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**Date: 10th March 2022**

Dear Sir/Madam,

A digital meeting of the **Governance and Audit Committee** will be held via Microsoft Teams on **Wednesday, 16th March, 2022 at 2.00 pm** to consider the matters contained in the following agenda. You are welcome to use Welsh at the meeting, a minimum notice period of 3 working days is required should you wish to do so.

This meeting will be recorded and made available to view via the Council's website, except for discussions involving confidential or exempt items. Therefore the images/audio of those individuals speaking will be publicly available to all via the recording on the Council website at [www.caerphilly.gov.uk](http://www.caerphilly.gov.uk)

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Christina Harrhy', enclosed in a large, loopy oval shape.

**Christina Harrhy**  
CHIEF EXECUTIVE

## AGENDA

	Pages	
1	To receive apologies for absence.	
2	Declarations of Interest.	

Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest(s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

**A greener place Man gwyrdach**



To approve and sign the following minutes: -

- 3 Governance and Audit Committee held on 25th January 2022. 1 - 10

To receive and consider the following reports: -

- 4 Governance and Audit Committee Forward Work Programme. 11 - 12
- 5 Audit Wales Work Programme and Timetable - Caerphilly County Borough Council. 13 - 18
- 6 Six Month Update on Corporate Complaints Received for the Period 1st April to 30th September 2021. 19 - 60
- 7 Corporate Risk Register (Q2 21/22 6 Month Update). 61 - 68
- 8 Regulator Proposals for Improvement Progress Update. 69 - 76
- 9 Update on Tracking of Agreed Audit Report Recommendations. 77 - 86

**Circulation:**

Councillors M.A. Adams, Mrs E.M. Aldworth, J. Bevan, D.T. Hardacre, C.P. Mann, B. Miles, Mrs T. Parry, Mrs M.E. Sargent (Chair), Mrs J. Stone, J. Ridgewell, G. Simmonds and J. Simmonds

Lay Member: Mr N.D. Yates

And Appropriate Officers

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## GOVERNANCE AND AUDIT COMMITTEE

### MINUTES OF THE MEETING HELD VIA MICROSOFT TEAMS ON TUESDAY 25TH JANUARY 2022 AT 2.00 P.M.

#### PRESENT:

Councillor M.E. Sargent – Chair  
Mr N. Yates (Lay Member) – Vice-Chair

#### Councillors:

M.A. Adams, Mrs E.M. Aldworth, C.P. Mann, B. Miles, and J. Ridgewell.

Cabinet Member: Councillor Mrs E. Stenner (Performance, Economy and Enterprise)

#### Together with:

R. Edmunds (Corporate Director of Education and Corporate Services), S. Harris (Head of Financial Services & S151 Officer), D. Gronow (Acting Internal Audit Manager), R. Kyte (Head of Regeneration and Planning), A. Dallimore (Regeneration Services Manager), S. Richards (Head of Education Planning and Strategy), A. Southcombe (Finance Manager), J. Pearce (Business Improvement Officer), H. Williams (Senior Audit Assistant), R. Barrett (Committee Services Officer), M. Harris (Committee Services Support Officer)

M. Jones (Audit Wales), B. Roberts (Audit Wales)

#### RECORDING AND VOTING ARRANGEMENTS

The Chair reminded those present that the meeting was being recorded and would be made available to view following the meeting via the Council's website, except for discussions involving confidential or exempt items - [Click Here to View](#). Members were advised that voting on decisions would take place via Microsoft Forms.

#### 1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors J. Bevan, D.T. Hardacre, Mrs T. Parry, G. Simmonds, J. Simmonds and Mrs J. Stone.

#### 2. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

#### 3. MINUTES – 12TH OCTOBER 2021

It was moved and seconded that the minutes of the Governance and Audit Committee held on 12th October 2021 be approved as a correct record, and by way of Microsoft Forms and

verbal confirmation (and in noting there were 7 for, 0 against and 0 abstentions) this was unanimously agreed.

RESOLVED that the minutes of the meeting held on 12th October 2021 (minute nos. 1-10) be approved as a correct record.

#### **4. GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME**

Mr Steve Harris (Head of Financial Services & S151 Officer) presented the Governance and Audit Forward Work Programme for the period March 2022 to April 2022.

Members noted the details of reports scheduled for the forthcoming meetings and Officers sought approval for an additional report (the Audit Wales 2022 Audit Plan) to be added to the Forward Work Programme for the meeting scheduled for 16th March 2022.

It was moved and seconded that subject to the inclusion of the aforementioned report, the Forward Work Programme be approved. By way of Microsoft Forms and verbal confirmation (and in noting there were 7 for, 0 against and 0 abstentions) this was unanimously agreed.

RESOLVED that subject to the inclusion of the Audit Wales 2022 Audit Plan report for the meeting on 16th March 2022, the Forward Work Programme as appended to the meeting papers be approved.

#### **REPORTS OF OFFICERS**

Consideration was given to the following reports.

#### **5. AUDIT WALES WORK PROGRAMME AND TIMETABLE – CAERPHILLY COUNTY BOROUGH COUNCIL**

Mr Mark Jones (Audit Wales) presented the report, which gave an update on the Financial Audit work and Performance Audit work being carried out by Audit Wales in respect of Council activities and the 2021-22 Programme as set out in Audit Wales' Audit Plan.

Members noted the Financial Audit Work on the 2020-21 grants and returns, with certification on all six items now completed as of 20th January 2022. There have been no significant qualifications of any of those six grants and these have been a very positive set of audits which reflects very well on the Council and its Officers. Members also noted that the audit of Blackwood Arts Centre's 2020-21 accounts have been completed and are due to be considered by Cabinet ahead of certification by the Auditor General for Wales at the end of the week. In addition, Audit Wales are due to begin their planning on the audit of the Council's 2021-22 statement of accounts in February 2022.

Ms Bethan Roberts (Audit Wales) was welcomed to her first meeting of the Committee, and gave an overview of the Performance Audit Work being carried out by Audit Wales. It was noted that work on the Annual Audit Summary has been completed and was on the agenda for later in the meeting. Audit Wales are currently working on the Springing Forward project, which is a thematic piece of work looking at how effectively councils are strengthening their ability to transform, adapt and maintain the delivery of services, and are also in the process of finalizing the project brief for the Local risk-based project to be carried out. The Committee also noted the Improvement reporting audit of Caerphilly

Council's Assessment of Performance for 2020-21 which was included on the meeting agenda, together with details of the local government national studies planned / in progress, information on Audit Wales national reports and other outputs published from 1st April 2021, and forthcoming Good Practice exchange events and publications.

In response to a Member's query on the local risk-based project work, it was confirmed that Homelessness is currently one of the options being considered and that an update will be provided on progress made on this project work at the next meeting of the Committee. The Member asked if this work was still on track to be completed by 2022. Ms Jones explained that Audit Wales would be re-examining this timeframe and working with Officers to ensure that this work is properly scheduled and takes into consideration any potential impact on the forward work programme.

Clarification was sought regarding the ongoing engagement around Recovery Planning and Ms Jones explained that the Assurance and Risk Assessment project is an ongoing piece of work during the year involving the examination of Council meetings, meetings with officers and a selection of document reviews to gather Assurance. It was also clarified that this Recovery Planning specifically relates to recovery planning in relation to the Covid-19 pandemic.

The Corporate Director for Education and Corporate Services also provided clarification around the description of Recovery Planning in the Audit Wales document, with it noted that although the recovery work is complete, the Council continues to work with Audit Wales and other regulators in terms of any specific risks that have emerged throughout the course of the year. The Council will also be meeting with all their regulators at a workshop in March 2022 where the regulators will advise the Council what they have established over the last 12 months in terms of the Council's position. The regulators will highlight any areas of concern and opportunities for improvement, which will inform the Audit Wales Work Programme moving forward. Ms Roberts also confirmed that a clearer overview of Recovery Planning work could be provided in future documents for ease of reference.

Following consideration of the report, the Governance and Audit Committee noted its contents.

## **6. CAERPHILLY COUNTY BOROUGH COUNCIL – ANNUAL AUDIT SUMMARY 2021**

Mr Mark Jones (Audit Wales) outlined the findings of the Annual Audit Summary 2021, which showed the work completed by Audit Wales since the last Annual Audit Summary, which was issued in January 2021.

Members were referred to the first section of the report, which detailed key facts about the Council, along with the duties that Audit Wales are required to complete as part of their Auditor General duties. The report outlined the various reviews that had been undertaken and the planned work for 2022-23. The document also provides links to the underlying reports containing the findings from Audit Wales. It was noted that although this is a summary document in nature, it is an important document which Audit Wales produce for local authorities, national parks, the fire and rescue service and police, and is placed on the Audit Wales website and the Council's website for public viewing.

The Committee discussed the report and one Member commented on the useful nature of the document, particularly in relation to the section on financial sustainability. Questions were also received around the Council's projected population increase and whether the change in pensionable age should be reflected in these figures, the Council's position in relation to other authorities regarding the 8.1% decrease in the number of children across

the population, and whether the Council's position in relation to the number of deprived areas had improved or worsened. Mr Jones and Ms Roberts confirmed that they would log these queries as an action point, and examine data from Statistics Wales and consult with relevant colleagues to see if this information is publicly available, and share the responses with Members following the meeting. Mr Steve Harris also confirmed that the Council's Policy Unit may be able to access this data and assist in providing the answers to the Members' queries.

Following consideration of the report, the Committee noted its contents.

## **7. AUDIT WALES REPORT – REGENERATING TOWN CENTRES IN WALES.**

Mrs Rhian Kyte (Head of Regeneration and Planning) presented the report which informed Members of the Audit Wales report "Regenerating Town Centres in Wales" and its recommendations, together with details of the self-evaluation tool that has been undertaken in respect of Caerphilly County Borough Council's approach to town centre regeneration.

Members were advised that the Auditor General carried out a review of how Local Authorities are managing and regenerating their town centres between October 2020 and May 2021. A range of methodology was used, including document reviews, interviews with Regeneration and Planning Officers, data analysis, surveys and webinars. The report found that overall, Welsh Government and Local Authorities have responded well to support town centre businesses during COVID-19. It recognises that town centre regeneration is a national priority and is reflected in Welsh Government's "town centre first" approach.

The report contained six recommendations from Audit Wales which were outlined in Section 5.9 of the Officer's report. Five of the recommendations are predominantly aimed at Welsh Government and the way in which they work with Local Authorities on town centre regeneration initiatives, and Members were asked to note the Council's response to these recommendations set out at Section 5.10 of the report. Under recommendation six, each Local Authority is advised to undertake a self-assessment of their current approach to town centre regeneration. A copy of Caerphilly CBC's assessment was appended to the Officer's report for Members to consider and comment on its contents.

A Member referred to Section 5.8 of the report which made reference to the decisions and ambitious leadership that is required in addressing the many challenges around town centres, and he asked how these are being taken forward. Mrs Kyte explained that since Covid, there has been a re-emphasis between WG and local government collectively refocusing ambitions and efforts on town centre regeneration. The Council has chosen to operate an in-house town centre management model and regeneration management model, and through Covid the importance of that role has been realised, together with a need to bolster internal resources to enable the Council to further progress town centre regeneration. It was acknowledged that although progress has been made, there is still a long way to go and therefore partnership working is key to this success. The Council has also reconsidered its approach to town centre management and through 2022 a new model of operating will be piloted to see if this can prove more successful in town centre regeneration delivery. It was also noted that the Council's draft budget proposals for 2022/23 include budgetary growth for two new town centre support officer roles.

In response to a query around the value and usefulness of the free wi-fi scheme, Mrs Kyte explained that this will become operational in town centres in Spring 2022, with the hardware already in place, and will provide valuable information around dwell times, footfall and the way people are operating in and around the town. This will enable the Council to

review current footfall arrangements, as the data gathered from wi-fi use will provide a better quality of information which can be used for regeneration analysis moving forward. Members were also advised that the free wi-fi will be particularly useful for the business community and will help to enable their business models using digital platforms and the computer apps available.

A Member asked about the plans and aims for town centres moving forward and what the Council is hoping to achieve. Mrs Kyte explained that there needs to be a focus on what businesses and communities would like to see across their town centres, and collectively town centres need to be vibrant places where businesses want to locate. It was emphasised that the nature of town centres has moved from a retail focus to multi-service provision across the daytime and night-time economy, and so work needs to be carried out to establish a clear vision and role for each town as they all perform different functions. For example, Ystrad Mynach is a key service sector town comprising the college, Council Headquarters, police, hospital and lots of small individual retailers, and so has a different feel and role to other town centres such as Blackwood and Caerphilly.

In response to further queries, Mrs Kyte outlined the need to consider the requirements of stakeholders, such as visitors, residents and businesses, in taking forward town centre regeneration. There needs to be leadership and drive in establishing these visions and focus and so the Council will help drive policy and aspirations in the community and lead on the work with Members and wider stakeholders. Reports will be presented to the relevant Committees and the evolution of Place Plans will involve a number of stakeholder events and other interventions to drive these plans forward. Officers also provided clarification on the new town centre officer roles and explained that these were being put forward to build up the much-depleted resources across the town centre management team. As part of their role, they will have a key part in liaising and engaging with businesses and building on the new format of town centre management groups and Place Plans to drive the key messages forward across the wider business community.

A Member asked what measures would be put in place to define success across the town centres regeneration strategy. Mrs Kyte explained that this includes action plans for regeneration strategies and monitoring of targets, together with annual monitoring of footfall data and occupancy rates to establish the vibrancy of town centres. Funding can also be acquired to drive forward economic growth in town centres, and outputs have to be stipulated in funding submissions which are then monitored and evaluated at the end of the project implementation period. The Member also referred to satisfaction surveys and their role in defining levels of success. Officers confirmed that the Council undertake regular satisfaction surveys, including a survey every three years on shopper attitudes to ascertain and measure how residents and stakeholders feel about the town centres they are accessing, and furthermore to establish the reasons why people are not choosing to visit their local town and shopping in alternative towns instead, so that the Council can look to bridge the gap around any elements that are missing. It was also emphasised that the new town centre management model will create more immediate feedback from businesses in terms of satisfaction levels.

A Member referred to the WG "town centre first" model that is already in existence in Caerphilly and the limited number of retail amenities available to its residents, and expressed a need to encourage footfall within the area and make better use of its local retail parks. Mrs Kyte confirmed that this is a valid point which is under discussion with the LDP Focus Group and forms part of the LDP work that is being carried out around the future of town centres, and arranged to discuss this further with the Member following the meeting.

Having considered the report and commented upon the self-evaluation tool as detailed in the report, the Governance and Audit Committee noted the contents of the report.

## **8. REVISED RISK MANAGEMENT STRATEGY 2022**

Mrs Sue Richards (Head of Education Planning and Strategy) presented the report, which outlined the revised Risk Management Strategy 2022, and sought the Committee's endorsement of the new Strategy, prior to its presentation to Cabinet for approval.

Members were advised that the Risk Management Strategy was formalised in 2013 and last updated in 2017, and since that time, there have been a range of changes, including the implementation of new legislation, the new Transformation programme, the pandemic, which required new ways of working to support the community, creating a 'strategic recovery framework' and implementing a revised Performance Management Framework. As risk management is part of day-to-day management, it was felt timely and important to update the Risk Management Strategy 2022 accordingly, to ensure it remains current and fit for purpose. There are a number of areas that need to be updated and refreshed and these were set out in Section 5 of the report and Appendix B of the revised Strategy appended to the report. It was noted that the Strategy is accompanied by guidance which will also be updated in line with the Strategy once the changes are approved by Cabinet.

A Member referred to the Risk Management Structure on page 11 of the Strategy and referred to an overlap across the Governance and Audit Committee and Scrutiny Committees in satisfying themselves that robust processes and procedures exist and are applied for the management of operational risks. He asked whether there was potential for key information to slip between the gaps as a result of the same areas being examined across multiple Committees. Mrs Richards explained that this is a generalisation within the Strategy, as the overall Corporate Risk Register Update will be brought to the March 2022 meeting of the Governance and Audit Committee, and the Scrutiny Committees will look at particular risks for individual service areas under their remit. It was emphasised that risk management is the responsibility of everyone within the Council but that the Corporate Risk Register Update will provide the Committee with more context around the Strategy and the impact on the Register itself.

Queries were received around Directorate-level risk management registers and whether these are included in the Corporate Risk Register Update. Officers outlined the processes involved and explained that it would be the relevant Scrutiny Committee, and not the Governance and Audit Committee, who would see the Directorate-led level of details. However, the most significant risks are fed into the Corporate Risk Register which is routinely reviewed by the Corporate Management Team as part of the Corporate Performance Assessment process, and it is those risks that are reported to the Governance and Audit Committee, and are subsequently reported to Cabinet. However, Members were advised that if there was a particular Directorate where the Governance and Audit Committee wanted to examine that level of risk management, then they could request this information and call it in for their consideration moving forward. It was also noted that Directorate Risks are fed into the Directorate Performance Assessments reported to each Scrutiny Committee.

In response to a query on how awareness of the Risk Management Strategy will be raised across the Authority, Officers explained that the framework will be relaunched and communicated across management network sessions to ensure that everyone is aware of the changes, to reiterate the importance of the Strategy and emphasise that risk management is the responsibility of everyone across the Authority. A query was also received around the strengthening of lateral risk assessments (relating to the cause of risk in one directorate which impact on another directorate). Officers confirmed that the Directorate Performance Assessments are reviewed by CMT to understand the risks that



cut across other directorates, and this process has been strengthened by the new Performance Framework and is being modified over time.

Having considered and noted the report and provided input on the Strategy, it was moved and seconded that the recommendation in the report be approved. By way of Microsoft Forms and verbal confirmation (and in noting there were 6 for, 0 against and 0 abstentions) this was unanimously agreed.

RESOLVED that the Revised Risk Assessment Management Strategy 2022 be endorsed.

## **9. INTERNAL AUDIT SERVICES ANNUAL AUDIT PLAN 2021/22 – UPDATE ON PROGRESS**

Mrs Deborah Gronow (Acting Internal Audit Manager) presented the report, which provided an overview of the work undertaken by Internal Audit Services in the first six months of 2021/22.

Members were referred to the detailed narrative in the report which identified work carried out by Internal Audit Services, in addition to the audits performed across the Authority in the period to 30th September 2022 and appended to the report for information. The Committee noted the impact of the Covid-19 pandemic on the work of Internal Audit Services and this work has also been impacted by staff retirements /resignations over the same period. However, a minor restructuring has been carried out to realign resources and tasks and good progress is being made to backfill these posts, and therefore the resource capacity going forward will be greatly enhanced.

Questions were invited from the Committee and a Member highlighted that some of the audits included at Appendix 1 had commenced some time ago (in 2019). Mrs Gronow explained that the school IT audit programme for 2019/20 had been coming to an end but then the pandemic interrupted and delayed the completion of these particular audits. This was compounded by IT equipment disruption across schools as a result of blended learning, together with the introduction of new EdTech IT equipment into schools. The Audit Team have taken into account the recommendations that were raised in the individual audits and are now working with the EdTech team with regards to improvements that need to be made. The EdTech team have now also undertaken IT equipment audits and the Council is working with them to begin preparations on the second phase of this audit work which will be carried out as part of the Audit Plan for 2022/23.

In response to a Member's query about the Corporate Safeguarding self-evaluation on the list of completed audits, Mrs Gronow explained that this commenced in February 2021 but there had been some teething issues with the new MK Insights system but this work had now been allocated to a new member of staff and would be taken forward in due course for each Directorate. Questionnaires have been sent out with a return date of 6th February 2022 which will inform the work of the Safeguarding Team and then the Audit Team will repeat this exercise for the other Directorates.

It was noted that all the opinions and recommendations from the audits have been fed into the MK system and that any audits with at least one high-risk finding will be included in the Recommendation Tracking report being brought to the next meeting of the Committee. It is hoped that now the Council has been able to carry out a full un-interrupted year of audits, this data will now assist in identifying any themes and high-risk areas and help develop the Council's Audit Plan on a more risk-based approach.

A query was received regarding staffing workload, particularly in relation to the IT pressures arising from providing remote working support across the Council, and those staff redeployed to different directorates during the pandemic. The Member sought assurances that staffing levels throughout the Authority are not having a negative impact on staff wellbeing. Mr Harris explained that all economic sectors are facing significant challenges as a result of the pandemic and that recruitment is being thoroughly examined by the Corporate Management Team and Cabinet, who are looking at ways to fill vacancies and attract new people to the organisation. The Member expressed concerns around staff exhaustion and the potential impact on their quality of work and their health. Mr Harris emphasised that the wellbeing of staff is of paramount importance, and support is available to staff through the Care First service and through their managers, who have a responsibility to ensure the wellbeing of their staff through regular 1-1 sessions, Teams meetings and regular engagement with staff.

The Member asked if any directorates experiencing issues due to a lack of staffing capacity would be fed into the Risk Register. Mr Harris emphasised that the recruitment challenges across the Authority do represent a risk, but steps being taken, including the move to agile working to accommodate staff, should see progress and improvements around these challenges over the next few months. Another Member highlighted the proposed investment in the Apprenticeship Scheme which should help allay some of the recruitment challenges and relieve the pressures on staff. Mrs Gronow added that the Audit Team had recently appointed a new apprentice and had also been able to appoint another former apprentice to a permanent post within their team, which highlights the success of the scheme within the Authority.

Following consideration of the report, the Committee noted its contents.

## **10. AUDIT OF ACCOUNTS ADDENDUM REPORT**

Members noted that the report was split into two parts, comprising the main Audit of Accounts Addendum report and exhibits in the public domain, followed by an exhibit document for consideration in exempt session.

