



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

## **Y Pwyllgor Iechyd a Gofal Cymdeithasol** **The Health and Social Care Committee**

**Dydd Mercher, 30 Mai 2012**  
**Wednesday, 30 May 2012**

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

**Aelodau'r pwyllgor yn bresennol**  
**Committee members in attendance**

Mick Antoniw	Llafur Labour
Mark Drakeford	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Rebecca Evans	Llafur Labour
Vaughan Gething	Llafur Labour
William Graham	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour
William Powell	Democratiaid Rhyddfrydol Cymru (yn dirprwyo ar ran Kirsty Williams) Welsh Liberal Democrats (substitute for Kirsty Williams)

**Eraill yn bresennol**  
**Others in attendance**

Kevin Barker	Arolygydd, Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru Inspector, Care and Social Services Inspectorate Wales
Mandy Collins	Dirprwy Brif Weithredwr a Chyfarwyddwr, Archwilio a Rheoleiddio, Arolygiaeth Gofal Iechyd Cymru Deputy Chief Executive and Director, Inspection and Regulation, Health Inspectorate Wales
Dr Owen Crawley	Prif Gynghorydd Gwyddonol (Iechyd), Llywodraeth Cymru Chief Scientific Adviser (Health), Welsh Government
Gerry Evans	Cyfarwyddwr Rheoleiddio a Safonau Proffesiynol, Cyngor Gofal Cymru Director of Regulation and Professional Standards, Care Council for Wales
David Francis	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru Assistant Chief Inspector, Care and Social Services Inspectorate Wales
Lesley Griffiths	Aelod Cynulliad, Llafur, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol Assembly Member, Labour, the Minister for Health and Social Services
Peter Higson	Prif Weithredwr, Arolygiaeth Gofal Iechyd Cymru Chief Executive, Health Inspectorate Wales
Imelda Richardson	Prif Arolygydd, Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru Chief Inspector, Care and Social Services Inspectorate Wales
Alison Strobe	Cynghorydd Therapi Cymru, Llywodraeth Cymru Therapy Adviser for Wales, Welsh Government

Rhian Huws Williams Prif Weithredwr, Cyngor Gofal Cymru  
Chief Executive, Care Council for Wales

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

Stephen Boyce	Y Gwasanaeth Ymchwil Research Service
Fay Buckle	Clerc Clerk
Llinos Dafydd	Clerc Clerk
Claire Griffiths	Dirprwy Glerc Deputy Clerk
Catherine Hunt	Dirprwy Glerc Deputy Clerk
Victoria Paris	Y Gwasanaeth Ymchwil Research Service
Lisa Salkeld	Cynghorydd Cyfreithiol Legal Adviser
Meriel Singleton	Clerc Clerk
Philippa Watkins	Y Gwasanaeth Ymchwil Research Service

*Dechreuodd y cyfarfod am 9.00 a.m.*

*The meeting began at 9.00 a.m.*

**Cyflwyniad, Ymddiheuriadau a Dirprwyon**  
**Introduction, Apologies and Substitutions**

[1] **Mark Drakeford:** Bore da a chroeso i chi i gyd i'r Pwyllgor Iechyd a Gofal Cymdeithasol. Rydym wedi derbyn ymddiheuriadau gan Kirsty Williams a Lindsay Whittle. Bydd Mick Antoniwy chydig yn hwyr, ond mae ar ei ffordd. Croeso i William Powell i'w gyfarfod cyntaf o'r pwyllgor hwn.

**Mark Drakeford:** Good morning and welcome to you all to the Health and Social Care Committee. We have received apologies from Kirsty Williams and Lindsay Whittle. Mick Antoniwy is running a little late, but he is on his way. I welcome William Powell to his first meeting of this committee.

9.01 a.m.

**Gwasanaethau Cadeiriau Olwyn yng Nghymru—Tystiolaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Wheelchair Services in Wales—Evidence from the Minister for Health and Social Services**

[2] **Mark Drakeford:** Rwyf am fwrw ymlaen gan taw hanner awr yn unig sydd gennym gyda'r Gweinidog, Lesley Griffiths. Croeso iddi hi. Gyda hi'r bore yma mae Dr Owen Crawley, y prif gynghorydd gwyddonol, ac Alison Strobe, cynghorydd therapi Cymru. Y bore yma byddwn yn dilyn

**Mark Drakeford:** We will press ahead, because we only have half an hour with the Minister, Lesley Griffiths, whom we welcome. With her this morning are Dr Owen Crawley, the chief scientific adviser, and Alison Strobe, therapy adviser for Wales. This morning, we will follow up the meeting

y cyfarfod a gawsom ar wasanaethau that we had on wheelchair services in Wales. cadeiriau olwyn yng Nghymru.

[3] I gently remind Members, as we start, that this is not a general scrutiny session of the Minister on wheelchairs, but a follow-up session to our one-day inquiry. We did not originally expect to hear directly from the Minister, but a series of issues emerged on that day, and Members felt that it was important to have a chance to follow those up with her. So, I am looking to Members to identify the issues that we felt emerged most strongly that day and to ask the Minister to respond to some of those.

[4] **Vaughan Gething:** Good morning, Minister. I would like to start by talking about one of the issues that was raised in the morning with us and that was the way in which the assessment was done, whether it was clinically or medically led and the extent to which it took into account the social needs of the wheelchair user and the social model. In particular, one of the pieces of evidence that stuck with me was an explanation about posture and about how the most helpful posture for the spine was quite uncomfortable, which meant that the wheelchair user could not use their chair for more than a couple of hours at a time, and that that was a real disincentive and affected the ability of the user to socialise. So, I am interested in the position that the Government takes in terms of giving leadership and guidance to groups about the balance between the clinical or medical need and the social need of the individual who will be using the chair.

[5] **The Minister for Health and Social Services (Lesley Griffiths):** It is a clinical service. I know that the view from the artificial limb and appliance service is that the current funding is for essential wheelchair use. As a clinical service, it is about meeting people's health needs, but every effort is made to take lifestyle and social models of disability into consideration. However, most of the funding, it would say, is targeted at a person's health needs. We would love to be able to provide everything for everybody, but the focus is on the clinical service.

[6] It is worth noting that, of the four UK countries, Wales offers the widest range of equipment. There are 148 different types of wheelchairs available. Alison might be able to say a bit more about that later. I am due to visit the ALAS centre at Wrexham on 21 June, but I know that, in the Cardiff warehouse, there are pink and green wheelchairs, and ones with a *Doctor Who* theme—a huge variety of wheelchairs targeted at children. We offer a huge range of equipment. This is deliberately done to enable clinical need to be met, but also to maximise independence for the service users. As you are probably aware, we are having a new service specification that will be out next month, and lifestyle issues are being taken into consideration as we develop that. There are also two workshops that Alison convened with the National Leadership and Innovation Agency for Healthcare to meet with community stakeholders. That is another issue that can be addressed at that time within the workshops. There is one in north Wales and one in south Wales.

[7] **Vaughan Gething:** Just to follow up, it was put pretty clearly to us, not just by the College of Occupational Therapists, but by others who agreed that unless the performance targets that are used to monitor and assess the service include a social element for the use of the chair and an assessment by the user themselves, then the clinical need would override everything else. It would then effectively be only the clinical need that was driving the assessment. I am encouraged, I think, to hear what you are saying, but I would be interested to know whether it would be part of how the service is assessed, and what is being done to deal with the social needs of the individual.

[8] **Lesley Griffiths:** It is not currently a performance target, but it is something that can be looked at within the workshops, to see whether that could be put into the assessments.

[9] **Ms Strode:** It is an issue, and I totally understand what the issue is about. However, the Minister is right—first and foremost, the money is there for the posture and mobility side of things. There is a conversation to be had with the professionals involved—to have all those groups of professionals in a room—to look at the issues that we need to be dealing with. Is it that the Artificial Limb and Appliance Service is not taking these things into consideration? It is my understanding that it is, but not to the extent that some of the community therapists would like it to. That is the conversation to take forward.

[10] **Darren Millar:** Thank you for your paper, Minister. I want to ask you about the situation in north Wales. The evidence that we have received seems to suggest that north Wales was lagging behind in terms of the progress that is being made, and that while there has been reasonable progress on the provision of children's wheelchairs, which was obviously encouraging, adult wheelchair waiting times, particularly for assessments, were very unsatisfactory, and there was a 52-week wait at the time that the committee received evidence. We also had some evidence that this might be due to the resourcing of the north Wales wheelchair service. What are your thoughts on that and what action are you taking as a Government in order to improve the referral-to-treatment times, particularly for those adults in north Wales?

[11] **Lesley Griffiths:** You referred, first, to the progress that has been made with children, and we now have a six-week waiting list across Wales, which is very encouraging and very welcome. However, you are absolutely right that the waiting time for adults in north Wales, although it has been halved—it was 104 weeks and it is now down to 52 weeks—is still far too long. This is an area that needs a lot of focused work to bring those times down. NLIAH has been into south Wales and done some analysis of capacity and demand, and that freed up 15% of clinical time. It is going to go into north Wales and do the same, so I am hopeful that there will be a similar reduction.

[12] You are quite right about the funding. The extra, recurrent funding that my predecessor announced, which came in in June last year, was primarily targeted at children's waiting times, and that is why we have seen this big reduction. In relation to funding, when I looked into this, I was surprised to see that we do not have specific figures for wheelchair funding—it is for the whole service of ALAS. If you look at the block contract funding for south Wales, it works out at £6.34 million per million of population served, and in north Wales it works out as £7.03 million per million of population. The extra funding from the Welsh Government's posture and mobility review is £545,000 per million of population in south Wales and £875,000 per million of population served in north Wales. So, the share of the funding does not indicate to me that north Wales has been underfunded in relation to its user base or the population it serves when compared with south Wales, but there is still further work to do regarding lean processes and that will be done in the near future.

[13] **Darren Millar:** May I explore that a little more? I appreciate the figures that you have just provided and I would like to discuss those with you, but is not the number of wheelchair users in north Wales higher per head of population, because of the age profile and other demographics?

[14] **Lesley Griffiths:** No. It is 48,000 in south Wales and I have 18,000 in north Wales. Obviously, north Wales serves a population of 800,000, whereas south Wales serves a population of 2.2 million.

[15] **Darren Millar:** So, there does not seem to be any disparity in terms of a higher number of users per head of population. Okay, that is interesting.

[16] Do you have a timescale by which you expect the service in north Wales to improve, to reduce the waiting times there for adults?

[17] **Lesley Griffiths:** We will be looking over the next year to see a reduction in adult waiting times. Extra staff have gone in to bring down waiting times for children, and that will have an impact on the adult waiting times. As I have said, NLIAH will be working with them to look at the lean process—I think that it is going in next month. Once its people have gone in and done the same analysis in north Wales as they have done in south Wales, I will want to see, over the next year, a reduction in the waiting times.

[18] **Darren Millar:** On the waiting time targets that are being used, something that astonished the committee was the fact that waiting times were not being tracked. We were told that they would start to be tracked effectively from April, which is very disappointing, given that it was over two years ago that we had the original inquiry. The Government made some clear commitments and, for whatever reason, those commitments were not even being measured.

[19] We also heard that the referral-to-treatment time being worked to was 26 weeks rather than the 18 weeks indicated. For some reason, the goalposts seem to have shifted. Can you explain the rationale behind that? I have seen some reference to the fact that you think it unfair to measure ALAS against things that are outside its control. Can you explain what you mean by that?

[20] **Lesley Griffiths:** You will be aware of the phase 2 report that recommended the phased implementation of the waiting time standards. It initially concentrated on reducing component waits—as you say, the referral to assessment—before we implemented the referral-to-delivery target of 18 weeks for 90% of complex wheelchairs. Before we can do that, we need to identify where we can be efficient, and that is the whole point of having NLIAH going in to analyse things to ensure that we get this lean process. However, further detailed work will be undertaken, and the delivery and support unit will discuss this with the all-Wales posture and mobility partnership board, which is due to meet again at the end of June. Alison, perhaps you could say but more about the partnership board.

[21] **Ms Strode:** It is my understanding that this piece of work was part of the work stream and that it was then agreed by the partnership board. The partnership board has a significant number of service users on it, so they were part of that agreement.

[22] **Darren Millar:** The point is that there was an 18-week target, and the goalposts have now shifted to a 26-week target.

[23] **Dr Crawley:** Alison and I came to this in September after some internal staff changes. However, looking back to the phase 2 report and the various annexes, it did recommend reducing component waits and it then said that further work would be necessary to identify the efficiency and resource implications of adopting the suggested waiting times. So, actually, it was not an absolute in the phase 2 report's recommendation.

[24] What Alison was saying is that further work was done on this by a sub-group of the partnership board, which came up with a table—I think that you have seen it—setting out various component waits with an overall ceiling of 26 weeks. That was in line with the recommendation for doing the further detailed work that was in the phase 2 report, and that was the outcome of it, as agreed by the partnership board. As we understand it, that was following the process that the phase 2 report recommended, and that was the outcome of it.

[25] **Darren Millar:** Okay, that clears up why we are at 26 weeks rather than 18 weeks.

[26] I have one final question, and it concerns the role of therapists in reducing waiting times. We heard evidence from occupational therapists, physiotherapists and so on that they

might be able to be skilled up, as it were, to provide certain assessments out in the community to reduce assessment waiting times. Is that something that the Government has given consideration to?

9.15 a.m.

[27] **Lesley Griffiths:** Yes. I think that they have a huge role to play. For the workshops that I mentioned, of which there will be one in north Wales and one in south Wales, we will get everyone in—all the therapists, physiotherapists and occupational therapists; all the health professionals—to try to find out what the problems are and to attack those problems. I think that it was the occupational therapists who wanted to look at level 3 training, so that is an issue that we can look at and I am very keen to follow that through.

[28] **Elin Jones:** I would like to go back to waiting times, which are currently approximately 17 weeks from referral to assessment in south Wales and approximately 52 weeks in north Wales, which is a huge difference. This may sound a bit naïve, but can south Wales not help out north Wales, to a certain extent? My experience is that the boundaries defining north and south Wales seem to be a bit strange. I think that it cuts through my constituency, so half of my constituency is in north Wales, which has never made much sense to me. Is there any scope to reduce what is probably a backlog and for one to help the other? We are one country, after all.

[29] **Lesley Griffiths:** Yes. I think that you are right. We have looked at the situation in south Wales and have managed to get 15% more clinical time from looking at lean processes, and we are going to do the same thing in north Wales. However, I am sure that that is one aspect that can be discussed at the partnership board, which can look at the lessons that can be learned. You will be aware from other discussions that we have had that I am setting up a best practice and innovation board. Once again, if we see that there is best practice in south Wales that is not being applied in north Wales, that is something that we can consider and we can send the board in to take a look at that. It is very stark; as you have said, it is 17 weeks in south Wales and 52 in north Wales.

[30] **Elin Jones:** That is all fine and to be commended, but I was struck by the question as to why, for a very short period of time, those people who are towards the latter end of that 52 weeks could not be looked at as a case on which south Wales could provide some support, just to reduce the waiting time in north Wales, as a short-term measure.

[31] **Lesley Griffiths:** Are you saying that they should go to south Wales for assessment?

[32] **Elin Jones:** Yes. There should be some way for one to help the other. I do not know whether the bureaucracy works that way; perhaps it does not.

[33] **Lesley Griffiths:** No, I do not think that it does.

[34] **Mark Drakeford:** It may be worth having a look to see what can be done.

[35] **Lesley Griffiths:** Yes, it may be worth having a look at that when we are looking at the analysis to see whether we can get a leaner process.

[36] **Rebecca Evans:** The previous health committee recommended that the short-term loan arrangements should be reviewed. This is being taken forward through a series of pilot projects funded by the Welsh Government and being taken forward by the British Red Cross and the NHS. How are you monitoring those pilot projects and how are you communicating the prioritisation of those projects to the local health boards and encouraging the collection and analysis of data?

