



**CYNGOR BWRDEISTREF SIROL  
RHONDDA CYNON TAF  
COUNTY BOROUGH COUNCIL**

**COMMITTEE SUMMONS**

C Hanagan  
Service Director of Democratic Services & Communication  
Rhondda Cynon Taf County Borough Council  
The Pavilions  
Cambrian Park  
Clydach Vale, CF40 2XX

Meeting Contact: Hannah Jones - Council Business Unit, Democratic Services  
(07385401954)

**YOU ARE SUMMONED** to a hybrid meeting of **GOVERNANCE AND AUDIT COMMITTEE** to be held on **THURSDAY, 12TH OCTOBER, 2023** at **5.00 PM**.

Non Committee Members and Members of the public may request the facility to address the Committee at their meetings on the business listed although facilitation of this request is at the discretion of the Chair. It is kindly asked that such notification is made to Democratic Services by Tuesday, 10 October 2023 on the contact details listed above, including stipulating whether the address will be in Welsh or English.

**AGENDA**

**Page  
No's**

**1. DECLARATION OF INTEREST**

To receive disclosures of personal interest from Members in accordance with the Code of Conduct

Note:

1. Members are requested to identify the item number and subject matter that their interest relates to and signify the nature of the personal interest: and
2. Where Members withdraw from a meeting as a consequence of the disclosure of a prejudicial interest they must notify the Chairman when they leave.

## 2. MINUTES

To receive the minutes of the previous meeting of the Audit Committee held on 4<sup>th</sup> September 2023.

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## 3. AUDIT WALES: RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL - DETAILED AUDIT PLAN 2023

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## 4. SOCIAL SERVICES REPRESENTATIONS, COMPLIMENTS AND COMPLAINTS PROCEDURES ANNUAL REPORT 2022/23

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## 5. CUSTOMER FEEDBACK ANNUAL REPORT (1ST APRIL 2022 TO 31ST MARCH 2023)

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## 6. PUBLIC SERVICES OMBUDSMAN FOR WALES - ANNUAL REPORT AND LETTER 2022-2023

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## 7. INTERNAL AUDIT - PROGRESS AGAINST THE INTERNAL AUDIT RISK BASED PLAN 2023/24

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## 8. INTERNAL AUDIT - RECOMMENDATIONS UPDATE

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## 9. RISK MANAGEMENT STRATEGY AND STRATEGIC RISK REGISTER UPDATE

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## 10. URGENT BUSINESS

To consider any items, which the Chairman, by reason of special circumstances, is of the opinion should be considered at the meeting as a matter of urgency.

### **Service Director of Democratic Services & Communication**

#### **Circulation:-**

County Borough Councillors: Councillor G Hopkins, Councillor M Maohoub, Councillor S Rees, Councillor B Stephens, Councillor L A Tomkinson and Councillor A J Ellis

Lay Members: Mr C Jones (Chair), Mr M Jehu and Mr J Roszkowski



**RHONDDA CYNON TAF**

## **RHONDDA CYNON TAF COUNCIL**

Minutes of the meeting of the Governance and Audit Committee held on Monday, 4 September 2023 at 5.00 pm.

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

### **Chair present:**

Mr C Jones

### **County Borough Councillors present:**

Councillor M Maohoub    Councillor S Rees  
Councillor B Stephens    Councillor L A Tomkinson  
Councillor A J Ellis

### **Officers in attendance:**

Mr A Wilkins, Director of Legal Services and Democratic Services  
Mr P Griffiths, Service Director – Finance & Improvement Services  
Mr A Wathan, Head of Internal Audit Service  
Ms L Cumpston, Group Audit Manager  
Ms S Davies, Service Director for Financial Services

### **Apologies for absence:**

Councillor G Hopkins    Mr M Jehu  
Mr J Roszkowski

### **13 Welcome and Apologies**

The Chair welcomed attendees to the meeting and apologies for absence were received from Lay Members, M Jehu and J Roszkowski.

### **14 Declaration of Interest**

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

### **15 Minutes**

It was **RESOLVED** to approve the minutes of the 4<sup>th</sup> July 2023 as an accurate reflection of the meeting.

### **16 Matters Arising**

Minute No. 9 (Head of Internal Audit Annual Report 2022/23): In respect of a

query raised around the process of notifying the other Local Authority and the finalisation of the report, the Audit Manager clarified that Merthyr Tydfil Council were not responsible for managing the safeguarding arrangements in respect of RCT and that the responsibility lays with each individual Local Authority. Following the last meeting of the Governance and Audit Committee, a response to the issue raised had been circulated to Members.

## **17 Treasury Management Annual Report 2022/2023**

The Service Director for Financial Services provided the Governance and Audit Committee with the opportunity to scrutinise the Annual Treasury Management Review presented to Council on 12th July 2023.

The Service Director drew Members' attention to Appendix 1 of the report, which detailed the activities undertaken by the Treasury Management function during 2022/23. It was explained that the Council had complied with all relevant Codes of Practice, regulations and guidance and that it continues to adopt a low-risk strategy in terms of investing and borrowing.

One Member referred to the possibility of interest rates rising in November 2023 and sought assurance that the Council were in a sound financial position to deal with such potential increase. The Service Director advised that the Council's current intention was to continue to use internal borrowing, which meant using any surplus cash the Local Authority may have, instead of external borrowing. The Service Director assured Members that should the Local Authority seek to borrow externally, its current strategy would be to borrow on a short-term basis to minimise the risk of additional costs, and if the Council were to borrow long-term, it would wait until the rates reduced.

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

1. To scrutinise and comment on the information provided; and
2. To consider whether they wish to receive further detail on any matters contained in the report.

## **18 Draft Statement of Accounts 2022/23 (Including an Overview of Accounting Policies)**

The Service Director for Financial Services provided the Governance and Audit Committee with the opportunity to consider the certified draft Statements of Account for the 2022/23 financial year in respect of the Council, Rhondda Cynon Taf Pension Fund, Central South Consortium Joint Education Service Joint Committee and the Annual Return for Llwydcoed Crematorium Joint Committee. As part of the update, with the aid of a PowerPoint presentation, the Service Director provided the Governance and Audit Committee with an overview of the following:

- Governance Framework.
- What is an Accounting Policy?
- Accounting Policies Disclosed.
- Critical Judgements in applying Accounting Policies.
- Assumptions about the future and other sources of estimation uncertainty.
- Timescales for the Production and Publication of the Statement of Accounts.

The Vice-Chair sought assurance that Audit Wales would certify the accounts in line with the timescales outlined within section 3 of the report, to which the Service Director confirmed that this is the current planned timescale.

In respect of the short-term creditors detailed on page 62 of the Draft Statement of Accounts, one Member questioned why the amount to other Local Authorities had increased from £17.822M on 31<sup>st</sup> March 2022 to £48.195M by 31<sup>st</sup> March 2023. The Service Director advised that the amount shown was what the Council were due to pay to other Local Authorities and that a detailed breakdown of the figure would be provided following the meeting.

The Chair thanked the Service Director for the detailed update and felt that the glossary of terms outlined within the Draft Statements of Account had been particularly useful.

The Governance and Audit Committee **RESOLVED to:**

1. Consider the Council's certified draft Statement of Accounts for the financial year 2022/23;
2. Consider the Rhondda Cynon Taf Pension Fund certified draft Statement of Accounts for the financial year 2022/23;
3. Consider the Central South Consortium Joint Education Service Joint Committee certified draft Statement of Accounts for the financial year 2022/23;
4. Consider the Llwydcoed Crematorium Joint Committee certified draft Annual Return for the financial year 2022/23;
5. Consider the impact, if any, upon the Statements of Account and Annual Return of issues and audit reports brought before the Committee during the year; and
6. Note the plans for production and audit of Statements of Account and Annual Return for financial years 2022/23, 2023/24 and 2024/25, in line with Audit Wales and Welsh Government notifications.

## **19 External Peer Assessment of the Regional Internal Audit Service**

The Head of the Internal Audit Service provided Members of the Governance and Audit Committee with the Public Sector Internal Audit Standards External Peer Assessment of the Regional Internal Audit Service.

The Head of the Internal Audit Service provided Members with information in respect of the process of the External Peer Assessment, which had been undertaken in accordance with the Public Sector Internal Audit Standards and the Council's Internal Audit Charter by the Acting Chief Internal Auditor of Newport City Council Internal Audit Team, professionally qualified with extensive local government internal audit management experience.

The Head of the Internal Audit Service was pleased to inform Members that, in summary, it was found that the Regional Internal Audit Service was currently conforming to all 305 of the requirements, with no partial conformance or non-conformance areas. Members were also informed that the following areas had been identified for consideration which would further enhance conformance with the PSIAS, although these were not a significant concern:

- 1000 Purpose, Authority and Responsibility (41) – To make reference to the Counter Fraud Strategy in the Internal Audit Charter; and
- 1230 Continuing Professional Development (96) – All Internal Audit staff to

maintain a record of their training activities.

Members took the opportunity to praise the results of the External Peer Assessment of the Regional Internal Audit Service and it was **RESOLVED**:

1. To give consideration to the Public Sector Internal Audit Standards External Assessment of the Regional Internal Audit Service and acknowledge and endorse that it is fully conforming to those Standards.

## **20 Audit Wales National Reports**

The Service Director - Finance and Improvement Services provided the Governance and Audit Committee with the national reports of the Auditor General for Wales in respect of 'Time for Change' - Poverty in Wales; 'A missed opportunity' – Social Enterprises; and 'Together we can' - Community resilience and self-reliance, together with the Council's response in respect of the recommendations contained therein.

The Service Director advised the Committee that the above-mentioned national reports contained recommendations that were specific to Local Government and more generally to Welsh Government. The Service Director added that in terms of the Council's responses to local government related recommendations, these have been agreed and noted within the report appendices and set out how services will progress the recommendations.

The Service Director reminded Members that in March 2023, the Council resolved to adopt a Notice of Motion (NOM) to develop a Child Poverty Strategy and as such, the agreed way forward, as set out in the NOM, had been incorporated into the Council's response to the Audit Wales 'Poverty in Wales 'Time for Change' report.

The Governance and Audit Committee **RESOLVED**:

1. To consider whether there are any matters of a governance, internal control or risk management nature that require further action or attention by Governance and Audit Committee; and
2. To consider whether there are any matters of a performance nature that require review by the Council's Scrutiny Committees.

**This meeting closed at 5.35 pm**

**Mr C Jones  
Chair.**

## Rhondda Cynon Taf County Borough Council – Detailed Audit Plan 2023

Audit year: 2023

Date issued: September 2023

Document reference: 3806A2023



This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our [Statement of Responsibilities](#).

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.



# About Audit Wales

## Our aims and ambitions

### Assure



the people of Wales that public money is well managed

### Explain



how public money is being used to meet people's needs

### Inspire



and empower the Welsh public sector to improve



Fully exploit our unique perspective, expertise and depth of insight



Strengthen our position as an authoritative, trusted and independent voice



Increase our visibility, influence and relevance



Be a model organisation for the public sector in Wales and beyond

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# Introduction

I have now largely completed my planning work.

This Detailed Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

It sets out the work my team intends undertaking to address the audit risks identified and other key areas of focus during 2023.

It also sets out my estimated audit fee, details of my audit team and key dates for delivering my audit team's activities and planned outputs.



**Adrian Crompton**

Auditor General for  
Wales

## My audit responsibilities

I complete work each year to meet the following duties:

- I audit Rhondda Cynon Taf County Borough Council (the Council's) financial statements to make sure that public money is being properly accounted for.
- The Council has to put in place arrangements to get value for money for the resources it uses, and I have to be satisfied that it has done this.
- The Council needs to comply with the sustainable development principle when setting and taking steps to meet their well-being objectives. The Auditor General must assess the extent to which they are doing this.

## Audit of financial statements

I am required to issue a certificate and report on your financial statements which includes an opinion on their 'truth and fairness' and an assessment as to whether the Narrative Report and Annual Governance Statement is prepared in line with the CIPFA Code and relevant guidance and is consistent with your financial statements and my knowledge of the Authority.

In addition to my responsibilities for auditing the Council's financial statements, I also have responsibility for:

- certifying a return to the Welsh Government which provides information about the Council to support preparation of Whole of Government Accounts;
- responding to questions and objections about the accounts from local electors (additional fees will be charged for this work, if necessary);
- auditing the Rhondda Cynon Taf Pension Fund Accounts (a separate audit plan will be prepared for the audit of the pension fund);
- the audit of Welsh Church Act Fund charity (a separate audit plan will be prepared for the Welsh Church Act Fund);
- the audit of Central South Consortium Joint Education Service Joint Committee (a separate audit plan has been prepared for the audit of the joint committee);
- the certification of the Llwydcoed Crematorium Joint Committee return; and
- the certification of a number of grant claims and returns as agreed with the funding bodies.

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material is set out later in this plan.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

There have been no limitations imposed on me in planning the scope of this audit.

## Performance audit work

I carry out a programme of performance audit work to discharge my duties<sup>1</sup> as Auditor General in relation to value for money and sustainable development.

My local performance audit programme will continue to be delivered through a combination of an Assurance and Risk Assessment Project, bespoke local projects and thematic projects examining risks common to all councils.

The majority of my performance audit work is conducted using INTOSAI auditing standards. The International Organisation of Supreme Audit Institutions is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

<sup>1</sup> When we undertake audit work under our statutory powers and duties we may collect information from public bodies that contains some personal data. Our general audit fair processing notice, explains what we do with personal data, and how you can contact our Data Protection Officer.

# Your audit at a glance



## **My financial statements audit will concentrate on your risks and other areas of focus**

Based on my audit work to date, my audit planning has identified the following risks:

### Significant financial statement risk

- Management override of controls

### Other areas of audit focus

- Valuation of land and buildings
- Valuation of pension fund liability
- Senior officer's remuneration
- Related Party Transactions



## **My performance audit will include:**

- Assurance and Risk Assessment
- Thematic reviews - Financial sustainability
- Thematic reviews - Commissioning and contract management
- Local Report - The application of the sustainable development principle in service areas



## Materiality

Materiality	£9.65 million
Reporting threshold	£482,000



## Group

We will also perform an audit of Rhondda Cynon Taf County Borough Council Group accounts, which includes Rhondda Cynon Taf County Borough Council, Amgen Cymru Ltd and Amgen Rhondda Ltd

# Financial statements materiality



## Materiality £9.65 million

My aim is to identify and correct material misstatements, that is, those that might otherwise cause the user of the accounts to be misled.

Materiality is calculated using:

- 2022-23 gross expenditure of £964,998 million as per the draft 2022-23 financial statements for the Group
- Materiality percentage of 1%

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality).



## Areas of specific interest

There are some areas of the accounts that may be of more importance to the user of the accounts and we have set a lower materiality level for these:

- Senior officer remuneration £1,000
- Related party disclosures:
  - Transactions with Public Sector Bodies £9.60 million
  - Transactions with officers/elected member £10,000
  - Transactions with subsidiaries/associate companies £1 million



# Significant financial statements risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

## Exhibit 1: significant financial statement risks

Significant risk	Our planned response
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• assess the design and implementation of controls over journal entry processing;</li> <li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• review accounting estimates for bias; and</li> <li>• evaluate the rationale for any significant transactions outside the normal course of business.</li> </ul>

My audit team is yet to conclude all areas of my risk assessment. Should any further significant financial statement risks arise on completion of this work, I shall update the Deputy Chief Executive/Group Director – Finance, Digital and Frontline Services and the Governance and Audit Committee accordingly.

# Other areas of focus

I set out other identified risks of material misstatement which, whilst not determined to be significant risks as above, I would like to bring to your attention.

## Exhibit 2: other areas of focus

Audit risk	Our planned response
<p><b>Valuation of land and buildings</b></p> <p>The value of land and buildings reflected in the balance sheet and notes to the accounts represent material estimates. Land and buildings are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity depending on the specialist and management assumptions adopted and changes in these can result in material changes to valuations.</p> <p>Assets are required to be revalued every five years, but values may also change year on year and there is a risk that the carrying value of assets reflected in the accounts could be materially different to the current value of assets as at 31 March 2023.</p> <p>Significant movements are expected in 22-23 and the complexity of capital accounting practice increases the risk that these movements are processed incorrectly.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• Review the process undertaken by the Council to ensure that asset valuations are materially correct;</li> <li>• review the information provided to the valuer to assess for completeness.</li> <li>• evaluate the competence, capabilities and objectivity of the professional valuer; and</li> <li>• test the reconciliation between the financial ledger and the asset register.</li> <li>• test a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements.</li> </ul>
<p><b>Valuation of pension fund net liability</b></p> <p>The Local Government Pension scheme (LGPS) pension fund liability as reflected in the financial statements represents a material estimate.</p> <p>The nature of this estimate means that it is subject to a high degree of estimation uncertainty as it is sensitive to small adjustments in the assumptions used in its calculation.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• evaluate the instructions issued by management to their actuary (the management expert) for this estimate and the scope of the actuary's work.</li> <li>• assess the competence, capabilities and objectivity of the actuary who carried out the valuations;</li> <li>• assess the accuracy and completeness of the information</li> </ul>

	<p>provided by the Council to the actuary to estimate the liability;</p> <ul style="list-style-type: none"> <li>• test the accuracy of the pension fund net liability and disclosures in the financial statements with the actuarial report from the actuary; and</li> <li>• assess the reasonableness of the assumptions made by the actuary by reviewing the report of the consulting actuary (auditor's expert) and undertaking any additional procedures required.</li> </ul>
<p><b>Senior officer's remuneration</b></p> <p>During our audit of the 2021-22 financial statements, our audit testing noted that issues have been identified with the senior staff remuneration disclosed in the financial statements. Given that the remuneration disclosures for senior officers are material by nature, there is a risk of material misstatement due to inaccurate or incomplete information.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• compare the individuals disclosed in the senior officer remuneration note to information identified through our planning work;</li> <li>• test the accuracy of the disclosures made by checking disclosures against pay records; and</li> <li>• ensure that disclosures made are compliant with the statutory and regulatory requirements.</li> </ul>
<p><b>Related Party Transactions</b></p> <p>I audit the disclosure of related party transactions and balances to a far lower level of materiality as they can provide scope to distort financial information and/or obscure the substance of transactions. During our audit of the 2021-22 financial statements, our audit testing noted that related party transactions were materially misstated and required correcting.</p>	<p>The audit team will verify that all the necessary signed declarations have been received, evaluated, and disclosed appropriately and accurately.</p> <p>These examinations will also include other means of testing, such as my review of Companies House records using data analytics.</p>

My audit team is yet to conclude all areas of my risk assessment. Should any further other areas of audit focus arise on completion of this work, I shall update the Deputy Chief Executive/Group Director – Finance, Digital and Frontline Services and the Governance and Audit Committee accordingly.

# Financial statements audit timetable

I set out below key dates for delivery of my accounts audit work and planned outputs.

## Exhibit 3: key dates for delivery of planned outputs

Planned output	Work undertaken	Report finalised
2023 Detailed Audit Plan	August – September 2023	October 2023
Audit of financial statements work: <ul style="list-style-type: none"> <li>• Audit of Financial Statements Report</li> <li>• Opinion on the Financial Statements</li> </ul>	September - November 2023	November 2023
<b>Grants certification work</b> <ul style="list-style-type: none"> <li>• Housing Benefit</li> <li>• Non-Domestic rates</li> <li>• Teachers' Pensions</li> <li>• Pooled Budgets</li> <li>• Social Care Workforce Development</li> </ul>	December 2023 – March 2024	N/A
<b>Other financial audit work:</b> <ul style="list-style-type: none"> <li>• Llwydcoed Crematorium</li> </ul>	November 2023	December 2023

# Planned performance audit work

I set out below details of my performance audit work and key dates for delivery of planned outputs.

## Exhibit 4: key dates for delivery of planned outputs

<b>Assurance and risk assessment</b>	Project to identify the level of audit assurance and/or where further audit work may be required in future years in relation to risks to the Council putting in place proper arrangements to secure value for money in the use of resources and acting in accordance with the sustainable development principle.	Ongoing
<b>Thematic review – financial sustainability of local government</b>	A review of councils' financial sustainability including a focus on the actions, plans and arrangements to bridge funding gaps and address financial pressures over the medium term.	To be confirmed
<b>Thematic review – commissioning and contract management</b>	A review focusing on how councils' arrangements for commissioning, and contract management apply value for money considerations and the sustainable development principle.	To be confirmed
<b>Bespoke local project</b>	A project to consider whether the Council has effective arrangements for ensuring that service areas are applying the sustainable development principle	Autumn 2023

We will provide updates on the performance audit programme through our regular updates to Council officers as well as the Council's Governance and Audit Committee.

# Certification of grant claims and returns, and statutory audit functions

## Certification of grant claims and returns

I have also been requested to undertake certification work on the Council's grant claims, which I anticipate will include Housing Benefits, Teachers Pension, NDR and pooled budget returns.

## Statutory audit functions

In addition to the audit of the accounts, I have statutory responsibilities to receive questions and objections to the accounts from local electors. These responsibilities are set out in the Public Audit (Wales) Act 2004:

- Section 30 Inspection of documents and questions at audit; and
- Section 31 Right to make objections at audit.

As this work is reactive, I have made no allowance in the fee table below. If I do receive questions or objections, I will discuss potential audit fees at the time.

