



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

**Y Pwyllgor Archwilio  
The Audit Committee**

**Dydd Mercher, 25 Chwefror 2009  
Wednesday, 25 February 2009**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg. Mae hon yn fersiwn ddrafft o'r cofnod. Cyhoeddir fersiwn derfynol ymhen pum diwrnod gwaith.

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. This is a draft version of the record. The final version will be published within five working days.

**Aelodau Cynulliad yn bresennol**  
**Assembly Members in attendance**

Lorraine Barrett	Llafur Labour
Michael German	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Lesley Griffiths	Llafur Labour
Irene James	Llafur Labour
Bethan Jenkins	Plaid Cymru The Party of Wales
Huw Lewis	Llafur Labour
David Melding	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Janet Ryder	Plaid Cymru The Party of Wales

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

Gillian Body	Swyddfa Archwilio Cymru Wales Audit Office
Jeremy Colman	Archwilydd Cyffredinol Cymru Auditor General for Wales
Ian Gibson	Swyddfa Gydymffurfiaeth y Cynulliad Assembly Compliance Office
Elaine Matthews	Swyddfa Archwilio Cymru Wales Audit Office

**Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol**  
**Assembly Parliamentary Service officials in attendance**

John Grimes	Clerc Clerk
Abigail Phillips	Dirprwy Glerc Deputy Clerk

*Dechreuodd y cyfarfod am 9.31 a.m.*  
*The meeting began at 9.31 a.m.*

**Cyflwyniad ac Ymddiheuriadau**  
**Introduction and Apologies**

[1] **David Melding:** Good morning. I welcome everyone to this meeting of the Audit Committee. I will begin with the usual housekeeping announcements. These proceedings are conducted in Welsh and English. When Welsh is spoken, there is a translation available on channel 1. Proceedings can be amplified on channel 0 if you are a little hard of hearing. Please switch off all electronic equipment. That means switched off completely and not left

on silent, as it interferes with our recording equipment. We do not expect a routine fire drill. If the fire alarm sounds, please follow the instructions of the ushers to leave the building safely. We have a standing apology from Janice Gregory at the moment because of a clash of committees. I am sure that she will attend proceedings a little later if she can manage it. All other members are present.

9.32 a.m.

**Trais ac Ymosodiadau yn y GIG—Gwybodaeth gan Archwilydd Cyffredinol  
Cymru**  
**NHS Violence and Aggression—Briefing from the Auditor General for Wales**

[2] **David Melding:** By way of introducing Jeremy Colman, I will say that this is a slightly different way of working. We intend to take a briefing on the Wales Audit Office report ‘NHS Violence and Aggression’ from the auditor general. We will have a chance to clarify any points in the public session. Later this morning, when we move into private session, we will decide what route we want to follow in our evidence taking, and we will then announce the decision, as appropriate. Without further ado, I ask Jeremy to introduce his report.

[3] **Mr Colman:** As I hope is obvious, this report is a follow-up to the work that we did earlier—and, by ‘we’, I mean both the Wales Audit Office and this committee. I reported to the committee in September 2005, and the committee’s own report was issued in March 2006. The purpose of the follow-up work is to see what has happened since and particularly whether that is consistent with what the Assembly Government said that it would do in its response to the committee’s report.

[4] On the particular subject, we are not just following it up because we follow everything up; we are following this up because members of the committee were extremely concerned about the situation disclosed in my earlier reports—and rightly so, if I may say so. It is clearly unacceptable that NHS staff should be subjected to violence and aggression by the very people whom they are trying to help, or the friends and relatives of those people. Nevertheless, that is the situation. Given that this is follow-up work, its scope is quite narrow. It concentrated on examining the progress made against the recommendations and against what the Assembly Government said that it would do. The detail of that is in appendix 1 of the report, and Gillian will say a bit more about the detailed findings in a moment. I should make one observation, namely that appendix 1 is an up-to-date report on what the Assembly Government now says the timing of the implementation of the recommendations will be. Those are generally rather later than the timings that were given in the original response, so that is an issue that the committee might want to discuss.

[5] Why is violence and aggression an issue? NHS staff encounter people in unusual circumstances, when those people may not be in full command of themselves for various reasons. The reports have shown that the number of incidents is very large. This is not an occasional event; it happens thousands of times a year, as far as we can tell—and, as you will have seen from the report, there are issues about how the numbers are put together and the consistency of the figures. That was an issue when we reported in 2005 and it remains an issue now. You might think that experiencing violence and aggression is bad enough, but it is not over in a minute, as there are after-effects. If physical harm has been inflicted on someone, that is a source of continuing harm and it also has a psychological impact. One issue that emerges from our work is the variability in the way in which different NHS employers respond to that longer-term impact.

