Nyrsio, Llywodraeth Cymru Chief Nursing Officer, Welsh Government
Peter Wiles	Llywodraeth Cymru Welsh Government

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

Fay Buckle	Clerc Clerk
Claire Griffiths	Dirprwy Glerc Deputy Clerk
Joanest Jackson	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser

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, and welcome to today's meeting of the Public Accounts Committee. I will start with a few housekeeping notices. Of course, the

National Assembly for Wales is a bilingual institution and people should feel free to contribute to today's proceedings in either English or Welsh, as they see fit. There are headsets available for translation, and they can be used for sound amplification. I encourage people to turn off their mobile phones and other electronic equipment, because they can interfere with the broadcasting equipment. Witnesses do not need to operate any of the microphones, as they should automatically light up when you want to make a contribution. In the event of a fire alarm, we should follow the instructions of the ushers. We have not received any apologies for today's meeting, so we will go straight into the second item on our agenda.

Arlwyo a Maeth Cleifion mewn Ysbytai: Tystiolaeth gan Lywodraeth Cymru
Hospital Catering and Patient Nutrition: Evidence from the Welsh Government

[2] **Darren Millar:** I am delighted to be able to welcome to the table Professor Jean White, the chief nursing officer from the Welsh Government, and two other Welsh Government officials, namely Peter Jones and Peter Wiles. Welcome to you all.

[3] Members will remember that the Wales Audit Office published a report on hospital catering and patient nutrition in February 2012, so we are now two years on from that report. We took evidence from the Welsh Government back in June of last year, and we were provided with some written updates when we entered into correspondence with the Welsh Government at the tail end of last year. There were some issues that Members wanted to revisit that they felt had been outstanding for some time, if that is okay, Professor White. If it is okay with you, we will go straight into questions. Feel free on the first question to elaborate on some of the contents of your letter, if you wish to do so.

[4] One of the main areas of concern was that, effectively, two years on, there is still a huge task in ensuring that people have access to some of the e-learning tools available. We recognise how valuable they have been where they have been rolled out and implemented, but there have been problems with access and not everybody engaging. What is the problem? Why is it taking such a long time?

[5] **Professor White:** Thank you very much for inviting us back to give evidence. We have actually found the request from committee very helpful in drilling down into some of the areas that we thought were quite straightforward, but turned out to be much more complex when we examined them. To be honest, access to e-learning was one such area that, when we delved into it, became slightly more complicated than we originally thought. As you may recall us explaining last time, one of the major challenges, we were led to believe, was that the nurses, nursing assistants and so on, who needed to access the e-learning training were having problems with having named e-mail accounts. We have explored this, and there is no actual physical barrier to their having e-mail accounts. The chief executive—that is, David Sissling, the chief executive of NHS Wales—has written to all of the NHS organisations reminding them that they have a responsibility to ensure that all the staff should have an e-mail account, and I wrote to them back in the autumn to remind them that they are all supposed to allow their staff to take up the e-learning, as it is a requirement for this role.

[6] So, when we examined what was happening on the ground as to why the uptake was very low last time, we found that, actually, the staff were accessing their e-learning in a variety of ways, and only some of the means of accessing it were automatically being uplifted to the electronic staff record. When we were asking, 'What is happening? How many people have trained?', we were taking downloads from the electronic staff record and only seeing part of the picture. I am pleased to say that there has been movement since the last time we came here; the all-Wales percentage of staff trained is now sitting at 23%. Of course, it should be 100%, so we recognise that we are a way off where we should be. There is a range from

one health board, which is very low, at around 5%, to another that has 63% of its staff trained. So, the overall average actually shows quite a variation. We have confirmed with each of the health boards that they have action plans to deliver all of the training. Most will complete this year, but we think that the last remaining health board will be in 2015. That is the one with the lowest percentage currently, which is Hywel Dda Local Health Board. The reason it is going to be the slowest is that it is introducing a new hub for its e-learning and it will take some time to establish that and then roll it out to its staff. As it is starting from such a low base of uptake, it is going to take the rest of this year to cover that off.

[7] I would like to bring in Peter at this point, who works in the NHS Wales Informatics Service, to add some comments, if that is acceptable, Chair.

[8] **Darren Millar:** Of course.

[9] **Mr Jones:** Thanks very much. So, as Jean has explained, there are three particular ways that people are accessing e-learning. The central one, which is accessing the main learning platform hosted by NWIS, is largely done through the NHS e-mail account as the authentication of the user. People are also accessing the same learning material, but on the health board's own system, which means that it has not been captured centrally, or they are accessing the learning material on the learning provider's own system. In those last two instances, the health board manually updates the records. So, we have been able to chase through that now and establish the level of training in each health board, which, previously, was not visible centrally. A project has now started with the Welsh shared services partnership to centralise access to e-learning information and, therefore, we will move that issue forward and resolve it by having a central repository of the training and a single way of accessing it and, therefore, the information will be gathered and captured centrally.

[10] **Darren Millar:** So, you are telling us, Professor White, that just 23% of NHS staff have accessed the e-learning package to date. It is two years since we were told that it was a priority of the Welsh Government to roll this out. Not everybody has access to e-mail accounts still and there is still inconsistency across Wales in terms of the roll-out. In some places, as few as one in 20 members of staff have actually engaged with the programme. You have also told us that Hywel Dda health board is apparently going to go down a slightly different route from everybody else, which undermines the point that you were making, Mr Jones, about some sort of centralised access with a centralised system across Wales. It all sounds a bit of a mess, to be honest.

[11] **Professor White:** The 23% is those who have completed and passed. So, it shows those people who are fully trained. There may be more who will have accessed it but have not passed—

[12] **Darren Millar:** So, do you have those data?

[13] **Professor White:** No, I have the data about the completed training that the health boards have confirmed, because, as we said originally, there are different ways for people to access this and record it. So, the percentages that we are giving you today are those provided by the health boards for all the different means that staff have accessed the training, which is more than what is recorded on the electronic staffing record. You are quite right; it is a very low level. We are very concerned about the uptake of training in this area. It has been made very clear to the health boards that they must comply with this training and, as I said, we have set particular targets for them to have action plans to roll this out so that they are fully compliant. It is unfortunate that the Hywel Dda health board is having to do some IT structural work to enable its staff to pick up the e-learning. It will be compliant with what Peter is describing, but it has some IT infrastructure activity that it explained to us that it needed to do and, therefore, it is going to take it a little bit longer, but everybody else should

be completed this year, as far as we have been told.

[14] **Darren Millar:** What is the situation in Aneurin Bevan LHB? You do not even record data from Aneurin Bevan, is that right, or you do not have data available to give to the committee?

[15] **Professor White:** One hundred and sixty-nine out of 2,414 staff required to have training completed it successfully, which gives 7%.

[16] **Darren Millar:** They are appalling figures, are they not? Two years on, they are appalling figures.

[17] **Professor White:** I agree.

[18] **Darren Millar:** You did not have data available to send to the committee in September in terms of Aneurin Bevan LHB, which suggests that you were not even measuring against these targets. It just seems to me that it has not been much of a priority as far as the Welsh Government is concerned.

[19] I am going to bring in some other Members now. Julie wanted to come in, and then Aled.

[20] **Julie Morgan:** Obviously, this is very important, because it is so key to the patient's development. Velindre hospital is in my constituency of Cardiff North, so I am very pleased that it has 100% access, and that it has the highest percentage in terms of completing the e-learning package, which is still below 50%—the highest figure there is 39%, for registered nurses—

[21] **Professor White:** They are now at 63%.

