



RHONDDA CYNON TAF COUNCIL

Minutes of the virtual meeting of the Governance and Audit Committee held on Thursday, 12 October 2023 at 5.00 pm.

This meeting was recorded, details of which can be accessed [here](#)

Chair present:

Mr C Jones (Chair)

Committee Members present:

Councillor M Maohoub Councillor S Rees
Councillor L A Tomkinson Mr M Jehu

Officers in attendance

Mr A Wilkins, Director of Legal Services and Democratic Services
Mr C Hanagan, Service Director of Democratic Services & Communication
Mr P Griffiths, Service Director – Finance & Improvement Services
Mr A Wathan, Head of Regional Audit Service
Ms L Cumpston, Group Audit Manager
Mr T Jones, Service Director – ICT & Digital Services
Ms J Thomas, Complaints & QA Manager, Social Services

Apologies for absence

Councillor G Hopkins Councillor B Stephens
Mr J Roszkowski

21 Announcement of the Chair

The Chair took the opportunity to inform the Committee that he and the Head of Internal Audit had attended the Governance and Audit Committee Chairs and Vice-Chairs Wales meeting held in Llandrindod Wells on Friday 6th October 2023.

The Chair spoke positive of the event and the discussions held in respect of the management of risk and informed Members that the WLGA were looking to broaden the invitation and attendance to the meeting next year.

22 Welcome and Apologies

The Chair welcomed attendees to the meeting of the Governance and Audit Committee and apologies for absence were received from County Borough Councillors G Hopkins and B Stephens and Lay Member Mr J Roszkowski.

23 Declaration of Interest

In accordance with the Council's Code of Conduct, there were no declarations made pertaining to the agenda.

24 Minutes

It was **RESOLVED** to approve the minutes of the 4th September 2023 as an accurate reflection of the meeting.

25 Matters Arising

Minute No. 18 (Draft Statement of Accounts 2022/23): In respect of a question raised in relation to short term creditors and specifically, why the amount to other Local Authorities had increased from £17.822M on 31st March 2022 to £48.195M by 31st March 2023, the Service Director of Finance and Improvement Services advised that a response had been sent to Committee Members, which set out the reasons for the increase.

26 Audit Wales: Rhondda Cynon Taf County Borough Council - Detailed Audit Plan 2023

The Chair informed the Committee that Audit Wales were unable to attend the Governance and Audit Committee meeting following a change in the scheduled date of the meeting. As such, he and the Vice-Chair had met with Audit Wales the previous day, along with the Service Director of Finance and Improvement Services, to receive an overview of the report before Members. The Chair advised that Audit Wales had been complimentary on the professional relationship they have with Council officers and of the way the audit process works. It was explained that the external audit of the Council's 2022/23 Statement of Accounts and the Rhondda Cynon Taf Pension Fund 2022/23 Statement of Accounts were currently on scheduled to be completed in November and to date, there were no areas of concern to be reported to the Committee.

The Service Director for Finance and Improvement Services provided the Committee with assurance that there were no specific matters from a Council perspective to bring to the attention of Audit Wales as part of the Detailed Audit Plan 2023.

The Service Director went on to inform the Committee that the Audit Wales Detailed Audit Plan 2023 set out the responsibilities of the Auditor General for Wales, together with the financial and performance audit work planned for the year and high-level timescales.

The Service Director advised that the external audit of the Council's Statement of Accounts had been approximately 50% completed and as relayed by the Chair of the Committee, Audit Wales have confirmed that there are no significant matters in relation to the audit to report to the Governance and Audit Committee to date. At an operational level, the Service Director assured the Committee that

senior finance officers within the Council were in regular dialogue with Audit Wales as part of the process to support the audit plan and that it was anticipated the audit of the Council's Statement of Accounts would be finalised and reported to the November 2023 full Council meeting.

The Service Director advised that the Detailed Audit Plan also set out fee levels for 2023-2024 and proposed fee levels for the next financial year.

The Service Director concluded by advising the Committee that if there were any specific questions or points for clarity raised by Members at the meeting, these would be passed to Audit Wales to provide a response.