# Fee and audit team

In January 2023 I published the [fee scheme](#) for the 2023-24 year as approved by the Senedd Finance Committee. My fee rates for 2023-24 have increased by 4.8% for inflationary pressures. In addition, my financial audit fee has a further increase of 10.2% for the impact of the revised auditing standard ISA 315 on my financial audit approach. More details of the revised auditing standard and what it means for the audit I undertake is set out in **Appendix 1**.

I estimate your total audit fee will be £385,462 (excluding grant work).

## Exhibit 5: audit fee

This table sets out the proposed audit fee for 2023, by area of audit work, alongside the estimated audit fee for last year.

Audit area	Proposed fee (£) <sup>2</sup>	Estimated fee last year (£)
Audit of accounts <sup>3</sup>	273,910	238,369
• Llwydcoed Crematorium Joint Committee	2,022	2,050
• Welsh Church Act Fund	7,540	6,570
Performance audit work <sup>4</sup>	<b>101,990</b>	<b>97,440</b>
<b>Total fee</b>	<b>385,462</b>	<b>344,429</b>
• Grant certification work <sup>5</sup>	£60,000-£70,000	63,044 <sup>6</sup>

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without first discussing them with the Council.

<sup>2</sup> Notes: The fees shown in this document are exclusive of VAT, which is not charged to you.

<sup>3</sup> Payable November 2022 to October 2023.

<sup>4</sup> Payable April 2023 to March 2024.

<sup>5</sup> Payable as work is undertaken.

<sup>6</sup> Actual fees billed for 2021-22 grant certification work

**Our financial audit fee is based on the following assumptions:**

- The agreed audit deliverables sets out the expected working paper requirements to support the financial statements and includes timescales and responsibilities.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

The main members of my team, together with their contact details, are summarised in **Exhibit 6**.

**Exhibit 6: my local audit team**

Name	Role	Contact number	E-mail address
Richard Harries	Engagement Director	07789 397018	<a href="mailto:richard.harries@audit.wales">richard.harries@audit.wales</a>
Tracy Veale	Audit Manager (Financial Audit)	07919 217438	<a href="mailto:tracy.veale@audit.wales">tracy.veale@audit.wales</a>
Sara-Jane Byrne	Audit Manager (Performance Audit)	07786 111385	<a href="mailto:sara-jane.byrne@audit.wales">sara-jane.byrne@audit.wales</a>
Angharad Clemens	Audit Lead (Financial Audit)	07970 994266	<a href="mailto:angharad.clemens@audit.wales">angharad.clemens@audit.wales</a>
Ian Phillips	Audit Lead (Performance Audit)	07811 757163	<a href="mailto:ian.phillips@audit.wales">ian.phillips@audit.wales</a>

I can confirm that my team members are all independent of the Council and your officers.



# Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD\* and our Chair, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2022](#).

## Our People



The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review

## Arrangements for achieving audit quality



The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

## Independent assurance



The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.

- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

\* QAD is the quality monitoring arm of ICAEW.

# Appendix 1

## The key changes to ISA315 and the potential impact on your organisation

Key change	Potential impact on your organisation
<b>More detailed and extensive risk identification and assessment procedures</b>	<p>Your finance team and others in your organisation may receive a greater number of enquiries from our audit teams at the planning stage of the audit. Requests for information may include:</p> <ul style="list-style-type: none"><li>• information on your organisation's business model and how it integrates the use of information technology (IT);</li><li>• information about your organisation's risk assessment process and how your organisation monitors the system of internal control;</li><li>• more detailed information on how transactions are initiated, recorded, processed, and reported. This may include access to supporting documentation such as policy and procedure manuals; and</li><li>• more detailed discussions with your organisation to support the audit team's assessment of inherent risk.</li></ul>
<b>Obtaining an enhanced understanding of your organisation's environment, particularly in relation to IT</b>	<p>Your organisation may receive more enquiries to assist the audit team in understanding the IT environment. This may include information on:</p> <ul style="list-style-type: none"><li>• IT applications relevant to financial reporting;</li><li>• the supporting IT infrastructure (e.g. the network, databases);</li><li>• IT processes (e.g. managing program changes, IT operations); and</li><li>• the IT personnel involved in the IT processes.</li></ul> <p>Audit teams may need to test the general IT controls and this may require obtaining more detailed audit evidence on the operation of IT controls within your organisation.</p> <p>On some audits, our audit teams may involve IT audit specialists to assist with their work. Our IT auditors may need to engage with members of your IT team who have not previously been involved in the audit process.</p>

Key change	Potential impact on your organisation
<p><b>Enhanced requirements relating to exercising professional scepticism</b></p>	<p>Our audit teams may make additional inquiries if they identify information which appears to contradict what they have already learned in the audit.</p>
<p><b>Risk assessments are scalable depending on the nature and complexity of the audited body</b></p>	<p>The audit team's expectations regarding the formality of your organisation's policies, procedures, processes, and systems will depend on the complexity of your organisation.</p>
<p><b>Audit teams may make greater use of technology in the performance of their audit</b></p>	<p>Our audit teams may make use of automated tools and techniques such as data analytics when performing their audit. Our teams may request different information or information in a different format from previous audits so that they can perform their audit procedures.</p>

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2023/24

<b>GOVERNANCE AND AUDIT COMMITTEE</b> <b>12<sup>th</sup> OCTOBER 2023</b>	<b>AGENDA ITEM NO. 4</b>
<b>REPORT OF THE DIRECTOR OF SOCIAL SERVICES</b>	<b>SOCIAL SERVICES - REPRESENTATIONS, COMPLIMENTS AND COMPLAINTS PROCEDURES ANNUAL REPORT – 2022/23</b>

**Author: Jayne Thomas, Customer Feedback, Engagement and Complaints Manager. Tel. No. 01443 281475**

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

- 1.1 This report provides Governance and Audit Committee with an overview of the operation and effectiveness of the Council's statutory Social Services complaints procedure between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023.
- 1.2 The report contains 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.

#### **2. RECOMMENDATIONS**

It is recommended that the Governance and Audit Committee:

- 2.1 Note the content of this report and the Social Services Annual Representations and Complaints report for 2022/23, attached at Appendix 1.
- 2.2 Consider whether they wish to scrutinise in greater depth any matters contained in the report.
- 2.3 Note the work undertaken by the Customer Feedback, Engagement and Complaints Team.
- 2.4 Form a view on the Authority's ability to handle complaints effectively.

### 3. REASONS FOR RECOMMENDATIONS

- 3.1 It is a requirement of the Social Services Complaints Procedure (Wales) Regulations Procedure 2014 that the Local Authority produce an annual report and that the report is considered by the appropriate Committee.

### 4. BACKGROUND

- 4.1 Social Services has a statutory requirement to operate a complaints procedure that follows the legislative requirements of the regulations specified above. The guidance requires an annual report to be produced relating to the operation of the complaints procedure.

- 4.2 The Social Services complaints procedure is available to:

- All service users or their representatives
- Any child with a care and support plan
- A parent of a child with a care and support plan.
- A local authority foster parent
- A person who the Authority consider to have sufficient interest in the child's/adult's welfare

It is based upon the principle that people have a right to complain; to have the complaint examined and resolved as quickly as possible.

- 4.3 The complaints process was amended in August 2014 in line with the new Complaints Regulations and Guidance issued by the Welsh Government and became a two stage process:

**Stage One: Local Resolution** – The emphasis at this stage of the process is to resolve the complaint by means of discussion and problem solving, whilst adhering to the 15 working days response time that has been imposed under the Regulations.

**Stage Two: Formal Consideration** – If the complainant remains dissatisfied after completion of stage one, they may request that the complaint proceeds to stage two of the process. This involves a formal investigation of the complaint with a report being produced by the investigating officer appointed to the case. The timescale for dealing with this stage is 25 working days.

- 4.4 If the complainant remains dissatisfied with the outcome of the stage two investigation, they may progress their complaint to the Public Service Ombudsman for Wales.

- 4.5 In addition, in line with the Local Government and Elections (Wales) Act 2021, the Governance and Audit Committee has responsibility to review and assess the authority's ability to handle complaints effectively and make reports and recommendations in relation to this, noting that these responsibilities have been incorporated into the Committee's Terms of Reference.

**5. EQUALITY AND DIVERSITY IMPLICATIONS / SOCIO-ECONOMIC DUTY**

- 5.1 There are no equality and diversity or socio-economic implications arising directly from this report.

**6. WELSH LANGUAGE IMPLICATIONS**

- 6.1 There are no Welsh Language implications arising directly from this report. The Annual Report is available in Welsh.

**7. CONSULTATION / INVOLVEMENT**

- 7.1 This report includes feedback from service users directly in the form of compliments, complaints and contacts to the Customer Feedback, Engagement and Complaints Team. This report will also be reported to the Council's Cabinet during October 2023.

**8. FINANCIAL IMPLICATION(S)**

- 8.1 There are no financial implications arising directly from this report.

**9. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 9.1 The work of the Complaints and Representation Unit is underpinned by the requirements of the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. This report has been produced in line with the legislative requirements contained within those procedures.

**10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

- 10.1 The function of the Customer Feedback, Engagement and Complaints Team and the collation of service user feedback through both complaints and compliments provide a quality assurance mechanism by which Adults and Children's Services can measure their performance against the corporate priorities to:

- Improve the experience of those using Health and Social Care Services.
- Engage with and use Customer Feedback to redesign our services.

## **11. CONCLUSION**

- 11.1 Social Services continue to provide a robust and effective complaints procedure in line with the statutory requirements. Complaints are seen as providing valuable customer feedback, with the information from complaints providing valuable lessons learnt when planning and improving services to meet the needs of our customers.
- 11.2 Further details and analysis about the number and nature of complaints and compliments for 2022/23 and the service areas where these have been made are provided in Appendix 1. The annual report also outlines some of the achievements and developments undertaken by the Customer Feedback, Engagement and Complaints Team during the year.
- 11.3 The Governance and Audit Committee, in line with the Local Government and Elections (Wales) Act 2021 and its Terms of Reference, has responsibility to review and assess the authority's ability to handle complaints effectively and make reports and recommendations in relation to this.





**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE AND AUDIT COMMITTEE**

**12<sup>TH</sup> OCTOBER 2023**

**SOCIAL SERVICES - REPRESENTATIONS, COMPLIMENTS AND COMPLAINTS  
PROCEDURES ANNUAL REPORT – 2022/23**

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES**

**Background Papers**

Social Services Complaints Procedure (Wales) Regulations Procedure 2014

[Social services complaints procedure | GOV.WALES](#)

**Officer to contact: Jayne Thomas, Customer Feedback, Engagement and Improvement Manager. Tel. No. 01443 281475**

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**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**SOCIAL SERVICES**

**REPRESENTATIONS AND COMPLAINTS PROCEDURES**

**ANNUAL REPORT**

**2022/23**



## **1. INTRODUCTION**

It is a statutory requirement for local authorities to have in place a representations and complaints procedure for Social Services.

Each local authority is required to produce an annual report concerning the operation of its representation and complaints procedure.

This annual report provides information about the operation of the Social Services Representation and Complaints Procedure between 1 April 2022 and 31 March 2023. The report contains information about the number and type of complaints received and also provides details of the activities undertaken by the Customer Feedback and Engagement Team during that period to develop the representation and complaints service.

## **2. BACKGROUND**

Social Services in Rhondda Cynon Taf adopts a positive attitude towards complaints and views them as a valuable form of feedback, which assists in the development and improvement of services. Complaints also provide an opportunity to learn lessons where a service has fallen short of an expected standard.

The representation and complaints procedure is widely publicised generally and specifically to people who use our services and provides them with an opportunity to:

- ❖ Voice their concerns when they are dissatisfied in order that the issue can be rectified to their satisfaction, wherever possible
- ❖ Make compliments
- ❖ Suggest improvements
- ❖ Challenge decisions

The aim is for our representation and complaints procedure to secure a better service for all the people using social care services and is underpinned by the following key principles:

- ❖ Commitment to providing quality services
- ❖ Accessible and supportive to those with particular needs
- ❖ Prompt and responsive with resolution at the earliest possible opportunity
- ❖ Strong problem solving element
- ❖ Operated without prejudice or discrimination
- ❖ Adheres to the principle of equal opportunity

The representation and complaints procedure also provides an opportunity for service users to address concerns in relation to independent sector providers

where they remain dissatisfied following implementation of the agencies own internal complaints procedures.

The Social Services complaints process has two stages:

**Stage One: Local Resolution** – The emphasis at this stage of the process is to resolve the complaint by means of discussion and problem solving. The complainant will be offered a discussion about the issues they have raised and this can either be done by telephone or face to face in an attempt to resolve the issues. This must be done within 10 working days of the receipt of the complaint. Following this discussion and any further investigation that is necessary, a written response will be provided within 5 working days.

**Stage Two: Formal Consideration** – If the complainant remains dissatisfied after completion of stage one, they may request that the complaint proceeds to stage two of the process. This involves a formal investigation of the complaint with a report being produced by an independent investigating officer. The timescale for dealing with this stage is 25 working days.

If the complainant remains dissatisfied with the outcome of the stage two investigation, they may progress their complaint to the Public Service Ombudsman for Wales.

### **3. STAGE 1 'INFORMAL' COMPLAINTS**

In 2022/23 there were a total of 129 recorded complaints during the year, compared with 110 in the previous year. Children's services have seen a 53% increase with adult services seeing a 9.5% decrease in numbers of complaints received.

Of the Stage 1 complaints that were received across both service areas 45.74%(59) were responded to within statutory timescales which is an increase from 42% in 2021/22. Whilst this is an improvement it does not meet the Complaints Standards Authority suggested target of 75%. This year has seen particular difficulties in Children's Services with higher numbers of complaints, staff vacancies and subsequent pressure on teams resulting in only 35% of complaints dealt within timescales.

Adult Services received less complaints in this period and achieved 60% of complaints closed within the statutory 15 working day period.

Ongoing support to teams from the Customer Feedback, Engagement and Complaints Team has been provided throughout this period and where possible the team have sought to resolve low level complaints and queries outside of the complaints process. This is reflected in the number of contacts recorded (228) which represents a 38% increase compared with figures for 2021/22. Of the contacts dealt with only 2 contacts progressed to complaints.

## **Adult Services**

57 complaints were received for Adult Services during the year. This represents a slight decrease on the total amount received in 2021/22 when 63 complaints were received.

Of the complaints made about Adult Services, 2 (3.5%) were made by the service users themselves and 55 (96.5%) were made by their representatives e.g. carers, family members and advocates. These figures highlight the reliance of many adults on their family and carers to raise issues on their behalf and remains consistent with comments received as part of the Social Services Performance Measures Survey undertaken in January 2023.

Details of complaints received recorded by Service Area are summarised in Table 1 and compares them with the previous year.

**Table 1: Summary of complaints by Service Area**

<b>Service Area</b>	<b>2021/22</b>	<b>2022/23</b>
Long Term Assessment - Locality Teams	22	26
Short Term Intervention Support @ Home	2	0
Short Term Intervention - ACE	4	5
Short Term Intervention – Sensory Services	1	0
Mental Health	4	2
Finance/Grants	2	1
Residential Care RCT	5	3
Independent Sector Residential Care	1	1
Independent Sector Domiciliary Care	18	6
Short Term Intervention – Short Term Care Management	0	3
Community Reviewing Team	3	2
Day Services	0	1
Cross cutting	0	3
Complex Learning Difficulty Team	1	4
<b>Total</b>	<b>63</b>	<b>57</b>

The highest number of complaints were received by the Long Term Assessment Teams which is consistent with Children's Services and reflects the complex nature of providing longer term care and support.

Table 2 sets out in more detail what the complaints were about and compares them with the previous year.

**Table 2: Summary of what complaints were about**

<b>Nature of Complaint</b>	<b>2021/22</b>	<b>2022/23</b>
Failure to provide a service	6	5
Financial issues	3	1
Lack of information/communication	19	13
Staff issues	1	6
Quality of care	14	13
Quality of service	13	10
Care and Support Plan	1	1
Change in Call times	1	1
Issues Around Standards	1	1
Missed Calls	1	1
Waiting for Assessment	3	1
Adaptations	0	4
<b>Total</b>	<b>63</b>	<b>57</b>

Of the 57 Stage 1 complaints received for Adults Services, 55 were resolved locally, and one complaint was withdrawn. 1 complaint progressed to Stage 2 of the process.

### **Children's Services**

72 Complaints about Children's Services were received during the year. This represents a 53% increase compared to 2021/22 when 47 complaints were received. 71 complaints made about Childrens Services were made by Parents/Carers/Representatives with 1 complaint being made by two young people. Table 3 sets out the complaints received recorded by service area and compares them with the previous year.

**Table 3: Summary of complaints by Service Area**

<b>Service area</b>	<b>2021/22</b>	<b>2022/23</b>
Safeguarding	1	0
Miskin Project	1	0
Intensive Intervention	28	42
IAA and Safeguarding	1	0
16+ Team	2	2
IAA	1	2
Enquiry and Assessment	6	18
Enquiry and Assessment and DCT	1	0
DCT 11+	2	5
DCT 0-11	2	2
Information Management	1	1
OT	1	0
<b>Total</b>	<b>47</b>	<b>72</b>

Of the 72 complaints received 5 progressed to Stage 2 Complaints.

## **Representations**

There was 1 representation received from children in this reporting period relating to the failure of a commissioned provider to provide services in line with their ethnic and religious beliefs. The complaint was raised on the young people's behalf by their translator/advocate and was immediately resolved.

The Council commissions an Independent Advocacy Provider for children and young people in line with the requirements of the Social Services Well-being Act (Wales) 2014 and the National Approach to Advocacy. This involves all children over the age of 5yrs being offered the support of an advocate when they become a Child Looked After or subject to Safeguarding arrangements.

The Advocacy Service supports children and young people to have their say and effectively supports children and young people to raise any concerns about their care and support. Whilst it is positive to see representations by children and young people it is reassuring that the commissioned advocacy service is supporting young people to resolve issues successfully outside of the complaints procedure.

**Table 4: Summary of complaints from Parents/Carers**

<b>Nature of complaint</b>	<b>2021/22</b>	<b>2022/23</b>
Failure to provide a service	4	3
Lack of information/communication	13	29
Quality of Care/Service	9	14
Staff issues	15	18
Contact Issues	3	1
Information Governance	2	5
Safeguarding	1	0
Challenge to information	0	1
Equality	0	1
<b>Total</b>	<b>47</b>	<b>72</b>

Lack of information/communication complaints are higher this year and again reflect the challenges face by Children's Services over the past 12 months. Staff issues also remain consistent and often relate to less positive outcomes for families with responsible workers often the subject of complaints relating to assessment and court decisions.

It is often the case that complaints in relation to lack of information are resolved following a discussion and an explanation of the situation/process. It is noted that advocacy can and does assist in helping parents to work through and understand statutory interventions and it may be beneficial for Children's Services to consider the use of parental advocacy in these situations.



#### 4. CONTACTS AND CONCERNS

This year the Customer Feedback, Engagement and Complaints Team has again focused on attempting to resolve issues at source where this is considered appropriate and have worked collaboratively with managers across both services resulting in a reduction in complaints being passed to front line services.

In 2022/23 the Team dealt with a total of 228 contacts compared with 165 in 2021/22. Of the contacts received only 2 complaints progressing to Stage 1. 106 contacts related to Adult Services and 122 contacts were received for Children's Services. The Team also received 25 concerns where the subject specified that they did not wish to make a complaint but where action was identified as necessary. These were recorded and passed to the relevant service area where they were successfully resolved.

#### 5. STAGE 2 'FORMAL' COMPLAINTS

Overall, there were 9 Stage 2 complaints made during 2022/23 which remains consistent with last year.

##### Adult Services

There were 4 stage 2 complaints received for Adult Services, as shown in Table 5 below.

**Table 5: Summary of complaints made at Stage 2**

Nature of complaint	2021/22	2022/23
Failure to Provide a Service	1	1
Quality of Service	1	2
Quality of Care	0	1
<b>Total</b>	<b>2</b>	<b>4</b>

##### Children's Services

There were 5 Stage 2 complaints received relating to Children's Services, as shown in Table 6 below.

**Table 6: Summary of complaints made at Stage 2**

Nature of complaint	2021/22	2022/23
Quality of Service/Care	<b>5</b>	<b>4</b>
Failure to provide a Service	1	0
Staff Issues	0	0
Lack of Information/Communication	1	0
Safeguarding Issues	0	1
<b>Total</b>	<b>7</b>	<b>5</b>

## **6. OMBUDSMAN Enquiries/Complaints**

In 2022/23, 21 complaints were made to the Public Services Ombudsman, 13 for Children's Services and 8 for Adult Services.

There were no Ombudsman investigations with all complaints being closed or directed back to the council for resolution.

## **7. LEARNING THE LESSONS**

A number of recommendations for improvements have been identified following complaints made at both Stage 1 and Stage 2 of the Complaints process. Some of these have already been actioned and resulted in service change, training for staff and informing wider service planning. Learning themes will contribute to the overall quality assurance, learning and improvement process in both adult and children's services.

