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

Date: 10th April 2024

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, 16th April, 2024 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 'Chrissy'.

Christina Harrhy
CHIEF EXECUTIVE

A G E N D A

1 To receive apologies for absence.

Pages

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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 15th February 2024. 1 - 6

To receive and consider the following reports: -

- 4 Governance and Audit Committee Forward Work Programme. 7 - 16
- 5 Corporate Risk Register 2023-2024 Year End Update. 17 - 26
- 6 Six month Update on the Corporate Complaints received for the period 1st April 2023 to 30th September 2023. 27 - 70
- 7 Internal Audit Services: Annual Audit Plan 2024/25. 71 - 76

To receive and note the following information item: -

- 8 Regulation of Investigatory Powers Act 2000. 77 - 78

**If a member of the Governance and Audit Committee wishes for the above information report to be brought forward for discussion at the meeting please contact Julie Lloyd, 01443 864246, by 10.00 a.m. on Tuesday 16th April 2024..*

Circulation:

Councillors M.A. Adams, Mrs E.M. Aldworth, A. Broughton-Pettit, M. Chacon-Dawson, E. Davies, G. Enright, J. Taylor and C. Wright (Vice Chair)

Lay Members: V. Pearson, L. M. Rees (Chair), 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 THURSDAY 15TH FEBRUARY 2024 AT 2.00 P.M.

PRESENT:

Councillors:

M. A. Adams, Mrs. E.M. Aldworth, M. Chacon-Dawson, E. Davies, G. Enright, J. Taylor, and C. Wright (Vice Chair).

Lay Members:

N. Yates, M. Rees (Chair), and V. Pearson.

Together with:

Officers: D. Street (Deputy Chief Executive), S. Harris (Head of Financial Services and S151 Officer), D. Gronow (Acting Internal Audit Manager), R. Roberts (Business Improvement Manager), B. Thompson-Payne (Property Review Officer), K. Peters (Corporate Policy Manager), L. Donovan (Head of People Services), L. Lucas (Head of Customer and Digital Services), S. Richards (Head of Education Planning and Strategy), and J. Lloyd (Committee Services Officer).

M. Jones (Audit Wales).

Also in attendance: Councillor. E. Stenner.

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 RECEIVE APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor A. Broughton-Pettit, and Lay Member Mrs J. Williams.

2. DECLARATIONS OF INTEREST

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

3. MINUTES – 7TH NOVEMBER 2023

It was moved and seconded that the minutes of the Governance and Audit Committee held on 7th November 2023 be approved as a correct record, and by way of Microsoft Forms this was unanimously agreed.

RESOLVED that the minutes of the meeting held on 7th November 2023 (minute nos. 1-9) be approved as a correct record.

4. GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME

The Head of Financial Services and S151 Officer presented the Governance and Audit Committee Forward Work Programme for the period February 2024 to June 2024, together with an updated Action Sheet.

A Member requested an update on the action sheet, with regards to a conclusion date for the policy updates. Members were advised that this would be updated for the next Governance and Audit Committee meeting.

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

It was moved and seconded that the Forward Work Programme be approved. By way of Microsoft Forms, 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.

5. UPDATE FROM AUDIT WALES (VERBAL UPDATE).

M. Jones, Audit Wales, updated the Governance and Audit Committee on the financial and performance audit work. Members were advised that the Blackwood Arts Centre charity account had been certified and that the Council's grants that require auditing, were currently being audited. He also informed the Committee that the audit of the 2022/23 Financial Statements was ongoing and that a report on Cyber Security would also be prepared in relation to the performance audit work.

The Governance and Audit Committee noted the update.

6. DRAFT ANNUAL SELF-ASSESSMENT REPORT 2022/23.

The Deputy Chief Executive introduced the report which presented the Governance and Audit Committee with the Draft Annual Self-Assessment Report for 2022/23 for their consideration and comment prior to its onward submission to Joint Scrutiny on 26th February and Cabinet on 6th March 2024. The purpose of the report was to provide the Governance and Audit Committee with assurance that the Council's self-assessment

process is robust and effective.

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

A Member referred to the term 'citizens' which appeared throughout the report and noted that 'residents' would be a more preferable term to be used, going forward. Members were advised that this matter could be given some consideration.

A Member sought clarification on the apprentice recruitment process referred to in the report, in addition to a report deadline of July 2023. Members were advised that the deadline was correct for the period being referred to. Members were informed that the apprenticeship recruitment had changed from an annual programme to offer contracts for a 2-year period to give the apprentices the best opportunities possible.

A Member requested a strategic overview for the self-assessment be produced in future and Members were advised that this could be considered. The Member also requested the inclusion of vacancy rates for future reports on the number of vacancies the organisation is carrying. Members were advised that the data was not currently held on the system but would be available in the next few months.

A Member raised a query on the backlog maintenance costs of property and assets and whether the data included an uplift. It was explained the data did not but when the next round of building surveys took place this would be considered.

A Member sought clarification on the term 'brought back in to use' in relation to the empty properties referred to in the report, and whether this meant that they were just available for renting or currently being rented. Members were advised that the properties referred to were completed with regards to works undertaken and were being rented or in the process of finalising rental arrangements. The Member also queried the data analysis process used and Members were advised of the automated process and analysis used by CCBC.

A Member asked for the number of invoice payments that we pay within 30 days to include percentages as well as numbers to add context for the next report. This will be updated for the 23/24 report.

A Member queried the term 'agile working' and noted that home working was not referred to in the report. Members were advised that there are no designated 'home workers' employed by CCBC, however staff can work on an agile basis, where possible, where a balance of office, home, and other work locations can be utilised, provided the needs of the service are being met. Members were also advised that Managers should monitor the wellbeing of their staff whether they are in a workplace, at home or another location. Members were informed that a recent staff survey had produced positive feedback from staff in relation to agile working supporting wellbeing.

The Chair noted that questions had been submitted prior to the meeting from an absent Lay-Member, and that the response to these questions would be followed up after the meeting and circulated to the Governance and Audit Committee members.

The Chair also noted that additional hyperlinks in future reports, particularly to the role of Governance and Audit in the self-assessment process, providing access to further

information on the committee's terms and reference would be beneficial to Members going forward.

Having reviewed the Draft Self-Assessment Report (Appendix 1), it was moved and seconded that the recommendations be approved. By way of Microsoft Forms this was unanimously agreed.

RESOLVED to make changes, where necessary, to the conclusions or action the council intends to take.

7. UPDATE ON PSIAS SELF-ASSESSMENT.

The Acting Internal Audit Manager introduced the report which provided Members with an update on the most recent self-assessment undertaken in respect of the requirements of the Public Sector Internal Audit Standards (PSIAS) and updated the Committee on progress made in respect of any actions outstanding since the previous self-assessment and external review. Members were informed that the most recent self-assessment had now been undertaken, and this had identified that Internal Audit Services were continuing to conform with the majority of the Standards.

Members were also advised that the action plan from the previous external assessment was included as appendix 1 and showed the progress on completion of those actions together with any further updates on those areas.

A Member sought clarification on the 'minor issues' referred to in the report, and whether they were connected. Members were advised that these related to IT audits, and the technical knowledge required to complete these audits could result in the need for external expert assistance. The Member also queried the PDR's (Personal Development Reviews), and Members were advised that this process had been replaced with 'My Time.'

A Member sought clarification on appendix 1 of the report and queried what the term 'not considered an issue' meant in relation to the self-assessment. The Member also requested more detail on how the assessment is undertaken. Members were advised that the document referred back to the original assessment completed in 2018/19, prior to the last election. Members were advised of the relevant details from that assessment, included in the report, and discussion followed regarding the previous assessments and how they were completed, and how the external assessments are undertaken.

The Governance and Audit Committee noted the content of the report.

8. UPDATE ON INTERNAL AUDIT REPORT RECOMMENDATIONS.

The Acting Internal Audit Manager introduced the report which provided Members with an update on progress on Audit Report recommendations. The Governance and Audit Committee had requested that regular reports are provided in relation to the work of the Internal Audit Team, and the report provided an update on the number of recommendations arising from Internal Audit reviews and their current status.

A Member queried the overdue recommendations, referred to in the report, and whether the relevant Head of Service for that particular area could attend the Governance and Audit Committee meetings going forward, to advise Members. Members were advised that this could be considered for overdue recommendations in the future.

A Member sought clarification on 'cross cutting risks' where more than one department was affected, and who would take the lead on reducing these risks. Members were advised that where one audit covers numerous departments, a separate report would be completed by each Manager, which would be consolidated by the relevant Director. Members were informed of examples of these types of audits and how they would be managed.

A Member referred to the 5-year contract with Pentana, which is due to end, and queried whether this would affect the ongoing reports, going forward. The Member also sought clarification on the level of the overdue recommendations and whether these are followed up and signed off by audit on completion of the work. Members were advised that any new system would need to consider retaining the data of all the ongoing audit work. Members were also advised that the management of the risks was the responsibility of the relevant service manager, noting that the internal audit team have limited capacity to follow up every risk identified. Members were also advised that where some risks were overdue and not completed, referrals could be made to the S151 Officer.

A Member sought clarification on the escalation process for the overdue recommendations and how this would be confirmed by Directors in their statement of reassurance that this work had been completed. Members were advised that all the overdue recommendations would be followed up, and advised Members that they could request more information from Heads of Service, together with their attendance at Governance and Audit meetings, if required.

The Governance and Audit Committee noted the content of the report.

9. REGULATOR RECOMMENDATION TRACKER PROGRESS UPDATE.

The Business Improvement Manager introduced the report which updated Members on the progress of recommendations that have been made by all regulators since the last Governance and Audit Committee update and advised on any new proposals that have been added since that time.

Members were advised that the register was last updated and presented to the Governance and Audit Committee in November 2023, and since that time there have been 2 new reports received and 4 new proposals added on to the register, with a current total of 14 recommendations. Members were informed that 2 recommendations were considered to be actioned and completed, and with the agreement of the Governance and Audit Committee this would leave 12 outstanding recommendations.

Having considered the report, it was moved and seconded that the proposals noted as 'completed' within Appendix A be closed. By way of Microsoft Forms this was unanimously agreed.

RESOLVED that the proposals noted as 'completed' within Appendix A be closed.

10-11. INFORMATION ITEMS

It was confirmed that the following items had not been called forward for discussion at the meeting, and the Committee noted the contents of the reports. A Member sought clarification on the costs of the Regulation of Investigatory Powers Act 2000, and Members were advised that this request would be forwarded to the report author for clarification following the meeting: -

- (i) Regulation of Investigatory Powers Act 2000;
- (ii) Officer's Declarations of Gifts and Hospitality October to December 2023.

The Chair thanked Members and Officers for their attendance and contributions and the meeting closed at 3.36 p.m.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 16th April 2024.

CHAIR

GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME

GOVERNANCE AND AUDIT COMMITTEE – 16th APRIL 2024

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Corporate Risk Register Update	To provide an update on the Corporate Risk Register in accordance with the Council's Risk Management Strategy.	The updated Corporate Risk Register is presented to the Governance and Audit Committee to ensure there is opportunity for the Committee to satisfy itself that appropriate arrangements are in place for the Council's risk management processes to be regularly and robustly monitored and scrutinised.	R. Roberts
Six-month Update on Corporate Complaints Received	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 six month period 1st April 2023 to the 30th September 2023 together with the outcomes and lessons learned.	To provide the Committee with complaints data to enable the Committee to review and assess the effectiveness of complaints handling for the six-month period.	L. Lane
Internal Audit Services Annual Audit Plan 2024/25	To seek Governance and Audit Committee approval of the Internal Audit Services	The Governance and Audit Committee is responsible for ensuring that risk and internal	D. Gronow

	Annual Audit Plan for the 2024/25 financial year.	controls are adequately managed and monitored, and that the work planned by Internal Audit will achieve the required levels of assurance.	
INFORMATION ITEMS			
Regulation of Investigatory Powers Act 2000	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)	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.	L. Lane

SPECIAL GOVERNANCE AND AUDIT COMMITTEE – 1st MAY 2024

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Financial Statements for 2022/23	To present the Governance and Audit Committee with the Audit Wales 'Audit of Accounts Report' for the 2022/23 financial year, along with the audited Financial Statements.	To ensure that the 2022/23 Financial Accounts are endorsed prior to approval by Council and submission to the Auditor General for Wales.	Audit Wales / S. Harris

GOVERNANCE AND AUDIT COMMITTEE – 4th JUNE 2024 (Date Subject to Confirmation)

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)	To provide the Governance and Audit Committee with information on the work performed by Audit Wales.	To ensure the Governance and Audit Committee has oversight of these activities.	Audit Wales
Audit Wales Caerphilly CBC Annual Audit Summary 2023	To provide the Governance and Audit Committee with information in relation to the work completed by Audit Wales since the previous Annual Audit Summary.	This report forms part of the Auditor General for Wales duties and aims to ensure that the Governance and Audit Committee is updated appropriately.	Audit Wales
Audit Wales – Caerphilly County Borough Council – Audit Plan 2024/25	To provide the Governance and Audit Committee with details of the Audit Wales Audit Plan for Caerphilly County Borough Council.	The report will provide details of the Audit Wales work programme for Caerphilly County Borough Council for the 2024/25 financial year.	Audit Wales
Annual Internal Audit Report 2023/24	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 2023/24 financial year.	The Governance and Audit Committee will be asked to note the content of the report and the Internal Audit Manager's annual opinion for the 2023/24 financial year in order for the Committee to gain the required assurance to fulfil its role.	D. Gronow