[6] What is the overall position? The Assembly Government takes this issue seriously,

and there are some steps that it has taken. Machinery has been put in place, for example, some of it in the last year, and that is evidence of some determination to do something about the problem. Nevertheless, as you will see from the report, there are still areas in which more work is needed. That is recognised by the Assembly Government in appendix 1 of its progress report. So, this is not one of those cases in which the follow-up concludes that all the problems that were identified have now been solved. We are not in that situation. The question is whether more specific action needs to be taken, or whether a more specific impetus needs to be given to address this important issue. Gillian will now summarise the report in more detail.

[7] **Ms Body:** Our report covers three main areas, and it follows the structure of the original report. The first part looks at whether the NHS understands the scale of the problem that it is grappling with, the second part looks at how the NHS is trying to prevent incidents from occurring, and the third part looks at how it responds to incidents when they do occur.

[8] Part 1 discusses whether the NHS understands the scale of the problem. This was an area that the committee was previously very concerned about. It was concerned about inconsistencies in reporting, gaps in information, and the underreporting of incidents. As for the current position, our report sets out that considerable work has been done, particularly around the consistency of information, but underreporting continues to be a real issue. Drilling down a bit further, it is evident that one problem that we found three years ago, namely staff reluctance to report all incidents, continues to be a problem. The reasons for that turn around the belief that nothing will change if an incident is reported, pressure of time in a busy department, so not finding the time to report it, and some cultural issues revolving around a tolerance and acceptance of violence and aggression—there is a feeling that they come with the territory.

[9] Significant strides have been taken on the consistency-of-information front, particularly over the past year. The NHS now uses a common definition of violence and aggression. When we reported previously, it was using seven different definitions across Wales, so it has now moved to a consistent definition. However, it differs from those used in other parts of the UK, making it difficult to benchmark outside Wales. NHS trusts now have the same incident reporting system. The Assembly Government decided not to adopt an all-Wales system, but trusts now have the same system, albeit different versions of it, which has an impact on their capacity to do things. Trusts have recently adopted a single set of indicator reporting codes, which will really make a difference to the consistency of reporting.

9.40 a.m.

[10] Initially, the Assembly Government asked trusts to recode incidents of violence and aggression retrospectively from 1 April so that it would have consistent data for the whole of this financial year. Some trusts, particularly those that have gone through mergers, found that difficult, so the Assembly Government slightly relaxed the requirement, and consistent recoding will now begin from October. By the end of this financial year, it will have six months' worth of consistently reported information.

[11] The other matter in this part of the report is about leadership within trusts. The report sets out that the Minister has appointed an all-Wales champion. All trusts have their own champion as well, which raises the profile of violence and aggression at board level and improves monitoring at board level.

[12] The second part of the report is about the ways in which trusts prevent incidents from happening. These turn mostly on the training of staff to handle situations and making environments safe. We have found progress in rolling out the training, although not all staff received the training that was intended for them, but very little progress has been made with

lone workers. These are people who are working on their own without supervision, often outside the health estate, in the community and in patients' homes.

[13] Drilling down to the detail a bit more, the previous report recognised that the NHS had produced the passport scheme, which sets out standards for staff training in violence and aggression. That has been rolled out across Wales. The taskforce found that it had not been embedded everywhere, so not all staff have received the training. There are particular issues about the more specialised training modules that are for certain members of staff, but not all. These involve learning breakaway techniques and methods of restraint. Further guidance and training is needed in that area, and the all-Wales champion and the group of trust champions recognise that that needs to be addressed.

[14] On the working environment, steps that have been taken recently include a proposal to trial high-quality closed-circuit television cameras in four accident-and-emergency departments. You may think that all hospitals have closed circuit television cameras, and most do, but they are not necessarily of the quality required to support the prosecutions of the perpetrators of violence and aggression. This trial will use a higher quality of cameras. However, the funding for that has not yet been secured, so that is very much a proposal. The other environmental issue that is currently being worked on is the development of guidance to put the safety of staff, patients and visitors at the forefront of any developments to the Welsh health estate.

