



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

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

**Dydd Mercher, 3 Mawrth 2010  
Wednesday, 3 March 2010**

**Cynnwys**  
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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.

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**

Lorraine Barrett	Llafur Labour
Jeff Cuthbert	Llafur Labour
Bethan Jenkins	Plaid Cymru The Party of Wales
Sandy Mewies	Llafur Labour
Jonathan Morgan	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Chair of the Committee)
Nick Ramsay	Ceidwadwyr Cymreig Welsh Conservatives
Jenny Randerson	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Janet Ryder	Plaid Cymru The Party of Wales

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

Gillian Body	Archwilydd Cyffredinol Cymru Auditor General for Wales
Mark Jeffs	Arbenigwr Perfformiad, Swyddfa Archwilio Cymru Performance Specialist, Wales Audit Office

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

Alun Davidson	Clerc Clerk
Andrew Minnis	Dirprwy Glerc Deputy Clerk

*Dechreuodd y cyfarfod am 9.27 a.m.*  
*The meeting began at 9.27 a.m.*

**Ymddiheuriadau a Dirprwyon**  
**Apologies and Substitutions**

[1] **Jonathan Morgan:** I welcome Members to the Public Accounts Committee. I remind everyone that mobile phones, BlackBerrys and pagers should be switched off, as they interfere with the electronic systems. We are a bilingual institution and headsets are available for translation. Translation is available on channel 1 and amplification on channel 0. If the fire alarms sound, the ushers will instruct Members and members of the public. I have not been informed of a drill, so if the alarm sounds please follow their advice. We have received apologies from Irene James. I also welcome the Auditor General for Wales to her first meeting of the Public Accounts Committee in that capacity, though it is not her first meeting with us. It is a pleasure to welcome you this morning, Gillian.

9.28 a.m.

**Gwasanaethau Therapi Ocsigen yn y Cartref: Cyngor gan Archwilydd  
Cyffredinol Cymru  
Home Oxygen Therapy Services: Advice from the Auditor General for Wales**

[2] **Jonathan Morgan:** You will recall that the Wales Audit Office published its report in July 2008. The committee report was published in February 2009. We sought additional comments from the Welsh Assembly Government and sought advice from the Auditor General for Wales on the content of the reply. There are two main issues, which are at the heart of our continued consideration of the issue. Both have been addressed by the Auditor General for Wales in her advice. The first is the financial savings being made through the increased use of the specialist clinical assessments. The second is the learning of lessons across the Welsh Assembly Government. Do you want say anything at this point, Gillian, in relation to the advice that you have provided to the committee?

[3] **Ms Body:** Yes. As you say, there are two issues. The first is the letter from the Minister for Health and Social Services in response to the committee's recommendation on financial savings. To provide some background, the new contract and arrangements involved the use of specialist clinicians to assess patients' needs, which was primarily intended to improve the quality of care to patients. It was also anticipated that that would lead to a more economical supply. The point was reinforced in our report, where we had a case study from Blaenau Gwent, which suggested that an initial assessment reduced the number of patients who were clinically appropriate to receive home oxygen therapy services by 50 per cent. There was a real driver there to say that there could be financial, as well as patient care and safety benefits.

9.30 a.m.

[4] When the committee reported, it was disappointed at the progress made to develop these specialist clinical services, and that was, as you said, at the beginning of last year, three months after the start of the contract. The Minister has responded to say that savings have been made in the order of £44,000, which is less than 1 per cent of the total contract, but she is unable to confirm, however, that that is as a consequence of increased use of specialist assessments. That is rather worrying, because it suggests that either the clinical assessments are still not well embedded in Wales, or officials in the Assembly Government do not have a grip on the extent to which they are, or are not, being used. So, there is a suggestion that the anticipated benefits of the new contracting arrangements are not yet being realised. I therefore flagged that matter as being of concern, and I have suggested that the committee might want to write to Paul Williams specifically to see what he is doing to drive this through and whether he has a handle on the extent to which clinical assessments are being applied, in addition to whether there are further financial savings to be driven out through the remainder of the contract.

[5] **Jonathan Morgan:** I am trying to refresh my memory. When the Government introduced the new contract, was there any indication at that time of how quickly it thought those particular financial benefits or other, more general, benefits might be realised as a result?

