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For all enquiries relating to this agenda please contact Julie Lloyd
(Tel: 01443 864246 Email: lloydj4@caerphilly.gov.uk)

Date: 5th October 2022

To Whom it May Concern,

A multi-locational meeting of the **Governance and Audit Committee** will be held in Penallta House, and via Microsoft Teams on **Tuesday, 11th October, 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. A simultaneous translation will be provided on request.

Members of the public or Press may attend in person at Penallta House or may view the meeting live via the following link: <http://civico.net/caerphilly>

This meeting will be live-streamed and a recording 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 Council's website at www.caerphilly.gov.uk

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Christina Harrhy'.

Christina Harrhy
CHIEF EXECUTIVE

A G E N D A

	Pages
1 To receive apologies for absence.	

A greener place Man gwyrdach



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.

To approve and sign the following minutes: -

- 3 Governance and Audit Committee held on 14th June 2022. 1 - 10

To receive and consider the following reports: -

- 4 Governance and Audit Committee Forward Work Programme. 11 - 16
- 5 Update on Internal Audit Report Recommendations. 17 - 24
- 6 Internal Audit Services: Anti-Fraud Strategy Action Plan. 25 - 32
- 7 Draft Annual Self- Assessment Report 2021/22. 33 - 56
- 8 Annual Report on Corporate Complaints received for the period 1st April 2021 to 31st March 2022. 57 - 122

To receive and note the following information items: -

- 9 Regulation of Investigatory Powers Act 2000. 123 - 124
- 10 Officers Declarations of Gifts and Hospitality January to March 2022. 125 - 128
- 11 Register of Employees' Interests Forms 2021/22. 129 - 134
- 12 Corporate Governance Panel Minutes - 19th May 2022. 135 - 136

**If a member of the Governance and Audit Committee wishes for any of the above information reports to be brought forward for discussion at the meeting please contact Julie Lloyd, 01443 864246, by 10.00 a.m. on Tuesday 11th October 2022.*

Circulation:

Councillors M.A. Adams, Mrs E.M. Aldworth, A. Broughton-Pettit, Cllr, Mrs P. Cook, T. Parry, J. Taylor and C. Wright (Vice Chair)

Lay Members: V. Pearson, L. M. Rees, J. Williams and Mr N.D. Yates

And Appropriate Officers

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GOVERNANCE AND AUDIT COMMITTEE

MINUTES OF THE MEETING HELD IN PENALLTA HOUSE AND VIA MICROSOFT TEAMS ON TUESDAY 14TH JUNE 2022 AT 2.00 P.M.

PRESENT:

Councillors:

E.M Aldworth, A. Broughton-Pettit, M. Chacon-Dawson, P. Cook, Mrs T. Parry, J. Taylor and C. Wright.

Lay Members:

N. Yates, M. Rees, V. Pearson and J. Williams.

Together with:

D. Gronow (Acting Internal Audit Manager), S. Richards (Head of Education Planning and Strategy), R. Roberts (Business Improvement Manager), J. Pearce (Business Improvement Officer), A. Southcombe (Finance Manager – Corporate Finance), I. Evans (Procurement and Information Manager), W. Colyer (Senior Information Security Officer), J. Lloyd (Committee Services Officer), S. Hughes (Committee Services Officer) and M. Afzal (Committee Services Officer).

T. Buckle (Audit Wales), and R. Davies (Audit Wales).

RECORDING AND VOTING ARRANGEMENTS

The Chair reminded those present that the meeting would be live-streamed and a recording made available to view 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. TO APPOINT A CHAIR FOR THE ENSUING YEAR

It was moved and seconded that Lay Member N. Yates be appointed as Chair and by way of Microsoft Forms and verbal confirmation, this was agreed by the majority present.

RESOLVED that Lay Member N. Yates be appointed as Chair of the Governance and Audit Committee for the ensuing year.

2. TO APPOINT A VICE CHAIR FOR THE ENSUING YEAR

It was moved and seconded that Councillor C. Wright be appointed as Vice Chair and by way of Microsoft Forms and verbal confirmation, this was agreed by the majority present.

RESOLVED that Councillor C. Wright be appointed as Vice Chair of the Governance and Audit Committee for the ensuing year.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M. Adams and Mrs E. Stenner (Cabinet Member), together with R. Edmunds (Corporate Director of Education and Corporate Services), S. Harris (Head of Financial Services and S151 Officer), L. Lane (Head of Democratic Services and Deputy Monitoring Officer), and L. Lucas (Head of Customer and Digital Services).

4. DECLARATIONS OF INTEREST

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

5. MINUTES – 16TH MARCH 2022

It was moved and seconded that the minutes of the Governance and Audit Committee held on 16th March 2022 be approved as a correct record, and by way of Microsoft Forms this was agreed by majority present.

RESOLVED that the minutes of the meeting held on 16th March 2022 (minute nos. 1-9) be approved as a correct record.

6. GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME

The Acting Internal Audit Manager presented the Governance and Audit Forward Work Programme for the period June 2022 to January 2023.

Members noted the details of reports scheduled for the forthcoming meetings.

A Member queried the lack of information on the Forward Work Programme, against the report titles. Members were advised that the FWP is continuously subject to change, depending on changing priorities throughout the year, and the nature of the reports would be completed for future meetings.

A Member sought clarification on the next Audit update and the reasons as to why it wasn't included in the Forward Work Programme until January 2023. Members were advised that the update could be brought forward, although another report update was included in the items for the October meeting.

A Member queried the number of Governance and Audit Committee meetings scheduled throughout the year and whether it had previously been agreed that there would be

additional meetings to cover the number of items on the Forward Work Programme. Members were advised that this had been discussed with Committee Services, however, due to the cancellation of some meetings during the election period, items that had accumulated, had been included in this meeting.

It was moved and seconded that the Forward Work Programme be approved. By way of Microsoft Forms and verbal confirmation this was unanimously agreed.

RESOLVED that the Forward Work Programme as appended to the meeting papers be approved.

REPORTS OF OFFICERS

Consideration was given to the following reports.

7. AUDIT WALES WORK PROGRAMME AND TIMETABLE – CAERPHILLY COUNTY BOROUGH COUNCIL

Mr Timothy Buckle (Audit Wales) presented the report, and informed Members that it is a legal requirement to produce the work programme and timetable once a year. Audit Wales produce a quarterly update which includes items for work undertaken across Wales and specifically Caerphilly.

A Member queried the brief update referred to in the minutes of the previous meeting, where this was included in the Audit Wales report, and whether the full information was now available. Members were advised that full information available at the time, was normally given from Audit Wales, however, Members were advised that this would be clarified with Audit Wales and any additional information required would be updated to Members following the meeting.

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

8. AUDIT WALES 2022 AUDIT PLAN – CAERPHILLY COUNTY BOROUGH COUNCIL

Mr Timothy Buckle (Audit Wales) presented the report which sets out the planned Audit Wales work for Caerphilly in relation to financial and performance audit work. The financial audit work looks at accounts from 2021/22 and the performance audit work in relation to the duties of Audit Wales in relation to the Auditor General requirements. Members were advised that the audit plan includes details on the financial audit risks and sets out the planned work for the financial audit.

Mr Rhodri Davies (Audit Wales) advised Members in relation to the financial part of the audit report and referred Members to relevant parts of the report, in particular paragraph 8 which sets out the responsibilities of Audit Wales, together with an opinion of the accounts, the report, and the annual governance statement. Members were also advised on the concept of materiality and materiality levels. Members were informed that Audit Wales are also responsible for the independent examination of Blackwood Miners Institute and grants claims certification.

Members were also referred to financial audit risks, including management override risk, related party materiality level, and valuation of assets, which could cost more to replace this

year than in previous years due to covid and the cost of living, and also the materiality levels in relation to the Cardiff Capital Regional City Deal.

Members were informed about the Audit Wales team and the consistency of staff members going forward. Members were advised that the fees of Audit Wales have increased this year, for the first time in 8 years, with costs having been absorbed for the last 6 to 7 years. Members were referred to the fees scheme for further information.

Mr Timothy Buckle (Audit Wales) advised Members on the performance part of the audit plan and explained that local reports are provided for Caerphilly to ensure value for money and the proper use of resources. The report sets out work intended to be undertaken including the Councils' financial position and the setting of its well-being objectives, although it was noted this may be undertaken next year. Thematic work is intended in relation to health and social care and there is a further thematic review which is likely to be local government specific but will be determined after the results of a local consultation have been reviewed. Members were informed of a local project with Caerphilly on waste management and advised that liaison with Officers will be taking place over the next few months.

Members were informed of the fee increase for the performance audit, which was a 3.3% increase from last years' fee, and were referred to the link provided in the report, for further information if required.

A Member enquired about the likely return to onsite work since Covid. Members were advised that Audit Wales had been trialling the return to the office recently, where their teams go in twice a week and proposals are to attend the clients' site once a week dependant on health and safety and risk assessments.

A Member sought clarification on the external audit work and risk assessments and how Audit Wales intended to inform the new lay Members and keep them updated. Members were advised that the risk assessment report will be published on Audit Wales website and Members will be kept informed throughout the year, with more detail also being provided if necessary.

A Member enquired about the 3.7% increase in Audit Wales fees and the effect of Covid in the last few years. Members were advised that Audit Wales have absorbed the extra costs that have occurred. Covid has caused massive losses and remote working is not the most efficient way of undertaking audit work. The extra costs that have been previously absorbed by Audit Wales are not sustainable going forward.

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

9. ANNUAL INTERNAL AUDIT REPORT 2021/22

The Acting Internal Audit Manager presented the report to Members, the purpose of which was to inform the Governance and Audit Committee of the Internal Audit Manager's overall opinion on the Authority's Internal Control Systems derived from the work undertaken by Internal Audit Services during the 2021/22 financial year.

Members were advised that the annual audit opinion should include an evaluation of 3 elements: governance arrangements, risk management and internal control. The audit opinion informs the annual governance review process and is incorporated into the Draft 2021/22 Annual Governance Statement which is included separately on the agenda.

Members were informed that all audits performed with the exception of most grant certifications and contract final accounts generate an overall opinion. A report was presented to the Audit Committee in 2018 which provided details of the methodology supporting how the audit opinions are generated. Grants and Contracts are usually approved by the issuing of a certification which indicates no issues of non-compliance were noted. This can be considered a positive opinion.

Members were also informed that all opinions are rated as 'effective', 'effective with opportunity to improve', 'in need of improvement' or 'inadequate and in need of immediate improvement'. These opinions then support the assurance that can be gained overall as those audits noted as 'effective' support full assurance. 'Effective with opportunity to improve' supports substantial assurance, 'in need of improvement' supports partial or limited assurance and 'inadequate and in need of immediate improvement' supports no assurance.

Members were advised that overall assurance in relation to the Council's system of internal controls can be gained by considering the range and number of audits and the report opinions generated.

Members were advised of the current staffing situation in Audit and the appointments for new staff had now been completed, will all vacancies, except one being filled. Existing staff members had been given opportunities for further training and qualifications.

Members were referred to the detailed figures in the report relating to pieces of work completed by Audit and the level of findings. These included a small amount of 'high risk' findings.

A Member referred to current staffing levels and the lack of audit work experience and queried how this affects the audit team and the future work planned. Members were advised that the newly appointed staff were highly experienced in finance backgrounds, and audit training would be provided where required.

A Member queried whether CCBC was providing the relevant level of opportunities to staff in order to further their CPD levels for future development. Members were advised that all staff were given opportunities, where possible, including attendance at training sessions and webinars and gaining account qualifications.

A Member referred to the inadequate audits shown in the appendices of the report and requested some clarification on how these would be dealt with, suggesting a possible action plan. Members were advised that an action plan is currently in place where there are risks, in particular, high-risk levels for schools, in relation to GDPR and the support that is given by the authority to assist in rectifying these matters.

A Member referred to the report and sought clarification on the 'no adverse opinion' term, noting that 14% 'in need of improvement' and 7% 'inadequate' was quite high overall. Members were advised that a large amount of the IT audit was in relation to schools and audit were seeking to improve the current processes in place. Members were advised that in relation to grants and contracts, this was a positive opinion as the audit check would have confirmed that the money had been spent in line with the terms and conditions.

A Member queried the full scope of the audit work completed and where these audits are carried out, noting that the majority of information provided, referred to audits completed on schools. Members were advised that other audit work included data matching on the national fraud initiative, finance systems, creditors, grants, housing benefits, council tax and payroll. Members were informed that the audit of social services establishments had

decreased due to covid restrictions for site visits and that WHQS contracts audits have recently been completed. Members requested that the format of the appendix details in the report, going forward, be amended to include more information on audit work in other directorates of the authority.

A Member sought clarification that the authority is supportive of the commitments of audit and the work required to carry these out. Members were advised that where some departments had gained more workload during the covid restrictions, these departments were now able to be more supportive in relation to the audit work required.

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

10. DRAFT ANNUAL GOVERNANCE STATEMENT 2021/22

The Head of Education Planning and Strategy presented the report and advised Members that the Draft Annual Governance Statement had been prepared by the Corporate Governance Review Panel and the Panel had considered responses from Heads of Service, Directors and key Officers in the process, which had been included as appropriate.

Members were informed that part of the process included the review of the previous years AGS (2020/21) by the Panel, to assess progress on addressing issues raised and these have been updated within the document. The Panel had also identified any issues for improvement that needed to be reported in the 2021/22 AGS.

Members were advised that the Draft AGS will be incorporated into the 2021/22 Draft Financial Statements which will be handed over to Audit Wales on 30th June 2022 for the external audit to be completed. The audited 2021/22 Financial Statements and External Auditors' report will be presented to the Governance and Audit Committee and Council in October 2022.

Members were referred to the recommendation in the report which was to consider the Draft Annual Governance Statement for 2021/22 and endorse the content subject to any changes agreed.

A Member sought clarification on the AGS and how the Opinion of Assurance is formed. Members were advised that the Governance Panel circulates questionnaires to all directorates, and the responses are then referred to each Director to consider the responses, which then go back to the Governance Panel. Clarification was also sought on the accuracy of the self-assessments by Directors and Members were advised that all responses are considered by the Panel, which includes the detailed questionnaires, consisting of approximately 30 in-depth questions.

It was moved and seconded that the Draft Annual Governance Statement for 2021/22 be endorsed subject to any changes agreed. By way of Microsoft Forms and verbal confirmation this was unanimously agreed.

RESOLVED that the Draft Annual Governance Statement for 2021/22 be approved subject to any changes agreed.

11. INTERNAL AUDIT SERVICES ANNUAL AUDIT PLAN 2022/23.

The Acting Internal Audit Manager presented the report to Members and advised that the Governance and Audit Committee are responsible for ensuring that risk and internal controls are adequately managed and monitored, and the work planned by Internal Audit will achieve the required levels of assurance.

The report provided details of the resources available and planned work programme for Internal Audit Services for 2022/23. Members were given information on the available staffing resources for the 2022/23 financial year, which included a minor staffing restructure and the resultant backfilling of vacancies that has now been substantially completed. There are currently 7 staff in post with one vacancy that has arisen as a result of the Assistant Manager undertaking the role of Acting Internal Services Manager and one vacancy awaiting the new starter joining the team later in the month. In addition, an Audit Apprentice which was supernumerary was successfully appointed to a permanent position within the team during 2021/22.

Members were referred to a table within the report at 5.2, which showed a forecast for the available 'man days' for the year taking into account known staffing vacancies and an estimate for overheads or non-productive time. Members were advised that an allowance had been made for known overheads and unproductive time such as annual leave and bank holidays, study day release time and estimations made for other overheads such as sickness and leave of absence. In addition, time has also been allocated to mentoring and supervising newly appointed staff and developing their performance within the team.

Members were informed of the Internal Audit Managers allocation of time to cover tasks such as supporting the Governance Panel, developing the AGS and attending and reporting to the Governance and Audit Committee. In 2022/23 additional time also been allocated for the support, training and induction of the new Lay Members.

Members were referred to a table within the report at 5.5, which provided information on a number of recurring regular audits relating to annual self-assessments of schools and other locations. The Internal Audit Team is also looking to develop similar self-assessments with other establishments such as Leisure Centres and Social Services. This would enable low risk routine operational processes to be assessed more regularly and would also allow audit resources to be concentrated on higher risk areas. Members were advised that there are a large number of these establishments that are overdue for routine audit due to COVID-19, and some catch up work is required.

Members were informed of a new anti-fraud strategy and cyber security strategy that has been drafted and included on the meeting agenda. Financial and cyber fraud are considered to be significant risk issues and in order to embed these strategies effectively within the organisation, resources will need to be allocated to the task.

Members were referred to a table within the report at 5.21, which provided a detailed list to Members, of the work forecast scheduled for audit.

A Member referred to the term 'man days' used within the report and suggested that 'staff days' or 'person days' be used as an alternative going forward.

It was moved and seconded that the Governance and Audit Committee approve the Internal Audit Services Annual Audit Plan for the 2022/23 financial year. By way of Microsoft Forms and verbal confirmation this was unanimously agreed.

RESOLVED that the Internal Audit Services Annual Audit Plan for 2022/23 be approved.

12. INTERNAL AUDIT SERVICES: ANTI-FRAUD STRATEGY.

The Acting Internal Audit Manager presented the report to Members, the purpose of which was to inform the Governance and Audit Committee of the corporate commitment to high standards in the prevention and detection of fraud and the actions that will be taken to underpin it through the adoption of an anti-fraud strategy.

Members were informed that the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on Managing the Risk of Fraud and Corruption tasks leaders of public sector organisations with the responsibility to embed effective standards for countering the risk of fraud and corruption in their organisations.

Members were required to ensure there is a clear commitment from the Governance and Audit Committee that those tasked with governance, establish a solid foundation of anti-fraud culture within the Council to embed a culture of effective financial stewardship and to ensure that the Council has an up-to-date and relevant fit-for-purpose strategy.

A Member queried the outcome of the actions of the strategy and sought clarification as to whether it would be clear from the action plan, when and who would implement the actions from this strategy. Members were advised that this would be undertaken and were referred to paragraph 5.7 of the strategy.

A Member queried whether reviews would be reviewed in the future. Members were advised that re-reviews do take place and would be included in the action plan going forward.

It was moved and seconded that having considered the Anti-Fraud Strategy, the Governance and Audit Committee endorsed the Corporate Anti-Fraud Strategy, and to note that an action plan will be presented to the next meeting of the Committee. By way of Microsoft Forms and verbal confirmation this was unanimously agreed.

RESOLVED that the Corporate Anti-Fraud Strategy be considered and endorsed, noting that an action plan will be presented to the next meeting of the Committee.

13. PUBLIC INTEREST TEST.

The Head of Legal Services and Monitoring Officer advised Members that the Public Interest Test for the Draft Cyber Security Strategy was no longer required for this item, as originally advised. Members were advised that it had now been determined that this agenda item did not require to be exempt from the press and public.

14. DRAFT CYBER SECURITY STRATEGY.

The Procurement and Information Manager presented the report to Members, the purpose of which was to provide Members with a verbal update on the Draft Cyber Security Strategy to be implemented within the Council during 2022/23.

Members were advised that the Governance and Audit Committee are responsible for

ensuring that strategies and policies relating to risk and control are adequately managed and monitored, in order to gain assurance of the adequacy of risk management and internal controls frameworks within the Council. The Strategy is supported by an implementation plan and critical success factors.

Members were advised that the strategy was designed to be followed by everyone working within the Council and has been produced in response to the increasing threat from cyber criminals and a number of successful and high-profile cyber-attacks on public and private organisations.

Members were advised that the purpose of the Strategy was to give reassurance to residents and other stakeholders of the Councils' commitment in delivering robust information security measures to protect resident and stakeholder data from misuse and cyber threats. To safeguard their privacy through increasingly secure and modern information governance and data sharing arrangements, both internally and with our partners.

Members were advised that they were requested to consider the draft Strategy in order for the Committee to gain the required assurance to fulfil its role and to note the report and the verbal Strategy update.

A Member queried whether CCBC employed a digital auditor within the audit team. Members were advised that there is not a specific IT auditor within the audit team, but IT security is based within the IT department. Members were introduced to the Senior Information Security Officer who advised Members that he worked outside of digital services, in order to have a more independent view of the Councils' IT and security policies. Members were also advised of a recent vacancy within the department for an Information Security Manager and also the possibility of an apprenticeship position going forward.

A Member sought clarification on cyber-crime and fraud and queried whether there were arrangements for the integration of risks for these areas. Members were advised that there are risk registers at different levels within the authority and that cyber security is on the high-level risk register and mitigating actions. Members were also advised that further clarification on this matter will be evident when the risk registers are produced for the next meeting in October.

A Member queried the exempt item which was no longer deemed to be exempt. The Procurement and Information Manager explained to Members that when the action plan is produced this will include information which is likely to be deemed exempt. The action plan was not included at this stage; therefore, the Public Interest Test was no longer deemed necessary as originally thought.

It was moved and seconded that the Governance and Audit Committee considered the Draft Cyber Security Strategy in order for the Committee to gain the required assurance to fulfil its role and to note the report and verbal Strategy update. By way of Microsoft Forms and verbal confirmation this was unanimously agreed.