Draft Annual Governance Statement 2023/24	To present Members of the Governance and Audit Committee with the Draft Annual Governance Statement for the 2023/24 financial year.	To ensure that the Draft Annual Governance Statement is considered by the Governance and Audit Committee prior to its inclusion in the Draft Financial Statements.	S. Harris
Update on Progress Against the Internal Audit Services Annual Audit Plan 2024/25	To provide the Governance and Audit Committee with an update on progress against the Internal Audit Services Annual Audit Plan.	To provide assurances that satisfactory progress is being made and to provide details of any in-year changes to the Plan as appropriate.	D. Gronow
Update and Progress Report on Internal Audit Recommendations	To provide members of the Governance and Audit Committee with an update on the recommendations issued to Service Managers arising from Internal Audit work and the progress on completing agreed actions, in the period since the previous report.	The report provides updates on new recommendations issued since the previous report was presented to the Committee and progress on the implementation of agreed recommendations by Service Managers.	D. Gronow
Regulator Recommendations for Improvement Progress Update	To update members on progress of recommendations that have been made by all regulators since the last Governance and Audit Committee update, and to advise on any new proposals that have been added since that time.	To ensure the Governance and Audit Committee has oversight of this matter.	R. Roberts

INFORMATION ITEMS			
Regulation of Investigatory Powers Act 2000	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)	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.	L. Lane
Officers Declarations of Gifts and Hospitality	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 last quarter and a comparison with the previous three quarters.	To ensure members of the Governance and Audit Committee have an oversight of the position in relation to officers' Gifts and Hospitality.	L. Donovan
Register of Employee's Interest Forms 2023/24	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 2023 to 31 March 2024 and provide a comparison with the same information for the previous 2 financial years.	To ensure members of the Governance and Audit Committee have an oversight of the position in relation to officers' Register of Employees' Interests Forms.	L. Donovan

Corporate Governance Panel Minutes	To provide the Governance and Audit Committee with information in relation to the matters under review by the Panel, outcomes, and actions.	To ensure members of the Governance and Audit Committee have an oversight of the activities of the Panel.	D. Gronow
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GOVERNANCE AND AUDIT COMMITTEE – 8th OCTOBER 2024

TITLE	PURPOSE	KEY ISSUES	PRESENTING OFFICER
Update from Audit Wales (Standing Item)	To provide the Governance and Audit Committee with information on the work performed by Audit Wales.	To ensure the Governance and Audit Committee has oversight of these activities.	Audit Wales
Audit Wales Audit of Accounts Addendum report	To present the Governance and Audit Committee with the Audit Wales 'Audit of Accounts Addendum Report' for the 2022/23 financial year.	To ensure that the Committee is informed of the Audit Wales recommendations arising from the audit of the accounts and the associated management responses.	Audit Wales / S. Harris
Review and Refresh of Financial Regulations and Standing Orders for Contracts	To provide the Committee with the draft revised Financial Regulations and Standing Orders for Contracts for review and endorsement.	To ensure the Governance and Audit Committee has the opportunity to review and endorse the updated Financial Regulations and Standing Orders for Contracts prior to Council consideration.	S. Harris / D. Gronow / I. Evans

Draft Annual Self-Assessment Report 2023/24	To present the Governance and Audit Committee with the Council's Draft Annual Self-Assessment Report for 2023/24.	The Governance and Audit Committee will be asked to consider and endorse the Draft Annual Self-Assessment Report prior to its presentation to the Council's Joint Scrutiny Committee and Cabinet.	R. Roberts
Peer Review of Internal Audit Services Compliance with the Public Sector Internal Audit Standards (PSIAS).	To provide the Governance & Audit Committee with details of the outcome of the external peer review of Internal Audit Services compliance with the Standards.	To provide details of any actions required to address areas of non-compliance.	D. Gronow
Update on Progress Against the Internal Audit Services Annual Audit Plan 2024/25	To provide the Governance and Audit Committee with an update on progress against the Internal Audit Services Annual Audit Plan.	To provide assurances that satisfactory progress is being made and to provide details of any in-year changes to the Plan as appropriate.	D. Gronow
Update and Progress Report on Internal Audit Recommendations	To provide members of the Governance and Audit Committee with an update on the recommendations issued to Service Managers arising from Internal Audit work and the progress on completing agreed actions, in the period since the previous report.	The report provides updates on new recommendations issued since the previous report was presented to the Committee and progress on the implementation of agreed recommendations by Service Managers.	D. Gronow
INFORMATION ITEMS			
Regulation of Investigatory Powers Act 2000	To advise Members of the numbers of covert surveillance operations undertaken by the	The Regulation of Investigatory Powers Act 2000 (RIPA) sets out strict controls for public	L. Lane

	Council in accordance with the provisions of the Regulation of Investigatory Powers Act 2000 (RIPA)	authorities wishing to carry out covert surveillance of individual members of the public as part of their exercise of their statutory functions.	
Officers Declarations of Gifts and Hospitality	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 last quarter and a comparison with the previous three quarters.	To ensure members of the Governance and Audit Committee have an oversight of the position in relation to officers' Gifts and Hospitality.	L. Donovan
Corporate Governance Panel Minutes	To provide the Governance and Audit Committee with information in relation to the matters under review by the Panel, outcomes, and actions.	To ensure members of the Governance and Audit Committee have an oversight of the activities of the Panel.	D. Gronow

GOVERNANCE AND AUDIT COMMITTEE ACTION SHEET

DATE OF MEETING	SUBJECT/AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	STATUS
12.09.2023	4. Governance and Audit Committee Forward Work Programme	Forward Work Programme to include reports on self-assessment, building safety and outdated HR policies, together with an Action Sheet with actions agreed at each meeting going forward.	SH	Draft 2022/23 Annual Self-Assessment report scheduled for 15.02.2024 Completed Building safety report to be presented to Health & Safety Group. Head of People Services has confirmed that all HR policies are scheduled for review in consultation with the Trade Unions.
12.09.2023	4. Governance and Audit Committee Forward Work Programme	CIPFA training for Members of the Governance and Audit Committee.	DG	Training scheduled for 05.12.2023 Completed
12.09.2023	6. Update from Audit Wales.	Information required from Audit Wales in relation to the 'Raising Our Game' Tackling Fraud in Wales July 2020.	S.J. Byrne (Audit Wales)	Information forwarded to Members 02.10.2023 Completed
12.09.2023	6. Update from Audit Wales.	Link to Building Safety report to be provided to Members.	I. Phillips (Audit Wales)	Information forwarded to Members 13.09.2023 Completed
12.09.2023	9. Update on Internal Audit Report Recommendations.	Information requested by Members on the detail and nature of the overdue recommendations.	DG	This information will be provided in reports from April 2024 onwards. Pending
07.11.2023	4. Governance and Audit Committee Forward Work Programme	Development session with Members to discuss the draft annual accounts.	SH	Session held 26/3/2024. Completed

07.11.2023	4. Governance and Audit Committee Forward Work Programme	To arrange for the Chief Executive to present the annual self-assessment and well-being report at a future meeting of the Governance and Audit Committee.	SH	Deputy Chief Executive Officer attended Governance and Audit Committee meeting 15/02/24. Completed
07.11.2023	6. Annual Report on the Corporate Complaints received for the period 1 st April 2022 to 31 st March 2023.	To circulate appendix 7 to the Governance and Audit Committee as it was missing from the agenda pack.	LL	Information forwarded to Members 08.11.2023. Completed.
07.11.2023	6. Annual Report on the Corporate Complaints received for the period 1 st April 2022 to 31 st March 2023.	Complaints training for Members, provided by the Ombudsman's Office, to be arranged.	LL	Ongoing – link in with the Ombudsman's office to agree a date for training.
07.11.2023	6. Annual Report on the Corporate Complaints received for the period 1 st April 2022 to 31 st March 2023.	Clarification on 'other matters' in appendix 2, to be confirmed to Members following the meeting.	LL	Response forwarded to members 9.2.24 Completed
07.11.2023	7. Internal Audit Service – Update on Progress 2023/24.	To devise an alternative format for the report data and refer back to Members in due course.	SH/DG	In development
15.02.2024	4. Governance and Audit Committee Forward Work Programme.	To include an update on the action sheet, with regards to a conclusion date for the HR policy updates.	LD	HR policies and procedures are subject to ongoing review and should be completed by 31.12.24
15.02.2024	6. Draft Annual Self-Assessment Report 2022/23.	To answer questions submitted by an absent Member, and to circulate the response to the Governance and Audit Committee Members following the meeting.	SH/DG	Pending
15.02.2024	10. Regulation of Investigatory Powers Act 2000.	To provide clarification on costs to Governance and Audit Committee Members following the meeting.	LL	Provided to Members by email 19.02.24



GOVERNANCE AND AUDIT COMMITTEE – 16TH APRIL 2024

SUBJECT: CORPORATE RISK REGISTER 2023-2024 YEAR END UPDATE

REPORT BY: CORPORATE DIRECTOR OF EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

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

2. SUMMARY

- 2.1 Under the Council's Risk Management Strategy, the Corporate Management Team (CMT) own, manage, monitor, and review the Council's Corporate Risks frequently with six monthly progress reports submitted to Cabinet. Updates are also provided to Governance and Audit Committee, which has the role of reviewing and challenging the Risk Register and where relevant, any resultant action plans for the Council's key strategic or corporate risks.
- 2.2 In order to present the most recent information, this report focuses on the Corporate Management update as at the end of **March 2024**
- 2.3 There are currently 17 risks on the Corporate Risk Register with no new risks added since the last report to Governance and Audit in November 2023.

3. RECOMMENDATIONS

It is recommended that the Governance and Audit Committee review the content of the Corporate Risk Register and associated mitigating actions to scrutinise and satisfy itself that risks that are being identified are managed effectively.

4. REASONS FOR THE RECOMMENDATIONS

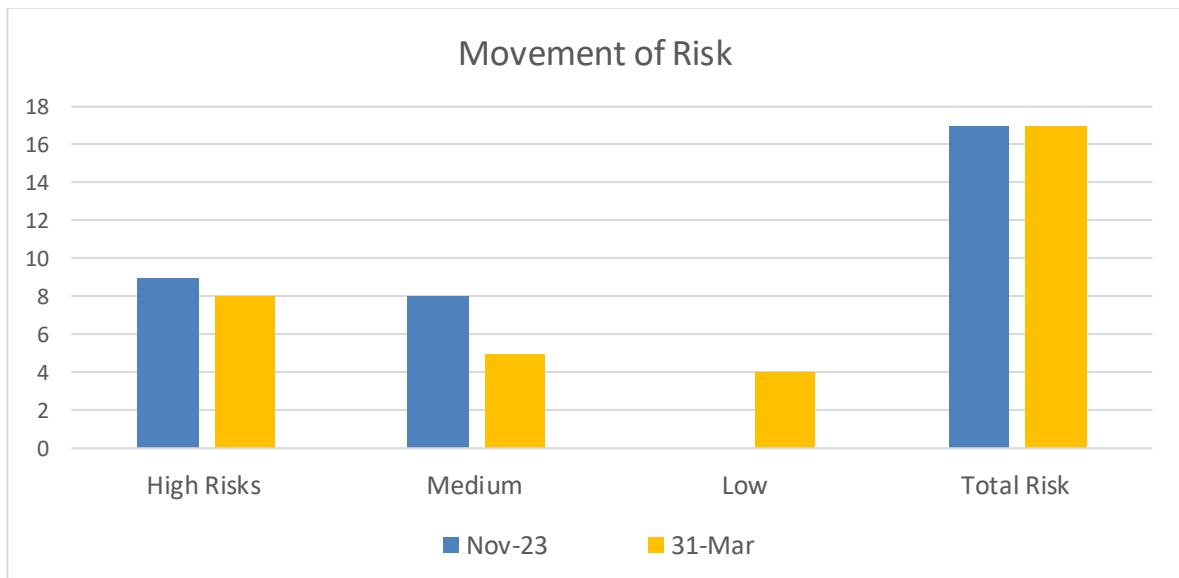
For the Governance and Audit Committee to satisfy itself that robust processes and procedures exist and are applied for the management of top-level risks. Members have a critical role to play in evaluating the Council's risk management arrangements and in particular understanding how the council identifies,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

5. THE REPORT

- 5.1 The Council identifies and manages risks at different levels. Service priorities identify risks to delivering business whilst directorate risks can be more significant risks and may have cause and effect across a Directorate. The Corporate Risk Register is the highest level of risks to the whole authority, the strategic risks often referred to as the Corporate Risk Register (CRR).
- 5.2 This report, updates on the risks within the CRR only. The directorate risks are updated on a routine basis within the 'Directorate Performance Assessment' (DPA)
- 5.3 The Corporate Risk Register is a 'living document' and will change when reviewed, Corporate Management team assess the CRR monthly. New risks will emerge, and some existing risks will be closed. Risk ratings will change (red/amber/green), and mitigating actions and progress comments will be updated.
- 5.4 The Risk Register was last updated to Governance and Audit Committee November 2023.

Currently there are 17 Risks on the Risk Register (Appendix A) of which 8 are rated as a high risk, 5 medium and 4 low.

Movement of risk rating from the last update shows that while there are the same number of risks in total from Nov to March, four of the medium risks have been reduced to a low rating so there are fewer risks rated as high at year end.



Two risks have increased from medium to high since this was last reported and they are CRR-25, Housing Supply and CRR-13 Increase in homelessness.

No new risks that have been added to the register at this time, however CR19 has been removed and the risk narrative merged with CRR18, combining the risk on Ukraine and Gaza into a risk for all displaced people.

Risk to the Well-being of Future Generations have been reviewed and have been changed to reflect how the risk could impact future generations and scores changed accordingly.