The Governance and Audit Committee **RESOLVED:**

1. To note the content of the report.

27 Social Services Representations, Compliments and Complaints Procedures Annual Report 2022/23

The Service Director for Digital and ICT and the Customer Feedback, Engagement and Complaints Manager provided the Governance and Audit Committee with an overview of the operation and effectiveness of the Council's statutory Social Services complaints procedure between 1st April 2022 and 31st March 2023.

The report contained information on the background of the Social Services statutory complaints procedure, information on lessons learnt from complaints and performance data for Adults and Children's Social Services, together with achievements for 2022/23 and future developments.

Officers informed the Committee that there had been a low number of complaints received from young people and from the more vulnerable individuals in the community; and going forward, there was a need to make the process more accessible to the diverse population within Rhondda Cynon Taf.

The Chair noted that there were 144 compliments and 129 complaints received at stage one during the period. The Chair acknowledged that complaints allow organisations to learn and better the way they work but was particularly pleased to note the number of compliments received considering the public do not require an action from a compliment.

One Member reiterated the Chair's comments in respect of the importance of complaints when improving services and acknowledged that in a busy organisation, mistakes were inevitable. The Member was assured that robust processes were in place and that both complaints and compliments were acknowledged and dealt with in an appropriate manner.

The Chair thanked officers for the update and the Governance and Audit Committee **RESOLVED:**

1. To note the content of this report and the Social Services Annual Representations and Complaints report for 2022/23;
2. To consider whether they wish to scrutinise in greater depth any matters contained in the report;

3. To note the work undertaken by the Customer Feedback, Engagement and Complaints Team; and
4. To form a view on the Authority's ability to handle complaints effectively.

28 Customer Feedback Annual Report (1st April 2022 to 31st March 2023)

The Service Director for Digital and ICT and the Customer Feedback, Engagement and Complaints Manager provided the Governance and Audit Committee with an overview of the operation and effectiveness of the Council's Customer Feedback Scheme (CFS) between 1st April 2022 and 31st March 2023.

Officers emphasised the importance of the complaints process and understanding the concerns of residents in order to improve Council services. As such, Members were informed that work would be undertaken to make the complaints process more accessible moving forward.

One Member, in her role as Chair of the Council's Planning and Development Committee, acknowledged the level of public engagement in relation to the Committee and emphasized the importance of capturing customer feedback from a Chair's perspective. The Member questioned where the customer feedback would be captured and the Director of Legal and Democratic Services confirmed that any feedback received in relation to a specific planning matter would be logged against the Prosperity and Development service area but if it was related to the code of conduct of an Elected Member then it would be logged separately.

One Member took the opportunity to praise the content of the report and was reassured to note the work carried out following the complaints, particularly in relation to the breastfeeding policy and training provided to staff at the Pontypridd Lido.

The Chair thanked officers for the report and the Governance and Audit Committee **RESOLVED:**

1. To note the content of the report, the Customer Feedback Scheme (CFS) Annual Report for 2022/23 and the work undertaken by the Customer Feedback, Engagement and Complaints Team;
2. To consider whether they wish to scrutinise in greater depth any matters contained in the report; and
3. To form a view on the Authority's ability to handle complaints effectively.

29 Public Services Ombudsman for Wales - Annual Report and Letter 2022-

2023

The Director of Legal and Democratic Services advised the Governance and Audit Committee of the publication of the Public Services Ombudsman for Wales' ('PSOW') Annual Report and Annual Letter to this Council for 2022-2023.

It was explained that the PSOW had published the Annual Report for 2022-2023 pursuant to the Public Services Ombudsman (Wales) Act 2005. The Annual Report had been combined with the annual accounts for the PSOW as it was last year. The purpose of the Annual Report is to report on the performance of the PSOW's office over the year, provide an update on developments and to deliver any key messages arising from their work carried out during the year.

Members attention was drawn to the Executive Summary to the Annual Report, which was attached at Appendix 1, and to the complaints data which had been broken down by sector, attached at Appendix 2 to the report.

During the period, it was reported that there had been an increase of 2% in the overall number of complaints about public bodies compared to 2021-22; a decrease of 11% in the number of complaints about local authorities (including school appeal panels) across Wales; a 21% increase in the number of complaints about Health Boards; and a 15% increase in the number of complaints about housing associations, 48% of which, related to repair and maintenance issues.