- ❖ Exploring how Children's Services can adapt services and/or develop services to meet the needs of carers of and young people with neuro diverse conditions.
- ❖ Need to Improve case recordings to accurately reflect and differentiate between unsubstantiated and substantiated concerns in assessments and court reports.
- ❖ Exploring with practitioners how work with absent fathers can be improved to ensure they are fully involved in the care planning and review processes.
- ❖ Training for staff of Resilient Families Service on judgments relating to unlawful chastisement.
- ❖ Ensuring individuals with additional needs and their families are clear about the Henregwilym assessment flat provision and its purpose.
- ❖ Support@Home training and instruction for staff on planning system and completing home files.
- ❖ Staff reminded to ensure service users aware of the right of appeal when providing information relating to Continuing Health Care Assessments.
- ❖ Ensure complaints literature is up-to-date and available in a range of formats.
- ❖ Miskin service to arrange training for staff in relation to working with individuals with sensory impairments.
- ❖ Improved public information on the Miskin project to be developed to include details of the project, use of Welsh language and identification of protected characteristics.
- ❖ Review of arrangements for sharing relevant documents with families as part of the child Protection process.

## 8. COMPLIMENTS

Compliments provide valuable information regarding the quality of services that are provided and identify where they are working well. The number of compliments recorded in 2022/23 was 144 compared to 182 received in 2021/22.

### Adult Services

In 2022/23 there were 74 compliments received for Adult Services, this is a slight increase on figures for 2021/22. (66 compliments received). Table 7 sets out the number of compliments recorded by Service Area.

**Table 7: Summary of compliments received.**

Service areas	Number	Percentage
Long Term Assessment - Locality Teams	21	28.38%
Mobile Responder Team and Lifeline	1	1.35%
Mobile Responder Team	3	4.05%
Short Term Care Management	4	5.41%
Community Review Team	5	6.76%
Hospital Discharge Team	7	9.46%
Support@ Home H/C	29	39.19%
Residential Care RCT	4	5.41%
<b>Total</b>	<b>74</b>	<b>100%</b>

The following are examples of some of the compliments received for Adult Services during 2022/23

- *Son and family wanted to thank this person for all his help at during a very difficult time and said that he "is credit to his role".*
- *Family of SU wanted to formally thank SW for the care and support given and truly have gone about and beyond.*
- *Compliment received from SU "Your service has been tremendous, I can't thank you all enough".*
- *Daughter wanted to pass on thanks when assessor has been working with her mother and stated that "She is so lovely and helpful".*
- *Gifts were received from Service User's daughter for each carer that looked after her mother and will be sending a special thank you to the funeral service.*
- *Daughter had observed carers while they were working with mam and wanted to pass on positive comments on how professional they both were and that they are doing an "Excellent " job.*

- *Service user and daughter wanted message of thanks to be passed on because of everything that has been done to help them after a telephone assessment was completed.*
- *Family has sent an email to team thanking social worker "Over the last 3 months Ruth as gone above and beyond. At a time of desperate need.*
- *Husband and Servicer User wants to thank Team Manager and Team for their kindness and help when receiving help following a hospital discharge.*
- *Family wanted to pass on how thankful and grateful they are for the quick thinking of carer and has been brilliant.*
- *Service User and son said that service received was "Epic and thank you"*
- *Service User has thanked SW for all the effort to resolve a issues raised following a complaint made and they will be "Eternally grateful."*
- *Granddaughter has sent email to team so that the social worker can be recognised for her hard work and how "Extremely grateful" they are to them.*

### **Children's Services**

The number of compliments recorded in 2022/23 was 70 compared to 116 received in 2021/22. Table 8 sets out the number of compliments recorded by Service Area.

**Table 8: Summary of compliments received**

<b>Service areas</b>	<b>Number</b>	<b>Percentage</b>
Miskin Project	9	12.86%
Disabled Children's Team	5	7.14%
Intensive Intervention	21	30%
Enquiry & Assessment	1	1.43%
Carers Support	28	40%
Fostering Support	1	1.43%
Resilient Families	2	2.86%
Kinship Care	2	2.86%
16+ Team East	1	1.43%
<b>Total</b>	<b>70</b>	<b>100%</b>

The following are examples of some of the compliments received for Children's Services during 2022/23.

- *compliments received from facebook regarding the Tai Chi and Tea event that took place with the carers support project saying " It was lovely to take part today, thank you!"*
- *Mother passed on a lovely comment saying that Miskin Worker has "been an amazing help".*

- *Carer wanted to say thank you for making her aware of the carers grant on social media and that she has already received it.*
- *Foster parent wanted to highlight the "fantastic" work Social worker had provided from Resilient Families since day one.*
- *Young person wanted to thank and show appreciation for the love and support and mentioned that "I seriously wouldn't be where I am today with everything I have if I didn't have your support".*
- *Service User wants to thank the "Dynamic Duo" who has felt like family while helping mum through challenging times without judgement.*
- *Mother has sent a card to the Intensive Intervention team to thank them for the support and for "turning their life around".*
- *Service user has sent a text to miskin worker saying that "you've done so much for us and will hold a special place in our hearts"*

## **9. WORK PROGRAMME, PROGRESS AND ACHIEVEMENTS**

- ❖ The Customer Feedback, Engagement and Complaints Team has continued to provide support and advice to managers on complaint handling and has provided guidance on writing complaints responses for managers where need has been identified.
- ❖ The Customer Feedback, Engagement and Complaints Team continues to support service areas with the management of unreasonable and persistent customers and provides advice on early interventions and appropriate use of the Council's UPC policy.
- ❖ In 2024 the Team will focus on undertaking refresher training for new managers and staff in both Children's and Adults Services as well as providing ongoing complaint induction sessions for all new social care staff.
- ❖ The Customer Feedback, Engagement and Complaints Team has assisted with training for Advocates from Llais Complaints Advocacy Service, a new service to support individuals who wish to make a complaint about health or social care services.
- ❖ Complaints information on the Council's website is being reviewed to ensure individuals are clear as to the Social Services complaints process and what support is available to assist with making a complaint.
- ❖ Complaints information for Children and Young People to be reviewed and to updated to coincide with the review of information currently available on the 2sides website.
- ❖ All complaints literature to be reviewed to ensure information is up-to-date and available in a range of formats.

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## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2023/24

<p><b>GOVERNANCE AND AUDIT COMMITTEE</b></p> <p><b>12<sup>th</sup> OCTOBER 2023</b></p>	<p><b>AGENDA ITEM NO. 5</b></p>
<p><b>REPORT OF THE DEPUTY CHIEF EXECUTIVE AND GROUP DIRECTOR OF FINANCE, DIGITAL AND FRONTLINE SERVICES</b></p>	<p><b>CUSTOMER FEEDBACK SCHEME – COMMENTS, COMPLIMENTS AND COMPLAINTS ANNUAL REPORT – 2022/23</b></p>

**Author: Jayne Thomas, Customer Feedback, Engagement and Complaints Manager. Tel. No. 01443 281475**

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

- 1.1 This report provides the Governance and Audit Committee with an overview of the operation and effectiveness of the Council's Customer Feedback Scheme (CFS) between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023.

#### **2. RECOMMENDATIONS**

It is recommended that the Governance and Audit Committee:

- 2.1 Note the content of the report, the Customer Feedback Scheme (CFS) Annual Report for 2022/23 (Appendix 1) and the work undertaken by the Customer Feedback, Engagement and Complaints Team.
- 2.2 Consider whether they wish to scrutinise in greater depth any matters contained in the report.
- 2.3 Form a view on the Authority's ability to handle complaints effectively.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 Whilst there is no current statutory requirement for the Local Authority to produce an Annual Report, it is important that customer feedback information

and how it has been acted upon by the Council is reported to Members, as part of demonstrating sound governance arrangements in the delivery of services.

#### **4. BACKGROUND**

- 4.1 Management of the Customer Feedback Scheme merged with the existing management arrangements for the Social Services statutory process on January 1<sup>st</sup> 2019.
- 4.2 The Customer Feedback Scheme records all Comments, Compliments and Complaints received by both residents of RCT and those people visiting RCT who access our facilities. The scheme does not cover complaints where there are other statutory arrangements in place such as complaints about Social Care or School complaints.
- 4.3 The complaints process is a two-stage process, as set out below, and is in line with the Public Services Ombudsman's Model Complaints Policy. The Complaints Standards Authority has confirmed Rhondda Cynon Taf County Borough Council's compliance with this policy.

**Stage One: Local Resolution** – The emphasis at this stage of the process is early resolution of the complaint either by providing an explanation, putting things right or agreeing a way forward which may include identifying where improvements to services are necessary. The timescale for local resolution is 10 working days.

**Stage Two: Formal Consideration** – If the complainant remains dissatisfied after completion of stage one, they may request that the complaint proceeds to stage two of the process. This involves a formal investigation of the complaint with a report being produced by a Senior Council Officer. The timescale for dealing with this stage is 20 working days.

- 4.4 If the claimant remains dissatisfied with the outcome of the stage two Investigation, they may progress their complaint to the Public Service Ombudsman for Wales.
- 4.5 Alongside the above arrangements, the Public Services Ombudsman Act 2019 provides the Public Service Ombudsman for Wales (PSOW) with investigative powers and, through the development of the Complaint's Standards Authority, a role in monitoring standards, trends and patterns across public service delivery in Wales. The Council is, as part of this legislation, required to report on complaints activity to the PSOW.
- 4.6 In addition to the above and in line with the Local Government and Elections (Wales) Act 2021, the Governance and Audit Committee has responsibility to review and assess the authority's ability to handle complaints effectively and make reports and recommendations in relation to this, noting that these





responsibilities have been incorporated into the Committee's Terms of Reference.

## **5. PROGRESS & IMPROVEMENT**

### **5.1 Complaints Awareness and Training**

Training for staff was provided in 2023 by the PSOW Complaints Standards Authority on complaints handling and managing unreasonable customers. The 2023/24 training programme provided by the Customer Feedback and Engagement Team will focus on 'what is a complaint' and further improving data quality in respect of customer feedback. Targeted training sessions will also be provided to Services to inform service improvements as an outcome of complaints for areas such as "you said, we did".

### **5.2 System and Process Development**

The implementation of a new customer relationship management system provided an opportunity to review the complaints process and update service area information as part of an on-going programme of work to improve data quality and reporting. In parallel, the development of data dashboards have further improved management information and are enabling monitoring reports for each service area to support service planning and delivery.

### **5.3 Improved Customer Feedback**

Work will continue with services on how feedback is provided to residents and visitors to Rhondda Cynon Taf about how services have made improvements based on customer experiences. The 'You said, we did' webpage will be launched in Autumn 2023 in line with the revised and updated web information for the CFS.

## **6. EQUALITY AND DIVERSITY IMPLICATIONS / SOCIO-ECONOMIC DUTY**

6.1 There are no equality and diversity or socio-economic implications arising directly from this report.

## **7. WELSH LANGUAGE IMPLICATIONS**

7.1 There are no Welsh Language implications arising directly from this report. The Annual Report is available in Welsh.

## **8. CONSULTATION / INVOLVEMENT**

8.1 No consultation has been undertaken in relation to this report as it provides information on the operation of the Customer Feedback Scheme and direct

feedback from service users in relation to how well services are delivered through the monitoring of compliments, comments and complaints. This report will also be reported to the Council's Cabinet during October 2023.

## **9. FINANCIAL IMPLICATION(S)**

- 9.1 There are no financial implications arising directly from this report.

## **10. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 10.1 The Customer Feedback Scheme is not a requirement of specific legislation; however, the administration of the work of the Complaints Feedback and Engagement Team is underpinned by the standards and expectations set by the Public Services Ombudsman (Wales) and is subject to scrutiny under the powers afforded to the PSOW under the Public Services Ombudsman Act 2019.

## **11. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

- 11.1 The effective capture, review and use of customer feedback is a key part of informing service planning and delivery arrangements across all Council Services and, in doing so, supports all Corporate Plan priorities and underpins the principles as set out within the Well-being of Future Generations Act.

## **12. CONCLUSION**

- 12.1 All customer feedback provides valuable information from which services can improve and develop. This data also enables services and the Council, as a whole, to better understand the needs of its residents and to assist in both the planning and delivery of services.
- 12.2 The Governance and Audit Committee, in line with the Local Government and Elections (Wales) Act 2021 and its Terms of Reference, has responsibility to review and assess the authority's ability to handle complaints effectively and make reports and recommendations in relation to this.



**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE AND AUDIT COMMITTEE**

**12<sup>TH</sup> OCTOBER 2023**

**CUSTOMER FEEDBACK SCHEME – COMMENTS, COMPLIMENTS AND COMPLAINTS ANNUAL REPORT – 2022/23**

**REPORT OF THE DEPUTY CHIEF EXECUTIVE AND GROUP DIRECTOR OF FINANCE, DIGITAL AND FRONTLINE SERVICES**

**Background Papers.**

None.

**Officer to contact: Jayne Thomas, Customer Feedback, Engagement and Improvement Manager. Tel. No. 01443 281475**

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**RHONDDA CYNON TAF CUSTOMER FEEDBACK  
ANNUAL REPORT**

**1<sup>ST</sup> APRIL 2022 – 31<sup>ST</sup> MARCH 2023**



## FOREWORD

This report provides an overview of the operation of the Customer Feedback Scheme (CFS) including details of the level of feedback received, as well as developments and improvements to the scheme for the year 2022/23.

Overall, customer contacts to the Council for 2022/23 have increased by almost 19% in comparison to 2021/22, with the number of CFS items remaining low and account for only 0.14% of contacts received. This position will be built on in 2023/24 to further improve the use of the CFS through encouraging customer interaction and the continual use of feedback to determine how well services are delivered and whether they are meeting customers' needs and their intended objectives.

Work to this end has already begun within service areas to improve how customer comments are captured and how developments and improvements can be fed back as part of 'you said we did'. Work to promote 'you said, we did' is currently being undertaken as part of the review of the Customer Feedback webpages along with exploring the potential for exploiting wider digital channels. In parallel, work this year has focused on further developing the CFS and also progressing digital improvement through the use of the new Customer Relationship Management (CRM) GOSS digital platform, where all customer interactions including comments, compliments and complaints are recorded. The outcome of this work will support further improvement to monitoring and reporting arrangements, and also communication updates to customers who have provided feedback.

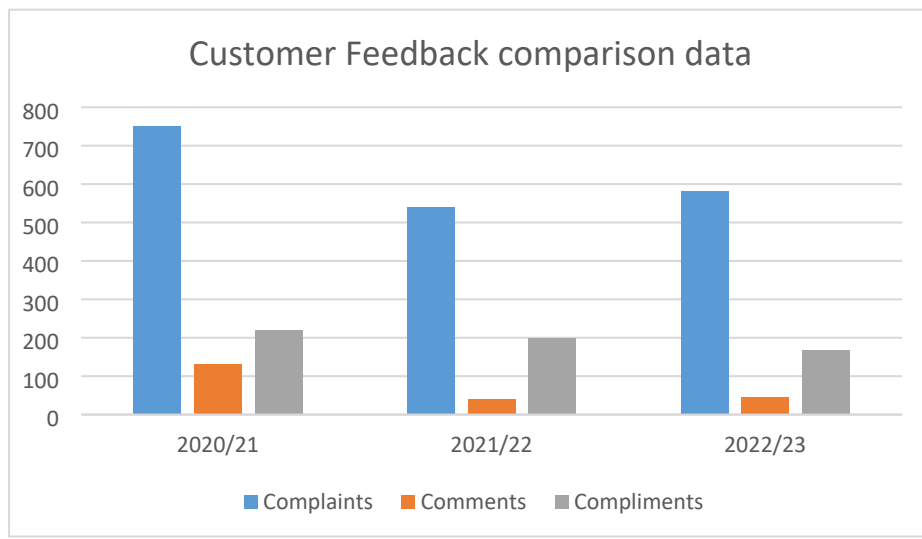
The Customer Feedback and Engagement Team continue to monitor customers interaction with the Council to ensure that the CFS offers a varied range of options that provide customers opportunity to feedback on services and make suggestions for improvements. The Team also continue to review and consider learning identified by other Councils through Ombudsman case books and direct contact with complaints officers across Wales and through regional and national forums.

Jayne Thomas, Service Improvement, Customer Feedback and Engagement Manager

## SUMMARY OF CUSTOMER FEEDBACK FOR 2022/2023

Service Area	Complaints by Stage		Total complaints	Comments	Compliments	Total Feedback
	1	2				
Arts and Theatres	1	0	1	0	0	1
Benefits Council Tax	56	2	58	1	0	59
Customer Care	10	0	10	0	0	10
Corporate Estates	9	1	10	0	7	17
Cross Service Cases (Multiple services)	27	1	28	3	5	36
Education	13	0	13	2	7	22
E-Access	0	0	0	0	0	0
ESG, Highways and Street care	315	17	332	28	115	475
Information management	0	0	0	0	0	0
Legal (including elections and insurance)	1	0	1	0	0	1
Leisure	12	0	12	2	2	16
Libraries	0	0	0	0	2	2
Parks and Countryside	23	1	24	2	3	29
Prosperity and Development /Housing	25	1	26	1	1	28
Public Health and Protection	37	7	44	3	11	58
Strategy/Events	4	0	4	1	9	14
Cases falling outside of CFS	19	0	19	3	6	28
<b>Total</b>	<b>552</b>	<b>30</b>	<b>582</b>	<b>46</b>	<b>168</b>	<b>796</b>

## KEY THEMES FOR CUSTOMER FEEDBACK



	2020/21	2021/22	2022/23
• Complaints	750	540	582
• Comments	132	41	46
• Compliments	221	200	168
<b>TOTAL</b>	<b>1103</b>	<b>781</b>	<b>796</b>

### Key Themes

- A total of 796 feedback items were logged for 2022/23 which is consistent with 2021/22 and lower than 2020/21.
- Customer comments remain low in this period representing 6% of all customer contacts received, with on-going focus being afforded to this area particularly for services where customer footfall is high.
- Customer feedback through the Council’s website and e-mail remains the preferred option for customers to communicate with 46% received through the Council’s webpage and 36% received directly via e-mail.
- There will be continued close working with services to support the on-going capture of customer feedback and its use to inform service planning and delivery.
- Where service areas have specific complaint management and reporting arrangements, for example, the Pension Service, this information has been excluded from this report.



## SUMMARY OF COMPLAINTS

In 2022/23 the Council received 582 complaints through the Customer Feedback Scheme, 95% of which were resolved at Stage 1 with only 5% dealt with at Stage 2. This is a 1% improvement on the number dealt with at Stage 1 in 2021/22. The charts in Figures 1 and 2 detail the category of complaint where these were recorded on the CRM system and the complaint outcome.