[37] **Lesley Griffiths:** The loan group is convened in north Wales by Betsi Cadwaladr University Local Health Board. The group that looks at this quality assures it and reports progress to the partnership board, which meets quarterly. It is due to meet again at the end of June. We encourage the data to be looked at by the partnership board. Alison attends the partnership board, so she will say a bit more about that.

[38] **Ms Strode:** I am quite involved with this project, because the funding to look at this comes directly from the Welsh Government. The project plan has been agreed with us and is working very well. As the Minister has said, the short-term loan group that has been convened is a group of therapists, all of whom are involved with the pilot sites. So, they are getting together locally to ensure that the data are being looked at and that the project is moving forward. My understanding is that it is going very well.

[39] **Rebecca Evans:** Part of the purpose of the pilot projects was to develop some draft eligibility criteria. Can you give us an update on that particular strand of the work?

[40] **Ms Strode:** My understanding is that the project lead has gone to the three pilot sites to look at what is already there with a view to bringing that together so that we are not reinventing the wheel, to look at bringing out of that good practice what they could use. So, that is my understanding of where they currently are with that.

[41] **William Powell:** The committee has received quite a lot of encouraging news on joint working between ALAS and the British Red Cross. What will the Welsh Government do to encourage the development of such joint working, which could impact positively on issues like waiting times at a time when resources are so scarce?

[42] **Lesley Griffiths:** Alison just mentioned that work is going well. Obviously, we are keen to work with the third sector. The British Red Cross in north Wales is an excellent group. So, I do not think that there is much more to add to what Alison said.

[43] **William Powell:** In terms of developments across Wales, is there evidence that that is also coming forward in mid and south Wales on an even basis?

[44] **Ms Strode:** A lot of effort has been made by both ALACs to work with other third sector groups, not just with the British Red Cross, and with therapists out in the community. So, it is central to what it does, because it cannot work on this alone. I am very pleased with the progress that has been made in terms of those developments.

[45] **Mark Drakeford:** I have two questions arising from our one-day inquiry. First, that one-day inquiry seemed to flush out a lot of good news on what had been achieved in the wheelchair service since the committee first reported on it. However, it was a bit strange to find that even organisations that are close to this field and take an interest in it have not heard about quite a lot of the good things that are going on. So, there is a question about communication for you there. Darren has already referred to the struggle that we have had to understand referral-to-treatment issues in this field. We have sort of got there now, with a bit of a complicated note about it all, but that was another communications issue—there was an answer there somewhere, but it was quite hard to find. So, are you satisfied that communication lines from the service to those who use it are good enough and is anything being done to improve them?

[46] My second question is slightly different. My feeling about the day was that, in the morning, we heard some strong evidence from some very committed individuals in the voluntary sector and in the mainstream service doing some very good work and achieving quite a lot. However, in the afternoon, we took some evidence about looking ahead, asking



what the strategic grip on this agenda was and what plans there were for doing more in the future with the money that the Government had made recurring and so on. People can disagree with me if I am getting this wrong, but my feeling was that we had a much less strong sense in the afternoon from those witnesses we talked to on that score. So, there is a lot of good news on what has been done so far, but a rather weak grip on the agenda and on planning to do something that will build on that achievement in the future. So, are you satisfied that the arrangements in place to give you the service that you will be looking for are sufficiently robust?

[47] **Lesley Griffiths:** First, on communication, it is safe to say that we need to make more progress on that. You are quite right that we need to ensure that people are aware of the excellent work that has been done up to now. That is not to say that more does not need to be done, because it does. I think that communication has improved since your session in March, but it can be further improved, and without delay. The first thing that we can do is ensure that the Welsh Health Specialised Services Committee improves its website. That can be developed so that the partnership board's agendas are published on it as well as the approved minutes and the schedules of forthcoming meetings. It should also be able to publish on its website information about the modernisation work that is being undertaken. The reports of the Welsh Health Specialised Services Joint Committee are already on that, so that has already been done. Performance data should also be on the StatsWales website.

[48] We have also set up a task and finish group by the two services so that they can put the information that they have on their websites. That work could then be fed into the service user workstream. I have mentioned the two workshops several times, and that is another area where we can address communication. There are many service users on that partnership board, and it is important that they have the message from officials and other people on the partnership board so that they can then take out the message.

[49] In relation to your afternoon session and whether am I satisfied, the focus now has to be on delivery. We do not need any more strategies or plans. It is about implementing phase 2 and ensuring that we have got that right. It is about practical things, such as ensuring that the referral form is correct so that the correct assessment is done. Officials are working through that. I will raise that in my next monthly meeting with the chairs, because it is very important that the good work that we have done is built on. So, it is very important that the people involved at the top are aware that that has to be the way that we go.

[50] **Darren Millar:** One thing that we have not talked that much about and which we have received only limited evidence on, to be fair, was people who were perhaps waiting for a second wheelchair. They already had one piece of equipment and were waiting for a reassessment for another one. There is no automatic reassessment process, apparently, we were told during the evidence sessions, and that was a cause for some concern. In addition to that, there appeared to be issues with the repair service, particularly in north Wales. It seemed to have improved significantly in south Wales since the service was taken in-house but, in north Wales, the evidence was quite sketchy and it seemed to suggest that people were waiting for long periods. They pointed to some tools that suggested that there were no problems, but when we challenged them about whether that information was audited, they said that it was not, and they said that it was provided by the contractor who had the contract to deliver the service. So, it is unsurprising, really, that it was painting a glowing picture of its contract delivery. I wonder whether, in the final two minutes that we have with you, you might be able to tell us a little bit about those two things.

[51] **Lesley Griffiths:** My understanding is that the north Wales service is excellent. It has decided that it did not want it in-house and that the most sustainable way was to have an approved repairer contract. Looking at emergency repairs, certainly, 100% were undertaken in 24 hours.

[52] **Darren Millar:** With respect, Minister, those emergency repair measurements were taken by the contractor, and I know, from personal experience in my constituency, that it is not the case that 100% was achieved, because I have three constituents, at least, who were waiting for emergency repairs and who did not receive them for many months.

[53] **Lesley Griffiths:** Well, I would like you to write to me on that, and I will take it up. I have been given assurances that emergency repairs were dealt with within 24 hours and non-emergency repairs were dealt with within three days. If that is not the case, I would want to know, and I will take that up with the north Wales ALAS.

[54] **Mark Drakeford:** We were certainly told that there was no independent audit. These are figures supplied by the companies. They may well be absolutely accurate, but there was no check in the system.

[55] **Lesley Griffiths:** Well, we need to have a check in the system, and I will take that up with the service.

[56] **Mark Drakeford:** That was a really useful half an hour. Thank you, Minister, for taking all those points, all of which had arisen directly from the evidence that we have taken. We will now go on and complete our report and hope to have it published before summer. I did not say which summer. [*Laughter.*] Thank you very much indeed, Minister.

9.30 a.m.

### **Ymchwiliad i Ofal Preswyl i Bobl Hŷn—Tystiolaeth gan Reoleiddwyr ac Archwilwyr**

#### **Inquiry into Residential Care for Older People—Evidence from Regulators and Inspectors**

[57] **Mark Drakeford:** Croeso i chi gyd i'r Pwyllgor Iechyd a Gofal Cymdeithasol. Dyma'r unig gyfle sydd gennym i glywed tystiolaeth gan y rheoleiddwyr ac arolygwyr. Felly, croeso arbennig i Imelda Richardson, prif arolygydd Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru, David Francis, prif arolygydd cynorthwyol Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru, a Kevin Barker, hefyd o Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru. Croeso hefyd i Peter Higson, prif weithredwr Arolygiaeth Gofal Iechyd Cymru, a Mandy Collins, dirprwy brif weithredwr a chyfarwyddwr archwilio a rheoleiddio yn Arolygiaeth Gofal Iechyd Cymru.

**Mark Drakeford:** Good morning and welcome to the Health and Social Care Committee. This is the only opportunity that we will have to take evidence from regulators and inspectors. Therefore, a particular welcome to Imelda Richardson, chief inspector of the Care and Social Services Inspectorate Wales, David Francis, assistant chief inspector of the Care and Social Services Inspectorate Wales, and Kevin Barker, who is also from CSSIW. I also welcome Peter Higson, chief executive of Health Inspectorate Wales, and Mandy Collins, deputy chief executive and director of health inspection and regulation at Health Inspectorate Wales.

[58] Mae gennym awr a chwarter ar yr agenda y bore yma i holi cwestiynau i chi. Croeso i unrhyw berson siarad yn Gymraeg neu'n Saesneg, fel arfer. Gofynnaf i Imelda a Peter wneud unrhyw sylwadau agoriadol byr sydd ganddynt, cyn troi at yr Aelodau ar

We have an hour and a quarter on the agenda this morning to ask questions of you. Everyone is welcome to speak in Welsh or in English, as usual. I will ask Imelda and Peter whether they have any brief introductory remarks, before turning to committee

gyfer cwestiynau.

members for questions.

[59] Imelda, do you want to begin with any brief introductory remarks that you may have? I thank all of you for the joint written evidence that we have received, which Members have had a chance to read. Do you want to draw any points to our attention in brief opening remarks, before we move on to the questions?

[60] **Ms Richardson:** Thank you, Chair, for the invitation to give evidence to the committee on this really important issue for us as inspectorates. Within the time available, we would like to have a chance to talk about the modernisation of the regulation that we are going to undertake in CSSIW.

[61] **Mr Higson:** Just to echo what Imelda said, I thank you for the opportunity to present the evidence. Together, we tried to clearly demonstrate that, as health and social care inspectorates, we are concerned with the pathway of the care of older people. Our reports and evidence reinforce that, I hope, as well as our responses to the questions today.

[62] **Mark Drakeford:** Thank you. You should be aware that, alongside the committee's work, we have an external reference group made up of people who are direct users of these services. They have been tracking our work and have been providing us with suggestions and comments. Of the all organisations that we are seeing as part of the inquiry, we have had more things coming from them in relation to your work than anything else. So, we will try to feed some of their questions to you as part of this morning's session. Does anyone want to kick off? Lynne is first, then Darren.

[63] **Lynne Neagle:** I have some questions for CSSIW on the processes that are used. First, you state in your paper that service users can come to you directly if they have an issue that they want to raise. How does that work if someone contacts the inspectorate with an issue of concern? You refer later on in your paper about the changes that are to be made to the inspection regime. Could you say a little more about how that will differ from what is currently in place and how it will improve things for service users and their families? I also have another point that I want to raise. We took evidence a few weeks ago from trade union representatives who are concerned about the staffing ratios in residential homes. There seems to be some confusion about whether there is a set ratio of staff to residents. Can you say how you look at that in the inspection process and how you ensure that there are enough people on a shift at all times to look after the people there?

[64] **Ms Richardson:** We take up concerns wherever they come from, through the inspection process and external to the inspection process. In the modernisation work that we did, we determined to make more time available in our inspection process to spend with people who are using the services as well as with staff. So, the focus of our inspections is now on spending time with people and hearing about their experiences and the outcomes of their care, as well as on hearing from the staff who are providing the care. So, we have a lot more information from the back-office functions. We have a statement from each provider annually and a data return. We have that information ready and we then do a risk assessment of the home. We focus our inspection in two ways. There is the baseline inspection, which covers all four of the quality themes that we have sent you information on. Those are the quality of life for the people in the care home, the quality of the staffing, the quality of leadership and the management of the home, and then the quality of the environment. All that means that we have much more time to engage with people and hear what it is like for them.

[65] The concerns are wide ranging, and some of them can be settled at the end of the inspection by having a discussion with the staff and the manager. Some of the concerns may come to us external to the inspection. If the concern is about safeguarding, we take immediate action and get in touch with the local authority and go through the protection of vulnerable

adults process. If it is about a contractual issue, we do the same with commissioning. If it is a series of concerns about things being not quite right in the home, we will carry out a specific inspection to look at the concerns. We will inspect in a focused way to do that and then write a report or a letter to the complainants and to the care home indicating our findings.

[66] That is a real step change from the way in which concerns used to be dealt with. Concerns used to be sent back to the registered provider to deal with as internal contractual issues between the provider and the resident. A process was followed and letters would be written, but the letters would be to the complainant. Nothing was ever put in the public domain. Given how we have developed our processes now, we will have public assurance, as these concerns and how they were dealt with will be in the public domain. That is a much more open and transparent system. Those are part of the changes.

[67] The second type of inspection is a focused inspection. As I say, it may be about concerns, but a focused inspection could also be about issues that have been raised by people, issues about which we are concerned or issues that are part of a thematic piece of work, such as we did previously on infection control. There are levels of inspections now that we can manage much more closely and much more easily.

[68] Staffing ratios is a really interesting issue. There are no staffing ratios. There are no legal powers to set staffing ratios. The regulations say that staffing must be 'appropriate' to the assessed needs of the people concerned rather than that there must be X number of staff for Y type of resident. So, there is not a staffing ratio for dementia care. There is not a staffing ratio for any kind of care other than in the sense that we look at the assessed needs of the people who are resident, through their care plans, and check, as we assess it, whether there are appropriate levels of staff on duty at any one time. Obviously, there are particular periods of time when it is important to be able to visit out of hours to check on that.

[69] **Mark Drakeford:** Is that a good or a bad thing?

[70] **Ms Richardson:** It is barely a good thing. There are models in other places of ratios and they tend to be set contractually through commissioners.

[71] **Lynne Neagle:** I have heard your answer about looking at the individual assessments, and it is reassuring that you are doing that. I assume that it takes a bit of time when you go into the homes to check that everything matches. Particular concerns were raised with the committee about night times. I am sure that, however much out-of-hours work you do, you are not going to the homes at night. So, how do you check that those pressure points are covered?

[72] **Ms Richardson:** We have gone into homes—

[73] **Lynne Neagle:** Oh, you have. In the night?

[74] **Ms Richardson:** Yes, and early mornings. We will go in to check that X number of staff are on duty that night as per the duty roster, which we will have checked. We will go and check to see whether they are there. Sometimes, we may have evidence or people may let us know that that is not the case, so we will go and check.

[75] **Rebecca Evans:** Can you clarify whether these checks are unannounced or do you let them know that you are coming in advance?

[76] **Ms Richardson:** We have both. We have unannounced inspections. Announced inspections are not a good idea, because we would all get ready and prepare as well as we could, would we not? We want our inspections to be unannounced and we can make them

unannounced, although some people try to predict when we are coming.

[77] **Rebecca Evans:** What proportion of your inspections is unannounced?

[78] **Mr Francis:** Virtually all our inspections are unannounced. The only inspections that we announce are to agencies, for example, fostering and adoption agencies, where you need a great deal of planning. So, the vast proportion—it must be some 97%—is unannounced.

[79] **Mr Higson:** We regulate independent healthcare referrals, but we have similar regulations to those for social care. The regulations on independent healthcare were revised and reissued by the Welsh Government in 2011, and the reference to staffing in those is about its being adequate and sufficient. I would make the point that, in any care setting, there are legal requirements about administering medication and such things, which require qualified staff to be on duty. Thus, there is a backstop as well of what has to be there, legally, as a minimum.

[80] **Mr Francis:** May I amplify the point that Imelda made earlier? Going back to this issue of concerns, we now have an internal process that was not there before in which we analyse the incoming concerns. If a person raises one, we look at it in the context of its urgency and what is known about the service. One thing that we have introduced in the last year is a risk profile of our services. It is quite robust, particularly on services for older people. That means that we can decide whether to go in. If it is an issue about staffing, we will go in in the middle of the night, but we will know whether it is a good provider. If you look at the shape of our providers, you will see from some of the evidence that we have given you that there is a small proportion that we and commissioners know are repeatedly causing concerns, and so, in those situations, we will be more robust in how we decide to act, and we will take that quite seriously.

[81] The other point about concerns is that, historically, we have spent a great deal of time investigating complaints on behalf of people who raise concerns with us. The problem with investigating complaints is that we have often failed to satisfy the complainant, because we could not prove that on such-and-such a day something had happened and if we could not prove that it had not happened, the provider would not be happy. So, we are now looking at the concerns that come in in the context of what they tell us about running the service. If one person has had an issue around tissue viability, how about other people? We broaden it to undertake investigations focused on the issue, rather than on the individual. We think that that gives a much more rounded impression. There may have been a care failure in respect of a particular person, but that does not mean that the rest of the service is not working. However, it often is an indication to us, when we look more broadly, that there is more evidence of failure.