During 2022-2023, it was reported that 54 complaints were received by the PSOW relating to the Local Authority, which equates to 0.23 complaints per 1,000 residents. The Director noted that the figure was the second lowest total in Wales out of the 22 local authorities. A breakdown of the complaints received was detailed in Section 4.11 of the report.

Referring to the increase in complaints received in relation to Complaints Handling, one Member questioned whether there were any service areas, which had been particularly poor in this respect, and whether solutions had been put in place to rectify matters. The Customer Feedback, Engagement and Complaints Manager noted that through stage 2 complaints and from Ombudsman feedback, Children's Services had been identified as an area needing improvement in respect of the complaints handling process. The officer acknowledged that the service area is operating in a highly pressurised environment and advised that refresher training would be provided to staff in respect of the complaints handling process.

One Member questioned whether there was a process in place to identify complaints that may be generated on an individual basis within service areas, for training to be focused on individuals that may require it. The Customer Feedback, Engagement and Complaints Manager advised that that level of detail was available but emphasised the importance of addressing common themes and how the Ombudsman deals with them.

The Chair thanked the Director for the positive report and the Governance and Audit Committee **RESOLVED:**

1. To consider and note the 2022-2023 Public Services Ombudsman for Wales' Annual Report and Annual Letter to this Council.

Internal Audit - Progress against the internal audit risk based plan 2023/24

The Audit Manager provided the Governance and Audit Committee with a position statement on progress being made against the audit work included and approved within the Internal Audit Risk Based Plan 2023/24.

The Audit Manager noted that the Internal Audit Risk Based Plan for 2023/24 was submitted to the Governance and Audit Committee for consideration and approved on the 4th July 2023. The Plan outlined the audit assignments to be carried out in order to provide adequate coverage to enable an overall opinion at the end of 2023/24.

The Audit Manager directed Members to Appendix A of the report, this detailing the status of each planned review, the audit opinion (where the audit is complete or has reached draft report stage) and the number of recommendations made to improve the internal control, governance and risk management environment. The report also included the following internal quarterly performance targets, which will assist internal audit management in monitoring the delivery of the approved plan:

- Qtr 1 = 10%
- Qtr 2 = 30%
- Qtr 3 = 50%
- Qtr 4 = 80%

As of 29th September 2023, 15% of the plan had been achieved, which was below the target set. The Audit Manager advised that within the team, there were currently two vacancies, maternity leave and long-term sickness, and in order to address the shortfall, the team had actively engaged with SWAP, an external audit provider, to allocate 16 audits across Rhondda Cynon Taf and Merthyr Tydfil Councils. The Audit Manager advised that in terms of the two vacancies, interviews for the Auditor position would take place the following week but that the Senior Auditor position had yet to be appointed. As such, the Head of Audit would consider how to address the resource in the interim. The Audit Manager added that work would be undertaken in consultation with Rhondda Cynon Taf management to ensure resources are prioritised and thereby enabling an opinion to be issued at the end of the year.

Members were informed that 11 audit assignments had been completed and it was noted that all were given a reasonable or substantial assurance audit opinion.

Members attention was drawn to Appendix A to the report, which included audits that were not started during 2022/23 or were incomplete at the year end. These numbered 31, with 12% complete to report stage.

The Audit Manager concluded by informing the Committee that a total of 42 recommendations had been made to date to improve the control environment.

The Governance and Audit Committee **RESOLVED:**

1. To note the content of the report and the progress made against the Internal Audit Risk Based Plan 2023/24.

31 Internal Audit - Recommendations update

The Audit Manager provided the Governance and Audit Committee with a position statement on internal audit recommendations that have been made to identify those that have been implemented and those that are outstanding.

It was noted the recommendations are made at the conclusion of each audit review to identify improvements to be made to mitigate risk and strengthen controls. These recommendations are then included in the final audit reports and recipients are asked to provide a management response to indicate whether they agree to the recommendation, how they plan to implement them and target dates. Those priorities are then organised as high, medium or low priority.

Members were directed to Table 1 of the report that highlighted the different priority ratings which are used and the recommendation categorisation. Once the target date for implementation has been reached the relevant Officers are contacted and asked to provide feedback on the status of each agreed recommendation.