Mr Mark Jones (Audit Wales) introduced the report, which was an addendum to the Audit of Accounts report that was presented to the Governance and Audit Committee on 12th October 2021. The report sets out the recommendations arising from the audit of the 2020-21 accounts and provides an update to Members on the progress made against the 2019-20 recommendations.

It was explained that for 2020-21, 11 recommendations had been made by Audit Wales which had been accepted by management, and the management responses with implementation dates were included in the report. For 2019-20, the previous auditor had identified 22 findings and recommendations, of which 20 were accepted by management. Of these, 15 recommendations had been actioned and implemented, 3 recommendations were progressing, and 2 recommendations had not progressed as intended. Overall, very good progress with these recommendations has been made.

Mr Jones was thanked for the update and a Member sought clarification around the finding that some related party declarations did not include all relationships, and asked if this was an area of concern. Mr Jones explained that related parties is an accounting standard across all public bodies and generates a large amount of public attention due to the level of materiality. Under the International Auditing Standards, Audit Wales are required to check for completeness and ascertain that accounts are materially true and fair. Audit Wales do strive to provide perspective in the findings by explaining that of the 10 councillors detailed

in the findings, 7 related to positions held on behalf of the Council, and therefore of less interest compared to a company director in the same position. However, this finding has been retained in the report as it is of paramount importance that Members disclose any such matters, even if they are in doubt around whether their position warrants a declaration. Mr Harris added that he was of the view that the non-disclosures were because of a lack of understanding over what needs to be disclosed. He confirmed that when guidance is sent out to Members for declarations for 2021/22, this will be made clearer to them so that Members understand it is better to declare if they have any doubt over whether a relationship is relevant to them, and so that this can be brought to the attention of Officers who can decide whether this has any impact on the Financial Statement.

In response to further queries, Mr Jones confirmed that this situation has arisen within other public bodies but reiterated that any issues are easily preventable through the course of proper and complete disclosure, and he also explained that Audit Wales examine Companies House records and data as a tool to ensure completeness when auditing Financial Statements of Accounts.

Mr Harris added that work is underway by the Council to address the recommendations made by Audit Wales in the Addendum Report, and highlighted that an update will be provided on progress as part of wider reporting on recommended proposals for improvement. It was noted that when Audit Wales present their Audit of Accounts for 2021-2022, this will include an update on the progress made against the recommendations for 2020-21. Mr Harris explained that the recommendations are welcomed as this provides an opportunity to work with Audit Wales to streamline the audit process and improve the quality of the accounts.

A Member raised a query regarding the recommendation and finding around the incorrect calculation of the remuneration ratio. Mr Jones explained that this is an accounting requirement that is set by CIFPA for public bodies to disclose the median difference in salary range and therefore Audit Wales are required to audit this disclosure. Mr Harris added that a Pay Policy Statement is reported to Council on an annual basis which provides more information on salary comparisons.

Following consideration of the report, the Committee noted the Audit of Accounts Addendum Reports and Exhibits.

## **PUBLIC INTEREST TEST – AUDIT OF ACCOUNTS ADDENDUM REPORT – EXEMPT EXHIBIT**

Members then considered the public interest test certificate from the Proper Officer in relation to the exempt exhibit document, and concluded that on balance the public interest in maintaining the exemption outweighed the public interest in disclosing the information. By way of Microsoft Forms and verbal confirmation (and in noting there were 6 for, 0 against and 0 abstentions) this was unanimously agreed.

RESOLVED that in accordance with Section 100A(4) of the Local Government Act 1972 the public be excluded from the remainder of the meeting because of the likely disclosure to them of exempt information as identified in paragraphs 14 and 18 of Part 4 of Schedule 12A of the Local Government Act 1972.

## **EXEMPT MATTER**

Mr Jones gave an overview of the exempt exhibit and, together with Officers, responded to

Members' queries.

Following consideration of the item, the Committee noted the contents of the exempt exhibit.

#### **11-14. INFORMATION ITEMS**

It was confirmed that none of the following items had been called forward for discussion at the meeting, and the Committee noted the contents of the reports :-

- (i) Regulation of Investigatory Powers Act 2000;
- (ii) Officer's Declaration of Gifts and Hospitality;
- (iii) Corporate Governance Review Panel (Minutes);
- (iv) Audit of Caerphilly County Borough Council's Assessment of 2020-21 Performance.

The Chair thanked Members and Officers for their attendance and contributions and the meeting closed at 4.00 p.m.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 16th March 2022.

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CHAIR

**GOVERNANCE AND AUDIT COMMITTEE FWP – 16<sup>th</sup> March 2022**

**GOVERNANCE AND AUDIT COMMITTEE – 16<sup>th</sup> MARCH 2022**

<b>TITLE</b>	<b>PURPOSE</b>	<b>KEY ISSUES</b>	<b>PRESENTING OFFICER</b>
Update from Audit Wales (Standing Item)			Audit Wales
6-month Update on Corporate Complaints			L. Lane
Corporate Risk Register Update			R. Roberts
Update on Progress against Regulator Proposals for Improvement			R. Roberts
Update on Tracking of Agreed Internal Audit Report Recommendations.			D. Gronow
<b>INFORMATION ITEMS</b>			
TBC			
TBC			

**GOVERNANCE AND AUDIT COMMITTEE – 19<sup>th</sup> APRIL 2022**

<b>TITLE</b>	<b>PURPOSE</b>	<b>KEY ISSUES</b>	<b>PRESENTING OFFICER</b>
Update from Audit Wales (Standing Item)			Audit Wales
Audit Wales 2022 Audit Plan			Audit Wales

Internal Audit Services Annual Audit Plan 2022/23.			D. Gronow
Anti-Fraud Strategy and Action Plan.			D. Gronow
Cyber Security Strategy			L. Lucas
<b>INFORMATION ITEMS</b>			
Regulation of Investigatory Powers Act 2000			L. Lane
Officers Declarations of Gifts and Hospitality	To provide the Governance and Audit Committee with the information regarding the Register of Employees' Interests Forms completed by officers of the Council (excluding Schools) regarding Gifts and Hospitality for the last quarter and a comparison with the previous three quarters.		L. Donovan

## Audit Wales Work Programme and Timetable – Caerphilly County Borough Council

Governance and Audit Committee 16th March 2022

### Financial Audit work

Description	Scope	Status
<b>2020-21 grants and returns</b>	The Council has six grant claims and returns.	At the last meeting we confirmed that we had certified five of the Council's six grant claims and returns. Since then, we have certified the sixth and final claim, in respect of housing benefit. We certified the claim with an unqualified audit opinion, ahead of the UK's Department for Work and Pensions' deadline of 31 January 2022.
<b>Audit of the Blackwood Arts Centre's 2020-21 accounts</b>	The audit of the annual accounts in accordance with the Charity Commission's requirements.	We certified the accounts, with a qualified audit opinion, ahead of the Charity Commission's deadline of 31 January 2022.
<b>Audit of the Council's 2021-22 statement of accounts</b>	The statutory audit of the Council's annual statement of accounts.	We have commenced our audit planning.

## Performance Audit work

### 2020-21 Programme Overview

Project	Scope	Timetable	Status
<b>Annual Audit Summary</b>	Annual report summarising the financial and performance audit work undertaken in the last year which also includes a summary of the key findings from reports issued by 'relevant regulators'. Also now combined with the Annual Audit Letter.	December 2021	<b>Completed</b>  Presented to Governance and Audit Committee in January 2022.
<b>Recovery Planning</b>	We intend to support and challenge recovery planning in real-time. Collectively we need assurance that recovery takes due account of the multitude of risks, but also that it grasps the opportunities for a different and sustainable future. We have taken the decision to replace the 'prevention' themed work that we set out in audit plans with this work on recovery planning.	July 2020-September 2021	<b>Complete</b>  Letters included in Governance and Audit Committee papers in October 2021.
			Ongoing engagement through Assurance and Risk Assessment project.
<b>Local risk based work</b>	A number of options for local risk based work were presented to Council CMT and Cabinet in early March 2020.	N/A	<b>Delivery of work deferred to 2021-22 Programme</b>  The 2020-21 Audit Plan had this work as TBC but due to the pandemic we were unable to agree the scope of or schedule any local risk based work during this timeframe. Further consideration deferred to 2021-22 Programme.





Project	Scope	Timetable	Status
Annual Audit Summary	Annual report summarising the performance and financial audit work undertaken in 2021-22 which also includes a summary of the key findings from reports issued by 'relevant regulators'. Also now combined with the Annual Audit Letter.	Autumn 2022	Not yet started.
Assurance and Risk Assessment	Project to identify the level of audit assurance and/or where further audit work may be required in future years in relation to risks to the Council putting in place proper arrangements to secure value for money in the use of resources.	June 2021-April 2022	<p><b>In progress.</b></p> <p>Project brief issued.</p> <p>Core elements in all Councils:</p> <ul style="list-style-type: none"> <li>• Financial position</li> <li>• Self-assessment arrangements</li> <li>• Recovery planning</li> <li>• Implications of the Local Government and Elections (Wales) Act 2021</li> <li>• Carbon reduction plans</li> </ul> <p>Initial areas of local focus include:</p> <ul style="list-style-type: none"> <li>• Digital strategy</li> <li>• Waste management</li> <li>• Counter fraud</li> <li>• Cyber Security</li> </ul>

Project	Scope	Timetable	Status
<p>Thematic work – Springing Forward – Examining the building blocks for a sustainable future</p>	<p>As the world moves forward, learning from the global pandemic, this review looks at how effectively councils are strengthening their ability to transform, adapt and maintain the delivery of services, including those delivered in partnership with key stakeholders and communities.</p>	<p>Planned for Autumn 2021 – April 2022</p>	<p><b>Project now focussed on:</b></p> <ul style="list-style-type: none"> <li>• Assets</li> <li>• Workforce</li> </ul> <p>Assets fieldwork completed, output being drafted</p> <p>Workforce fieldwork ongoing</p>
<p>Local risk-based project</p>	<p>Six options provided in April 2021 were:</p> <ul style="list-style-type: none"> <li>• Delivering Good Governance report follow up <ul style="list-style-type: none"> <li>– Performance management</li> </ul> </li> <li>• Corporate reviews</li> <li>• Digital strategy</li> <li>• Caerphilly Cares</li> <li>• Homelessness</li> <li>• Waste Management</li> </ul>	<p>Scheduled to be delivered April 2022 - June 2022</p>	<p><b>Not yet commenced.</b></p> <p>It has been agreed with the Council that our local risk-based project will focus on homelessness. The scope of the work is being discussed and is still at draft stage.</p> <p>Further updates to be provided to the Governance and Audit Committee following further discussion with the Council.</p>

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## **GOVERNANCE AND AUDIT COMMITTEE - 16<sup>TH</sup> MARCH 2022**

**SUBJECT: SIX MONTH UPDATE ON CORPORATE COMPLAINTS  
RECEIVED FOR THE PERIOD 1<sup>ST</sup> APRIL TO 30<sup>TH</sup>  
SEPTEMBER 2021**

**REPORT BY: HEAD OF DEMOCRATIC SERVICES AND DEPUTY  
MONITORING OFFICER**

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### **1. PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Governance and Audit Committee with an overview of the complaints dealt with under the Corporate Complaints policy for the period 1<sup>st</sup> April to 30<sup>th</sup> September 2021 together with the outcomes and lessons learned. The report will also be presented to Cabinet.

### **2. SUMMARY**

2.1 This report provides a summary of the complaints dealt with under the Corporate Complaints Policy for the period 1<sup>st</sup> April to 30<sup>th</sup> September 2021, the outcomes and lessons learned.

### **3. RECOMMENDATIONS**

3.1 Committee is asked to note the complaints data contained in this report and to review and assess the effectiveness of complaints handling for this six month period.

### **4. REASONS FOR THE RECOMMENDATIONS**

4.1 The Local Government and Elections Wales Act 2021 sets out provisions for the Governance and Audit Committee to "review and assess the authority's ability to handle complaints effectively and to make reports and recommendations in relation to the authority's ability to handle complaints effectively".

4.2 The guidance from the Public Services Ombudsman for Wales also requires the data to be reviewed by Cabinet, hence the report will also be presented to a future meeting of Cabinet.

## 5. THE REPORT

- 5.1 On 19<sup>th</sup> March 2021 the Audit committee considered a report regarding the implementation of a new Corporate Complaints Policy based on guidance from the Public Services Ombudsman for Wales. The Committee provided comments on the draft policy which were considered by Cabinet at its meeting on 24<sup>th</sup> March 2021 who adopted the new policy along with an updated policy dealing with unacceptable and unreasonable actions by complainants under the complaints policy. The new Policy became effective on 1<sup>st</sup> April 2021 and is included within the background papers for information.
- 5.2 The Policy deals with corporate complaints only. There are separate complaints processes for dealing with social services complaints and school-based complaints. The Social Services Complaints Procedure Wales Regulations 2014 outlines the procedure for handling complaints from persons receiving a service from social services and school-based complaints are dealt with by the School and Governing Body. In addition, Freedom of Information complaints and complaints about Data Protection matters are within the remit of the Information Commissioner.
- 5.3 The Policy is not dissimilar to the previous policy in that it consists of an internal two stage process with the right for a complainant to refer the complaint to the Public Services Ombudsman for Wales should they be dissatisfied with the response.
- 5.4 However members will recall that going forward greater emphasis would be placed on the way in which we record contacts and complaints under the policy. This step change is taking place with more contacts now being recorded under the policy. This will, in turn will have a positive impact in that it provides a more holistic platform from which we can recognise issues and trends more readily and learn from complaints both at directorate level and authority wide level where appropriate. This upsurge in recording is expected to continue particularly as more and more staff become more aware of their role in complaints handling.
- 5.5 To support this change members will be aware that the Complaints Officers in each Directorate received training from the Public Services Ombudsman for Wales prior to the implementation of the new Policy. These officers maintain their directorates complaints data along with the provision of advice and support to their respective service areas, whilst the overall complaints database is maintained by the Corporate Complaints Officer based within Legal Services who is also the contact officer for the Ombudsman's office.
- 5.6 In addition, in October last year, over 80 staff were trained in complaints handling by the Public Services Ombudsman for Wales and further training will be sought in the coming months. This training raised staff awareness in recognising a complaint and the process of recording the contact and dealing with it within the policy guidelines.
- 5.7 To streamline the processes internally and improve communications, Digital and Customer Services alongside the Complaints Officers are working with an external partner to design and implement a new Complaints system. This will help to both streamline controls and improve data records within the complaints process.

It is anticipated that the system will be ready for trial in the Spring of 2022. Complaints officers will participate in all elements of testing and provide feedback to ensure the process is fit for purpose before going live. The new system in the longer

term will improve data mining options and facilities to enable and secure appropriate management information reporting improvements, utilising the built in Complaints Dashboard for reporting key statistics. This will mitigate the need for multiple data systems held across each directorate, that require much administration and manual interrogation in order to produce meaningful intelligence and learning.

5.8 The Committee will also be aware that officers have a long established Learning from Complaints Group (“the Group”) comprising Complaints Officers from each directorate, the Corporate Complaints Officer, the Council’s Senior Policy Officer (Equalities Welsh Language and Consultation), representatives from the Council’s Corporate Policy Unit and a representative from the Council’s Internal Audit Section. These meetings are chaired by the deputy Monitoring Officer.

5.9 Following recent meetings the Group have discussed new ways of reporting the data and with the assistance of the Policy Unit a template has been created which has been utilised by the complaints officers for each directorate to report on their specific data. The intention of this new way of reporting is for members to be provided with a more in depth view of the complaints dealt with and the service areas affected. However members views and feedback would be welcomed on this new reporting structure which will be fed back to the Group in subsequent meetings. It is also timely to provide members with a fresh overview of the service areas within each Directorate given that a number of changes have occurred over recent years.

5.10 **General Overview**

The total number of complaints dealt with during the period 1<sup>st</sup> April to 30<sup>th</sup> September 2021 under the corporate complaints policy is **272** and is broken down as follows

Stage 1	218
Stage 2	11
Escalated from Stage 1 to Stage 2	43
<b>Total</b>	<b>272</b>

The Outcomes are as follows

Total Upheld complaints	94
Total Not upheld complaints	175
*withdrawn complaints*	3

**Ombudsman referrals**

During this period 21 complaints were referred to the Ombudsman; there were 2 early resolutions, 1 in housing 1 in planning and the remainder were not investigated.

5.11 **Detailed Data broken down by Directorate**

The data is broken down in more detail per Directorate in the following Appendices which are attached to this report.

Economy and Environment	Appendix 1
Housing	Appendix 2
Education and Libraries	Appendix 3

- 5.12 In addition to the data included in this report, the Public Services Ombudsman for Wales via his Complaints Standards Authority has been collecting information from all local authorities on the complaints dealt with and outcomes and the first quarter figures from April 2021 have been reported on their website via the following link <https://www.ombudsman.wales/published-statistics/>. Officers are continuing to provide this information on a quarterly basis.
- 5.13 Members will note from the data set out in the Appendices, that the Council is responding to complaints received in accordance with the provisions of the Complaints Policy but there is always room for improvement. A key part of the process to improve service delivery are the lessons learned and the subsequent monitoring of the actions agreed as part of the investigation outcomes. In this respect the Group will continue to develop and improve on its processes for monitoring the implementation of the lessons learned and ensure that authority wide lessons are shared as appropriate. Further training will also be sought from the Ombudsman to equip officers with any additional knowledge they may need to deal effectively with complaints.
- 5.14 **Conclusion**
- Members are asked to consider and note the information contained in this report and Appendices.
- 6. ASSUMPTIONS**
- 6.1 No assumptions are necessary as the content of the report is based on data collected and analysed.
- 7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT**
- 7.1 As the report is for information only an Integrated Impact Assessment is not required.
- 8. FINANCIAL IMPLICATIONS**
- 8.1 There are no financial implications arising from this report
- 9. PERSONNEL IMPLICATIONS**
- 9.1 There are no personnel implications arising from this report.
- 10. CONSULTATIONS**
- 10.1 The report has been circulated to the consultees listed below and any comments have been incorporated into this report.



## **11. STATUTORY POWER**

### 11.1 Public Services Ombudsman (Wales) Act 2019

Author: Lisa Lane Head of Democratic Services and Deputy Monitoring Officer

Consultees: Corporate Management Team  
Robert Tranter, Head of Legal Services and Monitoring officer  
Gemma Hoare, Senior Housing Officer (Customer Services)  
Gareth Jones Housing Officer (Customer Services)  
Karen Williams, Customer Services Digital Hub Manager  
Rob Waggett, Customer Services Development Officer  
Liam Miles, Customer Services/Complaints Officer  
Nicola Broom, Complaints and Information Manager Social Services  
Michelle Moore, Social Services Complaints and Information Officer  
Ros Roberts, Business Improvement Manager  
Andrea Jones, Corporate Complaints Officer  
Anwen Cullinane, Senior Policy Officer (Equalities, Welsh Language and Consultation)  
Deborah Gronow, Audit Group Manager  
Karen L Williams, PA to Chief Executive  
Leigh Brook, PA to the Director of Social Services and Housing  
Lianne Fry, PA to Corporate Director Education and Corporate Services  
Sian Wilkes, PA to the Interim Corporate Director of Communities  
James Penfold, Transformation Manager  
Ian Raymond, Business Improvement Officer

#### Appendices

Appendix 1 Economy & Environment  
Appendix 2 Housing  
Appendix 3 Education and Libraries  
Appendix 4 Corporate Services  
Appendix 5 Social Services (Corporate complaints only)

## **BACKGROUND PAPERS**

### **Report to Audit Committee 19<sup>th</sup> March 2021**

[Link to Report to Audit Committee 19th March 2021](#)

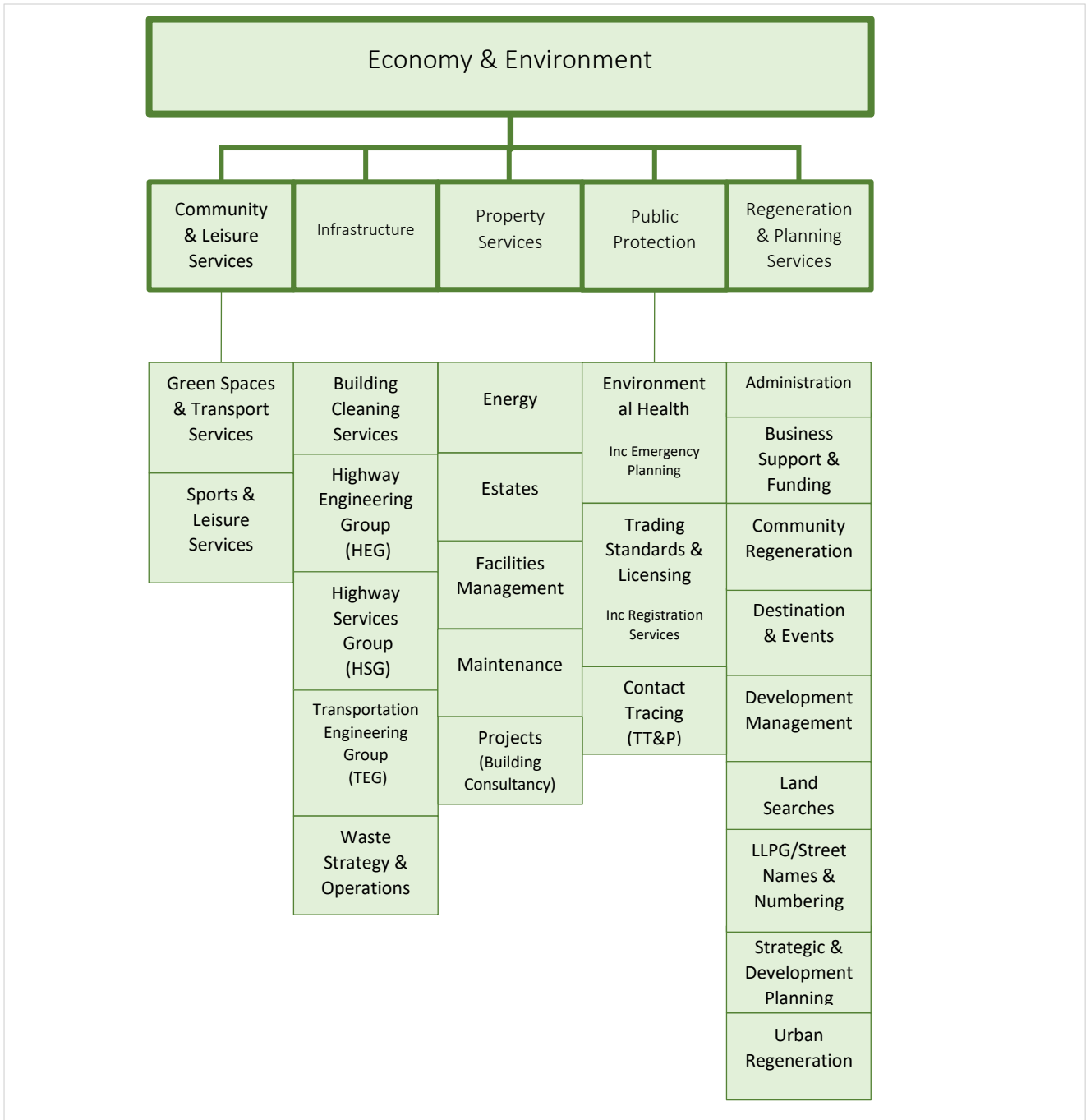
### **Corporate Complaints Policy**

[Link to Corporate Complaints Policy](#)

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**1. Directorate and Services**

Diagram of Directorate and Service Framework.