Figure 1 – Complaint Categories 2022/23

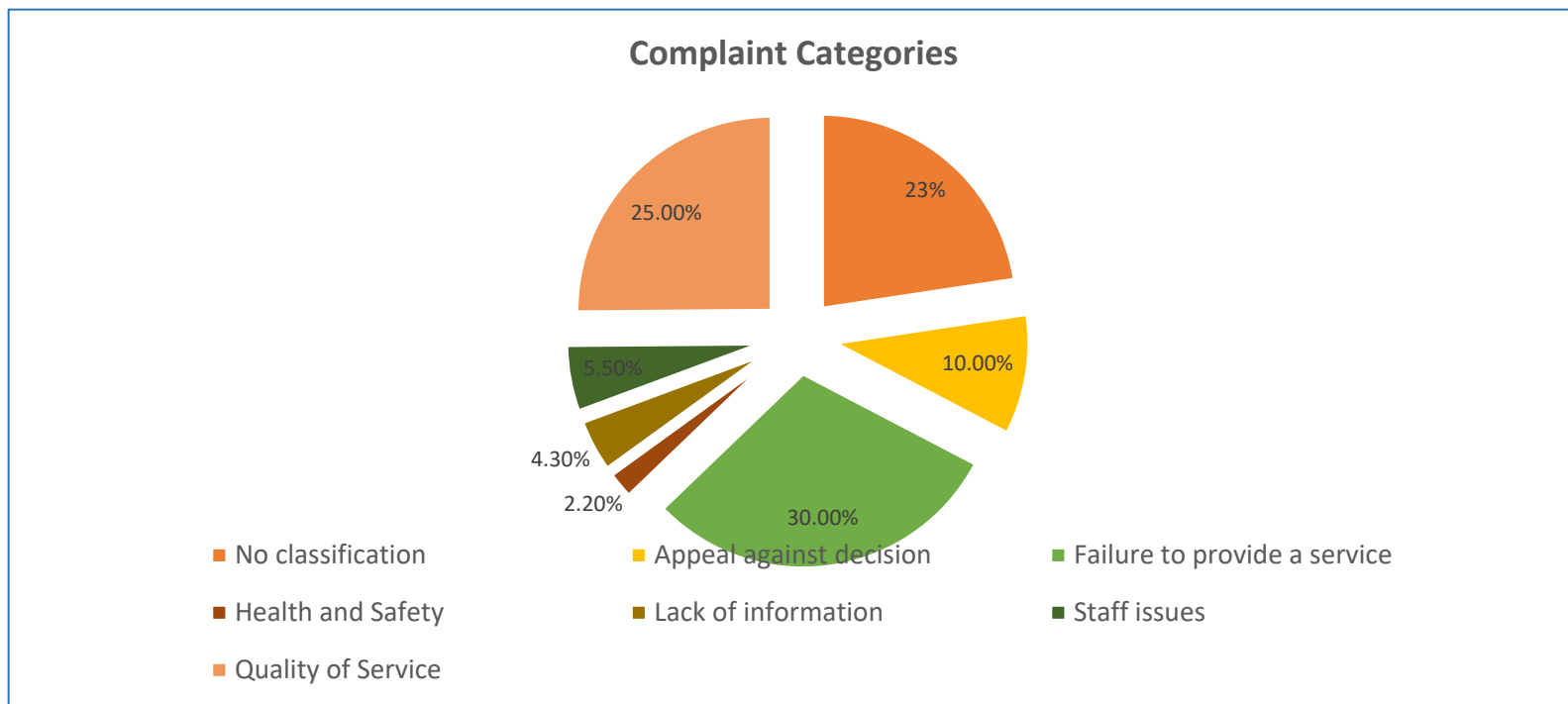
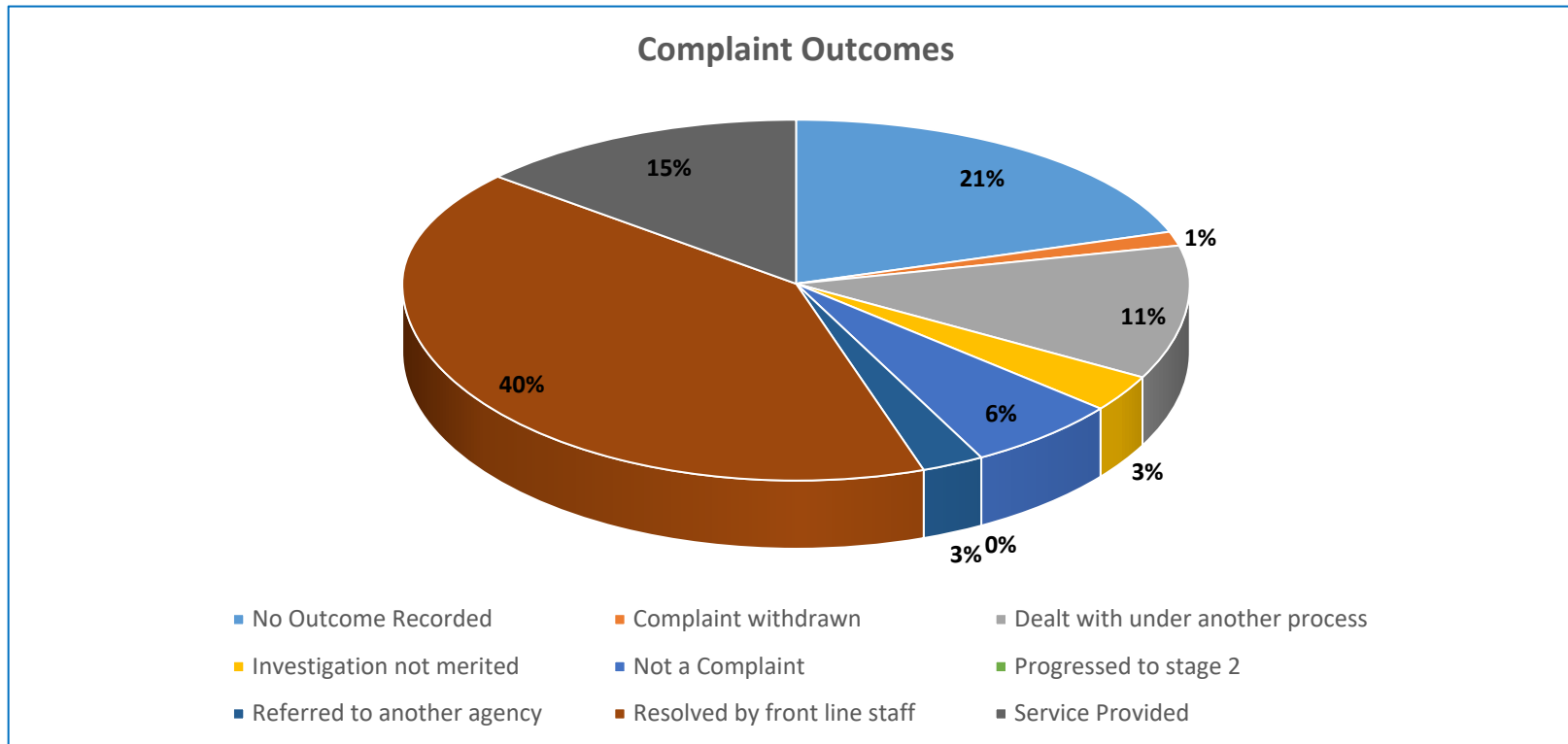


Figure 2 – Complaint Outcomes 2022/23



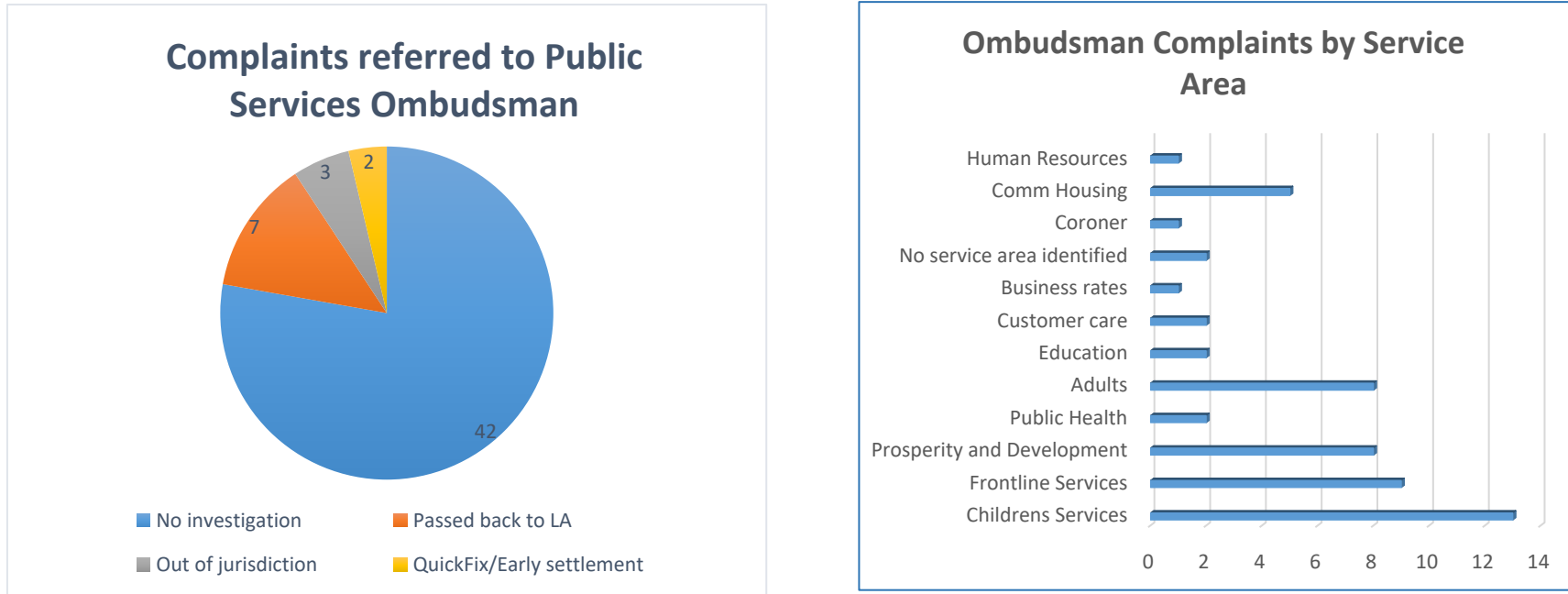
NB: Outcome categories have been changed to support improvements in reporting and will be kept under on-going review.

## COMPLAINTS KEY THEMES

- Complaints in this period made up just 0.09% of all customer contacts made to the Council.
- 54% of Stage 1 complaints were dealt with within 10 working days with 18% being resolved within 20 working days. Combined, performance is 72%, slightly lower than the performance target of 75%. 11% were resolved within 3 months with 17% closed within 3-6 months or remaining unclosed on the system.
- 41.5% of Stage 2 complaints were dealt with within the designated 20 working days with 25% of those responded to within a 10-day period.
- The highest number of complaints were categorised as 'failure to provide a service' (30% / 175 complaints), with 40% of these being resolved by frontline staff.
- Positively, of all complaints received, 95% were resolved at Stage 1 with only 5% progressing to Stage 2 of the process - this being an improvement on previous years.
- 44% of complaints were determined to be not upheld with 39% being upheld or partially upheld\* and 17% having no determination recorded. \*(Whilst we continue to record those complaints that are partially upheld the Complaints Standards Authority no longer accepts this as a valid finding and all partially upheld complaints for their recording purposes will be considered upheld).
- 84% (128) of upheld complaints identified required action to make improvements to services; however only 12 (9.3%) of those complaints recorded learning or areas for identified improvements. This is an area for improvement in 2023/24.
- 10 complaints received identified equality issues, 3 identified Welsh language issues and 10 identified issues relation to Data Protection. Across all 3 areas the figures remain consistent with those in 2021/22 and information continues to be shared with the relevant teams within the Council in order for identified themes to be addressed.
- Whilst this report identifies some areas for improvement, Council officers demonstrate commitment to resolving customers concerns and this is evidenced by both the small percentage of complaints that escalate to Stage 2 and the low number of complaints referred to the Public Services Ombudsman.
- 54 complaints were referred to the Public Services Ombudsman, details of outcomes for these complaints are detailed in Figure 3.

## COMPLAINTS REFERRED TO THE PUBLIC SERVICES OMBUDSMAN FOR WALES

Figure 3 – Complaints Referred to the Public Services Ombudsman for Wales (2022/23)



### KEY THEMES

- The number of Ombudsman complaints received in 2022/2023 (54) remains consistent with previous years and (not including complaints for Social Care).
- There are no identified themes or concerns as to a particular service area or service provision with 42 complaints requiring no investigation, 7 being referred back to the relevant service area for resolution and 2 recommending a quick fix / early settlement.
- The highest numbers of Ombudsman complaints are for Adult and Children’s Social Care followed by Frontline Services.
- The total number of complaints received by the Ombudsman for Rhondda Cynon Taf make up 0.07% of all interventions received across Wales.

## EXAMPLES OF COMPLAINTS AND SERVICE IMPROVEMENTS

Complaint area	Complaint detail	Service Improvement
<b>Leisure</b>	Complaint regarding the reaction of staff to a lady breastfeeding in the lido pool. Also lack of policy in relation to breastfeeding.	New breastfeeding policy statement being developed in consultation with the complainant and training to be provide to all Lido staff.
<b>Leisure</b>	Complaint regarding safety of inflatable equipment and supervision at children's party in leisure centre.	Review to be undertaken of set up procedures in conjunction with a review by the Health & Safety team.
<b>Leisure</b>	Complaint regarding access to poolside and lack of changing facilities for people with additional needs.	Technical assessment to be undertaken in regard to electric motorised doors for ease of access and for possible private changing area for people with additional needs.
<b>Crosscutting</b>	Complaint regarding safe route to school due to restricted access.	Additional signage in area to ensure public are aware that route is still accessible.
<b>Parks Maintenance</b>	Complaint regarding cutting of the conifer trees in the playground which allows a direct view into complainant's property and lack of communication for this proposal.	Better communication in future to keep customer informed of any future work on shared boundary.

\*Complaints where there are potential for service improvements, once identified, will inform 'You said We did' and will be fed back to the public via the Council's web page.

## EXAMPLES OF COMMENTS AND COMPLIMENTS

Service Area	Detail of Compliments (Total received 168) Comments (Total received 46)
<b>Frontline services/recycling</b>	<p><i>I would like to ask that the council consider adding a skip to the recycling centre for silage plastic and agricultural feed bags. ....Would the Council consider this option for local smallholders, farmers and anyone who has plastic waste from feed bags (such as horse owners)? Even if we had to pay a fee to drop this waste at the recycling centre.....</i></p>
<b>Leisure</b>	<p><i>I visited Rhondda Fach Sports centre today on bicycle. There was nowhere to lock my bike so had to leave it in the foyer. Would be good to have somewhere secure to lock bikes.</i></p>
<b>Frontline service/recycling and household waste</b>	<p><i>Hello, over the last few days I needed to use the RCT recycling site at Dinas, Porth on a couple of occasions to dispose of household, garden and wood waste. I would like to say well done to RCT for providing and running a first-class facility. All the members of staff working there were professional and helpful.</i></p>
<b>School transport</b>	<p><i>I am writing to show my appreciation to school transport team , thank you for quick action to add a bus stop for my son. It definitely releases my frustration about his safety . We are so grateful for your team understanding and empathy to our situation. Thank you so much !</i></p>
<b>Pest control</b>	<p><i>I would like to commend a member of the Pest Control team. His name is XXXX and he recently attended my parent's property to deal with rats in the garden. This coincided with my dad being rushed to hospital so as you can imagine it was a very stressful time. I was amazed at having submitted a request online, to be called within an hour by XXXX, customer care was exemplary. What an asset he is to Rhondda Cynon Taf Council. He was extremely diligent and I was felt reassured that the rat issue could be sorted.</i></p>

## You said we did.

The following information demonstrates how services have used customer comments received either through service engagement (SE) or direct feedback (DF), to review their services and consider what improvements can be made to better meet the needs of residents and visitors to Rhondda Cynon Taf. The information will be made available through the Council's website and will be periodically updated.

Service Area	Feedback source *	You said	We did
<b>Arts and Culture</b>	SE	You told us about your love for Treorchy's green spaces and your want for more free community activity to take place outside.	We partnered with Friends of Treorchy Park and delivered free lantern making workshops to support their Halloween 'Park in the Dark' event. Free entrance to the event was given to all those who attended with lanterns.
<b>Arts and Culture</b>	SE	Young people in Treorchy told us about their love for local and grassroots sport.	We worked with the Worker's Gallery owner to deliver 'Cymru in the World Cup' themed making workshops at Ton & Gelli Boys & Girls Club and The Play Yard, where young people explored the different careers on offer in the football industry through creativity.
<b>Transformation, Children's Services</b>	SE	Care experienced children and young people told us that they wanted more well-being initiatives, activities with nature and theatre plays to attend.	We have been working with National Organisation Voices from Care Cymru to develop wellbeing initiatives for children and young people with our 'Sky's the Limit' group for 8- to 13-year-olds and our Local RCT group for ages 14-22 years old. Some of the activities have included: <ul style="list-style-type: none"> <li>• Theatre shows for 'Snow White' and 'Sleeping Beauty.'</li> <li>• Nature walks</li> <li>• Sporting activities</li> <li>• Arts and crafts.</li> </ul>
<b>Heritage Services</b>	DF	You said war memorials need to be better looked after.	We implemented a plan to ensure war memorials are inspected annually and any necessary maintenance undertaken.

<b>Service Area</b>	<b>Feedback source *</b>	<b>You said</b>	<b>We did</b>
<b>Heritage Services</b>	DF	You would like more accessibility to archaeology in the Heritage Park Museum.	We set up a free, monthly, afterschool club where different archaeological topics are looked at.
<b>Leisure</b>	DF	Class and Pool timetables are always changing and not visible online.	All webpages are now live and updated via the website and APP – when amendments are made, all timetables are updated.
<b>Leisure</b>	DF	You said you would like new classes such as KO8.	We have trained leisure staff and added new classes to our timetables.
<b>Leisure</b>	DF	You asked for more outdoor classes during the summer months.	We teamed up with Sport RCT and purchased outdoor equipment adding more outdoor classes to our timetables and more choice to customers who wish to train outdoors in the summer.
<b>Leisure</b>	DF	Customers with a visual impairment reported feeling unable to visit and use leisure facilities.	We have worked alongside the charity Sight Life Wales to improve accessibility for people with sight loss to our centres e.g. Sight life Wales will support us in training staff and identifying other measures that can improve the experience of sight impaired customers who wish to benefit from RCT leisure services.
<b>Leisure</b>	DF	You told us that the leisure app is very busy, not easy to navigate, and you get lost when using it.	We have reviewed and redesigned the App making information more accessible and the App easier to navigate.
<b>Transport planning (Active Travel)</b>	DF	Residents of RCT said barriers to active travel routes were preventing access for disabled cyclists using specially adapted bikes preventing them cycling safely and free from traffic.	We looked at barriers at specific locations across RCT and removed barriers where it was safe to do so, subject to consultation.
<b>Armed Forces</b>	DF	Veterans told us during the Coronavirus outbreak that they were feeling lonely and	We developed a new project ‘Veterans connected’ to help Veterans stay in touch with family and social connections



Service Area	Feedback source *	You said	We did
		isolated and that they missed attending their weekly groups	<p>through digital technology. 80 tablets were made available along with the offer of training and support to enable Veterans to participate in online/virtual events and meetings in their community.</p> <p><a href="http://rctcbc.gov.uk">Veteran Advice Service   Rhondda Cynon Taf County Borough Council (rctcbc.gov.uk)</a></p>

## **FUTURE DEVELOPMENTS AND PRIORITIES**

Following the review of the Customer Feedback process and analysis of the data presented in this report, below are some of the priorities for 2023/24:

### **Complaints Awareness & Training**

Virtual training for staff was provided in 2023 by the Ombudsman's Complaints Standards Authority on both complaints handling and managing unreasonable customers. Further awareness sessions will be undertaken in 2023/24 by the Customer Feedback and Engagement Team focusing on 'what is a complaint' and ensuring all feedback received is correctly recorded. Additionally specific targeted sessions will be provided to Services that may benefit from embedding current processes for areas such as "you said, we did" and informing service improvements as an outcome of complaints.

### **Digital System development and workflow**

Continue process improvement enabled by digital through the new CRM to be more effective and efficient. Building upon the implementation of the new customer feedback system, we will seek to improve data capture, analysis and reporting. This should in turn support the more effective allocation and timeliness of complaint management as well as ensuring service areas continue to capture accurate information.

Other improvements have been identified to meet the needs of frontline services areas and these will be undertaken in line with the ongoing development of the new system. This includes the ability to provide management reports for each service area, providing both qualitative and quantitative data to support service planning and delivery.

### **Improved customer feedback**

There will be on-going work with services on how we feedback to both residents and visitors about how services have made improvements based on customer experiences. Also, the 'You said, we did' webpage will be launched in the Autumn 2023 in line with the revised and updated web information for the CFS.



## **RHONDDA CYNON TAF**

### **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

#### **GOVERNANCE & AUDIT COMMITTEE**

**12<sup>TH</sup> OCTOBER 2023**

### **PUBLIC SERVICES OMBUDSMAN FOR WALES - ANNUAL REPORT AND LETTER 2022–2023**

#### **REPORT OF THE DIRECTOR OF LEGAL & DEMOCRATIC SERVICES**

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

To advise Members of the publication of the Public Services Ombudsman for Wales' ('PSOW') Annual Report and Annual Letter to this Council for 2022-2023.

##### **2. RECOMMENDATION**

- 2.1 That the Committee considers and notes the 2022-2023 Public Services Ombudsman for Wales' Annual Report and Annual Letter to this Council.

##### **3. BACKGROUND**

- 3.1 The PSOW is independent of all government bodies and has legal powers to investigate complaints about public services and independent care providers in Wales. They also investigate complaints that Members of local government bodies have breached their authority's Code of Conduct. Following commencement of the Public Services Ombudsman (Wales) Act 2019 the office has powers aimed at:

- Providing a seamless mechanism for complaint handling when a patient's NHS care is inextricably linked with private healthcare;
- Allowing the PSOW to undertake own initiative investigations when required in the public interest (e.g. where PSOW suspects potential systemic failures of services or where residents feel unable to complain due to the fact that they are dependent on health/council services or because they are vulnerable);
- Ensuring that complaints data from across Wales may be used to drive improvement in public services for citizens in Wales; and
- Improving access to the PSOW office.

- 3.2 The Council has adopted the Model Corporate Concerns and Complaints Policy. This is a two-stage process with Stage 1 complaints being seen as informal. Stage 2 complaints are seen as formal complaints. A complainant is

entitled to escalate any matter to the PSOW if they remain unhappy following receipt of a Stage 2 response.

- 3.3 The number of complaints now being dealt with by the PSOW is double the number of complaints her office received a decade ago.

#### **4. ANNUAL REPORT & LETTER 2022-2023**

- 4.1 The PSOW has published her Annual Report for 2022-2023 ('AR') pursuant to the Public Services Ombudsman (Wales) Act 2005. The AR has been combined with the annual accounts for the PSOW as it was last year. The purpose of the AR 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.

- 4.2 The Executive Summary to the Annual Report is attached at Appendix 1. Attached at Appendix 2 is the complaints data broken down by sector extracted from the full report. The full Annual Report can be accessed via the PSOW website via the following link:

[Annual Report 2022-2023 CYMRAEG](#)

- 4.3 The PSOW also issues an Annual Letter (AL) to each Local Authority in Wales with a summary of complaints received that relate specifically to that Local Authority. The 2022-2023 AL for this Council is attached as Appendix 3 to this report.

- 4.4 The AR sets out the workload that has been dealt with by the PSOW during 2022-2023. It breaks the workload down into the number of enquiries received and the number of complaints received, and also breaks down the complaints into those received about services (public body complaints) and those received in relation to Member Code of Conduct Complaints. Complaints about the conduct of Members fall under the terms of reference of the Council's Standards Committee.