5.5 **Conclusion**

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

6. **ASSUMPTIONS**

6.1 It is a reasonable assumption that the significant financial and demand challenges facing the authority will continue, however it is assumed that resource will be reviewed for those significant risks where required.

7. **SUMMARY OF INTEGRATED IMPACT ASSESSMENT**

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

8. **FINANCIAL IMPLICATIONS**

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

9. **PERSONNEL IMPLICATIONS**

9.1 There are no personnel implications arising from this report although there is a risk around the Resilience and Well-being of Staff.

10. **CONSULTATIONS**

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

11. **STATUTORY POWER**

11.1 Well-being of Future Generations (Wales) Act 2015.

11.2 Local Government and Elections (Wales) Act 2021.

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

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

Background Papers:

Appendices:

Appendix A – Corporate Risk Register (as of March 2024)

Caerphilly CBC Corporate Risk Register - Appendix A

Risk ID	Date Added to Risk Register	Risk Name	Risk Description	CMT Lead Officer	Previous Risk Level			Current Risk Level	Planned Mitigations and Progress	Does the risk affect the Well-being of our Communities?	Well-being Risk Level
					Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24			
CRR-17 2022/23	Q1 22/23	Impact on cost of living (inflationary) increases on our communities	The recent price increases in household energy bills combined with higher costs for food shopping and the price of fuel have created significant challenges for many residents, especially those already in need. The cost of living increase is likely to lead to additional demand being placed on council services as families affected seek our help. Difficulties in this area will continue throughout the winter and in to 2024.	DS	High	High	High	High	<ul style="list-style-type: none"> • CoL strategic working group meets on a monthly basis and the operational group still meeting on a fortnightly basis to ensure CoL crisis at forefront of planning and decision making. The landing page on the website is complete as one stop shop for support. • Additional Cost of Living team recruited within Housing Rents to provide additional services for residents for income maximisation, welfare benefits support and energy advice. • Welcoming Spaces network developed comprising 33 projects across 55 venues, (inc all CCBC libraries) - offering warm place, food, activities, socialisation etc for those unable to heat their homes effectively. • Warm Packs purchased and distributed to vulnerable residents (via frontline support staff, partners and via Welcoming Spaces and community groups). • Hardship Fund being established to provide additional financial assistance for those not eligible for other grants. • Energy grant scheme being prepared (for launch in March/April 23) to provide grants for installation of energy efficiency measures (including boilers, windows etc) for households. • Additional small scale measures including mobile phones, hygiene packs available for those in need. • Ongoing additional funding and support to be made available to Food Poverty network (e.g. Foodbanks, fareshare schemes) throughout 22/23 to ensure adequate capacity to provide support to those at risk of food poverty (supported by additional initiatives including Cooking Champions courses to provide cooking skills and slow cookers etc). Some indication that fuel prices may have peaked and are beginning to fall. Increase in food prices remain a concern. • Despite indication that inflation and food prices are starting to fall, higher fuel costs and a lack of clarity re: energy prices in the Winter means this is an area we will need to prioritise throughout the current year. 	Yes - cost of living increases have the potential to affect those in our communities who are already most in need.	High
CRR-02 AW ongoing monitoring of Financial Position in ARA 23/24. No output yet	2018-2023 From MTFP combined with COL	Medium-Term Financial Plan	The current economic situation, real terms reductions in funding, and increases in demand for services (particularly in Social Care) means that the Council (along with all others) continues to face unprecedented financial challenges. Given the scale of the financial challenge faced by the Council, it is inevitable that some difficult decisions will need to be made at pace to ensure that balanced budgets can be delivered in the forthcoming years.	SH	High	High	High	High	<ul style="list-style-type: none"> • 2024/25 budget approved by Council 27/02/24. • Total 2024/25 cost pressures of £56.5m are being funded through a 2.5% uplift in the Financial Settlement (£8.9m), permanent savings of £19.6m, temporary savings of £11.5m, use of reserves totalling £10.6m and a 6.9% increase in Council Tax (£5.9m). • £22.1m of temporary measures for 2024/25 contributing to overall anticipated savings requirement of £45.2m for the two-year period 2025/26 to 2026/27. • Significant work undertaken in the last twelve months through the 'discovery phase' of the council's Mobilising Team Caerphilly Transformation Programme to identify a range of projects to help balance the budget moving forward. • Now moving into the 'delivery phase' of the Programme with numerous projects being defined in detail and a range of proposals will be presented for scrutiny and decision throughout the 2024/25 financial year. 	Yes - Savings requirement of £45.2m will mean a refocus of how we provide services, so we need to be aware of how this will impact citizens through a range of methods and our engagement programmes.	High
CRR-08	17/18	Pressures on social care	Social Care capacity is an ongoing problem for the authority. The ability to recruit and retain care staff, in the face of significant competition from the retail and hospitality sectors is becoming more and more of an issue. As a consequence independent providers are handing back packages of care and the future of some care homes is in the balance.	GJ	High	High	High	High	<ul style="list-style-type: none"> • Ongoing fee uplifts for independent sector providers are required to keep up with cost increases • Commitment to external review of fee structures • Participation in work re standard fee methodologies at Regional Partnership Board level • Continue to open new in house residential homes for children • Capacity/fragility issues flagged up at a regional level via RPB and associated strategic groups • Given the likely financial settlements for Local Government it is unlikely that fee levels for 2024/25 will meet Provider needs or expectations. 	Yes - reducing help that can be provided for the most vulnerable in our society will affect our ability to contribute to a 'Healthier Wales' which requires peoples mental and physical well-being to be maximised.	High

CRR-16 2021/22	19.10.23 Q3	Recruitment and Staffing Capacity	The Council needs to be able to employ sufficient numbers of staff across its services in order to ensure service delivery can be maintained. At present, there are challenges in recruiting replacement staff within certain Council professions that could, if not overcome, create difficulties over the medium to long term. There is also a shortage of Senior Leadership Capacity at present.	ED	High	High	High	high	<ul style="list-style-type: none"> Recruitment Team in place for 6 months and now actively supporting the organisation Recruitment webpages updated and refreshed with further video content Specialist campaigns and resources designed to support specific recruitment Access to specialist social media recruitment solutions Improved benefits package established (includes 6 additional days leave) Successful recent interventions in Digital, Social Care, Catering Performance metrics around new entrants, internal moves and exits being collated for ongoing review Migration of HR system to the Cloud provides comprehensive workforce data and intelligence around vacancies and the establishment Workforce Development Toolkit now in use and being applied more broadly across the organisation following a successful pilot 	Yes - Should the Council experience a loss of staff from a particular service coupled with an inability to recruit, there is a potential risk to service delivery which could impact the community albeit this is considered low at this point	
CRR-11 2020/21	Q1 May 2020	Fleet	Providing a fully operational, compliant fleet of vehicles is essential for the Council to deliver all of its front line services. In this regard the Council holds a goods vehicle operators licence ("O licence") and must continue to demonstrate compliance with the conditions of the "O licence" and the legislative framework in which it exists. There is a current risk relating to the ability of the Council to staff its fleet management and maintenance service with suitably qualified and/or experienced staff and deliver the required level of management and maintenance standards.	MSW	High	High	High	High	<ul style="list-style-type: none"> 2 qualified and experienced fleet managers are now in place (via agency) Work is underway with Recruitment to seek to increase staffing numbers in workshop Residual staffing capacity concentrating on HGV Fleet Sub contractors being engaged for other work where the market is able to respond. Review is exploring arrangements for external maintenance through a strategic partner to provide additional contingency or other applicable model(s) Processes and procedures for vehicle safety and driver compliance are currently under review and are being revised accordingly Withdrawal from SFS contract now substantially complete and lease/purchase vehicles (and maintenance, where appropriate) will be procured via a WG Framework Council is currently over using short term or 'spot hires' to plug gaps in provision Restructure options report has been drafted as part of service review and is due to be considered by CMT in early April 2024 in conjunction with other key review recommendations 	Yes - Should the Council be unable to ensure sufficient HGV vehicle availability, there is a risk that some services will not be able to be provided to residents.	Medium
CRR-19 Linked to Waste & Recycle Review on Tracker Register	Q2 Sept 2022	Waste Strategy and Recycling Performance	The Council is required to comply with Welsh Government Statutory Recycling Targets or face the risks of significant fines.	MSW	High	High	High	High	<ul style="list-style-type: none"> Minister has agreed the routemap which sets out the principles and timescales for achieving enhanced recycling performance and interventions Joint Scrutiny and Cabinet considered an agreed routemap in Summer 2023 Cross party member steering group has considered draft Waste Strategy throughout October & November 2023 followed by CMT consideration in December 2023 Initial strategic project assessment shared and discussed with WG in October 2023 Joint Scrutiny and Cabinet agreed to consult on the draft strategy scheduled in January 2024. Public consultation commenced February 2024 for 12 weeks During this period the outline business case is being worked on and an update meeting is being scheduled with WG 	Yes - <ul style="list-style-type: none"> Achieving higher levels of re-use and recycling has a positive impact on reducing carbon emissions Failure to achieve future statutory recycling targets may lead to WG fines which are significant financially and reputationally. 	Medium
CRR-25	19.10.23 New for Q2	Housing Supply	The authority currently has around 6000 people on its Housing waiting lists and significant challenges in ensuring that people are in the right accommodation for them and their families particular needs. The influx of Ukrainian refugees, the Afghan resettlement programme and local homelessness challenges are increasing the need for an appropriate supply of housing.	DS	Medium	Medium	Medium	High	<ul style="list-style-type: none"> Caerphilly Keys service now in place. New build programme agreed and progressing with 400 homes target. Outline planning for circa 130 homes at Ty Darren and Oakdale Secondary School. Transitional Accommodation Programme Board established. Progression of Development and Governance Strategy. Cabinet updates Quality of offer - review of service and standards. Increase in expectations of UK Government re. refugees from Afghanistan will further increase demand in this area. 	Yes people having a roof over their heads and living in accommodation of a suitable size and standard is a fundamental part of wellbeing and is evidenced as having a positive impact on people's health.	Medium

CRR-13	Q1 21/22	Increased Homelessness	Increased numbers of homelessness could result in increased incidents of rough sleeping and increased use of B&B/hotel type accommodation to address emergency needs. This in turn could result in poor outcomes for the households concerned and a repeat of the homelessness cycle. As national Covid policy delaying evictions by private landlords has come to the an end, evictions could rise significantly.	DS	Medium	Medium	Medium	High	<ul style="list-style-type: none"> • Implementation of the Rapid Rehousing Strategy • Caerphilly Keys service now in place • Use of support providers and specialists to assist those that are homeless and to sustain tenancies to avoid homelessness occurring • Implement Homelessness strategy which has been developed in collaboration with neighbouring authorities • Review the availability of temporary accommodation to reduce/avoid use of B&B • Look at opportunities to further increase the availability of properties in the private sector as an alternative means of accommodating homeless persons • Work cwith the police & probation service to plan accommodation for prison leavers • Review the type of accommodation that is required to meet the needs of those presenting so that this can be considered in longer term future planning 	As above	Medium
CRR-18	Q2 Sept 2022	Resettlement of Displaced People (combines former risks for Ukraine/Gaza and encompasses all resettlement schemes)	The Council is required to support individuals displaced by conflict and any significant increases in numbers has the potential to put pressure on wider Council resources as well as affecting the risk levels of other CMT Risks	CH/DS	High	High	High	Medium	<ul style="list-style-type: none"> • Council has invested in a temporary Resettlement Team to help manage the situation • Relevant partners meet as a monthly multi-disciplinary team to discuss cases, locations and pressure on services. • Dialogue is maintained with CRH regarding new asylum dispersal properties and engagement with local elected members in maintained by officers when these properies come on line. Attendance at regular meetings with Welsh Government, WLGA, DHLUC, Home Office and MOD • Specialist third sector provider supporting Afghan/Syrian cohorts • A new cohort of Afghans that had been housed in Pakistan are now reloacted to MOD properties • Another accomodation provider, Mears, are also actively searching homes in the private rented sector, however there are no arrivals through this route as yet 	Yes - pressure around housing, particularly availability of homes in the private rented sector, and possible education and social care needs.	High
CRR-06	16/17 Previous Ref. CMT 44	Local Development Plan (LDP)	It is essential that the Council has a Local Development Plan in place which sets the policy context for future development control decisions as well as ensuring that sufficient land is earmarked to support the range of needs across the County Borough such as Housing, the Economy, Green space, etc.	MSW	High	High	High	Medium	<ul style="list-style-type: none"> • Progressing the current Local Development Plan Process in accordance with the delivery agreement between the Council & Welsh Government (WG). • Recent correspondence from WG will require further regional work (including the CCR) on growth assumptions. • Given the recent interaction with WG, then the LDP is probably not deliverable in its current form and in accordance with the existing delivery agreement timeline. • Council report was considered 4th July 2023. Council agreed to "pauise" progress with the LDP while regional work is completed on growth scenarios and the regional level Stretagic development plan (SDP). • Leader of Council has written to the minister regarding the WG view of LDP growth scenarios and has also invited her to a meeting to discuss the matter as well as viewing the mid valley strategic housing site • Consultants appointed to undertake regional (SDP) work over next few months and CCBC LDP work to recommence after this is completed. • Consultants appointed to undertake regional (SDP) work (for completion by end of April 2024) and CCBC LDP work to recommence after this is completed • Briefings have also been provided to CMT and Leader, Deputy Leader and Cabinet Member on candiate sites assessment. 	The LDP is the overarching document which governs land use planning decisions in the County Borough. It can therefore have a significant impact on future development which is of particular relevance to future generations for future housing provision, schools and leisure facilities. The LDP is also a key policy document in terms of the economic prosperity as it will ultimately determine land allocations for economic development purposes which impacts on the availability of employment opportunities for future generations.	High