[15] On lone workers, three years ago, we found that not all trusts had an automated way of logging where staff were, which is the key to protecting them. Some trusts had not invested in these systems because they were awaiting the outcome of a bid that was presented to secure funding for an all-Wales approach. That is exactly the situation today. Some trusts have an automated tracking system; some do not. The Assembly Government is putting together another funding bid for an all-Wales approach because the first was rejected.

[16] Turning to the third part of the report, which is about responding to incidents, better plans are in place to seek the prosecution of perpetrators of violence and aggression. There are signs that the NHS is working better with the police and the Crown Prosecution Service. However, there is still a real issue about supporting staff who are affected by violence and aggression.

[17] On the specific points coming out of the report, work is under way to improve the training for security staff to raise the standard of on-site security. There is evidence of more police presence, including having police permanently on-site and including hospitals as part of the beat. This has been shown to have a beneficial impact. The taskforce identified a real need to improve the speed with which staff receive support following incidents, such as getting appropriate counselling or an occupational health assessment. In 2007, the Assembly Government signed a memorandum of understanding with the Crown Prosecution Service, which it hopes will improve the historically low rates of prosecution. There is a draft memorandum of understanding with the police, but that has yet to be signed. Finally, the taskforce was very clear that there was a need to provide much better support and feedback to staff affected by incidents about what was happening with the investigations and prosecutions, to make them better informed of the outcomes. Giving that sort of support and letting staff know that the case is being treated seriously might help to reduce the incidence of personal injury claims against the employer.

[18] **David Melding:** That is very helpful. I remind Members that what we are seeking now is clarification of the report so that we can make a sound judgment on the type of inquiry that we want to take on, if any. We will then discuss in the following session, in private, the range of witnesses that we think is appropriate. So, I do not want an exhaustive discussion of what is in the report, because that is not our purpose today. However, if anyone genuinely has

points that need clarification, we can discuss them now. I will start.

[19] Jeremy, you have already referred to this, but I was quite taken aback when I looked at the appendix and saw the recommendations. One is divided into three parts, making six recommendations in total by the committee in the second Assembly. Of those six, only one has been implemented so far—and I say implemented, but the report says ‘discharged’, and I do not know whether that means quite the same thing. A couple of others are due to be discharged in February, and the rest are not due to be discharged until later this year. Is that slow or is that dilatory, in your view?

[20] **Mr Colman:** It is certainly slower than the Assembly Government said that it would be in its response to this committee. We have noticed that, since the announcement and appointment of the ministerial taskforce on this subject, a great deal more energy has been put into this. It may therefore be the case that the Assembly Government has recognised, in setting up that taskforce, that the whole subject needed more push behind it. One issue—and I hesitate over whether to call it a problem, excuse or reason, but it is one of the three—concerns whether this is the responsibility of the Welsh Assembly Government or of NHS employers. Gillian referred to the business of the recording system, and the fact that the original proposal was to have an all-Wales system. However, the business case proposing that was rejected by the Assembly Government, on the ground that it is not the employer. Now it has gone back to the idea of having an all-Wales system. One would have hoped that the issue of who is to take responsibility for this could have been sorted out rather earlier than that story reveals. So, the short answer to your question is that progress has been a lot slower than expected, and I suspect that the Assembly Government itself recognises that more push was needed than it was originally given.

[21] **Michael German:** May I just ask you about the CCTV cameras? Gillian, you said that the funding for this has not been secured. In your press statement, you say that CCTV is enhancing the security of NHS staff, but ‘many’ are still not in place. Is ‘many’ a majority of the hospitals or just a handful? What does ‘many’ mean?

[22] In addition, can you tell us a little more about the funding? Can you tell us how those who succeeded in getting funding did it, and why some failed to get funding?

[23] **Ms Body:** On how many is ‘many’—and Elaine will correct me if I am wrong—Welsh Health Estates indicated from its work that 17 hospitals out of 18 had CCTV cameras fitted. The problem with CCTV cameras is that they are not necessarily of the quality that is needed to help the prosecution and to uphold a prosecution. They are fine as far as they go, they are probably a deterrent, but they are not very helpful in securing prosecutions. Essentially, trusts have found the funding to put CCTV cameras in place, but central funding is being looked for for the pilot programme to install higher-quality CCTV cameras. It is a pilot programme and, if it works, it will be rolled out across the whole of Wales.

9.50 a.m.