9.45 a.m.

[82] We work closely with the commissioners and we know which services are of concern. With some services, we are in there every week at the moment, at weekends and at night time, because of the level of concern. We have approached our work by freeing up the capacity for us to be more responsive, because in the past we had an onerous programme monitoring every standard every year, and by the time we had done that, we did not have the capacity to respond. So, we want to be more responsive to incoming concerns as a result, and we are using our risk assessment and our work with commissioners to target that activity.

[83] **Mark Drakeford:** Darren is next, and then Vaughan, and then other Members are also indicating that they wish to speak, so we will probably have to move slightly faster through the questions if we are to get through them all.

[84] **Darren Millar:** How difficult would it be for you to assess the financial viability of care homes as part of your inspection regime? The committee has received concerning evidence about large care home groups such as Southern Cross, and we know that, within large care home groups, individual homes may be very profitable while others may be very unprofitable. Is there an easy way to assess the financial viability of the homes?

[85] **Ms Richardson:** I would be a rich woman if I knew of it. Let us start at the beginning. We can check the financial viability of a new applicant through the registration process, and we have been very robust on that. Of course, nobody sensible would apply without having a good business plan, and so they tend to be in good order. What we are going to do with our new methodology is make sure that we inspect newly registered care homes within the first six months to see whether they are actually doing all the things that they said they would do. We will take compliance action from an early point, if necessary. So, raising standards when people come into the business, we can do.

[86] The financial plans of homes that transfer from large providers to other providers are already predicated on a model that I would say is broken. That is in the sense that Southern Cross separated off the estate from the care business, did it not, which then led to all the difficulties? That model is out there among large providers, so they are still having to pay debts, and so on. That is of concern because the viability of the business then requires them to have full occupancy, and that is not always going to be the case. So, the triggers to our looking at the financial viability of the business through inspection would be the information that we have on occupancy as well as any concerns coming through about the quality of the care. Is there a registered manager who is stable, or is the manager moving among a small group of care homes within that provider network? So, we will look at the triggers that indicate that a home is not running as well as it needs to, but, no, we have not got open-book accounting. Would it be useful? Yes, it probably would.

[87] **Darren Millar:** With the Southern Cross situation, when did you become aware that the viability of that group was looking tricky?

[88] **Ms Richardson:** It was known in the UK from the time that it was sold, I think.

[89] **Mr Francis:** We became concerned—

[90] **Ms Richardson:** I mean the financial model.

[91] **Mr Francis:** It became a live issue in about February or March of last year and, obviously, like everyone else, we rode the rollercoaster through till the November. In answer to your question, we brought in business expertise within Wales to look at the incoming operators, and, as with our financial assessments, traditionally, each individual care service was a profitable centre. It is not the case that we can say that these services were not profitable. We can assess the profitability of a particular cost centre or care service. That is not a problem. It is the background financial factors that are difficult to assess in the gearing of the loan ratios that may be operating.

[92] In the case of Southern Cross and Four Seasons, it was evident that both were carrying horrendous debts, because of other people and because of the set-up. With the banks loaning into that, and with the use of venture capital money in that, we could not say how it was going to bear down on the operation of the total business. However, in terms of our ability to say whether the financial plan is a fit one or whether a care service will operate, the answer is 'yes'. Imelda is right; the critical issue is the occupancy figure, and it is quite tight, at 85% to 90%. If you have a figure that is up in the high 90s, it is very profitable, but if you drop below 90% towards 85%, suddenly the service turns. It is a particular feature of these services.

[93] **Ms Richardson:** Some very simple inspection indicators would be to look at the menus and the amount of food being provided and to work out the weekly shop, how long it has been like that and whether it is going down—in other words, is less food being bought? We also note whether people stop buying as much food or have problems with paying for their utilities—that is, we note whether they default on those bills, not that we get that information necessarily. It is about the basics; if the basics are not covered—the food, utilities and the staffing—then that is a home that is at risk.

[94] **Darren Millar:** They seem very crude indicators, with respect.

[95] **Ms Richardson:** It is to do with practicalities on the ground and the safety of people.

[96] **Darren Millar:** Do you think that we may be able to get better financial information from providers, not from audited group accounts, which pool everything together, but by perhaps placing a requirement on large providers to provide a set of annual accounts that include properly apportioned costs from head office and so on by auditors?

[97] **Ms Richardson:** Absolutely; an annual account per home would be excellent.

[98] **Darren Millar:** That is not required at present, is it?

[99] **Ms Richardson:** That is not required at present.

[100] **Darren Millar:** Is that something that you would suggest is a good way forward?

[101] **Ms Richardson:** It would be a good way forward.

[102] **Darren Millar:** We have also heard a lot of information about dementia care, the increasing prevalence of dementia and the fact that you have to be registered separately as a dementia care provider. This can cause problems for the non-dementia care provider, particularly if someone acquires dementia while in residential care, or if you have a couple, one of whom has dementia, in need of residential care. It has been suggested to us that now might be the time to say that dementia is so prevalent that everybody ought to have the capacity to deal with dementia care residents. Is that something that the inspectorate recognises?

[103] **Ms Richardson:** Absolutely. Not only do we recognise it, we would promote the fact that categories, as they exist—they exist without any legal basis; they have become custom and practice—could be done away with. We have had some research done by Bangor University, by Professor Bob Woods, into dementia care and the categories. As a category, we see that it serves no purpose. It continues to force the very problems that you have described, including setting people up through a medical model of care only, as opposed to a model of care that is about the whole person. So, yes, we would agree that categories should go and that dementia care should go as a category.

[104] **Mr Higson:** Also, it negates having any care at all in some parts of Wales, because the categorisation means that there are not any homes within a reasonable distance. So, it actually works against the best interests of individuals.

[105] Very briefly, with regard to your other questions, our dependence on social care is a fundamental part of our care pathway, yet it is managed by venture capitalists. I think that there is a question there about the fragility and volatility of a sector that we depend on being run by a very different financial regime with different financial requirements.

[106] **Darren Millar:** May I ask just one small follow-up question to that?

[107] **Mark Drakeford:** A very quick one.

[108] **Darren Millar:** That is quite a provocative statement. One of the issues that we have tried to look at is whether there is any issue regarding the quality of care provided by the private sector compared with the not-for-profit sector. Do you recognise any differences, are standards pretty good across the board, or do you think that there is a bigger problem in the private or the not-for-profit sector? Is it pretty consistent?

[109] **Mr Higson:** We can speak from the point of view of healthcare but not social care, for which I will defer to Imelda. Once again, there is variation, which is not linked to anything in particular. There are some very high-performing private sector healthcare providers but they also charge quite high amounts for that. There is not a cap on fees or limits on fees for healthcare as there is for social care, so there is a tendency to have something that is linked to the complexity and the need in mental health services, for example, but even there, there are situations where the care is not as good, but sometimes it can be better.

[110] **Darren Millar:** That can apply to either sector. So, venture capitalists can be very good at providing health services.

[111] **Vaughan Gething:** You are leaning on the witness. [*Laughter.*]

[112] **Darren Millar:** I am simply suggesting that it is irrelevant.

[113] **Mr Higson:** I put that on the table as a question to be considered, as a fundamental part of our health and social care pathway is potentially run by a very different financial regime in terms of what it is looking for as outputs and outcomes.

[114] **Darren Millar:** What about social care?

[115] **Ms Richardson:** The real difficulty is the one that David indicated: the background financial factors in terms of the debt and the occupancy rate and then the fee levels. The worst part of that is that that is the model in large provider organisations. It either works its way through or we do something about it.

[116] **Mark Drakeford:** I will ask two very quick questions on the financial side, in case we do not come back to it. Imelda, in the four quality strands that you inspect against, which you outlined to us earlier, where is the financial health of a care home captured?

[117] **Ms Richardson:** It is captured under leadership and management.

[118] **Mark Drakeford:** David, I would like to check something with you. In our next meeting, in north Wales, we may be taking evidence directly from the latest owner of the Four Seasons Health Care homes in Wales. Have I understood you correctly: did Four Seasons Health Care trade in its care home sector at a profit? Some figures suggest that it made £8,000 per year from the public purse for every bed space that was occupied. The problem was not with the day-to-day trading of its care homes, but that the profit that it was making was not enough to service its inherited debt.

[119] **Mr Francis:** Yes, absolutely.

[120] **Ms Richardson:** That is right.

[121] **Mark Drakeford:** That is much harder for you to see as regulators and inspectors.



You can see the first, but you cannot see the second.

[122] **Ms Richardson:** We spend a lot of time checking with Companies House to see how companies are changing, where they are going and so on. We would need a forensic accountant. We keep in touch with the financial pages as well. I remember following the Southern Cross stuff through *The Guardian*, but it lost the company in Gibraltar. These are debt traders, they are bond holders; we are way out of our depth here, but we do our best.

[123] **Mr Francis:** Interestingly, our business experts explained to us that, when the rapid acquisition was going on with both companies, many loans were taken out. The problem was that the value of the buildings, the business and the property dropped and, as it dropped, it suddenly entered into negative equity, as would be the case with a house. That is a problem. Our business advisers told us that, if the property market turned around and, suddenly, all of that property went back to its former value or escalated, these businesses would suddenly become very rosy and positive. I think that, with the Southern Cross case, a lot of the money that was coming back to many of the landlords involved was invested in the Irish building sector. So, this level of debt was bound up in international debts across the world. That was the problem: it was servicing debts due to property values.

10.00 a.m.

[124] **Vaughan Gething:** I will move on to a different subject. We have heard a lot about staffing, training, leadership and management, and the evidence from CSSIW bears that out. I am interested in the comments that you make about the fact that inspection findings generally indicate that staff are trained and qualified in accordance with registration requirements. What proportion are you talking about when you say ‘generally’? At what level are those standards not met? What action do you take as inspectors when you find that there is a default?

[125] The second point that I am interested in is the next part of your paper, which deals with training in specialist situations, particularly in infection control. You make the point about managers and staff not keeping up with up-to-date training, leadership and understanding of what is going on in the sector. We heard some very interesting evidence from providers about the importance that people who came to speak us placed on keeping up to date with training. I suspect that we heard from the good guys. I am interested in knowing, when you find these problems, what sort of action you end up taking as inspectors?

[126] Finally, how that is captured in the reports that you write? One thing that the reference group talked about was the way in which the reports are written, the simplicity of the language and how useful they are to people who are caring for a family member and are looking for a care home place. How well these things are captured will obviously influence the choices that they make. I will leave it at that, rather than ask a lot of follow-up questions.

[127] **Ms Richardson:** The themes that we have set out for our inspections focus on leadership and management as well as staffing, because all of the work, not just across registered care but also in our assessments of councils, shows that no-one goes anywhere unless the leaders are working properly, that they have a vision and a value about the organisation that they are running, and that they make that work by recruiting, training and supporting good people to do the work that is needed.

[128] The pivotal post for us is the registered manager. The registered manager must have a level 5 qualification, and the care sector was aware that this was needed for a number of years. However, when the deadline came, we had a lot of representations from people who were going to do the qualification but had not completed it, or were going to retire and therefore did not need to do it. We made some adjustments to the qualification, and when we went back we found that people had not done these qualifications, and that the person who

was going to retire had not retired. Therefore, we started compliance action.

[129] Parts of the care sector now feel that regulators are being hard, but regulators are regulating the law. You cannot have a care sector that says that it is really important to improve upon quality and provide good quality services without it underpinning that with properly trained staff. The pivotal post is the registered manager. It is very important that sufficient registered managers are recruited, properly trained and supported. Without them, the organisation of that home does not work as well as it needs to.

[130] Underneath that, staff need to be trained in the primary pieces of care—good hydration, good nutrition, good tissue viability, good infection control—as well as caring for and liking working with people, and making sure that they have an interest in their lives. So, everything around training is critical, and it is obviously a cost to the business as well. Some providers have difficulty in retaining their staff, because once they have qualified they might go somewhere else. However, a good home that is well managed by a good registered manager will retain its staff, because the focus and ethos of the home is about providing good quality care all round. So, it is really important.

[131] How we express all that in our inspection reports is changing. We are writing a new style of inspection report. We want it to be in plain language, and we want it to be readable and accessible for everyone. We also want to move to a point in the next year where we give a judgment rating on each of those themes. Within those themes, there are four domains so we look at 16 domains, and we will make a judgment so that everybody will be very clear which part of the home is working really well, which part may need some improvement and which parts are not working very well. That will be a real step change in Wales, because, for the first time, you will be able to know exactly how the inspectorate is judging homes.

[132] **Mr Francis:** One of the challenges for us is that most people expect that the best way to inspect services is to ensure that national minimum standards are met and that things are being delivered. Research has been done by the Personal Social Services Research Unit in Kent that says that there is often not much of a link between standards and outcomes for people. If you look at training, for example, we have seen lots of people who have NVQ level 2 or level 3 whose care and treatment of people in terms of dignity and support is woefully lacking. Training as an indicator as to whether people are good at delivering care is not necessarily right; it is often about the culture and the leadership, as Imelda says. So, to answer your question in terms of the way that our focused inspections are undertaken, we have been using an observational framework and looking at how people are being cared for, and triangulating that back to the training and support that staff are having. For example, in dementia care, a lot of the best training is through the work done by David Sheard, and is not stuff that you will find in NVQ level 2 or 3 manuals. There is not a common standard, but this is some of the better training that you could have. We look at the experience of people and how the care is being delivered and then check back to the training, rather than checking the training that has been done and assuming therefore that the care must be okay. That is the way that we are looking at it.

[133] **Ms Collins:** As Peter has mentioned, we do look at health care, but one of the key things for us is how we approach the inspection, how we ask the questions and how we discuss things with staff. Quite often, staff might not realise how important it is to have training in specific areas and what their personal responsibilities are. We use peers as part of our inspection process, who have a dialogue with individuals and who will hold a mirror up to them as well as to the organisation itself, and that starts to switch individuals on to the reason why training is important. They start to ask for training themselves, because they start to recognise their own responsibilities. That is key; it is about people owning their role and responsibilities.

[134] **Mark Drakeford:** Rebecca, did you have a question on this?

[135] **Rebecca Evans:** I think that you have started to answer it. Our inquiry reference group has told us that it was concerned that the views and morale of staff are not sufficiently taken into account during inspections. I was going to ask you to expand on how you canvass those views and how they are reflected in the inspection reports?

[136] **Ms Richardson:** We have changed our inspection processes and released a lot of inspection time in order to spend it on the floor with residents and staff. Therefore, we are hearing more from both of those groups, which we are recording. One of the unofficial indicators of that working has been that, in many of the provider organisations and conferences that David and I attend, we are receiving, unbidden, positive comments from providers, saying that, for the first time, they feel that the inspection has added value to their business, because we have spent time speaking to their staff and residents. In the past, I found it quite unusual for providers to be quite so effusive, but it is making an impact on the business, which is what the inspection should do: it should inform, but it should also be driving up improvements. Therefore, engagement with people—the owners, staff and residents—is a key part of our work.

[137] **Mr Barker:** Our inspectors want, and always have wanted to, spend as much time as possible with the people in the care homes and the staff working at the front line, but the structures and systems have to be in place to enable them to do that and for them to feel that doing that is what the job requires. We are now getting a balance, where our inspectors are spending less time in the manager's office, poring over information and talking directly to the manager, although some of that still has to be done. We talked about looking at staffing rotas and rosters earlier and some of that still has to be done, but people are spending, and have always wanted to spend, more time out in the service, observing and engaging where they can with the people who use the service because that is the best way to get an insight into outcomes. It is outcomes that training is meant to deliver.

[138] **Mick Antoniw:** Particularly in the larger homes, where trade unions will be organising the staff, how important is consultation with the unions as part of the inspection regime?

[139] **Mr Francis:** We have not featured that. One of the challenges that we have is that we do get drawn into staff, manager and provider disputes. Therein lies some difficulty for us because the evidence is not as reliable—there are a lot of personal issues going on within some of these care settings and they are quite intense in the way that they are. So, we do not do that; that does not feature.