Members attention was drawn to tables 2 and 3 of the report, which highlighted that there were 7 outstanding recommendations made in relation to audits completed in the audit plan for 2023-24. The Audit Manager verbally reported that following feedback, most of the recommendations had since been implemented, with just one target date revised to provide additional time.

There was 1 recommendation made during 2023/24 which was not accepted by the service area, and this was in relation to the Disclosure & Barring Service (DBS) audit review. A recommendation was made that best practice would be to carry out DBS renewal checks every 3 years, particularly for roles based in school settings. However, management responded and stated that the controls in place were sufficient and that outside of Social Care legislation, there is no requirement to undertake 3 yearly checks.

The Audit Manager noted that a total of 14 recommendations were made during 2022/23, which still had a future target date; but it was noted that several of these audits were finalised within the last 6 months and the proposed implementation timescales agreed.

The Chair thanked the Audit Manager for the report and the Governance and Audit Committee **RESOLVED:**

1. To note the content of the report and consider the information provided in respect of the status of the high and medium priority recommendations made by the Regional Internal Audit Service.

32 Risk Management Strategy and Strategic Risk Register Update

The Service Director for Finance and Improvement Services provided the Governance and Audit Committee with an updated Risk Management Strategy together with the latest agreed Strategic Risk Register for the 2023/24 financial year.

The Committee were reminded of its Terms of Reference and Statement of

Purpose, which covered its fundamental role in terms of the risk management arrangements of the Council. Members attention was drawn to Table 1 within the report, which detailed the arrangements in place to assist the Governance and Audit Committee in carrying out its responsibilities in respect of risk management.

During 2022/23, the Council's Risk Management Strategy was reviewed by Internal Audit as part of the 'Corporate Risk Management' audit assignment and included a Risk Management Strategy related recommendation for the roles and responsibilities of risk owners to be set out within the Strategy (this also being a recommendation within the 2022/23 Annual Governance Statement). Members were informed that, in line with this recommendation, the key roles and responsibilities had been incorporated within Section 9 of the Risk Management Strategy, to in effect document the arrangements in place within the Council. For ease of reference, the proposed update had been replicated in Table 2 of the report for Members' consideration.

The Service Director explained that should Members choose to endorse the Council's updated draft Risk Management Strategy, it would be reported to Cabinet for final approval and published to the Council's intranet and internet websites to ensure staff are aware of the updates.

In terms of the Council's Strategic Risk Register, the Service Director advised of the outcome of a review process, which had been undertaken by the Council's Senior Leadership Team. The officer drew Members attention to Table 3 of the report, which highlighted the following three risks, which had been removed from the register and the rationale for doing so:

1. Risk 21 – Services being delivered on a regional footprint;
2. Risk 25 – The planning arrangements to support the on-going recovery from Covid-19; and
3. Risk 29 – The Council's strategic approach to fulfilling its counter-terrorism duties.

The Service Director emphasised that the above-mentioned risks would continue to be monitored on an operational level by business plan holders throughout the Council.

The Service Director went on to inform Members of the following two new strategic risks, which had been incorporated into the Register following the review undertaken by the Senior Leadership Team:

1. Risk 30 – Arrangements to increase the capacity of specialist placements for pupils with highly complex and significant Additional Learning Needs; and
2. Risk 31 – The preparation for future pandemics.

In total, the Strategic Risk Register now contained 17 risks, 11 of which were deemed high risk and 6 medium risk.

Prior to concluding, the Service Director assured the Committee that the Strategic Risk Register was kept under ongoing review with updates contained within the Council's quarterly performance reports, which were considered by the Council's Cabinet and, thereafter, the Overview and Scrutiny Committee.

The Governance and Audit Committee **RESOLVED:**

1. To review the Council's updated draft Risk Management Strategy;

2. To endorse the Council's updated draft Risk Management Strategy and its reporting to Cabinet for consideration and approval; and
3. To review the Council's updated 2023/24 Strategic Risk Register and determine whether it provides the required level of assurance on the arrangements in place to manage the Council's strategic risks.

This meeting closed at 6.07 pm

**Mr C Jones
Chair.**