- 4.5 During the reporting period the overall number of complaints about public bodies totalled 2790. This was an increase of 2% compared to 2021-22. The proportion of interventions – cases where the PSOW finds maladministration or service failure remained consistent at 19% (18% 2021-2022). During 2022-2023 the PSOW closed 2,858 complaints about public bodies – 11% more than 2021-2022. The PSOW intervened in 19% of those complaints - 75% of those interventions were achieved by early resolution of a complaint. The intervention rate for local authorities was 13% - consistent with the previous reporting period.

- 4.6 Of the 2790 complaints received about public bodies 37% related to health 18% to housing, 18% to complaint handling, 15% to 'other', 7% to social services (7%) and 4% to planning and building control. Complaints relating to COVID-19 were categorised into their own category and contributed to 1% of the total number of complaints (form 3% in the previous year).

- 4.7 In the most serious cases there was a decrease in the number of [public interest reports](#) issued (5 as against 7 previously – 4 related to Health Boards and 1 to [Wrexham CBC](#) who were found not to have adequately supported a vulnerable adult with learning disabilities in supported living accommodation).

There was 1 special report issued relating to Bannau Brycheiniog NPA as a result of its failure to twice put right the same complaint previously investigated by the PSOW.

- 4.8 The number of complaints about local authorities (including school appeal panels) across Wales was 1020. This is a decrease of 11% compared to the previous year (1143 in 2021-22). There was a 21% increase in the number of complaints about Health Boards (19% increase in respect of Cwm Taf Morgannwg UHB). There was also a 15% increase in the number of complaints about housing associations – 48% of those complaints related to repair and maintenance issues.
- 4.9 The PSOW issued 1259 recommendations to public service providers in 2022-2023. As in previous years the PSOW most commonly recommended was that the relevant organisation should apologise. On occasions the PSOW does recommend some financial redress for the complainant's time and trouble. About 9% of the PSOW recommendations during 2022-2023 were about steps to make sure that services improve for example through staff training or review of current practice.
- 4.10 During 2022-2022 54 complaints were received by the PSOW relating to this Authority (51 for 2021-2022). 2 of those complaints were received in respect of the South Wales Parking Group, administered by RCT CBC. The total number of complaints equates to 0.23 complaints per 1000 residents. Notably this represents the second lowest total in Wales out of the 22 local authorities. 0.33 complaints per 1000 residents was the average across the 22 LA's.
- 4.11 The highest number of complaints for this Council, by subject, related to how it handled complaints (24%), Children's Social Services (20%) followed by Housing (13%):

<b>SUBJECT</b>	<b>COMPLAINTS 21/22</b>	<b>COMPLAINTS 22/23</b>
Adult Social Services	6	4
Benefits Administration	0	0
Children's Social Services	11	11
Community Facilities, Recreation and Leisure	0	0
Complaints Handling	4	13
Covid-19	0	0
Education	1	1
Environment & Environmental Health	9	4
Finance and Taxation	1	1
Housing	3	7
Licensing	0	0
Planning and Building Control	7	5
Roads and Transport	4	2
Various Other	5	4
<b>TOTAL</b>	<b>51</b>	<b>54</b>

- 4.12 Of the 54 complaints closed by the PSOW during the period, 22 (41%) were closed after initial consideration, 14 (26%) were considered to be out of jurisdiction and 16 (30%) premature. Those considered to have been premature related to cases where the complainant had not exhausted the

Council's complaints policy. 2 (4%) complaints were resolved through the PSOW 'early resolution' process, meaning that the Council agreed to undertake actions to resolve matters without the need for a formal PSOW investigation – see Appendix C of Appendix 3.

- 4.13 In total 4% of the Council's cases during the period required PSOW intervention, compared against 7% as reported in the previous period. The average intervention rate for local authorities was 13% so the Council compares favourably against this measure – see Appendix D of Appendix 3
- 4.14 The PSOW now publishes summaries of recent investigations' outcomes and reports undertaken on the 'our findings' section of the website, which is updated on a monthly basis:

<https://www.ombudsman.wales/findings/> [CYMRAEG](#)

Appendix 4 contains the extracts for the 2022-2023 period from the 'our findings' listings relating to this Council.

- 4.15 RCT CBC has adopted the PSOW model complaints policy for local authorities. A model complaints policy has also been adopted by health boards in Wales and extended to Housing Associations and Natural Resources Wales.
- 4.16 Local Authorities continue to submit data to the PSOW about complaints they handle to the [Complaints Standards Authority](#). Data submitted by Local Authorities in [2022/2023](#) showed:
- 15,525 complaints recorded by Local Authorities
  - Equated to 5 complaints for every 1000 residents
  - 41.12% of those complaints were upheld  
74% were investigated within 20 working days
  - 7% of all complaints closed were then referred onto the PSOW for consideration
  - 4.23% of those complaints were upheld by the PSOW
- 4.17 In respect of this Authority 721 complaints were received during 2022-2023. That equates to 3.08 complaints per 1000 residents. 27.10% of the total number of complaints were upheld. 78.45% were investigated within 20 working days and 8.75% were referred to the PSOW.

## **5. LEGAL IMPLICATIONS**

- 5.1 There are no legal implications arising directly from this report.
- 5.2 The terms of reference of the Governance & Audit Committee include:
- (i) To review and assess the Council's ability to deal with complaints effectively; and
  - (ii) To make reports and recommendations in relation to the Council's ability to deal with complaints effectively.

## **6. CONSULTATION**

- 6.1 The PSOW requests that the Annual Letter to the Council is presented to Governance & Audit Committee to assist Members in their scrutiny of the Council's performance. The Annual Letter will also be considered by the Council's Cabinet.

## **7. EQUALITY AND DIVERSITY IMPLICATIONS**

- 7.1 There are no equality and diversity implications arising from this report.

## **8. FINANCIAL AND RESOURCE IMPLICATIONS**

- 8.1 There are no financial implications arising from this report however it should be noted that the PSOW has legal powers to require the Council to make payments to complainants where they have suffered financial loss or compensation as a consequence of maladministration.

## **9. WELL-BEING OF FUTURE GENERATIONS (WALES) ACT**

- 9.1 Learning from complaints, and customer feedback, can contribute to the development of services that meet the needs and expectations of the Council's residents and service users. In this way residents and service users can be involved in improving services and ensuring that they meet long-term needs in a sustainable way. The ability to identify the causes of complaint and service failure presents an opportunity to have a preventative impact – particularly where services manage wellbeing issues.

## **10. CONCLUSION**

- 10.1 The PSOW has requested that the Annual Letter for this Council be presented to Governance & Audit Committee for consideration the details of which have been set out in this report.
- 10.2 Both the Cabinet and Governance & Audit Committee also receive an Annual Report in respect of complaints, compliments and comments received during the relevant period in respect of both the Statutory Social Services complaints process and those handled through the Council's corporate Customer Feedback Scheme. These reports enable the Committee to further review and assess how the Council is managing, and learning from, the feedback it receives.

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE & AUDIT COMMITTEE**

**12<sup>th</sup> OCTOBER 2023**

**REPORT OF THE DIRECTOR OF LEGAL & DEMOCRATIC SERVICES**

**Background Papers:**

Public Services Ombudsman For Wales – Annual Report & Accounts 2022-2023

**Contact:** Andy Wilkins – Director of Legal Services & Monitoring Officer –

**Report Consultees:**

Jayne Thomas - Customer Feedback, Engagement and Complaints Manager





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# **A year of change - a year of challenge**

## **Annual Report and Accounts 2022/23**

### **EXECUTIVE SUMMARY**

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July 2023



We can provide a summary of this document in accessible formats, including Braille, large print and Easy Read. To request, please contact us:

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
CF35 5LJ

Tel: 0300 790 0203

Email: [communications@ombudsman.wales](mailto:communications@ombudsman.wales)

**Mae'r ddogfen hon hefyd ar gael yn y Gymraeg.**

**This document is also available in Welsh.**



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# **A year of change - a year of challenge** **Annual Report and Accounts 2022/23**

of the Public Services Ombudsman for Wales  
for the year ended 31 March 2023

## **EXECUTIVE SUMMARY**

## Our role

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We have three main roles.



We investigate complaints about public services.



We consider complaints about councillors breaching the Code of Conduct.



We drive systemic improvement of public services and standards of conduct in local government in Wales.

## Our ambition

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People of Wales feel that public services treat them fairly and respond when things go wrong.



Welsh public services listen to individuals and use their complaints to learn and improve.



Welsh local government is trusted to deliver the highest standards of conduct.



The Public Services Ombudsman for Wales continues to be an influential and respected voice in public service improvement.

## Our principles

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We are independent, impartial, fair and open to all who need us.

# A word from the Ombudsman

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**This annual report reflects my first year in office. It has been a year of many successes and positive change, but also some challenges.**

We have had fewer new complaints about breaches of the Code of Conduct by Welsh councillors. We also closed a record number of complaints about public services, delivering justice to many more people. During the year, we have continued to help public services improve. We delivered over 180 free training sessions to public bodies on good complaint handling. We also consulted on our next 'own initiative investigation' – which will look at carers needs assessments. Internally, we launched our new Service Quality process and celebrated removing our median gender pay gap.

Despite these and other positives, it has also been a very challenging year. We are seeing more and more complaints about public services. Health continues to be the subject of over 80% of our investigations overall and these investigations are often lengthy and complex. This workload meant that some people have had to wait longer for an outcome, and impacted the well-being of our staff.

We trust that our new Strategic Plan will help us work more efficiently


and have more impact, while also allowing us to remain a supportive and healthy workplace. Nevertheless, our increasing caseload pressures are a growing concern and we will be realistic about the resources and capacity available to us to deliver change as we embark on this new chapter in our service to the people of Wales.

**Michelle Morris**






# Strategic Aim 1: Deliver justice

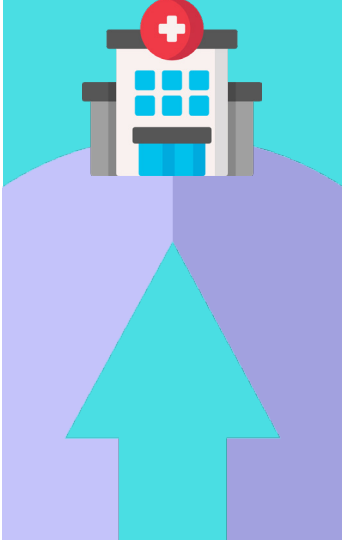
We received **2%** more new complaints about public services and Code of Conduct.




We had **2%** more new public service complaints:

-  37% were about healthcare
-  18% were about housing
-  18% were about complaint handling

We saw a **21%** increase in complaints about Health Boards.




We closed **10%** more complaints about public services and Code of Conduct.



We intervened (found that an organisation got things wrong and should put things right) in **19%** of complaints about public services...


... and 3 out of 4 times, we intervened early, without having to conduct a full investigation.



Organisations complied with **90%** of our recommendations due during the year.



We issued **1** Special Report about an organisation not complying with our recommendations.

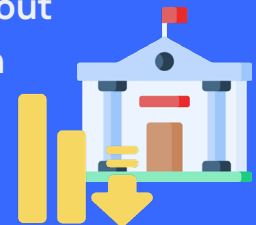


We received **4% fewer** new complaints about the Code of Conduct.



**61%** of these new complaints were about promotion of equality and respect.

We received fewer new complaints about councillors at Town and Community Councils.



**12**

We made 12 referrals of Code of Conduct complaints made to the Adjudication Panel for Wales or local Standards Committees.

The Adjudication Panel for Wales and Standards Committees upheld and found breaches in **96%** of our referrals they considered in 2022/23.



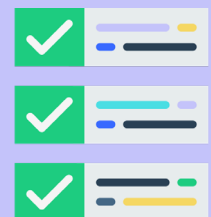
We upheld only **7%** of requests for review of our decisions, which gives us confidence that our process is sound.



We launched our new Service Quality process, through which we will look at how well we meet our service standards.



**48%** of people - and **95%** of those satisfied with the outcome of their complaint - were happy with our service.



# Strategic Aim 2: Promote improvement

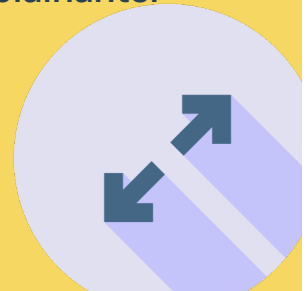
We delivered 183 training sessions on good complaint handling.



“ Since the training I am trying to change my behaviour so that I listen to incoming calls with an open mind and not type up the log notes before they have finished speaking.

“ My many thanks for the training sessions. They really did make me think very deeply about how we respond to clients.

We completed 2 extended investigations, when we are already investigating a problem and we extend the investigation to other issues or complainants.



We published 5 Public Interest Reports, about serious cases related to healthcare.



We completed public consultation on our next 'Own Initiative' investigation - which will look at carers' needs assessments.

For the fourth time, we published a casebook in which we highlight complaints where human rights or equality issues have either been raised as part of the complaint or have been central to our findings.





## Strategic Aim 3: Use resources wisely

We had no median gender pay gap.



It cost us 16% less to consider each complaint this year.



We avoided 134kg of CO2 in emissions.



Cymraeg

A higher proportion of our staff told us that they had good or fluent Welsh language skills.

We developed our new Strategic Plan, which sets out 4 aims:

1. Delivering justice with a positive impact for people and public services
2. Increasing accessibility and inclusion
3. Increasing the impact of our proactive improvement work
4. Ensuring that we are a healthy, efficient and accountable organisation.





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# Complaints data

## Public services - new complaints

Subject	2022/23	2021/22
Health	37%	34%
Housing	18%	16%
Complaints Handling	18%	14%
Social Services	7%	8%
Planning and Building Control	4%	8%
COVID19	1%	3%
Other	15%	17%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>

Sector	2022/23	2021/22
NHS Bodies (including Health Boards, NHS Trusts, Dentist, GPs, Opticians and Pharmacists)	1288	1115
Local Authorities (including County/ County Borough Councils and School Appeal Panels)	1032	1162
Social Housing sector (housing associations)	348	302
Welsh Government and its sponsored bodies	61	74
Community Councils	30	31
Other	31	42
<b>All sectors</b>	<b>2790</b>	<b>2726</b>

Health Board	2022/23		2021/22	% change from 2021/22
	Number	Received per 1000 residents	Number	
Aneurin Bevan University Health Board	166	0.28	142	17%
Betsi Cadwaladr University Health Board	225	0.33	213	6%
Cardiff and Vale University Health Board	137	0.28	89	54%
Cwm Taf Morgannwg University Health Board	134	0.30	113	19%
Hywel Dda University Health Board	104	0.27	88	18%
Powys Teaching Health Board	23	0.17	10	130%
Swansea Bay University Health Board	137	0.36	110	25%
<b>All Health Boards</b>	<b>926</b>	<b>0.30</b>	<b>765</b>	<b>21%</b>



County and County Borough Council	2022/23		2021/22	% change from 2021/22
	Number	Received per 1000 residents	Number	
Blaenau Gwent County Borough Council	16	0.24	14	14%
Bridgend County Borough Council	55	0.38	55	0%
Caerphilly County Borough Council	49	0.28	60	-18%
Cardiff Council (Incl. Rent Smart Wales)	142	0.39	182	-22%
Carmarthenshire County Council	53	0.28	54	-2%
Ceredigion County Council	35	0.49	52	-33%
Conwy County Borough Council	31	0.27	27	15%
Denbighshire County Council	32	0.33	34	-6%
Flintshire County Council	65	0.42	99	-34%
Cyngor Gwynedd	36	0.31	39	-8%
Isle of Anglesey County Council	25	0.36	29	-14%
Merthyr Tydfil County Borough Council	17	0.29	27	-37%
Monmouthshire County Council	23	0.25	20	15%
Neath Port Talbot Council	39	0.27	45	-13%
Newport City Council	42	0.26	40	5%
Pembrokeshire County Council	44	0.36	39	13%
Powys County Council	38	0.29	55	-31%
Rhondda Cynon Taf County Borough Council (Incl South Wales Parking Group)	54	0.23	51	6%
Swansea Council	94	0.39	71	32%
Torfaen County Borough Council	16	0.17	18	-11%
Vale of Glamorgan Council	49	0.37	61	-20%
Wrexham County Borough Council	65	0.48	71	-8%
<b>All County and County Borough Councils</b>	<b>1020</b>	<b>0.33</b>	<b>1143</b>	<b>-11%</b>

Housing Association	2022/23	2021/22	% change from 2021/22
Adra	15	10	50%
Aelwyd Housing Association Ltd	1	2	-50%
Ateb Group Ltd	2	4	-50%
Barcud	4	3	33%
Bro Myrddin Housing Association	0	1	-100%
Bron Afon Community Housing Ltd	17	17	0%
Cadwyn Housing Association Ltd	6	0	
Cardiff Community Housing Association	7	15	-53%
Caredig	3	0	
Cartrefi Conwy	6	14	-57%
Charter Housing Association (part of the Pobl Group)	7	4	75%
Clwyd Alyn Housing Association	10	10	0%
Coastal Housing Group Ltd	6	14	-57%
Cynon Taf Community Housing Group	4	6	-33%
Derwen (part of the Pobl Group)	0	0	
Family Housing Association (Wales) Ltd	0	5	-100%
First Choice Housing Association Ltd	1	0	
Grwp Cynefin	5	4	25%
Hafan Cymru	0	1	-100%
Hafod Housing Association	62	28	121%
Linc Cymru Housing Association	14	9	56%
Melin Homes Ltd	3	5	-40%
Merthyr Tydfil Housing Association Ltd	1	5	-80%
Merthyr Valleys Homes	8	4	100%

## Complaints data

Monmouthshire Housing Association	2	6	-67%
Newport City Homes	19	8	138%
Newydd Housing Association	9	9	0%
North Wales Housing	4	8	-50%
Pobl	23	19	21%
Rhondda Housing Association Ltd	9	1	800%
Taff Housing Association	4	3	33%
Tai Calon Community Housing	10	5	100%
Tai Ceredigion Ltd	0	0	
Tai Tarian	21	15	40%
Trivallis	13	17	-24%
Ty Gwalia (part of Pobl Group)	3	3	0%
United Welsh Housing Association	16	16	0%
Valleys To Coast Housing	19	20	-5%
Wales & West Housing Association	14	11	27%
<b>All Housing Associations</b>	<b>348</b>	<b>302</b>	<b>15%</b>

## Public services - closed complaints

Health Board	2022/23			2021/22		
	No. of Interventions	No. of Closures	Intervention rate	No. of Interventions	No. of Closures	Intervention rate
Aneurin Bevan University Health Board	48	160	30%	42	125	34%
Betsi Cadwaladr University Health Board	80	231	35%	61	193	32%
Cardiff and Vale University Health Board	30	129	23%	18	81	22%
Cwm Taf Morgannwg University Health Board	37	141	26%	30	99	30%
Hywel Dda University Health Board	41	100	41%	23	82	28%
Powys Teaching Health Board	5	23	22%	3	6	50%
Swansea Bay University Health Board	33	134	25%	29	105	28%
<b>All Health Boards</b>	<b>274</b>	<b>918</b>	<b>30%</b>	<b>206</b>	<b>691</b>	<b>30%</b>





County and County Borough Council	2022/23			2021/22		
	No. of Interventions	No. of Closures	Intervention rate	No. of Interventions	No. of Closures	Intervention rate
Blaenau Gwent County Borough Council	0	16	0%	0	13	0%
Bridgend County Borough Council	5	57	9%	7	54	13%
Caerphilly County Borough Council	6	52	12%	7	58	12%
Cardiff Council (Incl Rent Smart Wales)	26	154	17%	46	175	26%
Carmarthenshire County Council	7	60	12%	7	49	14%
Ceredigion County Council	13	44	30%	13	46	28%
Conwy County Borough Council	5	35	14%	2	24	8%
Denbighshire County Council	2	33	6%	4	33	12%
Flintshire County Council	5	70	7%	15	94	16%
Cyngor Gwynedd	5	33	15%	6	41	15%
Isle of Anglesey County Council	5	25	20%	3	28	11%
Merthyr Tydfil County Borough Council	1	18	6%	2	26	8%
Monmouthshire County Council	1	22	5%	2	21	10%
Neath Port Talbot Council	7	38	18%	5	45	11%
Newport City Council	8	48	17%	4	36	11%
Pembrokeshire County Council	3	45	7%	2	40	5%
Powys County Council	8	44	18%	7	55	13%

Rhondda Cynon Taf County Borough Council (Incl South Wales Parking Group)	2	56	4%	3	45	7%
Swansea Council	10	99	10%	10	76	13%
Torfaen County Borough Council	1	17	6%	2	20	10%
Vale of Glamorgan Council	15	53	28%	9	62	15%
Wrexham County Borough Council	6	67	9%	4	67	6%
<b>All County and County Borough Councils</b>	<b>141</b>	<b>1086</b>	<b>13%</b>	<b>160</b>	<b>1108</b>	<b>14%</b>