CRR-04	01.07.15 Prev Ref. CMT 41	Impact of Climate Change	Climate change and the trend for increased risk & frequency of adverse weather presents a risk to the natural & built environment.	MSW	Medium	Medium	Medium	Medium	<ul style="list-style-type: none"> Decarbonisation Strategy and associated action plan in place and a new team created. Report on progress against the action plan and way forward for decarbonisation presented to Scrutiny 2nd May 2023 and Cabinet 14th June 2023. Effective Emergency Planning Strategies, processes and operational responses. Robust Local Flood Risk Management Strategies underpinned by a progressive suite of flood alleviation infrastructure projects. Implementation of Sustainable Urban Drainage (SUDS) practices across new developments. Effective management of the natural environment across the countryside/green open space portfolio/culture and embedding across organisation Specific actions across the Council's asset portfolio to reduce its own level of carbon emissions have been reported to Scrutiny and Cabinet in December 2023 / January 2024 via the Annual progress report . 	Yes - there is an impact to a 'Resilient Wales by not proactively addressing the operational response to climate change. The contribution to global issues and a 'Globally Responsible Wales' is met through low carbon planning and sustainable development. There is a direct impact to Health also.	Medium
CRR-07	Q2 2020	Impact of Covid-19 on learner achievement	The impact of covid on learner achievement remains unknown and requires further evidence and appropriate intervention, particularly with the inconsistent nature of assessment since 2020 along with reduced levels of pupil attendance and higher than average levels of exclusions.	ED	Medium	Medium	Medium	Medium	<ul style="list-style-type: none"> Education Strategy that focuses on Reignite, Recover, Reform Agenda now live Developing the information, intelligence and data to ensure the LEA operates as an effective commissioner of improvement services Further enhance self evaluation and improvement planning processes Greater focus on inclusion and improved wellbeing with enhanced tracking Establish a system of active peer learning that provides opportunities to consider problems, share good practice and innovation Increased support for pupils at risk of becoming NEET (Not in Education, Employment or Training) Improving Pupil Attendance Support More Able and Talented pupils Improve Pupils' Acquisition of Digital Skills Deliver Welsh in Education Strategic Plan 2022-2032 Build new schools through Sustainable Communities for Learning Ensure Medium Term Financial Planning arrangements for Schools 	Yes, this limits contribution to 'Prosperous and More Equal Wales'. Standards of attainment and gaps in inequality can result in a low skilled, low paid workforce, and higher levels of unemployment leading to poverty. Over the long-term (25 years) in the life of a young child to adult the potential outcome of the attainment gap makes this a medium risk. This is a long term risk	Medium
CRR-23	01.12.22	Resilience and Wellbeing of Staff	Since early 2020, Council staff have been dealing with unprecedented challenges over an extended period of time. Staff have supported communities through the pandemic. More recently staff have had to respond to the impacts of the Programme for Government, the war in Ukraine and, more recently the Cost of Living crisis. Expectation continue to rise and the Council's resources are extremely stretched at present. There are high levels of staff sickness currently. The 2023/24 budget is also adding further workload pressures as alternative mechanisms for service delivery will need to be worked up.	CH	Medium	Medium	Medium	Medium	<ul style="list-style-type: none"> Embedding the Workforce Development Strategy Embedding the Employee Wellbeing Strategy Further promotion of the Employee Benefits Scheme Recommendation to provide staff with an additional 5 days annual leave Embedding the Employee Wellbeing Framework Work commenced with external support to understand the underlying reasons for sickness absence levels and to pilot some new approaches to reduce impact Creation of a coaching network across the organisation to help unlock issues Rollout of the Workforce Development Toolkit 	Although this risk relates to organisational capacity, well-being of staff can indirectly affect productivity and sickness levels can affect capacity to deliver services	Low
CRR-20	Added May 2023	Potential Withdrawal of Bus Support Funding and Contraction of Local Bus Services	There is a significant likelihood of extensive industrial action being taken across multiple public services, largely in relation to levels of pay and working conditions.	MSW	High	High	High	Low	<ul style="list-style-type: none"> Meetings being held nationally and regionally (regional scrum) as Wales wide issue In June 2023, WG confirmed a continuation of BES funding until March 2024 and the regional scrum has agreed revisions to the bus schedule with each local authority The amendments to CCBC services are relatively minor overall but the funding is only in place until March 2024 Further meetings between LA's, WG and WLGA will continue. 	Yes - restricting connectivity of communities and limiting potential to travel for those without access to a car or rail travel	High
CRR-12 Q1 2020/21	Q2 2020	Covid-19 Recovery and Future Wave Response	As the local economy seeks to recover from the impact of the COVID-19 pandemic, the Council will need to focus on a series of recovery measures to stimulate local growth. The Council will also need to remain prepared to manage its critical services and workforce pressures through potential future waves that limit social mobility and reduce the availability of resource	CH	Medium	Medium	Medium	Low	<ul style="list-style-type: none"> Cabinet have adopted an Economic Recovery Framework to stimulate growth and a progress report is scheduled for cabinet consideration in Autumn 2023. New Economic Development Strategy TOR being developed Adoption of Corporate Plan scheduled July 2023. Cabinet have adopted a Social Value Policy to drive community benefit and the foundational economy across the locality The Council is overseeing the Regional TTP function supporting Gwent to better manage a range of communicable disease responses The Council maintains a critical service list and business continuity plans The Council continues to formalise and embed its Agile Working approaches to ensure services can be provided from any location 	The mitigating actions have helped recovery and the cost of living economic pressures are reflected in other risks	Low

CRR-22	01.12.22	COVID Inquiry (Capacity to service)	Inquiry has now commenced. CCBC has submitted evidence as required. No dedicated resources identified, therefore completion of evidence falling to a small number of officers, all of whom have other duties. Requests/submissions likely to go on for many months. WLGA hosting regular meetings to support LA's in conjunction with the LGA.	GJ	Medium	Medium	Medium	Low	<ul style="list-style-type: none"> • Covid 19-Inquiry Group established. • Submissions agreed and signed off by CEO • Consideration to be given to a creation of a be-spoke role to complete evidence requests • Awaiting feedback from Covid Inquiry • Further modules announced via enquiry website • Some concern re absence of input from WLGA. 	No - this risk relates to organisational capacity following which organisational capacity and functionality will be reviewed.	N/A
CRR-24	Dec-22	Impact of Strike Action on Public Services	Industrial action being taken across multiple public services, largely in relation to levels of pay and working conditions, remains a possibility the result of which could be adverse impact on service delivery.	CH	Medium	Medium	Medium	Low	<ul style="list-style-type: none"> • NAHT have now concluded their Action Short of Strike but pressures remain in the system • Ongoing dialogue with TU's continues as we enter further period of pay negotiations 	Potential unrest could affect ability to provide services in the short term	Low

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GOVERNANCE AND AUDIT COMMITTEE – 16TH APRIL 2024

**SUBJECT: SIX MONTH UPDATE ON THE CORPORATE COMPLAINTS
RECEIVED FOR THE PERIOD 1ST APRIL 2023 TO 30TH
SEPTEMBER 2023**

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

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 six month period 1st April to 30th September 2023 together with the outcomes and lessons learned. This report will also be presented to a meeting of the Cabinet.

2. SUMMARY

2.1 This report provides a summary of the complaints dealt with under the Corporate Complaints Policy during the six month period 1st April to 30th September 2023, the outcomes and lessons learned.

3. RECOMMENDATIONS

3.1 The Committee is asked to note the complaints data contained in this report and to review and assess the effectiveness of complaints handling for the six month period 1st April to 30th September 2023.

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 requires the data to be reviewed by Cabinet.

5. THE REPORT

- 5.1 By way of background, Cabinet at its meeting on 24th March 2021 adopted the current Corporate Complaints Policy (the Policy) along with an updated policy dealing with unacceptable and unreasonable actions by complainants under the Complaints Policy. The Policy became effective on 1st April 2021 and a copy is included at Appendix 1 of this report for members information. The report considered by Cabinet at that time is also included as a background paper.
- 5.2 This Committee has received two Annual Reports since the implementation of this policy; for the year April 2021 to March 2022 at its meeting on 11th October 2022 and for the year April 2022 to March 2023 on 7th November 2023. A six month update report for the period April to September 2022 was presented to this committee on 24th January 2023. This report sets out details of the complaints dealt with for the first six month period of 2023/2024 and will also be considered by a forthcoming meeting of Cabinet.
- 5.3 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.
- 5.4 The Policy consists of an internal two stage process with the right for a complainant to refer their complaint to the Public Services Ombudsman for Wales should they be dissatisfied with the response.
- 5.5 Complaints officers within their respective Directorates provide support to officers in order to deal with complaints effectively and in accordance with the Policy. Training has been provided by the Ombudsman's office to staff and enquiries are being made regarding training for committee members on the complaints process and for further staff training which has been well received to date.
- 5.6 Since the last report to committee, management of the Corporate Complaints process has been transferred to the Corporate Governance Unit. The single nominated Corporate Complaints Officer role has been replaced by a team of officers who manage contacts received including via the Corporate Complaints inbox, mail, telephone and in person contacts. Whilst it was anticipated that the new digital process would be implemented towards the end of last year further testing was required. The new "go live" date will be the 1st May 2024. In the interim the Customer Services Manager and the Deputy Monitoring Officer are jointly managing the complaints process. The reporting process will be transferred in due course to the Information Governance Manager.
- 5.7 The Committee will be familiar with the formal template included in the Appendices to this report which was produced by the Learning from Complaints Group. Going forward this Group will include Complaints Officers from each directorate, representatives from the Corporate Governance Unit, 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. There will be handover arrangements with the Deputy Monitoring Officer and the Information Governance Manager in terms of Chairing the Group, although the

Deputy Monitoring Officer will remain involved in the process until such time as the transition is completed.

5.8 General Overview

The total number of complaints received during the period 1st April to 30th September 2023 under the Corporate Complaints policy is **288** and is broken down as follows:-

Directorate	Stage 1	Stage 2	Escalated	Total
Economy & Environment	126	15	25	166
Housing	65	4	5	74
Education	3	0	3	6
Corporate	7	1	0	8
Social Services	26	1	7	34
TOTAL	227	21	40	288

The Outcomes are as follows.

Directorate	Upheld	Not Upheld	Withdrawn	Ongoing	Total
Economy & Environment	58	108			166
Housing	13	55	6		74
Education	4	2			6
Corporate	3	5			8
Social Services	5	29			34
TOTAL	83	199	6		288

Ombudsman Referrals

Directorate	Number	Outcome
Economy & Environment	3	Not Investigating
Housing	6	5 not investigating 1 Early Resolution
Education	1	Not Investigating
Corporate Services	1	Not Investigating
Social Services	3	2 Not Investigating 1 Early Resolution
TOTAL	14	

5.9 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 2
Housing	Appendix 3
Education and Libraries	Appendix 4
Corporate Services	Appendix 5
Social Services (Corporate only)	Appendix 6

5.10 Members will note that the data produced at Appendices 2-6 of this report outlines in particular the upheld complaints for each directorate. As this report covers a six month period a fuller analysis of the data will be undertaken when presenting the Annual report.

5.11 **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 personnel implications arising from this report.

10. CONSULTATION

10.1 The report was circulated to the consultee list below and any comments received have been reflected in the 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
Carl Evans Information Governance Manager
Karen Williams, Customer Services Digital Hub Manager
Gemma Hoare, Senior Housing Officer (Customer Services)
Gareth Jones Housing Officer (Customer Services)
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
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

Appendices

[Link to Appendix 1 Corporate Complaints Policy](#)
[Appendix 2 Economy & Environment](#)
[Appendix 3 Housing](#)
[Appendix 4 Education and Libraries](#)
[Appendix 5 Corporate Services](#)
[Appendix 6 Social Services \(Corporate complaints only\)](#)

BACKGROUND PAPERS

[Link to Cabinet report 24th March 2021](#)

[Link to Appendix 1](#)
[Link to Appendix 2](#)
[Link to Appendix 3](#)
[Link to Appendix 4](#)

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**Economy and Environment Directorate
Appendix 2**

1. 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	126	108	85.71%
Stage 2	15	14	93.33%
Escalated Stage 1 to 2	25	20	80.00%
Totals	166	142	85.54

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Contact Centre			
Email	75	10	24
Letter	5	1	1
On-line	36	2	
Other			
Telephone	11	2	
Totals	126	15	25

2. 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	65	62	95.38%
Infrastructure	29	23	79.31%
Property			
Public Protection	23	15	65.22%
Regeneration & Planning	9	8	88.89%
Other - Combined			
Totals	126	108	85.71%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	4	4	100%
Infrastructure	5	5	100%
Property			
Public Protection			
Regeneration & Planning	6	5	83.33%
Other - Combined			
Totals	15	14	93.33%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Community & Leisure	10	9	90%
Infrastructure	7	5	71.43%
Property	1	0	0%
Public Protection	2	1	50%
Regeneration & Planning	5	5	100%
Other - Combined			
Totals	25	20	80%

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

There were various reasons identified with regards to response times not being met. Some examples are listed below:

- Workload pressures/officers on leave.
- Investigation time taking longer than anticipated.

The Director's PA continues to provide training to all staff where required, which covers a wide range of topics. .