[140] **Mick Antoniw:** So, there has never been any consultation with any of the unions about their views on issues that may be arising in homes?

[141] **Mr Francis:** No, that is not part of our standard practice.

[142] **Mick Antoniw:** Do you feel that that is an omission?

[143] **Mr Francis:** I think it would draw us into disputes that would be unhelpful.

[144] **Ms Richardson:** David is right; our engagement is such that the unions can come to us and speak to us about concerns, but David is right in that I think that it would draw us into areas that would not necessarily be helpful.

[145] **Mark Drakeford:** Are there differences in the health field?

[146] **Mr Higson:** We have links with the British Medical Association and the Royal College of Nursing and others as needed and we have a session coming up with the RCN in June, looking at the wider issue of how concerns are fed through to us in terms of healthcare generally. We have had regular contact with the BMA and I think that this is sometimes an issue about collecting intelligence more than particular issues of concern about settings, whether in the NHS or the independent sector. We are developing whistleblowing policies and I know that Imelda is as well. We are looking at them again, especially after Winterbourne View last year and the experiences that the Care Quality Commission had, so that it is clear what people can bring to us, how they can bring it to us and how we will deal with it. We are opening up the doors to all of that.

[147] **Mick Antoniwi:** One point that the unions made to us was that they had a series of concerns about issues relating to training and what was happening with staffing. Some of those overlapped and were the same as the points that you have made on staff training, staff perception and staff turnover and so on. On reflection, do you not think that it would be a good idea to have, as part of the regime, an organisation that represents the workers collectively and is, to some extent, one step removed from the feelings of reluctance that there may be among staff to speak openly?

[148] **Ms Richardson:** We do, as Peter says, have contact with the professional regulators of the people who are working in care homes, such as the Care Council for Wales. However, part of the difficulty of course is that social care workers do not have a professional regulation base. That may also be the other way to tackle this problem.

[149] **Mr Francis:** In response to your question, the proposal that you make is an attractive one, but the reluctance from our perspective would be that we have already got ourselves caught in all sorts of complicated disputes, through the whistleblowing, that have then gone to tribunal. We are then stuck with giving evidence or being used to try to settle things. So, there is a tension for us there.

[150] **Mark Drakeford:** Thinking about the point that Mick has raised, I might invite you to read the Record of Proceedings of the evidence that we took from staff organisations to reflect on the points that Mick has put to you, having read what they had to say to us.

[151] We will now go to William Powell, then to Elin Jones and William Graham.

[152] **William Powell:** I wanted to focus my questions on safeguarding and protection. One alarming aspect in your written evidence was the reference to the increase in allegations of abuse in the last couple of years. What, in your view, are the best strategies for dealing with that and for making progress?

10.15 a.m.

[153] On a related topic, in her submission, the Commissioner for Older People in Wales referred to her view that there was a problem with the operation of the Mental Capacity Act 2005. What are your views as to how advocacy services can be improved to address those concerns?

[154] **Ms Richardson:** The best way forward is in the proposed legislation in the social services (Wales) Bill, which is to put the protection of vulnerable adults on a statutory basis for Wales. That would improve the infrastructure for everything to do with safeguarding and raising the standards on the safeguarding. The safeguarding for vulnerable adults is complicated, and it can happen through different parts of legislation, and the Mental Capacity Act is one part of that. We report each year on how the Mental Capacity Act is working. It is a piece of legislation that is not regarded sufficiently within the social care sector. People are

not aware that, for example, locking someone in a room would be a deprivation of liberty, and they are not aware enough of the issues to do with capacity to set about getting appropriate advocacy on behalf of that person. It is about understanding the legislation and the roles and responsibilities that it gives to everyone and putting them into practice on a regular basis. Returning to where I started, putting the protection of vulnerable adults on a statutory basis in Wales could capture all of that in a more coherent way.

[155] **Mr Higson:** I would like to add that the protection of vulnerable adults has had far better understanding of those issues in the last few years. So, there is an issue about whether reporting is now happening as it should and whether it is being responded to appropriately by local action. On the Mental Capacity Act, we published our report from the previous year a few months ago, and the numbers of people who are assessed for capacity are still quite low, but so are they in England. There is an issue here about whether health and social care staff fully recognise when someone may lack capacity. Capacity is something that can shift; you can have it, lose it and regain it. It is a completed area, but it is so important. The numbers in Wales are quite low, and a tiny percentage of the number of people who are admitted to health and social care facilities are deemed necessary for consideration. Following our report, we have had discussions with officials and the Department for Health, Social Services and Children about how we can increase awareness with the NHS. The NHS, for example, has done a lot of training, but it is about on-the-ground clinicians and nurses picking up that there might be a capacity issue. It is important because this is about human rights. We are increasingly, between us, moving to a more human rights based approach to inspection regulation. There is more work to be done on mental capacity because, to deprive someone of liberty, unintentionally maybe, is still a major step, as well as not using advocacy services sufficiently and not raising awareness on the ground that it is an issue that could happen to any of us.

[156] **Mark Drakeford:** I am watching the clock so I would be grateful if you, Kevin and Mandy, could be brief.

[157] **Mr Barker:** On adult protection, the figure for the number of people who were referred for help who are living in care homes in the report was 36% in 2009-10. In the, as yet unpublished, data that we have for 2010-11 it is around 34%, so it is around the same level. It is important to, in no way, minimise the seriousness of the issue. It is important to recognise that there is a degree to which those figures will reflect a greater willingness to make referrals and a greater familiarity with the relevant procedures on the part of staff working in care homes. To a degree, they reflect the particular vulnerability of older people who live in care homes.

[158] The final point is that adult protection is one end of the continuum; safeguarding, in my view, is somewhere else on the continuum. What I mean by that is that the sort of stuff that David and Imelda have been talking about, such as the focus on quality and the way we do our work, is crucial in terms of safeguarding, because in so many of the examples that end up as adult protection cases you can see the way in which boundaries have been crossed earlier on to do with quality and neglect, for example, and perhaps associated with poor training for staff or poor levels of staffing within the service. We need to put as much focus on that quality aspect and prevention as we do on the very real and useful help that can be provided by legislation. Legislation will take us so far, but it needs to be coupled with all sorts of other things as well.

[159] **Ms Collins:** I want to pick up very quickly on some of the issues relating to capacity, such as training and awareness. To my mind, we should be empowering people to take ownership of their lives. We have just mentioned the fact that we know that the number of people with dementia is growing. With regard to capacity, we should be sitting down with those individuals when they have the capacity and talking through with them what they would

like to see as they go along that pathway to the end of life. We do not have enough of those difficult conversations with people early enough.

[160] **Elin Jones:** I want to ask you about new and emerging models of care. We have heard quite a bit in this committee about the potential and the development of work in this area. Your paper contains four short paragraphs on this. First, can you explain your current and future role in the inspection of jointly funded beds, intermediate care beds, perhaps in residential care homes or community hospital settings, and how your inspection regimes are able to accommodate those new developments? You also mentioned extra-care housing schemes. I did not go, but the rest of the committee has raved about the extra-care housing scheme it visited in Llanishen. There is one in Cardigan in my constituency, and the raving from the residents there is not quite as significant. It is a new scheme and concerns have been brought to me. They expected their extra-care housing scheme to be inspected by the Care and Social Services Inspectorate Wales, and, as residents, they were surprised to find that they are not under that sort of inspection regime. As you make the point in your paper that you see this as a new model of care, possibly even replacing residential care homes, how do you see the role of inspection from a care or nursing perspective integrating with these new models and extra-care housing in particular?

[161] Finally, on a different matter, at one time the lay inspectors were prevalent. I am not sure whether you have lay inspectors in the regime now. I know that residents and families think that that is an important aspect of inspection, so I want to hear from you how important you see that being as part of the inspection regime. This is not a question, but I was very heartened to hear your views on dementia criteria and flexibility around that, particularly with regard to the impact it could have in allowing a more flexible system that means that people do not have to move from one home or one area to another if their condition worsens. You mentioned the work you commissioned from Bangor University on that. I wondered whether it would be a useful piece of work for this committee to see.

[162] **Ms Richardson:** Yes, we would be happy to share that.

[163] **Mark Drakeford:** Thank you; that would be very helpful. I will allow one person from each side to respond to those points.

[164] **Ms Richardson:** Okay. In terms of the intermediate care step-up and step-down beds, if they are in a registered social care setting, we will inspect them. They will be part of our normal inspection regime. Peter will talk about them in hospital settings. We absolutely recognise the value of the extra-care and the community service models that are being developed—rapid response and that sort of thing. I share the concerns that you have already heard about care pathways—a person who falls at home immediately being taken to hospital and from hospital to a care home. That is not the pathway that we would choose. As Mandy described, it is about what is best for the person and what can be set up as a care assessment package at home, rather than the ambulance immediately going to the hospital. So, there should be a question of whether a care package could be started at home. That possibly includes domiciliary care services, which we would register and inspect as well. Some improvements could be made to that, but now is probably not the time to go into that in detail.

[165] In terms of extra-care sheltered housing, some are absolutely excellent, which are of very good quality and are very well run. However, we must be careful, because, as I understand it, legally, the alternative futures judgment is still in place, which states that tenancy is to be separated from the provision of care. If there is no separation, then I would have to look at them as unregistered care homes. I do not want to do that, so I want to make that point clear. I have seen some that have come close, but I am not going to go there, because they are a good provision but that element needs tidying up. A wider discussion needs to be held about how that should be done.

[166] We would like to develop lay assessors. The final part of our modernisation plan this next year will include going out to recruit, train and select lay assessors. We want a community-based model; we want to go into our regions and attract people who will become the eyes and ears of the community in terms of care homes. We do not want to build up a lay assessor group that just tags on behind our inspectors. We want people who we can go to and say, 'We want to contract with you for x number of inspections over a wide period of time, within these care homes, out of hours. So, you go and see what you find, we will do the training and supporting, you write us an inspection report and we will add it our report'. We want that to be integrated into our work. We want to set up regional advisory panels for people within the community, so that we can engage with them and so that they can provide an external challenge to our work. We will also look at putting together a national advisory panel. That is the final part of our modernisation plan.

[167] **Mr Higson:** The point made about new models of working is important. I would make a quick distinction between what is regulated in health and social care and what can be inspected. We can inspect what we want—there is nothing stopping us—and we already have a history of looking at things jointly. So, when we inspect the pathway, for example, we will look to see whether it all hangs together and works. So, whether it is a registered setting may not be the issue. That is the regulatory part of the role, which Imelda has in particular in terms of social care. However, there is also that wider inspection role, where we start with the patient and use the patient as the route through a service. Between us, we can already do that, and we have examples of where we have done it. We also have quite agile models of inspection. We can swap and change quite quickly if we find something that we particularly want to look at.

[168] In terms of lay assessors and reviewers, we have used them since we started in 2004. They bring a tremendous perspective. They ask the questions that peers and clinicians often do not ask about services. We have also used service users as reviewers, and, most recently, we have been working with people with sensory impairments who have been reviewers of NHS services in particular. However, the role of lay people is important and it is a role that has been fundamental to our model of inspection since we started.

10.30 a.m.

[169] **William Graham:** Looking at your joint review of the national service framework, can you comment on the joint working between health and social care, particularly with regard to the third sector? In your comments, you tell us about the concerns that carers have expressed to you about the discharge process. We have heard quite a bit of evidence, in terms of both admission and discharge in a crisis. Have you any solutions to offer?

[170] **Ms Collins:** One of the big things that we have is that people do not plan discharge early enough. If it is elective treatment, the discharge should be planned before admission, and if it is an emergency, it should be planned on the day of admission. However, there seem to be huge delays. The other issue that we have raised with healthcare is the need to care. Quite often, we find that people are cared for and treated for far too long. We are urging healthcare providers to look at length of stays and to reduce them. There is research that shows that if you have an elderly, fairly fragile person in a hospital bed for longer than 20 days, they are highly unlikely to go home again, because they lose their confidence. In hospital, everything is done for people and we are not encouraging them, when they are there, to maintain a level of independence. So, we have picked up some fundamental issues that link into discharge planning.

[171] We have also found evidence of people getting lost in the system. It comes back to looking at the whole pathway of care. We have quite back-ended services that are focused on

secondary care instead of preventing people's admission into hospital. It comes back to having a plan in place in which you can bring community primary care services into play as opposed to hospital admission. Quite often, elderly people will go into hospital via out-of-hours or accident and emergency services, they will spend time in a medical assessment unit, be admitted into hospital and, as I said, they will then get caught up in the system. We have evidence of one case in which a lady was admitted via A&E after a fall. The view at the point of admission was that she could go home on the Monday—this was on a Friday—there was a bed crisis over the weekend, so she was moved to another hospital and she was lost in the system. So, when the ambulance came to pick her up on the Monday, she was not in the bed and it took 40 days to find her. Those are the things that we have to avoid. They are about systems, processes, continuity of care and ensuring that we provide holistic care at the first point of contact with health services. As I said, we need to start focusing on wellbeing, prevention and care at home. At the moment, even as an inspectorate, we have quite a focus on secondary care provision.

[172] **Mr Higson:** These are crisis situations, when the patient, carers, relatives and whoever sometimes do not feel able to influence what is going on and there is pressure in the system for people not to be in the place they need to be. There may be a case for slowing the system down sometimes to give people more time and opportunity, with a no-fault approach, to make those choices. To go from independent living to a care home is a life changer and it is often the last change that people make. In addition, for many people admitted to hospital, it is not a surprise, because these are people with chronic conditions and deteriorating health, and this is something that could be anticipated and planned for, with contingencies put in place. There is also the point that we made earlier about dementia, which is that discussions should take place early on about what-if scenarios. We tend to assess and react in response to something going wrong, when, often, what goes wrong is something that we know is happening anyway. To get ahead of that would help enormously. However, there are some good examples across Wales of where that is done sensitively and well. It has to become the generality.

[173] **Ms Collins:** We have to tackle this inconsistency across Wales as an inspectorate. If you look at 'Dad's story' at the front of the older people's NSF, you will see that it comes back to issues around advocacy for individuals to challenge whether something is the right care for a relative or for the individual. When Dad's family slowed the system down, the plan had been for him to go into a care home with 2:1 care, but he actually went home again, and that is the importance of empowerment and of giving people and families a voice.

[174] **William Graham:** Could you help the committee, then, with any recommendations that we could make in terms of assessments? How could we make them better?

[175] **Ms Richardson:** The problem is not just getting an assessment; it is making sure that the assessment is kept up to date, reviewed, and is part of a person's life. It should be an enabling piece of work, not a disabling piece of work. In other words, it should enable options for people, rather than closing down options.

[176] **Mark Drakeford:** I would like to put William Graham's question to you, not in a different way, but in an additional way—we heard direct evidence very early on that said two things: first, older people have a set of very common conditions that the health service is not very good at spotting and dealing with at an assessment stage, and, if the health service did a better job of identifying and managing those very common conditions, fewer older people would end up in a position where residential care was one of the options being considered for them. Secondly, in terms of assessment, it was suggested to us that we make a specific recommendation that the assessment for residential care should never be made from a hospital bed. So, picking up on what Mandy said, we need to pause at that point, and move to what Elin and I saw in Carmarthen, which are convalescent beds, for six weeks so that you can see



whether someone's ability can be rebuilt and so on. How would you respond to that in an assessment sense? Would that be a sensible recommendation for us to make?

[177] **Mr Higson:** It would be absolutely critical, because in a position where there is pressure on in-patient beds, which, of course, there will be, the choices are limited, including the choice of location, quite often. That depends on whether a residential care bed is available, and the alternatives to residential care take time to work through and build up. Put simply, we should see assessment as a process, not an event. It is too often an event that happens in response to something going wrong. We should be building up profiles and a 'passport' almost—so that there is a statement of a person's needs which is assessed and updated so that people know what they are and so that the person has a say about the choices they want to make. That could be exercised like an advance directive. People could say what they would like to happen if something goes terribly wrong. If we could do more of that, that would be critical.