RESOLVED that the Draft Cyber Security Strategy be considered, and the report and verbal Strategy update be noted.

15-19. 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 October to December 2021;
- (iii) Corporate Governance Review Panel Minutes (12th January 2022);
- (iv)** Corporate Governance Review Panel Minutes (16th February 2022);
- (v) Corporate Governance Review Panel Minutes (21st March 2022).

The Chair thanked Members and Officers for their attendance and contributions and the meeting closed at 4.28 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 11th October 2022.

CHAIR

GOVERNANCE AND AUDIT COMMITTEE FWP

GOVERNANCE AND AUDIT COMMITTEE – 11TH OCTOBER 2022
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TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update on Tracking of Agreed Audit Report Recommendations			D. Gronow
Anti-Fraud Strategy Action Plan.			D. Gronow
Draft Self Assessment Report			Ros Roberts
Annual reports on complaints 2021/22			Lisa Lane
INFORMATION ITEMS			
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
Corporate Governance Panel Minutes			D. Gronow

GOVERNANCE AND AUDIT COMMITTEE SPECIAL MEETING– 26TH OCTOBER 2022

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)			Audit Wales
Financial Statements for 2021/22			Audit Wales / S. Harris
INFORMATION ITEMS			

GOVERNANCE AND AUDIT COMMITTEE – 24th JANUARY 2023

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)			Audit Wales
Internal Audit Services Annual Plan 22/23 – Update on Progress			D. Gronow
Audit of Accounts Addendum Report			Audit Wales / S. Harris
Corporate Risk Register Update			R. Roberts
Regulator Proposals for Improvement Progress Update			R. Roberts

Review and Refresh of Financial Regulations			S Harris / D Gronow
Six month update on Complaints 22/23			Lisa Lane
INFORMATION ITEMS			
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
Corporate Governance Panel Minutes			D. Gronow

GOVERNANCE AND AUDIT COMMITTEE –18th APRIL 2023

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)			Audit Wales
Internal Audit Annual Plan 2023/24			D Gronow

Update on Tracking of Agreed Audit Report Recommendations			D. Gronow
Public Sector Internal Audit Standards Self Evaluation update			D. Gronow
Corporate Risk Register Update			R. Roberts
Regulator Proposals for Improvement Progress Update			R. Roberts
Annual Audit Plan			Audit Wales
Certification of Grants and Returns			Audit Wales
Response to Accounts Addendum report			S Harris
INFORMATION ITEMS			
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
Corporate Governance Panel Minutes			D. Gronow

GOVERNANCE AND AUDIT COMMITTEE –30th MAY 2023

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)			Audit Wales
Internal Audit Year end report and Annual Opinion			D Gronow
Draft Annual Governance Statement			S Harris
Corporate Risk Register Monitoring and update			R Roberts
Regulator proposals for improvements progress update			R Roberts
INFORMATION ITEMS			
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
Corporate Governance Panel Minutes			D. Gronow

GOVERNANCE AND AUDIT COMMITTEE –

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)			Audit Wales
Annual review of Complaints 2022/23			L Lane
INFORMATION ITEMS			
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
Corporate Governance Panel Minutes			D. Gronow



GOVERNANCE AND AUDIT COMMITTEE – 11TH OCTOBER 2022

**SUBJECT: UPDATE ON INTERNAL AUDIT REPORT
RECOMMENDATIONS**

REPORT BY: ACTING INTERNAL AUDIT MANAGER

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1. PURPOSE OF REPORT

- 1.1 To provide members of the Governance and Audit Committee with an update on Internal Audit report findings, the numbers and risk ratings and progress on the related recommendations.

2. SUMMARY

- 2.1 The Governance and Audit Committee has requested that regular reports are provided to provide information on Internal Audit findings and associated recommendations.
- 2.2 This report provides an update on the number of Internal Audit findings created, their risk ratings, their completion/ agreement status, the number of recommendations arising from those findings and the status of the recommended actions required to mitigate those risk findings

3. RECOMMENDATIONS

- 3.1 Members note the information contained in this report

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure that the Governance and Audit Committee is aware of the number of Internal Audit findings and associated risk ratings.
- 4.2 To ensure that the Governance and Audit Committee is aware of progress made in implementing recommendations by service areas / locations in receipt of Internal Audit reports, to ensure that reported risks are being addressed appropriately and within adequate timeframes.

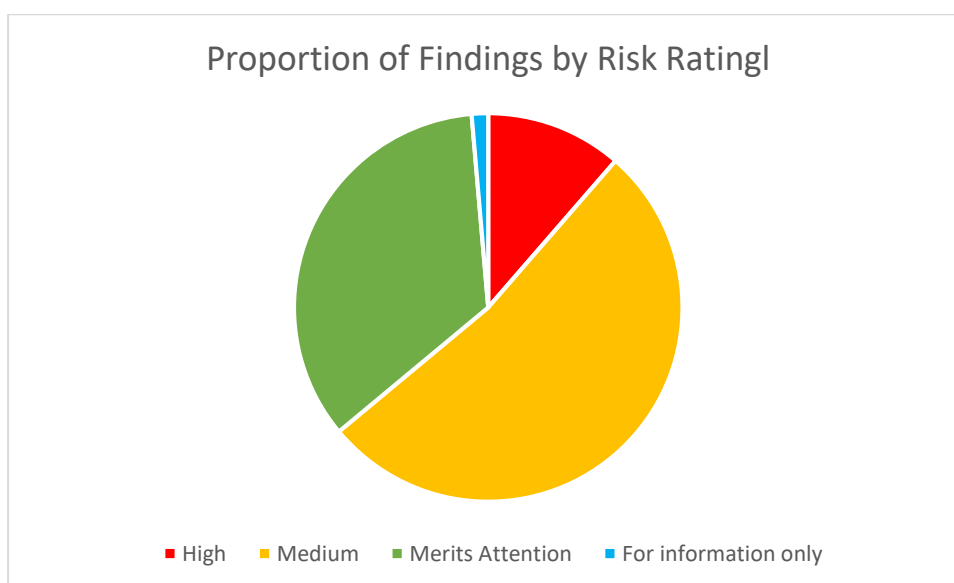
5. THE REPORT

- 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 and implementing control processes to reduce or eliminate the risks identified. Recommendations that are not addressed may expose the authority to unnecessary risks. Therefore, it is key to ensure that high risk findings are adequately dealt with and mitigated or eliminated by appropriate management actions.
- 5.3 The Pentana MK system in use has the facility to risk rate all findings and to track these so that once a recommendation has been agreed and a planned implementation date set, the risk owner or service manager can be reminded to provide updates on progress that is being made to implement the agreed actions.
- 5.4 This information would then be able to provide information to the Directors and Heads of Service and ultimately Governance and Audit Committee who would then be able assess if adequate progress is being made to manage risks and implement agreed actions or make further enquiries as necessary.
- 5.5 The system also allows findings to be attributed to “themes” such as GDPR, governance or internal control where appropriate and this can then also enable review of findings across different service areas and operations. Large numbers of high risk findings in relation to a common risk aspect across different audits would alert Internal Audit to potential areas of concern.
- 5.6 Work has been continuing and as of 29th September 2022 there were 968 findings that had been raised within the MK system since the date of implementation. The system enables the individual auditor to risk rate findings, in line with internal guidance procedures. As the auditor creates each finding they also detail the actions that are recommended that would mitigate or remove the risk identified.
- 5.7 All Internal Auditors work is subject to review by more senior staff for quality control and consistency before agreeing risk ratings and issuing findings to managers. At the time of extracting the data there were 19 findings that had been created in relation to audit work in progress and for this report these were in draft as they had not yet been reviewed. No risk rating status had been attributed to these at this point.
- 5.8 The attached table shows the current number of findings by risk rating:-

Table showing Internal Audit findings by risk rating

Risk Rating	Total
High	108
Medium	499
Merits Attention	329
For information only	13
Total	949

Chart showing relative proportions of Internal Audit findings by risk rating



It can be seen that the significant majority of all findings are considered to be medium risk, and high risk findings make up 11% of the total reported.

- 5.9 Each audit goes through a process where the testing is undertaken, a draft report is issued and then the final report, all findings and recommendations are agreed.
- 5.10 The stage of completion of these and risk ratings can also be reported in the following table:-

Progress status and risk rating of Internal Audit findings

Status	High	Medium	Merits attention	For information	Total
Accepted by Management	93	348	255	11	707
Draft report issued	8	24	16	1	49
Draft report not issued	7	127	54	0	188
Not accepted	0	0	4	1	5
Total	108	499	329	13	949

- 5.11 As of 26th September 2022 there were 1056 recommendations that had been raised within the MK system since the date of implementation. 22 have not been risk rated as the audit is still ongoing, thus leaving a net number of 988 active recommendations. There is a different total to that of findings as in some cases there is no recommendation e.g., where items are noted for information only or where a finding may result in more than one recommendation. Also in some cases recommendations are not created until the audit findings have been subject to an initial review as part of the Internal Audit quality review processes.

Internal Audit recommendations by risk rating

The table below shows the number of recommendations by risk ratings:-

Risk Rating	Total
High	110
Medium	550
Merits Attention	326
For information only	2
Total	988

- 5.12 Recommendations are created, and once they are agreed with service managers, they are allocated to a responsible officer and a due date for completion of the agreed actions is agreed with the service manager and recorded in the system. The system records the status of each recommendation from the initial creation through to completion by the service manager or responsible officer.
- 5.13 It should be borne in mind that the due date is a future date although there is an expectation that the higher the risk identified the more urgent the mitigating actions are required to be implemented, so a shorter due date would be expected and therefore high risk findings should be seen to show good progress towards completion.

Audit recommendation status and risk ratings

The table below shows the status of the recommendations created and their risk ratings:-

Status	High	Medium	Merits attention	For information	Total
Recommendation Completed	48	246	74	1	369
Recommendation in progress	43	104	142	0	289
Recommendations issued – not yet agreed	13	72	55	1	141
Draft report not issued	6	128	55	0	189
Total	110	550	326	2	988

- 5.14 It can be seen that progress is being made towards completion particularly with high risk recommendations where 43% are complete and 39% are in progress.
- 5.15 Progress in completing agreed recommendations is monitored by the Auditor and overdue recommendations are regularly monitored and manual reminders issued.
- 5.16 The MK system does have the capacity to issue automatic reminders and this facility will be implemented once the system is successfully migrated to cloud hosting.
- 5.17 **Conclusion**
- 5.18 The report informs the Governance and Audit Committee on the number of Internal Audit findings, their risk ratings, recommendations issued and progress towards completion.

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 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: C Harry, Chief Executive Officer
R Edmunds, Corporate Director for Education and Corporate Services
S Harris, Head of Financial Services and Section 151 Officer

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GOVERNANCE AND AUDIT COMMITTEE – 11 OCTOBER 2022

**SUBJECT: INTERNAL AUDIT SERVICES: ANTI-FRAUD STRATEGY
ACTION PLAN**

REPORT BY: ACTING INTERNAL AUDIT MANAGER

--

1. PURPOSE OF REPORT -

- 1.1 To inform the Governance and Audit Committee of the action plan that has been drawn up following the approval of the draft Anti-Fraud strategy in June 2022

2. SUMMARY

- 2.1 The Governance and Audit Committee is responsible for ensuring that strategies and polices relating to risk and control are adequately managed and monitored in order to gain assurance regarding the adequacy of risk management and internal control frameworks within the Council. The anti-fraud strategy is one such document. The draft strategy was approved at the meeting of the committee in June 2022
- 2.2 Following approval of the draft strategy an action plan is now required to set in place the actions required to develop arrangements to embed the strategy.

3. RECOMMENDATIONS

- 3.1 The Governance and Audit Committee is asked to consider and endorse the attached action plan.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure there is a clear commitment from the Governance and Audit Committee that those tasked with governance establish a solid foundation of anti-fraud culture within the Council to embed a culture of effective financial stewardship.
- 4.2 To ensure that the Council has an up-to-date and relevant fit-for-purpose strategy

5. THE REPORT

- 5.1 Organisations face increasing risks from fraud including financial losses and reputational damage. Furthermore, there is potentially the risk that managers may face liability in relation to corrupt or fraudulent activity of their staff.
- 5.2 It is recognised that to enable effective implementation of the anti-fraud strategy an action plan will be required to identify key action points, processes required, responsible parties, dates and success criteria. The action plan is attached as at **APPENDIX 1**.
- 5.3 **Conclusion**
It is recommended that the Governance and Audit Committee endorses the Anti-Fraud Strategy action plan appended to 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 and robust anti-fraud strategy 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.

9. PERSONNEL IMPLICATIONS

- 9.1 There are no direct personnel implications.

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 (Wales) 2021

Author D Gronow, Acting Internal Audit Manager

Consultees: C Harray, Chief Executive
R Edmunds, Corporate Director for Education and Corporate Services
S Harris, Head of Financial Services and S151 Officer

Appendix 1 Caerphilly CBC Anti-Fraud Strategy Action Plan

Background papers

Governance and Audit Committee 14/6/2022 Anti Fraud Strategy

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Appendix 1: Anti-Fraud Action Plan

Ref	Action Required	Target Date	Responsibility	Notes
1	Present the strategy to CMT and agree nomination for Anti-Fraud Champion.	31/12/22	Acting Internal Audit Manager /S151 officer	High level engagement is essential for successful implementation of the strategy
2	Consult HR and Unions on the strategy.	31/12/22	Acting Internal Audit Manager /S151 officer, HR	Material to be included in induction material for new starters
3	Present strategy to wider range of members	31/12/22	Acting Internal Audit Manager /S151 officer	
4	Develop communication strategy to publicise strategy internally. Present to management network to ensure that staff are aware of their roles and responsibilities for the	28/2/22	Acting Internal Audit Manager /S151 officer, Communications	The strategy will need to be cascaded to all levels of staff so this may need a variety of different approaches to be effective. Consider sharing news / media alerts to ensure that members of staff are regularly

	prevention and detection of fraud. Promote Deter, Prevent, Detect, Investigate			kept informed of fraud risk, counter fraud news and developments.
5	Develop training advice and guidance/ reference material to signpost best practise.	31/3/22	Acting Internal Audit Manager /S151 officer, Communications	Ensure these can be easily located and are accessible. Link to development of intranet.
6	Engage with Gwent Police to develop memorandum of understanding to formalise working relationship. Fraud champion to engage at a senior level.	31/3/22	Acting Internal Audit Manager /S151 officer	
7	Ensure that fraud risk is considered in the preparation and evaluation of Service area and Directorate Risk registers	31/3/22	Risk management section	

8	Ensure that a suite of relevant and up to date policies are in place to support a strong internal control environment, a culture of prevention, and robust deterrence and investigation.	31/12/22	HR, Internal Audit, S151, Information Governance Team	A policy review and refresh to be undertaken including developing a reporting protocol, an incident action plan and investigation protocol.
9	All stakeholders (managers, Directors members) ensure that Internal Audit is adequately resourced and works to an effective risk based audit plan.	ongoing	Internal Audit , S151 officer, Governance and Audit Committee	
10	Participate in local working groups or networks.	ongoing	Internal Audit	Attend regional and national working groups and report developments to the Audit and Governance Committee as appropriate .
11	Undertake data matching exercises such as NFI and engage with any new data streams and sources	ongoing	Internal Audit , S151 officer	Engage with NFI exercise and the investigation of reported matches
12	Ensure that counter fraud awareness measures are effective and appropriate. Fraud risks are identified by means of horizon scanning, media alerts and other risk identification processes.	ongoing	Internal Audit	



GOVERNANCE AND AUDIT COMMITTEE – 11TH OCTOBER 2022

SUBJECT: DRAFT ANNUAL SELF-ASSESSMENT REPORT 2021/22

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

1. PURPOSE OF REPORT

- 1.1 To present Governance and Audit Committee with the Draft Annual Self-assessment Report for 2021/22 (Appendix 1) for their consideration and comment prior to its onward submission to Joint Scrutiny on 10th November 2022 and Council on 24th November 2022.
- 1.2 To provide Governance and Audit Committee with assurance that the Council's self-assessment process is robust and effective.

2. SUMMARY

- 2.1 The self-assessment report is a statutory requirement under the Local Government and Elections (Wales) Act 2021. It is an important part of the Council's performance framework. This is the first time the Council has been required to produce a self-assessment report which replaces the former Annual Performance Report.
- 2.2 The Council is required to assess its own performance and provide the public with a balanced picture of that performance.

3. RECOMMENDATIONS

- 3.1 To review the Draft Self-assessment Report (Appendix 1) and if necessary, make recommendations for changes to the conclusions or action the council intends to take.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 The Council has a statutory duty to publish a self-assessment report which should be made available as soon as reasonably practicable after the financial year to which it

relates.

- 4.2 The Local Government and Elections (Wales) Act 2021 replaces the improvement duty for principal councils set out in the Local Government (Wales) Measure 2009. The new approach as set out in the Act is designed to be a more streamlined, flexible, sector-led approach to performance, good governance and improvement. The intention is for councils to be proactive in considering how internal processes and procedures should change to enable more effective planning, delivery and decision-making to drive better outcomes.
- 4.3 Under the Act we have duty to keep performance under review the extent to which we are fulfilling the 'performance requirements' that is, the extent to which we are:
- exercising our functions effectively.
 - using our resources economically, efficiently and effectively.
 - has effective governance in place for securing the above
- 4.4 Part 6, Chapter 1, of the Local Government and Elections (Wales) Act 2021 statutory guidance says that councils are responsible for:
- Conducting robust self-assessments and reporting on the extent to which the council is meeting the performance requirements in order to improve the social, economic, environmental and cultural well-being of its local communities.
 - Setting out any actions to increase the extent to which the council is meeting the performance requirements, including, for example, the role of scrutiny in challenging and driving the extent to which the performance requirements are being met.
- 4.5 The aim is to support councils to build on existing strengths and to support them to achieve a more innovative, open, honest, transparent and ambitious sector, challenging itself and collectively driving up service delivery outcomes and standards.
- 4.6 The guidance states that the Council must make a draft of its self-assessment report available to its Governance and Audit Committee. The committee must review the draft report and may make recommendations for changes to the conclusions or action the council intends to take.
- 4.7 If the Council does not make a change recommended by the Governance and Audit Committee, it must set out in the final self-assessment report the recommendation and the reasons why the Council did not make the change.
- 4.8 Under the Act there is also a duty to carry out a panel assessment where an independent panel, appointed by the Council, will assess, as the council does through self-assessment, the extent to which the Council is meeting the performance requirements. The panel are not responsible for holding the Council to account but should offer an external view of how the Council is operating. There must be at least once panel assessment during an electoral cycle, and it is for the Council to choose the time during the electoral cycle when panel performance assessment is likely to be of most value.

5. THE REPORT

- 5.1 This report introduces the Draft Annual Self-assessment Report for 2021/22

(Appendix 1).

- 5.2 The intention of self-assessment is to provide and act on organisational learning and provide an ongoing process of review about how good our performance is and where it could be better. From this learning we produce a self-assessment report.
- 5.3 The statutory guidance says that self-assessment can be achieved by using intelligence already held corporately in an insightful way and reflecting at a strategic level on how the council is operating, and what action is needed to ensure it can continue to provide effective services now and for the long term.
- 5.4 The Council's Performance Framework has been developed to meet several strategic and operational needs as well as to meet the new legislation and further the Council's desire to be a high performing learning organisation focused on meeting the needs of its residents.
- 5.5 The Council was involved in the creation of the statutory guidance, so the Directorate Performance Assessments (DPA) and the Corporate Performance Assessment (CPA), key documents in our Performance Framework, were designed with this in mind. Much of the information contained within the report is sourced from the DPA's and CPA, in addition to other council reports, including the Annual Governance Statement and Financial Reports.
- 5.6 The self-assessment process will produce a summary of the learning which has emerged from the self-assessment process. We have chosen a range of information to use that will be reviewed to reach our conclusions under the following headings:
- Corporate Planning
 - Financial Planning
 - Workforce Planning
 - Procurement
 - Assets
 - Risk Management
 - Performance Management
 - Other Key Council Health Checks
- 5.7 The report also includes a progress update of the six Well-being Objectives contained within the Council's Corporate Plan (2018-2023), which was endorsed by Cabinet in April 2018. The Objectives will remain in place until 2023.

Conclusion

- 5.8 The self-assessment provides a platform to celebrate the activity that has gone well, reflect on the areas that need to be improved and to identify new approaches and interventions to support future progress.

The past few years have provided a number of significant challenges as we navigated through a global pandemic. Overnight, at the start of covid, we turned our organisation on its head – introducing many new services and turning others off within a matter of hours – all to meet the new and urgent needs of our community.

We responded quickly and we responded together. Throughout this time, we saw first-hand the forceful impact of Team Caerphilly - bound together through a shared purpose and desire to do whatever was needed to protect our people and place.

Now, as we emerge from covid we are faced with new challenges such as the cost-of-living crisis, the climate emergency, social care pressures and ongoing budgetary pressures which are expected to worsen over the coming years.