Key complaints - identified by type or theme

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

Complaints Themes	Q1	Q2	Grand Total
Planning-General	3		3
Parking	1		1
Poor Communications	1	1	2
Delays in service delivery	1		1
Dog Bins	2		2
Refuse-Recycling-Green Waste-Other	8	10	18
Trees	2	7	9
Grass Cutting	2		2
Refuse-Recycling-Green Waste-Missed Collections	8	14	22
Planning-General	3	6	9
CA Sites	1	2	3
Parking	1	5	6
Cleansing	1		1
Delays in Service Delivery	7	5	12
Highway Maintenance Works	4	4	8
Transport	2	3	5
Delays in Responses	5	3	8
Cemeteries	1	4	5
Noise	1		1
Environmental Health Issues		2	2
Street Lighting		1	1
Illicit Tipping		1	1
Sport and Leisure Services		3	3
General Weed Control-Grounds Maintenance		3	3
Road Closures-Traffic Lights		1	1
Other matters	16	19	35
Grand Total	70	96	166

3. Number of complaints by Category

Table showing complaints by category.

Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1 Collaborative Working	1
2 Decision Making	10
3 Delay in Service Provision	70
4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	8
5a Following Council Policies	20
5b Following relevant Legislation	
6 Accessibility of Services	2
7 Clarity/Accuracy/Timeliness of information	6
8 Quality of Work	47
9 Openness/ Fairness and Honesty	2
10 Compliance with Complaints procedure	
11. Combination of Categories (Non-specific)	
Totals	166

4. 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	58
Not upheld	108
Totals	166

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

Services – Stage 1	Upheld	Not Upheld
Community & Leisure	38	27
Infrastructure	6	22
Property		
Public Protection	3	20
Regeneration & Planning	9	9
Other - Combined		
Totals	46	78

Services – Stage 2	Upheld	Not Upheld
Community & Leisure	1	3
Infrastructure		5
Property		
Public Protection		
Regeneration & Planning		6
Other - Combined		
Totals	1	14

Services – Stage 1 escalated to Stage 2	Upheld	Not Upheld
Community & Leisure	5	5
Infrastructure	3	4
Property	1	
Public Protection	1	1
Regeneration & Planning		5
Other - Combined		
Totals	10	15

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.

Nature of Complaint	Lessons Learned	Category
Paid for a dropped kerb over 12 weeks ago and still not been carried out	Regular updates required with Contractor to confirm delivery dates, and to keep residents up to date with any delays	3 Delay in Service Provision
The Ridgeway from Llanfabon Area - Access to Senghenydd and Eglwysilan Mountain	It has been reiterated to Officers the need to ensure a timely response to enquiries or a holding response where matters are still being investigated.	3 Delay in Service Provision
Dog bins on canal by Darren Road - full and require replacing.	Whilst noting some mitigating circumstances that caused failure to completion of works it is recognised that failure to communicate between staff and officers has led to the necessity for the complainant to raise the complaint and equally become dissatisfied with the response due to incorrect update being provided. Staff have been advised to improve on this element moving forward.	3 Delay in Service Provision
3 complaints - street cleansing asked for an update 4 times, still waiting, litter in the same lane, not happy with the site visit undertaken, when call made to cleansing dept was advised they cannot send emails direct	Resourcing difficulties have led to the issue arising due to the prioritising of front line collections in this instance. Moving forward liaison is identified as required with area chargehands to ensure basics are covered when a supervisor needs to move a cleansing operative to frontline duty. Breakdowns in communication with CRM have been addressed via line manager.	3 delay in service provision
School transport provided always late	Busy periods were experienced coupled with a lack of officers	3 Delay in Service Provision
Formal Complaint Regarding Delayed Decision on SAB Application	Improve communication with applicant when there are delays encountered, ensure that dates proposed are realistic & communicated effectively; review communication standards with the team.	3 Delay in Service Provision
Reported fly tipping outside property 3 times still not removed	Failings in actioning the removal previously to be reviewed to understand where the error occurred.	3 Delay in Service Provision

Dog bins and regular rubbish bins not being emptied on a regular basis within an area of the county borough	Failings will be addressed via internal processes and recorded to ensure no further performance related issues arise for the area/operatives in question	3 Delay in Service Provision
Recycling not being collected	Resource and vehicle issues along with significant presentations of green waste are causing delays to rounds being completed. Members of staff unfamiliar with the round have been utilised and unfortunately exacerbated the problem with missed collections. Staff have been updated to move forward.	3 Delay in Service Provision
Non collection of garden and food waste 5 weeks running	Additional presentation of green waste along with vehicle and resource issues have attributed to delays in collection services. Unfortunately with the location in question being a Friday collection, it is susceptible to bear the brunt of any delay issues knocking collection times back	3 Delay in Service Provision
Missed recycling/refuse collections.	Cleansing operatives to pull street when access is problematic	3 Delay in Service Provision
Overgrown tree in the garden of private property which was obstructing the street light. Complained a number of times, promised a call back but it did not materialise.	Staff need to phone customers back when requested to do so.	3 Delay in Service Provision
Repeated missed and reported green/garden waste collections. Telephoned numerous times and asked for foreman to telephone back and nobody has been in contact.	Cleansing operatives to pull street when access is problematic	3 Delay in Service Provision
Recycling not being collected- further correspondence sent to Waste Admin	Discussions held with teams to be vigilant when assessing location to ensure presentations are or are not available for the collection	3 Delay in Service Provision
Ordered and paid for bins and are very concerned on the wait time for them.	System scheduled for a delivery time which was unfair on the resident having to store waste. Reasonable request that has been actioned by the supervisor to assist the customer.	3 Delay in service provision
Assisted Collections continuously missed	Assisted collection not being adhered to. Team advised to ensure no further failings occur.	3 Delay in Service Provision
Rang numerous times regarding cutting back trees - no response	Officers to ensure they correspond with residents in a timely manner before closing contacts without any action	3 Delay in Service Provision

Last 18 months repeatedly contacted Preservation Dept and no one is following this up.	We should try to respond to incoming requests for service in a more timely manner	3 Delay in Service Provision
Formal complaint regarding street light not working for 7 weeks to the rear of a property and has called 3 times and was told this was being escalated.	Not upheld because the work was carried out within the agreed timescale, but lessons learned are to ensure timely communication/updates to complainant.	3 Delay in service provision
Non collection of green waste - reported to CRM	The crew need to be more vigilant in the future.	3 Delay in Service Provision
Food waste not collected and was promised a collection which didn't happen. Complainant was not happy to be told every day that it will be collected and nothing happens. They have a food business and was not happy with the extra recycling causing an eyesore	Team have been addressed for failings to action and communicate adherence with instruction	3 Delay in Service Provision
Requested numerous times that bin in returned to gate and still not being done	Inexperienced crew undertook the relevant work and made the error without awareness of previous arrangements. Measures implemented by supervisor and chargehand to mitigate any further potential failings.	3 Delay in Service Provision
Flooding outside property	Minor set of works to alleviate the problems could have been done quite a bit sooner	3 Delay in Service Provision
Non Collection of Refuse - Complained previously via CRM	Operatives briefed on the importance of notifying supervisor of outstanding work to avoid similar issues.	3 Delay in Service Provision
Non Collection of Food Waste	Awareness of the assisted collection for the substitute team addressed.	3 Delay in Service Provision
Recycling bins are not being emptied on a Monday causing bins to overflow, already an issue on street with a certain house with rubbish outside and in the gardens causing rats to be in street Reported twice	Mitigating circumstances in place which are affecting the collections. Attempts being made to eradicate problems moving forward with notification to owner of obstructing vehicles and engagement with property owner where waste is not being managed correctly.	3 Delay in Service Provision
Behaviour of a leisure staff member at a Leisure Centre during a class	The complaint assisted in ensuring that standards of delivery, across the whole range of provision are of the highest possible levels. Staff have both been reminded of their responsibilities and professional conduct whilst representing the Leisure Centre	4 Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)

<p>Garden waste not collected (previously dealt with as a service request but waste was found to be contaminated)</p>	<p>Team potentially correct in not taking green waste due to contamination but have not fed that back into the supervisor in effect assisting in the generation of the complaint. Team advised to ensure feedback is provided moving forward.</p>	<p>5 Following Council Policies/relevant Legislation</p>
<p>Non collection of green waste - put out in black bag, crew ripped open bag grass cutting fell all over street, crew left it there. Feels his complaint has brushed under the carpet and not taken seriously. Also not happy to be charged for the purchase of green waste bags.</p>	<p>Photographic evidence proved incorrect feedback initially received from the team to the supervisor in relation to what was presented by the resident. The team have been addressed on this issue and reminded of their responsibilities moving forward. Supervisor monitoring performance.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Stage 1 didn't address all the issues in a complaint. Asked for a Manager to make contact when first reported missed collection with photographic evidence but hasn't been addressed in complaint. When reporting missed collections on repeated occasions informed crew would be out to collect in 5 working days but this didn't happen. Gave Manager enough opportunity but feels issues inadequately addressed.</p>	<p>Endeavour to enhance the frontline delivery in this area by optimising all the available resources including receiving on going support from those internal teams who are able to undertake relevant enforcement action to reduce issues associated with various highway obstructions.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Leisure Centres displaying incorrect information and thus costing petrol and wasting peoples time</p>	<p>Comments will assist in ensuring that standards of delivery across the whole range of provision are of the highest possible levels.</p>	<p>7 Clarity/Accuracy/Timeliness of information</p>
<p>Non collection of green waste - put out in black bag, crew ripped open bag grass cutting fell all over street, crew left it there</p>	<p>Whilst the team acted appropriately in their assessments any spillages should be addressed. Team notified to ensure any requirements of this nature are addressed.</p>	<p>8 Quality of Work</p>
<p>Continual non collection of assisted collection service and attitude of staff</p>	<p>Unfortunately supervisor erred when identifying location and team to undertake the remedial actions causing the delay. Once realised this was swiftly responded to. Whilst this is an unusual error for the supervisor to make, it is recognised to take more care when addressing complaints moving forward.</p>	<p>8 Quality of Work</p>

Complaint received re issues with how we have cut their hedge	A number of factors contributed. Inexperience regarding processes involved; lack of clarity regarding management responsibility for the public/private vegetation and hedge; no clear mapping information that shows land where CCBC maintain but do not own land; hasty inspections in order to process back log of service requests	8 Quality of Work
Overloaded bins and dumped rubbish at the rear of a property which the felt was a real eyesore as well as a health hazard.	No lessons to learn to this regard as this was simply a communication requesting action which was undertaken by the team following the notification process.	8 Quality of Work
Recycling Bins not collected - Possibly contamination issues	Confirmation from supervisor to team to ensure contamination stickers placed and ticked to advise residents of the contamination. Bins are checked in line with contamination process.	8 Quality of Work
Collection vehicles travelling through area too fast and causing damage	Supervisor has identified that staff are driving over a footway to gain access to a cul-de-sac as opposed to using the formal access which can be slightly more difficult to navigate in the particular size of vehicle. However, this action cannot be condoned and staff have been warned that no further misuse will be tolerated.	8 Quality of Work
Drop Kerb Complaint - Not to Standard	From a quality perspective the complaint was upheld, but from interaction and engagement it was felt that we fulfilled our duties.	8 Quality of Work
Multiple times bin has been skipped/taken and hasn't been informed by the bin men. Had to pay for new bin. Missed collections and generally negative attitudes/loud vulgar in the street	Whilst it is noted that there was contamination within the receptacle the failure in the feedback system has caused difficulties in this instance. Team have been briefed and resident is satisfied with the outcome and requirements moving forward	8 Quality of Work
Recycling bin not being returned to their property. Complains each time and it continues to happen. Lady is disabled.	Oversight in not making contact with the resident to update on actions taken. Supervisors to be mindful of ensuring residents are updated as part of our customer focused service provision	8 Quality of Work
Bin being thrown against pillar	Unfamiliar team undertaking the collection who were unaware of a prior agreement. Supervisor has now rectified by notifying the team.	8 Quality of Work
Flooding at property - still waiting for a report on feedback from investigation	Contracting staff should update client if there issues on site when cleaning drainage features	8 Quality of Work

Bin men blocking in car and not returning bins to pavement	Better communication between the collection operatives was required the chargehand should have highlighted this issue with the new loader on the team. Reprimand highlighted is agreed as a suitable measure.	8 Quality of Work
Second week in a row that recycling hasn't been picked up. Previously complained in June.	Unfortunately, driver awareness for the bespoke service caused the failing in this instance. Future plans are to implement in-cab technology to mitigate such issues arising but in the short-term efforts are to be made ensure consistency in the drivers who have been trained with the location knowledge to fulfil the round.	8 Quality of Work
Recurring problem of green waste being dropped outside of a house and not being picked up. Operatives being rude and aggressive when asked if it was going to be picked up.	Team reminded in relation to spillages and advised not to engage with residents where there is emotive content to the discussion. In this instance there is no specific evidence to prove or disprove blame so general reminders issued to the team.	8 Quality of Work
Spoken on phone 4 separate occasions but to no avail re. Non collection of food and garden waste. Also comment on street lighting, weeds and surface state in lane	Team have been addressed in regard to the identified omission and instructed to ensure collection is maintained moving forward.	8 Quality of Work
Street and grass maintenance on a housing estate in Caerphilly	Cleansing issues surrounding damaged bins identified and issued for repairs.	8 Quality of Work
Bin collection not been returned left up road which you agreed to give assistance as with my medical problems	Crew addressed on difficulties presented to the partially sighted resident when not ensuring bins returned to correct positions.	8 Quality of Work
Bins blocking the access after being collected	Team addressed by supervisor to eliminate this issue moving forward	8 Quality of Work
A complaint was received regarding the resting place of parents which had been covered in dry grass and hadn't bothered to clear it up plus a plastic bag full of dried grass. Disrespectful	Lesson learnt is to be realistic of what can be produced with the reduction of resources.	8 Quality of work

Some of the key learnings identified include:

- Continuity of service needed, to reduce and prevent reoccurrence's (system failures)
- Need to ensure accuracy of data pre and post communications
- Cross service communications and prioritisation needs enhancing - complaint responses
- Improve citizen engagement and listening first-time
- Staff changes and turnover, could improve with better induction and suitable plant and equipment

5. Identified relationships to Equalities or Welsh Language

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

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	
Disability	2
Gender Reassignment	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Race	1
Religion/Belief or Non-belief	
Sex	
Sexual Orientation	
Welsh Language	
Totals	3

Examples of Age and Disability Complaints are

Details of Complaint	Service Area	Lessons Learned	Does the Complaint relate to Equalities or the Welsh Language?
Incorrect rules imposed at a Recycling Centre regarding banning a resident from returning same day due to carrying more than 6 bags of soil. I have been treated unfairly and think that the poor treatment is due to racially motivated prejudice.	Community & Leisure		Race
Recycling bin not being returned to her property. Complains each time and it continues to happen. Lady is disabled.	Community & Leisure	Oversight in not making contact with the resident to update on actions taken. Supervisors to be mindful of ensuring residents are updated as part of our customer focused service provision	Disability
Assisted Collections continuously missed	Community & Leisure	Assisted collection not being adhered to. Team advised to ensure no further failings occur.	Disability

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

Three complaints were considered by the Ombudsman in relation to the Economy and Environment Directorate, two in relation to Planning and one in relation to Environmental Health, none of which were taken to investigation.