[178] Also, in primary and community services, we should not be waiting for somebody with a fairly common chronic condition to break down, but should be preventing it. We should be taking a little-and-often preventive approach, as opposed to the crisis reaction of taking someone into hospital. Again, that is critical. There are also specific areas in older people's care that I would like to mention. For example, anxiety is a very under-diagnosed condition among older people. They lose confidence, ability, capacity and capability. A consultant at a conference I attended last year used the term 'fractured confidence'. He did not deal with fractured femurs, he dealt with fractured confidence. That is an underlying issue for many older people.

[179] **Mark Drakeford:** Some of us recently met a care-home resident who had come to the Assembly for an event, and she said that her decision to move into residential care was a positive one, because she had previously spent all day alone at home worrying about what would happen were she to fall, for example. Living in the care home, she no longer had that anxiety; she did not need to worry about it.

[180] **Ms Richardson:** Very briefly, David and I visited some extra-care sheltered housing up in north Wales last year, in Llanrwst, and we met three ladies who had come into that extra-care sheltered housing from care provision that was now closed. They had been placed in care provision because they were thought to have dementia, but when we saw them they were being fully supported and living a more independent life in their own tenancy in that extra-care sheltered housing. We do not always get the labels right, and we do not always get the assessments right. For those ladies, life had changed dramatically. The assessment has to be live, as Peter said; it has to be reviewed and it has to be ongoing.

[181] **Elin Jones:** What were you doing there exactly?

[182] **Ms Richardson:** I was invited there.

[183] **Elin Jones:** You said earlier that you had no role in extra care. I am not being nosy, it is just—

[184] **Ms Richardson:** No, we do not. I was invited to see the facility because we were in north Wales, and we like to get around and make sure that we see what is going on.

[185] **Mr Francis:** We have an additional role, which is to evaluate councils, and this was an innovation of the local council.

[186] **Ms Richardson:** That is right. Conwy has done that on a capital transfer. It was an amazing scheme; it was very good. It had a doctor's surgery and an occupational therapist on

the site as well.

[187] **Elin Jones:** I should perhaps have followed this up earlier, but I let it go. That was an example of a vulnerable person in an extra-care housing scheme, which you do not inspect. Do you have concerns about the fact that it is likely in future that greater numbers of people will be placed in these settings, which are outside your inspection regime?

[188] **Ms Richardson:** We inspect the local authority, so we will know about the provision, and we can ask around that. However, it is an area that needs further discussion.

[189] **Mr Francis:** We inspect the domiciliary care provided to the people in those settings. So, we oversee the care. The interesting thing about the extra-care model is that it is people in their own homes. What right we have to regulate people's own homes is an interesting concept. We are inspecting the domiciliary care element of that. So, it is not that we are not involved at all in that setting.

[190] **Ms Richardson:** Also with housing registered to the housing association.

[191] **Mark Drakeford:** I want to get one last question in before we have to finish. Imelda, part of our remit is to look at care home closures. In our very first session, we heard from the older persons' commissioner about concerns about how care home closures were managed. The office of the commissioner has recently issued some new material on that. When public agencies become formally concerned about the future of a home—for example, under the escalating concerns protocol—at what point do you believe residents and their families ought to have those concerns communicated to them?

[192] **Ms Richardson:** I think that, as a basic human right, they should have it as soon as possible. We have had this conversation, and that is not followed through as clearly as it needs to be. We have talked to the lawyers, however, and it is captured within the Human Rights Act 1998—so, we should be doing something around that.

[193] **Mark Drakeford:** As you said, the processes do not have that built into them. There is no trigger point in the process to indicate the point at which families and residents have a right to know about these concerns. Do you think that it would be helpful to have that built into the process?

[194] **Ms Richardson:** I do. The current regulations state that when an owner decides that they are going to close a setting, or we give notice of a proposal to close a setting, there is a 30-day consultation period. That is the only regulation that there is.

[195] **Mark Drakeford:** Thank you very much indeed.

[196] **Mr Higson:** I do not know whether one extends that to homes that are in administration, in terms of making that public knowledge.

[197] **Ms Richardson:** Also, where our process raises serious concerns about a home, part of the discussion is how much we can put in the public domain in the inspection report.

[198] **Mr Francis:** We have had some issues with the question of who is responsible for telling relatives and residents. In certain situations, the provider has been very clear that the contractual responsibility is between them and the people living there, particularly if they are self-funders. It is about how they deal with and manage that. Should the regulator be the one to tell relatives and those who are living in those homes? Should it be the local authority, or should it be the provider? Who can best be trusted to give that information in a way that is honest and straightforward? Part of the difficulty is in finding out whose responsibility it is,

and there are contractual issues within that.

[199] **Ms Richardson:** I would say that the inspectorate has no vested interest.

[200] **Mark Drakeford:** I understand that point absolutely. I guess that my response would be: whoever is the best person to do it in any particular context, the responsibility of the inspectorate is to make sure that somebody does it, not necessarily to have a rule about who does it.

[201] **Ms Richardson:** Exactly. I agree.

[202] **Mark Drakeford:** Diolch yn fawr i chi i gyd—thank you all very much. We thought that an hour and a quarter would be a long time, but it seems to have flown by. We will now take a five-minute break—five minutes only—just long enough to pick up a cup of coffee and walk back with it.

*Gohiriwyd y cyfarfod rhwng 10.45 a.m. a 10.51 a.m.  
The meeting adjourned between 10.45 a.m. and 10.51 a.m.*

[203] **Mark Drakeford:** Bore da a chroeso i'r Pwyllgor Iechyd a Gofal Cymdeithasol. Parhawn gydag eitem 3 ar ein hagenda'r bore yma. Rydym yn mynd i gymryd dystiolaeth gan Gyngor Gofal Cymru yn awr. Bore da a chroeso i Rhian Huws Williams, prif weithredwr Cyngor Gofal Cymru, a Gerry Evans, cyfarwyddwr rheoleiddio a safonau proffesiynol yng Nghyngor Gofal Cymru. A oes gennych sylwadau agoriadol byr yr hoffech eu gwneud i'n helpu? Ar ôl hynny, trof at aelodau'r pwyllgor i ofyn cwestiynau. Rhian, a hoffech ddechrau?

**Mark Drakeford:** Good morning and welcome to the Health and Social Care Committee. We will continue with item 3 on our agenda this morning. We will now take evidence from the Care Council for Wales. Good morning and welcome to Rhian Huws Williams, chief executive of the Care Council for Wales, and Gerry Evans, director of regulation and professional standards at the Care Council for Wales. Do you have any opening remarks you would like to make to help us? After that, I will turn to committee members to ask questions. Rhian, would you like to start?

[204] **Ms Williams:** Diolch am y cyfle i ddod yma i ychwanegu at ein tystiolaeth. Hoffwn wneud y pwynt bod ein gwaith ni wedi symud ymlaen yn eithaf sylweddol ers i'r dystiolaeth hon gael ei darparu. Felly, efallai bydd angen gwneud tipyn o *fast forward* ar ambell beth.

**Ms Williams:** Thank you for the opportunity to come here to add to our evidence. I would like to make the point that our work has progressed quite significantly since this evidence was provided. So, we may need to *fast forward* considerably on some matters.

[205] Fel rydym yn gwybod, mae hwn yn weithlu mawr a chymysg iawn. Roeddwn yn gwranddo ar dystiolaeth y tystion blaenorol a gwnaeth ein taro ni bod y sector wedi mynd yn llawer mwy cymhleth ac nid yw'r systemau yn gallu ymateb i hynny o reidrwydd. Felly, un o'r pwyntiau mawr o'n safbwynt ni yw croesawu'r ffocws ar y gweithlu sydd yn y papur polisi, i symud tu hwnt i'r safon gychwynnol o gymwysterau ac i gael disgwyliadau uwch ar gyfer y gweithlu hwn. Rydym yn croesawu hynny. Mae angen trafodaeth gwahanol ynglŷn â sut i gyflawni

As we know, this is a large and very diverse workforce. We were listening to the evidence of previous witnesses and it struck us that the sector has become much more complex and that the systems that are in place cannot necessarily respond to that. So, one of the major points from our perspective is to welcome the focus on the workforce in the policy paper, to move beyond the entry-level qualifications and to have higher expectations for this workforce. We welcome that. A different discussion is needed on how to achieve that so that the money and the

hynny fel bod yr arian a'r buddsoddiad yn dilyn lle mae'r gweithwyr yn gweithio mewn realiti. investment follow where the employees work in reality.

[206] Mae gennym gonsŷrn ynglŷn â diffyg data. Credaf fod yn rhaid inni fod yn agored am hynny. Mae diffyg data creiddiol sy'n hawdd i'w gyrraedd. Mae rheoleiddio wedi cynnig potensial ar gyfer gwybodaeth greiddiol well, o'r profiad yr ydym wedi ei gael yn y sector gofal preswyl plant. Mae'r rhain yn bethau yr hoffwn sicrhau ein bod yn trafod wrth ymateb i'ch cwestiynau. We have a concern about the lack of data. I believe that we must be open about that. There is a lack of easily accessible core data. Regulation has offered the potential for better core information, from our experience in relation to residential care for children. These are things that I would like to ensure that we discuss in answering your questions.

[207] Gerry, a hoffech ychwanegu unrhyw beth? Gerry, would you like to add anything?

[208] **Mr Evans:** Na. **Mr Evans:** No.

[209] **Mark Drakeford:** Diolch am hynny, Rhian. Pwy sydd am ddechrau? Darren? **Mark Drakeford:** Thank you for that, Rhian. Who would like to start? Darren?

[210] **Darren Millar:** Thank you for the paper that you provided and your opening remarks. One of the issues that has been raised with us during evidence sessions is that many people working in the care sector are almost a bit embarrassed about working in the sector; they feel that the job that they are in does not have the kudos that other professions may have. We have spoken about the fact that there perhaps needs to be a professional base for care staff in the future, and I would like your thoughts on that. One of the challenges is that many people are working for the minimum wage, or just above the minimum wage, partly because of the challenges that the sector is facing in terms of the insufficient care home fees that people feel that they are being paid, and the pressure that that puts on costs. How do you see the development of the professionalisation of the service going forward, so that people can be proud of working in the care home sector in the future?

[211] **Mr Evans:** That is at the heart of our agenda for the next few years, as Rhian alluded to. We have been operating at the minimum standard level, so there is an expectation that staff will have an NVQ 2 and that managers will have a particular qualification. We have now registered the managers of adult care homes, and our next phase is to build that career progression into their role, with an expectation about the qualifications and training that they will cover over their careers. Similarly, we need to move to that area for care workers as well.

[212] The issue of the minimum wage is one that cannot be avoided. It is the reality of the status of the work, and something that we bump into daily. However, we find that there is interest in working in the sector. We are working quite a lot with schools now. In particular, a care ambassador scheme has been set up across Wales where people working in the sector go into schools to talk to young people about the potential for a career in social care. That is our aim over the next few years, namely to make that career a reality. However, doing that in the context of the pay that is available will be tricky, and we are going to be working on the basis of its being a vocation in which you will not make a fortune. We are starting with managers, getting them to see themselves as a professional group, that social care management is a profession worthy of entering, and is not a secondary career. It is a career that people can go into from school or from education of some form, and develop a career in it.

[213] The meetings that we have had over the last six months or so with groups and managers all over Wales indicate the enthusiasm that there is to have those opportunities to

develop. They have also illustrated the isolated nature of the role of some of those managers, so there is a lot of work to do. One thing that we are building on is registered managers' accountability to the care council for the quality of care practice delivered within the home. In addition, perhaps the Care and Social Services Inspectorate Wales could focus more on the organisational requirements of the delivery of that care, so that the managers' primary focus will be on the delivery of high-quality care in those settings, and then their leadership role in respect of the wider workforce. That is at the top of our agenda over the next few years.

[214] **Ms Williams:** To add one thing to that, there is a rhetoric to how care work and care experience is described that, collectively, has to be broken. That is a massive challenge for us all, because that dumbs down the value of that work. One of the tricks going forward will be for us to engage more directly with communities, in addition to schools, so that there is a community understanding and ownership of care and of working in care, as part of that. That will be crucial, given that the reality is that, as well as career development, we also need professionalisation as much as possible in that sector. There is a higher proportion of part-time workers working in many jobs in that sector as well. So, it is not a straightforward task.

[215] **Darren Millar:** Just to follow that up, some evidence has suggested that care home fees are responsible for the lower wages, which makes it more difficult to attract people who may want to progress and stay in that career for a long time. To what extent do you feel that that evidence is justified?

[216] **Mr Evans:** Again, we come back to the fact that the data are sparse in this whole area, and the sector is highly complex and has a range of different organisations and individual operating within it. Anecdotally, we hear about staff turnover, but, in practice, it is very difficult to tell. Now that we have managers registered, we can monitor that. At our last count, we know that there were some 50 manager vacancies in Wales, and we want to check what is behind that to see why people move on—if, indeed, they do so. We will be able to track that.

11.00 a.m.

[217] **Ms Williams:** The other point to add is that small private providers often say that they invest in the qualification attainment of their staff, but have no career structure within their business, which means that those staff then move across to the other bits of the sector. So, that is quite a complex issue to deal with in a mixed economy, is it not? One way of looking at that is to see it as being for the benefit of the whole care system, but at the business end, that is problematic and is an issue for us.

[218] **Mr Evans:** Anecdotally, we certainly hear of people achieving qualifications and then moving either to the local authority sector or to the NHS to work. That issue has been raised by a number of employers.

[219] **Lynne Neagle:** On pay, you have highlighted the impact that that can have, but are you aware of any differences that exist between the different kinds of providers, such as in what they pay their staff? Are there any significant differences between private sector and not-for-profit organisations? That could be a factor, could it not?

[220] **Mr Evans:** Again, it is a difficult area on which to get accurate data, as employers are often reluctant to share information on that. All that we have is some general information. A piece of work done in north Wales recently indicated that the average pay levels were somewhere around £9 or £10 an hour. There are a few assumptions going into even that work. The only way in which we can tackle this is to have comprehensive data on the workforce, as they have in England, which include data on pay levels.

[221] **Lynne Neagle:** How do they have those data in England?

[222] **Mr Evans:** That is down to something called the national minimum dataset for social care. Employers, initially, and primarily in the private and voluntary sectors, will regularly submit data returns to Skills for Care, which is the sector skills council in England, to be included in that dataset. That is incremental and has been growing since 2005, so they have been building up that dataset since then. Now, they are beginning to see the benefits of that by being able to use those data to plan for services. However, while you have a multiplicity of providers across a number of different sectors, the ability to do workforce planning can be a bit constrained, even though you have the evidence. However, until we have got that evidence, we will always be a little in the dark when judging the impact of various factors in the care sector.

[223] **Ms Williams:** I do not know whether you want to return to the recruitment and retention point, but it is worth saying that there is an appetite for the national minimum dataset model here among employers and ourselves as a way of capturing the data more directly.

[224] **Mick Antoniw:** So, in effect, are you saying that, without those data, you cannot do a big chunk of your work, and that there is a massive gap in your ability to fulfil your functions properly until that system is in place?

[225] **Ms Williams:** The role of strategic workforce planning cannot be done at a national level unless you have those data. It can be done more at a local level, but not at a national level. We could talk a little about the experience of registration. Gerry could say something about how that works.

[226] **Mr Evans:** Essentially, we set the qualifications that are required of staff and, to date, the CSSIW has been monitoring that within the sector. Now that we have a regulated manager workforce, we have data on all those managers, which enable us to plan to address the needs of those managers and their future career progression, and also to share that information with employers to bring them into that debate.

[227] For the wider workforce, that approach will be somewhat limited until we get the wider data to be able to monitor those trends and identify the key issues that we need to address for the workforce in the sector. There is a lot of anecdotal evidence around, but the hard facts are somewhat harder to secure.

[228] **Mick Antoniw:** So what is your recommendation? You say that an important issue has arisen from this, but what would you want that recommendation to be?