[6] **Ms Body:** The Assembly Government provided funding to set up these specialist clinical assessments. When Ann Lloyd appeared before the committee, she expressed disappointment that progress had been so variable to that point, and she also said that the Assembly Government had clawed back funding from a handful of the then trusts because she was so disappointed with the progress that they had made. The evidence at that point, which is over a year ago now, is that the Assembly Government was really driving this forward, but that is not so evident from the Minister's latest communication.

[7] **Janet Ryder:** Having read these letters, I would share that concern. Writing to ask for further clarification on this is definitely the way forward for this committee. It is concerning if the Assembly Government is driving this through, as it is supposed to, but is still not certain as to how far it has been embedded. You wonder what kind of checks and balances are in there. Perhaps we can enquire about that and seek clarification.

[8] **Jenny Randerson:** I agree. In an earlier part of our lives, Chair, when you were chairing the health committee that I was a member of, I spent a day in Blaenau Gwent talking to the staff involved. The issues, I think, are twofold, in that not only were they making considerable savings on the budget, they were identifying dozens of patients who had been inappropriately put on oxygen when they had other illnesses, which meant that they were therefore having inappropriate treatment. We are talking therefore not just of savings to the health budget, but of a much better outcome for patients, too. So I endorse the fact that we need to take this matter further, as has been suggested.

[9] A second, separate issue concerns the letter from the Permanent Secretary and the actions that have been taken on project management. I do not see any reference there to bringing in external expertise, by which I do not necessarily mean consultants, but recruiting people to the civil service who have expertise in project management. I wonder how Gillian would comment on whether the civil service should be looking at that, because it has always struck me that the problem with the civil service is that it does not necessarily have the appropriate experience.

[10] **Ms Body:** I think that the Permanent Secretary recognises the issue of project management skills. The focus of her letter is very much on up-skilling staff who are already employed in the Wales Audit Office and on the initiatives that they are taking. I do not know whether that goes beyond that and into their recruitment processes, but I suspect that this is not a completely exhaustive list of the initiatives that they are taking forward.

[11] **Sandy Mewies:** I remember the introduction of the home oxygen contract, which caused chaos and despair in some individuals. What concerns me is that there are two separate issues here. There may be a cost-saving issue, which is extremely important from your perspective, but just as important is the fact that patients may be getting the wrong treatment, and the effects of that treatment. So, we must have the accounting officer here to talk about those particular issues, and make it very clear that we want to explore them, and not just say, 'Come along and update us', because they are issues that we need to explore.

[12] In looking at the letter from Dame Gill Morgan, what struck me was how siloed it was. It talks about this and that director of finance looking at their own issues, deciding whether they need to learn lessons and what lessons need to be learned, and deciding on the way to do it. There does not seem to be anyone overlooking that group of people to see whether what they are doing is the right thing or will be effective. It is not a contradiction in terms, because they have that responsibility, but how will consistency come out of that? I might be wrong, but the impression that I got was that it was a very siloed approach. I see that the work has to be done individually, but it then has to be drawn together somehow so that we can see what is happening Wales-wide with regard to what lessons have been learned, what they are doing about them and how they are sharing best practice.

[13] **Jonathan Morgan:** You raise an important point, because we see the issue of how Government learns those lessons mentioned in many reports of the auditor general, and how those lessons are shared across Government has been an important issue.

[14] **Ms Body:** The letter from the Permanent Secretary is at the end of a trail of correspondence. She has previously written to this committee to talk about the arrangements

that she has made to address the point that you made about silo departments and working across departments. In terms of home oxygen provision, she said that this had been referred to an operations group, which I take to be a pan-Assembly Government group, to decide what to do about the specific case. The committee subsequently went back to ask what the operations group had decided, which is what this letter is responding to. I think that what she is saying is that there is an operations group to drive improvement, which will point to the lessons, but then that will be shared with the various departments through their heads of finance for them to consider their applicability to their departments, and to raise it with that department's corporate governance committee. There is an element of looking at it pan-Assembly Government, as well as looking specifically at what is happening within individual departments. The only thing that I would say on that is that the proof is in the testing of this, and my suggestion there was that the committee might wish to look to the Wales Audit Office to test how the arrangements are working in practice by following through audit reports, and just seeing what happens. We will only be able to judge how effectively the heads of finance and the operations group have taken this forward through testing it in practice.