[22] **Julie Morgan:** Okay. So that seems to be the best performance. Could you tell us why they have managed to make progress, certainly to 63%, and that there is 100% access?

[23] **Professor White:** I think that it is useful to remember how small the number of staff is that we are talking about there—only 75 members of staff, in the whole of the trust, require this training, because they are actually working on the wards, giving out meals. Therefore, 47 out of 75 is the number that has been trained, compared with some of the others; Betsi Cadwaladr, for example, has trained over 1,000 staff. Therefore, percentage wise, it gives a particular picture, I think. The trust has been driving forward this particular part of the training, and the results are showing.

[24] I think that it would be fair to say that, for some of the other health boards—when we have looked into why it is that they are so low—it is a matter of releasing staff to attend training. It is not just the issue of access through the e-mail account, because, as I say, they have found other ways to get around that situation. We thought that that was the main blockage, but, actually, they have worked with the provider company to find means of doing it, or they have worked through the NHS Wales Informatics Service to find an alternative, which is the Betsi Cadwaladr approach, which accounts for such a high number there. I think that it would be fair to say that it is a challenge for them at the moment to have release to do their mandatory and statutory training. However, it is a health board's responsibility to ensure that their staff are properly trained, and they should be monitoring compliance and uptake of that training.

[25] **Julie Morgan:** I do not think that we should diminish Velindre's performance because there is a smaller number of staff.

[26] **Professor White:** No, indeed not.

[27] **Julie Morgan:** That is because, obviously, they have to be released as well, and there are still the patients to be looked after. So, I would not want to diminish its achievement by its numbers. However, do you feel that the drive is there in the other health boards to achieve this now?

[28] **Professor White:** I think that it would be fair to say that the attention that the committee has drawn to the whole subject of nutrition in hospital catering has raised the profile of this area, and I, and the chief executive of the NHS, have made it very clear that we expect compliance. So, I can see far more attention being given to getting this done now, but we will have to keep a very close eye on it. As I say, with pressures on service, the actual release of staff to do the training is a constant issue, to be honest.

[29] **Darren Millar:** Aled has the next questions.

[30] **Aled Roberts:** Hoffwn ofyn fy nghwestiynau yn y Gymraeg. Mae'n ymddangos, felly, bod tair gwahanol gyfundrefn o ran sut mae'r hyfforddiant hwn yn cael ei drefnu. Mae un system sy'n cael ei gweithredu gan NWIS, un system gan y bwrdd iechyd ei hun, ac un arall a ddarperir gan ryw gwmni allanol. Sut mae NWIS yn cael ei ariannu, a faint mae Llywodraeth Cymru'n ei wario ar NWIS? Os oes gwahanol ffyrdd o drefnu'r gwaith hwn, faint mae'r byrddau iechyd yn ei dalu o ran trwyddedau i gwmnïau *IT*, neu i ddarparwyr hyfforddiant allanol? Mae'n ymddangos bod y Llywodraeth yn talu corff canolog i ddarparu'r gwasanaeth, ond bod y byrddau iechyd yn gwario arian ychwanegol i gael cwmnïau allanol i mewn.

Aled Roberts: I want to ask my questions in Welsh. It appears, therefore, that there are three different kinds of systems in terms of how the training is organised. There is one system that is operated by NWIS, one system within the health board itself, and another that is provided by some external company. How is NWIS funded, and how much does the Welsh Government spend on NWIS? If there are different ways of organising this work, how much do the health boards pay in terms of licences to IT companies, or to external training providers? It appears that the Government pays for a central body to provide the service, but that the health boards spend additional money to have external companies in.

[31] **Professor White:** Would you like to kick off with that, Peter?

[32] **Mr Jones:** The training package that is being accessed is the same package—it is the route to that training that is different. Therefore, regarding the NWIS host—the online platform that has a central database function—the alternatives are for the same training package to be delivered on a server locally, or via a route through to the provider company's own website. However, the training package is still the same.

[33] **Aled Roberts:** I understood that perfectly. What I am asking is how much the Welsh Government spends on NWIS, and how much do the health boards then spend either on their own training methodology, or on these external providers? It would appear that there is money going in three different directions for the same result.

09:15

[34] **Mr Jones:** I will need to get back to you with the figures to see whether, in fact, there is any additional charge from the different ways of accessing the system.

[35] **Aled Roberts:** Well, I cannot imagine that external companies would be doing it for

free.

[36] **Mr Jones:** It is the same package and the same training, so the cost to the company is no greater; it is the access to their server, which is via the e-mail sign-on.

[37] **Aled Roberts:** But it would be normal for a licence fee to be paid for that.

[38] **Mr Jones:** I will need to get back to you on the nature of the contract; it might be that we have paid for the learning package and how it is distributed is what we are looking at now. I am happy to get back to you with that information.

[39] **Darren Millar:** Yes, on the costs of the new approach, as it were. Diolch. Sandy Mewies is next.

[40] **Sandy Mewies:** Professor White, this is quite concerning, is it not? Your own figures state that 23% of people have completed the training; you said that you would hope that it would be completed by 2015. At the rate you are going, it will take another six years to get 100% up and running. I am asking the question, Chair, I am not saying that this is the case, but how valuable is this training? Usually, when you offer training to people, which is useful to them in their work, they are very keen to access it. So, what evaluation has been done? Why are people not clambering and saying, 'Why aren't you getting this done?' Why are health boards not saying, 'We ought to have an easier way of doing this'? What evaluation has been done of this training? How valuable would it be to those people? That, to me, is the basic reason for training; it helps you in your job, and most people, from my experience, if there is a tool that will help them in their job, they will use it and be very keen to access it and to add it to their CV to say, 'I've done this'. That does not seem to be happening here.

[41] **Professor White:** I think that it is a fair comment to say that we ought to look at the evaluation and impact of the training. The all-Wales nutrition and hydration care pathway is quite well described in the guidance that was set out for the pathway when it was issued originally. So, some people may feel that they do not necessarily need to access the training. We felt that it was important to provide an appropriate level of training for those who were undertaking this particular role, but as a lot of these staff are already registered nurses, they will already have had some degree of training around the assessment of patients and how to support them with eating and drinking. So, if you like, this training is designed to raise everybody to a particular standard, but there will already be a level of understanding out there, which may mean that people are not prioritising in quite the right way. However, we set out that we felt it was important that everybody went through this to make sure that the standard was right, and we will continue to drive that forward this year to make sure that there is compliance with the training.

[42] **Sandy Mewies:** If you will allow me, Chair, that is what I wondered about. If a lot of people are feeling 'I know this already' but you have all those people in your target, maybe it needs—. If you go on training, there may be things that you do know, but there ought to be something else that is of value to you. Otherwise, if you are a very busy person and you think that you already know everything, you are not going to go; you are not going to try.

[43] **Professor White:** I take your point.

[44] **Darren Millar:** Okay. Can I just ask about inductions? It is part of the induction now for new members of staff who come into an organisation.

[45] **Professor White:** It is still listed as mandatory training for staff within the first year of taking up their post.

[46] **Darren Millar:** So, you have a 12-month grace period in which to get the work done.

[47] **Professor White:** That is right.

[48] **Jenny Rathbone:** Have you done any evaluation of what the impact of not having done the training is on people's practice?

[49] **Professor White:** No, the way that we look at nutrition and hydration is through audits of the fundamentals of care, which, as you know, is an annual national audit. We found that both staff and patients are reporting high levels of satisfaction with the way that work is done; it is in the 90s—92% or 93%. So, if you like, we are looking at secondary evidence there, which is around how well people feel that they are able to provide support to patients and how well the patients themselves feel that they are receiving support with food and drink.