**Brief description of Directorate and Service Framework**

There are: 5 Key Services, 24 Service Departments, 58 Service Groups/Teams delivering ~83 Service Provisions which has approximately 334 Core Service Functions, 1500 Staff Headcount and approximately £43M Nett Revenue Budget

## 2. Number of Complaints by Stage Type, Service, and Targets Met

Table showing summary of complaints by stage type reference.

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	132	115	87.19%
Stage 2	7	4	57.14%
Escalated Stage 1 to 2	28	27	96.43%
<b>Totals</b>	<b>167</b>	<b>146</b>	<b>87.43%</b>

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	3	1	2
Email	76	6	21
Letter	1	0	2
On-line	51	0	3
Contact Centre	1	0	0
Other	0	0	0
<b>Totals</b>	<b>132</b>	<b>7</b>	<b>28</b>

Tables showing summary of complaints by service, for each stage type.

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	78	70	89.74%
Infrastructure	32	28	87.50%
Property	0	0	0
Public Protection	13	10	76.92%
Regeneration & Planning	7	5	71.43%
Other - Combined	2	2	100%
<b>Totals</b>	<b>132</b>	<b>115</b>	<b>87.12%</b>

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	1	1	100%
Infrastructure	1	1	100%
Property	0	0	0
Public Protection	1	1	100%
Regeneration & Planning	4	1	25%
Other - Combined	0	0	0
<b>Totals</b>	<b>7</b>	<b>4</b>	<b>57.14%</b>

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	16	16	100%
Infrastructure	7	7	100%
Property	0	0	0
Public Protection	2	2	100%
Regeneration & Planning	3	2	66.67%
Other - Combined	0	0	0
<b>Totals</b>	<b>28</b>	<b>27</b>	<b>96.43%</b>

More detailed information on the above corporate complaints data, is currently maintained, by the Directors Secretary on a dedicated database.

Where target response times were not met, it has been identified that generally, it was due to lack of resources, some miscommunication amongst staff, diversion or redeployment of officers due to Covid constraints, and overall workload pressures amongst staff.

### 3. Key Complaints - Identified by Type or Theme

**List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.**

- Refuse/Bin Collections (Assisted collections / General Pick-ups / Overflowing Bins / Spillages)
- Vegetation Overgrowth - Weed Controls
- Behaviour at CA sites & Accessibility
- Blocked Drains / flooding
- Parking
- Cleanliness of Area
- Street Lighting
- Due diligence of Planning
- Smells / spillages from Highway maintenance works
- Litter / Broken Glass and Dog fouling
- Delays in responses
- Cemetery respect / maintenance
- Footpath quality
- Planning approvals / controls / impacts
- Illicit tipping
- Early morning grass cutting
- Anti-social behaviours (neighbours)
- Park maintenance / cleanliness
- Delays in service delivery (e.g. Dropped kerbs - poor communications)

The type or themes identified above, have been extracted from the following table, which shows the incoming number of complaints by specific service sectors or teams during this reporting period.

Service Group or Team	Count Stage 1, Stage 2 & Escalated 1 to 2
Green Spaces and Transport Services	22
Sport & Leisure Services	0
Waste Strategy & Operations	73
Engineering Projects Group	2
Highways Operations Group	32
Transportation Engineering	6
Building Consultancy	0
Corporate Property	0
Facilities Management	0
Divisional Support Unit	0
Environmental Health	16
Trading Standards & Licensing	0
Building Control	0
Business Support and Funding	0
Community Regeneration	0
Destination and Events	0
Development Control	0
Planning Administration	14
Strategic Planning	0
Urban Renewal	0
Other - Combined	2
<b>Totals</b>	<b>167</b>

## Number of Complaints by Category

Table showing complaints by category.

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	6
2 Decision Making	11
3 Delay in Service Provision	54
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	6
5a Following Council Policies	14
5b Following relevant Legislation	0
6 Accessibility of Services	10
7 Clarity/Accuracy/Timeliness of information	4
8 Quality of Work	62
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11. Combination of Categories (Non-specific)	0
<b>Totals</b>	<b>167</b>

## 4. Number of Complaints by Outcome and Lessons Learned

Table showing number of complaints Upheld and Not Upheld.

Service	Upheld	Not Upheld
Community & Leisure	46	49
Infrastructure	13	27
Property	0	0
Public Protection	4	12
Regeneration & Planning	0	13
Other - Combined	1	1
<b>Totals</b>	<b>64</b>	<b>102</b>

There was 1 complaint within planning that was logged as a stage 1 but was withdrawn

The following table shows examples of lessons learned, with comments on key findings, resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Nature of Complaint	Lessons Learned	Category
Overgrown tree hitting slates off the roof	Officers to ensure target times are strictly adhered to prevent a reoccurrence albeit the complainant was contacted verbally and we undertook works in a timely manner to resolve the complaint – it was the follow up with a formal response that was unfortunately delayed. Officers were reminded to ensure target times are strictly adhered to prevent a reoccurrence.	8 Quality of Work
Refuse collections: Complaint re: Crew kicking bins on collection day - video evidence submitted	Reiterate the need to work in compliance with the code of conduct and implement appropriate disciplinary measures accordingly.	8 Quality of Work
Refuse Collection: Complaint re: Non collection of green waste	Maintain a regular service whilst endeavouring to deliver continuous service improvement where reasonably practicable.	8 Quality of Work
Grass Cutting & Fencing: Grass at entrance to woods not cut regular occurrence. Also fence surrounding woods falling	Ensure that new developments are included on parks grass cutting rota and prior establishments of land are clarified.	3 Delay in Service Provision
Contacted 3 times still no collection - illicit tipping that requires removal - cat litter	Endeavour to deliver further service improvement and manage service pressures at this most challenging of times.	3 Delay in Service Provision
Has logged complaints previously - however wants to log an additional complaint regarding the amount of time taken to resolve a complaint that was logged via CRM	Ensure information from calls is disseminated appropriately and are directed to the appropriate dept.	3 Delay in Service Provision
Missed refuse collections - reported many times and complaints are getting ignored and not resolved	Enhance communications with the workforce and continue to deliver service improvement.	3 Delay in Service Provision
On numerous times has reported uncollected food waste and the second time this week uncollected recycling. Was assured it wouldn't happen again.	Staff to thoroughly check all cul-de-sacs and parking areas for bins obscured by parked cars.	3 Delay in Service Provision
Continuous issues with non-collection of recycling bins	to ensure that smaller vehicles are available for the collection of bags and boxes in built up areas.	8 Quality of Work



Missed recycling collection in middle of the street	Access restrictions assessed, and suitable vehicle dispatched to complete collections	8 Quality of Work
recycling waste doesn't get collected unless the complainant phones. It is an assisted waste collection service recycling always gets missed.	To continue to maintain regular collection levels as per normal schedules and endeavour to enhance the collection regime to manage customer expectations.	3 Delay in Service Provision
Complaint that Test Trace and Protect gave conflicting information regarding self-isolation to an individual and family	It was identified that staff need to ensure they check the CRM for multiple cases and merge when found before contacting the citizen. Staff need to investigate thoroughly using various pieces of information from the citizen before any contact is made.	1 Collaborative Working
Missed rubbish bin collection, reported 7 times this year, 80 years old.	Crew have been given a map and location of bin. Complainant advised to contact Supervisor direct if any further issues.	8 Quality of Work
Continuous missed assisted collections. Reported numerous times	New crews informed of assisted collection on their routes.	8 Quality of Work
Pest Officer visited property and failed to secure drain lid causing the complainants dog to get his leg stuck	Officer reminded to check drain lids are put back safely after treatment.	8 Quality of Work
Resurfacing of walkways in Hanbury Street, Glan-y-Nant, and proposals to develop BRU school, Hanbury Street which includes changes to play park and field (not currently part of the BRU).	Greater clarity on the maps issued to residents. Briefings between staff should include details of the scheme and wider details, so that the information can be given to residents.	2 Decision Making
Non-Collection of waste - build up causing rats	Continue to strive for service improvement and ensure we fulfil our statutory obligations as well as delivering the ancillary elements of the service at this most challenging of times.	3 Delay in Service Provision
Continuous non collection of garden waste	Continue to strive for continuous service improvement and endeavour to maintain a regular collection service at this most challenging of times for the Authority noting that some of our neighbouring Authorities are even struggling to deliver such services	3 Delay in Service Provision
Continuous non collection of recycling.	Commit to further service improvement given the resources available and endeavour to get support from other service areas noting that we have requested support from civil enforcement on this occasion.	8 Quality of Work
Large pool of tar dumped on side of road which the complainant's dogs walked through. Dissatisfied with previous stage 1 response.	The outcome following the original concern and 'bleeding' tar phenomenon was to suspend the jet patcher repair process during the heatwave. This is the first occasion recorded for Caerphilly and hence acts as a lesson learnt. There is also understanding to ensure communications and requests received are fully	4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)

	considered to ensure the level of interaction is identified	
Family member was receiving palliative care and not receiving collections for assisted collection service	To continue to fulfil our duty to empty bins regularly and deliver ancillary elements of the service where resources are available noting that we are also endeavouring to recruit staff to supplement present workforce numbers.	3 Delay in Service Provision

At present, staff focus, and prioritisation, is to 'respond to and resolving incoming complaints' and any opportunities to change or improve service delivery to prevent reoccurrences, is, wherever possible, dealt with through normal business operations.

Current complaints data collection, monitoring, and general reporting, is operated through a central administration process, capturing only limited intelligence. Whereas, the actual complaints are dealt with at service level, by a multitude of officers, and it is currently reliant on the services themselves, to learn from the incoming complaints and take appropriate action as deemed necessary thereafter. There is currently no formal process in place to feedback any information, to the administrators for lessons learned by the service providers. However, through numerous service management structures and reporting arrangements, any specific issues, or, matters that need executive decisions, policy, practice, or service delivery changes, these are dealt with through those respective forums.

## 5. Identified relationships to Equalities or Welsh Language

**Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.**

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	1
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
<b>Totals</b>	<b>1</b>

Only x1 specific characteristics links have been identified for this reporting period

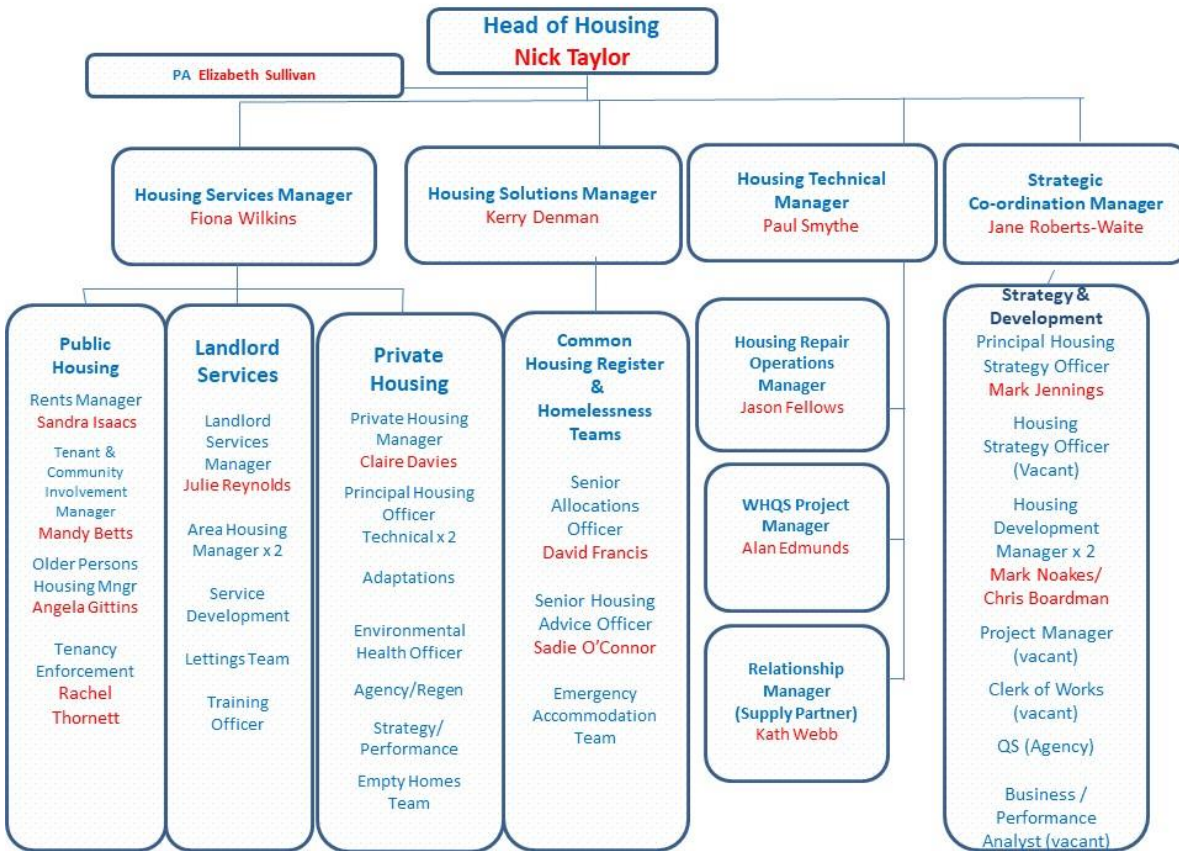
**6. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period**

**Identify how many referrals to the Ombudsman and list and append any relevant supplementary information here, namely, points to note, or an example data set.**

During this reporting period 9 complaints were referred to the Ombudsman; 4 in relation to planning, 1 property matter, 1 environment, 1 transport matter, 1 highway/drainage issue and 1 trading standards matter. There was one early resolution agreed in relation to a planning matter which required an apology and the provision of a response; all of the other matters were not investigated.

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Diagram of Directorate and Service Framework



Brief description of Directorate and Service Framework

Caerphilly Homes is the brand name for the council's housing division. Some of the services delivered by Caerphilly Homes include: Welsh Housing Quality Standard (WHQS), Estate Management, Tenancy Enforcement, Rents and Tenancy Support, Tenant and Community Involvement, Older Persons' Housing, Housing Repair Operations, Housing Advice, Homeless Prevention and Common Housing Register, Private Sector Housing, Grants and Loans, Housing Strategy, Affordable Housing and Adaptations

2. Number of complaints by stage type, service, and targets met  
Table showing summary of complaints by stage type reference

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	49	42	85.7%
Stage 2	0	0	0%
Escalated from Stage 1 to 2	9	9	100%
<b>Totals</b>	<b>58</b>	<b>51</b>	<b>87.9%</b>

## Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	1	100%
Allocations	9	8	88.9%
Antisocial Behaviour	1	1	100%
Energy Works	4	4	100%
Homelessness	1	1	100%
Housing Management	15	9	60%
Leaseholder	3	3	100%
Heating	1	1	100%
Private Landlord	1	1	100%
Rents	3	3	100%
Response Repairs	4	4	100%
WHQS External	4	4	100%
WHQS Internal	2	2	100%
<b>Totals</b>	<b>49</b>	<b>42</b>	<b>85.7%</b>

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	1	100%
Allocations	1	1	100%
Energy Works	1	1	100%
Housing Management	3	3	100%
Response Repairs	2	2	100%
WHQS External	1	1	100%
<b>Totals</b>	<b>9</b>	<b>9</b>	<b>100%</b>

Where target response times were not met, it has been identified that generally it was due to awaiting further information from other officers, other departments, or the complainants themselves. Constraints on officers to carry out their investigations in a timely manner due to Welsh Government regulations in response to Covid-19 also impacted on response times during this period.

### Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	16	0	1
Email	28	0	7
Letter	2	0	0
On-line	3	0	1
Contact Centre	0	0	0
Other	0	0	0
<b>Totals</b>	<b>49</b>	<b>0</b>	<b>9</b>

### 3. Key complaints - identified by type or theme

- Residents unhappy with delay in starting/completing Welsh Housing Quality Standards works.
- Waiting time to be allocated a property/unhappy with banding.
- Residents requesting new wooden fences or gates for their gardens.
- Former tenant arrears.
- Leaseholders unhappy with quality of repairs/maintenance works carried out on their properties or blocks.
- Operatives not attending pre-arranged appointments or turning up without pre-arranged appointments.
- Residents unhappy with the installation of new ground source heating system and the associated works within their properties.
- CCBC operatives or contractors not parking with consideration when working on properties.

### 4. Number by Category (Commissioner Case Type)

**Table showing complaints by Commissioner Case Type, for prescribed Categories**

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	0
2 Decision Making	10
3 Delay in Service Provision	11
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	3
5a Following Council Policies	1
5b Following relevant Legislation	2
6 Accessibility of Services	0
7 Clarity/Accuracy/Timeliness of information	6
8 Quality of Work	25
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11 Combination	0
<b>Totals</b>	<b>58</b>

## 5. Number by Outcome and lessons learned comments

Table showing complaints by Outcome Data sets as categorised by the Complaints Standards Authority.

Outcome Data	Count Stage 1, Stage 2 & Escalated 1 to 2
Upheld	20
Not upheld	38
<b>Totals</b>	<b>58</b>

The following table shows more information regarding the complaints counts above, that were upheld or not upheld broken down by service area.

### Stage 1 Complaints

Service	Upheld	Not Upheld
Adaptations	1	0
Allocations	3	6
Energy Works	4	0
Housing Management	6	9
Leaseholder	2	1
Private Landlord	0	1
Rents	1	2
Response Repairs	0	4
WHQS External	1	3
WHQS Internal	0	2
Heating	0	1
Antisocial Behaviour	0	1
Homeless Prevention	0	1
<b>Totals</b>	<b>19</b>	<b>30</b>

### Stage 2 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Allocations	0	1
Energy Works	1	0
Housing Management	0	3
Response Repairs	0	2
WHQS External	1	0
<b>Totals</b>	<b>2</b>	<b>7</b>



**List of lessons learned. Comment on key findings resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.**

<b>Details of Case</b>	<b>Lessons Learned</b>	<b>Category</b>
Tenant unhappy with the mess left after the heating system installation - tenant thought they were having patios but then told they were not	Improvements needed to ensure regular updates are provided to communicate any decisions or delays with tenant.	8 Quality of work
Possible data breach as aunt of Housing Applicant called and obtained information on behalf of applicant without verifications being asked.	Housing Solutions Manager has requested refresher training for all staff within the team as a reminder of the verification process that we employ within the service area.	5b Following relevant Legislation
Sub-contractor called on a Sunday without prior notice.	Contact will be made with all contractors connected to the contract to remind them of their responsibilities within the terms and conditions.	4 Officer/Contractors Conduct with public
Leaseholder unhappy with the quality of paint work carried out on the railings and fencing	We now issue letters at the end of each contract to ask if leaseholders are satisfied with the completed works so that any issues can be dealt with in a timely manner.	8 Quality of work
Unhappy with works associated with ground source heating installation	Make sure all correspondence is of a decent quality before leaving the office and that tenants are consulted with and records held documenting this at all stages.	8 Quality of work
Stress and damage caused whilst installing the new heating system	Ensure tenants are consulted with and records held documenting this at all stages along with finishing works thoroughly checked going forward.	8 Quality of work
Wife recently passed away, but he received an arrears Letter from the Rents Section stating "following the sad death of Mr A"	Letter sent to tenant with deceased's name as addressee. We have taken three steps to prevent this issue arising again: 1. Held a meeting with the administration assistant who sent the letter in error and discussed the distress this has caused the tenant. Expressed the importance of ensuring accuracy when	7 Clarity/Accuracy/Timeliness of information

	<p>sending such letters. Consequently, we have agreed to put further training in place.</p> <p>2. We have changed the procedure in relation to deceased tenants, a letter now must be produced manually and populated by a staff member.</p> <p>3. We have added a further checkpoint, whereby the letter content is checked by another member of staff prior to mailing.</p>	
Tenant was told a mutual exchange could go through but after spending money clearing the rent and prepared property for inspection, has been told the exchange cannot go ahead due to overcrowding	Changes will be made to ensure that whilst advice is given during the process of applying for an exchange that it is made clear to all parties that until formal approval has been given, it cannot be assumed that permission will be granted.	7 Clarity/Accuracy/Timeliness of information
Executor unhappy with the lack of correspondence he has received from Housing Office and has now received a rent arrears charge for over £600	Procedures being changed to ensure that wherever possible, we will telephone and speak to next of kin supplied in the 'Tell us Once' and that following this conversation, letters will be sent confirming the conversation and any advice that was discussed.	7 Clarity/Accuracy/Timeliness of information

## 6. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	4
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	1
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
<b>Totals</b>	<b>5</b>

Extracts from cases linked to the Disability characteristic:

- Sister contacting on applicant's behalf as applicant has been in band 2 for 5 years and is still waiting for a property despite supporting letters from doctors.
- Unhappy by the way housing application has been handled and it's affecting the mental health of the applicant.
- Applicant offered a house and as soon as additional cost was involved the offer was taken away – applicant feels disability is being used against them.
- Advocate for applicant questioning why we are not carrying out adaptations to their property rather than suggesting the residents move.