[229] **Mr Evans:** There are a number of options, but either we have a national minimum dataset for Wales or we link this into the registration of the social care workforce, which means that we get the data on that workforce, as we have done with the managers.

[230] **Vaughan Gething:** Thank you for your paper. I want to pick up on something that is in your paper but that also comes from the evidence that we have heard this morning. It is about how the ethos of the leadership and management in a home can affect the care that is provided and the staff morale. I note that, in your paper, you talk of an effective and well-qualified workforce typically providing a better standard of care. I am interested in whether you see any differences in how people deal with career development for staff according to size or sector, and whether you see better retention rates, regardless of the size of the provider, where there is an ethos of professional development.

[231] In the evidence that we heard this morning, and in previous evidence, we have heard

about the importance of the role of the manager and the impact of registration and having to have a recognised qualification to a certain level. I am interested in your perspective. Have you been able to identify any increase, not just in the numbers coming through, but in the level of workforce professionalism as a result of having the qualification, because it does not always follow that having a qualification makes you more professional in your outlook and approach?

[232] **Mr Evans:** I will start with the last point. Yes, as we have heard, the role of the registered manager is critical. We want to emphasise that role in the leadership of care provision within the home. It is early days to assess the impact of qualifications in that respect, but there is work that we are aware of that shows that qualification attainment is linked to an indicator of quality within care. It does not necessarily mean that the qualification results in improved quality, but where care homes have higher levels of qualified staff, that usually implies a better quality of service being delivered.

[233] The work that we will do with registered managers will be very much getting them to see themselves as the leaders of the care profession within the care home sector and, indeed, the domiciliary care sector. We want to link that into the career development of those individuals and to their registration, as we do with social workers currently. There will be a four-stage process to the career of a social worker once they are qualified, so we want to work with the sector to see whether we can achieve the same sort of developments with the manager role. However, we will need to work through a range of employers to try to achieve that and get consensus among those employers about this as a desirable way to go, thereby creating the circumstances that were referred to earlier about making it a career that people would want to get into. We operate on the basis that professional qualifications are critical in that. The discussions that we have had with managers show that they very much welcome this as a way forward.

[234] **Ms Williams:** We are trying to move away from an ethos of 'getting the qualifications to please the regulator'. In a sense, over the past 10 years, we were seeing those minimum standards as a level that we could not drop below. What we have to do now is have a sense of ownership of investing in staff, in the quality of their interaction and in the quality of the work with people, which should be everyone's responsibility. We need to move beyond people thinking that having 80% of their staff with a level 2 qualification is sufficient. That is why the whole thing about moving beyond the minimum standards to this continuing professional development ethos, starting with the managers as leaders of practice as opposed to being piggy in the middle between delivery and the service end, will be a massive thrust for us, working directly with the managers, bringing managers together to work with them in that way.

[235] On indicators and the data, we work with four regional partnerships of development, and the partnership in north Wales did some work across north Wales, just as a pilot scheme, to get a little more solid data, which suggested that the number of staff holding qualifications continues to go up.

[236] The other bit of rhetoric, which is interesting and, again, we do not have the factual information, is that some of the development products that we have produced around working more effectively with people with dementia or end-of-life care have been in direct response to practitioners saying that they feel that they do not have enough depth of information, knowledge and skills to deal with those particular situations. There is appetite there, and one point that is going to be important to get right as we move forward is access to high-quality learning. So, a new role for us will be about getting the quality up as opposed to merely having the qualification. Another role will be making sure that there is good access to the funding for learning, and that the funding and the access to learning match up properly for the sector. This is a sector that has been clear about what it wants but the learning provision has

not necessarily matched up at all times. That is an important step change.

[237] **Vaughan Gething:** Part of the evidence that we heard this morning from the inspectorate was around the move to get the qualification and, although there was several years' notice, when it came to it, some people were saying that they could not manage it for a number of reasons. How widespread is that? Is there reluctance among individuals? Have they bought into the idea that it is a cost, rather than a cost and an investment? It was interesting to hear people saying that they did not really want to do this or that the manager had not retired after saying that he or she would be doing so.

[238] **Mr Evans:** One of the benefits of registration is that we now have a much clearer picture, and we are working closely with the inspectorate to follow up on those individuals and situations where we have not yet registered a manager. There is a plethora of reasons emerging for that. It is a very small minority who are saying that they do not want to do the qualification; it is usually things such as 'I am going to be retiring in a year, so why do I need to do it?' CSSIW is following up on those situations and making it clear that it is a requirement. There are about 1,200 managers of adult care homes in Wales, and we are close to having 1,200 registered managers holding the required qualification. CSSIW is working closely with us in following up those situations, which often involve vacancies or individuals still working to achieve the qualification. CSSIW has the capacity to give them a period of time to achieve it—for example, where they are new to post and have not yet achieved the qualification. We are also registering individuals who might not currently be in a managerial position, but who hold the qualification, so that we are gradually developing a pool of people skilled and qualified for a managerial role. That is something that we are hearing from employers. There are times when it has been difficult to get access to appropriate managers. The numbers who are refusing or who are reluctant to take it forward are now very small. I think that there was a period when there was some reluctance, which was frequently linked to issues around fees and pay, but much of that has gone. We found the same thing in residential child care: when registration of individuals came in, it flowed through. So we are very close to having fully qualified managerial staff.

[239] **Darren Millar:** You referred to dementia training and the lack of confidence among the workforce in its ability to cope with dementia patients. In evidence earlier today, and throughout the course of this inquiry, we have been encouraged to call for the scrapping of the different registration categories to allow for dementia care to be provided in all residential care settings. Do you think that the Welsh workforce is equipped to undertake proper and adequate dementia care if we were to suggest the scrapping of the registration categories?

11.15 a.m.

[240] **Ms Williams:** I could not guarantee that that would be the case, and I would not know whether that would be the case in community-based working. There is probably more success around accessing some of those learning opportunities in residential and nursing care. The ethos needs to be that everyone is aware of the range of conditions that they could be faced with in working with people as they get older and in need of support.

[241] **Darren Millar:** Do you think there is a job to be done on upskilling the workforce regarding dementia awareness?

[242] **Ms Williams:** Yes, definitely.

[243] **Mr Evans:** We would support the principle, because labelling is not that helpful in determining the nature of the role of the care worker. However, they need to be skilled up and they are asking for that, as you have suggested.



[244] **Darren Millar:** How long would it take to upskill the Welsh workforce in these sorts of care settings—two years, three years or more?

[245] **Ms Williams:** It is difficult to say.

[246] **Mr Evans:** We will start with the managers, focusing on ensuring that they not only have access to the most recent information on dementia but that they also have the skills to pass the information on to their staff, so that they are a source of support to the staff and leaders of practice. That is how we will develop it, and those are the sorts of issues that managers have been raising with us, about the need to be able to access that information and to pass it on, ensuring that their staff are able to implement best practice in those sorts of areas. So, with regard to timescales, it is interesting.

[247] **Mark Drakeford:** It would be useful if you could give some thought to that question, if we, as a committee, are to recommend, as we have been advised by a series of witnesses, moving away from the current system of categorisation. That is predicated on the belief that, in these new settings, there will be a staff group capable of responding to people with a wider range of needs. It might be a sensible course—we will be discussing it later—for us to recommend that such a change would have to be phased in over a period of time, by which point you would be confident that the staff had the wider range of skills. If you could think about the period of time that you would need to phase in such a change, that would be advice that we would be interested to hear from you.

[248] **Ms Williams:** We will take that away.

[249] **Elin Jones:** Rydych wedi dweud bod gormod o bobl yn ystyried eu gyrfa fel rheolwyr gofal yn ail neu drydedd gyrfa yn hytrach nag yn yrfa maent yn datblygu'n syth ynddi ar ôl gadael ysgol neu goleg. Ychydig wythnosau'n ôl, daeth rheolwr gofal ifanc i roi tystiolaeth inni, a dywedodd y byddai'n fanteisiol pe bai cynlluniau prentisiaeth ffurfiol ar gael yn y maes hwn. Nid wyf yn gwybod a oes y fath beth ar gael, ond dywedodd y byddai rhagor o bobl ifanc yn mynd i'r maes hwn pe bai cynlluniau prentisiaeth ffurfiol ar gael.

**Elin Jones:** You have said that too many people consider careers as care managers as a secondary or third career rather than as a career that they develop into when they leave school or college. A few weeks ago, a young care manager came to give us evidence, and said that having formal apprenticeship schemes in this field would be beneficial. I do not know whether such schemes are available, but she said that more young people would enter this sector if formal apprenticeship schemes were available.

[250] Mae gennyf gwestiwn hefyd ynglŷn â hyblygrwydd y gweithlu. Wrth i wasanaethau ddatblygu mewn cartrefi gofal, er enghraifft, lle mae gwelyau nyrsio a gofal a gomisiynir ar y cyd rhwng y gwasanaeth iechyd a gwasanaethau cymdeithasol, neu lle ceir ymweliadau yn y cartref gan nyrsys a gweithwyr cymdeithasol, pa fath o waith rydych yn ei wneud, neu y byddech yn awyddus i'w wneud, i gyfuno sgiliau fel bod gan unigolion sgiliau iechyd a gofal, yn hytrach na chael dau berson yn gwneud y math hwn o waith?

I also have a question on the adaptability of the workforce. As services develop in care homes, for example, where nursing and care beds are jointly commissioned by the health service and social services, and where home visits can often be made by nurses and social workers, what sort of work are you doing, or would like to do, to combine skills so that individuals have skills from the health and care background, rather than having two people doing that kind of work?

[251] **Mr Evans:** We are undertaking a number of projects with the NHS and the National Leadership and Innovation Agency for Healthcare. The first of those is around the governance

framework for social care and healthcare employees, so that there is guidance for employers on the sort of issues that they need to consider in relation to workers who may be employed by either sector or who may move between the sectors at different times. One thing that we have discovered is that those governance arrangements are critical to making that work. That work has been well received, and is going out to the sectors at the moment.

[252] The other thing that we have done, through the use of the credit and qualification framework for Wales, is to enable people from the health service to achieve qualifications that can be accredited and recognised in social care and for social care qualifications or modules in social care to be taken up by people in the NHS and to get them recognised, so that that transfer of learning across the two sectors can happen, and that individuals do not have to go back to square one to start their learning again just to go up the social care career ladder, but can work between them. We have been emphasising getting the structures in place to enable that to develop, so that the two sectors can start to move forward in those sorts of areas. Those were two issues that were brought to us as being critical for taking that sort of work forward.

[253] **Elin Jones:** Os yw'r ochr strwythurol wedi ei threfnu erbyn hyn, a oes enghreifftiau o'r unigolion hyn sydd yn cyfuno sgiliau gofal iechyd a chymdeithasol ac sy'n gallu gweithio mewn cartrefi preswyl neu gartrefi gofal?

**Elin Jones:** If the structural side has now been sorted, are there examples of individuals out there who combine health and social care skills who can work in domiciliary or care home settings?

[254] **Ms Williams:** Mae gwahanol fathau o enghreifftiau. Yr hyn rydym yn ceisio ei osgoi yw bod mwy nag un person yn mynd i mewn pan ydym yn gallu cael un person gyda'r sgiliau. Mae gwahanol ffyrdd o ymateb i'r sefyllfa honno wedi datblygu mewn gwahanol leoedd. Mae gennym sawl enghraifft o leoedd lle mae hynny wedi digwydd. Dyna pam, i raddau, rydym wedi gwneud y pethau hyn. Un o'r pethau roedd pobl yn anghyffyrddus amdanynt oedd llywodraethu ymarfer mewn ffordd atebol, a lle byddent yn cael eu cefnogi. Felly, mewn ffordd, mae'r darn hwnnw o waith wedi ymateb i rai o'r datblygiadau sydd yn digwydd yn y gymuned.

**Ms Williams:** There are different kinds of examples. What we are trying to avoid is having more than one person going in when we can have one person with the right skills. Different ways of responding to that situation have developed in different settings. We have several examples of settings where that has happened. That is why, to a certain extent, we have done these things. One thing that people were uncomfortable with was the issue of practice governance in an accountable way, and where they would be supported. So, in a way, that part of the work has responded to some of the developments that have taken place in the community.

[255] O ran prentisiaethau, Elin, rhoddodd y cyngor gofal dystiolaeth wythnos diwethaf i'r pwyllgor sy'n gwrandao ar dystiolaeth ar fodolau prentisiaeth ar hyn o bryd. Rhaid imi gyfaddef, o ran y manylion, ni allaf ddweud yn union beth yw'r broblem, ond nid yw'r modelau prentisiaeth wedi gafael yn y sector gofal, oherwydd bod yr arian yn mynd i'r lle anghywir. Gallaf ddod o hyd i'r dystiolaeth a roddwyd i'r pwyllgor hwnnw a'i basio atoch, achos mae'n rhywbeth penodol sydd angen inni edrych arno. Mae'n ymwneud â'r arian yn mynd i'r cyflogwr yn hytrach nag yn dilyn yr unigolyn, neu rywbeth felly, ond nid wyf eisiau eich camarwain.

In terms of apprenticeships, Elin, the care council gave evidence last week to the committee that is currently looking at apprenticeship models. I have to admit, in terms of the detail, that I cannot tell you exactly what the problem is, but the apprenticeship models have not taken hold in the care sector, because the money goes to the wrong place. I can find the evidence that we gave to that committee and pass it to you, because it is something specific that we need to look at. It is something to do with the fact that the money goes to the employer rather than following the individual, or something like that, but I do not want to mislead you.

[256] **Mark Drakeford:** Na, ond mae'r **Mark Drakeford:** No, but the paper is papur ar gael. available.

[257] **Ms Williams:** Ydyw, felly gallaf **Ms Williams:** Yes, so I can ensure that you sicrhau eich bod yn ei gael. get it.

[258] **William Graham:** You comment in your paper on the effectiveness of services at meeting a diversity of need among older people. Can you enlarge on that, with particular emphasis on the focus on enabling rights?

[259] **Mr Evans:** I think that that refers to the latter part of the paper; it is one of the objectives that we are seeking to achieve. Can you expand on the question?

[260] **William Graham:** I was asking you to expand on what you were saying about the provision of services. You also touch on enabling rights, which is clearly part of caring for people with dementia.

[261] **Mr Evans:** We heard the previous evidence. A human rights element is being built in throughout the whole workforce at the moment, so it is developing from there. One of the things about the care council is that half its members are either laypeople, users of services or carers, so they have an interest in this and are working closely to ensure that we are building those rights elements into all of our work so that, whatever we are developing, such as staff training, we are trying to ensure that those rights are built in. The other dimension that we are increasingly bringing in is ensuring that the materials that we are developing for staff training are also available to carers so that they can use the same materials and that we are upskilling them while addressing some of those rights issues in those situations. So, it is a general approach that we are taking with all our qualifications, training and learning to ensure that those rights are built into them from the start.

[262] **Ms Williams:** One of the other elements of that, although it is not directly the issue you raised, is the issue that I think we must all factor in when planning for the future, namely what sort of public assurance we want for people who are purchasing their own care directly. It is the whole issue of what the role of the state is in safeguarding the experience of people who may go to the *Yellow Pages*. What is the role of the state? That is certainly a conversation we have begun to have with the council and parts of the sector, looking at what risks we are allowing people to manage and what role, if any, the state has in ensuring that there is some safeguarding with regard to the sort of people someone might choose to employ themselves in a caring role.

[263] **William Powell:** In the evidence of Age Cymru and the Alzheimer's Society, there was quite a lot of emphasis on the importance of interaction between staff and residents with regard to their dignity, mental health and general stimulation. To what extent does the current training framework acknowledge the importance of that, and what developments would you like to see going forward?

[264] **Mr Evans:** We have been operating at that minimum standard, with the level 2 qualification. It is certainly addressed in those qualifications, but, as we have said, we need to go beyond that to give people more skills with regard to how they have that interaction, because it is not always straightforward. Some of the simplest things are often the things that make the biggest difference. We need to get beyond that and develop further the training that is available to staff working in care settings with regard to how they achieve the best possible interaction. That will always be in the context of their having the time and space to do some of those things. I would say that it is built in at a basic level in some of the training, but it needs to be developed further.