[24] **Lorraine Barrett:** It is difficult not to repeat some of what has already been asked, but I have this catch-all question: has the NHS gone far enough, quickly enough? I get the feeling from the report that there is some frustration. Mike raised the question of CCTV cameras, but, for me, the big one is data collection. My feeling, from the evidence that we have, is that it is still not quite right, and until you have the evidence and you can map out the problems and how the problems start, you cannot really begin to deal with the problem properly. I find that frustrating; you probably do, too. Could the data collection have been done more quickly?

[25] Finally, Jeremy spoke about after-effects and how staff find it difficult to go back to

work. I remember meeting someone who was doing some voluntary work who told me that she had been working in an accident and emergency department—she was not a nurse, but she was a member of staff—and you could see it in her face. She was still, about a year later, unable to go back into accident and emergency. What a waste of a resource. So counselling is the other thing, dealing with the after-effects and supporting staff. Do you think that there is still a long way to go in that regard?

[26] **Mr Colman:** What I cannot comment on is whether there are good reasons for the pace having been what it has been—if the committee wanted to ask about that, it would have to ask Paul Williams and his colleagues. However, if you look at the answer that was given by Paul Williams's predecessor four years ago and consider what the answer would be today—we do not know what the answer would be today, but, on the basis of our latest report, we can guess what it would be—in rather too many cases, the answer would be much the same. The answer would be along the lines of, 'We recognise that this is an issue and we are working on it'. That is not a very comforting situation and one is left with the feeling that, had the situation been taken really seriously, the issue of recording would have been sorted out earlier. I have said a few times—I think that it is an important point—that the very fact that a taskforce has been set up in the last year suggests to me that the Assembly Government now realises that taking this matter seriously requires more energy than has been put into it hitherto.

[27] Of course, there are many issues that the NHS needs to take seriously and that is always the problem. It is easy to focus on today's issue and say, 'That should have been given priority', but there will be another issue tomorrow.

[28] **Ms Body:** May I just add to that? As Jeremy says, the witnesses were very clear about this to the committee; in fact, they probably went further than that, which is exactly the point that you are making. Until you have a handle on the scale of the problem, it is difficult to grip it effectively. It was certainly flagged up as a priority within the evidence session and in the committee's report. It is, therefore, rather disappointing that, two years later, the ministerial taskforce has said that quality of data is not fit for purpose. While there are significant steps being taken, we are still not in a position where we have consistent data reporting across the whole of Wales. We are hoping that, by the end of this financial year, we will have that for the first time.

[29] **Janet Ryder:** My question is along the same lines. There is still inconsistency in the reporting of data, notwithstanding the large amount of work that has been done, as you said, in data collection. People have to be able to feel confident in reporting an incident and it does not look to me, looking at the recommendations of the original report, that there were any recommendations about working with staff, either through unions or staff groups, to increase their knowledge of what needs to be reported and what does not need to be reported. In order to really combat this issue, do we need to look at that area?

[30] **Ms Body:** I am sure that Elaine will come in. On the committee's work and the recommendations, at that time, the passport scheme had just been introduced and a big plank of that was to provide training, part of which was to reinforce for staff the importance of reporting. There was also an issue of the definition of violence and aggression, making sure that it included verbal abuse as well as physical abuse. It was not just serious incidents of violence and aggression that staff should be reporting. The reason the committee did not have specific recommendations at that time was because of that tranche of work that was under way, working with staff through training. It is quite clear though, from the work of the taskforce, that there is still resistance to the reporting of incidents, for a variety of reasons, and there is a need to work with staff to take that forward. Perhaps staff will never report if they feel that the NHS, their employer, is not going to take it seriously.



[31] **Janet Ryder:** If I may, Chair, there are two other parts of the report that also struck me. One is the lack of progress that has been made on working with lone workers, which has not been specifically mentioned—you have highlighted it in what you have said, but it was not specifically addressed in any of the recommendations. I cannot see the issue of lone workers being dealt with, although there were supposed to be systems put in place to track lone workers. Would it be beneficial if, in a further look into this inquiry, we were to concentrate on that issue? The other thing that struck me was the co-working that needs to happen with the police and the Crown Prosecution Service. Is that an area that needs to be looked at further? One reason why some staff do not report is that they do not think there will be any consequence. That is to do with police attitudes, it is to do with the CPS and how those three bodies liaise together. Is that an area we need to look at?

[32] **Mr Colman:** I would certainly say that it is. There is evidence that, where the police take steps and show that they take the matter seriously, there is a response: the number of incidents goes down. There is a deterrent effect as well as the effect that you mentioned of staff feeling confident that something will happen. That is certainly an area worth looking at.