Extraction from the case linked to the Pregnancy and Maternity characteristic:

- When tenancy began the property had a shower, not a bath and the tenant was heavily pregnant and requested a bath be fitted as soon as possible. Tenant now advises after months of waiting her baby has now outgrown the baby bath and there is not a job booked in on the Housing Repairs system to fit a bath in her property in the near future.

**7. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period**

**Identify how many referrals to the Ombudsman and list and append any relevant supplementary information here, namely, points to note, or an example data set.**

Five cases were referred to the Ombudsman for Housing in this reporting period. The Ombudsman decided not to investigate four cases and subsequently closed their records. The Ombudsman investigated one case relating to a decision not to undertake adaptations to a property following OT assessments and costings. The assessments undertaken established the required adaptations were not feasible for the property nor the resident and the OT's final recommendation was to suggest the resident move to a suitably adapted property. The support worker for the family challenged this decision and the Ombudsman considered the complaint. The Ombudsman recommended an early resolution and Caerphilly Homes accepted this option which involved a one-off payment of £500 for inconvenience, a letter of apology for our failures in relation to communication and record keeping and a new OT assessment to be carried out on the resident at their property.

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1. Directorate and Services

Diagram of Directorate and Service Framework



**Brief description of Directorate and Service Framework**

There are: 2 Key Services, with 18 Service Departments. Head of service for Education and Lifelong Learning - Keri Cole. Head of service for Head of Education Planning, Strategy and Resource - Sue Richards.

2. Number of complaints by stage type, service, and targets met

**Summary of complaints by stage type reference**

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	2	1	50%
Stage 2	2	2	100%
Escalated Stage 1 to 2	1	1	100%
<b>Totals</b>	<b>5</b>	<b>4</b>	<b>80%</b>

## Summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Catering	1	0	0%
Administration	1	1	100%
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>50%</b>

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Scrutiny Meeting	1	1	100%
School Admissions	1	1	100%
<b>Totals</b>	<b>2</b>	<b>2</b>	<b>100%</b>

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Administration	1	1	100%
<b>Totals</b>	<b>1</b>	<b>1</b>	<b>100%</b>

## How the complaints were received

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	0	0	0
Email	1	2	0
Letter	1	0	1
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
<b>Totals</b>	<b>2</b>	<b>2</b>	<b>1</b>

More detailed information on the above corporate complaints data, is currently maintained, by the Education Customer Service and Complaints officer on a dedicated database.

Where target response times were not met, it has been identified that this was due to the relevant dept. making numerous attempts to contact parent for further information to assist with the investigation (email, telephone, and voicemail). Parent failed to make contact and as a result, the response was issued after 11 working days, not the standard 10-day response timescale for a Stage 1 complaint.

### 3. Key complaints - identified by type or theme

Schools have their own complaints policy/process that must be dealt with by the school. However, the L.A may provide advice and guidance on the School based policy but direct complainants back to the school for response.

All governing bodies are required by law to have a procedure in place for dealing with complaints from parents, pupils, members of staff, governors, members of the local community and others in relation to matters for which the governing body has statutory responsibility.

- Catering – Lack of school meals
- Scrutiny meeting – Role of LA officers attending
- School admissions – Notification to new school following successful transfer request
- Administration – Disagreed with the outcome of a Stage C school-based complaint

### 4. Number by Category (Commissioner Case Type)

#### Complaints by Commissioner Case Type, for prescribed Categories

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	0
2 Decision Making	1
3 Delay in Service Provision	0
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	0
5a Following Council Policies	0
5b Following relevant Legislation	0
6 Accessibility of Services	1
7 Clarity/Accuracy/Timeliness of information	0
8 Quality of Work	0
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	2
11 Combination of categories	1
<b>Totals</b>	<b>5</b>

### 5. Number by Outcome and lessons learned comments

Service	Upheld	Not Upheld
Catering	0	1
Scrutiny function	0	1
Schools Admission	1	0
Administration	0	2
<b>Totals</b>	<b>1</b>	<b>4</b>

### **Stage 1 Complaint - Category 6 Accessibility of Services. (No access to school meal provision).**

Complaint received from parent regarding school running out of meals at lunch time. The parent explained that the child received free school meals but because the of school ran out of meals for a period of 3 days, the parent has now provided a packed lunch. The Parent states she is aware that her child is not the only one going hungry due to food shortages.

In response the Cook In Charge confirmed the kitchen has never ran out of food, and could it be that the child may not have liked the food choices remaining.

The Cook/team of catering staff always encourage pupils to approach them first thing in the morning so they can pre-order the choice for that day, which allows the staff to prepare and store these items until the pupil approaches the counter for service. The investigating officer apologised if the child was not aware of this.

The deadline for our response was 24th September. The catering dept. made numerous attempts to contact parent for further information to assist with the investigation (email, telephone, and voicemail) but were unsuccessful and so the final response was then issued on 27th September.

**Actions** - While there was no further action taken with this complaint, staff have been reminded of the importance to adhere to the response timescales, and the importance of notifying the complainant if we expect to exceed these.

**Monitoring** - Ensure all responses are sent via the Education Complaints Officer. This enables an improved/centralised monitoring of timescales.

### **Stage 2 Complaint (Scrutiny Meeting) Category 2 Decision Making**

A complaint was received regarding the role and participation of officers at a Scrutiny meeting. In summary the complainant was concerned that the recommendations made by the Scrutiny Committee were unduly influenced by officers at the meeting and an incorrect statement regarding a planning issue was made by an officer.

The complaint was investigated by a senior officer within the council who was not present at the meeting but was able to view the recording of the meeting in its entirety. The investigation found that there was a full and frank debate about all aspects of the proposals with detailed questions raised by members and full responses provided. Both members and officers were permitted to speak at various stages during the debate and in relation to the motions proposed.

Having regard to all of the circumstances, the review concluded that the participation of officers at the meeting did not go beyond their role and they gave clarity on the processes and procedures followed on the proposals under discussion up to that point in time. This was clarified by reference to the Overview and Scrutiny Procedure rules set out in the constitution. The review also concluded that the advice given on a planning matter was not incorrect. The complaint was not upheld.

### **Stage 2 Complaint – Category 11 Combination of categories. Late application by parents and human error as staff failed to email school confirming placement.**

Unfortunately, this child's application form was received after the closing date for school placement. All places available were allocated in the first round of admissions. As such, the child's name was not included on this list of children allocated a place.

The family appealed and the hearing took place during the summer holidays, schools are unfortunately not available for contact during this time. Emails are sent to schools during the holidays advising of any further pupils, however, they will not open these until the first day of term. Schools then normally make contact with parents to arrange a start date. In this child's case, an



email was not sent due to human error, however, when the family arrived at the school with their child, contact was made with the admissions team and the matter was resolved quickly, with the school admitting the child immediately.

This was an unusual case as the admissions officer originally dealing with the case was on maternity leave. The officer responsible for taking over the case was unaware the new school had not been notified of the placement and as result, this caused confusion when the child attended her new school in September.

**Actions** - The admission team has taken note of this human error and staff have been reminded that there must always be an effective line of communication to ensure instances like this do not happen again.

**Monitoring** - Handover meetings are undertaken when staff take a planned period of leave. Workload is discussed and officers are informed of any outstanding cases that require action/follow-up.

### **Stage 1/2 Complaint - Category 10 Compliance with Complaints procedure.**

The complainant made a request for an independent investigation into the decision of a school's complaint committee (members from the Governing Body) and LA complaints staff following a Stage C hearing (final process of a school-based complaint).

Stage 1 - Parent unhappy with the outcome reached by governors following a Stage C hearing. Parent made a request for the LA to investigate.

The complaints officer at the time addressed the points raised within the correspondence but explained that the LA was unable to proceed with the request to conduct an independent review of the governor's decision as there is no appeal to the Governing Body's decision; Welsh Government circular 011/2012 Complaints procedure for school governing bodies Wales, page 31 paragraph 6.20: 'the governing body complaints committee is the final arbiter of complaints. The complaint was upheld on the grounds that the complaints officer carried out an appropriate investigation within the realms of their responsibility as an Education Officer and in line with the Welsh Government procedure details stated above 'the governing body complaints committee is the final arbiter of complaints'.

Stage 2 – Parent remains dissatisfied with the outcome of the Stage 1 complaint and wished to progress to Stage 2 on the grounds that the LA failed to intervene with the complaint against the complaints committee. Decision was not upheld on the grounds that all local authority officers have responded to the parent appropriately and within their remit.

**Identified relationships to Equalities or Welsh Language  
Complaints that relate to the Equalities or Welsh Language protected characteristics**

<b>Characteristic Strand</b>	<b>Count Stage 1, Stage 2 &amp; Escalated 1 to 2</b>	<b>Count Completed in Target Times</b>	<b>Percentage Completed in Target Times</b>
Age	0	0	0
Disability	0	0	0
Gender Reassignment	0	0	0
Marriage and Civil Partnership	0	0	0
Pregnancy and Maternity	0	0	0
Race	0	0	0
Religion/Belief or Non-belief	0	0	0
Sex	0	0	0
Sexual Orientation	0	0	0
Welsh Language	0	0	0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>

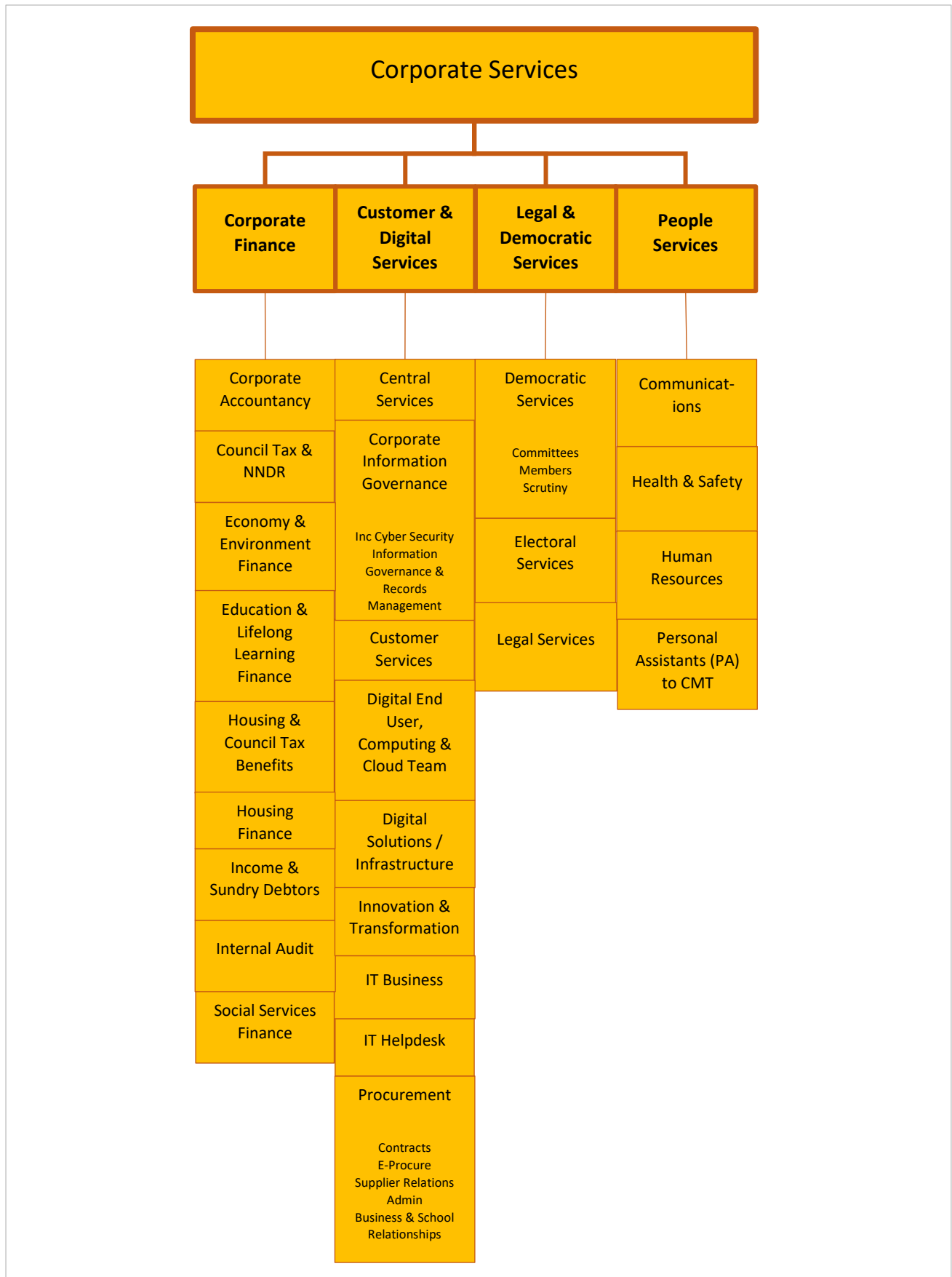
No specific characteristics links have been identified for this reporting period

**6. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period**

No complaints were referred to the Ombudsman for the April to September period.

# 1. Directorate and Services

## Diagram of Directorate and Service Framework



## 2. Number of complaints by Stage Type, Service, and Targets Met

Table showing summary of complaints by stage type reference

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	9	8	88.88%
Stage 2	1	0	0%
Escalated Stage 1 to 2	3	3	100%
<b>Totals</b>	<b>13</b>	<b>11</b>	<b>84.61%</b>

Table showing how the complaints were received

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	2	0	1
Email	6	1	2
Letter	1	0	0
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
<b>Totals</b>	<b>9</b>	<b>1</b>	<b>3</b>

Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Electoral Services	1	1	100%
Customer Services	1	1	100%
Corporate Finance	7	6	85.71%
<b>Totals</b>	<b>9</b>	<b>8</b>	<b>88.88%</b>

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Legal Services	1	0	0%
<b>Totals</b>	<b>1</b>	<b>0</b>	<b>0%</b>

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Customer Services	1	1	100%
Corporate Finance	2	2	100%
<b>Totals</b>	<b>3</b>	<b>3</b>	<b>100%</b>

Corporate Services complaints which are not Corporate Finance comprises of 1 complaint for Legal Services which was a stage 2, 1 for Electoral Services which was a stage 1 and 1 complaint for Customer Services which escalated to stage 2.

The target was not met on the complaint for Legal Services as further investigations were necessary but the complainant would not agree to an extension.

In relation to Corporate Finance, target dates were met apart from one stage 1 where unfortunately the complaint had been sent around various other departments before being received by Council Tax

### 3. Key complaints - Identified by Type or Theme

#### List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.

There have been no trends identified within corporate services and the complaints cover a range of issues including the following:-

Correspondence issued in English only, making a complaint via the telephone in Welsh and the information on the website regarding the complaints process.

Procedural matters regarding an item considered at a scrutiny committee which were investigated and not upheld.

The process regarding a bulky waste collection and the refunds policy which was not upheld.

Corporate finance complaints relating to council tax matters, details of lessons learned are set out below but there were no there were no particular themes, repetitive or pertinent complaints received.

### 4. Number by of Complaints by Category

#### Table showing complaints by Commissioner Case Type, for prescribed Categories

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	0
2 Decision Making	4
3 Delay in Service Provision	0
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	0
5a Following Council Policies	1
5b Following relevant Legislation	0
6 Accessibility of Services	0
7 Clarity/Accuracy/Timeliness of information	5
8 Quality of Work	0
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11 Combination of categories	3
<b>Totals</b>	<b>13</b>

## 5. Number of Complaints by Outcome and Lessons Learned

Table showing number of complaints Upheld and Not Upheld

Service	Upheld	Not Upheld
Electoral Services	1	0
Customer Services	0	2
Corporate Finance	4	5
Legal services	0	1
<b>Totals</b>	<b>5</b>	<b>8</b>

The following table shows examples of lessons learned, with comments on key findings, resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Nature of Complaint	Lessons Learned	Category
An Electoral Services letter sent out not being bilingual and there were also issues raised regarding making a complaint in welsh over the telephone as the officer did not speak welsh. Also information regarding the complaints process on the website.	It was accepted that the form should have been provided bilingually and an apology given. The complainant was informed that calls can be transferred to the welsh language department for complaints to be taken in welsh. The complainant was also advised that the information on the website would be reviewed and updated.	7 Clarity/ Accuracy/ Timeliness of information
Council Tax –The complainant was being asked to pay council tax but had already spoken to an officer previously who advised that the account was clear.	To use the points raised in this complaint for staff training and development namely as follows. Currently staff are instructed to enter a note on the Council Tax computer system, however this is not always done if the telephone enquiry is routine in nature. Having call recording in order to listen back to the full telephone conversation would have allowed the Manager to listen to the full telephone conversation and the advice given during the call. This would help with staff training and development which in turn should lead to better customer service. Secondly the complainant was advised to put complaint in writing but this could have been registered over the telephone. Staff have been reminded of this element of the Council’s complaint procedure. Thirdly, the complainant was advised that calls are not recorded because of payment details and sensitive information. This is incorrect and again staff made aware of this so that they don’t mislead customers. The Council is working towards introducing call recording as a priority	7 Clarity/ Accuracy/ Timeliness of information
Stages 1 & 2: Social Services Finance - The complaint related to homecare charges and the way in which payments are collected.	The complaint highlighted that it could be made clearer to service users and their representatives when completing a Direct Debit Mandate that any services invoiced against an individual’s account will be collected through the same mandate and it is not	7 Clarity/ Accuracy/ Timeliness of information

	specific to the one service. As a result, we will take steps to make this clearer in the future.	
Council Tax –The complaint related to a request for a council tax refund on a deceased relative’s property and a request for information which had already been provided in an earlier email.	The staff member who dealt with second email should have checked and searched the inbox for the first email before contacting complainant again.	3 Delay in Service Provision  4 Officer/ Contractors Conduct with public (including sensitivity/ empathy of staff/ politeness)

## 6. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	0
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	1
<b>Totals</b>	<b>1</b>

## 7. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

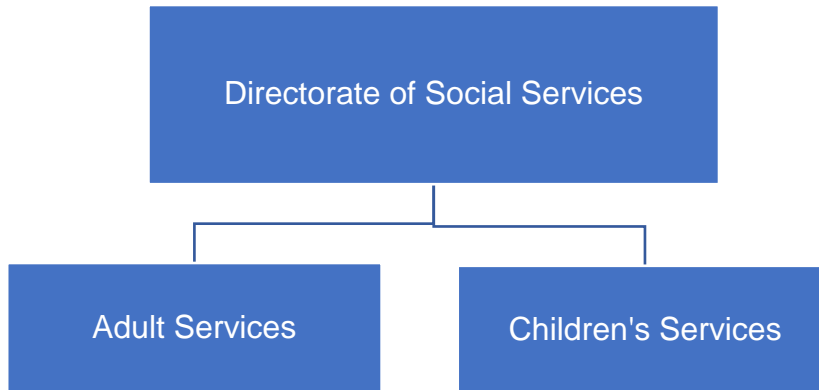
There were no ombudsman referrals for Corporate services.

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## 1. Directorate and Services

Diagram of Directorate and Service Framework.



### Brief description of Directorate and Service Framework

There are 2 key services, these being Adult Services and Children’s Services.

Adult Services provide a wide range of specialist services to members of the community over eighteen years of age, who experience difficulties on a day to day basis due to problems ranging from mental health, physical or sensory disability to drug and alcohol misuse.

Children’s Services provide a range of services to children, young people, and their families, in partnership with many other agencies and voluntary organisations. The overall aim is to support children and young people to remain living with their own families wherever this is safe to do so.

## 2. Number of Complaints by Stage Type, Service, and Targets Met

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	26	23	88.46%
Stage 2	1	0	0%
Escalated Stage 1 to 2	2	2	100%
<b>Totals</b>	<b>29</b>	<b>25</b>	<b>86.21%</b>

Of the 26 stage 1 complaints 2 were withdrawn, which has reduced the percentage completed in target times. Of the 24 that were responded to 95.83% were completed in target times. 1 complaint went straight to stage 2 and this was completed 1 day over timescale. The overall percentage for all complaints in target times is 92.59%.

### Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	7	0	1
Email	11	1	1
Letter	1	0	0
On-line	7	0	0
Contact Centre	0	0	0
Other	0	0	0
<b>Totals</b>	<b>26</b>	<b>1</b>	<b>2</b>

## Tables showing summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	15	15	100%
Children's Services	11	8	72.72%
<b>Totals</b>	<b>26</b>	<b>23</b>	<b>88.46%</b>

Of the 11 children's stage 1 complaints 2 of these were withdrawn which has reduced the percentage completed in target times. Of the 9 that were responded to 88.88% were completed in target times.

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	1	0	0%
Children's Services	0	0	0
<b>Totals</b>	<b>1</b>	<b>0</b>	<b>0%</b>

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	1	1	100%
Children's Services	1	1	100%
<b>Totals</b>	<b>2</b>	<b>2</b>	<b>100%</b>

More detailed information on the above corporate complaints data in respect of Social Services, is currently maintained, by the Social Services Complaints and Information Team on an Excel matrix. A report is also provided to Scrutiny Committee which includes detail of Social Services and Corporate complaints.

Where the target times were not met, this was due to the number of issues raised by one complainant and the different teams involved in the complaint and the Covid-19 situation.

### 3. Key Complaints - Identified by Type or Theme

List of key specific types, or themes, of repetitive, or pertinent complaints received during this reporting period.

Level of Day Services and when will day centres re-open

Contact stopped with grandchild

Address disclosed and feels put at risk

Not being kept informed about grandchildren

Incorrect information and outcome of assessment

Way case was handled

Discrepancy with invoice

Staff attitude

Hassling family

Non-factual information provided to Court

Care home fees

Safeguarding process not followed

Parking

Monitoring care package

Residential Care

Careline

Not treated with dignity and respect

**The type or themes identified above, have been extracted from the following table which shows the incoming number of complaints by specific service sectors or teams during this reporting period.**

<b>Service Group or Team</b>	<b>Count Stage 1, Stage 2 &amp; Escalated 1 to 2</b>
Adult Services	17
Children's Services	12
<b>Totals</b>	<b>29</b>

#### **4. Number of Complaints by Category**

**Table showing complaints by category.**

<b>Category</b>	<b>Count Stage 1, Stage 2 &amp; Escalated 1 to 2</b>
1 Collaborative Working	0
2 Decision Making	6
3 Delay in Service Provision	0
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	4
5a Following Council Policies	0
5b Following relevant Legislation	0
6 Accessibility of Services	1
7 Clarity/Accuracy/Timeliness of information	3
8 Quality of Work	10
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11. Combination of Categories (Non-specific)	5
<b>Totals</b>	<b>29</b>

## 5. Number of Complaints by Outcome and Lessons Learned

Service	Upheld	Not Upheld
Adult Services	2	15
Children's Services	2	8
<b>Totals</b>	<b>4</b>	<b>23</b>

List of lessons learned. Comment on key findings resulting from the complaints in this reporting period, that may help curtail, prevent, or impede future repeats.

Nature of Complaint	Lessons Learnt	Category
Feels family have been put at risk following her address being provided in report to her partner's ex-partner and her boyfriend.	Staff to remove address when asked to keep it confidential.	8 Quality of Work
Carers supporting a vulnerable neighbour are parking outside complainant's property and blocking driveway. Also subjected to verbal confrontation by a carer who was blocking his driveway.	Staff reminded of appropriate parking and notes have been added to carers handheld devices that they do not park in this area. All existing staff and new will see this notification and will prevent this from happening again.	4 Officer /Contractors Conduct with public (including sensitivity/empathy of staff/politeness)
Discrepancy occurred with invoices relating to Aunt's care. Refund completed and further discrepancy occurred. Complainant spoke to Finance Team and team member was offensive and ignored her request to investigate the discrepancy.	<p>A full investigation has been carried out and the whole of the account checked which determined that inaccuracies had been made and these were rectified.</p> <p>As a way forward it was agreed with the complainant that invoicing be done on a step-by-step process so that these could be checked and agreed before progressing with each stage.</p> <p>An apology was provided for any offence that may have been caused by the officer, however the Directorate was unable to look into this matter further without the name of the officer involved or more detail regarding this.</p>	7. Clarity/Accuracy/Timeliness of information
Complainant unhappy with the contents of an email received from the Complaints and Information Team.	Given the level of detail in the complainant's emails it was not felt appropriate to send a basic acknowledgement and the specific issues were acknowledged. A sincere apology was provided to complainant.	4 Officer/Contractors Conduct with public (including sensitivity/e

		empathy of staff/politeness)
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The Directorate is committed to learning from complaints received in order to influence positive change. Information from complaints is an invaluable source of user feedback. The Directorate makes the best use of this information about complaints and uses the results to inform policy and ensure that practice is changed in response to highlighted areas of concern, this is done in discussion with Senior Management to agree an action plan to address the issues.

## 6. Identified relationships to Equalities or Welsh Language

Table showing a count and list of findings resulting from the complaints in this reporting period, that specifically relate to the Equalities or Welsh Language protected characteristics.

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	0
Gender Reassignment	0
Marriage and Civil Partnership	0
Pregnancy and Maternity	0
Race	0
Religion/Belief or Non-belief	0
Sex	0
Sexual Orientation	0
Welsh Language	0
<b>Totals</b>	<b>0</b>

## 7. Annex – Referrals to Ombudsman, complaints resulting from appeals and examples of relevant items (points to note) specific to this reporting period

Identify how many referrals to the Ombudsman and list and append any relevant supplementary information here, namely, points to note, or an example data set.

6 referrals were made to the Ombudsman, the decision was made not to investigate matters in all 6 cases. Of the 6 referrals 3 related to Adult Services and 3 to Children’s Services. Of the 3 relating to Adult Services, 2 were passed back to the Council to investigate, 1 of which was due to the complainant going direct to the Ombudsman and other 1 that we were already dealing with. Of the 3 relating to Children’s Services, 1 of the complainants was unable to be identified.

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## **GOVERNANCE AND AUDIT COMMITTEE - 16TH MARCH 2022**

**SUBJECT: CORPORATE RISK REGISTER (Q2 21/22 6 MONTH UPDATE)**

**REPORT BY: CORPORATE DIRECTOR OF EDUCATION AND CORPORATE SERVICES**

### **1. PURPOSE OF REPORT**

- 1.1 To provide an update of the Corporate Risk Register in accordance with the Council's Risk Management Strategy.
- 1.2 The updated Corporate Risk Register (CRR) (Appendix A) is presented to Governance and Audit Committee so there is opportunity for the Committee to satisfy itself that appropriate arrangements are in place for the Council's risk management processes to be regularly and robustly monitored and scrutinised.

### **2. SUMMARY**

- 2.1 Under the Council's Risk Management Strategy, the Corporate Management Team (CMT) own, manage, monitor, and review the Council's Corporate Risks on a quarterly basis, with six monthly progress reports submitted to Cabinet. Updates are also provided to Governance and Audit Committee, which has the role of reviewing and challenging the Risk Register and where relevant, and any resultant action plans for the Council's key strategic or corporate risks.
- 2.2 In order to present the most recent information, this report focuses on the Corporate Management update as of December 2021.
- 2.3 There are currently 15 risks on the register.

### **3. RECOMMENDATIONS**

- 3.1 It is recommended that the Governance and Audit Committee considers the content of the Corporate Risk Register and associated mitigating actions.

The Brexit risk should be removed going forward. The ongoing impacts are now being reflected elsewhere, for example through the Medium-Term Financial Plan.

#### **4. REASONS FOR THE RECOMMENDATIONS**

- 4.1 For the Governance and Audit Committee to satisfy itself that robust processes and procedures exist and are applied for the management of top-level risks. Members have a critical role to play in evaluating the Council's risk management arrangements and in particular understanding how the council identifies, manages and, where possible, mitigates/removes risk.

#### **5. THE REPORT**

- 5.1 The Authority identifies and manages risks at different levels. Service priorities identify risks to delivering business whilst directorate risks can be more significant risks that may have cause and effect across a Directorate. The Corporate Risk Register is the highest level of risks to the whole authority, the strategic risks often referred to as the Corporate Risk Register (CRR).
- 5.2 This report, updates on the risks within the CRR only. The directorate risks are updated on a quarterly basis within the 'Directorate Performance Assessment' (DPA) and this is presented to the relevant Scrutiny twice a year.
- 5.3 The Corporate Risk Register is a 'living document' and will change when reviewed and assessed on a quarterly basis. New risks will emerge, and some existing risks will be closed. Furthermore, risk ratings will change (red/amber/green) and mitigating actions and progress comments will be updated.
- 5.4 Risks were last updated to Governance and Audit Committee on 20th July 2021.

In summary there are 15 Risks on the Risk Register (Appendix A) of which 11 are medium and 4 are rated as high.

There are 2 new risks that have been added since the register was last reported in Governance and Audit Committee in July 2021. The first relates to changes to the supply and demand chain which has been given a rating of medium. The other relates to the Recruitment & Retention of Staff which has been given a risk rating of high.

There are 2 risks that were high but are now classed as medium, they are CRR 05 and CRR 06. CRR 11 was a medium risk but has now been increased to a high risk.

The remaining risk ratings have stayed the same.

No risks have been removed from the register since July 2021.

It is recommended that the Brexit risk is removed moving forward as the ongoing impacts are now being reflected elsewhere.

- 5.5 Covid-19 recovery has a separate risk register which is noted under CRR12, but this does not replicate the content of the Covid risk register. The Covid register is a dynamic document and updates are frequently monitored by Corporate Management Team
- 5.6 The Annual Governance Statement for 2021 identified the need to update the Council's Risk Strategy and this is one of the priorities to take forward 2021/22. A draft updated Risk Management Strategy was presented to Governance and Audit on 22nd January 2022.



## **Conclusion**

- 5.7 In line with the approved Risk Management Strategy the Corporate Risk Register is periodically reviewed and updated and is presented to the Governance and Audit Committee to provide an opportunity for the Committee to satisfy itself that appropriate arrangements are in place for the Council's risk management processes to be regularly and robustly monitored and scrutinised.

## **6. ASSUMPTIONS**

- 6.1 We assume that resources remain the same for the foreseeable future in addressing the risks for the future.

## **7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT**

- 7.1 This report does not relate to the development of a policy, strategy, practice or project so no specific Equalities Impact Assessment has been undertaken on this report, however Risk Management is part of the 7 organisational activities within the Well-being of Future Generations (Wales) Act 2015 and as such also needs to recognise risk to the citizen over the long term and look at ways to prevent further impact occurring.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 There are no direct financial implications to this report, although Appendix A identifies risks regarding the Medium-Term Financial Plan (MTFP).

## **9. PERSONNEL IMPLICATIONS**

- 9.1 There are no personnel implications arising from this report.

## **10. CONSULTATIONS**

- 10.1 This report has been sent to the consultees listed below and all comments received are reflected in this report.

## **11. STATUTORY POWER**

- 11.1 Local Government (Wales) Measure 2009. Well-being of Future Generations (Wales) Act 2015.

Author: Ros Roberts, Business Improvement Manager, [roberr@caerphilly.gov.uk](mailto:roberr@caerphilly.gov.uk)

Consultees: Christina Harray, Chief Executive  
Richard (Ed) Edmunds, Corporate Director Education and Corporate Services  
Cllr. Eluned Stenner, Cabinet Member for Performance, Economy & Enterprise  
Mark S Williams, Corporate Director for Economy and Environment  
Dave Street, Corporate Director Social Services & Housing  
Steve Harris, Head of Financial Services & S151 Officer  
Rob Tranter, Head of Legal Services & Monitoring Officer

Sue Richards, Head of Education Planning and Strategy  
Deborah Gronow, Internal Audit Manager

Background Papers:

Appendices:

**Appendix A – Corporate Risk Register 6-month update 2021/22 (as at Quarter 2)**

CMT - Risk Register



Qtr 2	2021/22
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Ref	Topic (& Service)	Risk, opportunities and Impact	Mitigation Actions (What actions can we take to address the risks or realise the opportunity)	Progress Update (Are the mitigating actions reducing the risk or realising the opportunity?)	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Does the risk affect the Well-being of our Communities?	Well-being Risk Level
CRR 01 - All Directorates	Exit from the EU (Brexit)	The decision to leave the EU and the subsequent exit deal created considerable uncertainty for Caerphilly CBC and our communities. Key risks included the potential for workforce supply shortages in some areas, the possibility of some disruption to the supply of goods and services and the potential for price increases.	An internal Brexit Working Group was established consisting of key staff across all Directorates and nominated Elected Members to monitor the impacts of Brexit and to take mitigating actions where possible. The Council also set aside £1m to meet any short-term financial impacts arising from Brexit. £314k of this funding has been committed to fund a small number of fixed-term posts to monitor the ongoing impact of Brexit in Environmental Health, Information Governance, Procurement and the Business Enterprise & Renewal Team (BERT).	The ongoing impacts of Brexit are as anticipated. Some difficulties are being experienced with recruitment, there has been a significant upward trend in inflation with the Consumer Prices Index (CPI) inflation rate in the 12 months to November 2021 being 5.1%, and supply chain impacts are being experienced in a number of areas including construction. These impacts are now being monitored with appropriate actions being taken as "business as usual" e.g. inflationary pressures are now reflected in the updated MTFP and a separate corporate risk (CRR 15) has been established in respect of the impact on the construction industry. It is therefore recommended that the specific Brexit risk should now be removed from the Corporate Risk Register.	Medium	Medium	Medium			Potential impacts are not fully understood but they are likely to be felt over the short, medium and longer-term.  Unable to assess 'Risk Level' currently due to the level of uncertainty	Unknown
CRR 02 - All Directorates	Medium-Term Financial Plan (MTFP)	Failure to identify sufficient savings to support the Medium-Term Financial Plan (MTFP).	The Authority has a strong track record of delivering balanced budgets and the Transformation Programme (including the ten Corporate Reviews), will be key elements in ensuring financial sustainability moving forward. Work is underway through the Sustainable Financial Planning Corporate Review to align the MTFP with the financial efficiencies and savings that are anticipated through the Transformation Programme.	Details of the WG 2022/23 Provisional Local Government Financial Settlement were announced on the 21st December 2021 and included an uplift of 8.5% in core funding for Caerphilly CBC. Indicative uplifts on an all-Wales basis of 3.5% and 2.4% were also included in the Provisional Settlement for 2023/24 and 2024/25 respectively. Details of the 2022/23 Draft Budget Proposals are being presented to Cabinet on the 19th January 2022, following which there will be a period of consultation prior to final budget proposals being presented to Cabinet on the 23rd February 2022 and then Council on the 24th February 2022. The MTFP has been updated based on the indicative Settlement figures provided by WG and this shows a potential savings requirement of £9.753m for the two-year period 2023/24 to 2024/25. Detailed work will be undertaken in the coming months to further refine the MTFP. A further report will be presented to Cabinet in early autumn providing a further update on the MTFP alongside detailed proposals in terms of addressing the savings requirement moving forward.	Medium	Medium	Medium			Yes, we need to explain how it affects the Well being of Future Generations in our Communities	Medium
CRR 03 - All Directorates	GDPR Information Governance	<ul style="list-style-type: none"> <li>Failure to locate reliable information quickly impacts on service delivery, plus we are missing an opportunity to use the Council's information assets more widely to benefit other Council services.</li> <li>GDPR introduces fines of up to 20million Euros for failing to evidence compliance, including Privacy Impact Assessments at early stage, and for data breaches.</li> <li>Failure to comply with information requests (e.g. FOI) could lead to action by the Information Commissioner's Office - compliance expectation increased to 90%</li> <li>These risks could result in adverse press, loss of trust by the public, and criticism from the Council's auditors.</li> </ul>	IGPT activity reported to Corp Gov Panel, including: <ul style="list-style-type: none"> <li>Report on options for GDPR DPO role</li> <li>Review Information Asset Registers to include info required by GDPR, e.g. legal basis for processing</li> <li>Continue SIRO review of Information Risk Returns</li> <li>Update and re-launch DPA training, inc Members</li> <li>Update info sharing register to identify contract improvements</li> <li>Enforce use of privacy notices and Privacy Impact Assessments</li> <li>Implement records management programme, including better identification/creation of records and backlogs addressed (e.g. email, networks) and ensure records with historic value are protected</li> <li>Review publication scheme and charges for info requests</li> <li>Continue suspension of surveillance activity</li> </ul>	Reducing risk via: modular eLearning launched but poor member uptake to date; awareness raising via intranet stories, CMT updates (inc Corporate Risk Register), IG Stewards and Go Digital; DPIAs/contracts increasingly used; Internal Audit checklist; data breach methodology; Covid19 Risk Log maintained, covering cyber security and IG; communication to all users from Chief Executive issued Dec 2020, cyber security strategy and Information governance strategy under development. Refreshed eLearning, new modules and new Knowledge Tests planned for launch April 22. Member IG / Cyber Security training planned as part of member induction planned for June 22 to mitigate poor member uptake of eLearning. Senior Officer Cyber Security training and awareness underway, inc. presentation to Management Network on cyber attacks (10/09/21), SIRO / Leadership Team training on information risk (11/10/21) and cyber attack exercise and debriefing (15/11/21 & 22/11/21).	Medium	Medium	Medium			Yes - protection of privacy (Article 8 HRA), Duty to Document and protection of historic records to evidence public sector activities	Medium
CRR 04 - All Directorates	Climate Change	Not being prepared for the impacts associated with climate change. For Caerphilly this will manifest as a more volatile weather pattern: <ol style="list-style-type: none"> <li>More severe storms resulting in damage to trees and buildings.</li> <li>Increase in winter rainfall resulting in flooding, affecting people, property and infrastructure, including availability of outdoor sport pitches.</li> <li>Extreme Weather Conditions: Difficulty in modifying temperatures in some of our buildings (incl. Housing) could lead to increased financial burden, uncomfortable environment conditions (dangerous temperatures) affecting people's health, wellbeing and delivery/receipt of effective services.</li> <li>Changes in species including a decline in native species, changes in migration patterns and increases in alien and invasive species, including pests and disease.</li> <li>Reduction in summer rainfall resulting in reduced river flows and water availability.</li> <li>Increase in levels of extreme weather such as snow/ice which could potentially impact on not only the travelling public but the elderly/frail and those in fuel poverty.</li> <li>Grass fires.</li> <li>Vehicles being used by the authority are outdated and therefore consuming more fuel and producing higher levels of emissions.</li> <li>Extremities in foliage growth, and the reduction in both street/highways cleansing, and weed control, will have a direct impact on future maintenance and environmental damage controls, potentially leading to systematic failures and increased costs to the authority for response repairs (e.g. Footpaths; Highways; Gullies; Drainage; Cycle-ways) as well as public liabilities.</li> </ol>	A Local Climate Impact Profile (LCLIP) has been prepared and links to other plans including Highways Winter Maintenance Plans, Business Continuity Plans & Emergency Plans etc.  Mitigation work being undertaken includes: <ol style="list-style-type: none"> <li>A Tree Management Strategy and implementation of resources to manage tree stock.</li> <li>Assessing the condition of trees.</li> <li>Assessing the vulnerability of drainage infrastructure in excessive rainfall.</li> <li>Installing flood risk measures at priority vulnerable locations.</li> <li>Considering climate change in the Asset Management Programme.</li> <li>Street lighting has been switched to LED combined with a party night lighting approach.</li> <li>A roll-out of electric vehicles within the CCBC fleet where practical and where charging infrastructure allows.</li> </ol>	<b>Dir for Econ/Env - Nov 21 (same as Year-end 20/21) Statement:</b> <ol style="list-style-type: none"> <li>Resources are in place for surveying our tree stock and tree works being undertaken in accordance with survey recommendations.</li> <li>Local Flood Risk Management Strategy (Engineering) in place. Sustainable Drainage Approval Body (SAB) implemented from 7 Jan 2019 to improve control and approval for drainage infrastructure on new developments.</li> <li>Climate emergency declared by full council and decarbonisation strategy and action plan combined with an energy prospectus have been adopted by the Council with a number of actions/ projects being progressed.</li> <li>Electric vehicle charging infrastructure being rolled out in public car parks and council strategic sites and switch to ELV council fleet has commenced with the delivery of a number of smaller electric vans.</li> <li>Street lighting: switch to LED combined with night switch off now fully implemented to achieve carbon reduction and avoid significant additional energy costs.</li> </ol>	Medium	Medium	Medium			Yes - there is an impact to a 'Resilient Wales' by not proactively addressing the operational response to climate change. The contribution to global issues and a 'Globally Responsible Wales' is met through low carbon planning and sustainable development. There is a direct impact to Health also.	Medium
CRR 05 - Dir for Economy & Environment	Community & Leisure:  Greenspace and Landscape Services	Ash die back (Chalara Fraxinea) is the most significant disease to affect the UK tree population since Dutch Elm disease in the 1960's. The disease will result in the decline and death of the majority of ash trees in Britain. Unfortunately, many ash trees predominant line our roadside verges, so the disease will affect high risk locations. In our borough, ~ 37,400 + ash trees could be affected by this, requiring substantial resource, logistics and environmental considerations/implications, such as: <ol style="list-style-type: none"> <li>Thorough surveys (to identify needs/requirements)</li> <li>The formulation of a Removal Strategy</li> <li>Budgeting and Finance</li> <li>Considerable clean-up and disposals</li> <li>Wider environmental impact (contaminations/biodiversity/eco systems)</li> <li>Wider impacts on road sweeping and weed treatment.</li> </ol> All of which, will ultimately lead to damage to the environment and its infrastructure and have an effect on the 'look and feel' of the county borough.	Initial action to include: <ol style="list-style-type: none"> <li>Development of a Removal Strategy</li> <li>Discussions at WLGA and representations to Welsh Government (WG) in relation to funding.</li> </ol>	This will require a substantial cost implication due to the logistics and labour intensive nature of addressing such matters.  Work is still progressing nationally for a funding model to be adopted by WG. Some Green Infrastructure funding was received in 2020-21 to allow for some felling. We continue to fell any trees noted with significant ash die back whether this is identified during routine inspections, service requests or during ad-hoc site visits. Green Recovery Funding was received in 2021 from WLGA, £111K was allocated to deal with ash die back across the county borough. In July 2021, Cabinet approved funding (£750k over the next three financial years) to manage ash die back across the county borough and ash removal is progressing based on identification of risk by the Council tree specialists.	High	High	Medium				Medium