[15] **Sandy Mewies:** In some ways, it looks to me like bureaucracy gone bonkers, but perhaps it is not. I would like to make that test quite soon to see what is going on, and how fast that is moving. As I said, it may be an issue of money on the one hand, but, on the other, it is about patients with very serious conditions.

[16] **Jonathan Morgan:** There are two specific things that we could do following our discussion. The auditor general suggests in her letter that we ought to ask the accounting officer whether he is satisfied that effective specialist clinical assessment services have been established throughout Wales, and ask him to assess the further scope for financial savings through the improved use of those services. That is on the second page of Gillian's letter. I think that we should write to Paul Williams on that particular matter. As per the suggestion in Gillian's letter, it would also be wise to ask the Wales Audit Office to test the Welsh Assembly Government's arrangements for learning lessons as part of its routine follow-up work on audit actions. Perhaps you can inform the Public Accounts Committee of those findings in due course.

9.40 a.m.

[17] This is certainly something that we have encountered over a whole range of issues: learning lessons is a theme that emerges time and again. It was probably more promising when we considered the issue of sustainable decision making, because we know that the Government, since the appointment of the current Permanent Secretary, has made changes that we hope will improve the situation in the future, but it has taken a long time to get to that position. However, as you mentioned, Sandy, this is an issue that we need to return to. So, if the audit office is doing any further testing of that through follow-up work, that would be useful to us. Are Members happy with that course of action?

[18] **Jenny Randerson:** I am happy with that, but it is worth noting that the specialist clinical assessment that you referred to involves specialist nurses. It is not the case that we often encounter problems with recruiting consultants and so on. It is a cost-efficient service and it mystifies me that, all these years on, it still appears that that has not been put into place.

[19] **Jonathan Morgan:** Thank you, that is helpful. I see that there are no further points on this.

9.41 a.m.

**Trais ac Ymddygiad Ymosodol yn GIG Cymru: Cyngor gan Archwilydd  
Cyffredinol Cymru**

## **Violence and Aggression in NHS Wales: Advice from the Auditor General for Wales**

[20] **Jonathan Morgan:** Reports were published by the audit office in September 2005 and the committee published a report on this in July 2009. The Welsh Assembly Government provided an update in January and we sought the advice of the audit office on that update. The auditor general has found that good progress has been made in many areas, but she has also listed a range of actions that have not been fully implemented. Do you want to say anything at this point on the advice?

[21] **Ms Body:** Protecting NHS staff from violence and aggression is an ambitious agenda. There is a lot of cultural change, investment in tools and systems to support that. The comprehensive update report points to a lot of the progress that has been made. However, it also points to quite a few important things that are in train, but not yet concluded, such as the fundamental review of the training that is being provided, implementing an alert system to support lone workers and the recruitment of case workers. So, there are quite a few core things that are still to be delivered. In addition, it has provided some reported incidents data, but they are still not based on the better information that is expected from October, when all health boards started to report on a consistent basis. So, the first six months of better data will come at the end of this month, and the first year in October. It has also provided some figures on the levels of training that are worrying, as they show quite low compliance in a number of health boards. While it is on a journey that it may, perhaps, never get to the end of, because more can always be done, I would advise that this is not the point to take focus off this particular area. My suggestion is that you might like to seek a further update, perhaps at the end of this year, when a full year's data is available, to see whether it has sustained the progress that it has already made.

[22] **Sandy Mewies:** I think that that is an excellent way forward. This is an ambitious agenda and, as you said, 100 per cent achievement may not be possible but things are being done. There is cross-party and Government agreement that violence against NHS staff will not be tolerated. We need to monitor what is happening and have an update.

[23] **Bethan Jenkins:** I would like to thank Gillian Body for outlining where we need to look in the future and writing down so clearly what we need to return to. We need to keep that on the record. The other element of the report that I wanted to keep an eye on is the changes to the law, because I note that the Minister said that, once these changes had taken place or recruitment had been enhanced, they would look at the new legislation to include all emergency workers. I want to keep that open as well, because it was something that the Royal College of Nursing felt strongly about. Others did not state it as strongly, but it is something that the unions want, so I am conscious of wanting to keep that open for when we reconsider this report.