[33] **Ms Body:** My answer is 'yes' to both of those—they are both important areas that need to be looked at. On lone workers, the committee did not make a specific recommendation, as I recall, because it looked as if it was in hand. There was a business case that was seeking funding. I suppose that it is a lesson in following through to make sure that, if it looks as though things are on the right track and there is going to be a solution, that solution actually happens.

[34] **David Melding:** Thank you. I do not have anybody else indicating, so unless there is someone else, Darren will be the last questioner for this part of the session.

[35] **Darren Millar:** May I just explore this issue of the police and the CPS in a little more detail? You indicate that there has been no significant difference in the numbers which have gone to prosecution, despite a memorandum of understanding that was signed in March 2007. Do we know why there has not been a significant increase? The report seems to suggest that it is largely or partly due to the evidence gathered on CCTV, but is that the only reason, or is there an unwillingness by the CPS to take the things that you have found through to prosecution? Did you take evidence from the CPS as part of this, or was it just NHS bodies?

10.00 a.m.

[36] **Ms Body:** We just took evidence from NHS bodies. You are right, there is a memorandum of understanding with the CPS. It is at the end of a chain of investigation and that is why the health service recognises the importance of getting all the steps in place. The CPS will only take forward cases that have been referred to it by the police and there is still not yet an agreed memorandum of understanding with the police; that is something that is still in draft. So, working in partnership with these agencies to push up historically very low rates of prosecution is very important.

[37] **Darren Millar:** Is there an explanation for the hold-up with the memorandum of understanding with the police? You seem to indicate that the police are often short-cutting the process by issuing a fixed-penalty ticket or a caution rather than properly investigating a case and taking it through to a potential conviction.

[38] **David Melding:** I should say, Darren, that it is just clarification that you have asked for. Of course, we would seek to establish these points in our own evidence sessions and I strongly suspect that we will decide later that we want to take further evidence. There is a careful balance here, but I think that members of the audit office team are sufficiently skilled in their responses that they are not flustered anyway.

[39] **Ms Body:** I think that that question does take me to the boundaries of my knowledge, because, although we are aware of delays in signing it, I do not know the reasons.

[40] **David Melding:** It is something that we could look at.

[41] **Mr Colman:** This is speculation on my part, but violence and aggression is a very important issue to NHS staff, but the police see violence and aggression all over the place all the time. So what may seem very important in an NHS context, in the police world, they may not see it like that. That is not necessarily why they are slow in having a memorandum of understanding, but it might explain why police action appears to be very slight in relation to what, to NHS staff, might be a serious matter. The police might encounter violence and aggression on that scale every night of the week.

[42] **Darren Millar:** The perception is still that the relationship with the police is better than it was, is it not?

[43] **Mr Colman:** Yes.

[44] **Ms Body:** I think that it is probably variable across Wales. It works well in some place and not so well in others.

[45] **David Melding:** I think that we can now close this item. Just to remind Members, we will deliberate in our private session what to do next about violence and aggression against NHS staff. I thank Jeremy and his team.

10.02 a.m.

**Ystyried Ymateb Llywodraeth Cynulliad Cymru i adroddiad y Pwyllgor  
Archwilio—‘Arian ar gyfer Canolfan Mileniwm Cymru’  
Consideration of the Welsh Assembly Government’s Response to the Audit  
Committee Report—‘Funding for the Wales Millennium Centre’**

[46] **David Melding:** We have a response from Jeremy on this issue. Jeremy, do you want to emphasise anything in your evaluation of the Welsh Assembly Government’s response to us?

[47] **Mr Colman:** Thank you, Chair. I think that it is clear from the Assembly Government’s response that it has taken very seriously the committee’s recommendations and, with the benefit of the committee’s work, and possibly also with hindsight, it has realised the shortcomings of its previous approach to the subject. Action has already been taken and the further action proposed strikes me as being quite satisfactory, so, subject to our continuing to follow up to make sure that these things actually happen, the response is a very positive one.

[48] **David Melding:** Do Members have any queries? I see that we are content. Thank you.

10.04 a.m.

**Cynnig Trefniadol  
Procedural Motion**

[49] **David Melding:** I propose that

*the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).*

[50] I see that there are no objections. Thank you.

*Derbyniwyd y cynnig.*

*Motion carried.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.04 a.m.*

*The public part of the meeting ended at 10.04 a.m.*