Housing Association	2022/23			2021/22		
	No. of Interventions	No. of Closures	Intervention rate	No. of Interventions	No. of Closures	Intervention rate
Adra	2	16	13%	1	9	11%
Aelwyd Housing Association Ltd	0	1	-	0	2	-
Ateb Group Ltd	0	2	-	2	4	50%
Barcud	0	4	-	0	3	-
Bro Myrddin Housing Association	0	0	-	0	1	-
Bron Afon Community Housing Ltd	2	18	11%	3	18	17%
Cadwyn Housing Association Ltd	1	6	17%	0	0	-
Cardiff Community Housing Association	0	8	-	1	14	7%
Caredig	0	3	-	0	0	-
Cartrefi Conwy	2	7	29%	0	13	-
Charter Housing Association (Part of the Pobl Group)	0	7	-	1	5	20%
Clwyd Alyn Housing Association	0	9	-	0	10	-
Coastal Housing Group Ltd	0	6	-	1	14	7%
Cynon Taf Community Housing Group	0	4	-	1	6	17%
Family Housing Association (Wales) Ltd	0	0	-	0	5	-
First Choice Housing Association Ltd	0	1	-	0	0	-
Grwp Cynefin	0	5	-	1	4	25%
Hafan Cymru	0	1	-	0	0	-
Hafod Housing Association	15	59	25%	7	27	26%
Linc Cymru Housing Association	2	13	15%	2	10	20%
Melin Homes Ltd	0	3	-	0	6	-
Merthyr Tydfil Housing Association Ltd	0	1	-	1	7	14%
Merthyr Valleys Homes	1	8	13%	1	5	20%

Monmouthshire Housing Association	0	4	-	3	6	50%
Newport City Homes	2	18	11%	0	8	-
Newydd Housing Association	1	10	10%	1	9	11%
North Wales Housing	1	5	20%	1	8	13%
Pobl	3	22	14%	1	17	6%
Rhondda Housing Association Ltd	0	8	-	1	1	100%
Taff Housing Association	2	5	40%	0	1	-
Tai Calon Community Housing	0	9		0	5	-
Tai Tarian	0	22	-	2	14	14%
Trivallis	2	15	13%	3	17	18%
Ty Gwalia (Part Of Pobl Group)	0	3	-	0	3	-
United Welsh Housing Association	2	18	11%	2	14	14%
Valleys To Coast Housing	5	17	29%	3	22	14%
Wales & West Housing Association	1	14	7%	2	13	15%
<b>Grand Total</b>	<b>44</b>	<b>352</b>	<b>13%</b>	<b>41</b>	<b>301</b>	<b>14%</b>



## Code of Conduct - new complaints

Subjects	2022/23	2021/22
Accountability and openness	10%	5%
Disclosure and registration of interests	9%	11%
Duty to uphold the law	8%	9%
Integrity	6%	8%
Objectivity and propriety	3%	11%
Promotion of equality and respect	61%	51%
Selflessness and stewardship	3%	5%

Body	2022/23	2021/22	% change from 2021/22
Town and Community Councils	158	171	-8%
County and County Borough Councils	122	114	7%
National Parks	3	5	-40%
Fire Authorities	0	0	n/a
Police and Crime Panels	0	4	-100%
<b>Total</b>	<b>283</b>	<b>294</b>	<b>-4%</b>

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Ask for: Communications

 01656 641150

Date: 17 August 2023

 Communications  
@ombudsman.wales

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Cllr. Andrew Morgan  
Rhondda Cynon Taf County Borough Council  
By Email only: [andrew.morgan2@rctcbc.gov.uk](mailto:andrew.morgan2@rctcbc.gov.uk)

### **Annual Letter 2022/23**

Dear Councillor Morgan

I am pleased to provide you with the Annual letter (2022/23) for Rhondda Cynon Taf County Borough Council which deals with complaints relating to maladministration and service failure, complaints relating to alleged breaches of the Code of Conduct for Councillors and the actions being taken to improve public services.

This letter coincides with my Annual Report – “[A year of change – a year of challenge](#)” – a sentiment which will no doubt resonate with public bodies across Wales. My office has seen another increase in the number of people asking for our help – up 3% overall compared to the previous year, and my office now receives double the number of cases we received a decade ago.

In the last year, I have met with public bodies across Wales – speaking about our casework, our recommendations, and our proactive powers. The current climate will continue to provide challenges for public services, but I am grateful for the positive and productive way in which local authorities continue to engage with my office.

1,020 complaints were referred to us regarding local authorities last year - a reduction of 11% compared to the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 13% of local authority complaints.

We received fewer Code of Conduct complaints in 22/23 compared to the previous year, relating to both Principal Councils and Town and Community Councils. My role is such that I do not make final findings about breaches of the Code of Conduct. Instead, where investigations find the most serious concerns, these are referred to the Standards Committee of the relevant local authority, or the

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We are happy to accept and respond  
to correspondence in Welsh.

Adjudication Panel for Wales. In 2022/23, the Ombudsman made 12 such referrals – a welcome reduction from 20 last year.

### **Supporting improvement of public services**

Despite the challenges of last year, we have pushed forward with our proactive improvement work and launched a new Service Quality process to ensure we deliver the standards we expect.

Last year, we began work on our second wider Own Initiative investigation – this time looking into carers assessments within local authorities. This investigation will take place throughout the coming year, and we look forward to sharing our findings with all local authorities – not just those involved in the investigation.

The Complaints Standards Authority (CSA) continued its work with public bodies in Wales last year, with more than 50 public bodies now operating our model policy. We've also now provided more than 400 training sessions since we started, with local authorities, in September 2020.

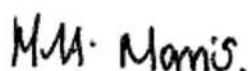
We continued our work to publish complaints statistics into a second year, with data now published twice a year. This data allows us to see information with greater context – for example, last year 9% of Rhondda Cynon Taf County Borough Council's complaints were referred to PSOW.

I would encourage Rhondda Cynon Taf County Borough Council, and specifically your Audit and Governance Committee, to use this data to better understand your performance on complaints and consider how well good complaints handling is embedded throughout the Authority.

Further to this letter can I ask that your Council takes the following actions:

- Present my Annual Letter to the Cabinet and to the Governance and Audit Committee at the next available opportunity and notify me of when these meetings will take place.
- Continue to engage with our Complaints Standards work, accessing training for your staff, fully implementing the model policy, and providing accurate and timely complaints data.
- Inform me of the outcome of the Council's considerations and proposed actions on the above matters at the earliest opportunity.

Yours sincerely,



**Michelle Morris**  
**Public Services Ombudsman**

cc. Paul Mee, Chief Executive, Rhondda Cynon Taf County Borough Council.  
By Email only: [chiefexecutive@rctcbc.gov.uk](mailto:chiefexecutive@rctcbc.gov.uk)





## **Factsheet**

### Appendix A - Complaints Received

<b>Local Authority</b>	<b>Complaints Received</b>	<b>Received per 1000 residents</b>
Blaenau Gwent County Borough Council	16	0.24
Bridgend County Borough Council	55	0.38
Caerphilly County Borough Council	49	0.28
Cardiff Council*	142	0.39
Carmarthenshire County Council	53	0.28
Ceredigion County Council	35	0.49
Conwy County Borough Council	31	0.27
Denbighshire County Council	32	0.33
Flintshire County Council	65	0.42
Cyngor Gwynedd	36	0.31
Isle of Anglesey County Council	25	0.36
Merthyr Tydfil County Borough Council	17	0.29
Monmouthshire County Council	23	0.25
Neath Port Talbot Council	39	0.27
Newport City Council	42	0.26
Pembrokeshire County Council	44	0.36
Powys County Council	38	0.29
Rhondda Cynon Taf County Borough Council**	54	0.23
Swansea Council	94	0.39
Torfaen County Borough Council	16	0.17
Vale of Glamorgan Council	49	0.37
Wrexham County Borough Council	65	0.48
<b>Total</b>	<b>1020</b>	<b>0.33</b>
* inc 9 Rent Smart Wales		
** inc 2 South Wales Parking Group		



## Appendix B - Received by Subject

<b>Rhondda Cynon Taf County Borough Council</b>	<b>Complaints Received</b>	<b>% share</b>
Adult Social Services	4	7%
Benefits Administration	0	0%
Children's Social Services	11	20%
Community Facilities, Recreation and Leisure	0	0%
Complaints Handling	13	24%
Covid19	0	0%
Education	1	2%
Environment and Environmental Health	4	7%
Finance and Taxation	1	2%
Housing	7	13%
Licensing	0	0%
Planning and Building Control	5	9%
Roads and Transport	2	4%
Various Other	4	7%
<b>Total</b>	<b>54</b>	

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Appendix C - Complaint Outcomes  
(\* denotes intervention)

<b>Rhondda Cynon Taf County Borough Council</b>		<b>% Share</b>
Out of Jurisdiction	14	26%
Premature	16	30%
Other cases closed after initial consideration	22	41%
Early Resolution/ voluntary settlement*	2	4%
Discontinued	0	0%
Other Reports - Not Upheld	0	0%
Other Reports Upheld*	0	0%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
<b>Total</b>	<b>54</b>	



Appendix D - Cases with PSOW Intervention

	No. of interventions	No. of closures	% of interventions
Blaenau Gwent County Borough Council	0	16	0%
Bridgend County Borough Council	5	57	9%
Caerphilly County Borough Council	6	52	12%
Cardiff Council	25	145	17%
Cardiff Council - Rent Smart Wales	1	9	11%
Carmarthenshire County Council	7	60	12%
Ceredigion County Council	13	44	30%
Conwy County Borough Council	5	35	14%
Denbighshire County Council	2	33	6%
Flintshire County Council	5	70	7%
Cyngor Gwynedd	5	33	15%
Isle of Anglesey County Council	5	25	20%
Merthyr Tydfil County Borough Council	1	18	6%
Monmouthshire County Council	1	22	5%
Neath Port Talbot Council	7	38	18%
Newport City Council	8	48	17%
Pembrokeshire County Council	3	45	7%
Powys County Council	8	44	18%
Rhondda Cynon Taf County Borough Council	2	54	4%
Rhondda Cynon Taf County Borough Council - South Wales Parking Group	0	2	0%
Swansea Council	10	99	10%
Torfaen County Borough Council	1	17	6%
Vale of Glamorgan Council	15	53	28%
Wrexham County Borough Council	6	67	9%
<b>Total</b>	<b>141</b>	<b>1086</b>	<b>13%</b>



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## Appendix E - Code of Conduct Complaints

### Rhondda Cynon Taf County Borough Council

<b>Decision not to investigate</b>	0
<b>Discontinued</b>	1
<b>No evidence of breach</b>	0
<b>No action necessary</b>	0
<b>Refer to Adjudication Panel</b>	0
<b>Refer to Standards Committee</b>	0
<b>Total</b>	<b>1</b>

Investigations

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## Appendix F - Town/Community Council Code of Complaints

Town/Community Council	Decision not to investigate	Investigations				Total
		Discontinued	No evidence of breach	No action necessary	Refer to Adjudication Panel	
Llanharan Community Council	0	0	0	0	0	0
Llantwit Fardre Community Council	4	0	0	0	0	4
Pontypridd Town Council	1	0	0	0	0	1
Taff's Well & Nantgarw Community Council	1	0	0	0	0	1
Ynysybwl & Coed-y-cwm Community Council	0	0	0	0	0	0



## Information Sheet

Appendix A shows the number of complaints received by PSOW for all Local Authorities in 2022/23. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Local Authority.

Appendix C shows outcomes of the complaints which PSOW closed for the Local Authority in 2022/23. This table shows both the volume, and the proportion that each outcome represents for the Local Authority.

Appendix D shows Intervention Rates for all Local Authorities in 2022/23. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows the outcomes of Code Of Conduct complaints closed by PSOW related to Local Authority in 2022/23. This table shows both the volume, and the proportion that each outcome represents for the Local Authority.

Appendix F shows the outcomes of Code of Conduct complaints closed by PSOW related to Town and Community Councils in the Local Authority's area in 2022/23. This table shows both the volume, and the proportion that each outcome represents for each Town or Community Council.

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**SUMMARY OF REPORTS FROM PSOW WEBSITE ('OUR FINDINGS'  
SECTION) RELATING TO RCT CBC 2022-2023**

**Housing Applications. allocations. transfer and exchanges  
: Rhondda Cynon Taf County Borough Council**

Report date

03/02/2023

Outcome

Early resolution

Case ref number

202205414

Mrs S complained that Rhondda Cynon Taf County Borough Council failed to support her, and her husband's housing needs which resulted in her husband having to seek accommodation in his vehicle.

The Ombudsman concluded that the Council failed to act in accordance with its statutory complaints procedure and failed to provide its procedure with her. She said this caused frustration to Mrs S.

As an alternative to an investigation, the Ombudsman sought and gained the Council's agreement to apologise to Mrs S for not providing her with sufficient information on its complaint's procedure, issue a stage 2 response, and remind its housing team of the model complaints procedure. It was agreed that the Council would action this within 30 working days

**Other : Rhondda Cynon Taf County Borough Council**

Report date

26/08/2022

Outcome

Early resolution

Case ref number

202202881

Ms Q complained that the Council refused to tell her about the health and whereabouts of her late partner, Mr X, from February 2021 onwards, and failed to inform her about his death until several months after the event. She also complained that the Council failed to arrange for the administration of his estate, leaving her to attend to matters.

The Ombudsman considered that Ms Q's desire to receive information about her partner engaged her right to a private and family life under Article 8 of the Human Rights Act. The Ombudsman was satisfied that it was not unreasonable in the circumstances for the Council to withhold information about Mr X from Ms Q in the

weeks leading up to his death. However, after Mr X died, the Council showed a lack of urgency in establishing that information about his death could be passed to Ms Q.

This resulted in a 5-month delay in telling Ms Q that Mr X had died, which was likely to have caused her avoidable additional distress.

The Ombudsman was also concerned that, in the circumstances, the Council should have provided appropriate advice and support to Ms Q in relation to the settlement of Mr X's estate following his death, in as far as it affected her. As a result, Ms Q was left to resolve matters on her own without support, which put her to avoidable time and trouble.

In the interests of resolving the complaint, the Council agreed to apologise to Ms Q for the failings identified and to make a payment of £750 to her for the injustice and avoidable time and trouble caused to her. The Council also agreed to contact Ms Q to offer her appropriate support and advice (itself, or through an expedited referral to an appropriate external agency) with any ongoing concerns relating to Mr X's estate.

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2023/24

<p style="text-align: center;"><b>GOVERNANCE AND AUDIT COMMITTEE</b></p> <p style="text-align: center;"><b>12<sup>th</sup> October 2023</b></p>	<p style="text-align: center;"><b>AGENDA ITEM NO. 7</b></p>
<p><b>REPORT OF THE HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE in consultation with DEPUTY CHIEF EXECUTIVE AND GROUP DIRECTOR – FINANCE, DIGITAL &amp; FRONTLINE SERVICES</b></p>	<p style="text-align: center;"><b>PROGRESS AGAINST THE INTERNAL AUDIT RISK BASED PLAN 2023/24</b></p>

Author: Andrew Wathan (Head of the Regional Internal Audit Service) &  
Lisa Cumpston (Audit Manager)

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

- 1.1 To provide members of 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.

#### **2. RECOMMENDATIONS**

- 2.1 It is recommendation that Members of the Committee note the content of the report and the progress made against the Internal Audit Risk Based Plan 2023/24.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 To help ensure that the Governance and Audit Committee monitors the performance of the Council's Internal Audit Service, in accordance with its Terms of Reference.

#### **4. BACKGROUND**

- 4.1 In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Audit is responsible for developing a risk-based annual audit plan which considers the Council's risk management framework. Within the Standards there is also a requirement for the Head of Audit to review and adjust the plan, as necessary, in response to changes in

the Council's business, risks, operations, programs, systems, controls and resources. The Head of Audit must also ensure that Internal Audit resources are appropriate, sufficient and effectively deployed to achieve the approved plan.

4.2 The Internal Audit Risk Based Plan for 2023/24 was submitted to the Governance & Audit Committee for consideration and approval on 4<sup>th</sup> July 2023. The Plan outlined the audit assignments to be carried out which will provide adequate coverage to enable an overall opinion at the end of 2023/24.

4.3 The plan is flexible to allow for changing circumstances and events that may occur, such as requests to respond to new issues that may emerge.

#### 4.4 Current situation / proposal

Progress made against the approved plan for the period 1<sup>st</sup> April 2023 to 29<sup>th</sup> September 2023 is attached as **Appendix A**. This details the status of each planned review, the audit opinion and the number of any *high, medium* or *low* priority recommendations made to improve the control environment. It should be noted that some reviews listed have no opinion, for example advice and guidance, recommendation monitoring and Governance & Audit Committee. This is because the audit work carried out in respect of these items is planned but the nature of the work does not lead to testing and the formation of an audit opinion, although in some instances recommendations are made.

4.5 The Regional Internal Audit Service (RIAS) has set quarterly targets to monitor the delivery of the approved audit plan. This will assist in ensuring sufficient audit coverage has been given to the Council in order to provide an overall opinion at the end of 2023/24. The targets that the RIAS are working towards at the end of each quarter are as follows:

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

4.6 As at 29<sup>th</sup> September 2023, the level of coverage was 15%. A summary of the progress made to date is shown in Table 1 below. Details of individual audit assignments are shown in **Appendix A**.

**Table 1 – Summary of the Progress Against the Internal Audit Plan 2023/24**

Status of Audits Assignments	Number	% of plan completed
Final report issued	6	8%
Draft report issued	5	7%
Audits in progress	5	
Audits allocated and due to start in this quarter	22	
Planned Audits not started	33	
<b>Total</b>	<b>71</b>	<b>15%</b>

- 4.7 An audit opinion is applied to an audit based on the assessment of the strengths and weaknesses of the internal control environment. Table 2 shows the audit opinions given as of 29<sup>th</sup> September 2023. Details of individual audit assignments are shown in **Appendix A**.

**Table 2 – Audit Opinions Applied to Audits as of 29<sup>th</sup> September 2023**

Audit Opinion	Number
Substantial Assurance	6
Reasonable Assurance	5
Limited Assurance	0
No Assurance	0
<b>Total</b>	<b>11</b>

- 4.8 For reference, the audit assurance/opinion categories are:

AUDIT ASSURANCE CATEGORY CODE	
<b>Substantial</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Reasonable</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Limited</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

**No Assurance**

Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

4.9 Table 2 identifies that no audit reviews completed to date during 2023/24 have been given a **Limited Assurance** or **No Assurance** audit opinion.

4.10 The internal audit plan 2023/24 at **Appendix A** includes audits that were not started during 2022/23 or were incomplete at the year end. There were 31 of these which are detailed at **Appendix B**. Table 3 below provides a summary of the status of these 31 audits as at 29<sup>th</sup> September 2023.

**Table 3 – Status of Audits Carried Forward into the Audit Plan 2023/24 as at 29<sup>th</sup> September 2023**

Status of Audits Assignments	Number	% Complete
Final report issued	1	3%
Draft report issued	3	9%
Audit in progress	4	
Audit allocated and due to start in Qtr 3	11	
Planned Audits not started	12	
<b>Total</b>	<b>31</b>	<b>12%</b>

4.11 **Appendix A** shows a total of 42 recommendations have been made to date to improve the control environment: 1 *high* priority, 28 *medium* priority and 13 *low* priority. The implementation of these recommendations is regularly monitored by the Auditors to ensure that the identified and agreed improvements are being made. More detailed information is included in a separate report to this Committee.

## **EQUALITY AND DIVERSITY IMPLICATIONS AND SOCIO-ECONOMIC DUTY**

5.1 The protected characteristics identified within the Equality Act and the Socio-economic Duty have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there

will be no significant or unacceptable equality impacts as a result of this report.

## **6. CONSULTATION**

- 6.1 There are no consultation implications as a result of the recommendations set out in the report.

## **7. FINANCIAL IMPLICATION(S)**

- 7.1 There are no direct financial implications arising from this report however effective audit planning and monitoring are key contributors in ensuring that the Council's assets and interests are properly accounted for and safeguarded.

## **8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 8.1 The provision of regular information in respect of the Council's Internal Audit Service supports the Council in demonstrating compliance with the Accounts and Audit (Wales) (Amendment) Regulations 2018.

- 8.2 Regulation 7 (Internal Audit) of Part 3 of the 2018 Regulations directs that: *"A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control."*

## **9. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

### THE COUNCIL'S CORPORATE PLAN PRIORITIES

- 9.1 The work of Internal Audit aims to support the delivery of the priorities contained within the Council's Corporate Plan 2020-2024 'Making a Difference', in particular 'Living Within Our Means' through ensuring that appropriate internal controls are in place to effectively manage resources.

### WELL-BEING OF FUTURE GENERATIONS ACT

- 9.2 The Sustainable Development Principles, in particular Prevention, can be applied to the systematic reviews undertaken in order to provide assurance that risks to the achievement of objectives are being managed.

## **10. CONCLUSION**

- 10.1 Monitoring the performance of Internal Audit is a key responsibility for the Governance and Audit Committee. This report provides the Governance and Audit Committee with detailed information with which the performance of the Service can be reviewed and scrutinised.

**Other Information:-**

***Relevant Scrutiny Committee***  
**Not applicable.**

**Contact Officers** – Andrew Wathan & Lisa Cumpston



**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE AND AUDIT COMMITTEE**

12<sup>th</sup> October 2023

**PROGRESS AGAINST THE INTERNAL AUDIT RISK BASED INTERNAL  
AUDIT PLAN 2023/24**

**REPORT OF THE HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE  
in consultation with DEPUTY CHIEF EXECUTIVE AND GROUP  
DIRECTOR – FINANCE, DIGITAL & FRONTLINE SERVICES**

Author: Andrew Wathan (Head of Regional Internal Audit Service) &  
Lisa Cumpston (Audit Manager)

Item: 7

**Background Papers**

None.