[50] **Jenny Rathbone:** So, would it be possible to divide those who had been trained from those who had not been trained and just look at the outcomes?

[51] **Professor White:** I am sure that that would be the case, particularly if we had wards where nobody had had the training. However, unfortunately, we are going to have a mixed bag. You will have some wards where some of the staff have been trained and some have not. If you were looking at an audit of the patients on the ward, you would have to go down to quite a low level. Do you see what I mean?

[52] **Jenny Rathbone:** Okay, so you cannot see the practice of individual nurses based on whether they have or have not been trained—

[53] **Professor White:** No—

[54] **Jenny Rathbone:** So, you have no idea whether the training in any way improves the practice.

[55] **Professor White:** Only in as much as having a national approach to nutrition and hydration and making sure that patients are assessed within the first 24 hours means that the patients themselves feel that they are actually being supported. We also have evidence from the community health councils' annual hospital patient environment studies, which also show a very high compliance with that—

[56] **Jenny Rathbone:** That could be for a variety of reasons, including—

[57] **Professor White:** Indeed. As I say, it is secondary evidence. I do not have access to that level. I do not know whether we have ever done any research that looks at the level of impact of the individual practitioner. It is a complicated issue because some of them, as I say, will have had training as registered nurses and others will be support staff or will not have training and they will be in a mixed team on the ward.

[58] **Darren Millar:** Do you want to ask any more questions, Jenny?

[59] **Jenny Rathbone:** I think that we have done to death the IT issues, really, but I think that it is an important point, given the level of non-compliance, to consider whether this training and all the effort going into it is really the most cost-effective way of getting the outcome we all want, which is to improve the nutrition intake of patients and minimise the waste.

[60] **Darren Millar:** How long does it take on average to complete the e-learning package? Half an hour? An hour?

[61] **Professor White:** It is not very long. Off the top of my head, I cannot recall, but it is not more than a few hours at most.

[62] **Darren Millar:** Oscar is next.

[63] **Mohammad Asghar:** Jean, I think you remember saying in your letter to us:

[64] 'I recognise that the low level of compliance with completion of the e-learning nutrition package remains an issue'.

[65] Your final line was:

[66] 'We hope to be in a position to update you on developments in the New Year.'

[67] So, after three months, I am glad that you have given us an opening statement regarding Aneurin Bevan health board, which is in my area. My question concerns the participation in online learning. What improvements have been made in increasing the percentage of relevant ward-based staff who have completed the e-learning nutrition package? Does the Welsh Government intend to set targets on expectations for NHS bodies in this regard?

[68] **Professor White:** As I indicated, we have set requirements for the health boards to establish a plan for how they are going to bring all their staff up to a particular standard of training. We believe that most will complete it this year. Hywel Dda, because of its IT structural work, will complete it in 2015. I have discussed this with the nurse directors, who have responsibility for delivering this training. I have written to them as well to emphasise that point. Also, the chief executive has raised this via the chief executives of the NHS organisations, because it is not just about this particular training but about meeting the requirements of all mandatory and statutory training and ensuring that all staff have access to e-mail accounts so that they can pick up all of the training they require.

[69] **Mohammad Asghar:** The figures you supplied in September did not include data from Aneurin Bevan health board, which I think you were trying to give us earlier. Not all health boards were able to disaggregate different groups of staff. Are all health boards now able to provide the required data to help you monitor uptake?

[70] **Professor White:** Yes. When we went back to them this time, they were able to identify the number of staff—that is both nursing assistants and nurses, midwives and so on—on the various clinical areas, as well as those who had successfully completed it. There is an 80% pass mark, so they were able to pull out those who had undertaken the training but needed to redo it because they had not passed. The figures I have brought with me today are for those who have successfully completed it and who, as far as I am concerned, are now trained to the particular level. So, yes, they know that they have to do something about this, and the work that Peter was describing on having a more centralised approach so that people who complete the training automatically have it uplifted to their staff record will stop this business of us not being able to see centrally who has completed the training. At the moment we only see a slice of who has completed. If they have these other methods of accessing the training that does not automatically get lifted to the electronic staff record. So, it is then very difficult for us, as the Welsh Government, without going back and constantly asking, 'How many of your staff have completed?' We should be able to see it from the electronic staff record. I hope that that is clear.

[71] **Darren Millar:** Yes. Mike is next.

[72] **Mike Hedges:** Can you provide an update on some of the other planned e-learning related developments that you outlined in previous correspondence—for example, things such as whether the NHS Wales Informatics Service has completed a status report that you indicated had been commissioned? If so, what are the outcomes from that work?

[73] **Professor White:** I am struggling to think what you mean exactly.

[74] **Darren Millar:** This was an issue that you referred to in your correspondence to us back in November. You suggested that NWIS was going to do some status reports.

[75] **Professor White:** That is what I have been describing. Those are the status reports.

[76] **Darren Millar:** Yes. That is what the status reports actually are.

[77] **Professor White:** Yes, that is what we meant. We had to find out exactly what was happening on the ground, particularly to do with the electronic staff record. As I say, the attention that the committee has shown to this area has helped us to unpick some of the IT infrastructure challenges that we have been having. I think that it would be fair to say that, Peter. I do not think that there is anything else that I have to share in particular, apart from one issue, which is around pre-registration learning. Obviously, what I have been talking about is training existing staff who are employed in NHS Wales. If we do not grasp the implications of training people as part of their initial registration as a nurse, we are constantly going to be doing catch up. So, the company that has produced the package for us has been working with the higher education sector to make sure that they complete the package part of their training. So, if you like, at some point we will get to a steady state, where people will have already been trained when they come out and it will only be people moving into NHS Wales who will need to be topped up.

[78] **Mike Hedges:** Is this training done by any of the other nations of Britain, or anywhere in continental Europe?

[79] **Professor White:** They will not do this particular package, because it was designed around the all-Wales food and hygiene package. There is, of course, different training available, because Skills for Health, which is the sector skills council, sets competencies around this area. What people do is pull the national occupational standards off and then design training around it. However, ours was very bespoke for Wales.

[80] **Mike Hedges:** I accept that it is very bespoke for Wales, but the same nutritional issues exist in every hospital in the whole of the world, do they not?

[81] **Professor White:** Absolutely.

[82] **Mike Hedges:** It is not unique.

[83] **Professor White:** Yes, I take your point.

[84] **Mike Hedges:** Are the other nations of Britain and the countries of continental Europe doing similar things? How are they progressing?

[85] **Professor White:** I do not know how they are progressing, but there will be training for staff around these sorts of matters because they are part of what is called in England ‘essentials of care’. However, ‘I do not know’ is the answer to that.

[86] **Mike Hedges:** So, you cannot say. We have talked about these numbers quite a lot, but I do not know whether these numbers are brilliant compared to the rest of the United

Kingdom and the rest of Europe, or whether we are the dunces. However, you do not know that either.

[87] **Professor White:** I do not. Peter, do you know of any comparative data?

[88] **Mr Jones:** I am sorry, I do not have that information.

[89] **Darren Millar:** Just in terms of the pre-registration training, because it seems that the best way is to ensure that it is a part of registration before someone actually goes to work in a hospital, how are you able to monitor whether people are actually picking up this training and this particular e-learning package during their pre-registration training or not? So, if a college or higher education setting says, 'Yes, we want to take this on. We will integrate it as part of our course, we will roll it out, and everyone that we now register post a certain date will have completed this training', how do you record that and make sure that you are not forcing people to duplicate that effort at some point further down the line?