The Council's Performance Framework has been developed to meet several strategic and operational needs, as well as to meet the legislation. It is an ongoing process that allows the Council to act on organisational learning, review its performance and recognise where it could improve.

6. ASSUMPTIONS

- 6.1 No assumptions have been made or were thought necessary, for this report that are not already contained within the report.
- 6.2 Unless a specific Well-being Objective is judged as delivered in its entirety, or assessment of data and public consultation responses change direction significantly, it is assumed the Well-being Objectives will continue throughout the course of the remaining year of the Corporate Plan.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 No Integrated Impact Assessment has been completed for this report although individual assessments may have been made to support activity within the Well-being Objectives. Page 14 of the Draft Self-assessment Report provides a brief update on our Welsh Language and equalities work. Delivery of the Well-being Objectives maximises our contribution to all the national well-being goals including 'A More Equal Wales'.

8. FINANCIAL IMPLICATIONS

- 8.1 Page 7 in the Draft Self-assessment Report provides information on Financial Planning.

9. PERSONNEL IMPLICATIONS

- 9.1 There are no personal implications arising from this Report.

10. CONSULTATIONS

- 10.1 All consultation responses have been incorporated within this report.

11. STATUTORY POWER

- 11.1 Local Government and Elections (Wales) Act 2021
Well-being of Future Generations Act 2015 and associated statutory guidance

Author: Ros Roberts, Business Improvement Manager roberr@caerphilly.gov.uk

Consultees: Chrisina Harray, Chief Executive
Richard Edmunds, Corporate Director, Education and Corporate Services
Dave Street, Corporate Director, Social Services and Housing
Mark S Williams, Corporate Director for Economy and Environment
Cllr Eluned Stenner, Cabinet Member for Finance and Performance
Steve Harris, Head of Financial Services and S151 Officer
Sue Richards, Head of Education Planning and Strategy
Kathryn Peters, Corporate Policy Manager
Rob Tranter, Head of Legal Services
Deborah Gronow, Internal Audit Manager

Background Papers:

[Corporate Plan 2018-2023](#)

[Statutory guidance on Part 6, Chapter 1, of the Local Government and Elections \(Wales\) Act 2021](#)

Appendices:

Appendix 1 Draft Annual Self-assessment Report 2021/22

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Team Caerphilly

BETTER TOGETHER

Self-Assessment Report

2021/22 - DRAFT



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If you need this report in a different format - like accessible PDF, large print, easy read, audio recording or braille - please contact us at equalities@caerphilly.gov.uk

Further information can also be found on our website: www.caerphilly.gov.uk

Section 1: Foreword from the Leader and Chief Executive

Welcome to our self-assessment report, which provides an important opportunity for us to reflect on our performance over the past 12 months and consider the future direction of travel of the organisation.

Caerphilly County Borough Council is a large and diverse organisation delivering a wide range of key services to our community. Over recent years we have developed a 'Team Caerphilly' ethos which helps unite us and provides a shared ambition for the council to strive to deliver excellence in everything we do. We are a modern, innovative, and forward-thinking organisation which places the customer and citizens at the heart of all we do. Our 'Team Caerphilly' operating model is based on the principle that we have a commercial head and a social heart, and this guides everything that we do together.

This annual self-assessment process is a new requirement of the Local Government and Elections (Wales) Act 2021 and provides a new way for local councils to assess and report on their effectiveness. We recognise that there is always room for improvement and this self-assessment process allows us to examine and scrutinise the way we operate to ensure that we address any issues and learn lessons as we move forward.

The past few years have presented a number of significant challenges as we navigated through a global pandemic. Overnight, at the start of COVID-19, we turned our organisation on its head – introducing many new services and turning others off within a matter of hours – all to meet the new and urgent needs of our community. We responded quickly and we responded together. Throughout this time, we saw first-hand the forceful impact of Team Caerphilly - bound together through a shared purpose and desire to do whatever was needed to protect our people and place.

Now, as we emerge from the pandemic, we are faced with new challenges such as the cost-of-living crisis, the climate emergency, social care pressures and ongoing budgetary pressures which are expected to worsen over the coming years.

Set against this difficult background, we have necessary duty to keep our performance under review to ensure we exercise our functions effectively, use our resources economically, efficiently, and effectively and have effective governance in place.

You will see from the results of this self-assessment that we are already addressing all of these things. However, this process helps us to identify our strengths, as well areas where we can do better, so that we can improve our ability to fulfil these functions further.

We are currently experiencing a range of pressures and challenges, and these are likely to continue for the foreseeable future, but we do so safe in the knowledge that we will respond as a robust and resilient organisation, working together for the good of all. As one, as Team Caerphilly.



Cllr Sean Morgan
Leader of the Council



Christina Harrhy
Chief Executive

Section 2: Introduction

Welcome to the Caerphilly County Borough Council's first annual self-assessment. In 2021 The Local Government and Elections (Wales) Act came into law and set out a new approach for how Council's assess and report on their effectiveness.

The legislation is designed to be a more streamlined, flexible, sector-led approach to performance, good governance, and improvement. The intention is for councils to be proactive in considering how internal processes and procedures should change, to enable more effective planning, delivery, and decision-making to drive better outcomes.

In the Act, there is a duty to keep under review, the extent to which the Council is fulfilling its performance requirements, that reflects on the extent to which the Council

- is exercising its functions effectively.
- is using its resources economically, efficiently, and effectively.
- has effective governance in place for securing the above.

The Council must publish a Self-Assessment Report once in every financial period, which considers the main learning points, and what it will do to improve upon them. The Self-Assessment Report is a way of critically, and honestly, reviewing its current position, to make decisions on how to secure improvement for the future. This Self-Assessment Report replaces the former Annual Performance Report.

This report can be viewed as the Council's internal assessment for improving its effectiveness.

The Council key messages from page 6, are framed around the 7 core set of activities that are common to the corporate governance of public bodies as outlined in the [Well-being of Future Generations \(Wales\) Act 2015 \('the Act'\) Guidance](#), and more information can be found from this link.

Section 3: How do we carry out our self-assessment?

Our approach

The intention of self-assessment is to provide and act on organisational learning and provide an ongoing process of review about how good our performance is, and where it could be better. From this learning we produce a Self-Assessment Report.

We have chosen a range of information to use that will be reviewed to reach our conclusions, such as performance data, complaints, and finance data. Where possible, we aim to use existing sources of information to provide a joined-up approach.

Self-assessment is achieved by using intelligence in an insightful way and reflecting on how we are operating, to identify and take actions that may be needed, to ensure we can continue to provide effective and efficient services now and for the longer term.

To inform our self-assessment it is important for us to know the following:

- What went well and why?
- What did not go well and why?
- What impact have we made and how do we know? What difference have we made?
- What have we learned?
- What actions do we intend to take in the next period to ensure that we are meeting our performance requirements?

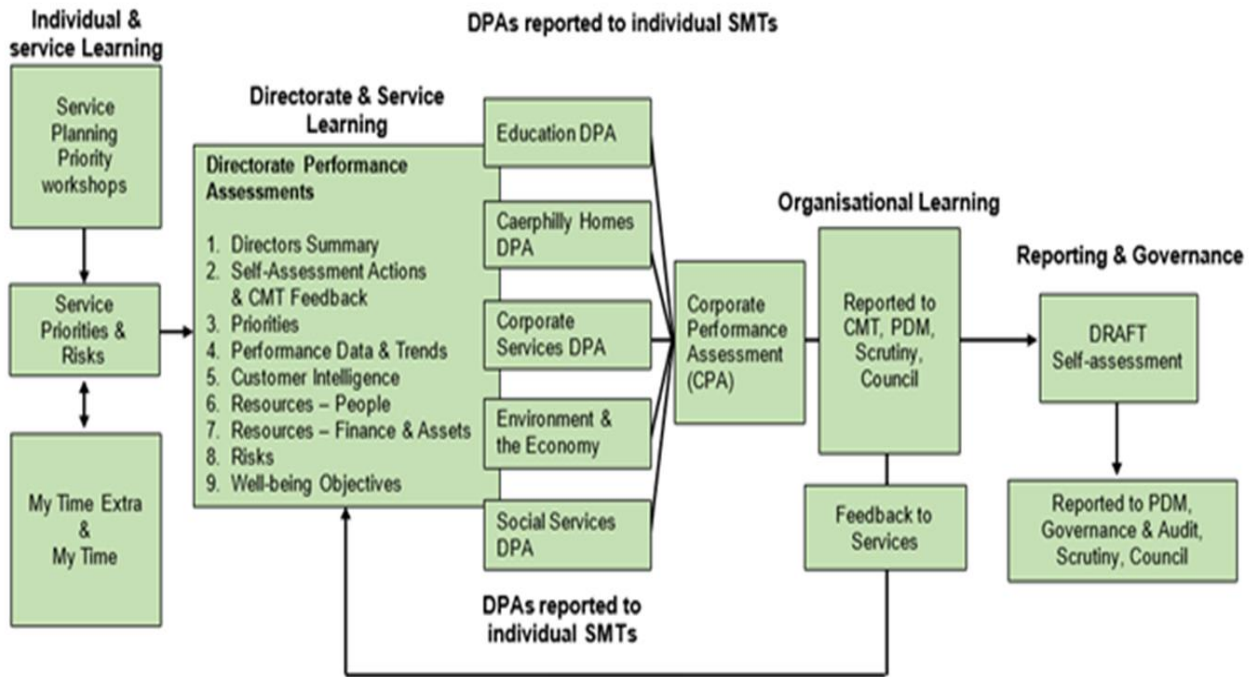
An important tool in how we assess our performance, is the use of a 'Corporate Performance Assessment', or CPA, which is a high-level strategic dashboard that includes a range of information to give a 'snapshot' of performance across the organisation. This is compiled from key data reported in several Directorate Performance Assessments (DPAs), from which, each directorate within the authority, provides a range of information to keep progress under review, provide knowledge, manage resources, and risks, providing intelligence to answer the question, what are we learning? and what are we doing about that learning?

Using a variety of data sets in one focused output, can help us better understand potential causes and effects of situations, so that data is not seen in isolation, and it can assist the pick-up of cause-and-effect correlations. It is about providing us with a rounded and balanced view of intelligence across the authority.

In addition to the information gathered in the DPAs, we include other sources of information such as, Annual Equality Reports, the Annual Governance Statement, Complaints data, The Local Authority Social Services Annual Reports, evidence from inspection and regulatory sources, including reports from Estyn, Audit Wales, and Care Inspectorate Wales, and other public interest reports where appropriate, although this list is not exhaustive.

What we have learned from previous years reporting, is that we have a very large pool of evidence around how we are performing and publishing all that data would be difficult to make such a large document accessible. This document seeks to address that issue, by providing a high-level summary statement that assesses our performance the from intelligence gathered through our internal monitoring and assessments.

Section 4: How our approach fits together?



Section 5: Our Key Learning from 2021/22

Corporate Planning

The Council's current Corporate Plan 2018-2023 concludes next year and as such, work is underway to develop a replacement plan for the period 2023-2028. As a 5-year plan, the Council will be looking to the longer term, asking what will make a difference, and conducting consultation activities to establish what matters to our residents, as a basis of the new plan.

Progress reported against the Council's current six Well-being Objectives over the last twelve months show:

Well-being Objective	Summative Judgement
1. Improve education opportunities for all	Progressing well
2. Enabling employment	Progressing well
3. Address the availability, condition, and sustainability of homes throughout the county borough and provide advice, assistance, or support to help improve people's well-being	Progressing well
4. Promote a modern, integrated, and sustainable transport system that increases opportunity, promotes prosperity, and minimizes the adverse impacts on the environment	Progressing well
5. Creating a county borough that supports a healthy lifestyle in accordance with the Sustainable Development Principle within the Well-being of Future Generations (Wales) Act 2015	Progressing well
6. Support citizens to remain independent and improve their well-being	Progressing well

In addition to progressing the Council's six Well-being Objectives, the Council has continued to respond to the significant workforce and community challenges associated with the COVID-19 pandemic, dealt with the emerging humanitarian crisis associated with the Ukraine War, driven forward an ambitious transformation programme, as well as undertaking considerable work to ensure that it meets all relevant legislative requirements.

This legislative work has seen the Council undertake

- the preparatory work for the implementation of the new Local Government and Elections (Wales) Act 2021
- the publication of a new Welsh Language Strategy 2022-2027 as required by standards 145 and 146 of the Welsh Language Standards (No1) Regulations 2015
- the publication of our Strategic Equality Plan 2021 to 2024 under the Equality Act (Wales) Regulations 2011
- the publication of the Welsh Language Annual Monitoring Report under current legislation and in compliance with Standard 158
- the Annual Performance Assessment of our agreed Well-being Objectives under the Well-being of Future Generations (Wales) Act 2015

- the preparation of a Welsh in Education Strategic Plan (WESP) 2022-2032 under Section 84 of The School Standards and Organisation (Wales) Act 2013 that complies with The Welsh in Education Strategic Plan (Wales) Regulations 2019 and The Welsh in Education Strategic Plan (Wales) (Amendment) (Coronavirus) Regulations 2020
- the publication of an Annual Monitoring Report for the Local Development Plan (including the Annual Community Infrastructure Levy Report) to comply with the requirements of the Planning and Compulsory Purchase Act 2004, the LDP (Wales) Regulations 2005, the Strategic Environment Assessment Directive, and the Community Infrastructure Levy Regulations 2010
- the submission of the 2020/21 Financial Accounts to the Auditor General by 30 November 2021 in accordance with current Welsh Government guidance

The Council has also been heavily involved in developing its partnership working arrangements, having supported the development of a Corporate Joint Committee (CJC) for South-East Wales, as well as the establishment of a Gwent Wide Public Services Board, which Caerphilly supports.

Actions to take forward for corporate planning

Activity	By When
To Implement a new Corporate Plan 2023-2028	May 2023
To Publish a new Public Services Board Well-being Plan and Local Delivery Plan	May 2023

Financial Planning

The Council has a strong financial position, is considered financially resilient, and has maintained a strong liquidity position, assets versus liabilities, for several years.

The Council is prudent and transparent in its budget management approaches, reporting its in-year budget forecasts through Scrutiny Committees and Cabinet, as well as presenting reports on several other key areas including, Usable Reserves, Treasury Management, and the Capital Strategy.

The Council has experienced higher than usual underspends against its budgets in recent years with a corresponding increase in the level of usable reserves. However, these underspends are largely attributable to significant additional grant funding provided to the Council in response to the COVID-19 pandemic, along with temporary reductions in service levels in some areas.

The Council has not yet, developed sufficiently explicit links between its Corporate Plan, Medium-Term Financial Plan and Transformation Programme, but work is now underway with the new Cabinet to align these key strategic documents.

The Council has set aside funding to support the delivery of its Well-being and Place Shaping Programme, which includes, new school builds, the development of respite facilities, improving the quality of the highway infrastructure, and the development of the replacement Welsh Housing Quality Standards Programme. However, there are challenges currently being faced by our public services, in, recruiting to critical internal roles, attracting contactors to undertake works, the increased costs and delivery timescales for materials across global supply chains, which all impacts upon the pace and cost of these planned investments and deliveries.

The Council has a strong track record of delivering against savings plans. However, the current cost of living crisis, and associated significant increases in inflation, will put unprecedented financial pressures on both the Council and its communities, and it will, therefore, be essential that the Council Transformation Programme delivers at pace and scale.

The recent price increases in household energy bills combined with higher costs for food shopping and the price of fuel, has and will create significant challenges for many residents, especially those already in need. This is likely to translate into additional demand on services resulting in further financial pressures for the Council moving forward.

Actions to take forward for financial planning

Activity	By When
Strengthen the links between the emerging Corporate Plan, the Council’s Medium-Term Financial Plan, and the TeamCaerphilly Transformation Programme	March 2023
Undertake a review of the Council Reserves Strategy	March 2023
Seek to progress the Council’s Well-being and Place Shaping Programme at pace	Ongoing subject to individual Business Case approvals.

Workforce Planning

Workforce planning has grown in significance throughout the pandemic. During the pandemic, the Council found itself regularly redeploying its workforce to support the delivery of critical services and to introduce new services. Beyond the pandemic, we and other public service provider organisations are now facing challenges recruiting to critical roles.

Nationally, salaries have not kept pace with inflation and the cost of living is adversely impacting on many staff. This directly impacts on recruitment and retention, with individuals attracted to jobs where their skills can now attract a higher salary.

The Council has strengthened its approaches to workforce planning, agreeing a Workforce Development Strategy 2021-24 and an Employee Wellbeing Strategy 2021-24. The Council participated in an Audit Wales Workforce Study which has recommended improvements to workforce and succession planning, monitoring and review.

The Council also introduced a staff benefits scheme and has collated a wide range of resources for staff, many of whom are residents, to assist with cost-of-living increases via its web pages.

The Council is reviewing and modernising its recruitment and selection processes and has recently secured the appointment of over thirty apprentices. Work is also underway to promote the Council as an employer of choice, to ensure that applications are received from strong candidates, specifically seeking out a career with Caerphilly County Borough Council. The approaches being introduced, are also delivering insight and evidence into what works well and what works less well, and this knowledge, will be used to assist the Council with the current workforce challenges relating to recruitment.

The Council has recognised numerous skills gaps across a range of roles and is exploring opportunities to develop and implement strategies to extend the breadth and depth of knowledge across its workforce, as well as embedding modern management and leadership skills.

Across the Council, sickness absence rates have increased to around 14 Full Time Equivalent Days (FTE) per year, and although this mirrors the national picture, will now be subject to a review.

The pressures on workforce do not end there. The impact of increased demand for NHS services, for example, is directly impacting the level of resources that Council needs to provide for Domiciliary Care. A review of unscheduled care is taking place by Audit Wales.

Welsh Government's new Programme for Government is also placing further pressures on resources that are already stretched. Helpfully, Welsh Government is seeking to engage Local Government with a view to understanding, and potentially removing unnecessary bureaucratic burdens and barriers. This is welcomed.

Actions to take forward for workforce planning

Activity	By When
Deliver the Workforce Development Strategy 2021–24 Action Plan	2024
Deliver the Employee Wellbeing Strategy 2021–24 Action Plan	2024
Review and modernise the recruitment process	Autumn 2023
Embed workforce planning across the organisation	Autumn 2023
Embed annual apprenticeship recruitment	Ongoing
Embed and formalise agile working practices	Early 2023
Review our Human Resource Policies relating to agile working	Early 2023

Procurement

Over this reporting period, our Procurement Team have progressed several significant programmes of work. The team have put in place a Social Value Policy, which aims to gain additional community benefits, through use of the Council's third party spend, using a suite of Themes, Outcomes and Measures (TOMs) which have been formally adopted via the Social Value Portal. The work of the Procurement Team is supported by the Supplier Relationship Officers who support small and medium businesses and the wider foundational economy in bidding for business, which, in turn, strengthens our local supply chain and economic growth.

In addition, we continue to be actively involved with a National TOMs Framework for Wales through the Welsh Local Government Association, supported by the National Social Value Taskforce Wales (NSVT Wales), which is a stakeholder forum comprising of public sector bodies including Welsh Government (Community Benefits Team), The Future Generations Commissioner, Transport for Wales, as well as a number of other Councils and Housing Associations.

The purpose of TOMS has been designed to help measure and maximise the social value created through the delivery of services across the 7 Well-being Goals of the Well-being of Future Generations Act, and importantly, allows organisations to measure and report value created as a financial contribution to society.

The Council as continued as the procurement lead for Welsh Governments EdTech Programme. The EdTech Programme delivers the supporting connectivity, in-school infrastructure, cloud services, digital resources, and classroom skills to support the Curriculum for Wales, online safety, and cyber resilience. Caerphilly has led the £100 million plus programme of investment

and has secured significant value for local authorities and schools across Wales through innovative procurement practice.

Challenges this year have included changes to the supply chain which has seen rising costs of building and infrastructure materials. The availability of contractors, material shortages and cost increases are having a significant impact on the ability of the Council to progress with key infrastructure development and building projects. Contractors are increasingly declining to submit tenders. When submissions are received, costs are often above planned budget which requires further work to bridge the gap. Where developments rely on grants, the knock-on effect is often a resubmission to the funding body which can add to further delays.

All supply chains are currently experiencing significant price pressures due to the economic challenges across the world, such as, the war in Ukraine, COVID-19 pandemic, energy price escalations and Brexit. These pressures will be long lived and will impact our ability to deliver key projects including construction for the near future. Going forward, procurement will require flexibility within contracts to deal with such situations as they become more prevalent.

Actions to take forward for procurement

Activity	By When
To promote our Social Value Policy, publicising and raising awareness of embedding social value across our third party spend to gain benefits for our community from our spending power and to report on the outcomes.	2023
To deploy the changes in procurement legislation as part of procurement reform agenda and the Social Partnership and Procurement Bills.	2023-2024

Assets

The Council continues to operate agile or modern working methods across a large proportion of its office-based workforce. This has been achieved through the prevalence of mobile access devices such as laptops and mobile phones, the flexibility of supporting policies as well as the availability of technology such as virtual meeting solutions like Microsoft Teams and Civico.