7. Directors Summary – Overall Assessment and Evaluation

Overall, the Directorate is sustaining service delivery and performance levels, with some specific areas proving to be more challenging than others at present.

Our front-line and back-office services continue to sustain reasonable levels of service delivery in this period, despite changes experienced in working practices and public expectations, which has generated some challenges in certain services. Succession planning, staff retention and recruitment of replacement staff remains a challenge in some services while in others the affordability and availability of plant and equipment is sometimes a challenge.

By virtue of the front-facing nature and the diversity of services delivered, we rely heavily on public feedback. Intelligence gathered through engagement, our compliments and complaints including trends and feedback, direct service contacts, and recent 'what matters to you' programme, all provide us with sufficient knowledge to understand any areas for improvement.

There is also a system in place across the Directorate for the capture of compliments as these are equally important in terms of measuring the effectiveness of service delivery and customer satisfaction as complaints. The benefits of staff training programmes on good customer service are now starting to be experienced and these will be cyclically delivered and kept under continuous review.

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Directorate of Housing

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

1. 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	65	28	43.1%
Stage 2	4	3	75.0%
Escalated from Stage 1 to 2	5	1	20.0%
Totals	74	32	43.2%

*Target response rates for the period of 2022/23 were 46.9%

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
Adaptations	1	1	100.0%
Allocations	2	2	100.0%
Antisocial Behaviour	3	3	100.0%
Grants	2	2	100.0%
Homelessness	3	1	33.3%
Housing Management	13	4	30.8%
Leaseholder	2	0	0.0%
Heating	3	2	66.7%
Private Landlord	3	3	100.0%
Response Repairs	33	11	33.3%
Totals	65	28	44.6%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adaptations	1	0	0.0%
Housing Management	3	2	66.7%
Response Repairs	4	2	50.0%
WHQS External	1	0	0.0%
Totals	9	4	44.4%

Generally, where target response times were not met, it has been identified that it was due to awaiting further information from other officers, other departments, or the complainants themselves. In the previous report there is a notable drop in the compliance rate from the previous 6-month period. One of the key areas noted was the Response Repairs team, where the target figure significantly dropped from 80% to 29.5%. This has slightly improved to 33.3% however, as mentioned previously, there are ongoing issues with a backlog of repairs which is having a negative

impact on the target rate due to managers, supervisors and operatives turning their attention to reducing the backlog and placing their focus on this area as a key priority. Managers and Officers have been participating with the working groups for Mobilising Team Caerphilly to see if future efficiencies can be achieved in this area. Recruitment issues have also been experienced within this area, which is strongly felt throughout this service, evidencing the knock-on effect witnessed with investigation times and target rates. The Repairs Operations Team have also had a number of well experienced staff retire within the last 6 months, highlighting the importance of 'succession' preparation in recruitment going forward. Housing Management also had a notable decrease in target rate from 62.5% in the first 6 months to 48.3%.in the last report and this rate has continued to decrease slightly to 30.8%. As previously mentioned, key members of the Housing Management team continue to be involved in the planning and implementation of the changes required for Caerphilly Homes to successfully introduce the Renting Homes Act 2016. This legislation has now been successfully implemented however continued monitoring and further changes have continued to pull resources. The introduction of this legislation was 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 was introduced in October 2022 and ongoing testing, adjustments and implementation continue to ensure Caerphilly Homes has an efficient housing recording system. These changes have been managed whilst operating on a reduced staffing capacity due to recruitment challenges which are being experienced nationwide. To encourage improvements in target response times, 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. Managers/Officers will continue to be offered training sessions provided by the Complaints Standards Authority (CSA) to ensure consistency and customer focus, ultimately improving quality of complaint investigations, and reducing escalation of complaints. 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. It was agreed this approach would be monitored to see if this has a positive impact on our target time percentages and it is important to note key areas in which target time response rates have improved. Since the last report, our Heating department has improved their response rates from 42.9% to 66.7%, the Allocations department from 68.8% to 100% and the Tenancy Enforcement Team from 66.7% to 100%.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	34	1	2
Email	24	2	3
Letter	4	1	0
On-line	3	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	65	4	5

*In 2022/2023, the main source of contact was via telephone and this has remained unchanged.

2. Key complaints - identified by type or theme

- Residents unhappy with delay in works being initiated for damp/condensation and mould.
- Quality/lack of support for housing applicants/homeless applicants.
- Motorhome/general cars being parked on grassed housing land – grass not being maintained. Carpark and general grassed area not being maintained at rear of property.
- Residents concerned with leaks in their private properties following works being carried out in an adjoining council property.
- Condition of property prior to a mutual exchange – unidentified repairs required before new contract holder took over.
- Delays with fitting exterior doors.
- Resident concerned with delay in re-banding of housing application as allocations officer absent due to sickness.
- Family member unhappy with letter sent regarding empty private property following family death.
- Leaseholder unhappy with the services received from Leasehold Services and Housing Repairs Operations team.

In terms of key identified trends, reports of damp and mould within the home has been highlighted. In response, Caerphilly homes has produced a procedure which will ensure that wherever possible, customers are not adversely affected by the causes of damp and mould and will drive forward an agenda of proactive action to tackle/manage the causes of damp and mould. We will ensure that all employees have an awareness of the procedure and receive adequate training to enable them to report issues of damp mould & condensation and to support our customers. Technical staff will be trained and competent in the diagnosis of damp, condensation, and mould issues; to include HHSRS, specialist damp training and the use of specialist damp equipment.

The procedure is designed to ensure Caerphilly Homes has a robust effective way of managing damp and mould cases within its housing stock and will be monitored to ensure the procedure is meeting the needs of our contract holders.

By way of an update, a key trend identified within the last report, the re-let standard of some properties were highlighted as poor. Going forward meetings between managers were held and training needs were considered and arranged. They agreed the requirement for focus of awareness raising sessions with team members who are responsible for ensuring that our Lettings Standard is in line with the Renting Homes Act. Reviewing the complaints received within this 6 month period, it is positive to note the re-let standards have improved and in fact, we have received praise from a Contract Holder who wished to acknowledge the outstanding quality of decoration within a home they were offered.

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	5
3.	Delay in Service Provision	16
4.	Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	1
5a.	Following Council Policies	0

5b.	Following relevant Legislation	2
6.	Accessibility of Services	0
7.	Clarity/Accuracy/Timeliness of information	1
8.	Quality of Work	49
9.	Openness/ Fairness and Honesty	0
10.	Compliance with Complaints procedure	0
11.	Combination	0
	Totals	74

*Quality of work (8) remains the most common category for reason for contact.

3. 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	13
Not upheld	55
Totals	68

*Please note, 6 complaints were withdrawn.

The following table shows more information regarding the complaints counts above, that were, Upheld, Not Upheld, Non-specific, Investigation Not Merited and Investigation Discontinued, by Service Area.

Stage 1 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Allocations	1	1
Grants	0	2
Housing Management	2	10
Leaseholder	0	1
Private Landlord	1	2
Response Repairs	7	24
Heating	0	2
Antisocial Behaviour	0	2
Homeless Prevention	0	3
Totals	11	48

Stage 2 Complaints

Service	Upheld	Not Upheld
Adaptations	0	1
Housing Management	1	2
Response Repairs	1	3
WHQS External	0	1
Totals	2	7

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.

Details of Case	Lessons Learned	Category
Contract holder had chimney removed which has now allegedly resulted in an on-going leak into the private property next door which it is believed is privately rented.	Lessons learned from the complaint; Contractors should declare any damage caused. Conversations were held with the scaffolders regarding the damage caused.	3.Delay in Service Provision

<p>The kitchen wall cupboard fell off injuring contract holder and a young family member.</p>	<p>Lessons learned from the complaint; Tradespeople to ensure they use the correct fixings. Foreman met with the tradespeople to discuss and to consider additional training requirements.</p>	<p>8. Quality of work</p>
<p>Contract holder advised property not inspected prior to mutual exchange (ME) deeming it not fit to live in and still waiting for repairs to be completed</p>	<p>Ensure that proper and full inspections are completed prior to allowing mutual exchanges to take place. Conversations with Housing Repair Operations about prioritising Mutual Exchange inspections to prevent this happening again</p>	<p>8. Quality of work</p>
<p>Inspector visited in January in relation to damp/condensation and sent report through for works to be completed. Still waiting for any work to begin</p>	<p>We need a better means of conveying supplementary information to the surveyor (in this case a Damp report) than simply relying on email. In this case it was assumed the same surveyor would recall after the no access due to COVID however when the recall came the surveyor was absent at the time and someone else called. If supplementary information could be added to the associated documents in Total, then it could be delivered with the job to the surveyor's tablet.</p> <p>This is something we should consider for Civica moving forward.</p>	<p>3. Delay in Service Provision</p>
<p>Operatives called out to Contract Holder property to install trickle vents, but they were not able to install them as they were the wrong size. This was the 4th or 5th time this had happened. The Contract Holder wanted a rent arrears reduction considered due to mould in the property.</p>	<p>Lessons learned from the complaint; Initial Inspections must contain full description and measurements of materials required. Inspectors will be advised of this going forward.</p>	<p>3. Delay in Service Provision</p>
<p>Occupier complained about motorhome parked on housing land which stops the grass from being cut and is an eyesore - this has been reported before.</p>	<p>No lessons learned – isolated incident</p>	<p>8. Quality of work</p>
<p>Owner Occupier unhappy as works carried out on neighbouring property causing their guttering to leak</p>	<p>Cleck of works (COW) to check alinement of gutters prior to signing off works. This is to be included in ongoing toolbox talks with Clerk Of Works.</p>	<p>2. Decision Making</p>

Issues and delays with fitting front door.	Lessons learned from the complaint; measurements should be accurate before orders are placed and information given to Contract Holders must also be accurate. Future Doors will be surveyed and measured by the supplier.	3. Delay in Service Provision
Applicant waiting to be re banded but officer absent with no one else able to undertake work.	Mental Health Assessor was on long term absence and there was no replacement who could step in. Potentially consider using agency staff if in similar situation again, to be agreed by Head of Housing.	3. Delay in Service Provision
Family member unhappy with letter sent regarding father's property left empty following his death.	The letter will be reviewed to address the concerns raised. A statement to be added to the standard letter to clarify the date of the information. This would hopefully avoid any upset. The letter can be reviewed to clarify that anyone actively dealing with their empty property or has genuine reasons for the property being empty can ignore that part of the letter.	8. Quality of work
Contract holder unhappy with service received whilst trying to organise the wallpapering of daughter's bedroom.	Lessons learned from the complaint; to ensure resources are available to complete a repair in reasonable time.	8. Quality of work
Resident remains dissatisfied with the state of the area at the rear of their property.	Lessons learned will be that early verbal communication is key to achieving a resolution before the matter is escalated to the corporate complaint's procedure.	8. Quality of work
Leaseholder unhappy with the services received from Leasehold manager and Housing Repair Operations - asked for complaint to be escalated before stage 1 investigation completed.	Ensure Leaseholders follow insurance procedure. In this case communication is key with Leaseholder and Housing Repair Operations officers.	3. Delay in Service Provision

4. 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	6
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	6

Extracts from cases linked to the Disability characteristic:

- Following a toilet cistern being fitted in July 2021, an increase in the water bills were noted approx. 12 months later due to a possible leak. Investigations revealed at least 18 months had passed before the Contract Holder had reported this issue. The son said we had not considered the Contract Holder's vulnerabilities whilst investigating however our records showed the Contract Holders had reported other issues to the response repairs department during the same period. This issue was considered at both stage 1 and Stage 2 and was not upheld.
- Friend of homeless applicant concerned for their welfare and their pregnant daughter. The applicant has autism and his friend felt this was not being considered. We advised the case officer assigned the case was specialised in working with people who have mental health issues and ADHD. This complaint was considered at Stage 1 and was found to be not upheld.
- Contract Holder advised contractor took bathroom floor up and they have been left unable to use their shower. Both residents are registered disabled and need access to the shower. This contact was recorded as a stage 1 complaint and was not upheld as the repair was carried out in a timely manner.
- Son of Contract Holder made contact to advise his visually impaired mother fell over tools which were left on the floor by the gas engineer. This was recorded as a stage 1 complaint and not upheld as evidence did not conclude the cause.
- Contact Holder raised a number of issues which were investigated as a stage 2 complaint. These issues included car parking issues, alleged anti-social behaviour from neighbours and their children and harassment from CCBC staff. Following in-depth investigations into all aspects of the allegations, the complaint was not upheld.