Officer to contact: Andrew Wathan / Lisa Cumpston

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**APPENDIX A - RCTCBC PROGRESS V PLAN 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
1	Chief Executive	Purchase Card Expenditure	To undertake a review of the Council's Purchase Card expenditure paying particular attention to areas of high total spend, significant numbers of transactions and provide assurance to Management of the controls in place.	Planned							
2	Chief Executive	Attendance & Sickness Recording	To review the accuracy, timeliness of recording and reporting of sickness absence information, and ensure that processes are complaint with Council Policy and are being consistently followed. This review will also examine the arrangements in place across the Council for training and awareness raising of new HR Policies and the mechanisms in place for signposting staff and managers to Council guidance	Allocated							
3	Chief Executive	Asset Management & Corporate Asset Management Plan	To review the new draft Corporate Asset Management Plan and provide Management assurance prior to its presentation to the Senior Leadership Team and approval at Scrutiny Committee	Planned							
4	Chief Executive	Review of Fees	To undertake a review of internal fees and provide assurance on the methodology and integrity of the data used	Planned							
5	Chief Executive	Energy Efficiency Monitoring & Reporting	To undertake a review of how the Council aims to reduce its consumption of energy and provide assurance on the arrangements in place. This review will also examine the use of energy usage data across the Council and how this information impacts and informs strategic decisions	Planned							
6	Chief Executive	Capital Projects	To provide assurance for a sample of Capital Projects that appropriate arrangements to procure and manage projects are in place and that the programme remains on track and that any slippage is appropriately accounted for, monitored and reported	Allocated							
7	Chief Executive	Planning	To provide assurance that there are efficient processes in place for the management of planning applications and caseloads, customer contact, engagement and business support functions	Planned							
8	Chief Executive	Scheme of Delegation	To verify whether there is an up to date Scheme of Delegation in place and review the Council's compliance with the Scheme of Delegation. To provide assurance that an up to date record is maintained of officers and decisions made, and that for a sample of decisions these are complaint with the Scheme	Allocated							
9	Chief Executive	iTrent	To provide assurance that the new controls and reporting arrangements in place for the recently implemented iTrent Payroll system are robust	Allocated							
10	Finance, Digital & Frontline Services	Creditors	To undertake a review of the Creditors system and provide assurance to Management of the controls in place	Planned							
11	Finance, Digital & Frontline Services	Bank Reconciliation	To undertake a review of the Bank Reconciliation system and provide assurance to Management of the controls in place	Scoping							
12	Finance, Digital & Frontline Services	Treasury Management	To undertake a review of the Treasury Management system and provide assurance to Management of the controls in place, with particular reference to the new treasury codes and strategy requirements	Allocated							
13	Finance, Digital & Frontline Services	Housing Benefits	To undertake a review of Housing Benefits system and provide assurance to Management of the controls in place	In Progress							
14	Finance, Digital & Frontline Services	Pensions	To undertake a review of the Pensions system and provide assurance to Management of the controls in place	Planned							
15	Finance, Digital & Frontline Services	Customer Care/CRM System	To undertake a review of the Council's customer care / CRM system and review the arrangements for the management of information, system input and process for updating ongoing and closed cases	Scoping							
16	Finance, Digital & Frontline Services	ICT Audit	In consultation with IT system reviews will be undertaken across Directorates to ensure robust controls are in place and operating effectively to minimise the threat of cyber crime	Scoping							
17	Finance, Digital & Frontline Services	School Transport	To review the arrangements in place for awarding contracts and monitoring costs, and provide assurance of the arrangements in place for the provision of School Transport	Planned							
18	Finance, Digital & Frontline Services	Highways - Transfer of Waste	To undertake a review of the adequacy and effectiveness of the internal control, governance and risk management arrangements in place following the previously issued audit report	Allocated							

**APPENDIX A - RCTCBC PROGRESS V PLAN 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
19	Finance, Digital & Frontline Services	Fleet Management / Use of Council Vehicles	To undertake a review of the fleet management arrangements in place across the Council and arrangements for home to work mileage in Council vehicles including operational arrangements, HMRC Regulations and insurance, Policies & Procedures and analysis of mileage/usage	Allocated							
20	Finance, Digital & Frontline Services	Recycling & Waste	To review the procedures in place for the distribution of recycling bags and resilience of the Council's distribution points. This review will include the arrangements in place for reporting and dealing with missed collections and waste collection data analysis and reporting	Planned							
21	Finance, Digital & Frontline Services	Community Recycling Centres	To undertake a review of the adequacy and effectiveness of the internal control, governance and risk management arrangements in place following the previously issued audit report	Allocated							
22	Community & Children's Services	Respite Services	To undertake a review of Respite Services and provide assurance that the internal controls and financial procedures in place are effective	Draft Report Issued		√			0	7	3
23	Community & Children's Services	Adaption & Community Equipment (ACE)	To review the processes in place and provide assurance on the internal controls and arrangements for the management of caseloads, assessment process and prioritisation of referrals	Planned							
24	Community & Children's Services	Adult Care & Support Services	Data Analytics is proving to be a useful internal audit tool as Councils become more reliant on electronic data, and data analytics enables a vast amount of data to be analysed when selecting testing samples	Planned							
25	Community & Children's Services	Adoption Support & Foster Carer Payments Follow Up	To undertake a follow up review and provide assurance that all recommendations contained within the previous audit report have been fully implemented	Scoping							
26	Community & Children's Services	Single Point of Access	To undertake a review of the process in place from First Response to Single Point of Access and assess the operational arrangements in place. Also provide assurance that information and advice is readily available through the Council's website and signposting	Planned							
27	Community & Children's Services	Vision Products	Vision Products	Allocated							
28	Community & Children's Services	Referrals to Children's Social Care	To review the process in place for referrals to children's social care and the arrangements in place for management of the prioritisation of referrals, assessment of need, waiting lists and escalation/reporting arrangements	Planned							
29	Community & Children's Services	Llwydcoed Crematorium	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place. This annual review also informs the Annual Governance Statement and certification of the Small Bodies Return	Planned							
30	Education & Inclusion Services	Education Safeguarding Arrangements	To undertake a review of the adequacy and effectiveness of the internal control, governance and risk management arrangements in place following the previously issued audit report	Allocated							
31	Education & Inclusion Services	Evolve - Compliance with Procedures for Recording School Visits	To provide assurance that consistent and accurate procedures are being followed within schools and these are compliant with requirements for recording off site visits in schools	In Progress							
32	Education & Inclusion Services	Sickness Absence Protocols & Recording in Schools	To assess compliance with the new system requirements and provide assurance that absences are being recorded accurately, timely and in accordance with Council Policy	Planned							
33	Education & Inclusion Services	Step 4 Provisions	To review the bidding and awarding process in place for obtaining alternative curriculum funding and review the quality assurance process in place	Planned							
34	Education & Inclusion Services	Additional Learning Needs (ALN) - Implementation of the Reduced Timetable Policy	To provide assurance that effective arrangements are in place to monitor and evaluate additional learning needs services, with specific reference to the implementation of the Reduced Timetable Policy	Planned							
35	Education & Inclusion Services	Attendance & Exclusion	To select a sample of schools and provide assurance that the Council's Policy in respect of attendance and exclusions is being followed	Planned							
36	Education & Inclusion Services	School Mini Bus Operation, Compliance & Monitoring	To provide assurance that mini bus documentation is being completed in line with the mini bus policy / statutory requirements, procedures are in place to ensure all drivers have the appropriate licences, insurance and usage of each vehicle routinely monitored	Draft Report Issued		√			1	6	3

**APPENDIX A - RCTCBC PROGRESS V PLAN 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
37	Education & Inclusion Services	Maesgwyn Special School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	In Progress							
38	Education & Inclusion Services	Special School Self Assessment Programme & Annual Report	To collate information and prepare the annual information report relating to the self assessment process	Planned							
39	Education & Inclusion Services	Abercynon Community Primary	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Draft Report Issued		√			0	4	1
40	Education & Inclusion Services	Aberdare Park Primary	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Draft Report Issued		√			0	8	3
41	Education & Inclusion Services	Abernart Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Allocated							
42	Education & Inclusion Services	Coed y Lan Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Allocated							
43	Education & Inclusion Services	YGG Llyn y Forwyn	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Allocated							
44	Education & Inclusion Services	YGG Ynyswen	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Allocated							
45	Education & Inclusion Services	Pontrhonda Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Planned							
46	Education & Inclusion Services	Hafod Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Planned							
47	Education & Inclusion Services	Primary School Self Assessment Programme & Annual Report	To collate information and prepare the annual information report relating to the self assessment process	Planned							
48	Education & Inclusion Services	Pontypridd High School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Planned							
49	Education & Inclusion Services	St John Baptist Church in Wales High School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Planned							
50	Education & Inclusion Services	Ysgol Gyfun Cwm Rhondda	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	Allocated							
51	Education & Inclusion Services	Ysgol Gyfun Rhydywaun - Follow Up	To undertake a follow up review and provide assurance that all recommendations contained within the previous audit report have been fully implemented	Allocated							
52	Education & Inclusion Services	Comprehensive/All Through School Self Assessment Programme & Annual Report	To collate information and prepare the annual information report relating to the self assessment process	Planned							
53	Education & Inclusion Services	RCT - Regional Consortia School Improvement Grant (RCSIG)	Under the conditions of the specific grant determination, the Head of Audit must certify that the conditions of the grant have been complied with	Complete	√				0	0	0
54	Cross Cutting / Whole Authority Arrangements	Anti Fraud, Bribery & Corruption	To undertake proactive work at the request of Management in respect of anti fraud, bribery & corruption	Planned							
55	Cross Cutting / Whole Authority Arrangements	Corporate Dashboard	To provide assurance that the integrity of source data used to inform the Corporate Dashboard and PI's can be relied on for information and reporting, and the quality assurance arrangements for ensuring the accuracy of data on or at data source	Allocated							

**APPENDIX A - RCTCBC PROGRESS V PLAN 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
56	Cross Cutting / Whole Authority Arrangements	Corporate Complaints	To provide assurance on the process for collecting information and accuracy of data reported to Governance and Audit Committee in respect of Corporate Complaints	Planned							
57	Cross Cutting / Whole Authority Arrangements	Disclosure & Barring Service (DBS) Checks	To provide assurance that DBS checks are undertaken for all posts where there is a statutory requirement, ensure consistency across the Council for undertaking DBS checks where there is no statutory obligation and review the policies and procedures for safer recruitment for compliance with legislation, new starters and process for renewals	Complete		√			0	3	3
58	Cross Cutting / Whole Authority Arrangements	Performance Indicators	To select a sample of Performance Indicators and provide assurance on the accuracy and integrity of supporting information for each definition, which is used for reporting and feeds the Corporate Dashboard	In Progress							
59	Cross Cutting / Whole Authority Arrangements	Review of Petty Cash Accounts & Cash Held at Council Buildings	To review the arrangements in place for the administration of Petty Cash accounts across the Council and arrangements in place for holding cash	Under Manager Review							
60	Cross Cutting / Whole Authority Arrangements	Corporate Risks	To select a sample of strategic risks and provide assurance on how these are being managed. This sample to include 'Workforce Strategy' and the risks, resources, planning, monitoring and reporting arrangements in place	Planned							
61	Central South Consortium Joint Education Services (CSC)	CSC - Regional Consortia School Improvement Grant (RSIG)	Under the conditions of the specific grant determination, the Head of Audit must certify that the conditions of the grant have been complied with	Complete	√				0	0	0
62	Central South Consortium Joint Education Services (CSC)	CSC - RSIG - Consolidated Statement	Under the conditions of the specific grant determination, the Head of Audit must certify that the conditions of the grant have been complied with	Draft Report Issued	√				0	0	0
63	Central South Consortium Joint Education Services (CSC)	CSC - Pupil Development Grant (PDG)	Under the conditions of the specific grant determination, the Head of Audit must certify that the conditions of the grant have been complied with	Complete	√				0	0	0
64	Central South Consortium Joint Education Services (CSC)	CSC - PDG - Consolidated Statement	Under the conditions of the specific grant determination, the Head of Audit must certify that the conditions of the grant have been complied with	Complete	√				0	0	0
65	Central South Consortium Joint Education Services (CSC)	CSC - Review of Governance Arrangements	To review and conclude on the adequacy and effectiveness of the governance arrangements in place in respect of the CSC Function	Allocated							
66	South East Wales Corporate Joint Committee (SEWCJC)	Small Bodies Return Assurance Work	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place. This review also informs the certification of the Small Bodies Return	Complete	√				0	0	0
67	Amgen	Amgen - Payroll	To review and conclude on the adequacy and effectiveness of the controls in operation in respect of the Amgen Payroll function	Planned							
68	Amgen	Amgen - Debtors	To review and conclude on the adequacy and effectiveness of the controls in operation in respect of the Amgen Debtors function	Planned							
69	Amgen	Amgen - Creditors	To review and conclude on the adequacy and effectiveness of the controls in operation in respect of the Amgen Creditors function	Planned							
70	Amgen	Amgen - General Ledger	To review and conclude on the adequacy and effectiveness of the controls in operation in respect of the Amgen General Ledger function	Planned							
71	Amgen	Review of Arms Length Companies & Governance Arrangements	To provide assurance that any changes made by the Amgen Board to operational procedures following a review of the recommendations contained within the Silent valley Waste Report, are effective and compliant	Planned							

**APPENDIX A - RCTCBC PROGRESS V PLAN 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
72	Internal Audit Reporting	Annual Governance Statement	The completion of the Council's Annual Governance Statement and submission to Governance and Audit Committee	Complete							
73	Internal Audit Reporting	Annual Opinion Report (HIA)	Preparation for the production of the 2022/23 Annual Opinion Report	Complete							
74	Internal Audit Reporting	Audit Charter & Manual	To review and update the documents as required	Complete							
75	Internal Audit Reporting	Governance & Audit Committee	To prepare and present internal audit reports to Governance and Audit Committee	In Progress							
76	Internal Audit Reporting	Audit Planning	To prepare and present the annual risk based plan for 2023/24	Complete							
77	Internal Audit Reporting	Closure of Reports from 22/23	To finalise all draft reports and work in progress at the end of 2022/23	Complete							
78	Internal Audit Reporting	Data Analytics	Data Analytics is proving to be a useful internal audit tool as Councils become more reliant on electronic data, and data analytics enables a vast amount of data to be analysed when selecting testing samples	In Progress							
79	Internal Audit Reporting	Recommendation Monitoring	Monitoring the implementation of internal audit recommendations in consultation with the service areas where recommendations have been made. During the year, Internal Audit will review the process to ensure recommendations are followed up and reported upon to Governance and Audit Committee in a timely, efficient and effective manner	In Progress							
80	Internal Audit Reporting	Audit Wales Liaison	To ensure that a 'managed' approach is followed in relation to the provision of internal audit and external audit services	In Progress							
81	Internal Audit Reporting	Fraud and Error Contingency	To undertake reactive work where suspected irregularity has been detected	Planned							
82	Internal Audit Reporting	Advice & Guidance	To allow auditors to facilitate the provision of risk and control advice which is regularly requested by officers of the Council, including school based staff	In Progress							
83	Internal Audit Reporting	Public Sector Internal Audit Standards (PSIAS) Compliance	To review compliance with the Public Sector Internal Audit Standards	Planned							
84	Internal Audit Reporting	Emerging Risks / Special Investigations	To enable audit services to flexibly respond to provide assurance as required	Planned							
<b>OVERALL TOTALS WHERE AN AUDIT OPINION HAS BEEN PROVIDED</b>					<b>6</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>13</b>

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**APPENDIX B - RCTCBC PROGRESS OF 2022/23 AUDIT JOBS CARRIED FORWARD INTO 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations		
					Substantial	Reasonable	Limited	No	High	Medium	Low
1	Chief Executive	Attendance & Sickness Recording	To review the accuracy, timeliness of recording and reporting of sickness absence information, and ensure that processes are compliant with Council Policy and are being consistently followed. This review will also examine the arrangements in place across the Council for training and awareness raising of new HR Policies and the mechanisms in place for signposting staff and managers to Council guidance	Allocated							
2	Chief Executive	Asset Management & Corporate Asset Management Plan	To review the new draft Corporate Asset Management Plan and provide Management assurance prior to its presentation to the Senior Leadership Team and approval at Scrutiny Committee	Planned							
3	Chief Executive	Capital Projects	To provide assurance for a sample of Capital Projects that appropriate arrangements to procure and manage projects are in place and that the programme remains on track and that any slippage is appropriately accounted for, monitored and reported	Allocated							
4	Chief Executive	Scheme of Delegation	To verify whether there is an up to date Scheme of Delegation in place and review the Council's compliance with the Scheme of Delegation. To provide assurance that an up to date record is maintained of officers and decisions made, and that for a sample of decisions these are compliant with the Scheme	Allocated							
5	Chief Executive	iTrent	To provide assurance that the new controls and reporting arrangements in place for the recently implemented iTrent Payroll system are robust	Allocated							
6	Finance, Digital & Frontline Services	Bank Reconciliation	To undertake a review of the Bank Reconciliation system and provide assurance to Management of the controls in place	Scoping							
7	Finance, Digital & Frontline Services	Treasury Management	To undertake a review of the Treasury Management system and provide assurance to Management of the controls in place, with particular reference to the new treasury codes and strategy requirements	Allocated							
8	Finance, Digital & Frontline Services	Housing Benefits	To undertake a review of Housing Benefits system and provide assurance to Management of the controls in place	In Progress							
9	Finance, Digital & Frontline Services	School Transport	To review the arrangements in place for awarding contracts and monitoring costs, and provide assurance of the arrangements in place for the provision of School Transport	Planned							
10	Finance, Digital & Frontline Services	Recycling & Waste	To review the procedures in place for the distribution of recycling bags and resilience of the Council's distribution points. This review will include the arrangements in place for reporting and dealing with missed collections and waste collection data analysis and reporting	Planned							
11	Community & Children's Services	Respite Services	To undertake a review of Respite Services and provide assurance that the internal controls and financial procedures in place are effective	Draft Report Issued		√			0	7	3
12	Community & Children's Services	Adaption & Community Equipment (ACE)	To review the processes in place and provide assurance on the internal controls and arrangements for the management of caseloads, assessment process and prioritisation of referrals	Planned							
13	Community & Children's Services	Adult Care & Support Services	To review the arrangements for waiting lists, referrals, duty, long term planning and reporting arrangements in respect of Adult Care and Support Services and assess the impact of the service remodelling	Planned							
14	Community & Children's Services	Adoption Support & Foster Carer Payments Follow Up	To undertake a follow up review and provide assurance that all recommendations contained within the previous audit report have been fully implemented	Scoping							
15	Community & Children's Services	Referrals to Children's Social Care	To review the process in place for referrals to children's social care and the arrangements in place for management of the prioritisation of referrals, assessment of need, waiting lists and escalation/reporting arrangements	Planned							
16	Education & Inclusion Services	Education Safeguarding Arrangements	To undertake a review of the adequacy and effectiveness of the internal control, governance and risk management arrangements in place following the previously issued audit report	Allocated							
17	Education & Inclusion Services	Evolve - Compliance with Procedures for Recording School Visits	To provide assurance that consistent and accurate procedures are being followed within schools and these are compliant with requirements for recording off site visits in schools	In Progress							
18	Education & Inclusion Services	Sickness Absence Protocols & Recording in Schools	To assess compliance with the new system requirements and provide assurance that absences are being recorded accurately, timely and in accordance with Council Policy	Planned							
19	Education & Inclusion Services	Step 4 Provisions	To review the bidding and awarding process in place for obtaining alternative curriculum funding and review the quality assurance process in place	Planned							

**APPENDIX B - RCTCBC PROGRESS OF 2022/23 AUDIT JOBS CARRIED FORWARD INTO 2023/24**

Ref	Directorate	Area	Audit Scope / Risk	Status	Audit Opinion/Assurance				Recommendations			
					Substantial	Reasonable	Limited	No	High	Medium	Low	
20	Education & Inclusion Services	Additional Learning Needs (ALN) - Implementation of the Reduced Timetable Policy	To provide assurance that effective arrangements are in place to monitor and evaluate additional learning needs services, with specific reference to the implementation of the Reduced Timetable Policy	Planned								
21	Education & Inclusion Services	Abercynon Community Primary	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Draft Report Issued</b>		√			0	4	1	
22	Education & Inclusion Services	Aberdare Park Primary	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Draft Report Issued</b>		√			0	8	3	
23	Education & Inclusion Services	Abernant Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Allocated</b>								
24	Education & Inclusion Services	Coed y Lan Primary School	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Allocated</b>								
25	Education & Inclusion Services	YGG Llyn y Forwyn	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Allocated</b>								
26	Education & Inclusion Services	YGG Ynyswen	To provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in place at the school	<b>Allocated</b>								
27	Cross Cutting / Whole Authority Arrangements	Anti Fraud, Bribery & Corruption	To undertake proactive work at the request of Management in respect of anti fraud, bribery & corruption	Planned								
28	Cross Cutting / Whole Authority Arrangements	Corporate Dashboard	To provide assurance that the integrity of source data used to inform the Corporate Dashboard and PI's can be relied on for information and reporting, and the quality assurance arrangements for ensuring the accuracy of data on or at data source	<b>Allocated</b>								
29	Cross Cutting / Whole Authority Arrangements	Corporate Complaints	To provide assurance on the process for collecting information and accuracy of data reported to Governance and Audit Committee in respect of Corporate Complaints	Planned								
30	Cross Cutting / Whole Authority Arrangements	Disclosure & Barring Service (DBS) Checks	To provide assurance that DBS checks are undertaken for all posts where there is a statutory requirement, ensure consistency across the Council for undertaking DBS checks where there is no statutory obligation and review the policies and procedures for safer recruitment for compliance with legislation, new starters and process for renewals	<b>Complete</b>		√			0	3	3	
31	Amgen	Review of Arms Length Companies & Governance Arrangements	To provide assurance that any changes made by the Amgen Board to operational procedures following a review of the recommendations contained within the Silent valley Waste Report, are effective and compliant	Planned								
<b>OVERALL TOTALS</b>					<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>10</b>	

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2023/24

<b>GOVERNANCE AND AUDIT COMMITTEE</b>  <b>12<sup>th</sup> October 2023</b>	<b>AGENDA ITEM NO. 8</b>
<b>REPORT OF THE HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE</b>	<b>INTERNAL AUDIT RECOMMENDATION MONITORING 2023/24</b>

Author: Andrew Wathan (Head of the Regional Internal Audit Service) & Lisa Cumpston (Audit Manager)

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

- 1.1 To provide members of 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.