As part of our post recovery work from the pandemic and the progression of agile working approaches, the Council has learned that a number of buildings currently in our portfolio, are no longer required. Daily occupancy at the Council's main administrative building, Ty Penallta, has been at around 20 percent for the last two years. A recent capacity planning exercise that built in future needs, raises this number no higher than around 45 percent. As the exercise has also indicated surplus capacity at several of the Council's buildings, there is a clear opportunity to rationalise the Council's estate, and reduce associated expenditure such as rent, heating and lighting. An Agile Working Programme continues to develop these approaches.

As part of the Council's Transformation Programme, the concept of walk-in-services being available to residents through a series of public service Community Hubs, has also been developing. These hubs hold the potential to provide multiple services across multiple providers from a single location, further reducing the number of buildings the Council requires to meet the needs of its residents.

Audit Wales conducted a review called Springing Forward – Managing our Assets. Their summary concluded that the Council should focus on the development of an integrated longer-term asset strategy.

The Council has also adopted a Cloud Strategy which seeks to migrate the Council’s priority IT systems from on premise hosting and support, to cloud hosting and support over the next financial year. This will change the makeup of the Council data centre and will also enable reductions in the Council’s server assets and associated energy and support costs.

The Council has an Asset Management Plan that runs until 2026 and we have recently appointed a new Head of Service for Land and Property, who will help refresh and refine the Council’s approach to managing and using its buildings and offices.

The Council recognises that it needs to now formalise its future assets intentions, as an integrated suite of plans and strategies.

Actions to take forward for key assets

Activity	By When
Develop a longer-term Asset Strategy and assign resources to the delivery of the strategy.	April 2023
Evaluate the benefits of partnership working for a longer-term approach to a single public estate.	December 2022
Introduce agile working policies that support asset management and visa-versa	December 2022
Continue to expand and extend the Cloud Strategy beyond the high priority systems	To be confirmed

Risk Management

The Council has an established Risk Management Process in place. Corporate Risks, which are the most significant risks facing the organisation are captured in the Council’s Corporate Performance Assessment. The risks are formally reviewed by the Corporate Management Team on a routine basis and the Corporate Performance Assessment information dashboards is reviewed by Cabinet on a six-monthly basis.

Underpinning the Corporate Risks are a set of Directorate Risks. These are identified and monitored through the Directorate Performance Assessments, which are periodically reviewed by Directorate Management Teams on a quarterly basis, and during 2021/22 were also subject to review through numerous Scrutiny Committees.

The Council’s new Governance and Audit Committee also monitor the Corporate Risk Register.

The Council is in the process of revising the structure of its Corporate Risk Register and Directorate Risk Registers, with an emphasis on linking to the replacement Corporate Plan. This will improve the overall accessibility of information and ensure that mitigating actions are captured, whilst monitoring their levels of impacts and likelihood of occurrences, securing appropriate risk level controls through reviews.

The Council finalised a revised and new Risk Management Strategy in January 2022 with new guidance approved by our Governance and Audit Committee. The guidance is operational for

services, to help identify, manage, and report on risks. However, risk management is a cyclical and ongoing process, so the new Risk Frameworks, the Strategy and Guidance, will have to be updated to reflect any improvements as required through the decision-making processes during the Autumn of 2022.

The Council used to deliver risk management training as part of business as usual, but unfortunately, the pandemic put a temporary pause on this. However, this now needs to be reinstated specifically for our new elected Council Members and Administration. During this time, much recruitment was often online, and new team members often worked remotely, so the Council will provide more training and awareness raising of the council's financial regulations, decision making process, constitution, and other areas of governance, to help and ensure our employees understand how governance works. This work will take place as part of our programme of Corporate Reviews.

Actions to take forward for risk management

Activity	By When
Review the Corporate Risk Register and ensure the process allows for ease of connection between the directorates and high-level risks including the promotion of how to raise risks.	April 2023
Finalise and submit for adoption, the revised Risk Management Strategy and new Risk Framework following a review of the risks processes.	July 2023
Training Elected Members in risk management, processes, and ways to scrutinise them, to gain assurance of good governance and controls.	September – Dec 2023

Performance Management

The Council has a multitude of effective performance management arrangements in place, that helps it monitor, report, and scrutinise performance across such matters as

- progress against Council priorities and strategic objectives
- performance against key indicators
- resource management, including people, finance, and other assets
- customer insight, including complaints and compliments
- and risk management

Our Performance Framework, consists of a Corporate Performance Assessment (CPA) Dashboard, complimented by a series of Directorate Performance Assessments (DPAs) Dashboards. These are all regularly reviewed by the Directorate Management Teams, Corporate Management Teams, Scrutiny Committees and Cabinet.

These frameworks, provide a more focused and collective insight, with better intelligence and learning, which helps inform this overall self-assessment. Recent reporting improvements has helped refine and better inform our self-assessment process, with a specific focus on evaluating, what has gone well, and what has not gone so well. Subsequently, enabling and developing improved learning opportunities and agreeing more informed actions to drive ongoing improvement.

With the new intake of Elected Members following the Local Government election in May 2022, the Council will now train and help develop those new members, in order to equip them to engage with and challenge the presented performance information. It is likely that this will centre on the Corporate Performance Assessment Dashboard with an all-member scrutiny being developed to support that broader challenge.

The new Corporate Plan forthcoming will be developed over the coming months, and it will include a new set of Well-being Objectives that will be derived from the Corporate Performance Assessment Dashboard findings, and feedback from other consultations and engagements, providing an ongoing focus to address community needs, whilst also providing an opportunity for monitoring of progress built into the supporting infrastructure.

The Council also intends to improve its data collection and data analysis capabilities, and as a result, has embarked on a digital programme that expands the use of various Microsoft platforms and tools, to build and show data in a way, that makes it easier to understand. This is a medium-term project of up to three years, with numerous pilot exercises already started which may improve data transfer, data automation, and data reporting, that can be replicated across the organisation.

Actions to take forward from performance management

Activity	By When
Introduce a new Corporate Plan and embed into Performance Frameworks	July 2023
Train and equip Members to engage with the Corporate Performance Assessment and challenge performance via Joint Scrutiny	2022-2023
Further develop and streamline the collection, processing, analysis and reporting of data, using improved Microsoft digital platforms and tools throughout the organisation.	2022-2024

Section 6: Other Key Council Health Checks



Equalities and Welsh Language

The Council continues to deliver against the actions set in the [Strategic Equality Plan 2020-2024](#), focussing on making services as accessible as possible and to engage more with our residents.

The Council developed an [Integrated Impact Assessment Template](#) in April 2021, in accordance with the Socio-economic Duty. This has helped ensure that services understand and consider the impact any proposals have on protected characteristics, the Welsh language, the Socio-economic Duty, and the Future Generations Act. By linking the assessment to the reports going forward for a decision, it ensures that decision-makers are well informed and able to understand the impacts of any transparent when it comes to our decision-making. However, the Council will benefit from providing further support to Elected Members in understanding the purpose of impact assessments and to ensure that they are adequately scrutinised as part of the decision-making process.

The Council has integrated equalities and Welsh language into the Directorate Performance Assessments (DPAs) so that when reporting on progress by directorate, there is an integrated view of service delivery.

The [Welsh Language Standards Annual Report 2021-2022](#) showed that we received one Welsh Language complaint during this financial year. The complaint raised a number of issues, the complaint could not be dealt with in Welsh by telephone, the complaints webpage only provides an email address as contact details and the Chatbot does not work properly on the website. The Council is addressing the points raised.

The Council reviewed and updated its [Five Year Welsh Language Strategy 2017-2022](#) and this can be viewed on the website along with all supporting documentation.

There was a slight increase in the number of Welsh speaking staff recorded on our HR system for 2021-2022 across all three directorates, however, a significant dip in the number of staff learning Welsh was recorded with only thirty-five registered. This is the lowest figure the Council have recorded since it began collecting this data back in 2001.

There is some work that needs to be done here, especially at a time when having staff with Welsh Language skills is so important to deliver bilingual services. Following the Commissioner's annual audit, the Council is now addressing a number of non-compliance issues. The Council's recruitment process was a particular focus with the Commissioner requiring an action plan, which you can see in our annual report. [Equalities \(Annual Report 2020-2021\)](#)

It is evident from the content of the report that there has been some progress during 2021-2022. Over the next 12 months the Council will be ensuring services are being delivered in line with the Welsh Language Standards. The Council will also work with service areas to identify and address any Welsh Language training or Welsh Language skills requirements to deliver services.



Decarbonisation

The Council declared a Climate Emergency in 2019 and approved a Decarbonisation Strategy and Action Plan in November 2020, setting the target of being Net Carbon Zero by 2030. This strategy provides high level direction with 122 actions in the action plan identifying specific work across all parts of the organisation. Despite making steady progress, the Council recognised in 2021, to push this agenda forward with the speed required, that dedicated additional resources would be needed. Specific decarbonisation budgets will need to be agreed and a Decarbonisation Team has been appointed which should be fully operational by the end of the calendar year.

In line with Welsh Government requirements, the Council has calculated and submitted its baseline carbon emissions for 2020/2021. This has provided vital knowledge and understanding of our emissions and has enabled a focus on those areas that are responsible for our most significant emissions. This new learning will influence the priorities given to various actions in the action plan

The Council is working on some significant projects to help achieve its decarbonisation objectives. These include the development of a 20MW solar farm in the south of the county borough. This, when operational, will provide enough electricity to power around 6,000 homes.

The Council also has an ambitious programme to decarbonise our vehicle fleet. This is currently focussing on reducing vehicle numbers and reviewing smaller vehicles, where there are proven electric alternatives. At the same time, the Council is the necessary charging infrastructure required to support vehicles transitioning to ultra-low emission alternatives.

It is clear from this work and other decarbonisation projects that the Council must increase the capacity and technical knowledge of decarbonisation, renewable energy, and climate change across the authority. As a result, it is planning significant training and support for officers across the organisation to enable them to play a full part in this priority area.



Consultation and Engagement

The Council is committed to ensuring high quality, citizen focussed services for the communities that comprise our county borough and effective engagement is central to the Council's decision-making processes. Caerphilly's Consultation and Engagement Framework sets out the approach for a common understanding to further improve engagement.

(<https://www.caerphilly.gov.uk/CaerphillyDocs/Consultations/Consultation-and-Engagement-Framework.aspx>)

The Council needs to ensure that it better engages with its communities, strengthening relationships and working together, to design and deliver services that meet the needs of its residents. To do this a number of actions has been identified and put in place.

The challenges of the pandemic have propelled the Council into taking a more creative approach to engaging with communities. It has adopted a range of digital engagement mechanisms whilst still ensuring that those who are not digitally enabled can easily get involved if they so wish.

Caerphilly is in the process of adopting a new platform that will allow it to deliver a range of methods to engage online including discussion forums, surveys, polling, Q&A tools etc. In 2021/22 the Council became organisational members of the CoProduction Network for Wales, which reinforces the Council's commitment to effective engagement with our various stakeholder groups.

Caerphilly is working to align and streamline its strategic engagement and consultation activities and to take a more coordinated approach in the sharing of data outcomes from these.

For example. The proposed corporate Well-being Objectives, Public Service Board Well-being Plan, and resident feedback from the biennial far-reaching residents survey.

The Council has set up an internal working group, with representatives from across the organisation, to audit skills, share examples of good practice, map 'touch points' with various stakeholder groups and provide consultation/engagement training.

Caerphilly also launched a Community Empowerment Fund in direct response to resident feedback, which suggested communities would benefit from a local, ward-based fund to empower communities to undertake sustainable community projects to meet local need. The role of elected members is crucial to this process and the fund has so far (since its launch in September 2021) seen over 100 local community projects supported.

Section 7: How to contact us?

Your views and opinions on the content of our reports, plans and the priorities are important to us. We welcome your input so that we can continue to provide meaningful information that helps inform you of the service focus, ensuring that we are working on the things that are important to making a difference to you, our citizens, and our communities.

You can contact us by:

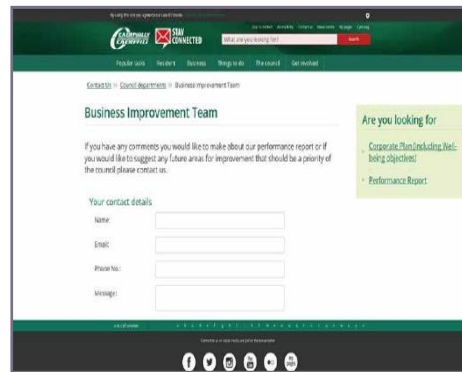
Email: BIT@caerphilly.gov.uk or via the Council Performance webpage and follow the instructions on screen.

Alternatively, please contact:

ROS ROBERTS
Business Improvement Manager
Caerphilly County Borough Council
Penallta House
Ystrad Mynach
Hengoed
CF82 7PG

Tel: 01443 864238

E-mail: roberr@caerphilly.gov.uk



You can contact us via social media.



This document is also available in different languages and formats upon request.

Further information can also be found on our website: www.caerphilly.gov.



GOVERNANCE AND AUDIT COMMITTEE – 11TH OCTOBER 2022

**SUBJECT: ANNUAL REPORT ON CORPORATE COMPLAINTS
RECEIVED FOR THE PERIOD 1ST APRIL 2021 TO 31ST
MARCH 2022**

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

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 1st April 2021 to 31st March 2022 together with the outcomes and lessons learned. The report will also be presented to Cabinet on 19th October.

2. SUMMARY

2.1 This report provides a summary of the complaints dealt with under the Corporate Complaints Policy for the period 1st April 2021 to 31st March 2022, 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 the annual period 2021/2022.

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 Cabinet.

5. THE REPORT

- 5.1 By way of background, on 19th 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 24th 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 1st 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 In conjunction with the adoption of the new policy, complaints officers within the directorates have raised awareness amongst their respective staff of the importance of recognising complaints and dealing with them in accordance with the policy. This step change has resulted in more contacts being recorded under the policy when compared to recent years. Whilst the figures recorded for 2020/21 were lower than the previous year and stood at 177, this was due in part to the impact of the Covid 19 pandemic. The year prior 2019/20 saw a figure of 274 complaints recorded. One of the benefits of recording complaints more effectively is that we can recognise trends more readily and take steps to put things right and learn from any issues identified within the relevant directorate and beyond where appropriate.
- 5.5 Members will recall that to support the new policy over 80 officers were trained by the Ombudsman in complaints handling last year and contact has been made with the Ombudsman's office to request further training. Two training dates have been scheduled for April next year which is the earliest available date. It is the intention to build on the staff training already undertaken with specific focus on managing difficult behaviours and expectations and complaints investigation skills.
- 5.6 More recently complaints officers within their respective directorates have rolled out training to service areas which has been well attended and received by officers who have been supporting and engaging. In addition these individual officers maintain their directorates complaints data and continue to provide 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.
- 5.7 The work is continuing with the complaints officers and representatives from Digital and Customer Services on the development of a new complaints system which will help to both streamline controls and improve data records within the complaints process. Whilst it was anticipated that the system would have been ready for trial

within the early part of 2022 additional functionality has been included as part of the system which did not form part of the original specification and so resulted in further redesign and development work. This work has now been completed and trials will take place with complaints officers in September with a view to rolling out the system in October. 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 To support the work of complaints officers and each directorate, 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 and meet at least quarterly to discuss complaints data and the reporting mechanisms.

5.9 These meetings have resulted in the establishment of a formal template for use by each Directorate, which provides more in depth information and analysis on all aspects of the complaints data and its relevancy to the service areas within the directorates. 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 1st April 2021 to 31st March 2022 under the Corporate Complaints policy is **549** and is broken down as follows

Stage 1	431
Stage 2	34
Escalated from Stage 1 to Stage 2	84
Total	549

The Outcomes are as follows

Total Upheld complaints	161
Total Not upheld complaints	383
withdrawn complaints	5

Ombudsman referrals

During this period **48** complaints were referred to the Ombudsman; there were **4** early resolutions, **1** in Housing, **1** in Social Services, **2** in Economy and Environment, **1** not known, which was not investigated and the remainder were not investigated. A full detailed breakdown of the 48 complaints referred to the Ombudsman are set out at the end of each Appendix, however in terms of early resolutions the outcomes were as follows

Housing

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 which was accepted and the following actions agreed; to make 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.

Social Services

The Ombudsman investigated one case and the early resolution was for social services within 1 month of the Ombudsman's decision to provide a written apology to the complainant for not addressing complaints under the Social Services Complaints Procedure (Wales) Regulations ("the Regulations") in the first instance, and for failing to advise of statutory right to progress concerns to the Independent Stage 2 Investigation under the Regulations. To offer complainant redress in the sum of £125 for time and trouble in pursuing concerns under the Regulations. To appoint an Independent Investigator to progress concerns under Stage 2 of the Regulations. To provide Ombudsman with a copy of the Stage 2 investigation report within one month of its completion. The above recommendations were agreed and completed.

Economy and Environment

The Ombudsman investigated one complaint in relation to a planning matter and proposed an early resolution of an apology and the provision of a response, which had already been actioned prior to receiving the Ombudsman's recommendation.

The second early resolution related to a property matter. The Ombudsman proposed an early resolution of an apology and to waive the fee for completion of legal documentation. This was accepted with an apology provided and fee waived

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
Corporate Services	Appendix 4
Social Services (Corporate only)	Appendix 5

- 5.12 In addition to the data included in this report, the Public Services Ombudsman for Wales via her Complaints Standards Authority has been collecting information from all local authorities on the complaints dealt with and outcomes and the figures from April 2021 to March 2022 have been reported on her 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 area being developed is our ability to record and monitor the implementation of the lessons learned and ensure that lessons which would benefit the whole authority are shared as appropriate. To this end the report Templates provide a more holistic view of the trends and lessons learned. The Learning from Complaints Group will continue to develop and improve its processes for monitoring complaints outcomes.

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

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 specific personnel implications arising from this report, however it is anticipated that the work being developed in paragraph 5.7 to centralise the whole authority complaints data system will improve our data collections and reporting efficiencies across the directorates.

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)
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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

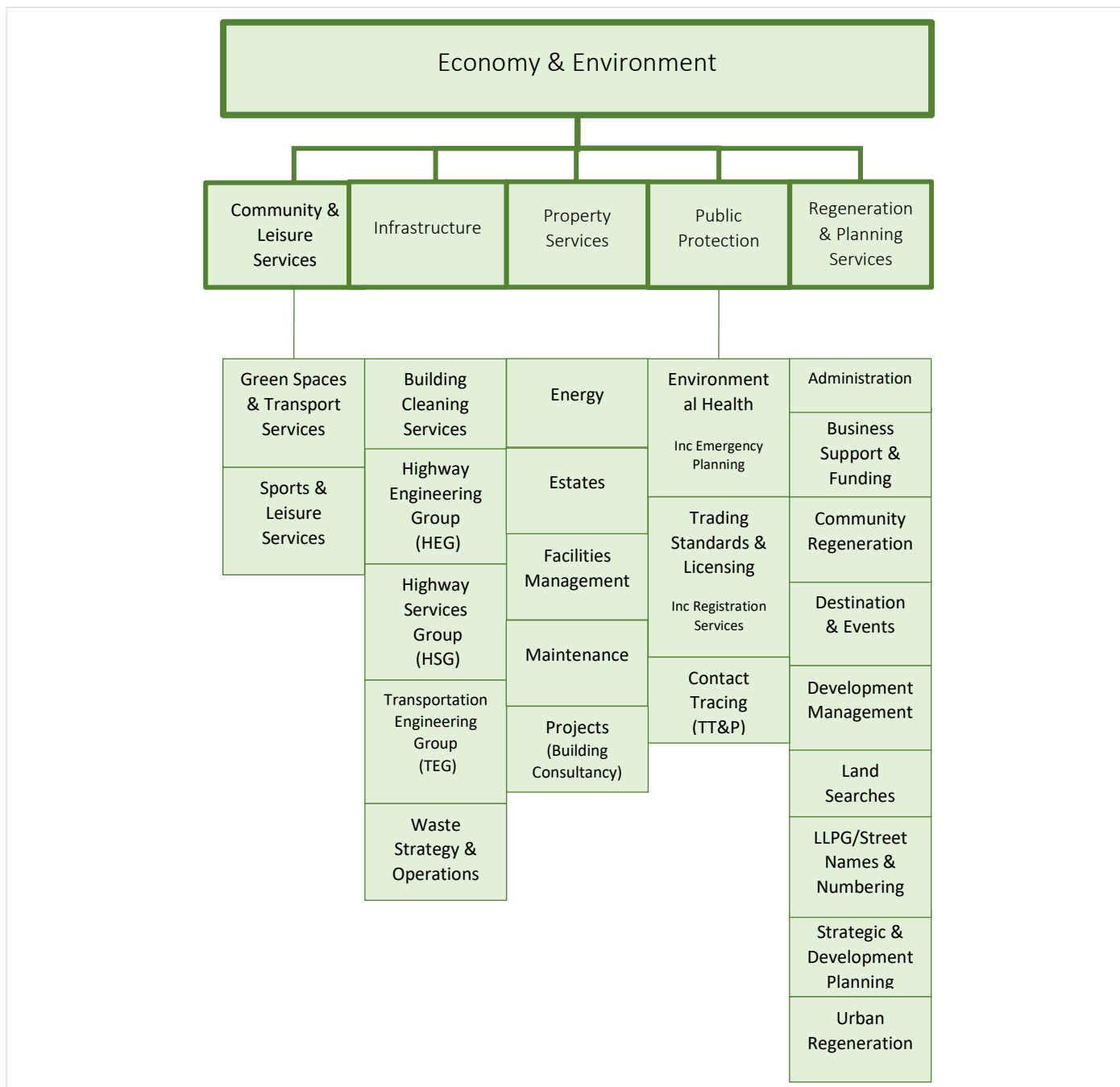
Appendix 1 Economy & Environment
Appendix 2 Housing
Appendix 3 Education and Libraries
Appendix 4 Corporate Services
Appendix 5 Social Services (Corporate complaints only)

BACKGROUND PAPERS

Report to Audit Committee 19th March 2021

Corporate Complaints Policy

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, 2075 Staff Headcount (1152 FTEs) and approximately £44M 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	231	201	87.01%
Stage 2	20	17	85.00%
Escalated Stage 1 to 2	48	46	95.83%
Totals	299	264	88.29%

Table showing how the complaints were received

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Contact Centre	3	0	0
Email	123	18	37
Letter	2	0	3
On-line	90	1	5
Other	1	0	0
Telephone	12	1	3
Totals	231	20	48

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	136	123	90.44%
Infrastructure	62	53	85.48%
Property	1	0	0%
Public Protection	19	15	78.95%
Regeneration & Planning	11	8	75.00%
Other - Combined	2	2	100%
Totals	231	201	87.01%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	2	2	100%
Infrastructure	1	1	100%
Property	0	0	N/A
Public Protection	3	3	100%
Regeneration & Planning	14	11	78.57%
Other - Combined	0	0	N/A
Totals	20	17	85.00%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	24	24	100%
Infrastructure	14	14	100%
Property	1	1	100%
Public Protection	5	4	80.00%
Regeneration & Planning	4	3	75.00%
Other - Combined	0	0	N/A
Totals	48	46	95.83%

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.