5. 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.

Six cases were referred to the Ombudsman for Housing in this reporting period. The Ombudsman decided not to investigate and subsequently closed their records for five of these cases. One case was investigated and upheld by the Ombudsman.

The first Ombudsman case related to a delay in completing repairs reported and acknowledged some of the repairs should have been undertaken before the property was allocated. As part of our investigatory procedure, we apologised to the Contract Holder, updated them on the one outstanding repair and offered a £108.00 payment redress for decoration. Considering this the Ombudsman decided not to investigate the complaint as they felt our actions were fair in redressing the issues raised.

The second Ombudsman case was regarding a Contract Holder reporting the presence of damp and mould in a property before it was allocated. Following the internal investigation responses provided to the Ombudsman, it was decided no further action was required by Caerphilly Homes as they had acted appropriately.

The third case was prematurely taken to the Ombudsman regarding a car remaining on axel stands. The ombudsman passed this contact to Caerphilly Homes for us to engage with the resident and undertake our own investigations.

The fourth case was of a similar nature as it was prematurely passed to the Ombudsman when our internal procedures had not been exhausted. An owner/occupier advised they had been experiencing damp patches in their bedroom following works undertaken on the neighbouring property.

The fifth contact with the Ombudsman was relating to planning regulations, this was not considered by the Ombudsman due to lack of evidence and contact from the complainant. The ombudsman decided they were not furnished with enough evidence for them to consider their concerns.

The sixth complaint was regarding the placement of a fence in the rear garden. The Contract Holder disagreed with the decision and request to move the fence, and this was initially logged as a Service Request. Following the Ombudsman's consideration, it was decided to accept actions to conclude an early resolution which included an apology for not logging the original contact as a Stage1 complaint and to investigate and provide a stage 1 response to the Contract Holder as per our internal procedure. These actions were completed, and the complaint is now resolved.

For further information, please contact

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Directorate for Education
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	3	3	100
Stage 2	0	0	0
Escalated Stage 1 to 2	3	3	100
Totals	6	6	100

Summary of complaints by service, for each stage type

Service	Count Stage 1	Count Completed in Target Times	Percentage Completed in Target Times
ALN and Inclusions Services (ALN)	2	2	100
Early Years / ALN & Inclusion	1	1	100
Totals	3	3	100

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Totals	0	0	0

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
ALN and Inclusions Services (ALN)	2	2	100
Early Years / ALN & Inclusion	1	1	100
Totals	3	3	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	3	0	3
Letter	0	0	0
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	3	0	3

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

1. 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.

An overview of the complaints received and dealt with are as follows:

- ALN and Inclusion Service – SEN school placement and Panel decisions
- ALN and Inclusion Service – No EOTAS provision
- Early Years and ALN/Inclusion Services – Member of staff

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

3. Number by Outcome and lessons learned comments

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

Service	Upheld	Not Upheld
ALN and Inclusions Services (ALN)	4	0
Early Years and ALN/Inclusion Services	0	2
Totals	4	2

Stage 1, escalated to Stage 2 Category 11 (1, 2, 3, 5b & 7).

The local authority has not followed the ALN code of practice at all. They have given false information throughout the last 2 years and misled the family into agreeing to delay what should have been done in the interest of their child. Their child has suffered from sensory overload and their emotional state has suffered significantly as a direct result of the failings.

Outcome – Upheld

Recommendations – *Communication can be improved. Expectations need to be clear and agreed between all parties to avoid doubt. Where expectations are not aligned or cannot be met, this needs to be communicated clearly and the way forward agreed. The rationale for decision making needs to be clear and where this is unclear this must be raised in a timely way and clarified for the avoidance of doubt. Where decisions are made that are unclear, there must be an agreed mechanism to raise any concerns and for these to be resolved before reaching a point of dispute or formal complaint. Statutory processes should be followed. Where there are exceptions the rationale for these should be clearly communicated with parents and agreed with all parties.*

Stage 1, escalated to Stage 2 – Category 11 (1, 3 & 7).

Delay in the completion of the building work at the new EOTAS site at Virginia Park and poor communication from the LEA.

Outcome - Upheld

Recommendations - *Communication can be improved. Expectations need to be clear and agreed between all parties to avoid doubt. Where expectations are not aligned or cannot be met, this needs to be communicated clearly and the way forward agreed. The rationale for decision making needs to be clear and where this is unclear this must be raised in a timely way and clarified for the avoidance of doubt. Where decisions are made that are unclear, there must be an agreed mechanism to raise any concerns and for these to be resolved before reaching a point of dispute or formal complaint. Statutory processes should be followed. Where there are exceptions the rationale for these should be clearly communicated with parents and agreed with all parties.*

Stage 1, escalated to Stage 2 – Category 11 (4, 5a & 5b).

Number of allegations made against a member of staff after parent was reported to social services for failing to secure her young child in a car seat, as defined by law. Parent was sat in the front passenger seat with her young child sat on her lap when they arrived at the setting i.e. the young child was not sat securely in a child safety seat.

A thorough investigation was undertaken by the line manager(s) and the Education Safeguarding Co-ordinator. There was no evidence to substantiate any elements of the complaint.

Outcome - Not upheld.

4. 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

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

Complainant was unhappy with the LA's complaint response, as although the complaint was upheld the complainant considered the LA had missed the point, minimised the concerns and significant failings had been glossed over.

The Ombudsman carefully considered the information provided by the complainant and LA (namely the LA's complaint file and details of the actions it has taken following the complaint) and having considered all the information, no further action was taken by the Ombudsman.

It is important to recognise that the changes currently being made to the ALN and Inclusion Service are due to the implementation of the new curriculum for Wales and the ALN Act which has led to a lot of confusion and frustration of some of our stakeholders, especially parents. The LA will continue to listen and adapt its processes in line with feedback.

For further information, please contact

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Corporate Services

1. 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	7	5	71.43%
Stage 2	1	1	100%
Escalated Stage 1 to 2	0	0	N/A
Totals	8	6	75%

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	1	0	0
Email	5	0	0
Letter	0	0	0
On-line	1	0	0
Contact Centre	0	0	0
Other	0	1	0
Totals	7	1	0

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
Corporate Finance	6	5	83.33%
Other – Combined	1	0	0%
Totals	7	5	71.43%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Corporate Finance	1	1	100%
Other – Combined	0	0	N/A
Totals	1	1	100%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Corporate Finance	0	0	N/A
Other - Combined	0	0	N/A
Totals	0	0	N/A

For Corporate Finance 2 target dates was not met for stage 1 due to an officer awaiting guidance from an officer who was on leave and the other was in relation to the combined complaint. Due to data protection regulations the information is not readily shared between departments and therefore the onus was on the complainant to inform the Council Tax section direct of any changes.

2. 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 were no particular themes, of repetitive or pertinent complaints received in relation to Corporate Finance. For this period, the Council Tax Section received the most complaints x 4, Housing Benefits x 2, Sundry Debtors x 1 and Other - Combined x 1.

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

4. Number of Complaints by Outcome and Lessons Learned

Table showing number of complaints Upheld and Not Upheld

Service	Upheld	Not Upheld
Corporate Finance	3	5
Totals	3	5

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
Stage 1: Income & Sundry Debtors – Complaint re . Meals on wheels account – complainant’s mother	Team reminded of the importance of reading emailed instructions thoroughly and taking action where necessary. Meals Direct also reminded that, once a Sundry Debtor invoice has been raised, any monies	7 Clarity/ Accuracy/ Timeliness of information

received a letter direct from our Debt Collection Agency (which should have been sent to direct to her address) alleging that there was arrears owing having been assured that there is nothing outstanding on the account. Very distressing for the mother.	subsequently received directly to their income code should be transferred to clear the invoice – this provides a better audit trail and will usually be a quicker process than cancelling the invoice.	
Stage 1: Council Tax - fourth time the complainant had to contact the Council Tax Section regarding moving house and making payments with no response.	The delay was due to the high volume of customer enquiries the council tax team are currently receiving but also didn't receive the contact back in July that the complainant referred to.	3 Delay in Service Provision
Stage 1: Housing Benefits - Complainant on behalf of friend trying to sort out issues with his benefits, which have been stopped and rent is being taken out of his account and needs to be repaid to him. Every time he calls he is told that he has to send an email in, which he does but nothing is being sorted.	Housing & Council Tax Benefits Manager spoken to the Team Leaders to make them aware of the issue. There was a mistake made with the Council Tax account and the claim was cancelled. When the issue with the Council Tax was resolved the Section only recommenced the CTR and not the HB. Manager feels this is a one off but the staff have been made aware. Complaint happy with the outcome and apology.	3 Delay in Service Provision

5. Identified relationships to Equalities or Welsh Language

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

Characteristic Strand	Count Stage 1, Stage 2 & Escalated 1 to 2
Age	0
Disability	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

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

Service Area	Date received	Decision
Corporate Finance – Other Combined	30/05/2023	Mr X went straight to Ombudsman but as Mr X had not complained to CCBC before the Ombudsman advised they do not propose to investigate at this stage and asked for a copy of the response. This was logged as a stage 2 and a copy of the response provided.

For further information, please contact

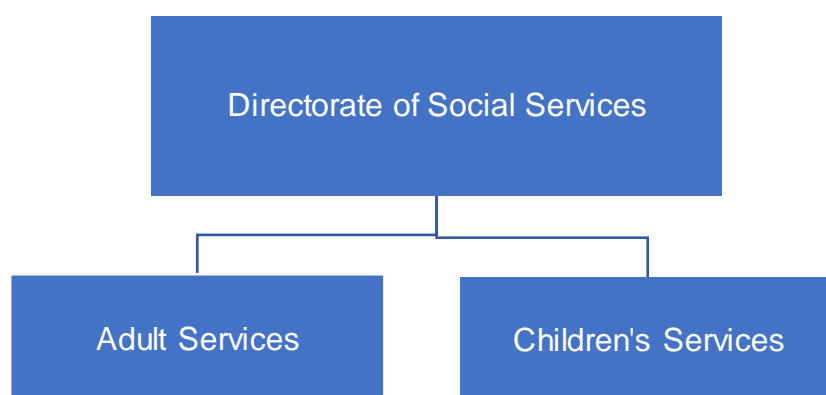
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Directorate and Services

1. Diagram of Directorate and Service Framework.



2. 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.

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

Stage Type	Count	Count Completed in Target Times	Percentage Completed in Target Times
Stage 1	26	25	96%
Stage 2	1	1	100%
Escalated Stage 1 to 2	7	7	100%
Totals	34	33	97%

Of the 26 Stage 1 complaints, 25 were completed within timescale and 1 completed 6 days over timescale. The Reason for the one being 6 days over timescale was due to staff leave and their views were required in order to provide a full response to the complainant.

Table showing how the complaints were received.

By source	Count Stage 1	Count Stage 2	Count Escalated Stage 1 to Stage 2
Telephone	9	0	1
Email	16	1	6
Letter	1	0	0
On-line	0	0	0
Contact Centre	0	0	0
Other	0	0	0
Totals	26	1	7

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	19	18	95%
Children's Services	7	7	100%
Totals	26	25	96%

Service	Count Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	1	1	100%
Children's Services	0	0	0
Totals	1	1	100%

Service	Count Escalated Stage 1 to Stage 2	Count Completed in Target Times	Percentage Completed in Target Times
Adult Services	6	6	100%
Children's Services	1	1	100%
Totals	7	7	100%

4. Key Complaints - Identified by Type or Theme

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

Wants one allocated worker to child's case and regular updates as agreed
 Requested package of care for adult and not given support needed
 Adult expected to pay for 2-1 support on holiday
 Self-funding care home fees increased
 No staff member available to cover community session
 Wants day services reinstated as they were pre-pandemic
 Telephone assessment undertaken was not appropriate
 Reconsideration of Disabled Persons Parking Bay
 How late adult's finances have been dealt with and lack of communication
 Carer left Service User after fall
 Adult has passed away and family being pursued for outstanding fees
 Staff attitude/manner
 Concerns not being listened to
 Calls not being returned
 Call times for care package not suitable
 Decision relating to capacity
 Advice given by staff
 Care package reduced
 Correspondence sent direct to service user
 Behaviour of children and young people
 Request for assessment was declined
 Attitude of Care home staff
 Concern for safety of child
 Assessment not typed in timely manner
 Social Services involvement

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	26
Children's Services	8
Totals	34

5. Number of Complaints by Category

Table showing complaints by category.

	Category	Count Stage 1, Stage 2 & Escalated 1 to 2
1.	Collaborative Working	1
2.	Decision Making	17
3.	Delay in Service Provision	1
4.	Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)	5
5a.	Following Council Policies	2
5b.	Following relevant Legislation	0
6.	Accessibility of Services	0
7.	Clarity/Accuracy/Timeliness of information	0
8.	Quality of Work	0
9.	Openness/ Fairness and Honesty	0
10.	Compliance with Complaints procedure	1
11.	Combination of Categories (Non-Specific)	7
	Totals	34

6. Number of Complaints by Outcome and Lessons Learned

Service	Upheld	Not Upheld
Adult Services	3	23
Children's Services	2	6
Totals	5	29

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 5 complaints referred to in table 6 above that were upheld.