[24] **Janet Ryder:** I would agree. It will be interesting to look at this at the end of the year, when the statistics are in, because there is uncertainty as to whether there is a rise in the number of attacks being reported or in the actual number of attacks. When we look at this at the end of the year, when the new statistics are in, would there be any way of producing a breakdown and of seeing whether awareness training and encouraging people to report incidents has led to the increase, or whether there has been an actual increase?

[25] One piece of evidence that we took was on having security police based in accident and emergency units and the impact that that would have. Is there a way of tracing the units that have introduced that system to see the impact that that has had, so that we can try to see what is creating this increase? Is it that we are just seeing an increase in violent attacks against staff in general? It was worrying that the rise was in attacks directed at staff that were

not dependent on medication: in other words, they were gratuitous violent attacks on front-line service staff. That is alarming, and when we see the breakdown and consider this issue again it would be useful if there was a way that we could see what has created this rise. I would be more content if the rise was due to increased reporting, because that would mean that staff are more aware of the need to report, but if it is that there is an actual increase in the number of attacks, we need to take further action urgently.

[26] **Ms Body:** This is a very difficult area. As you rightly say, the Government and the NHS are trying to improve reporting by staff so that they have a better handle on the level of violence and aggression. So, in some ways, you might think that an increase in reported incidents is a success, because it means that staff feel more confident that if they report an incident something will happen about it and there is value in them doing so. The problem in unpicking the data relates to the quality of the data that are currently available. If you look at the data provided by the Assembly Government, there are some very peculiar things. For instance, you have one local health board reporting three incidents of serious violence and aggression, while other health boards are reporting over 200 incidents. So, you can see that the data are weak. It is worth asking the question, with regard to the update, whether some qualitative information on what is going on behind trends in data can be provided. However, I am not confident that the Government will be able to use the data that it currently has to do that.

[27] **Lorraine Barrett:** I agree with everything that has been said. It is a very useful paper. I am interested in the gratuitous violence. Could we have some figures on that at some point? It is stated here that gratuitous violence is violence not related to clinical condition, drugs—and, I presume, alcohol—and so it is just people who are fed up of waiting in accident and emergency departments or who are unhappy with what they have just been told or whatever.

[28] **Ms Body:** There is an attempt to capture in the data people who are violent and aggressive because of their clinical condition. For example, people coming around from an anaesthetic might lash out, and that would be completely out of character. So, there is an attempt to distinguish between those kinds of incidents and other incidents of violence and aggression. I would think that alcohol and drugs would be on the list.

[29] **Lorraine Barrett:** The tables are fascinating, as Gillian mentioned, in relation to the low levels in some areas, although there may be particular reasons for that. I am interested that the 'care of the elderly' and 'surgical' figures seem to be particularly high in the Cardiff and the Vale area. I am not sure what can be done about that.

9.50 a.m.

[30] I presume that that will come out of some future work. Whether it is related to mental health conditions or EMI conditions, it almost cannot be helped, in some ways. Do you see what I am saying, Chair? There is a differentiation between the different types of violence, but it all needs to be dealt with and prevented in one way or another. That is just an observation after having looked at the figures. I am also interested in post-attack counselling for staff, so it would be useful to keep an eye on the quality and the amount of counselling and support available at each trust for staff who suffer an attack.

[31] **Jonathan Morgan:** The issue of the robustness of the data is certainly something that we will have to look at when we return to this.

[32] **Nick Ramsay:** Moving on from Lorraine Barrett's comments, and looking at page 7 and the different types of violence, section 4.5 deals with caseworkers on the ground to assess the differences between, for example, someone who might go in brandishing a knife or a gun,



and someone who might lash out. What I picked up on in that section was that it is expected that these case managers will be in place by the end of spring 2010, because we have had the reorganisation, so obviously things have been up in the air. It is expected, but will it definitely be the case? We know that the reorganisation has thrown up some financial issues and problems. Will they affect that?

[33] **Ms Body:** My understanding is that some caseworkers are already in place. There is an example of best practice further up that page, showing that Cardiff and Vale appointed a case manager from February last year. What I read into that statement is that they do not all have case workers yet, but they are actively recruiting. I would think that they have given that deadline with a degree of confidence, but that is one of the things to follow up, because it is not just important that they have case managers, but that they operate in an effective way, as intended.