The Director's PA is providing training to all staff which covers a wide range of topics. One of which will be in relation to compliance procedures and ways to avoid missing the deadline dates. It is anticipated that after this training is rolled out the compliance target times will improve.

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.

Between April 2021 & March 2022.

Most to least complaints -

- Refuse-Recycling-Green Waste-Missed Collections
- Refuse-Recycling-Green Waste-Other
- Other matters
- Parking
- Highway maintenance works
- Planning-General
- Cleansing
- General Weed Control-Grounds Maintenance
- CA Sites
- Anti-social behaviours- Neighbours
- Trees
- Delays in responses
- Delays in service delivery
- Illicit Tipping
- Poor communications
- Bulky Waste
- Drains-Flooding
- Footpath Quality
- Street Lighting
- Dog Bins
- Park maintenance-cleanliness
- Grass Cutting
- Litter Bins
- Dog Fouling
- Road Closures-Traffic Lights

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	34
Sport & Leisure Services	2
Waste Strategy & Operations	125
Engineering Projects Group	3
Highways Operations Group	55
Transportation Engineering	18
Building Consultancy	0
Corporate Property	3
Facilities Management	0
Divisional Support Unit	0
Environmental Health	26
Trading Standards & Licensing	1
Building Control	0
Business Support and Funding	0
Community Regeneration	0

Destination and Events	1
Development Control	0
Planning Administration	28
Strategic Planning	0
Urban Renewal	0
Other - Combined	3
Totals	299

IDENTIFICATION OF TRENDS - INFRASTRUCTURE

TRENDS
Parking Issues incl. Illegal/Dangerous Parking, Parking Permits - 17 in total of which 3 progressed to Stage 2.
Examples
Stage 1 Illegal Parking at the side of property. The complainant has requested assistance with this by means of bollards to be erected.
Stage 1 & Stage 2 Parking along Rosemont Avenue during school hours - complained several times before
Stage 1 Regular misuse of permit parking bay in residential areas in Caerphilly Town Centre
Stage 1 Parking and blocking off a turn point
Stage 1 Bargoed Town parking ongoing issues with parking and parking tickets
Stage 1 Parking Issues - Lisburn Road, Ystrad Mynach
Stage 1 Volume of traffic parking in street at drop off and pick up times for the two local schools
Stage 1 Dangerous parking in street.

Action Taken to prevent re-occurrence: We will continue to enforce the residents bays in Ystrad Mynach. However, we cannot issue penalty charge notices to vehicles displaying a 'visitors permit' as we are unable to prove whom they may or may not be visiting.

IDENTIFICATION OF TRENDS - PLANNING & REGENERATION

TRENDS
<p>The Complaints received for Planning & Regeneration are harder to define as they cover a very broad area and are categorised on spreadsheet as Planning-General. However, queries regarding Planning Applications/Objections/Building Regs are common and I have listed some examples received. It is worth noting that some complaints cross over Planning Enforcement Complaints that have been submitted/or are subsequently dealt with as Planning Enforcement Complaints which follows a separate process.</p>
Examples
<p>St 2 Developer may not have built bungalow in accordance with planning or buildings regs.</p>
<p>St 2 Objection to planning permission granted for a new build adjacent to home.</p>
<p>St 1 and escalated to St 2 Planning permission for decking and now receiving threatening enforcement notice regarding the removal of the decking</p>
<p>St 1 Chartered Architect appointed to assist with Planning Applications to resolve issue at premises</p>

IDENTIFICATION OF TRENDS – WASTE STRATEGY & OPERATIONS

TRENDS
<p>Missed waste collections - 3 progressed to Stage 2 However, queries regarding missed collections are common within the service area and I have listed some examples received. Waste Operations service near 80,000 properties within the borough on fortnightly collections for refuse and weekly collections for recycling, organic food and waste. It is worth noting that whilst some complaints may seem repetitive, in relation to the percentage of properties serviced this is an extremely small percentage. In terms of the remedial actions undertaken, investigations are undertaken for each instance and judged on their merits. Any staff failings are identified, the staff spoken to and if found at fault they would be given a verbal notification. Further failings would be addressed in a stepped process such as written note for file, followed by disciplinary steps for repeated failings. Investigation would be carried out in relation to accessibility as a common theme for complaint turns out to be inability to access areas due to indiscriminate parking or other access issues. Again these are treated on a case by case basis and any identification of failings on behalf of the Driver or team are addressed in a similar process as described.</p>
Examples
<p>Stage 1 - Rubbish bin not being taken by the crew as it's not in the correct location. The complainant had his bin stolen on a couple of occasions from the rear so now puts his bin out with the neighbour's bin opposite</p>

Stage 1 - Poor service on a regular basis in respect of garden waste and also recycling. Also a lack of response regarding a tree query and not receiving a response until it was chased a couple of times
Stage 1 escalated to Stage 2 CHI13933 - Continuous non collection of green waste
Stage 1 escalated to Stage 2 CHI14505 - Non collection of assisted refuse and recycling on numerous occasions
Stage1 escalated to Stage 2 CHI13861 - Continuous non collection of recycling - driver refuses to drive up street
Stage 1 - missed refuse collection - continuous non collection of refuse - report several times

IDENTIFICATION OF TRENDS - GREEN SPACES & TRANSPORT SERVICES

Perhaps line up and box each matter off so that they don't get mixed up

Trends Identified	Total Number of Complaints	Examples	Actions put in place to prevent reoccurrence
Delays in responses	5	<p>Lack of due care and attention to the children's play area and numerous emails been ignored regarding this</p> <p>Contact CRM service on 26th April 2021 and yet to receive contact from relevant team. Sent numerous follow up emails and every time get a response saying its been passed to the tree cutting team. Waiting almost 4 months</p> <p>No update received on rights of way service requests and phone queries about disabled right of way access x 2</p> <p>Lack of response from tree surgeon in connection with a beech tree</p>	<p>Delay in service provision</p> <p>Holding response carried out via telephone - visit was carried out - written response was required as logged as a Stage 1 complaint</p> <p>Inspection of the site was required, also inspection of hardcopy file held in the council offices at Bargoed. Attempts to combine site visits where possible to be efficient with time, this took a little time on top of other investigations which were ongoing through legal route. This was systemic issue requiring action plan</p> <p>Complaint withdrawn as local Councillor obtained the information on behalf of complainant.</p>

Other matters	6	<p>Funeral Service</p> <p>Ongoing issues with allotment behaviour</p> <p>Bedwellty Cemetery -</p> <p>Trespass on the Sanctuary Wildlife reserve, particularly by representatives of the Local Authority CCBC</p>	<p>Staff advised that they must strictly adhere to policies to ensure a consistent level of service and to avoid a reoccurrence.</p> <p>Clarity / accuracy / timeliness of information</p> <p>All staff advised that they must strictly adhere to policies to ensure a consistent level of service and to avoid a reoccurrence.</p>
Trees	15	<p>Foliage overgrowth - overgrown tree hitting slates off the roof</p> <p>Overhanging trees and branches falling off into back garden</p> <p>Tree outside property causing pavement to lift x 2 - Reported previously - no response sent for the stage 1 and escalated to stage 2.</p> <p>Tree branches needing to be cut as overhanging preventing ambulance etc to get through x 2</p> <p>Trees - need to be cut back</p> <p>Trees adjacent to the property - dangerous - bee complaining since May and no inspection or response</p> <p>Trees on council land next to complainant property and the damage they are causing x 2 - complained numerous times</p> <p>Trees at Heol Ysgubor not being</p>	<p>Officers to ensure target times are strictly adhered to prevent a reoccurrence albeit - member of staff spoke to complainant and works were completed in timely manner to resolve the complaint, it was the follow up formal response that was delayed.</p> <p>Delay in service provision - during covid</p> <p>Officers to ensure complainants are to be kept updated should works be delayed - More robust system in place now in terms of monitoring complaints and ensuring they are completed within compliance dates</p> <p>Trees are pending re-inspection. Prioritise Stage 1 complaints as soon as practicable / Officers to chase land holding departments when quotes for works are provided for works to ensure they are completed by the target date</p> <p>Delay in service provision - during covid</p> <p>Due to number of priority enquiries sometimes being beyond our currently available resources</p> <p>Issues taking precedence and the number of priority enquiries</p>

		cut Complainant upset and distressed following damage to a family members headstone in Gelligaer Cemetery from the trees in the recent storm.	sometimes being beyond our currently available resources Received a high volume of enquiries concerning trees on council held land in recent times and have quite limited resources available to respond to those queries in a timely manner. Office / Contractors conduct with public including sensitivity / empathy of staff / Politeness
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During 2021/22 34 complaints were recorded in relation to Green Spaces services, of which 12 (35%) were upheld. 2 complaints were upheld in relation to funeral/cemetery services and staff were reminded that they must strictly adhere to policies to ensure a consistent level of service and to avoid a recurrence. The topic that attracted the highest number of complaints was trees (15), of which 4 were upheld. In the main these complaints related to delay in service provision, this being a consequence of the number of priority enquiries sometimes being beyond available resources, with Covid absences having an impact as well. In response to lessons learned from the upheld complaints Officers are to ensure complainants are to be kept updated should works be delayed. Additionally, a more robust system is in place now in terms of monitoring complaints and ensuring they are completed within compliance dates. The service is also exploring allocating a Technical Officer post to assist with the management and monitoring of service requests.

IDENTIFICATION OF TRENDS – PUBLIC PROTECTION

Trends Identified	Total Number of Complaints	Examples	Actions put in place to prevent reoccurrence
Other matters	5	Complaint about Environmental Health Officer New build houses being built - contractors burning items making toxic fumes Quality of work - Officer failed to secure drain lid causing a dog to get his let stuck Several complaints made regarding next door neighbour - noise, lighting etc x 2 - same complainant	Staff conduct with public - sensitivity /empathy of staff / politeness Staff conduct with public - sensitivity /empathy of staff / politeness Officer reminded to check drain lids are put back safely after treatment Officer had missed deadline due to misreading the compliance date - Council policies to be followed. We now have a more robust system in place when monitoring complaints, ensuring they are followed up in a timely manner and responded to within the compliance date

<p>Poor communication</p>	<p>6</p>	<p>Covid test incorrectly communicated positive to a resident due to a light house lab error on the test result</p> <p>TTP - Conflicting information regarding self-isolation</p> <p>Information rights concern - we acted on a written complaint received however it was not made by the citizen Not dealing with personal information correctly</p> <p>Length of time taken to respond to issues raised re noise complaint</p> <p>Track & Trace phone call</p>	<p>Lessons learnt around the need for staff to ensure they check the CRM for multiple cases and merge when found before contacting the citizen. Staff to investigate thoroughly using various pieces of information from the citizen before any contact is made</p> <p>Extremely busy period with COVID</p> <p>Based around call handling with difficult citizens feedback has been given and training arranged for the advisor involved in this case. All staff to receive refresher training around handling difficult calls. A working group has been set up to look into adding more prompts and tools to the teams call handbook.</p>
<p>Illicit tipping</p>	<p>5</p>	<p>Illicit tipping</p> <p>Fly Tipping / complaint against member of staff not doing enough to prevent fly tipping / rubbish dumped outside property causing rats</p> <p>Residents in street dropping cigarette ends - letters already sent but still happening</p>	<p>Area of land belonged to a third party who have apologised and now looking to action.</p> <p>Letter issued / more like a repeat service request so no lessons learned</p>
<p>Anti-social behaviours neighbours</p>	<p>6</p>	<p>Dog walked without lead and is approaching all dogs it passes menacingly x 2</p> <p>Noise Complaint / Noise and parking around licensed hospitality venues</p> <p>Poor management of odour / noise from residents</p> <p>History of environmental issues - smoke - harassment etc</p>	<p>Policies / relevant legislation followed</p> <p>Policies / relevant legislation followed</p>

During 2021/22 27 complaints were recorded in relation to Public Protection services, of which 7 (26%) were upheld. Poor communication was a feature of 6 complaints, of which 2 were upheld and these both related to Contact Tracing. Lessons learned as a consequence included reminders to staff regarding the need to ensure that they check the database for multiple cases before contacting the citizen, and provision of refresher training around handling difficult calls. In terms of topic of complaint, the most complaints (6) were received about anti-social behaviour/nuisance neighbours, but none of these were upheld, perhaps reflecting the challenges of meeting complainants' expectations in such cases.

4. 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	17
3 Delay in Service Provision	118
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	17
5a Following Council Policies	43
5b Following relevant Legislation	-
6 Accessibility of Services	13
7 Clarity/Accuracy/Timeliness of information	10
8 Quality of Work	75
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11. Combination of Categories (Non-specific)	0
Totals	299

5. Number of complaints by outcome and lessons learned

Table showing complaints by outcome.

Outcome Data	Count Stage 1, Stage 2 & Escalated 1 to 2
Upheld	100
Not Upheld	199
Totals	299

The following tables shows more information regarding the complaints counts above, that were, Upheld, Not Upheld, by Stage and by Service Area.

Services – Stage 1	Upheld	Not Upheld
Community & Leisure	58	78
Infrastructure	16	46
Property	0	1
Public Protection	7	12
Regeneration & Planning	1	10
Other - Combined	1	1
Totals	83	148

Services – Stage 2	Upheld	Not Upheld
Community & Leisure	0	2
Infrastructure	0	1
Property	0	0
Public Protection	0	3
Regeneration & Planning	0	14
Other - Combined	0	0
Totals	0	20

Service – Stage 1 escalated to Stage 2	Upheld	Not Upheld
Community & Leisure	10	14
Infrastructure	6	8
Property	1	0
Public Protection	0	5
Regeneration & Planning	0	4
Other - Combined	0	0
Totals	17	31

Main area is Community and Leisure with 58 Stage 1 and 10 Esc 1 to 2 complaints upheld – any themes trends analysis of action to be taken going forward together with monitoring

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

This list seems to overlap with the lists on trends earlier on in the report – the trends list also includes *Actions put in place to prevent reoccurrence which I read to be the lessons learned – does the list below include some or all of the complaints listed earlier?*

*Please note, below is a table showing some examples of ‘Lessons Learned’ that has been fed-back from services and the complaint respondents, during 2021/22.

There is currently no formal process in place to feedback this information to the central 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 service areas and their respective forums, and not through the central complaints administration.

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
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
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
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
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
Lack of street cleansing	Site inspections of the area need to be conducted more often by Supervisor. Problems with the operatives work previously. Meeting with operative in the	3 Delay in Service Provision

	near future following her return to work. Of at present with COVID. Meeting will be looked at frequency she is in certain problem areas.	
Highway safety - request for signpost to be removed as blocking driveway	ensure that the information required to make informed decisions is gathered by Officers prior to providing information to the public.	3 Delay in Service Provision
Service provided by schools transport very poor and would like to discuss with someone	We will review the information available to parents on the Council's website.	8 Quality of Work
Parking Issues - Lisburn Road, Ystrad Mynach	we will continue to enforce the residents permit parking bays in Ystrad Mynach. However, we cannot issue penalty charge notices to vehicles displaying a 'visitors permit' as we are unable to prove whom they may or may not be visiting.	5 Following Council Policies/relevant Legislation
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
Missed food waste and uncollected recycling.	Staff to thoroughly check all cul-de-sacs and parking areas for bins obscured by parked cars.	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.

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	11
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
Totals	11

Examples of Disability Complaints are

Details of Complaint	Service Area	Lessons Learned?	Does the Complaint relate to Equalities or the Welsh Language?
Crew blocking road with returned bins - resident unable to park and is disabled. Complained in 2018 and also had a recent stage 1.	Community & Leisure		Disability
Dispute regarding accessibility for disabled access on national cycle network routes	Infrastructure		Disability
complaint related , planning conditions, health & safety and staff conduct	Regeneration & Planning	Virtual Meetings audible in the background of calls with the public can be perceived as unprofessional. However, staff advised not to take external calls when attending virtual meetings.	Disability
Missed waste collections for over a year, residents leaving waste bags in rear lane he is disabled and needs access to rear gate.	Community & Leisure	missed collections and wrong information given to complainant from the Contact Centre	Disability
Dispute regarding accessibility for disabled access on national cycle network routes	Infrastructure		Disability
Treatment she received from a member of staff when visiting to use a Civic Amenity Site	Community & Leisure		Disability
Problems with assisted collection service	Community & Leisure	strive for continuous service improvement and ensure that statutory obligations are met whilst endeavouring to maintain ancillary elements of the service at this most challenging of times.	Disability

<p>had to go 4 houses down to retrieve my Wheelie Bin, this a regular occurrence but today one of the boys employed by your council laughed and said look at her she don't look happy. I'm disabled and have difficulties walking and I felt totally humiliated by these young lads</p>	<p>Community & Leisure</p>		<p>Disability</p>
<p>Planning conditions, health & safety and conduct of a member of staff</p>	<p>Regeneration & Planning</p>	<p>Virtual Meetings audible in the background of calls with the public can be perceived as unprofessional. However Staff advised not to take external calls when attending virtual meetings.</p>	<p>Disability</p>
<p>Disabled car parking in Heolddu Leisure Centre - Residents using spaces displaying no badge using up all the spaces</p>	<p>Community & Leisure</p>		<p>Disability</p>

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.

Reference/Service Area	Outcome/Decision	Details of Early Resolution/recommendation
OMB1 – CCTV	Not Investigating	No Further Action
OMB2 – Environment	Not Investigating	No Further Action
OMB3 – Planning	Premature - Not Investigating	Complaint was referred, back to Council to investigate
OMB4 – Planning	Not Investigating	No Further Action
OMB5 – Planning	Not Investigating	No Further Action
OMB6 – Property	Premature - Not Investigating	No Further Action
OMB7 – Engineers	Premature Not Investigating	No Further Action
OMB8 – Planning	Not Investigating	Early Resolution – To provide response and apologise. This was already done prior to receiving the ombudsman's recommendation
OMB9 – Planning	Not Investigating	No Further Action
OMB10 – Transport	Not Investigating	Complaint was referred, back to Council to investigate
OMB11 – Planning	Not Investigating	No Further Action
OMB12 – Planning	Premature - Not Investigating	Complaint was referred, back to Council to investigate
OMB13 – Highways	Not Investigating	No Further Action
OMB14 – Waste	Not Investigating	No Further Action
OMB15 – Waste	Not Investigating	No Further Action
OMB16 – Highways	Premature – Not Investigating	No Further Action
OMB17 – Highways	Premature – Not Investigating Out of Time & Out of Jurisdiction	No Further Action
OMB18 – Planning	Not Investigating	No Further Action
OMB19 – Waste	Not Investigating	No Further Action
OMB20 – Planning	Not Investigating Partly out of time	No Further Action
OMB21 – Planning	Not Investigating	No Further Action
OMB22 - Property	Premature – Not Investigating	Complaint was referred, back to Council to investigate as stage 2 complaint
OMB23 – Environment	Premature – Not Investigating	Complaint was referred, back to Council to investigate
OMB24 – Parks	Premature – Not Investigating	No Further Action
OMB25 – Planning	Not Investigating	No Further Action
OMB26 – Planning	Not Investigating	No Further Action
OMB27 – Traffic	Not Investigating	No Further Action
OMB28 – Property	Not Investigating	Early Resolution – Apologise for delay and waive fee for preparation of lease. The Early Resolution was accepted and an apology was provided and fee waived

8. Directors Summary – Overall Assessment and Evaluation.

Summary of Findings.