[90] **Professor White:** It is one of the issues that we need to thrash out, I think, of any kind of what I would call mandatory or statutory training completed in pre-registration so that it appears on the electronic staff record. We have a similar kind of issue with midwives being trained in doing fetal monitoring. At the moment we have introduced standard training for all obstetricians and midwives around fetal monitoring, but we want the midwives to have been trained at that and part of the medical training, so that you do not have to keep doing top-ups all of the time, because that is wasteful. So, it is an issue for us to make sure that that training is recorded on the electronic staff record, and that is an issue that we are having to work through at the moment.

09:30

[91] **Darren Millar:** So, how are you working through it? Do you have a timeline?

[92] **Professor White:** The plan, so far as I know, is for it to be done this year in order for it to be introduced in the next academic year. I can give you a note on the timelines; I do not have that information with me. All I know is that the work is current in order for them to do that.

[93] **Darren Millar:** Alun Ffred is next.

[94] **Alun Ffred Jones:** Byddaf yn gofyn fy nghwestiwn yn Gymraeg.

Alun Ffred Jones: I will ask my question in Welsh.

[95] Mae'n ddrwg gennyf, efallai eich bod chi wedi ateb y cwestiwn hwn. Rydych wedi adnabod y maes fel un sydd angen sylw, a bod angen hyfforddiant arbennig. Pam nad yw yn rhan o'r hyfforddiant ar gyfer staff beth bynnag, os yw'n bwysig?

I am sorry, perhaps you have already answered this question. You have acknowledged this as being an area that requires attention and specific training, but why is it not a part of the training for staff regardless, if it is so important?

[96] **Professor White:** I do not want to suggest that the training package that we are talking about here is the only training that anyone ever gets in nutrition and hydration. We designed this particular package to support the introduction of a particular pathway for use in Wales. So, we developed a food chart to record people's meals, and we produced pictorial evidence to help people assess how much people have drunk or eaten. What we wanted to make sure was that everybody was interpreting those forms and making assessments appropriately. In pre-registration nurse education, student nurses have quite a lot of education around what people need to consume and so on in order to maintain health. They are taught

about special diets for people who are diabetic or who have renal disease, for example. So, they have a lot of training related to this. The package here is tied to the introduction of the pathway, which has particular charts and forms that are used in Wales to make sure that everybody was interpreting them—. As I explained, the guidance that went out with them is self-explanatory, so, what we were trying to do with the training was to make sure that everybody was interpreting them in a common way. I do not want you to think, however, that that is the only training that anybody ever has. They actually have quite a lot of training to do with this as part of their training to become a registered nurse, and those requirements are set down by the Nursing and Midwifery Council, so it is a UK-wide requirement.

[97] **Darren Millar:** Aled is next.

[98] **Aled Roberts:** Rwyf eisiau symud ymlaen at wybodaeth ynghylch gwastraff bwyd. Rwyf yn meddwl ein bod ni, fel Aelodau, yn synnu mai'r unig wybodaeth yr oeddech yn ei gasglu oedd am fwyd ar blât oedd heb ei gyffwrdd. Yn eich gohebiaeth â'r pwyllgor ym mis Medi, yr oeddech yn sôn am drafodaethau ynghylch ehangu'r wybodaeth sydd yn cael ei chasglu i gynnwys gwastraff o ran y broses gynhyrchu. Pum mis wedi ichi ysgrifennu atom, lle yn union a ydych chi o ran casglu'r wybodaeth honno?

Aled Roberts: I want to move on to information on food waste. I think that we, as Members, are surprised that the only information that you were collecting was about plates of untouched food. In correspondence to the committee in September, you talked about discussions on expanding the information collected to include information about waste in the production process. Five months after you wrote to us, where are you exactly in terms of collecting that information?

[99] **Professor White:** I would like to invite Peter to start this off, and I will add to what he says.

[100] **Mr Wiles:** Thank you very much for inviting me here. I am very pleased to report that, in terms of the data that we are going to be collecting, we are looking seriously at conducting a pilot scheme centred on Llandough hospital. It will cover a number of wards; we are engaging with Cardiff and Vale University Local Health Board and we will be meeting it later this month to thrash out the details of the pilot scheme. We realise that, at the moment, we simply monitor untouched meals, basically, and, if they are served on a tray, we make an assessment of how many portions are left. We realise that there is scope for drilling down and understanding a little more about the waste that leaves the ward. We are going into the pilot scheme with an open mind. We are very conscious of the fact that we do not want to burden nurses even more than they are burdened now in terms of collecting more data about waste, but we do we want to keep an open mind and use the pilot scheme to assess what scope we have to look at other areas, for example, monitoring the waste in terms of desserts. It may be a fairly simple process to monitor that one. In any event, whatever the recommendations that will be coming out of the pilot scheme, we anticipate that none of the recommendations will burden nurses in terms of data collection on waste. So, we will be looking at how those data could be collected, what will be worth collecting, and we will be making recommendations accordingly.

[101] We have done some soundings and investigations into the value of monitoring waste generated at kitchen level, for example, and we are satisfied that there is very little waste generated at that point in the production and delivery of food to patients. The nature of food preparation within healthcare facilities today is such that the vast majority of the food preparation is carried out before the food products are delivered to the hospitals; it will be carried out at central production units, and sometimes well before that. So, even central production units generate very little waste.

[102] So, we are satisfied that, in terms of the pilot scheme, the efforts should be focused on

monitoring waste at ward level. I think that that is very valuable area to look at in more detail. We plan to do that during March. We have a meeting at the end of this month with Cardiff and Vale University Local Health Board to finalise the detail of that pilot scheme and we hope to have the results by the end of March.

[103] **Aled Roberts:** Am faint fydd y cynllun peilot yn rhedeg, felly?

Aled Roberts: For how long will the pilot scheme run, then?

[104] **Mr Wiles:** The pilot scheme will take about a week in terms of doing assessments covering a number of wards; we have yet to finalise the number. So, we anticipate that we should have some results and recommendations by the end of March.

[105] **Aled Roberts:** A ydych wedi cael unrhyw drafodaethau efo cynghorau lleol sydd yn mesur gwastraff o fewn y gwasanaeth prydau ysgolion? A ydych yn defnyddio'r un system, neu a yw'r gwasanaeth iechyd yn mynd i gynllunio proses o'r newydd?

Aled Roberts: Have you had any discussions with local councils that measure waste within the school meals service? Do you use the same system, or is the health service going to create a brand-new process?

[106] **Mr Wiles:** We know that seven local councils are engaged in discussions with the NHS. The picture out there—. I imagine that you are talking about the disposal of waste, rather than the generation of waste in the first place.

[107] **Aled Roberts:** With schools in any area now, as the local authority is responsible for collecting the food waste from schools, it is able to measure that as part of its reporting mechanism. I was just wondering whether the NHS has used the information that it has through those processes to inform this pilot scheme, or are you developing something from scratch? It is this instance of where one area of the public sector does not seem to learn lessons from the other area.

[108] **Mr Wiles:** You make a very good point there. I am sure that, as part of the pilot scheme, we will be looking at the way in which waste is measured and monitored by the public sector. We have a long track record of measuring waste in the NHS at ward level. The system has been going on for many years. It is captured by the estates and facilities performance management system, as you probably know, and we report on annual basis on those percentages.