[34] **Jenny Randerson:** I wanted to turn to the issue of the memorandum of understanding with the police and the Crown Prosecution Service, because clearly this will lead to a considerable increase in their workload. The memorandum itself says that this is likely to lead to a substantial rise in the number of prosecutions. So, we are looking at this from the NHS side, but should we not also talk to the police and the CPS to ensure that they are coping efficiently and effectively with that increased workload? Given the number of incidents that have been identified as gratuitous violence—and there are bound to be those that exist in the middle as well—there are bound to be hundreds of people interviewed by the police, all of which takes a lot of police time. So, I am also interested in whether the other side of the equation is working well.

[35] **Jonathan Morgan:** Before Gillian responds, we have a final, quick point from Bethan.

[36] **Bethan Jenkins:** This is something that came up in previous evidence and was noted in the Minister's response about security staff. There were concerns that many security staff were not being trained and agency staff were coming in without being fully aware of the situation in the hospital. I did not fully understand the training assessment for security staff that was mentioned in previous evidence sessions, but the information given here implies that it is up to the NHS organisations to decide who they feel is fit for that role—whether it is a police community support officer or a member of security staff. That response is not as strong as I would have liked in terms of ensuring that the security staff who are in a prominent position in most accident and emergency departments and hospitals would be fully rehearsed in the operations of that hospital. That is something else that I would like to bring up with the Minister.

[37] **Ms Body:** On the first point about the partnership with the police and the Crown Prosecution Service, you are absolutely right, and the committee took evidence from both and concluded in the report that it was very disappointed with the level of prosecutions. We are hopeful that a memorandum of understanding will improve the way in which the various partners work together to achieve a better outcome. There is no reason why the committee could not follow that up with the police and the Crown Prosecution Service to see what impact this has had on them and whether they see the arrangements working more effectively.

[38] **Jonathan Morgan:** I think that we are clear where we need to go with this. Towards the end of the year, we will require a further update from the accounting officer. We could request that in written form to start with and, if we are not content with that response, we could schedule an evidence session so that the accounting officer could come here. On the other hand, we could move straight to inviting the accounting officer in, but we might want to test the waters first by requesting a written response.

[39] A concern I raised at the time, in addition to all of the other concerns we raised, related to the lack of evidentially capable CCTV systems. In its response, the Government said that a pilot scheme began in December last year at Royal Gwent Hospital, Prince Charles Hospital, West Wales General Hospital and Ysbyty Gwynedd. My only concern about that is the question of how long you need a pilot scheme to run before you realise whether a camera is capable of picking up an image of someone being attacked. So, on that front, to assist with the number of prosecutions, I hope that, by the end of the year, those CCTV systems that needed to be replaced will have been replaced because, without the ability to capture evidence-quality images, the CPS has its hands tied. That is an additional point, but we will return to the matter later in the year.

9.57 a.m.

**Adroddiad Dilydol ar Ddysgu Seiliedig ar Waith: Cyngor gan Archwilydd  
Cyffredinol Cymru  
Work-Based Learning Follow-up Report: Advice from the Auditor General for  
Wales**

[40] **Jonathan Morgan:** Again, this is based on an audit office report that was published in 2006. The Audit Committee in the second Assembly reported on this in 2006. There was a follow-up report in 2009, and we wrote to the Assembly Government in November 2009, asking about the mechanisms that it had put in place for learning the lessons. The auditor general has provided her advice to Members based on the reply from the Welsh Assembly Government. As I understand it, your suggestion—and I think we would concur and ask whether this is possible—is to test again the Assembly Government's arrangements for learning the lessons, as part of the routine follow-up work that you will be doing. Perhaps you could inform the Public Accounts Committee in due course whether you feel that the Assembly Government has learnt the lessons.

[41] Does anyone have any issues to raise about the letter from the Assembly Government or the advice of the auditor general?

[42] **Jeff Cuthbert:** I would just like some clarification. In terms of the first two items that we discussed today, it seemed quite clear what we were addressing. On this one, I am not so clear, although I acknowledge that, as I was not part of the committee before, I do not have that experience. What are we focusing on here? Are we focusing on the arrangements within the Welsh Assembly Government, and DCELLS in particular, for the organisation of the administration of work-based learning or the delivery of the work-based learning mechanism, which is done in partnership? Whereas the previous two items that dealt with the health service were clearly matters for the Welsh Assembly Government alone, work-based learning is very much about us working in partnership with work-based learning providers and, indeed, private industry. So, what is the focus of this report?