During this reporting year, it has become more noticeable of the challenges facing our services with regards to the directorate's complexity of frontline service deliveries, its aging and deteriorating community infrastructure, some aging vehicles, plant and equipment, as well as the difficulties with maintaining appropriate staffing compliments (the workforce).

The organisation is still in the throes of the Covid pandemic recovery period, whereby many safety constraints were imposed over the past two years, which, also hindered expected service delivery performance levels. However, generally, services have performed well given those circumstances.

Legislation and public awareness, are and have in recent years, been placing higher expectations and pressures on our local authority, despite having had approximately 12 years of austerity and many medium-term plan financial cuts to services (~£14M budget reductions).

Although the directorate, by nature of its frontline facing and direct contact with the public continues to strive for quality and effective service delivery, our resources and infrastructure limitations will always create 'stumbling blocks'. For example, our maintenance requirements for waste collection vehicles being hindered by recruitment and retention difficulties in the HGV maintenance sector across local authorities and the private sector. Another example is the clarity of and difference between statutory versus non-statutory functions that the public expect to be delivered.

Each service area within the directorate currently has established Divisional Management Team (DMT's) structures, as well as a Senior Management Team (SMT) whereby the content and issues faced by such intelligence as the complaints system and other direct contact public intelligence, can readily be discussed, and follow up decisions and actions can be addressed. This would include any changes to working practices, staff awareness sessions, disciplines and consideration of any policy reviews as needed.

It should be noted, that when reading statistics in this type of report, proportionality and complexities must also be a considered factor, to ensure the appropriate perspective and messages are understood (see Section 1 and Section 2). Notable examples include the fact that the Council performs circa 9.75 million waste and recycling collections every year and the number of missed collections is an extremely small percentage of this total. In addition, several complaints relate to objections to decisions taken in accordance with Council policy (E.G. Planning). However, that is not to say that the Directorate isn't keen to learn from its complaints and complaint trend data.

The biggest challenges faced by our services, is, clarity and full understanding of public concerns, issues, and expected outcomes, whereby, we can then respond swiftly and take every opportunity to put in place appropriate actions to curtail repeat complaints, which is somewhat challenging at times, within legislative controls and limiting resources. Our new model of complaint capture (see final bullet point below) will also enable more accurate trend analysis and allow the Directorate senior management team to focus on areas that are identified by this trend analysis.

Most resolutions are expected to be addressed at and within the respective service delivery area, whereby escalations of more complex situations are expected to be brought to the senior executive panels for further consideration in a timely manner.

An extract from the overall Annual Directorate Performance Assessment states:

What have we learned?

- Despite all the challenges faced by our communities our front-line service staff have been exemplary in seamlessly continuing to deliver their services throughout the pandemic.
- Staff are our most valuable-asset and retaining good, experienced staff while being able to recruit when required is one of the most significant risks currently faced by the organisation.

- The recruitment and retention matters caused by market conditions and disparity in pay grades is now affecting the ability of many services to deliver and maintain services at previous, expected levels and prioritisation therefore must take place.
- Central Government grant funding and other initiatives with relatively short turn round times are causing greater pressures in the system making prioritisation more important.
- Despite challenging conditions linked to resources and market conditions, expectation levels of the public and certain members remain challenging and, in some cases, unrealistic.
- The positives relating to flexible, agile, hybrid and blended approaches to operational service delivery will be maintained going forward.
- The capture of service requests and complaints is in the process of being improved linked to streamlined "one front door" access to Council services and evaluation of this new model will be critical over the next 12 months.

For further information, please contact

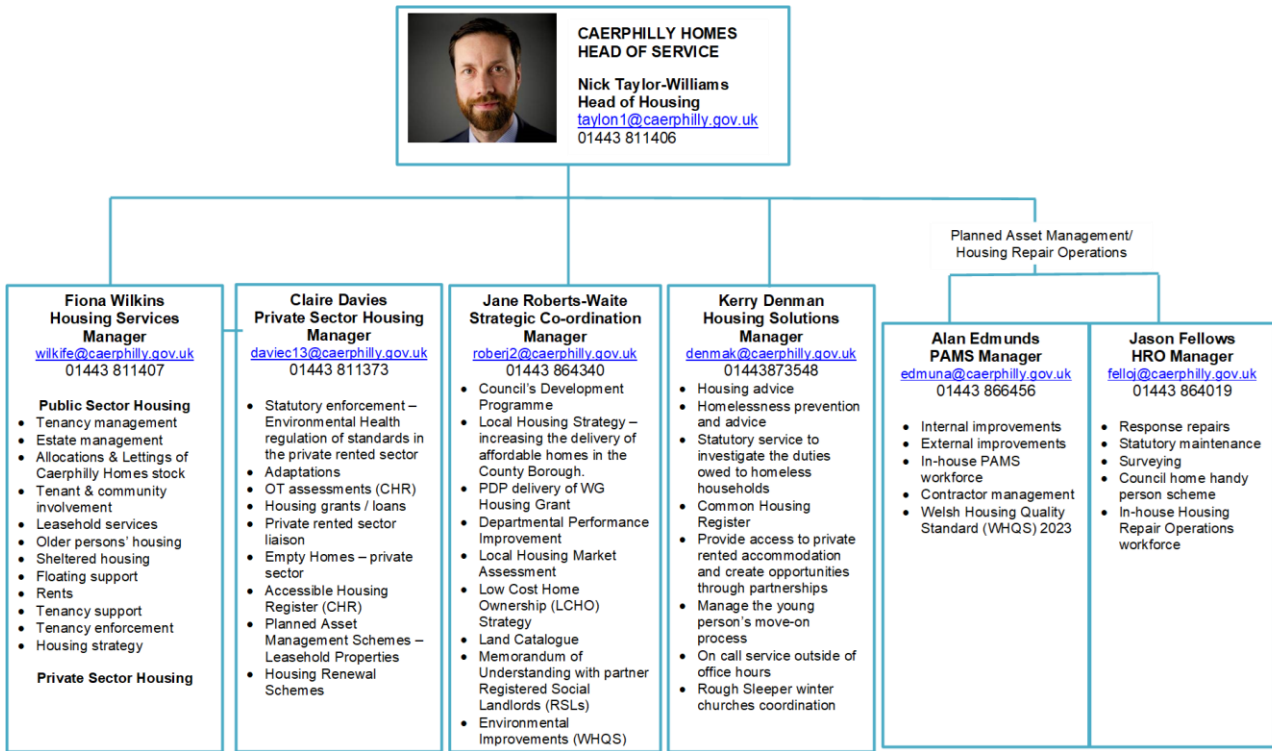
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Diagram of Directorate and Service Framework



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	113	93	82.3%
Stage 2	6	5	83.3%
Escalated from Stage 1 to 2	21	19	90.5%
Totals	140	117	83.6%

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	100.0%
Allocations	13	11	84.6%
Antisocial Behaviour	6	6	100.0%
Energy Works	4	4	100.0%
Grants	2	2	100.0%
Homelessness	2	2	100.0%
Housing Management	35	24	68.6%
Leaseholder	3	3	100.0%
Heating	2	2	100.0%
Private Landlord	4	3	75.0%
Rents	3	3	100.0%
Response Repairs	24	20	83.3%
Sheltered Housing	2	2	100.0%
WHQS External	8	7	87.5%
WHQS Internal	4	3	75.0%
Totals	113	93	82.3%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	1	100.0%
Allocations	3	3	100.0%
Antisocial Behaviour	3	2	66.7%
Energy Works	1	1	100.0%
Grants	2	2	100.0%
Homelessness	1	1	100.0%
Housing Management	7	5	71.4%
Leaseholder	1	1	100.0%
Heating	1	1	100.0%
Response Repairs	5	5	100.0%
WHQS External	2	2	100.0%
Totals	27	24	88.9%

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. The Head of Housing – Nick Taylor Williams has been undertaking a review of all Stage 1 and Stage 2 responses to ensure consistency and customer focus. Due to the number of responses requiring review and redrafting, this has impacted negatively on the target rates however it is anticipated undertaking this exercise will have a positive impact on customer service, quality of complaint investigations and ultimately reducing escalation of complaints. Going forward, data will be provided monthly to managers and directors who attend SMB and HMT to discuss cases which fall short of meeting the target deadlines and to establish if trends can be identified in this area. Key members of the Housing Management team have also been involved in the planning and implementation of the changes required for Caerphilly Homes to successfully introduce the Renting Homes Act 2016. This was initially due to be completed by the 15th of July 2022 however this has been postponed until the 1st December 2022. The introduction of this legislation is paramount and therefore has taken priority over some other duties. The Housing Department has also commissioned a new computer system called CX. Managers and officers have been involved with the building and testing

of the system via workshops and group meetings, this new system is due to go live in October 2022. Managers/Officers will be provided with a list of open cases for their section on a fortnightly bases which will include brief details of the case when it was received and the target date for closure. This approach will be monitored to see if this has a positive impact on our target time percentages.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	38	1	4
Email	59	3	15
Letter	5	2	0
On-line	11	0	2
Contact Centre	0	0	0
Other	0	0	0
Totals	113	6	21

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.
- Delay in adaptations to property.
- Time taken to end a tenancy following tenant moving into a nursing home.
- Concerns raised regarding joint liability for repair costs.
- Poor relet conditions of property.
- Overgrown hedges protruding onto public pathways and occupiers' gardens.

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	28
3 Delay in Service Provision	29
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	6
5a Following Council Policies	2
5b Following relevant Legislation	3
6 Accessibility of Services	0
7 Clarity/Accuracy/Timeliness of information	10
8 Quality of Work	62
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11 Combination	0
Totals	140

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	45
Not upheld	94
Withdrawn	1
Totals	140

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	10
Energy Works	4	0
Grants	1	1
Housing Management	19	16
Leaseholder	2	1
Private Landlord	1	2
Rents	1	2
Response Repairs	8	16
Sheltered Housing	0	2

WHQS External	2	6
WHQS Internal	0	4
Heating	1	1
Antisocial Behaviour	0	6
Homeless Prevention	0	2
Totals	43	69

Stage 2 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Allocations	0	3
Energy Works	1	0
Grants	0	2
Housing Management	0	7
Leaseholder	0	1
Private Landlord	0	0
Rents	0	0
Response Repairs	0	5
Sheltered Housing	0	0
WHQS External	1	1
WHQS Internal	0	0
Heating	0	1
Antisocial Behaviour	0	3
Homeless Prevention	0	1
Totals	2	25

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.

The later part of this reporting period identified a trend with complaints relating to the relet standard of Caerphilly Homes properties. Initially each complaint is reviewed on its own merits and two common themes were identified. It was established our customers were unhappy with the standard of cleanliness of the property when they received the keys and some customers felt essential repairs were not undertaken (or to a poor standard) when the property was void, resulting in inhibiting our customers from either moving in or decorating the property immediately. This information has been passed to the Area Housing Manager and Landlord Services Manager to investigate and discuss a solution. Following an initial review of the complaints, the Higher Management Team met to discuss the current standard requirements with the Housing Repair Operations Manager and Surveyors to ensure a consistent approach is taken when agreeing to sign properties as suitable for relet. The meetings and discussions have taken place, enabling standards to be reviewed

and changed however this area will be monitored in line with the requirements for the Renting Homes Act 2016.

Details of Case	Lessons Learned	Category
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 – this was a pilot scheme so the changes will be considered when installations of this nature are considered going forward.	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 and completed 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 has been 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 – letter regarding these works were illegible.	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 sending such letters. Consequently, we have	7 Clarity/Accuracy/Timeliness of information

	<p>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 have been 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
Tenant moved into a new property and unaware when required adaptations will be undertaken – feel there has been a delay	More comprehensive file notes from calls taken and meetings held to ensure we are aware of new tenants needs.	7 Clarity/Accuracy/Timeliness of information
Relative unhappy with the time taken to end mother's tenancy, incurring further charges.	Area Housing Manager arranging meeting with social services to talk through with them the implications of tenancies and how they can't end them without following the correct legal requirements.	3 Delay in Service Provision
Relative of owner occupier concerned as they cannot afford to pay towards the cost of repairing the shared drive.	Due to lack of consultation or notification of financial obligations provided by the conveyancing solicitor at the time of purchase, the process of shared responsibility will be reviewed to find ways of improving our service.	8 Quality of Work/Service
Tenant has lived at property since 2018 and has spent a considerable amount of money there due to the poor relet standard	To communicate better and spend time listening to our customers to discuss if they are happy with the standard of accommodation.	8 Quality of Work/Service

<p>Tenant raised concerns with the District Environmental Health Officer regarding the relet condition of the property when they accepted it.</p>	<p>Encourage tenants to report issues with property including quality of cleanliness and outstanding repairs</p>	<p>8 Quality of Work/Service</p>
<p>Owner Occupier unhappy with the service received after receiving a joint responsibility letter.</p>	<p>Did not give due diligence in this case and sent a letter to someone who had nothing to do with the issue because we made assumptions, we need to look at the Joint Responsibility procedure and in particular the tone of letters, all of which is happening as a result of Renting Homes Wales. This will be completed in time for the implementation of the new legislation – initially 15th July 2022 but postponed until 1st December 2022. Housing staff will receive training on a number of changes including joint responsibility.</p>	<p>8 Quality of Work/Service</p>
<p>Tenant advised nothing is being done about damaged fence, mould, electrical wiring problems with the boiler and back door and windows.</p>	<p>Officers will be reminded of the importance of listening to our customers and remain focussed on their needs.</p>	<p>8 Quality of Work/Service</p>
<p>overgrown section of pavement. The hedge causing the obstructions belong to 2 properties one is privately owned and the other is a council owned</p>	<p>Due to the covid pandemic no routine inspections or walking the estate have been undertaken, with restrictions lifted these inspections have recommenced.</p>	<p>3 Delay in Service Provision</p>
<p>Outstanding issues regarding shower and conservatory following delay in loan application.</p>	<p>Principle Housing Officer reviewing the loan procedure to ensure resilience going forward. Guidance is in the process of being produced to ensure that the applicants are aware of the criteria, process and timeframes involves with the loan going forward. In addition, admin support will be implemented to ensure key stages are scheduled for response and that applicants are kept informed regular during the process.</p>	<p>3 Delay in Service Provision</p>

Following a recent review of all Stage 1 and Stage 2 complaint responses, we recognise the quality and tone of our responses are not in keeping with the good quality customer service mentality that we should be known for. The quality of draft responses will continue to be reviewed and guidance provided to investigating Officer's/Managers.

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	7
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
Totals	8

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.
- Applicant felt the adaptations should have been planned before they moved into property.
- Grant application delayed and applicant feels this was unnecessary.
- Tenant reporting alleged harassment from neighbour for a number of years.

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.

Thirteen cases were referred to the Ombudsman for Housing in this reporting period. The Ombudsman decided not to investigate twelve cases due to Caerphilly Homes undertaking properly made decisions, the customer presenting their complaint to the Ombudsman prematurely or because the issue raised is not for the Ombudsman to investigate 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.

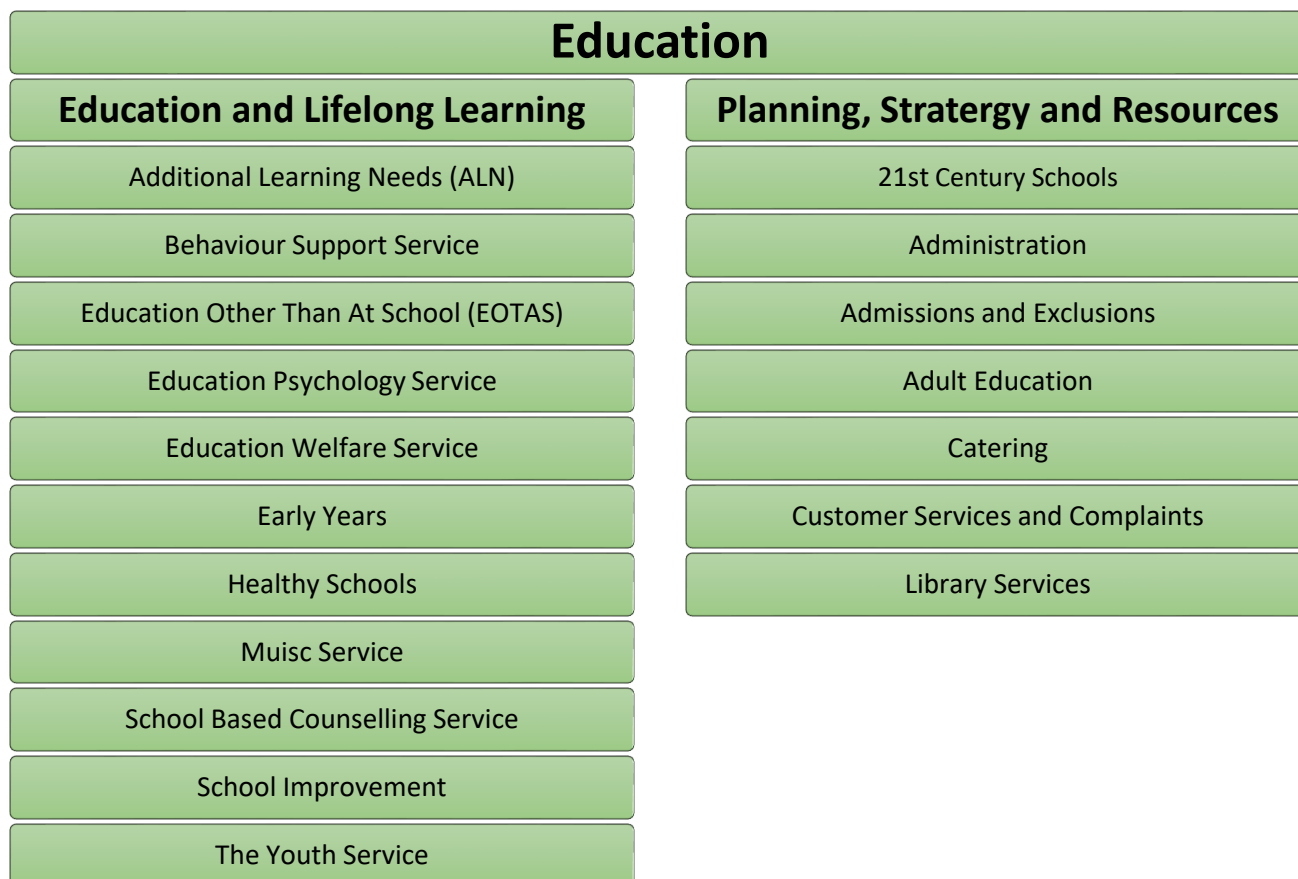
Caerphilly Homes recognised the problems largely arose due to the lockdown restrictions coming into force when this case was under active consideration and the sudden transition to home working. This significantly impacted on what was, at that time, a paper-based process and inadequate IT resources were available to staff for an extended period to enable them to work effectively from home. Lessons learned related to the recognition that our traditional record keeping processes worked less effectively under pandemic restrictions, that staff needed access to adequate IT facilities to enable them to work effectively from home and staff needed to improve record keeping of conversations with customers and colleagues and their communication of decisions to customers. Relying on a conversation to advise the customer that their application for assistance was refused and the reasons for that decision, rather than providing a reasoned decision letter, was inadequate.

Since that time staff have been provided with IT devices and been reminded that a digital or paper record must be kept of all conversations and decisions related to a case. A reasoned decision letter is now provided to applicants whose application for major works of adaptation is refused, for clarification and to enable them to understand the reasons for this decision being taken.

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1. Directorate and Services identified in-scope for this report

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	7	5	71.43
Stage 2	2	2	100
Escalated Stage 1 to 2	1	1	100
Totals	10	8	80.00

Summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
Administration	1	1	100
Catering	1	0	0
Youth Service	2	1	50
ALN and Inclusions Services (ALN)	1	1	100
Early Years	1	1	100
ALN and Inclusions Services (ALN) and Early Years	1	1	100
Totals	7	5	71.43

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Scrutiny Meeting	1	1	100
School Admissions	1	1	100
Totals	2	2	100

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Administration	1	1	100
Totals	1	1	100

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	6	2	0
Letter	1	1	1
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	7	2	1

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 in one case 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. In the second case, this was due to the member of staff required to provide information for the investigation was on annual leave. Unfortunately, the member of staff did not use the 'Out of Office' facility within Outlook.

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.