[109] It is very pleasing to be able to report that, since a target was set by the Welsh Government of 10% as an average across every organisation, the generation of waste, in terms of the percentage, has come down quite significantly. The year before last, it was 7.7%, and, for last year, we are pleased to report a figure of 6.4%, so it is well within the target set by the Welsh Government. That does not mean to say that there is not scope for improvement. The point of the pilot really is to see whether the current methodology, which is focusing on untouched meals, can be widened without causing too many resource difficulties for very busy NHS staff. We feel that there has to be a balance between the effort put in to measuring, possibly, fairly small amounts of waste and the benefits of knowing much more accurately the full extent of the waste. I think that the point of the pilot will be very much about seeing how we can be more precise without causing too many difficulties for very busy staff.

[110] **Darren Millar:** Jenny, you wanted to come in now.

[111] **Jenny Rathbone:** Yes, I wanted to pick up on one issue. You have described this very industrial process of producing food for hospitals. I wondered how you catered for people with special diets, such as coeliacs. Do you have huge quantities of menus that are fit

for coeliacs or for somebody who might be on a special diet as part of their treatment? Is that food produced somewhere in the kitchen close to the ward or is it all industrial production?

[112] **Mr Wiles:** What I can say is that special diets were not measured as part of the annual survey that we carried out. They are treated as a completely separate provision of food. Perhaps Professor White may have a better understanding of what happens.

[113] **Professor White:** From my understanding, we have had an all-Wales menu project to have a menu framework. We have had a dedicated dietician who has been working on a national basis to come up with ideal menus, and they include menus for people with various dietary requirements. So, when a patient comes into hospital and they are identified as needing a special diet, the food can be ordered. I personally do not know whether that is produced on site because there is such a variety of means of bringing meals to the hospitals. Some are cooked locally, some are brought in. I presume that the same process would apply to them. The dietician is going to continue her work for the next three years. The evidence that we have had from her input is that they have been able to manage what I would class as non-contract compliance, namely those things that need to be done off contract. She has been able to look at local produce and things that people need specifically for special diets. So, the evidence that we are having back is that having this national oversight by this dietician, who is working with all the health boards and trusts to work out what is a sensible menu, is helping and improving the situation. In her first year, she has made cost savings of £272,000 by sorting out what goes into the menu to make sure that the ingredients are the right quality and standard and by looking at how we have contracted provision. However, I am afraid that I do not know about food wastage.

[114] **Jenny Rathbone:** I know that this is not the place; it is just that we are monitoring the industrial production of cook-chill and how much of that is wasted, but then there seems to be a whole other area of food for special diets that is produced locally. It seems to me to be a complete minefield in terms of trying to tie down how we measure food waste.

[115] **Professor White:** Yes, I agree.

[116] **Darren Millar:** Would you be able to report back to us on the pilot project after it is completed in March?

[117] **Mr Wiles:** Certainly.

[118] **Darren Millar:** We appreciate that.

[119] **Julie Morgan:** Moving away from the collection of data, if a patient is consistently not eating the full plate of food and, maybe, only nibbling, where is that recorded and are efforts made to ensure that they eat enough for their care?

[120] **Professor White:** I will take this question. What happens is that a patient admitted to hospital has a nutritional assessment within the first 24 hours. If the person requires a special diet, it is ordered. If they are going to be struggling to eat, all wards now have snacks available. So, rather than being faced with a large meal—and some people, when they are poorly, really cannot face it—they can have toast, sandwiches or nutritional drinks throughout the day and night on the ward. That includes those patients in medical assessment units, which are quite temporary, 24-hour-type accommodation.

09:45

[121] The nurses and nursing assistants looking after the patient record on their food chart and their nursing records the nutritional intake. For some people, you have to closely monitor

their intake. Patients are also weighed to make sure that, if they are in hospital for any length of time, they do not have weight loss. I came across a case not so long ago when I asked a ward about a particular patient regarding whom some concerns were raised with us, and the ward staff were able to show the records, which showed a slight increase in the patient's weight over the time that they had been there, the interactions they had had, and the different approaches they had taken to make sure that they were offered food at regular intervals. So, we have completely moved away from saying, 'Your meals must come at these three points in the day and that's your lot'. Now, there is opportunity for quite a lot of ward-based activity, or unit-based activity, to make sure that people have something nutritious to eat.

[122] **Julie Morgan:** So, every patient's food intake is recorded.

[123] **Professor White:** It is recorded where it has been assessed that that is required. For some people, such as those who are in for day surgery and that sort of thing, it would not be appropriate. So, where it is appropriate and assessed that the patient needs to have their food intake monitored, for whatever reason, then, yes, it is.

[124] **Julie Morgan:** Is that decided when they first come in to the hospital?

[125] **Professor White:** Yes, that is right; it happens within the first 24 hours. It is part of the national nutritional pathway. You have to determine what that the person in your care needs. If they need to be monitored, they are weighed on a regular basis, and they have assessments done—as in the example that I gave.

[126] **Darren Millar:** Aled wants to come in on this point and then we will move on to Sandy's questions.

[127] **Aled Roberts:** A oes gennych ffigurau mwy diweddar? Yn yr adroddiad, sy'n mynd yn ôl rhyw ddwy flynedd, nid oedd 30% o'r 700 o gleifion a ymatebodd i'r arolwg wedi cael eu pwyso wrth gael eu derbyn i mewn i'r ysbyty, ac nid oedd 54% wedi trafod gydag unrhyw aelod o staff o fewn yr ysbyty eu hanghenion dietegol. A yw'r sefyllfa honno wedi gwella, neu a ydym yn sôn am tua'r un canrannau, oherwydd mae'r canrannau hynny'n siomedig dros ben?

Aled Roberts: Do you have more recent figures? In the report, which goes back some two years, 30% of the 700 patients who responded to the survey had not been weighed as they were admitted to the hospital, and 54% had not discussed their dietary requirements with any member of staff in the hospital. Has that situation improved, or are we talking about the same kind of percentages, because those percentages are very disappointing?

[128] **Professor White:** There is going to be another audit by the folk who produced that report—I can never remember the shorthand for these wretched committees. There is a national group that is doing another audit, and we are expecting the results of that in the not-too-distant future. It will give us a marker to see how much has improved.

[129] From our point of view, we audit it, as I have said, through things like 'Fundamentals of Care' and by having feedback from other external agencies, like Healthcare Inspectorate Wales, which, when it does inspections, looks at that in the area that it is going into. So, the results of a broader audit of Wales against that sort of thing should be produced before very long.

[130] **Darren Millar:** In terms of those results, when you update us on the pilot project at Llandough, perhaps you can provide us with an update on those figures as well. That would be useful for the committee.

[131] **Professor White:** We have the 'Fundamentals of Care' audit, the 2013 results, which

will be produced in April. We can certainly send you those as well, because one of the 12 standards is all about food and nutrition, and that does give quite a balanced view, because it gives both a staff performance assessment as well as what patients have said about how satisfied they are with the support that they have received. That is due around April.

[132] **Darren Millar:** Okay, that is great. Sandy is next.

[133] **Sandy Mewies:** This is a very fundamental issue, because we are talking about food waste, generating food, and so on, but the important thing about generating food in a hospital and making sure that people are hydrated is that it is a major part of the recovery process. Aled has mentioned people being weighed when they go in; are they weighed generally when they go out? If they are vulnerable—and I am not just talking about older people, there are a lot of people who, for a lot of reasons, are vulnerable—are they routinely weighed when they go in and when they go out? I appreciate that you cannot do that for everybody, because if you ever visit a hospital, you see what goes on—I mean, families bring in takeaways, they bring in this and they bring in that. You have no control over what happens. Some people genuinely are not big eaters, and perhaps eat less than they should. However, the whole point of feeding people and giving them something to drink is to aid their recovery. I thought that there was, at one time, a drive to weigh people when they went in, but are they weighed when they go out as well, at least if they are known, perhaps, to be vulnerable in terms of food intake and what they drink?