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CMT - Risk Register



Ref	Topic (& Service)	Risk, opportunities and Impact	Mitigation Actions (What actions can we take to address the risks or realise the opportunity)	Progress Update (Are the mitigating actions reducing the risk or realising the opportunity?)	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Does the risk affect the Well-being of our Communities?	Well-being Risk Level
CRR 06 - Dir for Economy & Environment	Regeneration & Planning:  Local Development Plan	The Adopted LDP was due to expire on 31st December 2021, however further to the Ministerial letter received by the Leader in September 2020 this is no longer the position. The Replacement Local Development Plan was well advanced, however, the Council withdrew that plan in July 2016 following local opposition to a number of development sites contained within the document. The Council has resolved to progress the preparation of a Strategic Development Plan and a new LDP in parallel. Work on the new plan has commenced, the delivery agreement has been approved by WG, the various working groups are progressing and regular member seminars are being held.	The Adopted Local Development Plan (LDP) remains in force until it is superseded by the 2nd Replacement LDP. On 29th January 2018 the Cardiff Capital Region Cabinet agreed that work should commence on a Strategic Development Plan (SDP) for the area. A formal report was considered by the Cabinet on the 10th June 2019 which determined the timeline for reporting this matter to all ten Councils. Caerphilly Council considered this matter in October 2019 and resolved to commence work on the SDP and a new LDP as soon as practicable. Future Wales The National Plan 2040 was published by WG in February 2021 this requires the adoption of a Strategic Development Plan by the new SE Wales Corporate Joint Committee when it is formed for the SE Region i.e. the Cardiff Capital Region. The work on the 2nd Replacement LDP for Caerphilly CB has commenced and is well underway, it is anticipated that the new Local development plan will be adopted by the end of 2024.	Chief Planning Officers and Planning Policy lead officers were meeting regularly as a Project Group to progress various work streams necessary to establish the SDP project in advance of the formal commencement of plan preparation, however the newly created CJC will become the Strategic Planning Body. The formation of the permanent CJC has been delayed while an interim CJC is put in place - consequently formalising the SDP element of the CJC role is also slightly delayed.  In the medium to long term a 2nd Replacement LDP will increase the land supply position. A number of significant applications have been submitted and approved by Welsh Government on appeal.  Funding identified and approved for the SDP and the new LDP and good progress being made in terms of the process for writing, publishing and adopting and new LDP - the delivery agreement has been approved by WG, the various working groups are progressing and regular member seminars are being held.	High	High	Medium			Yes, the lack of an LDP threatens the timely delivery of land for development, particularly housing, making it more difficult to achieve the goal of prosperity.	Medium
CRR 07 - Education & Lifelong Learning Directorate	School Attainment	1. There continues to be a gap between the attendance and attainment of Free School Meals pupils and Non-Free School Meals pupils which is being addressed.  2. High rates of exclusion will impact on pupil attainment.  3. The impact of covid on learner outcomes remains unknown and requires further evidence and appropriate intervention.  4. The inconsistent nature of assessment at KS4 since 2019 together with staff and pupil attendance will impact on pupils and their outcomes.	1. Utilisation of grant funding to identify gaps in pupils' learning and implement appropriate interventions/strategies.  2. Utilisation of the educational welfare, inclusion and Youth services to support pupils with issues relating to wellbeing.  3. The Edtech programme has been repurposed to provide digital resources to disadvantaged learners.  4. The LA monitors schools' engagement with professional learning activities. Monthly Partnership meetings with EAS are used to update on professional learning.  5. The development of a revised Education Strategy that aims to address the impact of the Covid-19 pandemic.	Current development of a revised education strategy will endeavour to address concerns around the impact of Covid-19 on standards, progress and provision.  The current Service Improvement Plan 2021-22 identifies the actions of all service areas to mitigate against the Covid-19 pandemic.  Schools continue to engage well with the Local Authority and EAS.	High	High	High			Yes, this limits contribution to 'Prosperous and More Equal Wales'. Standards of attainment and gaps in inequality can result in a low skilled, low paid workforce, and higher levels of unemployment leading to poverty. Over the long-term (25 years) in the life of a young child to adult the potential outcome of the attainment gap makes this a high risk. This is a long term risk	High
CRR 08 - Social Services & Housing Directorate	Fragility of the Social Care market. The independent sector social care market across Wales is in an unprecedented position in terms of its fragility and this is starting to be felt in Caerphilly.	<ul style="list-style-type: none"> <li>Providers unable to sustain existing packages of care.</li> <li>National Minimum Wage and National Living Wage creating additional financial strain which providers are expecting LA's to resolve.</li> <li>Little additional capacity to take on new packages of care.</li> <li>Ongoing Judicial Review across Wales re responsibility for Funded Nursing Care Payments.</li> <li>Potential financial impact on the Directorate and Authority.</li> <li>Introduction of RISCA from 01.04.18 could have significant implications for recruitment and retention of staff.</li> </ul>	Fee levels for 2017/18 agreed at 3.1%. This was funded via a mix of core funding and CCBC's element of the Social Care Workforce grant paid by Welsh Government. A further element of workforce funding has recently been released by WG. Discussions are ongoing with commissioned providers to determine how these monies should be allocated. Fee levels for 18/19 agreed at 2%	No change in risk level. Further concerns with regard to stability. Coronavirus Pandemic has had major consequences for care homes across the UK. Positive cases have meant that new admissions to care homes have not been possible for a significant period of time with the knock on consequence in relation to the financial viability of homes. Welsh Government funding has eased the position for 20/21 but the ongoing support is unclear for 21/22. Additional payments have been made to care providers with effect from 23rd March 2020 to compensate them for additional costs and lost income resulting from the Covid 19 pandemic. These additional payments will be funded through the Welsh Government's Hardship Fund for Adult Social Care.	High	High	High			Yes - reducing help that can be provided for the most vulnerable in our society will affect our ability to contribute to a 'Healthier Wales' which requires peoples mental and physical well-being to be maximised. Whilst this may be a medium risk operationally from a FGA perspective this would be high as it directly affects those most in need.  Risk Level deemed 'High' over the 'Medium Term'.	High
CRR 10 - Social Services & Housing Directorate	Welsh Housing Quality Standard (WHQS) programme	Everyone in Wales should have the opportunity to live in a good quality home within a safe and secure community. To help achieve this, the physical standard and condition of existing housing must be maintained and improved to the Welsh Housing Quality Standard (WHQS). Meeting the revised completion deadline, due to Covid, of 31st December 2021 is critical for both Caerphilly and our relationship with WG.	The WHQS programme has its own specific risk register which is reviewed and updated by the Project Board quarterly. The highest risks are: Failure to achieve programme objectives - the probability level has greatly reduced as we near the December 31st deadline with the internal works programme almost complete apart from acceptable fails (timing of remedy, tenant choice & Covid) although the acceptable fails are constantly being updated & validated as each element is completed as part of a relet etc. This is ongoing and will reduce the Acceptable Fails to the lowest numbers as possible. The focus had been the outstanding external contracts. The WHQS elements within these contracts were prioritised and although not all the contracts are complete the WHQS elements are. The outstanding work within these contracts will be pre paint repairs and maintenance.  The in-house workforce completed the additional internal works. This including the transfer of contracts from the Dynamic Purchasing System (DPS) of approximately 150 properties that ensured continuity for our in house workforce which delivered better performance and higher tenant satisfaction levels. Some external works were also transferred to the In house workforce following the liquidation of the Contractor (Creobuild) as it was felt that retendering would have risked achieving the December 31st deadline.	The internal programme of works was completed in Q3 and the remaining external works required to be completed in order to meet the 31st December deadline were completed in December. We have therefore now met the WHQS on all stock, with the exception of acceptable fails. We are currently in the process of completing the reporting to send to WG as part of our formal confirmation. As we go forward to PAMS and WHQS2 there remain concerns in relation to material supply and costs, this situation will continue to be closely monitored and has been raised with WG who advise that other authorities have encountered similar problems. This dialogue will continue as we proceed with PAMS and understand the requirements of WHQS2. Refurbishment and remodelling work to the sheltered housing schemes continues to be undertaken by the in-house workforce. The programme is progressing, however due to work content, asbestos issues and the ongoing risk of Covid restrictions, a number of schemes require full decants which will delay completion, but discussions with WG have confirmed that these can be categorised as acceptable fails.  The Housing Revenue Account business plan submitted to WG in March 2021 shows the HRA remains viable with the possibility of additional borrowing to undertake new build. HRA surpluses are generally utilised towards funding the WHQS Programme and then earmarked for potential new build options and decarbonisation works once the programme has been achieved.	Medium	Medium	Medium			Yes - however now that we have completed the WHQS the risk of any detrimental well being impact has significantly reduced. This is in the context that maintenance and repairs are ongoing and should be met against their own key performance indicators.	Medium

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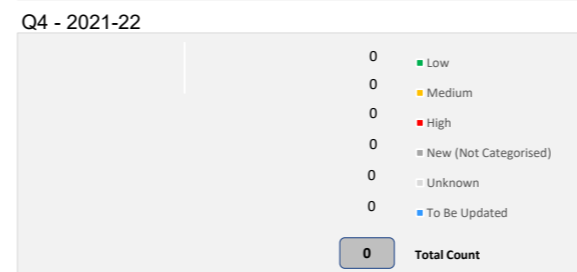
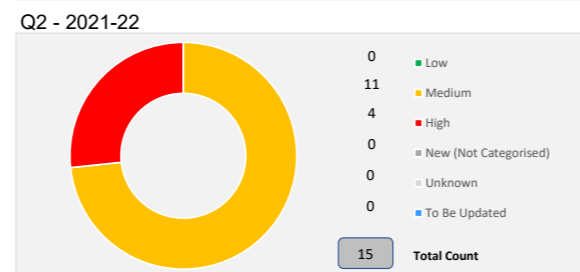
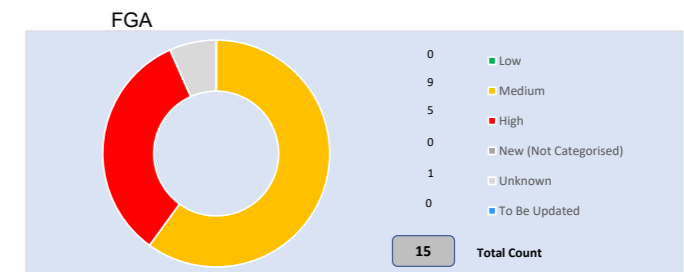
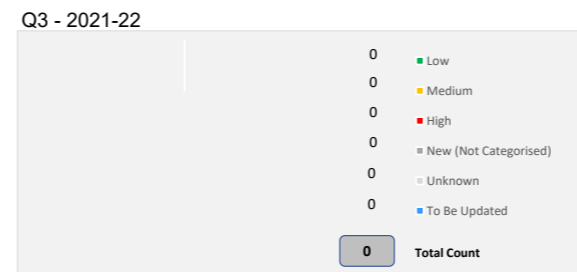
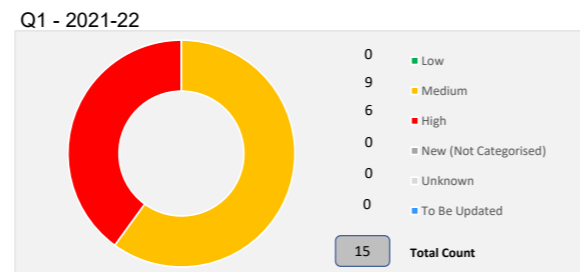


Ref	Topic (& Service)	Risk, opportunities and Impact	Mitigation Actions (What actions can we take to address the risks or realise the opportunity)	Progress Update (Are the mitigating actions reducing the risk or realising the opportunity?)	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Does the risk affect the Well-being of our Communities?	Well-being Risk Level
NEW 2020 CRR 11 - Communities	Fleet	<p>1. Non-compliance of our Heavy Goods Vehicle fleet which poses a significant road safety risk, reputational damage and puts our Operator's Licence at risk.</p> <p>2. A road accident caused by a defective vehicle operated by the authority.</p> <p>3. Failure to support front line services such as refuse collection, social services and winter road maintenance because we are unable to keep vehicles in service.</p> <p>4. Significant recharge costs from our managed service provider should a vehicle fail due to a lack of or poor standards of maintenance.</p> <p>5. Insufficient staffing levels to deliver the service due to recruitment and retention issues.</p> <p>6.. Stability of staff, adequate resourcing, use of technology, better control of our office and workshop environments, securing quality management of business processes, supplies and client outputs.</p> <p>7. Contract management with SFS, to maximise the value of the managed fleet contract to the Council.</p> <p>8. Constant fleet vehicle reviews and use across the Council, with a view to reducing costs, fuel use, materials consumption, carbon emissions, environmental impacts, complaints and improving client satisfaction and Council reputation.</p>	<p>1. Work is ongoing to improve all areas of compliance with the requirements of the Operators Licence.</p> <p>2. Use of the fleet management system to its fullest extent will ensure vehicle road tax, MOT and insurances are renewed in a timely manner.</p> <p>3. Service area supervisors have undertaken Operator Licence understanding training and driver referral systems have been implemented to address areas where non compliance are identified which trigger retraining.</p> <p>4. No comment at present.</p> <p>5. Work with People Services to address recruitment and retention difficulties.</p> <p>6. The fleet management office has suffered a staff turnover which has impacted upon the service levels, similarly, despite advertisement we have been unsuccessful in obtaining a vehicle technician. Team meetings now take place where fleet staff are encouraged to become involved in improvement measures and ideas.</p> <p>7. Meetings with the managed service provider have been held where the added value of the contract has been discussed and areas remaining outstanding such as community benefits are being addressed.</p> <p>8. A detailed review of user fleets is underway including detailed work on ultra low emissions vehicles.</p>	<p>A Fleet Service Review has been undertaken with a number of improvements identified and in progress including significant investment in new diagnostic and testing equipment. An Action Plan was presented to the Team Caerphilly Transformation Board on 8th July 2021.</p> <p>A further Report has been drafted for Corporate Management Team to further inform and provide evidential intelligence for Senior Executives to a) better understand existing service needs b) identify existing service shortfalls c) consider options for mitigating the risks identified. Work is in progress with People Services to develop proposals to address recruitment and retention difficulties and market supplements are now in place to assist with the recruitment of HGV fitters. An update o the fleet review is scheduled for consideration by the team caerphilly board in March 2022.</p> <p>A Fleet Review Officer post (in the Policy Team) has also been filled and the postholder has undertaken a detailed review of vehicle utilisation as part of our switch to electric and ultra low emission vehicles. A report on progress with the vehicle utilisation review and ULEV is due to be considered by CMT in January 2022.</p>	Medium	High	High			Yes - Prosperity: Resilience: Healthier: Cohesive Communities: Globally Responsible	High
CRR 12 - Covid 19 New Q1 20/21	Covid 19 Recovery Plan Whole Authority	Covid 19 Pandemic resulting in public health emergency, lockdown, suspension of services, workarounds to safely find new ways to deliver services.	A separate Risk Register specific to the Covid 19 situation has been established and is being regularly monitored and updated by the Corporate Management Team.	<p>As there is a specific register and group to respond to the ongoing situation and its recovery - it would be repetition to repeat here, but is acknowledged here as part of the high level Council risk register.</p> <p>Throughout 20/21:</p> <ul style="list-style-type: none"> <li>- Corporate Management Team (CMT) and key senior officers will be meeting on a daily basis from Mon 16th March 2020.</li> <li>- Internal Coronavirus Group meeting twice weekly cycles and due to meet daily.</li> <li>- Management Network briefing to discuss Human Resource (HR) response.</li> <li>- Managers checking Business Continuity Plans.</li> <li>- Human Resources (HR) reacting to Central Government &amp; Public Health Wales advice as it is issued</li> <li>- Staff returning from areas recognised by the Government, or affected by the coronavirus, including close contacts are self-isolating as medical suspension.</li> <li>- Chief Executive and Leader are in regular dialogue with ABUHB, Public Health Wales, Welsh Government (WG) and Welsh Local Government Association (WLGGA).</li> <li>- HR advice issued to officers/offices/staff to: Catch It - Bin It - Kill It.</li> <li>- Intranet and public advice regularly updated.</li> </ul> <p>Public health advice on Novel Coronavirus (COVID-19) is also available via the all-Wales Health Protection service on 0300 003 0032 during working hours (and with access via this number to out of hours services)</p> <p>Guidance for self-isolation can be found on the following weblink: <a href="https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/self-isolation-advice/">https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/self-isolation-advice/</a></p>	Medium	Medium	Medium				Medium
CRR 13 - New Q1 20/21 Homelessness	Increased Homelessness	Increased numbers of homelessness could result in increased incidents of rough sleeping and increased use of B&B/hotel type accommodation to address emergency needs. This in turn could result in poor outcomes for the households concerned and a repeat of the homelessness cycle. As national Covid policy delaying evictions by private landlords comes to the end, evictions could rise significantly.	<p>Support providers and specialists are used to provide support to assist those that are homeless and to sustain tenancies to avoid homelessness occurring. Homelessness strategy has been developed in collaboration with neighbouring authorities. The availability of temporary accommodation to be reviewed to reduce/avoid use of Bed &amp; Breakfasts. Look at opportunities to further increase the availability of properties in the private sector as an alternative means of accommodating homeless persons. Work closely with the police and probation service to plan accommodation for prison leavers. Review the type of accommodation that is required to meet the needs of those presenting to the service forward so that this can be considered in longer term future planning</p> <p>Presentations and pressures on the service and emergency accommodation provision continue and we continue to seek alternative forms of emergency accommodation other than bed and breakfast accommodation. The demand is likely to increase as we move toward the inclement weather months and the directive from WG has not changed with everybody being accommodated. In addition the decision to not allow Night Shelters to open will place additional pressures on current provision. Support services continue to provide targeted support to those in emergency accommodation but there have been increases in breaches of occupancy and residents behaviour which are placing additional pressures on support workers and staff within the units. In order to move people on the Housing solutions team continue to work with both private sector and RSL landlords to maximise move on.</p>	<p>The Covid pandemic has resulted in increased pressures on this service, however this will be an ongoing process due to lockdown arrangements, policy and legislative changes. Cornerstone, The Wallich and Gofal are main support providers, but additional support provided by in-house Occupational Therapy, and mental health provision. Regional Homelessness Strategy has been completed and agreed actions being progressed. Use of Bed &amp; Breakfast has seen an increase this year, therefore additional temporary accommodation is actively being sourced, with some success. Good success has been achieved in the private sector, with approximately 85 properties and 44 landlords currently being used to assist with homelessness via the Caerphilly Keys initiative. The prison leavers pathway has been implemented and is assisting in the forward planning of suitable accommodation for relevant persons. Out of county placements have been necessary to provide emergency accommodation following the closure of in county hotel and B&amp;B businesses. Success achieved for additional funding from WG of approx £1m. A new Housing Solutions Manager has been appointed following the retirement of the previous postholder.</p> <p>We continue to work with landlords to provide emergency accommodation and an additional 10 bed HMO unit and 4 bed HMO unit have been brought online to assist with the demand in emergency accommodation provision and we continue to explore additional avenues with proprietors to increase the provision through the inclement weather months. In addition to this a full review is being undertaken to look at the longer term model of emergency accommodation for CCBC and this will be outlined in the Rapid Rehousing Strategy in 2022.</p> <p>Support services have been realigned to ensure consistency within each accommodation provision and in addition to this specialist substance misuse and mental health workers also support the residents within the accommodation units to assist in tackling some of the challenging behaviours that have been reported.</p> <p>A new website is due to be launched to promote Caerphilly Keys and to target a wider landlord audience with a view of additional landlords signing up to the scheme. The landlord Forum has also re started and Caerphilly Keys presented at the forum as an additional marketing tool to attract additional landlords. A specialist Common Housing Register for the Housing Solutions Team has been implemented to ensure applications to the register for Homeless Households are completed in a timely fashion and refreshed to maximise move on opportunity and in addition to this work is on going with partners to maximise move on for clients on the Housing First Scheme. Further one partner provides the Housing Solutions team with units of accommodation on new build sights for a star flat, complex needs case and Housing applicant.</p> <p>General Fund Housing is utilising its Homelessness Prevention funding in an attempt to reduce homelessness, evictions and Bed &amp; breakfast accommodation as well as providing temporary accommodation as part of its statutory duty. During Covid-19, pressure was placed on this service to accommodate homeless persons and on average 70 people per month continue to be accommodated. This is funded by the WG Covid-19 hardship fund.</p>	Medium	Medium	Medium				Medium
CRR 14 - Microsoft operating support	Whole Authority	Unsupported operating systems increase risk of cyber threats, halting services both front line and back office. Maintain supported software to ensure latest security features in place.	Upgrade path identified and being implemented; working with suppliers to ensure compatibility of solutions	This is included within the processes for security standards and accreditations within the Authority. Further development of 5 year plan to be completed as part of ICT Strategy.	Medium	Medium	Medium			Cyber threats could affect key front line services	High