[265] **Ms Williams:** I suppose that that is part of this work we are doing with the managers on the culture. If you go to visit these homes, as I know you have, you pick up on the culture. You can see immediately whether the culture is one where there is a great deal of engagement and a lot of emphasis on person-centred care or whether the more traditional approach still prevails. That is a developmental piece of work that needs to be done, not just by the Care Council for Wales, but collectively as we move forward.

[266] **Mr Evans:** One of the initiatives we need to develop with the inspectorate is to start looking at whether there are indicators of good-quality management and good-quality employers so that we can start to spot those situations where good practice is supported. We also need to attempt to assess at an early stage where services may be in a period of decline. We are trying to see whether it is possible to map some of the features of the manager and the support they get and the organisation to try to get ahead of that. The sort of areas you are highlighting, through the inspectors, are indicative of certain issues, including staffing issues.

[267] **Ms Williams:** One of the areas for us over the next year is to engage with the learning providers specifically because they are so crucial in ensuring that the learning opportunities offered—particularly in further education, but also through private training providers—are actually focusing on those values and modelling best practice.

[268] **Mick Antoniw:** Everything you say sounds very positive; you are looking forward and it sounds very progressive and so on, but is the reality not that we are moving to a point where there is a section of providers, probably the smaller private sector providers, that will really just not be viable within this framework if we want to achieve these things? Is that the reality?

[269] **Ms Williams:** We cannot really comment on that because we do not have that evidence ourselves.

[270] **Mick Antoniw:** Do you have an opinion on how feasible it is? Is there almost an optimum size and structure for being able to provide the sort of range of skills and training you are talking about?

11.30 a.m.

[271] **Ms Williams:** It is a new conversation, in a sense, about what is the right model. There are opportunities, but we are probably not the right people to talk to about the right business model. We will have views and opinions, but they are probably not based on our professional judgment.

[272] New ways of working need to be explored with regard to outreach from even the small providers into their communities, to look at what else they can provide. Often, small providers are located in areas where having no provision would leave a gap. So, it would be something to do with engaging with the communities as a different kind of resource. That might be something to explore.

[273] On accessing learning and development, in one of the areas that we are working on this year, we have been able to draw down £2.2 million across four countries through our partnership working to our sector skills councils. This is to develop new ways of learning through technology. One of the ways of supporting people who work in isolation—they could be small care providers or people working in the community—is to get them to ask how they can be slightly more nimble in their use of technology to access learning. If farmers can access information and learning on the tractor, then, surely, we can do it with people working in care. That is the approach that we would want to explore, to try to address the real issues

that you are addressing.

[274] I have not answered your question, but that is the best way I can put it.

[275] **Mick Antoniw:** No, but it is about being smarter, in the way we do it.

[276] **Ms Williams:** Yes. They are working in tight, isolated circumstances, are they not? The regional partnerships have been created so that people work together, share experience and share best practice, and that is working quite well in some parts of Wales. The idea of the ambassador came from the partnership. The other thing is that producing these kinds of initiatives at the national level might help at a local level.

[277] **Mark Drakeford:** Hoffwn ofyn am rywbeth ychydig yn wahanol. Un o'r pethau yr ydym wedi bod yn meddwl amdano fel pwyllgor yw sefyllfa pobl sydd ar fin meddwl am ofal preswyl a'u dewisiadau. Rhywbeth sy'n gwneud gwahaniaeth iddynt hwy yw natur a safonau'r gofal yn y gymuned. Beth y mae'r cyngor yn ei wneud, a beth yw'r sialens o ran hyfforddi pobl sy'n gweithio nid mewn cartrefi preswyl ond fel unigolion sy'n mynd i gartrefi pobl sydd am barhau i fyw gartref ond sy'n dechrau amau a ydynt yn gallu bwrw ymlaen fel hynny?

**Mark Drakeford:** I would like to ask something a little different. One of the things that we as a committee have been thinking about is the position of people who are close to thinking about residential care and their options. Something that makes a difference to them is the nature and standard of care in the community. What is the council doing, and what is the challenge with regard to training people who work not in residential homes but as individuals who go into the houses of those who want to continue to live at home that our starting to doubt whether they can carry on like that?

[278] **Ms Williams:** Gallaf gychwyn yr ateb, a gall Gerry ddod i mewn i sôn ychydig am y gwaith hwn.

**Ms Williams:** I can answer the first part, and Gerry can come in to talk a little about that work.

[279] Mae dau beth yr ydym yn eu hystyried yn bwysig iawn yn hynny. Un yw gwybodaeth glir a hawdd ei deall wrth i chi wneud penderfyniad, a hynny i wneud synnwyr o'r hyn y mae'r newid yn eich profiad yn ei olygu i chi, ac felly, pa ystod o gefnogaeth y gallwch dynnu arni wrth wneud y penderfyniad. Rydym yn croesawu'r sylw a roddwyd i hynny yn y Papur Gwyn ac a roir yn awr yn y ddeddfwriaeth. Ein profiad ni o waith y comisiwn yw bod hynny'n neges glir.

There are two things that we feel are very important in that. One is clear and easy to understand information as you make your decision, and for that to make sense of what your changed circumstances will mean for you, and therefore what range of support is available for you to draw on as you make a decision. We welcome the attention that received in the White Paper and in the legislation. In our experience, from the work of the commission, that message is clear.

[280] O ran yr ail beth, mae'r arolygaeth a ni wedi gwneud darn o waith ar y cyd i sicrhau bod y wybodaeth am y ddarpariaeth sy'n bodoli eisoes yn gliriach ac yn hawdd i'w deall, fel ei bod yn rhoi cyfle i chi ei darllen mewn ffordd dryloyw a'ch helpu i wneud eich penderfyniad, yn hytrach na siarad atoch.

With regard to the second thing, we have collaborated with the inspectorate on a piece of work to ensure that information about current provision is clear and easy to understand, so that it gives you an opportunity to read it in a transparent way and helps you to make your decision, instead of talking at you.

[281] Mae gennym hefyd y gwaith ar y model i'r dyfodol, sy'n edrych ar ddatblygu darpariaethau yn y gymuned. Un o'r pethau

We also have the work on the future model, which is looking to develop various types of provision in the community. One of the

sydd wedi rhoi llawer o bwysau arnom yw'r angen i ddatblygu mwy o gefnogaeth i gynhalwyr, fel y gallant ddatblygu eu sgiliau a'u gallu, a thynnu ar hyfforddiant sy'n eu galluogi i barhau i ddarparu gofal. Gwnaethom hefyd waith arall yn yr ymchwil hwnnw.

things that has put a lot of pressure on us is the need to develop greater support for carers, so that they can develop their skills and abilities, and draw upon training that will enable them to continue to provide care. We have also done other work as part of that research.

[282] **Mr Evans:** I am not sure whether you have had access to that work. It was a research project that we commissioned in 2010 called 'Care at Home', which addressed the issue of where we are now in terms of domiciliary care services, where we want to get to in the future and what we need to do to get there. The project was very well received and very well supported by the wider sector, and it makes a number of recommendations about how domiciliary care services need to be taken forward. I will not go through the results—but there are a number of recommendations that were very much supported by the sector in general.

[283] We see this area as critical. Although we have spoken about the work that we are doing with adult care homes, we are moving on to similar work with domiciliary care managers by registering them and going through similar processes. We are looking there at joint working with health services, healthcare staff and upskilling people to work in what has become a very complex area.

[284] Coming back to the registration issue, we strongly argue that the social care workforce needs to be wholly regulated in the same way as it is in Scotland and Northern Ireland. That is as much about the protection of the workers as it is about the protection of the users, because we already have over 1,000 workers registered with us on a voluntary basis. Some of the cases coming through to us illustrate the dangers that care workers working in people's own homes can get into through undertaking tasks that they should not be doing, but feel pressured to do and which can lead to mistakes and so on. We feel that that is potentially a vulnerable workforce given all the pressures on it, so it needs all the support that it can get in terms of education, training, learning and some elements of protection in terms of the roles undertaken.

[285] So, I think that you are right in the sense that if you are looking at the care home situation, you have to take a step back and look at what is happening before that.

[286] **Mark Drakeford:** I do not think that we have the document, Gerry, so the summary would be very helpful.

[287] **Mr Evans:** We can supply copies to the committee.

[288] **Mark Drakeford:** Thank you very much indeed. I see that Members have no further questions.

[289] Mae gennym lai na phum munud yn weddill. A oes unrhyw beth yr hoffech fynd yn ôl drosto, neu a hoffech chi sôn am rywbeth sydd heb godi yn y cwestiynau yr ydych am ei bwysleisio?

We have less than five minutes left. Is there anything that you would like to go back to or would you like to mention anything that has not come up in questions that you wish to emphasise?

[290] **Ms Williams:** Mae'n werth inni dderbyn y ffaith y bydd bob amser angen rhyw elfen o ofal preswyl nyrsio. Mae perygl y gallai'r pwyslais ar gefnogi annibyniaeth

**Ms Williams:** It would be worth our accepting the fact that there will always be a need for some element of residential nursing care. There is a risk that the emphasis on

pobl er mwyn iddynt barhau i fyw gartref gael dylanwad anfwriadol negyddol ar y sylw a roddir i, a'r buddsoddiad mewn, gofal preswyl nyrsio, ac felly yn safon neu forâl y gweithlu. Mae hynny'n rhywbeth y mae'n rhaid inni fod yn ofalus amdano.

supporting people to live independently at home could have an unintended negative effect on the focus on, and investment in, residential nursing care, and, therefore, on the quality and morale of the workforce. That is something that we must be wary of.

[291] Yr ail beth yw'r pwynt ynglŷn â phwysigrwydd data—ni allwn weld lle rydym wedi cyrraedd os na wyddom lle rydym yn awr. Felly, mae potensial i gael *national minimum dataset* neu fodel tebyg i'w rannu â chi. Gan ein bod wedi bod yn cofrestru yn orfodol pawb sy'n gweithio mewn cartrefi preswyl plant, gan gynnwys rheolwyr, mae gennym ddarlun cenedlaethol o bwy sy'n gweithio yn y sector hwnnw, pa fath o gymwysterau sydd ganddynt, a beth yw'r llif i mewn ac allan o'r sector. Mae hwnnw'n ddarlun defnyddiol iawn a, thrwyddo, rydym wedi creu perthynas newydd gyda'r sector preswyl plant sy'n canolbwyntio yn awr ar anghenion datblygiadol y gweithlu er mwyn iddo feddu ar y gallu, cymwysterau a'r sgiliau addas ar gyfer y dyfodol. Rwyf yn gadael y model gyda chi, ac efallai fod rhywbeth y gallwn ei ddysgu o'r profiad hwnnw o safbwynt sut y gallem ei ddefnyddio ar gyfer sector preswyl pobl hŷn. Dyna'r neges.

The second aspect is the point about the importance of data—we cannot see where we have reached if we do not know where we are now. So, there is a possibility of having a national minimum dataset or a similar model to share with you. As we have compulsorily registered everyone who works in a children's residential care home, including managers, we have a national picture of who works in this sector, of their qualifications and of the flow in and out of the sector. It is a very useful picture and, through it, we have created a new relationship with the residential sector for children that focuses on the workforce's developmental needs so that it has the appropriate ability, qualifications and skills for the future. I will leave that model with you, and we may be able to learn from the experience in terms of applying it to the residential sector for older people. That is the message.

[292] **Mark Drakeford:** Diolch yn fawr iawn i chi'ch dau am sesiwn ddiddorol iawn.

**Mark Drakeford:** Thank you very much to you both for a very interesting session.

11.40 a.m.

### **Y Bil Sgorio Hylendid Bwyd (Cymru): Cyfnod 1—Dull o Graffu The Food Hygiene Rating (Wales) Bill: Stage 1—Approach to Scrutiny**

[293] **Mark Drakeford:** Members will know that we will be considering four different pieces of legislation, and this is the first one, which we are embarking on formally today. We will have a team dedicated to helping us through that, so you will see some new faces at the top of the table who will be here with us throughout the work that we will do on this particular piece of legislation. The Bill was laid on 28 May and the Business Committee tells us that we must conclude our work and lay a report before the Assembly no later than 5 October. Although it might seem like a long time between now and then, as you know, the work programme that we have already committed ourselves to as a committee and the summer break means that the amount of flexibility that we have in our schedule is not as great as we might think. However, we will come to that as we go through.

[294] I will ask Fay Buckle, who will be clerking for us on this legislation, to remind us all about the nature of Stage 1 proceedings and what it is that we need to concentrate on and get through in this part of the work that we will be doing.

[295] **Ms Buckle:** The purpose of this is just to provide some of you with a bit of a refresh,

because I know that some of you are very familiar with the process, while others have perhaps not been through this process before. Also, for the benefit of the public, I will provide an outline of what happens at Stage 1.

[296] Generally, there is a four-stage process for the consideration of a Government Bill. Stage 1 is consideration of the general principles, Stage 2 is detailed consideration by a committee, Stage 3 is detailed consideration by the Assembly, and then Stage 4 is the final stage, where the Assembly agrees the final text of the Bill.

[297] This committee is at the start of Stage 1 consideration of the Food Hygiene Rating (Wales) Bill, and at this Stage the committee's main purpose is to focus on the purpose of the Bill and its general principles. So, rather than looking at the finer detail, which will come at later Stages, this will include such things as considering whether the Bill achieves its stated objectives and the need for this legislation. It is also a good opportunity to engage with stakeholders and to take evidence on their views on the Bill. This is where the committee has an opportunity to invite representations from interested parties and to take written or oral evidence to help inform your work.

[298] Really, Stage 1 is quite similar to a policy inquiry in terms of gathering evidence and producing a final report. However, there are some slight differences between a policy inquiry and the scrutiny of a Bill, in that the scrutiny of a Bill tends to be a bit more specific. Usually, at the outset we take evidence from the relevant Minister, who will come along to committee and set out the reasoning behind the Bill and its policy intention, which will help you to get an overview of what the Bill is intended to achieve and give you an opportunity to ask questions and clarify any issues of interest to you.

[299] The second part of the process will be gathering the views of witnesses on the Bill, with the purpose not being necessarily to scrutinise the work or opinions of witnesses, but to seek their views specifically on the Bill. Thirdly, we will consult on the Bill with a number of identified stakeholders; there is a list of suggested consultees in the paper, which we will need to agree later in this meeting. Then we will have a final scrutiny session, when the Minister will come back in and we will have an opportunity to question her on any issues that have arisen in the consultation responses or the oral evidence sessions. It is just a nice way of ending our scrutiny of the Bill. Finally, we will draft a report that will outline whether the committee agrees with the general principles of the Bill and possibly recommending changes to the Bill. Usually, the report will also help inform the Stage 2 process, in terms of providing ideas for potential amendments. That is a quick canter through Stage 1. If you want further detail, please contact us, or, if you have any questions, please ask them now.

11.45 a.m.

[300] **Mark Drakeford:** Thank you; that is very helpful. So, the first thing that we have to do is to agree the scope of Stage 1. In the paper that you have, at the top of page 2, there are seven themes set out as a framework for considering, as a committee, whether we think that the principles of the Bill are sound and are adequately captured in the text of the Bill.

[301] **William Graham:** I apologise, Chair, I should have asked this question when the officials were before us, but what is the designation of the businesses? As far as I can see, that is not covered in the Bill. I can see the provision—I have no problem with that at all—and the reasoning behind it, but who will be caught by the regulations specifically, because that is not in the Bill itself?

[302] **Ms Buckle:** That is a question that we would ask the Minister when she comes to the committee.



[303] **William Graham:** Yes, but it has implications in relation to whom we consult with.

[304] **Mark Drakeford:** Does anyone want to help us with this?

[305] **Ms Salkeld:** [*Inaudible.*—that are required to be registered.

[306] **Mark Drakeford:** Sorry, Lisa, I will just explain who you are, as not everyone will know. Lisa Salkeld is our legal adviser—some of you will know her already—and she will help us with these sorts of questions during the inquiry.