[134] **Professor White:** It depends if the person needs that level of monitoring, absolutely. It is not just an older person issue.

[135] **Sandy Mewies:** No, I agree, it—

[136] **Professor White:** It applies equally to a child who is vulnerable. The evidence that I have is that if the person needs to have their weight monitored, they weigh them through the hospital stay; whether it is on the point of discharge, I could not say. However, certainly the evidence that I have back, as in the example that I gave when I drilled down to a particular individual case not so long ago, is that they were able to show me weekly weights and show, over the period of the hospitalisation, which was over many weeks, a slow increase in weight, because they had been making specific interventions to ensure that that person's health was maintained through their rehabilitation and that their weight was monitored closely. So, the evidence that I have is that, yes, they are doing it.

[137] **Sandy Mewies:** There is a process in place.

[138] **Professor White:** It is part of the national framework requirement to do that. The point of weighing is entirely up to the ward staff to determine, but it is about whether they feel confident that this person is maintaining their weight.

[139] **Sandy Mewies:** Thank you. May I go onto my question now, Chair?

[140] **Darren Millar:** Yes, please.

[141] **Sandy Mewies:** Why are some local authorities reluctant to collect food waste from large hospital sites, and do you know whether the Welsh Government is doing anything to address the issue?

[142] **Professor White:** If I could, I invite Peter to address that.

[143] **Mr Wiles:** We are pleased that at least seven local authorities are engaging in discussions and are involved with the NHS. Two health boards actually have formal

arrangements for food waste collection by local authorities. Another one is making arrangements as we speak for food to be collected from one site. Another health board is setting up a trial scheme to evaluate the feasibility of food collection. What we are aware of is that, although it sounds like a straightforward operation to collect food from hospitals, in reality, the amount of waste that needs to be collected can actually generate quite a lot of hygiene issues. One needs to be very careful how and where the bins are stored. We know that local authorities are concerned about the actual process of collecting the food waste and retrieving it to be disposed of, probably in anaerobic disposal units of their own. However, as I said, seven are already engaged in discussions, and we hope that the uptake will be increased over the coming years.

[144] There is a good news story, in the sense that the environment Bill, when it becomes legislation, will certainly drive changes to the way that food is disposed of. It is interesting and encouraging to see that Hywel Dda and Velindre have both invested in biodigesters. They use a different sort of technique. It is not anaerobic; it is a form of aerobic digestion. It is interesting that these new, very modern units—they are not very big; they are probably the same sort of size as the macerators that you may be more familiar with—have proved over the last year that they can cope with food waste generated in those hospitals. The by-product is grey water; there are absolutely no solids left. It is a very interesting emerging technology that can be used within hospitals, and these particular organisations are evaluating their effectiveness. All the feedback that we have had to date is encouraging.

[145] **Sandy Mewies:** Where does the grey water go?

[146] **Mr Wiles:** The grey water is disposed of down the drains, and that will comply with any future legislation. Admittedly, the advantage of anaerobic technology is that you can generate a useful by-product such as biogas and composting. The data that we have, in terms of cost, suggest that food collection is quite expensive at the moment. It may compare favourably with the investment and the revenue cost of biodigesters. Currently, maceration is probably the most cost-effective way of disposing of food, but we realise that it is not a green way of dealing with this waste. So, the Bill will provide a driver for change. That may be through greater collaboration with local authorities, and the NHS would welcome greater collaboration with local authorities to have a greater understanding of how local authorities view the whole issue of, potentially, collecting waste from the NHS. Perhaps greater engagement with the WLGA and organisations such as WRAP, the waste resource action programme, might throw up some interesting data and information that will inform how the NHS should progress this particular issue of disposal. The signs are encouraging, and if what Hywel Dda and Velindre are experiencing can be demonstrated to be long and sustainable, it may be that more of that technology will be rolled out to other health organisations. So, we will certainly be monitoring that closely, and we will be working with the NHS to see what scope there is.

[147] **Darren Millar:** You say that two health boards have formal collection arrangements with their local authorities. Which health boards are those?

[148] **Mr Wiles:** They are Cardiff and Vale and Hywel Dda.

[149] **Darren Millar:** So, if they are able to organise collection with their local authorities, what is holding up the others? Is it lack of engagement from the local authorities? Which local authorities are causing a problem?

[150] **Mr Wiles:** Bridgend, Cardiff, Carmarthen, Ceredigion, Pembrokeshire, Powys, Vale of Glamorgan and possibly Gwynedd and Wrexham are all engaging at the moment with the—

[151] **Darren Millar: ‘**Engaging’ just means that they are speaking, and it does not mean—

[152] **Mr Wiles:** They are engaging with, and speaking to, the NHS. As I said, Powys is looking to have food waste collected from one of its sites, and ABMU is looking at a trial run. So, things are moving in the right direction.

[153] **Darren Millar:** Local authorities are not the only bodies that collect waste; what about commercial operators?

[154] **Mr Wiles:** The cost information that we are obtaining from the NHS suggests that it is quite an expensive process. We are finding that, every week, a large hospital will generate between 25 and 30 large bins, if you can imagine those big green or black bins. The cost of those at the moment is £10 a piece. That translates into an estimated £17,000 a year, just for food collection. So, it is not necessarily a cheap way of going about it, but it is certainly something that the NHS should be discussing with local authorities.

[155] **Darren Millar:** Local authorities are not doing this for free, are they?

[156] **Mr Wiles:** No.

[157] **Darren Millar:** So, there is a charge there.

[158] **Mr Wiles:** Some are charging.

[159] **Darren Millar:** How do their charges compare with the commercial sector?

[160] **Mr Wiles:** I could not tell you the exact figures. However, the NHS would not be going down the route of employing commercial organisations if the costs were not comparable, but we can find out more for you. At the moment, getting all the information about cost is proving to be quite challenging.

10:00

[161] **Aled Roberts:** Rwy’n meddwl bod y sefyllfa’n eithaf cymhleth, achos mae rhai cynghorau nad ydynt yn casglu gwastraff masnachol erbyn hyn. Rwy’n ymwybodol mai rhan o’r broblem yn y gogledd oedd bod y bwrdd iechyd wedi’i glymu i mewn i gytundeb masnachol gyda darparwr preifat a oedd yn casglu gwastraff cymysg yn unig. Felly, nid ydym yn sôn am sefyllfa lle mae pob rhan o Gymru yn gallu ymateb i’r broblem hon yn yr un ffordd.

Aled Roberts: I think that the situation is quite complex, because there are some councils that no longer collect commercial waste. I am aware that part of the problem in north Wales was that the health board was tied in to a commercial agreement with a private provider that only collected mixed waste. Therefore, we are not talking about a situation where every part of Wales can respond to this problem in the same way.

[162] **Mr Wiles:** It is true: it is a very mixed picture, as you rightly say. It is further complicated by the fact that the health boards are not geographically coterminous, necessarily, with single local authorities. If you take Betsi Cadwaladr, I believe that it spans three different local authorities.

[163] **Darren Millar:** It is six.

[164] **Mr Wiles:** Sorry, six. Within that one health board, there are potentially six different sets of negotiations and six different ways of dealing with a problem, so you can imagine that it is quite complex. That is perhaps one reason why we are quite interested in seeing how this

biodigester technology, which contains the waste within the scope of the NHS, might be rolled out where it is a viable and green-enough solution. We are monitoring what Hywel Dda and Velindre are doing on that front very closely.