Ref	Topic (& Service)	Risk, opportunities and Impact	Mitigation Actions (What actions can we take to address the risks or realise the opportunity)	Progress Update (Are the mitigating actions reducing the risk or realising the opportunity?)	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Does the risk affect the Well-being of our Communities?	Well-being Risk Level	
CRR-15 - Contractors	Changes to supply and demand chain means rising costs of building and infrastructure materials and contractor costs. Lack of available contractors.	The availability of contractors, material shortages and cost increases are having a significant impact on services ability to progress with key infrastructure or day to day building projects. Key areas affected are Education (school replacement works, boilers), infrastructure, property services and Housing. Within Private Sector Housing the current schedules of rates against which tenders are compared are now unrealistic in the current market, even following recent uplifts. Contractors are increasingly declining the opportunity to submit tenders. If they do submit, we are unable to proceed as their prices are far in excess of our rates. This is a particular concern in Housing as all of these products are targeted for our most vulnerable residents such as making disabled adaptations. There are several factors causing this impact, such as a buoyant UK construction sector as a result of public investment in their own properties (from money saved through the pandemic) as well as public sector infrastructure investment. International influence on scarcity (and hence price) of certain raw materials (steel and timber for example) is a factor. There are Import backlog issues, part linked to the Brexit ports issue but also the shipping industry backlog still hasn't recovered fully from the suez canal incident a few months ago. Construction material providers are still recovering from supply backlog when production ceased in lockdown but also many staff still furloughed so some suppliers still not back to "full fighting weight". One of the main issues is the significance of price increases of basic building materials such as steel, timber, cement and concrete which is having an adverse cost effect throughout all of the service areas outlined above	The problem of extended start dates from willing contractors cannot be overcome in the short term due to the heightened demand from the private sector but there may be potential opportunities to overcome the pricing restrictions of the schedules of rates and frameworks. There may be some opportunities to work with procurement to identify other reasons for a reduction in volume of contracts being tendered.	New		Medium	Medium			Yes this will have a direct impact on vulnerable people within housing, pupils in schools and communities and ensuring access around the borough for travel and work. As Education, Housing, Employment (travel) and transport projects are Well-being objectives this is key to the Corporate Plan success.	Medium	
CRR-16 NEW 2021/22	Recruitment & Retention of Staff Whole Authority	Appointment of staff to key positions is a significant challenge and is starting to affect delivery of certain services.	CMT/Cabinet currently considering areas where there is greatest pressures. Review how recruitment is undertaken and where. Review current job descriptions and person specifications to ensure they are up to date and relevant. Review of comparator post salaries across Welsh LAs and public services at the very least. Comparsors may also be relevant from public services outside Wales and also private companies. Consider developing run through grades. Consider how apprentices / trainees / work placements can support future service delivery and succession planning. Consider collaborative working with other LAs / partners. Use of agency staff where possible. Potential use of market supplements. Potential use of contractors for project work	Recruitment drive for frontline services to take place February 2022. Advert for apprentices February 2022. HRD engaged and considering recruitment and retention issues across Wales. All Wales group established to consider recruitment and retention within Digital Services consisting of Heads of IT, HRD and WLGA. Pay comparator information obtained for some posts. Market supplements in place for some posts. Low hour contracts being reviewed within and across services to establish if higher hour contracts can be offered which may be more attractive. Run through grades offering career progression being explored in some services. HR and Employability Teams working together to support recruitment opportunities, including Kickstart. Work ongoing with Careers Wales to develop a video to promote CCBC as an employer in schools. New landing page for CCBC being developed to support more engaging recruitment and application process being reviewed as part of tender for new HR / Payroll system.		High	High				High	
15	15				13	15	15	0	0		11	15

2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Count Number and Category of Risks	Well-being Risk Level
0	0	0	0	0	Low	0
9	9	11	0	0	Medium	9
4	6	4	0	0	High	5
0	0	0	0	0	New (Not Categorised)	0
0	0	0	0	0	Unknown	1
0	0	0	0	0	To Be Updated	0
13	15	15	0	0	TOTAL	15





## GOVERNANCE AND AUDIT COMMITTEE - 16<sup>TH</sup> MARCH 2022

**SUBJECT: REGULATOR PROPOSALS FOR IMPROVEMENT PROGRESS UPDATE**

**REPORT BY: CORPORATE DIRECTOR FOR EDUCATION AND CORPORATE SERVICES**

### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update members on progress against proposals or recommendations made by all regulators since the last Governance and Audit Committee update and to advise on any new proposals that have been added since that time.

### **2. SUMMARY**

- 2.1 The register was last updated and presented to the Governance and Audit Committee on 20 July 2021. Since that time no new proposals have been added onto the register and no areas for consideration as part of the Well-being of Future Generations examination.
- 2.2 We have **11** statutory recommendations, proposals and areas for improvement on the register. There are **4** proposals and recommendations that are now considered to be actioned and completed. If agreed by the Governance & Audit Committee, that would leave **7** outstanding.
- 2.3 We have not received any Performance Reports since the last time an update was provided (20 July 2021).
- 2.4 The above does not include the improvement 'certificates' that come before Governance and Audit committee, as these confirm compliance to our statutory duty so do not make proposals or recommendations. Nor does it include External Financial Audit outputs at this point as the Governance & Audit Committee received updates on progress against recommendations in the 2019/20 Audit Wales Audit of Accounts Report at its meeting on the 20<sup>th</sup> July 2021. A further update on progress against the 2019/20 recommendations was also provided in the 2020/21 Audit Wales Audit of Accounts Report presented to the Committee on the 12<sup>th</sup> October 2021.
- 2.5 At its meeting on the 25<sup>th</sup> January 2022, the Governance & Audit Committee received an Addendum to the 2020/21 Audit Wales Audit of Accounts Report setting out details of the recommendations arising. These recommendations have been accepted by

management and an update on progress will be presented to the Committee in June 2022.

### 3. RECOMMENDATIONS

- 3.1 We recommend the 4 proposals and recommendations be closed down as completed and encourage members to view the specific proposals attached within Appendix A and judge if they agree that these are now complete. It is recommended that Governance and Audit Committee give their agreement (if appropriate) to close the proposals that are noted as 'completed' within Appendix A.

### 4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure members are aware of progress against the Council's actions for progressing regulator recommendations and proposals and have assurance that progress is being made through an opportunity to monitor and challenge content.

### 5. THE REPORT

- 5.1 The table below provides a summary of proposals or recommendations and the numbers outstanding from each piece of work. Paragraphs 5.2 to 5.7 and Appendix A provide more detail on the individual work and the quality of output, which is the most important aspects of the work.

Name of Report	How many proposals or recommendation were outstanding	How many proposals were completed in this reporting period	How many are left to complete?
Review of arrangement to address external audit inspection	1	0	1
Welsh Housing Quality Standard Follow up Review	1	0	1
Well-being of Future Generations 'steps' examination of 'improve the take up of Flying Start'	1	1	0
Financial Sustainability Assessment	3	0	3
Delivering Good Corporate Governance	5	3	2
<b>Total</b>	<b>11</b>	<b>4</b>	<b>7</b>

#### 5.2 Review of arrangement to address external audit Inspection –

The Workforce Development Strategy was delayed as noted in earlier reports; however, since the appointment of a dedicated officer faster progress has been made to complete the strategy. Research was challenging as changes to peoples



work from the pandemic (such as remote working) and different ways of doing things, required different skill sets. This meant the review to inform a relevant workforce strategy took longer than initially intended.

The Strategy was agreed by Cabinet on 29th September 2021 and was presented to Policy and Resources Scrutiny Committee on 28th September 2021. The Strategy contains a Workforce Planning Toolkit for Managers to support Managers to consider future workforce planning needs. Meetings have taken place between HR and all Heads of Service to consider recruitment in each service, in particular how to prospective applicants can enter the Council's employment.

- 5.3 **Welsh Housing Quality Standard Follow up** review came onto the register in January 2019. There was 1 proposal outstanding at the last update, which was to develop an up to date overarching Local Housing Strategy to set out the long-term vision for housing within Caerphilly.

Progress was delayed due to the pandemic, however the process to develop a Local Housing Strategy started in July 2020 with the appointment of Arc4 Ltd consultants. Arc4 have been working closely with officers and partners throughout the pandemic and the Strategy was approved by Cabinet on the 27<sup>th</sup> October 2021. Work is now underway to develop a Delivery Plan and Investment Plan which will underpin and breathe life into the new and ambitious strategy.

- 5.4 **Financial Sustainability Assessment** - The Audit Wales 2020/21 assessment of councils' financial sustainability was in two phases. Phase 1 was a baseline assessment of the initial impact of COVID-19 on local councils' financial positions. This phase drew on the year-end position for 2019/20, the position at the end of quarter 1 for 2020/21, and projections for quarter 2 for 2020/21. Following Phase 1, in October 2020 Audit Wales published a national summary report – 'Financial Sustainability of Local Government as a result of the COVID-19 Pandemic'. This report was presented to the Audit Committee on 21 October 2020. Audit Wales has now completed Phase 2 of its financial sustainability assessment work in 2020/21 and individual reports have been prepared for each of the 22 principal councils in Wales. Caerphilly CBC's report was presented to the Governance and Audit Committee at its meeting on the 20<sup>th</sup> July 2021. There are 3 proposals for improvement resulting from the Audit Wales report and these are being progressed through the Sustainable Financial Planning Corporate Review. An update on the current position is provided in Appendix A.

- 5.5 **Delivering Good Governance**

Audit Wales and the Council jointly agreed to carry out a review of the Council's Governance arrangements in 2019. The review was framed as a means of assessing whether the Council's existing arrangements were sufficiently well developed to support the ambitious TeamCaerphilly transformation journey. The subsequent pandemic required a change of direction and a pause on some of the work, which was finalised April 2021.

An action plan was agreed by Cabinet on the 23<sup>rd</sup> June 2021 which has 5 proposals and actions to address the matters raised. Of the five actions agreed, three are now considered complete and the remaining two are 50% and 80% complete respectively with some further progress expected by the end of the civic year.

## **Other Regulators**

- 5.6 School inspections are currently suspended due to the Pandemic, however, there is one planned for later in July 2022. The Local Authority has no outputs to report; however, pilot inspections are planned for the spring term. As a result of Estyn review meetings with the LA, 3 schools have been removed from Estyn review and one school no longer requires significant improvement. Estyn inspections of LA's re-commenced in December 2021, so we will be better placed to know when or if there are any up-and-coming inspections.
- 5.7 Care Inspectorate Wales (CIW) held their Annual Review Meeting with Social Services on 30<sup>th</sup> November 2021, and progress was noted in all Regulatory areas. The written confirmation of this meeting is awaited. CIW propose to undertake 'remote' assurance checks across all 22 Local Authorities during 2022/23 but the level of these checks will be proportionate to their overall assessment of the Local Authority. The Link Inspector has no concerns in relation to any area of Social Services in Caerphilly.
- 5.8 For clarity, Audit Wales issue Proposals and Recommendations. The difference is that a proposal is a 'suggestion for improvement'. This means the Authority does not have to act on it, but if it is on the register, it has been agreed that we will. A 'recommendation' means we have a 'statutory duty' to act on the recommendation. Areas for Improvement are a new category and looks at how we have used the Sustainable Development principle in forming actions to deliver our Well-being Objectives and we build our own action plan rather than specific proposals.

## **Future Work**

- 5.9 Audit Wales are carrying out a national study called Springing Forward. Following the pandemic this review will look at how councils are strengthening their ability to transform, adapt and maintain the delivery of services, including those delivered in partnership with key stakeholders and communities. This project will examine each council's overall arrangements and approach to transforming, adapting, and maintaining the delivery of services. The review will focus on how the Council is approaching this in relation to: -
- the strategic management of our assets; and
  - the strategic management of our workforce.

Interviews with staff and relevant Members are almost complete. The Audit Wales report on the findings is expected in the Spring.

## **5.10 Conclusion**

Despite the pandemic, most of the proposals are making good progress and there are no emerging issues or delays to report on at this time and there have been no new proposals added to the register since the last time an update was provided (20 July 2021).

When monitoring progress against the proposals, members are advised to consider what value the proposals are making and what difference the activity makes for our citizens. The view of Audit Wales is that the decision on whether a proposal is completed is an internal matter for the organisation to decide, (although it is within

their remit to make more proposals if they do not believe it has been addressed). Audit Wales receive this update as part of their attendance at Governance and Audit Committee.

## **6. ASSUMPTIONS**

- 6.1 It is a reasonable assumption that the financial and demand challenges facing the authority will continue. Good Financial Settlements have been received from the Welsh Government for the 2021/22 and 2022/23 financial years, but indicative settlement uplifts for the subsequent 2 years are much lower. It is currently anticipated that there will be a financial shortfall of circa £9.7m for the 2-year period 2023/24 to 2024/25. Alongside this, demand levels for key services will continue to increase with changing demographics and increased expectations placed on the local authority.

## **7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT**

- 7.1 This report does not relate to the development of a policy, strategy, practice or project so no specific Integrated Impact Assessment has been undertaken on this report, however the Sustainable Development principle would be considered as part of any action planning to address proposals.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 There are no direct financial implications arising from this report, although Financial Sustainability is noted as one of the reviews and has proposals attached.

## **9. PERSONNEL IMPLICATIONS**

- 9.1 There are no specific personnel implications directly resulting from this report although one of the proposals is in relation to workforce development.

## **10. CONSULTATIONS**

- 10.1 All consultation responses received have been included in the body of this report.

## **11. STATUTORY POWER**

- 11.1 The Local Government Act 2009

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Consultees: Christina Harry, Chief Executive  
Richard Edmunds, Corporate Director for Education & Corporate Services  
Steve Harris, Head of Financial Services & S151 Officer  
Cllr. Eluned Stenner, Cabinet Member for Performance, Economy & Enterprise

Lynne Donovan, Head of People Services  
Rob Tranter, Head of Legal Services & Monitoring Officer  
Nick Taylor-Williams, Head of Housing  
Gareth Jenkins, Assistant Director, Children's Services  
Jo Williams, Assistant Director, Adult Services  
Keri Cole, Chief Education Officer  
Jane Roberts-Waite, Strategic Coordination Manager  
Cath Forbes-Thompson, Scrutiny Manager  
Sarah Mutch, Early Years Manager  
Sue Richards, Interim Head of Transformation  
Doctor Paul Warren, Strategic Lead for School Improvement  
Deborah Gronow, Internal Audit Manager

Appendices:

Appendix A      Action Plan & Response to Regulator Proposals

## Action Plan &amp; Response to Regulator Proposals

Number and reference of action	Name of Report	Regulator Proposal	Action	PREVIOUS UPDATE July 2021	Service Officer Responsible	When will be completed by	CURRENT UPDATE March 2022	Status	Percentage completed
344A2016 (Audit year 15/16) Issued May 2016 / reported August 16+C6H5B5:C5B5:C8	Review of arrangements to address external audit, inspection and regulation and proposals for improvement.	<b>P1</b> As the Council develops its vision and considers the future shape of the organisation, it should identify and plan for the workforce requirements to implement its vision.	Develop Staff Vision and Values to complement Cabinet Commitments. Research and Develop a holistic organisational development plan, that includes age profiling, re-skilling and potential apprenticeships. This would include supporting agile working policy and practise.	The original date for completion was Oct 2017, but due to many factors this changed to April 2019, then 31st Jan 2020. The date of completion for a draft document was then changed to January 2021 and this deadline was met. The Strategy is now out to consultation and was scheduled for Policy and Resources Scrutiny Committee as part of that process on 6th July 2021. However this has now been deferred to September to allow for the staff survey results to be analysed and help inform the final strategy.	Lynne Donovan	Oct 2017 Changed to April 2019 Changed to 31st Jan 2020 Changed to Autumn 21	The Workforce Development Strategy 2021 - 24 was agreed by Cabinet on 29th September 2021. The Strategy contains a Workforce Planning Toolkit for Managers to support Managers to consider future workforce planning needs. Meetings have taken place between HR and all Heads of Service to consider recruitment in each service in particular how to prospective applicants can enter the Council's employment.	In progress	75%
	<b>WHQS Follow Up</b> Issued Jan 2019. Reported to Cabinet 30 Jan 19	<b>P2</b> The Council should agree a Local Housing Strategy to set out its long-term vision for the future priorities for homes in Caerphilly.	1. Develop an up to date over arching Local Housing Strategy to set out the long term vision for housing within Caerphilly.	The process to develop a Local Housing Strategy started in July 2020 with the appointment of Arc4 Ltd consultants. Arc4 have been working closely with officers and partners throughout the pandemic and have produced a portfolio of background information including a concept document which is currently out for consultation with stakeholders. Public engagement will follow throughout the Spring in order to produce a draft. The Strategy document will be refined throughout the summer and be presented to Cabinet in October for approval.	Nick Taylor-Williams/ Jane Roberts-Waite	27th October	The new Local Housing Strategy entitled 'An Agenda for Change' was approved by Cabinet on the 27th October 2021. The strategy sets out the vision and priorities for the management and delivery of affordable homes in the county borough over the next 5 years. The strategy will be underpinned by a Delivery Plan which will breathe life into the strategy through a portfolio of actions and ensure its deliverability. An investment plan will also be developed and will set out clearly how the actions contained within the Delivery Plan will be resourced and funded. Arc4 Ltd have been commissioned to formulate the delivery plan and a series of workshops (linked to the 5 priorities in the strategy) are currently underway.	In progress	Local Housing Strategy - 100% Delivery Plan - 70% Investment Plan - 0%
<b>WAO Ref 1073A2019</b> March 2019	<b>Well-being of Future Generations</b> - An examination of improving take up of the Flying Start Programme	<b>Area for Improvement - Integration</b> * Consideration of how increasing take up and attendance could impact positively and negatively on the demand for, and capacity of, other Council and non-Council services (both public bodies and voluntary sector) * Consideration as to whether all step leads are fully conversant with the definition of integration as set out in the Act	1. Explore use of the resilience framework to identify barriers to attendance 2. Explore development of 'My Journey booklet' into an electronic all for families 3. Develop case studies to show added value of integration of early intervention preventative services with statutory provision 4. There are 4 actions relating to corporate learning for staff and members to embed the 5 ways of working	The whole system redesign has taken on integration with intergrated outcomes, colocation, shared databases, integration of the teams and so forth. This also includes voluntary sector and other statutory services. The Caerphilly pilot went live last month.	Sarah Mutch & Ros Roberts	Action 1-3 - March 2020 Action 4. May 19- March 2020	Flying Start and generic health visitors have now integrated caseloads into 8 bases. Registration forms from birth are being implemented so that there is easier information sharing across the services akin to that in Flying Start. Early Years has moved into a centralised system with identification of children not accessing childcare to be targeted for support to access early years education. Development of the padlet which is an electronic tool developed in health visiting gives families support with videos and information leaflets. Development of the early years website launching in January will give all families information and support available through the centralised request system.  Case studies have been developed and are ongoing to show impact.  Operational management group is the main vehicle for sharing all update information and developing the integrated system addressing any gaps.	Complete	100%
<b>AW Ref 2272A</b> Issued <b>April 2021-22</b>	<b>Delivering Good Governance</b>	<b>P1</b> Consolidate Councils Plans into 1 single manageable to create and maintain a shared focus	There are 4 actions within the action plan to strengthen this area, with action to design graphic which shows the connections in a clear way.	N/A	Ros Roberts	Nov-21	The Corporate Plan revised 2021 (page 5 section 3) has been refreshed to show the way the councils plans complement each other. The plans are for different purposes and were required under different legislations and at different times, so it was considered and felt 1 consolidated plan would not necessarily provide clear insight for the reader. The graphics on page show the reader how the plans connect. The Corporate Plan 21/22 is available on the internet. We now consider this action completed.	Complete	100%
	<b>Delivering Good Governance</b>	<b>P2.</b> Council should assign responsibility for each priority at both officer and political levels to increase accountability	There are 4 actions to strengthen this area: key one is use of Council Directorate Performance Assessment process, which is reported to Cabinet and scrutiny work programme. Each priority does have an owner so we will publicise ownership both on the internet and in Corporate Plans.	N/A	Ed Edmunds	Oct-21	Cabinet collectively own the Well-being Objectives with individual Cabinet Members contributing to multiple Objectives. This is mirrored across Corporate Management Team and is considered beneficial as Cabinet Members and Directors must work together to progress the Council's ambition. The responsibility for the progression of specific aspects of each Well-being Objective is defined at a CMT/Cabinet workshop annually and are then published within Directorate Performance Assessments. Beyond this, each Cabinet member has a portfolio with stated responsibilities, attends relevant scrutiny meetings, receives transformation updates and are part of decision making in all areas.	Complete	100%
	<b>Delivering Good Governance</b>	<b>P3</b> Improve the quality of evaluation and greater use of outcome data to evaluate impact of delivery of priorities	Complete the Decision-Making Corporate Review. Project work to identify measurable outcomes of the Corporate Review (monitored by Transformation board). Embed Council Method of self-assessment (called Directorate Performance Assessment and Corporate Performance Assessment) in the delivery of priorities	N/A	Ros Roberts	Mar-22	Research for the Decision making review, on the decision making route by other local authorities has been almost been completed. A survey has been carried out by a consultant with WLGA to establish what other authorities do and what the benefits and challenges arising from different decision making models. We are expecting a finalised paper on this in January 2022, and then will be able to bring a paper to corporate management team and Cabinet with proposals.  The project work to identify measures that measure the corporate review has started, there is a local action plan to workshop each review and this work will complete the end of March 22.  The Directorate Performance Assessment and Corporate Performance are now embedded and have been since the end of 2019. Using evaluative measures to 'self-assessment' is part of the daily business of running the 'self-assessment' process.	In progress	50%