In terms of corporate complaints we received complaints regarding the following

- 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
- Youth Service – Inappropriate content shared by email and treatment of two members of staff
- ALN and Inclusion Service – Information provided by a member of staff following a Subject Access Request (SAR)
- Early Years - Discrimination and unfair treatment
- Early Years and ALN/Inclusion Services – Child to continue attending current Early Year setting and Matrix report used by ALN/Inclusion Services

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)	2
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	1
10 Compliance with Complaints procedure	2
11 Combination of categories	3
Totals	10

5. Number by Outcome and lessons learned comments

Complaints by Outcome Data sets as categorised by the Complaints Standards Authority.

Service	Upheld	Not Upheld
Catering	0	1
Scrutiny function	0	1
Schools Admission	1	0
Administration	0	2
Youth Service	0	2
ALN and Inclusions Services (ALN)	0	1
Early Years	0	1
Early Years and ALN/Inclusion Services	0	1
Totals	1	9

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 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.

Complaint not upheld

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. The complaints officer plays an active role to ensure timescales are met and will remind staff the importance of a timely response. Where it is not possible to complete the investigation within timescale, staff are encouraged to use the "extension of time letter" extending the deadline. This ensures the complainant is updated throughout the process of the investigation and the reason(s) why additional time is required.

Stage 1 Complaint – Category 4 (Officers Conduct with Public). Inappropriate content shared by email

The complaint states that an offensive email was shared by a member of staff from the Youth Service

The officer confirmed that during the first lockdown weekly motivational/funny videos were sent to parents in an effort to increase morale. The video the complainant received was part of this effort. The officer confirmed that all videos were checked prior to distribution and deemed those sent to be suitable. The officer also confirmed that in no way would the video have been deliberately shared if they believed this could cause upset/distress. The videos chosen were based on the officer's knowledge of the young people and parents. For example, if someone had a dislike of cats, the officer would ensure that videos of/including cats were not sent to parents. The YouTube video in question was viewed as part of the investigation and at no point were the alleged images visible.

Complaint not upheld

Stage 1 Complaint – Category 4 (Officers Conduct with Public). Information provided by a member of staff following a Subject Access Request (SAR) and information withheld following the SAR.

The complainant alleged that a member of CCBC staff provided falsified documentation which was then used by the school to confirm a meeting that never actually took place on 20th of March 2018 where a Joint Assessment Family Framework (JAFF) referral form was completed in the presence of the complainant's mother

As the meeting took place over 4 years ago, the officer could not agree or disagree that she was present during the JAFF referral meeting on 20th March 2018. However, as this meeting was in relation to a JAFF referral, this would have been arranged and recorded by the school.

The recording system used by the school (CORE-NET), confirms the JAFF referral was received by the Child Protection designate (deputy headteacher) on the 13th of March and a meeting with the designated officer and parent was arranged for the 20th of March 2018. The CORE-NET record dated 20th March 2018 confirms the meeting went ahead and the JAFF referral was completed.

As the meeting was arranged by the school, the deputy headteacher was able to provide further details/evidence of the meeting. This evidence placed the CCBC officer, deputy headteacher and complainant's mother at the meeting.

The complainant alleges the same member of CCBC staff was withholding documents requested as part of the SAR relating to a one-to-one meeting with the complainant on the 20th of March.

The member of staff confirmed all information relating to this meeting was previously supplied as part of the SAR. The officer was also able to provide the page numbers of documents supplied relating specifically to the meeting that took place on the 20th of March 2018.

Complaint not upheld

Please note – Advice was sought from Legal Services regarding the serious allegation of falsified documentation. As such, the following sentence was included within our response:

This is a serious allegation against an employee of the Local Authority and based on the evidence available and lack of evidence from you to support this part of your complaint. I am satisfied XXXX XXXX was present during the JAFF referral meeting on 20th March 2018.

Stage 1 Complaint – Category 11 Combination of categories. Discrimination and unfair treatment

The complainant raised a number of concerns in relation to LA and external services. The complainant raised concerns regarding Health Visitors, Speech and Language Therapy – Early intervention, ISCAN (integrated service for children with additional needs), School Admissions, Early Years, Family Information Service, Assisted Placement, pre-school nursery? . The investigation was conducted into the LA provided services only. The external organisations conducted their own investigation and issued their response separately. In terms of the issues relevant to the local authority they were thoroughly investigated. **Complaint not upheld.**

- Why was there a delay in replying to queries?
- Why wasn't contact made regarding a possible care coordinator?
- Why is parent not informed of an update after every panel meeting?

- Why was the parent provided with an out-of-date list of assisted and funded places framework?
- Why does the admission process for schools not work during half term time?
- Parent states her child was removed out of a school on good faith and verbal reassurance everything was in hand for them to be able to be in a placement close by, to then be told that there is no funding.
- Why is there no funding for children with additional needs in the pre-school nursery?

Stage 1 Complaint – Category 11 combination of categories. Child to continue attending current Early Year setting and Matrix report used by ALN/Inclusion Services

The first element of the complaint was in relation to the request for the complainant’s child to continue attending his current setting on the grounds that they do not become school statutory age until March 2023. Complainant also made a request for her child to stay in their current setting with the appropriate funding to be granted.

The first element of the complaint was investigated with our Early Years Service and Welsh Government (WG). While the child was not legally required to attend their statutory school placement until the term after they turn 5years (April 2023). The reception placement is offered from the September in the academic year in which the child turns 5 (Sept 2022). For clarification, the query was raised with WG. The response from WG confirms the Childcare Offer would not be eligible after August 2022 should they chose not to accept the reception place offered for the child:

At the start of the school term when a child is eligible to receive a full-time education place, the child will no longer be eligible to access the Offer. In the majority of local authorities, children will be offered a full-time education place from the September after they turn 4. Where a school offers a staggered start to the term, parents will not be eligible to use the Offer for these term-time day(s) / week(s) when their child is not actually in the school.

The second element of the complaint was in relation to the ALN Matrix document designed for children/young people aged 3-19yrs on roll at Local Authority and Grant Maintained Schools and Referral Units. The complainant believes the Matrix document is a tick box exercise and not specific to XXXX needs. As such, how can it be used to write an Individual Development Plan (IDP) for XXXX. The complainant made a request that CCBC overhaul their policies & procedures to offer a truly person-centred approach to ALN.

The Matrix document is the first edition and the South East Wales Consortia (SEWC) are continuing to develop the Matrix for different interfaces. Comments relating to Early Years will be considered as part of future developments. The LA confirmed that the Matrix has been developed as an ‘online’ tool. The purpose of the Matrix is not to categorise or diagnose, but to identify the barriers to learning a pupil may be experiencing. The ALN Assessment Matrix is a pupil centred tool, which identifies the complexity and interrelationship of difficulties, which require Additional Learning Provision (ALP). The ALN policies and procedures have been produced regionally in line with the ALN Code and follow a person-centred approach to ALN. **Complaint not upheld.**

Stage 1 Complaint – Category 4 (Officers Conduct with Public). Treatment by two members of staff

The complainant provided a number of concerns raised between November 2021 and March 2022 in relation to the treatment she received from two members of staff at a group setting. Each concern was individually investigated, and the appropriate evidence obtained. The information provided by the two officers, managers and daily logs confirmed there was no evidence to substantiate the complaint.

The deadline for our response was Friday the 25th of March 2022. Further information was requested on the 25th of March, but the officer required to provide this information was on leave. Unfortunately, the officer did not use the 'out of office' function within Outlook and as a result, the complaints officer was awaiting a response to complete the investigation and respond within timescale. **Complaint not upheld.**

Due to the number of concerns raised – further information regarding this complaint can be provided upon request from the Education Complaints Officer Liam Miles (Contact details on Page 9 of this report).

Actions - While there was no further action taken with this complaint, staff have been reminded to use the 'out of office' function within Outlook when taking a period of leave.

Monitoring – If information has been requested on the deadline date and this has not been supplied by the end of the working day. The complaints officer will use the "extension of time letter"

Stage 2 Complaint - Category 2 Decision Making (Scrutiny Meeting). Investigation conducted by Lisa Lane (Head of Democratic Services and Deputy Monitoring Officer)

The complainant states that it is their understanding the role of Officers attending a scrutiny committee meeting is not to inform members how they must vote or express personal views, but rather to support the decision-making process by answering questions when asked by members. The complaint raised concerns about the number of questions asked by members that were avoided or left unanswered during the meeting, but of most alarm was the officer's involvement at the end of the Trinity Field expansion discussion when a motion was tabled to explore options for a new build on a brownfield site.

Despite a motion being tabled and the Chair having closed the debate, 3 officers intervened at this point and informed the members that they should not be voting on this or against the report.

The planning officer was correct in their comments as they related to the role of the Local Planning Authority in its consideration of the mitigation as part of the planning process and the consideration of the Planning Application. The setting aside of the sum of money referred to in the second recommendation (i.e the funding only) in the report was a function of Cabinet. The Scrutiny Committee's role in this matter was to make recommendations to Cabinet, it is not the final decision maker. In terms of the decision made by Cabinet on 7th April, it was noted the detailed minutes on the Council's website which culminated in its decision to support the recommendations in the report. **Complaint 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. **Complaint upheld**

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 not 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 WG 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. **Complaint not upheld**

I can report that the use of the “extension of time letter” has been fully embraced by staff and is working effectively as and when required.

6. Identified relationships to Equalities or Welsh Language

Complaints that relate to the Equalities or Welsh Language protected characteristics

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2	Count Completed in Target Times	Percentage Completed in Target Times
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
Totals	0	0	0

No specific characteristics links have been identified for this reporting period

7. 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 2021 to March 2022 period.

For further information, please contact

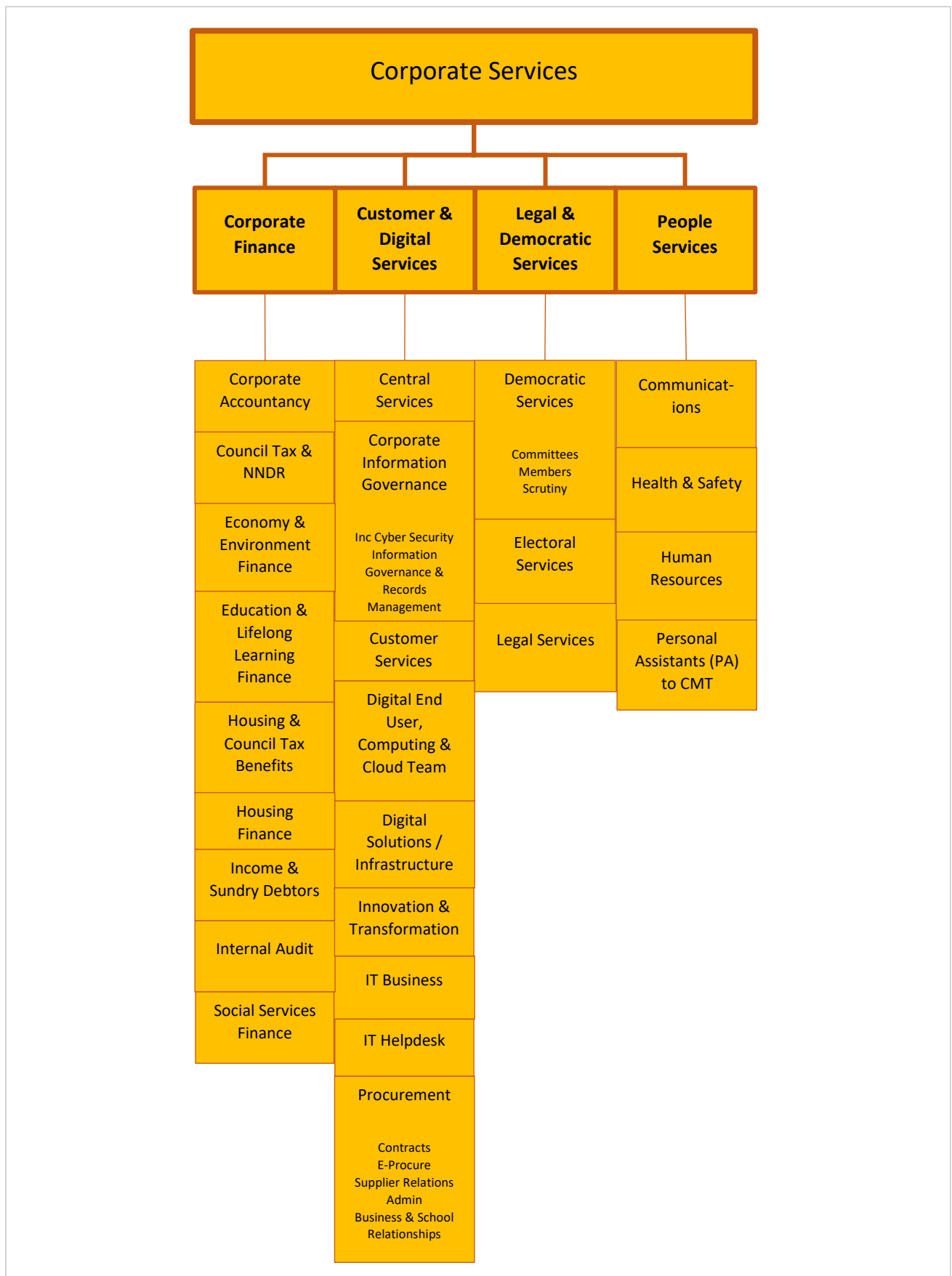
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Diagram of Directorate and Service Framework



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	17	12	66.67%
Stage 2	5	4	100%
Escalated Stage 1 to 2	5	5	100%
Totals	27	21	77.77%

Table showing how the complaints were received

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	2	2	1
Email	8	2	4
Letter	4	0	0
On-line	3	1	0
Contact Centre	0	0	0
Other	0	0	0
Totals	17	5	5

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
Legal Services/Electoral Services	1	1	100%
Customer Services	1	1	100%
Corporate Finance	15	10	66.67%
Totals	17	12	70.58%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Legal Services/Electoral Services	2	1	50%
Customer Services	1	1	100%
Corporate Finance	2	2	100%
Totals	5	4	80%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Legal Services & Electoral Services	0	0	0
Customer Services	1	1	100%
Corporate Finance	4	4	100%

Totals	5	5	100%
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Corporate Services complaints which are not Corporate Finance comprises 3 complaints for Legal Services/Electoral Services which was a Stage 1 and two stage 2 complaints, There were 3 complaints for Customer Services which was two stage 1 complaints of which one 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 of time.

In relation to Corporate Finance, unfortunately target dates were not met for 5 stage 1's due to the following reasons:-

- Council Tax – the correspondence had been passed around various departments before reaching council tax
- Housing Benefits - due to an increase in workloads.
- NNDR - delay partially due to the annual billing processes being undertaken and the business rate system being unavailable for a period of a week.
- Corporate Finance Combined - misunderstanding with corporate complaints responses times and Christmas period.
- Council Tax/Env Health - grants work, Ingress 11 upgrade – is this a systems upgrade? and other service pressures.

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, complaints via the telephone in Welsh and the information on the website regarding complaints

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.

There were no particular themes of repetitive or pertinent complaints received in relation to Corporate Finance.

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	2

3 Delay in Service Provision	1
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	2
5a Following Council Policies	4
5b Following relevant Legislation	1
6 Accessibility of Services	1
7 Clarity/Accuracy/Timeliness of information	6
8 Quality of Work	0
9 Openness/ Fairness and Honesty	0
10 Compliance with Complaints procedure	0
11 Combination of categories	10
Totals	27

5. Number of Complaints by Outcome and Lessons Learned

Table showing number of complaints Upheld and Not Upheld

Service	Upheld	Not Upheld
Customer Services	0	3
Corporate Finance	8	13
Legal services/Electoral Services	1	2
Totals	9	18

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
Stage1: 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	7 Clarity/ Accuracy/ Timeliness of information

	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	
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 specific to the one service. As a result, we will take steps to make this clearer in the future.	7 Clarity/ Accuracy/ Timeliness of information
Stage 1: 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)
Stage 1: Council Tax - Complainant rang council tax to set up a direct debit on her account. Ms M was asked for her account number and upon giving this information was read back her name and address without being asked to complete data protection.	Remind all staff that they must request the above information before disclosing any Council Tax account details.	5a Following Council Policies
Stage 1: Housing Benefits - Advice not given by the HB Section in respect of claiming universal credit which has now left her in substantial arrears of rent.	Training has been provided with regards to issues raised. To be raised in team leader meeting to increase awareness with staff	3 Delay in Service Provision 7 Clarity/ Accuracy/ Timeliness of information
Esc 1 to 2: Housing Benefits - Complaint from Citizens Advice on behalf of HB claimants re. Housing benefits and loss of earnings.	All Housing Benefits staff have been made aware of this case. It is difficult in these circumstances for Benefits Assessors to give the best advice when not all the facts are available at the time and any delay will have a detrimental effect. But if they are mindful of the consequences of this type of issue it can be prevented from happening again.	2 Decision Making

<p>Stage 1: NNDR - Withdrawal of the Retail, Leisure & Hospitality grant from their business rates account and how it was withdrawn leaving the small business with a very large bill. Requested bill be put on hold whilst resolving the matter.</p>	<p>Going forward there will be procedures in place to check that the ratepayer continues to satisfy the eligibility criteria for the award of this particular rate relief at intervals throughout the financial year. This check will enable more timely contact to be made with the ratepayer where they do not advise the business rate team of a change in circumstance.</p>	<p>7 Clarity/ Accuracy/ Timeliness of information</p>
<p>Stage 1 : Legal Services/Electoral Services</p> <p>A complaint identified a number of issues including the electoral registration process in the medium of Welsh, dealing with complaints in Welsh and the information available on the council's website relating to the complaints process..</p>	<p>It was acknowledged that the registration letter should have contained the web address of the Welsh Language response service.</p> <p>Electoral services have appointed a member of staff who is Welsh speaking and able to deal with contacts in Welsh, however if that staff member is unavailable a call back will be arranged.</p> <p>The information regarding the complaints process was updated to make it clearer how to complain.</p> <p>The development of the Chatbot will continue and will be trained on complaints. Where it doesn't recognise certain words it will give a number to call.</p>	<p>7 Clarity/ Accuracy/ Timeliness of information</p>

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
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	& 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
Totals	1

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

Reference/Service Area	Outcome/Decision	Details of Early Resolution/recommendation
OMB1 – Finance	Premature – Not Investigating	No Further Action
OMB2 – Customer Services	Not Investigating	No Further Action
OMB3 – Council Tax	Not Investigating	No Further Action

For further information, please contact

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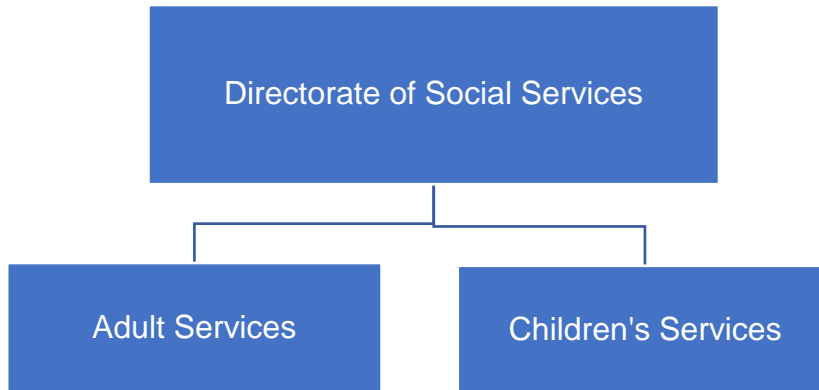
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1. Directorate and Services

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	63	57	95%
Stage 2	1	0	0
Escalated Stage 1 to 2	9	8	100%
Totals	73	65	89%

Of the 63 stage 1 complaints 3 were withdrawn and so the percentage completed in target times are based on the 60 complaints responded to. 1 complaint went straight to stage 2 and this was completed 2 days over timescale. Of the 9 that escalated from Stage 1 to 2, 1 was withdrawn and so the percentage completed in target time is based on the 8 responded to overall at Stage 2. The total number of complaints responded to was 69, of these 99% were completed in target times.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	19	0	4
Email	35	1	5
Letter	4	0	0
On-line	5	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	63	1	9

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	35	34	97%
Children's Services	28	23	82%
Totals	63	57	90%

Of the 35 adult stage 1 complaints 1 was withdrawn which has reduced the percentage completed in target times. Of the 34 that were responded to 100% were completed in target times.

Of the 28 children's stage 1 complaints 2 were withdrawn which has reduced the percentage completed in target times. Of the 26 that were responded to 88.46% 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%
Totals	1	0	0%

The adult's complaint that proceeded straight to stage 2 was completed 2 days over timescale.

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	4	3	75%
Children's Services	5	5	100%
Totals	9	8	89%

Of the 4 adult's complaints that escalated from stage 1 to stage 2, 1 was withdrawn which has reduced the percentage completed in target times. Of the 3 that were responded to 100% were completed in target times.