[165] **Darren Millar:** You have sort of dealt with an issue that Ffred wanted to pick up, but I have just one final question before we bring this session to a close. When we looked at food hygiene ratings with you, there was one very concerning food hygiene rating at one particular hospital in Wales. Are you able to give us information about how many hospitals are now in those lower bands and whether there has been an improvement over all across Wales in the last 12 months?

[166] **Professor White:** I am pleased to say that nowhere has a low-band rating: three is the lowest. The majority have been rated at four or five across the piece. I think that it would be fair to say that, having looked into the issue after our conversation in committee, it has led to an interesting debate within the local health boards, which we are continuing to have, regarding where we should put the stickers in the hospital. The Food Hygiene Rating (Wales) Regulations 2013 talk about giving it to your customers, which in this case would be patients. Food gets to wards in lots of different ways, so you could have food cooked on the ward and food brought to the ward; therefore, you could end up having a plethora of stickers related to the different foods. This has turned out to be quite an interesting debate, particularly given that central production—where you are giving it from one industry to another bit of industry, where there is no customer involved—will not be covered by the regulations until this autumn. We are rather grateful that this issue has been raised, because it has made us have much more in-depth conversations with the health boards and we hope to have a much clearer way forward. We will have a meeting in March or April of this year to thrash this out and make some sense of it. At the moment, the hygiene ratings are about food that is given directly to patients; they are not about central production. I hope that that is helpful.

[167] **Darren Millar:** In terms of some of the issues that we discussed, it would be helpful for the committee to perhaps have an update towards the end of April, to give you plenty of time to do the wash-up exercise in relation to the pilot project in Llandough and, in addition to that, to collate some of the other pieces of evidence from some of the audit work that you are doing. We are very grateful to you for your attendance today. Thank you for coming before us. We would be grateful if you could send us the information that we discussed that you have immediately available: the costing information in terms of the new approach to the e-learning package and any information that you have about the evaluation and impact of any training. You said that you were going to do some work on that, Jean.

[168] **Professor White:** For pre-registration, I can tell you what the position is. There will not be evaluation data; as I say, we use a secondary source. That is very fair comment from colleagues around the table.

[169] **Darren Millar:** If you could send us those pieces of information, we will have an update then in April. I am very grateful indeed.

10:05

Bwrdd Draenio Mewnol Gwastadeddau Cil-y-Coed a Gwynllŵg: Ymateb Swyddfa Archwilio Cymru i Argymhellion yr Adroddiad
Caldicot and Wentlooge Levels Internal Drainage Board: Wales Audit Office Response to Report Recommendations

[170] **Darren Millar:** I am pleased to welcome Anthony Barrett from the Wales Audit Office, and Mike Usher. Members will recall that we published our report on Caldicot and

Wentlooge Internal Drainage Board in October of last year. In that report were recommendations to the Wales Audit Office in terms of its audit regime. The Wales Audit Office has responded to those recommendations and offered to give us an update on its work to address some of the issues that we raise at this meeting today. Over to you, Anthony, if you want to talk us through some of your response.

[171] **Mr Barrett:** As you say, we provided a letter setting out the action that we have taken in response to the Caldicot and Wentlooge Levels Internal Drainage Board. That letter sets out a number of actions, and it is worth making a distinction between some of them. Some of them we were doing anyway, such as involving external bodies in our quality assurance. Some are in direct response to the drainage board report, such as looking at our risk assessment of smaller bodies. Some of the issues are common across the whole of the profession, such as the need to embed professional scepticism. What the drainage board report has helped us to do is, with the work that we already had in train, to focus that on the smaller bodies, to make sure that we are picking those up. We have diagnosed the problems. We have put in place some real solutions that are going to work. We have undertaken a themed piece of work within financial audit about raising our game, about wanting to raise the bar and continually improve. In that, we have emphasised the need to ensure that the fee actually matches the work required, and if we have to do extra work, that we charge for that extra work.

[172] Governance is a particular focus of our current corporate strategy, and I am taking the Wales Audit Office lead on governance. I am currently considering how we can provide effective auditing of governance arrangements and reporting on governance arrangements, because as committee will appreciate, that is a particular area of concern, both for us as auditors and for the committee, in a lot of its work. As well as doing our regular training for staff, we have also taken the opportunity to refresh the work that staff are doing around training—almost a back-to-basics approach around auditing standards, because those basics are very important. We are also, this year, linking our training of staff with accreditation, the idea being that, if you have not been on the relevant training course, you will not be able to audit that particular body, for example. Then you have to maintain that accreditation year on year by actually doing some of the work. We have improved our liaison with other UK audit bodies to find out what they are doing on some of the smaller-body audits in particular.

[173] Finally, under that sort of heading, we have looked at the appraisals that we do for financial audit staff to make sure that quality is a central part of that appraisal process. There are lots of other important things in there around personal development, et cetera, but as an audit profession, quality has to be paramount, and we are making sure that we have picked that up. We are a learning organisation, and we are always striving to improve what we do and deliver the audits. We will continue to look for ways of improving. This is not a one-off, 'We have done it now'—we will keep doing it. To reassure the committee, where necessary we will continue to report without fear or favour when issues come to our attention.

[174] That is all I want to say by way of introduction, Chair.

[175] **Mike Hedges:** I would have thought—and you can tell me if I am wrong—that there would be a checklist of things to look at when you went into organisations. They would be things like: chief executive's salary compared to other organisations of a similar type; when, by whom, and how the chief executive's salary was set; the register of interests, whether there is a full register and when it was last updated; and a list of interests and declarations. I am not talking about many hours of work there. In fact, it would probably be about two hours of work for the whole lot of it, but it would give you an indication of the type of organisation that you were dealing with. If there was a full register of interests, if the chief executive's pay was comparable with that of peers, if it was done within a manner that we would consider to be the right way of going about it and if people were declaring interests and leaving meetings,

that would give you some assurance about that type of organisation. If it started failing on some of those things, and I am sure that you could add others, then you would start thinking, 'We need to look at this organisation more closely'. Are you considering that route?

[176] **Mr Barrett:** I have to say that that is probably exactly what I am considering in terms of providing some baseline on governance arrangements in all public bodies across Wales, to get a feel for that and then use that to identify, on a proportionate basis, whether there are any specific areas within that body that we need to look at or any specific themes across Wales that we need to look at. So, I think that that is absolutely right, and I think that it is relatively straightforward to look at some of those basic things and how they are operating.

[177] **Darren Millar:** Will you be able to give us a schedule of the tick-list of things that you might check?

[178] **Mr Barrett:** We will be able to put together, in due course, our audit programme, if you like, around some of the governance things that we would be looking at.

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

[180] **Sandy Mewies:** You have given us a general—I think that it is quite generalised, actually—outline of what will happen next. When will you know that it is working, and will you be reporting back to us?

[181] **Mr Barrett:** If we look at two different aspects, in terms of our audit work of smaller bodies, I would say that it will probably be this time next year, when we will have done our complete round of quality assurance reviews with the additional focus on small bodies. On governance arrangements, I think that, again, we will probably be in a position this time next year to give you an update on what we are finding. What I have in mind is an annual governance report on public services in Wales, drawing some comparisons to provide information in the public interest to enable all bodies to look at it, read it and say, 'Oh, it's quite interesting what body X is doing; maybe we should look at doing that sort of thing'. So, I would have thought that 12 months' time would be an appropriate time to be able to provide you with some feedback on both of those issues.