Action Plan & Response to Regulator Proposals

Number and reference of action	Name of Report	Regulator Proposal	Action	PREVIOUS UPDATE July 2021	Service Officer Responsible	When will be completed by	CURRENT UPDATE March 2022	Status	Percentage completed
	Delivering Good Governance	P4 ensure both executive and non-executive members maintain a focus on its agreed priorities, the Council should schedule key decisions well in advance in the Cabinet forward work programme; and consider how best to engage its scrutiny function in challenging constructively the Council's progress in delivering its objectives and in setting its direction of travel.	Starting to Scope work to enhance scrutiny function connections to Cabinet Scrutiny evaluation via self-evaluation survey, to inform improvement needs.	N/A	Cath Forbes-Thomson	Oct-21	Scrutiny committees receive a copy of the cabinet work programme at every meeting, which now show reports scheduled up to 3 months ahead. In addition scrutiny committees are advised of significant key reports in advance at the time when the Cabinet date is being considered, to give scrutiny members the opportunity to add it to the scrutiny committee work programme and scrutinise before a decision is taken.  Microsoft Forms training has been provided to staff as it is used to carry out the members survey.	In progress	80%
	Delivering Good Governance	P5 increase the transparency of decision-making, papers that support decision-making should include adequate discussion of alternative options; and make explicit the views of the Monitoring Officer and S151 Officer with regard to the recommended course of action.	To determine the most effective way to make explicit the statutory officer input and to update the guidance accordingly	N/A	Ed Edmunds (Rob Tranter)		The Monitoring Officer and s.151 officers see all reports committee reports. Where they have made comments, the comments are included in the final version of the report that goes to the committee. Where suitable, alternatives are put forward by report authors with reasons why they have been discounted'.	Complete	100%
AW Ref 2451A2021-22 Issued June 2021	Financial Sustainability Assessment	P1 The Council should develop and implement a more comprehensive MTFP.	This will be progressed through the 'Sustainable Financial Planning' Corporate Review and updates will be provided in future reports	N/A	Stephen Harris	Mar-22	The 2022/23 Budget Proposals were approved by Council at its meeting on the 24th February 2022. Council also received details of an updated MTFP that shows a potential savings requirement of £9.759m for the 2-year period 2023/24 to 2024/25. A further report will be presented to Cabinet in early autumn providing an update on the MTFP alongside detailed proposals in terms of addressing the savings requirement moving forward.	In progress	40%
	Financial Sustainability Assessment	P2 The Council should examine the processes in place for its annual budget setting, and for its in-year budget revisions and outturn reporting. As part of review, given significant underspends the Council has in recent years, it should assess whether the process needs strengthening. Should then identify and implement any actions for improvement	This will be progressed through the 'Sustainable Financial Planning' Corporate Review and updates will be provided in future reports	N/A	Stephen Harris	TBA as part of the review timelines	The process to develop the 2022/23 Draft Budget Proposals included Finance Managers having a series of meetings with Heads of Service to identify service pressures and potential savings, which were subsequently discussed with Directors. A number of meetings were also held with CMT and Cabinet to agree priorities in terms of growth bids and investments. A longer-term view was also included as part of the budget setting progress with a focus on a three-year timeline. This has resulted in the early identification of a range of cost pressures that will require consideration moving forward. A further report is scheduled for Cabinet in the autumn which will provide an updated MTFP alongside proposals to address the anticipated financial gap. A review of capital budget monitoring arrangements is also currently underway with a focus on future reporting also being based on a three-year timeline.	In progress	40%
	Financial Sustainability Assessment	P3 Help address funding gap identified in the MTFP, by developing programme of financial benefits from the Transformation Programme activities. Financial benefits arising are clearly defined and communicated and reported to members.	This will be progressed through the 'Sustainable Financial Planning' Corporate Review and updates will be provided in future reports	N/A	Stephen Harris	TBA as part of the review timelines	The 2022/23 Budget Proposals report presented to Cabinet and Council in February 2022 identified a potential savings requirement of £9.759m for the 2-year period 2023/24 to 2024/25. Further work is now required to identify what financial savings will be delivered through the Transformation Programme to help offset the projected financial gap. It will also be important to capture details of productivity gains and cost avoidance achieved through transformation. The Transformation Team is in the process of developing an approach to ensure that all of this information can be evidenced and recorded. A further report will be presented to Cabinet in early autumn providing an update on the MTFP alongside detailed proposals in terms of addressing the savings requirement moving forward.	In progress	40%



## GOVERNANCE AND AUDIT COMMITTEE - 16<sup>TH</sup> MARCH 2022

**SUBJECT: UPDATE ON TRACKING OF AGREED AUDIT REPORT  
RECOMMENDATIONS**

**REPORT BY: ACTING INTERNAL AUDIT MANAGER**

### 1. PURPOSE OF REPORT

- 1.1 To provide members of the Governance and Audit Committee with an update on progress on the implementation of the audit report recommendation tracker, and to provide data on findings identified by audit work and implementation of agreed recommendations.

### 2. SUMMARY

- 2.1 It was previously agreed that the Governance and Audit Committee would receive updates on audit findings and recommendations arising out of Internal Audit reports in terms of numbers and risk ratings. This information not only informs the committee on the number of findings and the proportion of the various risk rated findings it also supports and informs the detail of the year end Internal Audit opinion
- 2.2 It was further agreed that the progress on implementing agreed recommendations would also be reported as this informs the committee on how risks are being addressed by the individual service managers and the actions taken to mitigate them and the timeframes. This report provides an update on the position to date.

### 3. RECOMMENDATIONS

- 3.1 Members note the information in relation to audit findings and the associated risk ratings arising and the progress that is being made in relation to implementing the actions required to address or mitigate those risks.

### 4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure that the Governance and Audit Committee is aware of the progress on this matter and is informed of the number of findings identified and progress in addressing them that is being made by Heads of Service and Managers.

## 5. THE REPORT

- 5.1 The Institute of Internal Auditors (IIA) has published guidance that states that the follow up and tracking of agreed recommendations by management is important as it ensures that management have implemented the agreed actions, and this has addressed the risks identified.
- 5.2 Management are responsible for addressing the risks highlighted in Internal Audit reports (or Findings) and implementing control processes (Recommendations) to reduce or eliminate the risks identified. Recommendations that are not addressed may expose the authority to unnecessary risks.
- 5.3 A report to Audit Committee on the 16<sup>th</sup> October 2018 recommended that all audit findings included in an Internal Audit report be assessed as High (H) Medium (M) or Merits Attention (MA) within a set of guidance parameters. ( **APPENDIX 1**) The number and risk rating of the findings would also be used to inform the overall opinion of the audit report and provide guidance to Managers of the expected timescales for the implementation of the agreed actions or recommendations with high risk issues being subject to a shorter timescale.
- 5.4 Therefore, in order to appropriately inform the Governance and Audit Committee it is key to ensure that the numbers and risk ratings of findings are reported, and that management are making adequate progress in mitigating or eliminating the risks with appropriate management actions within acceptable timescales.
- 5.5 The Audit Committee agreed in 2019 that where adequate progress was not made in relation to these agreed actions that managers could be invited to the Committee if necessary.
- 5.6 The Pentana MK system allows all findings and recommendations generated by audits to be held within its database. The system also allows these to be assigned to officers or managers within the service or establishment audited, with a forecast implementation date and these details are trackable within the system.
- 5.7 Work has been continuing and as of 25th February there were a total of 746 findings (April 2021 - 255 findings) that had been raised within the tracker module of the MK system, since the date of implementation.
- 5.8 The table and chart below shows the current findings by risk rating, using the criteria previously agreed by the Committee.

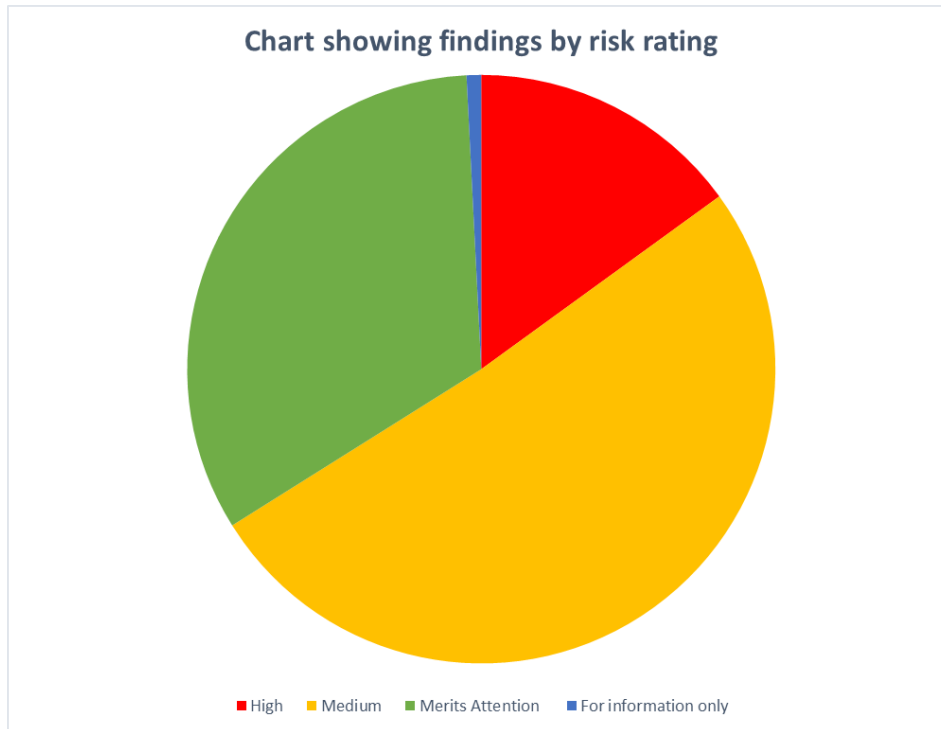
**Table showing number of recommendations classified by risk ratings**

<b>Risk Rating</b>	<b>Total</b>
High	112 (15%)
Medium	381 (51%)
Merits Attention	247 (33%)
For information only (no recommendation)	6 (1%)
<b>Total</b>	<b>746</b>



## Audit findings by risk rating

This chart below shows the total number of findings classified by risk rating

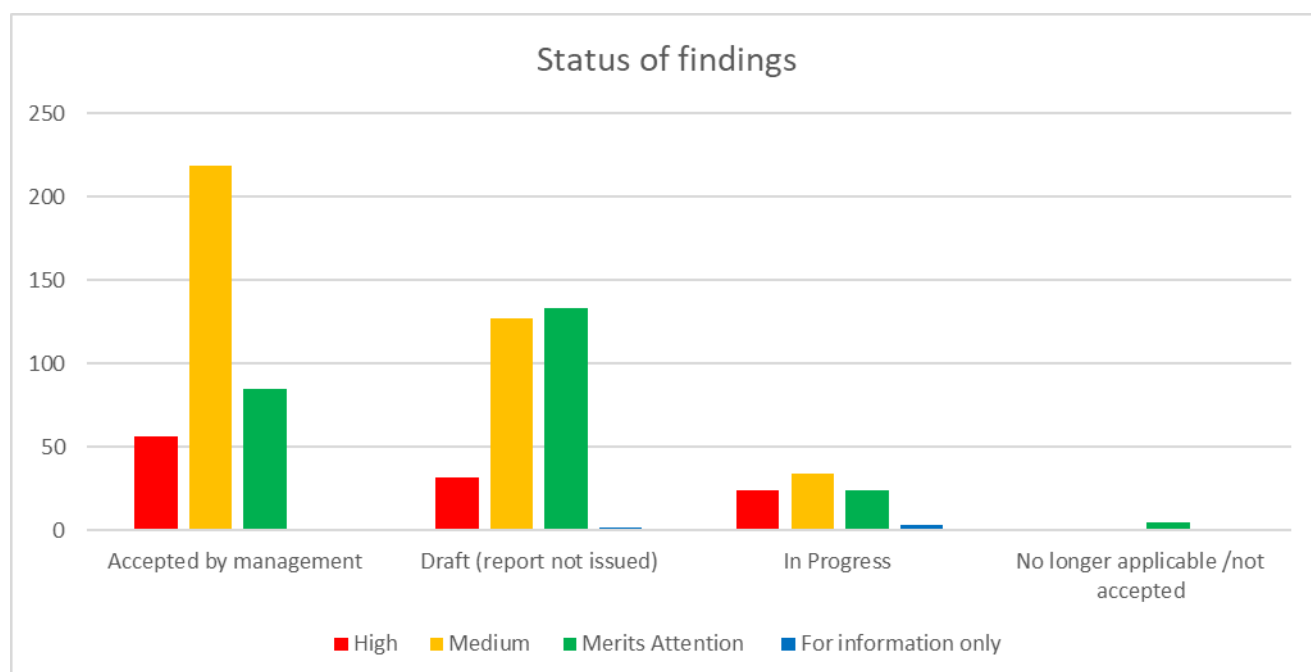


5.9 Findings once created, are held as “draft” until the report is issued. Once the report is issued, they change to “in progress”. During the clearance process, they are discussed with management and become “accepted by management”. In a few cases the findings may not be accepted or become not applicable if there is a change in processes. The completion stage of these can be reported in the following matrix:

### Findings Matrix: Risk Rating & Status

Status	High	Medium	Merits Attention	For information only	Total
Accepted by Management	56	219	85	1	361(48%)
Draft (report not issued)	32	127	133	2	294 (40%)
In Progress	24	34	24	3	85 (11%)
No longer applicable/not accepted		1	5		6 (1%)
	<b>112</b>	<b>381</b>	<b>247</b>	<b>6</b>	<b>746</b>

It can also be displayed in the following chart which shows the relative proportions of each.



- 5.10 As explained, each finding is discussed with the service manager and where actions are necessary to mitigate the risk identified, these are agreed, and a due date recorded. The system has a facility to interrogate the data held and identify where the due dates for the implementation of agreed actions is approaching or if the deadline has passed. The intention being that Internal Audit will be able to monitor these and request updates where necessary and service managers will be able to either advise Internal Audit that the agreed actions have been implemented, that they are in hand, that they may need to change the due date or that they are overdue. It will also be possible in future to develop this reporting and inform the Audit and Governance Committee on details of specific overdue actions if requested.
- 5.11 The MK system also allows further management information to be extracted such as recommendations raised / completed audits performed in the various Directorates and Service areas.
- 5.12 Work has been continuing and as of 25<sup>th</sup> February 784 recommendations had been generated within the tracker module of the MK system since the date of implementation.
- 5.13 The attached chart shows the current status with reference to the expected implementation of the agreed actions. “Completed” status means that the agreed actions have been implemented, “In progress” means that the due date has not yet been reached and “Draft” means that the report has not yet been issued to the Service manager. In some cases the recommendations are not accepted due to alternative actions being implemented or changes in the procedures within the service area changing which render the recommendations no longer applicable.

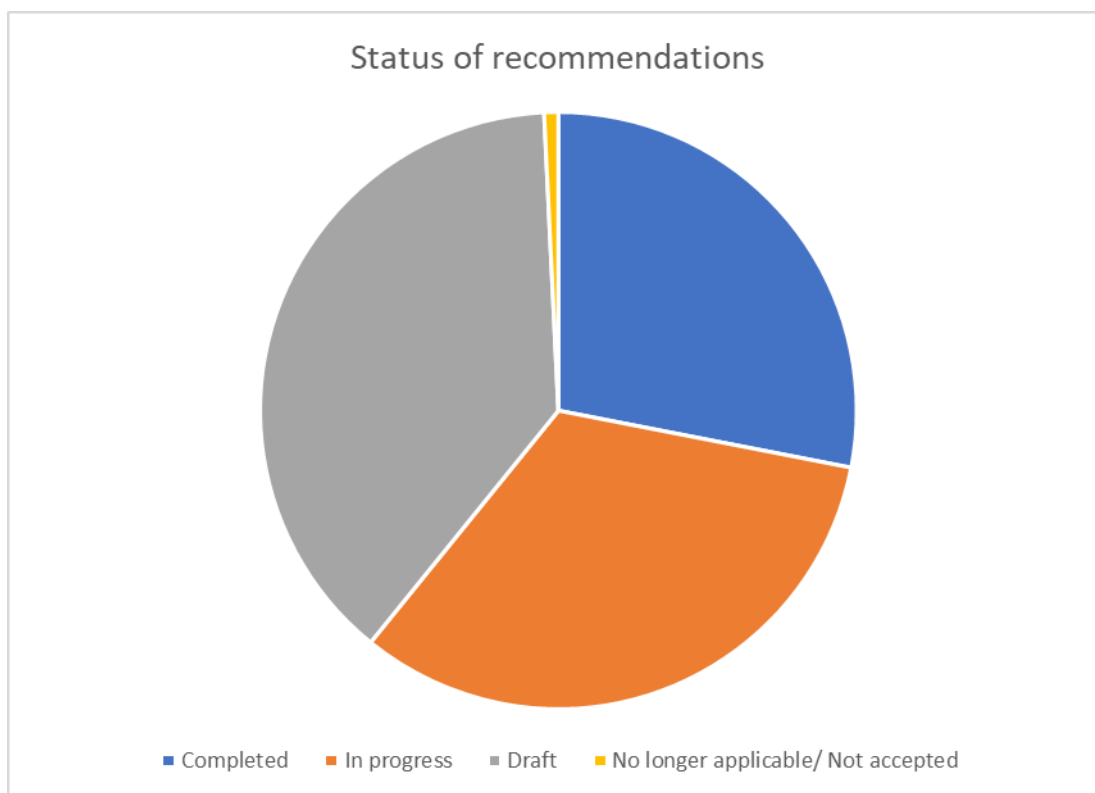
**Table showing Audit recommendation status**

<b>Recommendation status</b>	<b>Number</b>
Completed	220 (28%)
In progress	257 (33%)
Draft (audit report not issued)	301 (38%)
No longer applicable/ not accepted	6 (1%)
	784

This can also be shown in the chart below

### **Status of Recommendations**

This chart below shows the total number of recommendations classified by status



5.14 It is also possible to report on the proportion of agreed recommendations that are actioned on or before the agreed date and those that are overdue. For those that are overdue the length of time can also be reported. It should be noted that allowances have been given for agreed dates due to COVID and where services were impacted as a result. The 7 overdue recommendations relate to schools and are not considered to be indicative of serious risk. These are in the process of being followed up.

The proportion of completed recommendations can be shown in the table below

<b>Total completed recommendations</b>	<b>Within agreed dates</b>	<b>Over 30 days overdue</b>	<b>Over 60 days overdue</b>
220	213	5	2

## 5.15 CONCLUSION

The report informs the Governance and Audit Committee on the status of audit findings and progress of implementation of recommendations. This information supports the Committee in their determination of assurance forming an essential part of the governance framework, and the Committee is asked to note this report.

## 6. ASSUMPTIONS

6.1 There are no assumptions in this report.

## 7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 The Council will be unable to deliver its Well-being objectives in the absence of effective corporate governance arrangements.

7.2 Strong corporate governance arrangements are a key element in ensuring that the Well-being Goals within the Well-being of Future Generations Act (Wales) 2015 are met, in that a prosperous Wales and a resilient Wales requires an effective Internal Audit service to protect public funds.

7.3 There are no other equalities implications arising from this report in relation to other equalities issues.

## 8. FINANCIAL IMPLICATIONS

8.1 There are no direct financial implications arising from this report.

## 9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications arising from this report

## 10. CONSULTATIONS

10.1 Any comments received from consultees have been included within the report.

## 11. STATUTORY POWER

11.1 Local Government and Elections Act 2021

Author: D Gronow, Acting Internal Audit Manager

Consultees: R Edmunds Corporate Director for Education and Corporate Services  
S Harris Head of Corporate Finance and Section 151 Officer

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## APPENDIX 1

### Risk ratings for findings

<p>High Risk Issues (HR)</p>	<p>These are defined as issues where key / fundamental controls are absent, inadequate or ineffective. The risks have not been managed properly. Impact of control failure is/will be high e.g. financial loss, theft or loss of property or reputational risk or safeguarding issues have been noted.</p> <p>Recommendations in this category must be implemented as the risk is identified as unacceptably high. HR recommendations that cannot be agreed are referred up to the Section 151 officer for final determination.</p>
<p>Medium Risk Issues (MR)</p>	<p>These are defined as issues where some controls are absent or existing controls need to be improved or enhanced. Impact of control failure is/will be relatively lower and will not be immediate.</p> <p>Recommendations in this category should be implemented to address system risks and weaknesses. MR recommendations that cannot be agreed will be referred to the appropriate level of management for consideration or the S151 if agreement cannot be reached.</p>
<p>Merits Attention (MA)</p>	<p>These are issues which have been identified which are one off minor administrative issues or relate to best practice improvements in procedures, which managers may wish to consider.</p> <p>Recommendations in this category are included for management to consider and deal with as appropriate</p>

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