[307] **Ms Salkeld:** Currently, it covers all food businesses and producers that are required to be registered with local authorities. The Bill uses the same designation—which is an EU designation—that is currently used for all places that must be inspected. So, that covers anything from restaurants down to childminders. The explanatory memorandum—I cannot recall on which page it is off the top of my head—states that the Government intends to exempt some businesses via regulations. However, until the regulations are made, we will not know which are exempted. So, at the moment, a wide variety of businesses are covered.

[308] **William Graham:** My question arising from that, then, is about whether casual producers of food and drink that are not specifically businesses are caught by the regulations. Is that the case?

[309] **Ms Salkeld:** If those producers are producing food for public consumption on a regular basis, they will be covered. As the Bill is currently framed, if you regularly bake cakes in your house to sell at a market, say, then you will be covered. However, it could be that such producers would be exempted.

[310] **William Graham:** So, in those terms, it would be a question of frequency?

[311] **Ms Salkeld:** Yes.

[312] **William Graham:** So, the occasional producer would not be caught, but those who are regular producers would be.

[313] **Ms Salkeld:** Yes.

[314] **William Graham:** Does that therefore apply to churches and similar organisations?

[315] **Ms Salkeld:** It could do.

[316] **William Graham:** We should therefore be consulting with them; that would be my point.

[317] **Mark Drakeford:** Thank you, Lisa; that was very helpful.

[318] **Elin Jones:** I want to make a point about something that was alluded to there, which I raised with the Minister yesterday in Plenary. Some of the areas that will be of particular interest, particularly to businesses that are caught by this, will be the areas that are legislated through regulation, and we do not know what the content of that is at this stage. Those include such things as exemptions, how many stickers should be displayed and where—inside or outside—and all of that stuff. I raised a point yesterday about whether those regulations in draft form could be made public earlier rather than later, so that the consultation that we have will be better informed, and the people giving evidence to us will also be better informed as to the Government's thinking on this. It may well be that those regulations are already drafted, just not published. Given that these regulations are quite important to the implementation of

what is expected to be achieved by this Bill, would we then go back out to consultation once those regulations are published, at whatever Stage that is?

[319] **Mark Drakeford:** No. My understanding is that, if the Bill confers regulatory-making powers on the Minister, the matter is for the Minister to decide from then on. So, the question for us is whether we think that the Bill gets the dividing line right between those things that ought to be in the Bill, and therefore a parliament gets to determine, and those things that are properly left to the Minister. That is one of the questions that we will want to explore at Stage 1: whether or not this particular Bill divides the cake in the right way.

[320] **William Graham:** Just for information, Chair, the Business Committee is very keen that the Government should always be held to account and scrutinised. Time and again—not by intent, as far as I can detect—Bills come through without there being any suggestion of the regulations being formulated. From the Presiding Officer down, everyone is concerned that those regulations should, at some time, be scrutinised. It is a question, really, of Plenary time.

[321] **Elin Jones:** The danger here is that if we ask the Women's Institute, say, for its views on this legislation, it will want to concern itself with the exact issues that you have just raised about a person baking cakes for the WI market, and we have no information as to whether the Government intends for that to be exempted or not. So, we are really in the dark on that issue. It makes the consultation slightly misleading, almost, unless we define it very carefully, or should we open it up and ask for views on exemptions and the location of stickers? Even though that is not in the Bill, it will be in the regulations.

[322] **Mark Drakeford:** I will come back to that in a moment. Vaughan is next, then Lynne.

[323] **Vaughan Gething:** I would expect that to come out of the Stage 1 consultation. I would expect people to comment on that. Looking at the seven points that we have, the seventh point is about the balance between what is in the Bill and what is left to regulation. There is a difficult point about our capacity to scrutinise regulations more generally anyway, not just in relation to this Bill but every piece of legislation that we deal with, and the way that the Constitutional and Legislative Affairs Committee is, or is not, able to do that or whether it is appropriate to do that in Plenary. Otherwise, we could spend all of our time in Plenary looking at regulations, but I do not think that that is the purpose of Plenary. However, I would expect those things to be in there for people to comment on whether they think that the balance is right, not just in terms of what will be in the regulations and what is in the Bill, but also in terms of who should and should not be exempted. In the summary consultation response, there are clear views on this and an interesting divide between those who think that everyone should be included and a fairly substantial group of people who think that not everyone should be included. I would certainly want that to come out.

[324] In annex 4—I guess that this goes back to where William was coming from initially—we have a suggested list of people to give oral evidence. I would like to see specific food businesses included in that list and giving evidence. I know that the Federation of Small Businesses has food businesses among its membership, but there is a long list of food businesses that have umbrella bodies within the list of consultees. I would like to see at least one of those coming to us to provide direct information so that companies that are interested only in being food businesses can tell us their view on the regulations as they come out.

[325] **Mark Drakeford:** Yes, I agree with you.

[326] **Lynne Neagle:** In relation to Elin's point, we have a session with the Minister at the start of the process and another at the end of the process, when, presumably, we can explore those issues with her.

[327] **Darren Millar:** I agree with everything that has been said. Picking up on Elin's point on the issue of the regulations, to be fair to her, the Minister indicated in the Chamber yesterday that she wanted to share those as early as possible. So, hopefully, there will be some sort of draft regulations that can be considered, or the direction of travel can be considered, over the consultation period.

[328] I am concerned about the timetable, as I have indicated to you. Given that, essentially, we have only one lot of evidence sessions on one day, it may well be that we do not have time to consider other views that might emerge later, over the summer, or whenever, which may come in through the consultation. I agree entirely with you, Vaughan, that we have in the suggested list of those to give oral evidence people who are likely to be cheerleaders for the Bill. I would like to see some challenge in there somewhere: perhaps retail food businesses or bodies from the voluntary sector, as William suggested, such as charities that are fundraising on a regular basis, so we can get their views on how this will impact on them. The other group of people that we perhaps need to bring in are the victims, if you like, of problems with food hygiene. I do not know whether the mother of Mason might want to come in to give evidence from her point of view about the importance of this legislation. I think that members of the public, in some way, providing their evidence and their powerful testimony about what happens when these things go wrong is very important for the public record.

[329] **Mick Antoniw:** The public health issue is obviously an important one, and I am sure that we all know people who have had a bad burger and so on. May I ask for clarification on the regulation side? As I understand it, the Bill would give powers to the Minister to bring forward a statutory instrument, but, effectively, that is completely within the jurisdiction and control of the Minister. We have no say in it and the Assembly has no say in it; it is a power that is given to the Minister to bring forward and this relates to the concern about statutory instruments and so on. So, I am not sure that we will get anywhere on that, but we can ask. Is that right?

[330] **Darren Millar:** There is the affirmative procedure that we can request. I am not sure whether the Bill talks about the affirmative or negative procedure at the moment because I have not seen the detail, but obviously if there is an affirmative procedure, that gives us the opportunity for a debate on the floor of the Assembly in order to scrutinise the regulations that might come forward.

[331] **Mark Drakeford:** To summarise, as I see it, two issues are emerging here. On the business of regulations, it would be helpful if the committee were to write to the Minister, picking up some of those points that were made in Plenary, to which she made a positive response. However, we could emphasise that it would be helpful for us, in thinking about that seventh point on that scoping list, to consider whether the Bill gets the balance right between those issues that appear on the face of the Bill and those that are placed in regulation. We will come back to this. There is an inevitable tension between the wish of the Executive, which will always think that regulations in the hands of Ministers are a rather good way of doing things, and the Parliament, which will tend to think that more things ought to be placed more explicitly within the parliamentary framework. We will navigate our way through that issue and it would help us if we got sight of the regulations in order to make that judgment.

[332] **Vaughan Gething:** It is helpful that section 24 of the Bill on regulations makes it clear that some of the wider issues that we have just been discussing have to be approved by an Assembly resolution.

[333] **Mark Drakeford:** The Government has set out its view on those regulatory powers, but that is its view and we will want to test that and see whether we think that it has got that

right and whether we think that perhaps, sometimes, it underestimates the amount of scrutiny it would be useful to have on those powers. We may consider that the Government has got this exactly right, but it is a job for us to do and we will start it by writing and asking.

[334] In relation to the witnesses, on 12 July, there is scope for us to add another group of witnesses to the timetable and there is a helpful list among the consultees of representative organisations. I think that I am hearing across the room that it would be good to get two or three of those to come here to help us explore some questions that have been raised. So, we can do that on 12 July. We will explore Darren's point as to whether or not some people who have been prominently caught up in what happens when there is a failure in this field will also want to come to give evidence to us and we will have to see what the timetable will look like then.

[335] **William Graham:** On that, Chair, will you expand those to be consulted to include the voluntary sector? I am quite happy with a written representation.

[336] **Mark Drakeford:** If you look at that list of representative organisations, it includes the National Federation of Women's Institutes, for example, but it also includes the British Beer and Pub Association—

[337] **William Graham:** I am thinking in terms of voluntary organisations.

[338] **Darren Millar:** Charities.

[339] **William Graham:** Yes.

[340] **Mark Drakeford:** The WI.

[341] **William Graham:** Churches in particular—

[342] **Elin Jones:** I think that village halls, chapels and churches could well find themselves caught up in all of this. So, we should include anything that oversees them. I will just make the point that you have the WI down twice on the list, but you do not have Merched y Wawr at all. We are likely to make a fundamental political faux pas.

[343] **Mark Drakeford:** We will certainly include them.

12.00 p.m.

[344] **Elin Jones:** I wanted to ask whether it would also be useful to include big events. I am thinking about some of the big events that sell food in Wales, such as the Royal Welsh and the National Eisteddfod, and all those really big events where a lot of food is sold in more casual and formal settings. I am wondering whether there is anything that we would miss by not asking those people whether they have a view or a concern. There are also food festivals, for example.

[345] **Mark Drakeford:** We will definitely do that, in this way, at least: for the major events, the outreach team will be doing some work on our behalf on this very issue in the field, asking members of the public and exhibitors for their views on it. So, that will definitely go some way to hearing directly from people.

[346] **Elin Jones:** In those events, you have a lot of food retailers and businesses. So, we should not just be asking the general public, but proactively going to a lot of those people who have caravans and stalls and all that stuff.

[347] **Mark Drakeford:** Yes, as well as people from over the border, for Mick's benefit.

[348] **Darren Millar:** Is there not a problem with that information coming in over the summer, when we will already have had evidence from the Minister, and where that further information may be helpful to our Stage 1 considerations?

[349] **Mark Drakeford:** We will have to retain some sense of flexibility to determine whether or not we have the evidence that we need by the end of the summer term. Evidence that comes in afterwards is usually supplementary and either confirms points that we have already heard or extends them in a marginal way. That would be one thing, and we will handle that in one way. However, if evidence comes in afterwards that was very different, new or added points that we had not had a chance to consider, we would have to handle it differently, even if that may mean asking the Business Committee to think about its timetable.

[350] **Darren Millar:** The difficulty is that the public is cynical about any consultation that takes place where decision-making bodies such as the Assembly, local authorities or whoever it may be are concerned. For it to be such a squash without proper timetabling for consideration of the evidence that comes in over the summer within the timetable that we are agreeing now, they will think, 'What's the point?'

[351] **Mark Drakeford:** My answer to that would be this: the bulk of our consultation, if we manage to agree it today, will be done before 12 July. It is fair for us also to take into account the fact that this Bill was produced as a White Paper, and there was a substantial consultation exercise run not more than a few weeks ago. The issue is not one that will take most people and organisations with a direct interest in it by surprise. We will have a four-week consultation from tomorrow to 29 June. There are then about 10 days for those responses to be read and some analysis made of them, but I am still open to the possibility that, if we continue to have evidence beyond those points that appears to change the nature of the argument or the debate or the sort of report that we might want to make, we will want to respond to that, but we will not know that until the time. I would rather that we agree that we will remain alert to it and flexible to it if necessary.

[352] **Darren Millar:** The only difficulty that I have is that we have the Minister coming in at the tail end of things, and in advance of anything that might emerge.

[353] **Mark Drakeford:** She will not come in in advance of anything. She will come after the consultation and our oral evidence.

[354] **Darren Millar:** Yes, but before any evidence that might be gleaned from members of the public and so on over the summer period.

[355] **Mark Drakeford:** If that sort of evidence were to be of a sort that would lead us to want to think again, we might want to ask the Minister again, as well. We just have to bear that in mind, given the nature of the timetable that we are faced with.

[356] **Elin Jones:** I accept that. I wanted to make an additional point that occurred to me as you were speaking, Chair, which is that, although the Government consultation has happened and has been useful in raising awareness of the issues, there was a change of policy to include in the Bill a reflection of that consultation by including businesses that sell to businesses. In our consultation, we should strongly reflect that fact and highlight that as an area that we may particularly want to focus on. I do not know which umbrella body or individual businesses may be the right ones to come to give oral evidence on that.

[357] **Mark Drakeford:** That is a good point.

[358] **Vaughan Gething:** Our initial conversation in committee was about the concern that some food businesses that sell to other businesses have been caught up in some of the concerns about the public health outbreaks.

[359] **Mick Antoniw:** In the explanatory memorandum, it seems very clear that it is talking about businesses that supply food directly to consumers. Presumably, we will be out of sync with the purpose of the Bill if we start to look at different avenues. We need some clarification on that. If we start to look at things that are non-consumer related, effectively, it is almost invalid for us to consider that, is it not? Do you get my point?

[360] **Mark Drakeford:** I am not sure that I do yet.

[361] **Mick Antoniw:** The point is that we are talking about the inter-supply of food between businesses and the ratings, but the purpose of the Bill, as set out in the explanatory memorandum, is about supplying food to consumers. Is there any restriction ongoing beyond, or expanding, what we mean by 'consumers'?

[362] **Mark Drakeford:** My understanding is that that is not quite the way the Bill thinks of it.

[363] **Ms Salkeld:** In the definition of a 'food business establishment' in section 2(5) it includes 'food direct to consumers' and 'food to another business'. I think that food to another business is part of that.

[364] **Mick Antoniw:** That is fair enough.

[365] **Mark Drakeford:** I will go back to Elin's point. We will make sure, in the consultation letter that we send out, that we highlight the things that have changed between the White Paper and the Bill, to ensure that people have their attention drawn to that and to say that we are particularly interested in news about that, for example.

[366] To remind you one last time, the timetable will be this: the consultation starts tomorrow and ends on 29 June. We have a session with the Minister. We have an extended session on 12 July. I will mention it to you now—I am reluctant to do it, but I think that it is in the committee's gift completely—the following week, we have our general session with the Minister and we also have an hour set aside for a general scrutiny of the Deputy Minister on that day. I think that when we begin to look at the extra organisations that we have talked about today that we want to hear from, if we end up having to postpone the Deputy Minister's session until the autumn, that may be a sacrifice that we will have to make, to use that time to capture the views that we want to capture. However, it may not be necessary. We can work hard on the timetable, but are you content that we do it that way if we have to?

[367] **Elin Jones:** Did we not also agree to write to the Minister on the regulations and policy intentions?

[368] **Mark Drakeford:** Yes. That is a separate issue. Are you content about that as a timetable? I see that you are.

12.08 p.m

**Papurau i'w Nodi**  
**Papers to Note**

[369] **Mark Drakeford:** There is a paper to note. Thank you to those who replied to the e-mail about issues for the list of things for the general scrutiny session of the Minister. We will send a final version of that list in the next day or so. There is still a chance for anyone who wants to add to that to do so.

[370] We will need to return, but we have now found a tiny bit of time in June to look at the question of what we want to do in the autumn. Looking at the timetable, there are a maximum of four sessions free for us to think about. We talked last time about reserving some of that time to scrutinise LHBs and their plans. We also need to think about having at least one inquiry that we can announce before the summer so that people are prepared for that, but I want us to have a proper chance to decide because when you look at the list, you would like to do them all. So, we have to weigh up the merits of those and we have a bit of time to do that.

[371] We do not meet again until we are in Wrexham, after the break. So, I look forward to seeing those of you who will be there, there. Diolch yn fawr.

*Daeth y cyfarfod i ben am 12.09 p.m.*  
*The meeting ended at 12.09 p.m.*