[182] **Sandy Mewies:** Good.

[183] **Darren Millar:** Jenny, you wanted to come in.

[184] **Jenny Rathbone:** How might this checklist be applied to improving the auditing of local community councils? You did a report in September on that. Obviously, you are not normally the auditor of these small bodies, but there are some issues raised about improving the way that—

[185] **Mr Barrett:** Yes, there are some issues. I suppose that one of the challenges with very small bodies such as community councils is that to do, in effect, a baseline review of those, you would be talking about a significant increase in their audit fee. I am not saying that we should not do that. What we tend to do is, where we find particular issues, we publicise those widely, such as through that national report, to bring them to everyone's attention. We speak at One Voice Wales and various other events in terms of raising the profile, so that everyone knows, to all intents and purposes, what is or is not acceptable behaviour in terms of governance. I think that that works pretty well. That is not to say that there will not be future occurrences where things do not meet the standards that we expect, but I think that if you are talking about 750 bodies, the chances are that you are always going to have one or two that do not live up to the proper standards. I think that if we get most of them operating, that will be what I would be looking for.

[186] **Darren Millar:** There is a deterrent factor, of course, if you are shining a light into these areas that may not have been shone on in the past. Aled is next.

[187] **Aled Roberts:** Mae'ch llythyr chi'n sôn am adolygiad o un o'r archwiliadau bach yn cael ei adolygu bob blwyddyn. Ble fydd yr adolygiad hwnnw yn cael ei adrodd? A yw'n bosibl i chi gynnwys hynny yn y diweddariad hwn, os ydych yn mynd i'w wneud o fewn blwyddyn, i ni wneud yn siŵr bod popeth yn iawn? Hefyd, a gaf i ofyn, roeddech yn sôn am lywodraethu yn eich rhagymadrodd, ond mae'r llythyr hefyd yn dweud bod yn rhaid diwygio'r cod ymarfer archwilio ac mai o fewn y cod drafft yn unig ar hyn o bryd y mae sôn am adolygu llywodraethu o fewn y byrddau bach hyn? Pryd fydd y cod diwygiedig drafft yn dod yn weithredol?

Aled Roberts: Your letter mentions a review of one of the small audits being reviewed every year. Where will that review be reported? Is it possible for you to include it in this update, if you are going to do it within a year, just so that we can ensure that everything is correct? May I also ask, you mentioned governance in your foreword, but the letter also says that you need to revise the code of practice for audit and that it is only within the draft code that mention is currently made of reviewing governance within these small boards? When will the revised draft code become operational?

10:15

[188] **Mr Barrett:** If I take the first point—if I can remember what it was, sorry. Oh yes, it was on reporting the results of the quality reviews of small audits. Again, probably this time next year, we will be collating the reviews from the complete cycle, and we will be providing the results of those in what we would call a transparency report, which sets out for the public what the findings are on quality and a number of other issues relating to our transparency. So, we will pick that up then.

[189] **Aled Roberts:** What about the draft code?

[190] **Mr Barrett:** The draft code. When is that—. Is it 1 April?

[191] **Mr Usher:** Yes, 1 April is when the code, subject to ratification, will come into force, and you are right that there is a much greater emphasis on governance in the new code than was previously the case.

[192] **Darren Millar:** May I just ask something as a follow-up to Aled's question? You did a piece of work in February last year, did you not? A senior officer of the Audit Commission did an independent evaluation of the quality of your audit work. Has that been published in the public domain?

[193] **Mr Barrett:** No, that was very much an internal piece of work to prepare us for the quality assurance directorate of the Institute of Chartered Accountants in England and Wales coming in. I have to say that it was a very useful piece of work. It highlighted things that we already knew about improvements that we needed to make in our process, but it is quite reassuring then to see that written down and to have the follow-up on that so that we can actually deliver on it.

[194] **Darren Millar:** So, it told you a lot of what you already knew and had previously identified, but what was new in there that, perhaps, you were not aware of previously?

[195] **Mr Barrett:** I think that the big thing for me coming out of that was the extent to which our appraisal process needs to focus on the quality of our audit work. That was something that we had almost taken for granted. We talked about delivering audits to time,

cost and quality. Well, in terms of meeting audit standards, time and cost, okay, but it is actually about quality, quality, quality. It was that extra emphasis and the fact that, at the top of the organisation, the financial audit directors and I are responsible for the quality and making sure that that is reflected in the terms of reference for our committee as financial audit directors, but also in our personal objectives as well.

[196] **Mohammad Asghar:** Anthony, thank you very much for telling us that, of the 750 organisations, there will always be a couple of them that will be places where you cannot do a proper audit. I personally think that that is not acceptable. You should be 100% because public money is spent in huge amounts and there is no complacency in any corner. There is no way that there you should be saying, 'Well, one or two will always get away with it'. You are appointing this quality assurance directorate now, with chartered accountants and all the rest of it. How much is this going to cost you?

[197] **Mr Barrett:** If I may take the first point you made, we do not let the councils off. The point I was making was that, of 750, as good as our auditing would be and as good as the processes would be in most of those, there are likely to be one or two councils that do not meet the required levels. We will report on that. We will either report to them, as councils, that they are not delivering what they should be or, if it is sufficiently serious or repeated, we will report publicly, as we have done in the past. In terms of the quality assurance directorate, do you want to take that one?

[198] **Mr Usher:** We have decided to engage the quality assurance directorate on a three-year contract. They will be coming in each year as independent reviewers of our work and they will be doing three things. They will be looking at our overall office arrangements for ensuring and embedding audit quality, as a general principle. They are then conducting their own cold quality reviews of completed audits. They are also picking audits that we ourselves have done cold reviews of and are reviewing our own internal control arrangements as well. So, they are reporting to us on three separate things. I am happy to disclose cost if the committee is interested: it is £30,000 per year for the three years.

[199] **Darren Millar:** Okay, Oscar?

[200] **Mohammad Asghar:** Yes.

[201] **Darren Millar:** May I just ask to what extent you are going to emphasise the importance of whistleblowing in identifying problems in smaller bodies, such as Caldicot and Wentlooge and others that have come to the committee's attention?

[202] **Mr Barrett:** That is a very important issue, and, frankly, it is not only in small bodies. It is often said, when things go wrong, 'Where were the auditors?'. We cannot be there every day for every decision at every meeting, and we do rely upon, to a certain extent, members of staff, contractors and members of the public bringing issues to our attention. So, it is very important. We have just had a look at our own whistleblowing arrangements, and we have just produced a glossy two-sided leaflet that we are going to publish on our website. It also provides information for smaller bodies on how they can improve their whistleblowing arrangements, and on some of the legislative changes that have happened over the last year that people need to be aware of. Therefore, we will also help to promote that.

[203] **Darren Millar:** Okay. That is really useful. Obviously, Members were concerned that Caldicot and Wentlooge—for whatever reason—had fallen through the net. However, I think that you have done a lot of work to try to repair the holes in the net, and it has certainly given me some assurance. Are there any other questions? I see that there not. In that case, thank you very much, Anthony and Mike, for the update—we really appreciate it.

10:20

Papurau i'w Nodi
Papers to Note

[204] **Darren Millar:** We have a few papers to note, namely the minutes of our meeting on 28 January, and a copy of the letter from the auditor general, which was circulated, and discussed, last week. I will take it that those are noted.

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

[205] **Darren Millar:** I move that

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

[206] I see that there are no objections.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:20.
The public part of the meeting ended at 10:20.