Nature of Complaint	Lessons Learnt	Category
Requested a package of care for late father who was terminally and had come to live with complainant from another Local Authority area. Felt that Caerphilly and the	<p>A full apology was provided for the difficulty that the complainant experienced in securing appropriate care from Social Services for late father and for the communication difficulties.</p> <p>As calls are not recorded it was unable to be identified whom the complainant spoke to and</p>	<p>11. Combination of categories</p> <p>(2. Decision Making &</p>

<p>other Local Authority were passing the buck, despite her advising in her second call to Social Services that her father would be a permanently living with her. During this call the staff member was extremely rude which added to a very upsetting situation.</p> <p>A package of care was agreed however Emergency care at home did not have any capacity due to staff shortage and the length of time waiting for support was unacceptable. The Social Worker spoke to District Nurse and then called to advise that father's case would be closed, yet the District Nurse advised this was not what had been discussed and was going to email the Social Worker requesting Care be put in place immediately.</p>	<p>staff have been reminded of professionalism whilst dealing with calls.</p> <p>An apology was given as a misunderstanding occurred. Health had advised they would be providing care under the Fast Track CHC scheme which does not require social care input.</p> <p>It was acknowledged that communication was poor and this is an area that needs to be reviewed, at the time it was Social Services understanding that the Health Board were arranging care for complainant's father.</p>	<p>6. Accessibility of Services</p>
<p>Not informed that there was no staff member available to cover brother's community session. Brother was dressed, waiting and excited but the member of staff did not turn up. This caused frustration and behaviour issues which could have been avoided if they had been informed of the staff sickness before brother had got ready to go out.</p>	<p>Brother was taken off staff rota in error and this was not identified until complainant made contact.</p> <p>Apologies provided to complainant and brother for the upset caused. Sessions were reinstated and any future disruption to brother's support/change to support rota will be communicated in advance in order to try and prevent this situation reoccurring.</p>	<p>3. Delay in Service Provision</p>

<p>Concerned about the behaviour of children and young people at the neighbouring Children's Residential Home. Neighbours have been having problems for six months Items have been thrown at their windows, their windows have been knocked, rubbish thrown over their gardens, abuse shouted towards them and also racist remarks have been made.</p>	<p>Manager only became aware of issues on receipt of complaint and attempted to speak to complainant and provided contact details .An apology was provided and reassurance given to complainant and neighbours that work is being undertaken with the young people to address their behaviors and help them understand the impact their behaviour has upon the neighbours and to engage positively with residents and to prevent such behaviour in the future. Also that racism is taken seriously and the home and professionals are working to help the children understand that these words are unacceptable and how these affect people directly and indirectly.</p>	<p>4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
<p>Concerned about the behaviour of children and young people at the neighbouring Children's Residential Home. Neighbours have been having problems for six months. Items have been thrown at their windows, into their garden, children climbing on to the home's garden shed and is concerned for children's health and safety as they could fall. Neighbours unable to sit in garden for fear of items being thrown over. Police have been called. Feels home is poorly managed and staff are not strong enough for the type of home it is.</p>	<p>Manager only became aware of issues on receipt of complaint. Manager spoke to complainant regarding strategies in respect of speaking to the children. An apology was provided and reassurance given that work is being undertaken with the young people to support them to understand how their behaviours impact on others, to fit into the community, engage positively with residents and prevent such behaviour in the future. Also the possibility of moving the shed was discussed.</p>	<p>4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
<p>Unhappy with the response from private care home, following concerns raised directly with them. Mother has been</p>	<p>The home investigated the complaint thoroughly and provided feedback to the complainant on the actions taken.</p> <p>Despite attempts to resolve the conflicts and failure to restore the relationship between complainant and home it was felt, due to the</p>	<p>11. Combination of categories (2. Decision Making</p>

<p>asked to leave care home which has upset her and complainant believes that mother has been discriminated against. Unhappy with the attitude of the management team and their company values and want to see the residents treated with respect, and not the rudeness and abruptness that she has experienced. Also have not received any written acknowledgement or response from the concerns previously raised with them, and feels they are covering up their poor practice.</p>	<p>negative impact it was having on the staff team and the disruption to mother's care, it was a necessary decision to issue a 'notice of termination' of her mother's contract. It was felt a move for complainant's mother to the new setting would be in her best interest and was by no means to discriminate her but was done to protect and promote her wellbeing.</p> <p>The Management Team provided an apology to the complainant for not providing a written response to the complainant and also identified some training issues within their staff team which have been addressed and continue to be monitored.</p> <p>It was also reiterated to complainant that CCBC monitoring officers will continue to monitor the home along with Health Inspectorate Wales.</p>	<p>& 4. Officer/Contractors Conduct with public (including sensitivity/empathy of staff/politeness)</p>
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The Directorate is committed to learning from complaints received in order to influence positive change. Information from complaints is an invaluable source of user feedback. The Directorate makes the best use of this information about complaints and uses the results to inform policy and ensure that practice is changed in response to highlighted areas of concern, this is done in discussion with Senior Management to agree an action plan to address the issues.

7. 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

8. 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 the cases and early resolution was agreed for the other case.

Reference	Outcome	Details of Early Resolution/recommendations
OMB04	Not Investigating	No Further Action
OMB05	Early Resolution	<p>Within 3 weeks of the Ombudsman’s decision</p> <p>a) Write to complainant with an apology for the failure to consider complaint under the Social Services Complaints Procedure.</p> <p>b) To commence a Stage 2 investigation under the Social Services Complaints Procedure.</p> <p>c) Pay complainant £75 for time and trouble in raising complaint with the Ombudsman.</p> <p>The above recommendations were agreed and completed.</p>
OMB06	Not Investigating	No Further Action

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GOVERNANCE AND AUDIT COMMITTEE – 16TH APRIL 2024

SUBJECT: INTERNAL AUDIT SERVICES: ANNUAL AUDIT PLAN 2024/25

REPORT BY: ACTING INTERNAL AUDIT SERVICES MANAGER

1. PURPOSE OF REPORT

- 1.1 To seek Governance and Audit Committee approval of the Internal Audit Services Annual Audit Plan for the 2024/25 financial year.

2. SUMMARY

- 2.1 The Governance and Audit Committee is 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.
- 2.2 The report provides details of the resources available and planned work programme for Internal Audit Services for 2024/25.

3. RECOMMENDATIONS

- 3.1 The Governance and Audit Committee is asked to consider and endorse the Internal Audit Services Annual Audit Plan for the 2024/25 financial year.

4. REASON FOR THE RECOMMENDATIONS

- 4.1 The work of Internal Audit Services provides assurance on the robustness of internal controls and the corporate governance arrangements operating within the Authority and identifies areas for improvement.
- 4.2 The Public Sector Internal Audit Standards (PSIAS) and the Council's Financial Regulations require that an annual plan is prepared to ensure that there is an effective and efficient use of audit resources, that those resources are directed to address areas of risk, and to provide assurance for management as part of the Annual Governance Statement (AGS).

5. THE REPORT

- 5.1 The Audit Plan is based on a rolling plan of establishment audits, key high risk areas, strategic issues, other systems reviews, contract audits, grant certifications, other specific areas requested by Directors and Heads of Service, together with a contingency for unplanned audit work and emerging risks. The plan is also able to be flexed and audits brought forward, delayed at management request, or new pieces of work substituted as appropriate.
- 5.2 The Internal Audit available staffing resource for the 2024/25 financial year is shown in the table in paragraph 5.3. There are currently 8 staff in post, with the Deputy Internal Audit Services Manager post being held as a vacancy for the time being as a result of the substantive postholder acting up in the Internal Audit Services Manager role.
- 5.3 The table below shows a forecast for the available audit staffing resource days for the year taking account of known staffing vacancies and an estimate for overheads or non-productive time.

	Q1	Q2	Q3	Q4	Total for year
Direct Audit days	200	244	208	234	886
Indirect Audit time	146	152	146	140	584
Overheads	170	120	163	143	596
Net Available days	516	516	517	517	2066

- 5.4 An allowance has been made for known overheads and unproductive time such as annual leave and bank holidays, study day release time, and estimations have been made for other overheads such as sickness, leave of absence etc. Several staff are undertaking professional qualifications and have been granted time off in line with the Council's training and development policy and this time is included in the overheads figure above.
- 5.5 A member of staff has been enrolled into a suite of CIPFA accredited Fraud courses which are due to be completed during 2024/25 and they will gain a recognised qualification. This will enhance the knowledge and skills within the team in relation to counter fraud work and will allow some specific counter fraud work to be undertaken during 2024/25. The time allocation for this training is a one-off and is included in the overheads figure above.
- 5.6 In addition, time has also been allocated to supervisory review of the audit work being performed and the associated reports that are generated, other direct supervision, and general advice and guidance, and this has been identified as indirect audit time in the table above.
- 5.7 Direct audit days as shown in the table relates to the time taken to undertake audit assignments i.e. pre-audit planning and preparation, the actual testing, and the report drafting up to the point of review by the Service Auditor / Internal Audit Manager.

- 5.8 There is an amount of the Internal Audit Manager's time that will need to be allocated to tasks such as managing the team, supporting the Governance Panel, and reporting to the Governance & Audit Committee. That time has also been allocated to overheads.
- 5.9 Regularity work such as establishment visits will continue in line with a pre-set cycle. The cycle has been developed to cover most establishments on a 5 to 6 year basis, however some low risk locations will receive more infrequent visits unless managers request it. It is also intended to supplement this with some short half day light touch reviews in the interim. Also, "In need of improvement" audits will generate an additional follow-up visit within the cycle.
- 5.10 Unplanned and unscheduled work is also performed each year such as review of final accounts and contract compliance and the resource demand will vary depending not only on the number of these but also the level of compliance with best practice and the council's Financial Regulations and Standing Orders within the contract process.
- 5.11 Other unplanned work may also arise for example participation in working groups, one-off audits, and investigations. There is one police investigation that is still ongoing, and some audit time will almost certainly be needed to support that process to completion.
- 5.12 Finance systems and processes are by their nature high risk, so an element of audit time is required to be allocated to the core financial systems. Specific audits will be agreed with the Head of Financial Services & S151 Officer and Managers as appropriate.
- 5.13 A number of strategic areas have been identified for Internal Audit coverage in 2024/25 and these are Risk Management, Counter Fraud, Fraud Risk Management/Fraud Risk Assessment, and IT/Cyber security. A detailed appendix of audit timings and the number of days allocated is shown in Appendix 1.
- 5.14 As in previous years it is impossible to finish all audit work by the 31st of March, so some audit time will be needed to complete audit work incomplete at the year end and an allowance has been made for this in the plan. An allowance has also been made for contingencies which may impact the planned work.
- 5.15 It should be noted that any changes in available staffing such as sickness absences, unplanned training etc. will affect the forecast plan. However, the plan can be flexed as needed and high risk audits added or brought forward in the plan as needed or by management request.

Conclusion

- 5.16 The report provides details of the proposed Internal Audit Services Annual Audit Plan for the 2024/25 financial year.

6. ASSUMPTIONS

- 6.1 Assumptions have been made regarding forecast staffing resources for the year.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 An integrated Impact Assessment is not required as the Internal Audit Services Audit Plan does not require a change of council policy or strategy.

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: Corporate Management Team
S. Harris, Head of Financial Services and S151 Officer

Appendices

Appendix 1 – 2024/25 Planned Audit Work

2024/25 Planned Audit Work

Audit title	Description	Q1	Q2	Q3	Q4	Total
Completion of 2023/24 audits		50				50
Core financial systems						0
VAT		10	10	10		30
Payroll (detail to be confirmed)		15			15	30
Council Tax/NNDR			25	5		30
Debtors and income collection			26			26
Housing benefits inc NFI match follow up		10		10	25	45
Housing /rents				30		30
NXG system data analytics				10		10
Cross cutting / strategic						0
Risk Management		30				30
Fraud Risk assessment			15			15
IT/Cyber security (high level overview)				15		15
Other						0
Comprehensive schools (4)	Full audit visit		5	19	24	48
Primary schools (9)	Full audit visit		4	25	25	54
Primary schools (22)	High level SAQ visit	46	8			54
Follow up audit (3)	Follow up	15				15
Other business units / establishments (4)	Full visit		15	15	12	42
Education Improvement Grant	Certification			2		2
Pupil Deprivation Grant	Certification			2		2
Supporting people grant	Certification		2	4		6
Social Services establishments (22)	Short Visits		104		30	134
Social Services systems (details to be confirmed)	System Audit			11	50	61
Business grants	System Audit			10		10
Car parks					15	15
AGS process					5	5
NFI 2025 matches					15	15
Contract final account audits		10	10	10	8	38
Project bank account compliance				10	0	10
Counter fraud including roll out of Awareness training		4	10	10		24
Contingency		10	10	10	10	40
Total direct audit days		200	244	208	234	886
Indirect audit days		146	152	146	140	584
Over heads		170	120	163	143	596
Total		516	516	517	517	2066

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GOVERNANCE AND AUDIT COMMITTEE – 16TH APRIL 2024

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 February 2024 to 31st March 2024.

2. SUMMARY

- 2.1 To provide an update on the number of operations undertaken in accordance with RIPA for the period 1st February 2024 to 31st March 2024 .

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 February 2024 to 31st March 2024 one RIPA operation has been undertaken in relation to the sale of alcohol and/or disposable vapes containing nicotine to children under the age of 18 years.

5.5 **Conclusion**

The report advises members that there has been one RIPA operation undertaken for the period 1st September 2023 to 31st January 2024 in relation to the sale of alcohol and/or disposable vapes containing nicotine to children under the age of 18 years.

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

For information: Robert Tranter Head of Legal Services and Monitoring Officer