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 requests for day centres to re-open – 6 complaints referred to this matter

Contact stopped with grandchild

Address disclosed and feels at risk

Not being kept informed about grandchildren

Incorrect information used and outcome of assessment

Professionalism in 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 outside residents' property

Monitoring care package not sufficient

Residential Care not sufficient

Careline difficulties

Not treated with dignity and respect

Council fees for self-funding

Back payment of direct payments rejected

Disabled Person Parking Place form inadequate

Care not being assessed holistically

Child Protection investigation being handled insensitively given conflicting information

Contents of report untrue and opinionated

Care Package reduced

Care call cancelled at short notice

Length of time waiting for a care package

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
Adult Services	40
Children's Services	33
Totals	73

4. Number of Complaints by Category

Table showing complaints by category.

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	0
2 Decision Making	23
3 Delay in Service Provision	3
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	9
5a Following Council Policies	0
5b Following relevant Legislation	0
6 Accessibility of Services	4
7 Clarity/Accuracy/Timeliness of information	4
8 Quality of Work	16
9 Openness/ Fairness and Honesty	2
10 Compliance with Complaints procedure	0
11. Combination of Categories (Non-specific)	12
Totals	73

5. Number of Complaints by Outcome and Lessons Learned

Service	Upheld	Not Upheld
Adult Services	4	34
Children's Services	2	29
Totals	6	63

Of the 69 complaints responded to 91% were not upheld and 9% were upheld.

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

The lessons learnt below relate to the 6 complaints referred to in table 5 above that were upheld.

Nature of Complaint	Lessons Learnt	Category
<p>Feels family have been put at risk following her address being provided in report to her partner's ex-partner and her boyfriend.</p>	<p>Staff to remove address when asked to keep it confidential.</p>	<p>8 Quality of Work</p>
<p>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.</p>	<p>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.</p>	<p>4 Officer /Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
<p>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>	<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>	<p>7. Clarity/Accuracy/Timeliness of information</p>
<p>Complainant unhappy with the contents of an email received from the Complaints and Information Team.</p>	<p>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.</p>	<p>4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>

<p>Complainant unhappy that grandfather's evening support call has been cancelled at short notice and no one made her aware. wants the evening visit reinstated.</p>	<p>Apology provided.</p> <p>Owing to the crisis in social care, a panel has been set up with the SS Directorate to consider all requests for domiciliary care.</p>	<p>6 Accessibility of Services</p>
<p>Feels the loophole in the system of a patient in the Medical Assessment Unit not belonging to a hospital discharge team needs to be looked at, especially in the current climate.</p> <p>Told she was being transferred, then finding said social worker was not even in work.</p> <p>Mother is in need now and leaving the situation as it is into a 6th week is totally unacceptable.</p>	<p>When an individual is admitted to the MAU, those that need admission to hospital for further care would normally be moved to one of the wards. But due to the challenges of Covid 19 has resulted in a shortage of beds and unfortunately mother remained in the MAU.</p> <p>It is CCBC Social services' process to support patients once they are referred to us by the hospital. This process can be hindered if we do not get notification via the referral system that someone needs care.</p> <p>Apology given. Remedial action taken to remind staff about effective communication.</p> <p>Apology given for delay in responding to the assessment request. Owing to the current crisis in social care that the Team had a waiting list for assessments. When case was allocated, there was lack of response due to circumstances beyond the worker's control and sincere apologies provided as this is not the standard of service that we expect.</p>	<p>11 (3. Delay in service provision 4. Officer conduct with public)</p>

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
Totals	0

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.

3 referrals were made to the Ombudsman relating to Corporate/Social Services complaints. Of the 3 Corporate/Social Services complaints in the table below the decision was made not to investigate matters in 2 of these cases and in the remaining 1 case an early resolution was made as outlined in the table.

Reference	Outcome	Details of Early Resolution/recommendations
OMB01	Not Investigating	No Further Action
OMB09	Not Investigating	No Further Action
OMB12	Early Resolution	<p>Within 1 month of the Ombudsman’s decision:</p> <ol style="list-style-type: none"> 1. To provide a written apology to complainant for not addressing complaints under the Social Services Complaints Procedure (Wales) Regulations (“the Regulations”) in the first instance, and for failing to advise of statutory right to progress concerns to the Independent Stage 2 Investigation under the Regulations. 2. To offer complainant redress in the sum of £125 for time and trouble in pursuing concerns under the Regulations. 3. To appoint an Independent Investigator to progress concerns under Stage 2 of the Regulations. 4. To provide Ombudsman with a copy of the Stage 2 investigation report within one month of its completion <p>The above recommendations were agreed and completed.</p>

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GOVERNANCE AND AUDIT COMMITTEE – 11TH OCTOBER 2022

SUBJECT: REGULATION OF INVESTIGATORY POWERS ACT 2000

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

1. PURPOSE OF REPORT

- 1.1 To advise Members of the numbers of covert surveillance operations undertaken by the Council in accordance with the provisions of the Regulation of Investigatory Powers Act 2000 (RIPA) for the period 1st May 2022 to 30th September 2022.

2. SUMMARY

- 2.1 To provide an update on the number of operations undertaken in accordance with RIPA for the period 1st May 2022 to 30th September 2022.

3. RECOMMENDATIONS

- 3.1 None. This report is for information only.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure compliance with statutory requirements.

5. THE REPORT

- 5.1 The Regulation of Investigatory Powers Act 2000 (RIPA) sets out strict controls for public authorities wishing to carry out covert surveillance of individual members of the public as part of their exercise of their statutory functions. In addition to this Act, advice and guidance is found within the Codes of Practice issued by the Investigatory Powers Commissioner's Office.
- 5.2 The Authority has a corporate policy, which provides guidance on how surveillance should be used by the relevant officers.
- 5.3 Public Authorities undertaking covert surveillance of individual members of the public

are subject to inspection by the Investigatory Powers Commissioner's Office.

- 5.4 Members are advised that for the period 1st May 2022 to 30th September 2022 there has been one RIPA operation undertaken which related to the sale of alcohol and e-cigarette liquid/disposable vapes to children under the age of 18.

5.5 **Conclusion**

The report advises members that there has been one RIPA application made in relation to the sale of alcohol and e-cigarette liquid/disposable vapes to children under the age of 18 for the period 1st May 2022 to 30th September 2022.

6. **ASSUMPTIONS**

- 6.1 There are no assumptions contained in this report.

7. **SUMMARY OF INTEGRATED IMPACT ASSESSMENT**

- 7.1 As this report is for information there is no requirement for an Integrated Impact Assessment to be completed.

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 There has been no consultation undertaken on this report as it is for information only.

11. **STATUTORY POWER**

- 11.1 Regulation of Investigatory Powers Act 2000.

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

Consultees: Robert Tranter Head of Legal Services and Monitoring Officer



GOVERNANCE AND AUDIT COMMITTEE – 11 OCTOBER 2022

**SUBJECT: OFFICERS DECLARATIONS OF GIFTS AND HOSPITALITY
JANUARY TO MARCH 2022**

REPORT BY: HEAD OF PEOPLE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide the Governance and Audit Committee with information regarding the Register of Employees' Interests Forms completed by officers of the Council (excluding Schools) regarding Gifts and Hospitality for the period 1 January to 31 March 2022 ie the fourth quarter of the financial year 2021/2022 and a comparison with the previous three quarters.

2. SUMMARY

- 2.1 There were no Register of Employees' Interests Forms in respect of Gifts and Hospitality completed by officers of the Council (excluding Schools) for the period 1 January to 31 March 2022.

3. RECOMMENDATIONS

- 3.1 The Governance and Audit Committee are asked to note the contents of this report.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 The recommendation is designed to ensure members of the Governance and Audit Committee have an oversight of the position in relation to officers' Gifts and Hospitality.

5. THE REPORT

- 5.1 The Council's Code of Conduct for Employees sets out guidance for employees on a range of issues, including the completion of a Register of Employee Interests form, which help maintain and improve the high standards of conduct within Local Government and protect employees from misunderstandings and confusion.

- 5.2 Completed Register of Employees' Interests forms are submitted to Heads of Service, Directors or the Chief Executive who countersign the forms to show they are aware of the declaration. The form also records details of any controls / action taken to protect the Council's interests in the circumstances outlined on the form. A copy of the countersigned form is given to the employee and a copy sent to Human Resources for filing on the employee's personal file.
- 5.3 The Head of Service, Director or Chief Executive retains the original form and maintains a summary spreadsheet to record the forms. On a monthly basis the summary spreadsheet or a nil return is submitted to Human Resources for collation and monitoring for consistency and compliance.
- 5.4 In accordance with the Council's Code of Conduct for Employees, Gifts / Hospitality of less than £25 may be accepted by the employee but any Gift / Hospitality which could be seen by a third party as placing the employee under an improper obligation such as more than one Gift / Hospitality from the same party must be refused, irrespective of its value.
- 5.5 Employees may accept small offers of Hospitality only where the activity is of a nature where there is a genuine need to impart information or to represent the Council in the community. Offers to attend purely social or sporting functions should be accepted only when these are part of the life of the community or where the Council should be seen to be represented.
- 5.6 The table below details the number of declarations regarding Gifts submitted by Directorate for the period 1 January to 31 March 2022 and the previous three quarters for comparison.

Directorate	Jan – March 2022	Oct – Dec 2021	July - Sept 2021	April – June 2021
Economy and Environment	0	2	1	0
Education and Corporate Services	0	0	0	0
Social Services and Housing	0	0	1	0
Total	0	2	2	0

- 5.7 The table below details the number of declarations regarding Hospitality submitted by Directorate for the period 1 January to 31 March 2022 and the previous three quarters for comparison.

Directorate	Jan – March 2022	Oct – Dec 2021	July – Sept 2021	April – June 2021
Economy and Environment	0	1	0	0
Education and Corporate Services	0	0	0	0
Social Services and Housing	0	0	0	0
Total	0	1	0	0

5.8 Conclusion

The Head of People Services will continue to monitor the declarations submitted and work with Heads of Service to improve their understanding, promote best practice and corporate compliance of the Code of Conduct where appropriate.

6. ASSUMPTIONS

- 6.1 There are no assumptions made within this report.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 As this report is for information only an Integrated Impact Assessment is not required.

8. FINANCIAL IMPLICATIONS

- 8.1 None.

9. PERSONNEL IMPLICATIONS

- 9.1 The personnel implications are included in this report.

10. CONSULTATIONS

- 10.1 There are no consultation responses that have not been included in the report.

11. STATUTORY POWER

- 11.1 Local Government Act 2000.

Author: Lynne Donovan, Head of People Services
(donovl@caerphilly.gov.uk)

Consultees: Richard Edmunds, Corporate Director – Education and Corporate Services (edmunre@caerphilly.gov.uk)
Robert Tranter, Head of Legal Services and Monitoring Officer (trantrj@caerphilly.gov.uk)
Stephen Harris, Head of Financial Services and Section 151 Officer (harrisr@caerphilly.gov.uk)
Cllr Nigel George, Cabinet Member for Corporate Services and Property (nigelgeorge@caerphilly.gov.uk)



GOVERNANCE AND AUDIT COMMITTEE – 11 OCTOBER 2022

SUBJECT: REGISTER OF EMPLOYEES' INTERESTS FORMS 2021/22

REPORT BY: HEAD OF PEOPLE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide the Governance and Audit Committee with information regarding the Register of Employees' Interests Forms completed by officers of the Council (excluding Schools) for the 12 month period 1 April 2021 to 31 March 2022 and provide a comparison with the same information for the previous 2 financial years.

2. SUMMARY

- 2.1 Enclosed in the Appendices are summaries of the declarations completed by officers of the Council (excluding Schools) by Directorate, Service Area, Type and Relationship for the 12 month period 1 April 2021 to 31 March 2022.

3. RECOMMENDATIONS

- 3.1 The Governance and Audit Committee are asked to note the contents of this report.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 The recommendation is designed to ensure members of the Governance and Audit Committee have an oversight of the position in relation to officers' Register of Employees' Interests Forms.

5. THE REPORT

- 5.1 The Council's Code of Conduct for Employees sets out guidance for employees on a range of issues, including the completion of a Register of Employee Interests form, which help maintain and improve the high standards of conduct within Local Government and protect employees from misunderstandings and confusion.

- 5.2 Completed Register of Employees' Interests forms are submitted to Heads of Service, Directors or the Chief Executive who countersign the forms to show they are aware of the declaration. The form also records details of any controls / action taken to protect the Council's interests in the circumstances outlined on the form. A copy of the countersigned form is given to the employee and a copy sent to Human Resources for filing on the employee's personal file.
- 5.3 The Head of Service, Director or Chief Executive retains the original form and maintains a summary spreadsheet to record the forms. On a monthly basis the summary spreadsheet or a nil return is submitted to Human Resources for collation and monitoring for consistency and compliance.
- 5.4 In 2021/22 39 declarations of interest were made by 39 employees, the same number as 2020/21 compared to 103 in 2019/20. Where multiple declarations have been made on one form they have been recorded individually.
- 5.5 Appendix 1 summarises the declarations of interest by Directorate and Service Area for the period 1 April 2020 to 31 March 2021 and a comparison with the previous 2 financial years. The declarations for the previous years have been adjusted to reflect the current Directorate structures.
- 5.6 A total of 50 declarations of interest were made in 2021/22 compared to 47 in 2020/21 and 152 in 2019/20. A percentage breakdown of declarations of interest by Type is shown below:

Type of Declaration	% of Declarations		
	2019/20	2020/21	2021/22
Relationship	49	34	60
Outside Interest	31	53	30
Gifts and Hospitality	20	9	10
Annual Leave	0	4	0

- 5.7 Appendix 2 shows the detail of the declarations of interest by Type shown above divided into the 3 sections of the Register of Employees' Interest Form for the period 1 April 2021 to 31 March 2022 and a comparison with the previous 2 financial years.
- 5.8 The percentage for declarations of Outside Interests have increased to 53% and include school governor posts, external employment and volunteering. Appendix 2 shows the detail.
- 5.9 The Governance and Audit Committee will be aware that Gifts and Hospitality is the subject of a separate, quarterly report to the Committee.
- 5.10 Appendix 3 shows the detail of the declarations of interest by Relationship for the period 1 April 2021 to 31 March 2022 and a comparison with the previous 2 financial years. A percentage breakdown by Relationship is shown below:

Type of Relationship	% of Declarations		
	2019/20	2020/21	2021/22
Councillor	1	6	0
Contractor	4	19	3
Employee	75	56	33
Other	20	19	64

5.12 Conclusion

The Head of People Services will continue to monitor the declarations submitted and work with Heads of Service to improve their understanding, promote best practice and corporate compliance of the Code of Conduct where appropriate.

6. ASSUMPTIONS

6.1 There are no assumptions made within this report.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 As this report is for information only an Integrated Impact Assessment is not required.

8. FINANCIAL IMPLICATIONS

8.1 None.

9. PERSONNEL IMPLICATIONS

9.1 The personnel implications are included in this report.

10. CONSULTATIONS

10.1 There are no consultation responses that have not been included in the report.

11. STATUTORY POWER

11.1 Local Government Act 2000.

Author: Lynne Donovan, Head of People Services
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Appendices:

Appendix 1 Declarations by Directorate and Service Area
Appendix 2 Declarations by Type
Appendix 3 Declarations by Relationship

Appendix 1

Declarations by Directorate and Service Area 2019/20, 2020/21 and 2021/22

Directorate	2019/20	2020/21	2021/22
Chief Executive	4	2	1
Economy and Environment/Communities	9	26	13
Education and Corporate Services	61	6	12
Social Services and Housing	78	13	24
Total	152	47	50

Directorate / Service Area	2019/20	2020/21	2021/22
Chief Executive	4	2	1
Economy and Environment/Communities	9	26	13
Director	1	3	1
Infrastructure	5	2	2
Property Services	0	1	0
Public Protection, Community and Leisure Services	3	3	3
Regeneration and Planning	0	17	7
Education and Corporate Services	61	6	12
Director	4	0	0
Corporate Finance	0	3	4
Customer and Digital Services	3	1	1
Learning Education and Inclusion	11	0	0
Legal and Governance	3	1	4
People Services	1	0	2
Transformation Services	39	1	1
Social Services and Housing	78	13	24
Adult Services	19	5	16
Childrens Services	14	6	6
Caerphilly Homes	45	2	2
Overall Total	152	47	50

NB The declarations for the previous years have been adjusted to reflect the current Directorate structures.

Appendix 2
Declarations by Type 2019/20, 2020/21 and 2021/22

Type of Declaration	2019/20	2020/21	2021/22
Relationships	75	16	30
Councillor	1	1	0
Contractor	3	3	1
Employee	56	9	10
Other	15	3	19
Outside Interest - Financial	27	16	10
Business Relationship	1	0	0
Outside Employment	23	14	10
Personal Interest	3	2	0
Outside Interest - Non Financial	20	9	5
Business Relationship	1	0	0
Membership of an External Body	8	5	0
Personal Interest	8	1	1
Volunteering	3	3	4
Gifts and Hospitality	30	4	5
Gift	18	4	0
Hospitality	12	0	0
Annual Leave	0	2	0
Personal Interest	0	2	0

Appendix 3
Declarations by Relationship 2019/20, 2020/21 and 2021/22

	2019/20	2020/21	2021/22
Relationship – Councillor	1	1	0
Aunt / Uncle including in-Law / Step / Civil / Ex	0	1	0
Child / Step Child	0	0	0
Cousin including in-Law	1	0	0
Relationship - Contractor	3	3	1
Aunt / Uncle including in-Law / Step / Civil / Ex	0	1	0
Brother / Sister in-Law	0	0	1
Child / Step Child	0	0	0
Cousin including in-Law	0	1	0
Friend / Acquaintance	2	1	0
Husband / Wife including Partner / Civil Partner / Ex	1	0	0
Relationship - Employee	56	9	10
Aunt / Uncle including in-Law / Step / Civil / Ex	6	1	0
Brother / Sister	8	1	1
Brother / Sister in-Law	1	0	0
Child / Step Child	7	2	2
Cousin including in-Law	9	0	0
Friend / Acquaintance	0	2	0
Husband / Wife including Partner / Civil Partner / Ex	6	3	2
Niece / Nephew including in-Law / Great / Step	1	0	1
Parent / Step	11	0	4
Parents-in-Law including Civil / Partner / Ex	3	0	0
Son / Daughter in-Law	4	0	0
Relationship - Other	15	3	19
Aunt / Uncle including in-law / Step / Civil / Ex	1	0	3
Brother / Sister	2	0	4
Brother / Sister in-Law	0	0	1
Child / Step Child	2	1	1
Cousin including in-Law	0	0	1
Friend / Acquaintance	1	1	0
Grandparent including Great / in-Law / Step / Civil / Ex	2	0	3
Husband / Wife including Partner / Civil Partner / Ex	0	1	3
Niece / Nephew including in-Law / Great / Step	1	0	1
Parent / Step	3	0	2
Parents-in-Law including Civil / Partner / Ex	3	0	0

Agenda Item 12

Corporate Governance Panel Minutes 19th May 2022

Attendees: Steve Harris/Deb Gronow/Rob Tranter/Liz Lucas/Sue Richards

Chair: Richard (Ed) Edmunds

1. Apologies

No apologies received.

2. Minutes of Last Meeting

The minutes of the last meeting held on 21st March 2022 were approved.

3. Progress on 2021/22 Annual Governance Statement

Social Services & Housing and Economy & Environment checklists have been signed and returned.

Education & Corporate Services needs to be completed.

There are a few issues arising such as cost of living and loss of staff. These may need to be highlighted as actions when the Statement is drafted.

4. Drafting of Annual Governance Statement

SH proposed that there be no changes to the current format. The deadline for the draft AGS is the 30th June 2022. The AGS needs to be presented to the Audit & Governance Committee before this date.

SH advised that the four actions which were included in last year's AGS required updating and requested that they be returned to himself by 27th May 2022.

Action: Updates to the four actions to be made and returned to SH by 27th May 2022.

5. Progress & Update on Financial Regulations Refresh

DG confirmed that she has a copy of the Model Constitution that she is currently working on. DG advised that Financial Regulations and Standing Orders would be stand alone documents but also included as chapters within the Constitution.

RT advised that once the new Financial Regulations had been to Committee and Council for approval then they could be replaced in the Constitution.

SH advised that the draft document DG is working on needs to be sent to him first and will then be brought into Panel.

Ed suggested that this may be an opportune time to revise thresholds.

Action: Good progress being made. Document to be brought into Panel when ready.

6. Progress on Anti-Fraud & Cyber Security Strategies

On track for taking both documents to Governance & Audit Committee in June. Ideally SH would like to stick to this deadline. RT advised that the Cyber Security report would need to be an exempt item.

DG advised that she had spoken to Audit Wales and there is a requirement for one Anti-Fraud Champion. This would be at 3rd Tier officer level. DG queried whether this could be a part of Cllr Stenner's brief in order to raise the profile.

Following approval of the documents a Management Network session may be required along with sessions for some staff.

DG advised that it is also important to encourage schools and that Headteachers need to be brought onboard.

It was suggested that the new intranet could be used to raise awareness.

Action: DG to link in with LL to discuss.

7. Update to Terms of Reference Governance & Audit Committee

Ed stated that Members need a clear understanding of their roles. SH advised that there is a session with Members taking place shortly.

8. Date of Next Meeting – 13th July 2022