[43] **Ms Body:** The focus of the Wales Audit Office report was to follow up an earlier examination that we had carried out to ensure that appropriate actions had been taken forward, and it was a positive follow-up report. The one area of concern was whether the Assembly Government was systematically learning the lessons across the Assembly Government machinery. We said that DCELLS had rightly identified the main lessons and had learnt those within the department. What was not clear was whether those lessons had been learnt more widely across the other departments in the Assembly Government.

10.00 a.m.

[44] So, the point of concern was less about work-based learning per se than the way in

which the Assembly Government systematically learnt, disseminated and embedded lessons from audit work. To that extent, this covers the same territory as the home oxygen issue. In this case, DCELLS had clearly learnt the lessons and the committee asked for specific examples of how those lessons had been taken forward more broadly. The letter talks about the arrangements that are now in place for learning lessons, and provides some examples of how those have worked in practice. However, it does not specifically pick up on how the lessons from the work-based learning issue have been addressed. We are not surprised about that because when we did our report, we looked for that evidence and could not find it. The letter confirms that there was a weakness in the previous arrangements. The Permanent Secretary says that she has changed those arrangements to work across the departmental silos, in order to learn lessons. I am suggesting that we should test those arrangements going forward, in order to see that they are delivering what is envisaged.

[45] **Jeff Cuthbert:** I am clearer on that now. So, in essence, when we are talking about the lessons learnt, they relate to the way in which work-based learning is organised and delivered, whether through a partnership or not, and, for example, how it might be embedded in the 14-19 learning pathways. It is about learning those sorts of lessons to improve the performance of work-based learning in Wales. Is that what we are talking about?

[46] **Mr Jeffs:** Not exactly. The report focused to a much greater extent on the financial arrangements of work-based learning. It resulted from the audit of Education and Learning Wales's accounts back in 2004-05, when there were serious weaknesses in the financial controls of work-based learning providers, which meant that there were qualifications on almost all of the work-based learning providers' systems and use of funds.

[47] **Jeff Cuthbert:** I remember the ELWa days.

[48] **Mr Jeffs:** So, the report was about the improvement that had been made in the particular context of giving public money to smaller organisations that are sometimes not used to the controls in relation to managing it.

[49] We then looked at how those lessons had been applied more broadly. As Gillian said, when we looked at it, it was difficult to do as a piece of audit work. You can look at the Assembly Government's programmes and projects and maybe find ones that did not experience the problems that occurred in work-based learning, but it was very difficult to demonstrate that that was because they had learnt lessons, rather than because they had someone who was very good who would not have made those mistakes in the first place, or because they had just got lucky. That is partly why the Assembly Government has struggled to come up with examples, namely because there is a difficulty in linking, through evidence, what happens on the ground to learning actual lessons from another programme. That is why, in the report, we focused on testing the system for sharing lessons rather than looking for individual examples, and why it is right, going forward, that we continue to test that system.

[50] **Jonathan Morgan:** Are there any further comments on this? I see that there are not. We would share your view on being able to test this now as you do your follow-up work in this regard. The auditor general has mentioned that the committee has the opportunity to explore the issue of the management of public funding for small private organisations. You are due to publish a report on the management of funding to Cymad Cyf, and there will, potentially, be an opportunity to examine how public funding is used to support private organisations as part of that report. We may consider using that as a vehicle for testing that issue.

[51] **Mr Jeffs:** In the letter, we mention that the committee has the option of writing to the Permanent Secretary to request a response on our recommendations, just to get on record what it is planning to do.

[52] **Jonathan Morgan:** I am sure that we would be happy to do that. I know that we have the option of calling in the Assembly Government again, but I think that, at this time, the potential for that is probably limited. At this stage, we shall write to the Permanent Secretary again to highlight this, and, once any follow-up work is done, we will return to this at a future point, when you can advise the committee.

10.04 a.m.

### **Cynnig Trefniadol Procedural Motion**

[53] **Jonathan Morgan:** I move that

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

[54] I see that the committee is in agreement.

*Derbyniwyd y cynnig.  
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.04 a.m.  
The public part of the meeting ended at 10.04 a.m.*