#### **2. RECOMMENDATIONS**

- 2.1 It is recommended that members of the Governance and Audit Committee 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.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 To help ensure that the Governance and Audit Committee monitors the performance and added value of the Council's Internal Audit Service, in accordance with its Terms of Reference.

#### **4. BACKGROUND**

- 4.1 In accordance with the Public Sector Internal Audit Standards, the internal audit activity must assess and make appropriate recommendations to improve the Council's governance, risk management and internal control environment. The

Regional Internal Audit Service (RIAS) Strategy states that the implementation of agreed recommendations will be monitored.

4.2 Recommendations are made at the conclusion of an audit review if it is felt that improvements should be made to mitigate risk and strengthen controls. Recommendations are included, if appropriate, in the final audit report and recipients are asked to provide Management Responses to indicate whether they agree with the recommendations and how they plan to implement them. To assist Managers in focussing their attention, each recommendation is classified as being either high, medium or low priority

4.3 Table 1 shows the recommendation categorisation as follows:

Table 1 – Recommendation Categorisation	
Risk may be viewed as the chance, or probability, of one or more of the organisation’s objectives not being met. It refers both to unwanted outcomes which might arise, and to the potential failure to realise desired results. The criticality of each recommendation is as follows:	
<b>High Priority</b>	Action that is considered imperative to ensure that the organisation is not exposed to high risks.
<b>Medium Priority</b>	Action that is considered necessary to avoid exposure to significant risks.
<b>Low Priority</b>	Action that is considered desirable and should result in enhanced control.

4.4 To ensure focus is maintained on the key issues identified from the audits undertaken, the Internal Audit team will report on the implementation of *High* and *Medium* priority recommendations by operational managers across the Council. Once agreed, it is the responsibility of the operational manager to implement all of the recommendations including those identified as *Low* priority.

4.5 Once the target date for implementation has been reached the relevant Officers will be contacted by Internal Audit and asked to provide feedback on the status of each agreed *High* and *Medium* priority recommendation. The implementation of these recommendations is monitored using MK Insight internal audit software to ensure that improvements are being made.

4.6 Any audits concluded with a **No Assurance** or **Limited Assurance** opinion will be subject to a follow up audit.

**Current Position / proposal**

4.7 **Appendix A** provides a summary of the status of the high and medium priority internal audit recommendations made as at 27<sup>th</sup> September 2023.

The status of the recommendations that have been made following the completion

of audits from the 2023-24 audit plan is summarised in Table 2 below:

**Table 2 – Recommendation Status – Completed Audits 2023-24**

	No. Made			Not Agreed	Imp.	Outstanding		Future Target Date
	High	Med.	Total			High	Med.	
2023-24	0	3	3	1	0	0	0	2

4.8 **Appendix A** also includes the recommendations made in relation to audits completed in the audit plan for 2022-23 which are yet to be implemented. This information is summarised in **Table 3**.

**Table 3 – Outstanding Recommendations – Audits Completed Pre 2023-24**

	No. Made			Not Agreed	Imp.	Outstanding		Future Target Date
	High	Med.	Total			High	Med.	
2022-23	6	52	58	0	37	1	6	14

4.9 **Table 2** above illustrates that 1 medium priority audit recommendation was not agreed by management to date during 2023-24. This recommendation relates to the Disclosure & Barring Service (DBS) audit review, for which the final report was issued on 16<sup>th</sup> August 2023. 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 to say that outside of Social Care legislation, there is no requirement to undertake 3 yearly checks. There are two factors to take into account (as follows) hence the controls in place already were considered sufficient.

- Any updated DBS would capture information relevant to employment. As the staff already work for the Council, any act they undertake that would appear on a DBS and would have been identified via internal process i.e. Safeguarding Referrals.
- The cost and administrative requirement would be substantial, which schools would have to finance directly.

4.10 **Appendix B** provides the detail of the 7 current outstanding recommendations and the status in respect of their implementation.

4.11 It is noted that there are 14 recommendations made during 2022-23 which still have a future target date. However, several of these audits were finalised within the last 6 months and the proposed implementation timescales agreed. The situation will be monitored and any undue delays with implementation will be reported accordingly.

4.12 The monitoring of recommendations is undertaken regularly by Auditors and any delays or issues are highlighted to the Council’s Senior Leadership Team and ultimately this Committee.

## **5. EQUALITY, DIVERSITY & SOCIO-ECONOMIC DUTY IMPLICATIONS**

- 5.1 The protected characteristics identified within the Equality Act and Socio-economic Duty have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategic, services and functions. This is an information report therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

## **6. CONSULTATION**

- 6.1 There are no consultation implications as result of the recommendations set out in the report.

## **7. FINANCIAL IMPLICATION(S)**

- 7.1 There are no direct financial implications arising from this report however effective audit planning and monitoring are key contributors in ensuring that the Council's assets and interests are properly accounted for and safeguarded.

## **8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 8.1 The provision of an adequate and effective Internal Audit function is a legal requirement under the Accounts and Audit (Wales) (Amendment) Regulations 2018.
- 8.2 Regulation 7 (Internal Audit) of Part 3 of the 2018 Regulations directs that: "*A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control.*"

## **9. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

### **9.1 THE COUNCIL'S CORPORATE PLAN PRIORITIES**

The work of Internal Audit aims to support the delivery of the priorities contained within the Council's Corporate Plan 2020-2024 'Making a Difference', in particular 'Living Within Our Means' through ensuring that appropriate internal controls are in place to effectively manage resources.

### **9.2 WELL-BEING OF FUTURE GENERATIONS ACT / FIVE WAYS OF WORKING**

The Sustainable Development Principles, in particular Prevention, can be applied to the systematic reviews undertaken in order to provide assurance that risks to the achievement of objectives are being managed.

## **10. CONCLUSION**

10.1 Monitoring the performance of Internal Audit is a key responsibility for the Governance and Audit Committee. This report provides Members with detailed information relating to audit recommendations made by the Internal Audit Service, with which the performance of the Service can be reviewed and scrutinised.

### **Other Information:-**

***Relevant Scrutiny Committee***  
**Not applicable.**

***Contact Officers*** – Andrew Wathan (Head of Regional Internal Audit Service) &  
Lisa Cumpston (Audit Manager)

**LOCAL GOVERNMENT ACT, 1972**

**AS AMENDED BY**

**THE ACCESS TO INFORMATION ACT, 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE AND AUDIT COMMITTEE**

**12<sup>th</sup> October 2023**

**INTERNAL AUDIT RECOMMENDATION MONITORING 2023/24**

**HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE**

Author: Andrew Wathan (Head of the Regional Audit Service) &  
Lisa Cumpston (Audit Manager)

**Item: 8**

**Background Papers**

None.

Officer to contact: Andrew Wathan (Head of the Regional Internal Audit Service) &  
Lisa Cumpston (Audit Manager)



### Appendix A - Internal Audit Recommendations RCTCBC

Audit Name	Audit Opinion	Final Report Date	Number Made			Not Agreed	Implemented Total	Outstanding			Future Target Date Total
			High	Medium	Total			High	Medium	Total	
<b>2022/23</b>											
Attendance	REASONABLE	12/06/23	1	4	5	0	0	0	0	0	5
Climate Change Strategy	SUBSTANTIAL	06/01/23	0	1	1	0	0	0	1	1	0
Corporate Risks	REASONABLE	12/05/23	0	1	1	0	0	0	0	0	1
Cyber Security Arrangements	SUBSTANTIAL	13/12/22	0	1	1	0	0	0	0	0	1
Ferndale Community School	REASONABLE	16/02/23	0	8	8	0	7	0	0	0	1
Hawthorn High School - Follow Up	REASONABLE	09/03/23	0	6	6	0	5	0	0	0	1
Maesybryn Primary School	SUBSTANTIAL	07/09/22	0	2	2	0	1	0	1	1	0
Park Lane Special School - Follow Up	REASONABLE	14/09/22	1	4	5	0	4	0	0	0	1
St Margaret's RC Primary	REASONABLE	30/03/23	0	5	5	0	2	0	3	3	0
Ty Gwyn Pupil Referral Unit	REASONABLE	18/05/23	0	4	4	0	2	0	0	0	2
Mysgol Gyfun Rhydywaun	LIMITED	14/06/23	3	9	12	0	9	1	1	2	1
Mysgol Ty Coch	REASONABLE	15/09/22	1	7	8	0	7	0	0	0	1
<b>Overall Totals 2022/23</b>			<b>6</b>	<b>52</b>	<b>58</b>	<b>0</b>	<b>37</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>14</b>

Audit Name	Audit Opinion	Final Report Date	Number Made			Not Agreed	Implemented Total	Outstanding			Future Target Date Total
			High	Medium	Total			High	Medium	Total	
<b>2023/24</b>											
CJC Small Bodies Return Assurance Work	SUBSTANTIAL	15/06/23	0	0	0	0	0	0	0	0	0
CSC Regional Consortia School Improvement Grant (RCSIG)	SUBSTANTIAL	24/07/23	0	0	0	0	0	0	0	0	0
CSC Pupil Development Grant (PDG)	SUBSTANTIAL	24/07/23	0	0	0	0	0	0	0	0	0
Disclosure & Barring Service (DBS) Checks	REASONABLE	16/08/23	0	3	3	1	0	0	0	0	2
RCT Regional Consortia School Improvement Grant	SUBSTANTIAL	31/08/23	0	0	0	0	0	0	0	0	0
CSC Pupil Development Grant (PDG) Consolidated Statement	SUBSTANTIAL	27/09/23	0	0	0	0	0	0	0	0	0
<b>Overall Totals 2023/24</b>			<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

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### Rhondda Cynon Taf County Borough Council – Recommendation Monitoring

#### Outstanding Recommendations Made Before 2023/24

Audit	Final Report Date	Recommendation	Category	Agreed Action	Agreed Date	Current Position
Climate Change Strategy	06/01/2023	The climate change action plan and KPIs be implemented and continually monitored and reported to ensure that the Council remains on track in achieving their objective to be carbon neutral by 2030.	Medium	The Council is continuing to implement and strengthen relevant performance measures, particularly those associated with Council's Carbon Footprint, together with the monitoring arrangements, so that they are fully integrated into the Council's Performance Reporting Framework.	31/07/2023	Awaiting a response on progress from the service.
Maesybryn Primary School	07/09/2022	The Headteacher should consider the following options; 1. Contact the Bank Reconciliation Team to arrange for online payments for the School Private Fund to be set up. 2. Consider opening new Private Fund account (again will all be set up for the School) with Barclays via the Council. This will then allow the school, if deemed necessary to utilise the Loomis Secure Collection Service which will then collect (at a set frequency) both school meals income and School Private Fund income. 3. If option 2 is not viable then banking of income needs to be more frequent and based upon the amounts received.	Medium	The School Private Fund is not held with the Council's Bankers but we will engage with our Private Fund bankers to discuss the feasibility for this facility and encourage Online payment to reduce our cash risks. We will endeavour to bank monies more frequently.	31/12/2022  Revised 03/07/2023	Awaiting a response on progress from the Headteacher.
St Margarets RC Primary	30/03/2023	The Executive Headteacher needs to ensure that there are the required number of level 3 trained staff at the school going forward.	Medium	Currently EHT/ HOD and LD class teacher are level 3 safe guarding trained. We will ensure that during the Spring/ summer term one if not 2 more members of staff are level 3 trained	31/07/2023	Awaiting a response on progress from the Headteacher.

		The School now need to establish a new Management Committee for the Private Fund.	Medium	Change over of staff made this very difficult in the Autumn Term. We have started the process to set up the committee ensure all parties know their roles and responsibilities and relevant signatories are put in place.	30/04/2023  Revised 30/08/2023	Awaiting a response on progress from the Headteacher.
		The School need to contact the bank and request a new bank mandate to change and remove the old cheque signatories. It is recommended that a minimum of 3 signatories be appointed but given the current situation with the Executive Headteacher will not always be available at the school on a daily basis it is recommended that a fourth signatory is appointed. Cheques should not be pre-signed going forward.	Medium	We are in the process of setting this up. Substantive school clerk is now back in position (part time) Part time school clerk in place. Both staff members are working on this.	30/04/2023  Revised 30/08/2023	Awaiting a response on progress from the Headteacher.
Ysgol Gyfun Rhydywaun	14/06/2023	All trips / activities highlighted in the school private fund ledger should be examined to establish whether the school budget has been reimbursed if expenditure has been incurred.	High	We will reimburse school budget / pupils. Statement of account to be adopted at end of each trip.	21/07/2023	Awaiting a response on progress from the Headteacher.
		Statutory Policies and Documents should be reviewed in line with the Governors Wales requirements.  When policies and documents are reviewed and ratified by the Governing Body, copies of the Policies / Minutes should be retained at the school, appropriately signed and dated.	Medium	We have reviewed statutory policies and documents and will ensure they are appropriately signed off.	21/07/2023	Awaiting a response on progress from the Headteacher.

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2023/24

<b>GOVERNANCE AND AUDIT COMMITTEE</b>  <b>12<sup>th</sup> OCTOBER 2023</b>	<b>AGENDA ITEM NO. 9</b>
<b>REPORT OF THE DEPUTY CHIEF EXECUTIVE AND GROUP DIRECTOR – FINANCE, DIGITAL AND FRONTLINE SERVICES</b>	<b>RISK MANAGEMENT STRATEGY AND STRATEGIC RISK REGISTER UPDATE</b>

Author: Paul Griffiths – Service Director: Finance and Improvement Services

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

- 1.1 The purpose of this report is to provide 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.

#### **2. RECOMMENDATIONS**

It is recommended that Members:

- 2.1 Review the Council's updated draft Risk Management Strategy (Appendix 1).
- 2.2 Endorse the Council's updated draft Risk Management Strategy and its reporting to Cabinet for consideration and, if deemed appropriate, approval.
- 2.3 Review the Council's updated 2023/24 Strategic Risk Register (Appendix 2) and determine whether it provides the required level of assurance on the arrangements in place to manage the Council's strategic risks.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 To assist the Governance and Audit Committee in discharging its responsibilities in respect of overseeing the Council's risk management arrangements, in line with its Terms of Reference.

#### **4. BACKGROUND INFORMATION**

- 4.1 The Governance and Audit Committee's Terms of Reference states its Statement of Purpose is as follows:

*The Governance and Audit Committee is a key component of Rhondda Cynon Taf County Borough Council's corporate governance. It provides independent and high level focus on the audit, assurance and reporting arrangements that underpin good governance and financial standards.*

*The purpose of the Governance and Audit Committee is to provide independent assurance to the Members of Rhondda Cynon Taf County Borough Council of the adequacy of the risk management framework and the internal control environment. It provides independent review of Rhondda Cynon Taf County Borough Council's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.*

- 4.2 In addition, Section C of the Committee's Terms of Reference goes on to identify the following responsibility in respect of the Council's Risk Management arrangements:

*Review, scrutinise and issue reports and recommendations on the appropriateness of the Authority's risk management, internal control and corporate governance arrangements, and providing the opportunity for direct discussion with the auditor(s) on these.*

Risk Management – The role of the Governance and Audit Committee

- 4.3 The Chartered Institute of Public Finance and Accountancy (CIPFA) publication 'Audit Committees – Practical Guidance for Local Authorities and Police 2018 Edition' sets out that the role of the audit committee in relation to risk management and covers three main areas. Table 1 provides an overview of the arrangements in place to support the Governance and Audit Committee to discharge its responsibilities in this regard.

Table 1 – Arrangements to support the Governance and Audit Committee discharge its responsibilities in respect of Risk Management

<b>CIPFA Practical Guidance</b>	<b>Arrangements in place</b>
1. Having assurance over the governance of risk, including leadership, integration of risk management into wider governance arrangements	<ul style="list-style-type: none"> <li>• The Governance and Audit Committee reviews and oversees the Council's Risk Management arrangements, providing support and challenge. For example, where the Committee determines material changes are required to the Risk management Strategy, it recommends a revised Strategy to Cabinet for approval. The Governance and Audit Committee's latest review of the Council's Risk Management Strategy was at its <a href="#">23rd March 2022</a> meeting, with an updated Strategy subsequently reported to and approved by the Council's Cabinet on <a href="#">18th July 2022</a>.</li> <li>• Risk Management arrangements are included within the Internal Audit Annual Plan i.e. a 'Corporate Risk Management' internal audit report</li> </ul>

<p>and the top level ownership and accountability for risks</p>	<p>issued for 2022/23 (a Reasonable Assurance Opinion) and a 'Corporate Risks' internal audit assignment is incorporated into the Internal Audit Risk Based Plan for 2023/24. The conclusions from Internal Audit reports are presented to the Governance and Audit Committee.</p> <ul style="list-style-type: none"> <li>• Operational risks (i.e. risks that are not part of the Strategic Risk Register) are monitored as part of Service Delivery Plans within services.</li> <li>• The Governance and Audit Committee considers and comments on the Council's certified draft Statement of Accounts (SoAs)<sup>1</sup>. The Council's certified draft 2022/23 Statement of Accounts were considered by the Governance and Audit Committee on 4<sup>th</sup> September 2023 alongside an overview of Accounting Policies and an update on the progress of the external audit of the draft SoAs.</li> <li>• The Governance and Audit Committee: <ul style="list-style-type: none"> <li>○ Reviews and agrees a recommended version of the Council's Annual Governance Statement (AGS) for inclusion within the Council's SoAs; and</li> <li>○ Receives and reviews half yearly updates on the progress the Council is making to implement recommendations made within the AGS.</li> </ul> </li> </ul>
<p>2. Keeping up to date with the risk profile and the effectiveness of risk management actions</p>	<ul style="list-style-type: none"> <li>• The Governance and Audit Committee: <ul style="list-style-type: none"> <li>○ Reviews the Council's Strategic Risk updates<sup>2</sup>, providing opportunity for additional information to be requested where further assurance is required; and</li> <li>○ Reviews the Council's draft Annual Self-Assessment, in line with the requirements of the Local Government and Elections (Wales) act 2021, prior to consideration / approval by full Council.</li> </ul> </li> <li>• As part of the Governance and Audit Committee's annual work programme, the Committee reviews and challenges: <ul style="list-style-type: none"> <li>○ The Head of Internal Audit Annual Report;</li> <li>○ The Council's AGS that covers the Council's approach to managing risk.</li> <li>○ The Governance and Audit Committee Annual Report (incorporating a self-assessment against the CIPFA 2018 Practical Guidance); and</li> <li>○ Treasury Management arrangements.</li> </ul> </li> </ul>

<sup>1</sup> Certified draft Statement of Accounts – the Governance and Audit Committee also considers the certified draft Statements of Account for the Rhondda Cynon Taf Pension Fund, Central South Consortium Joint Education Service Joint Committee and the Annual Return for Llwydcoed Crematorium Joint Committee at the same time as considering the Council's certified draft Statement of Accounts

<sup>2</sup> Strategic Risk Updates – the Strategic Risk Register is updated on a quarterly basis and included within the Council's quarterly Performance Reports (and in doing so integrates strategic risk monitoring with Corporate Plan priority reporting) – quarterly Performance Reports are reported to the Council's Cabinet and thereafter scrutinised by the Overview and Scrutiny Committee.

<b>CIPFA Practical Guidance</b>	<b>Arrangements in place</b>
<p>3. Monitoring the effectiveness of risk management arrangements and supporting the development and embedding of good practice in risk management.</p>	<ul style="list-style-type: none"> <li>• As part of the Governance and Audit Committee's annual work programme, the Committee provides support and challenge on: <ul style="list-style-type: none"> <li>○ The audit opinions issued in respect of individual audit assignments undertaken by Internal Audit (to enable the Committee to form an opinion on the standard of internal control in operation across the Council);</li> <li>○ Counter fraud updates; and</li> <li>○ Anti-fraud, bribery and corruption and whistle-blowing annual reports.</li> </ul> </li> <li>• The Governance and Audit Committee receives Audit Wales reports on, amongst other things, the Council's governance arrangements that include recommendations for improvement accompanied by the actions the Council is taking to address the recommendations. This enables the Committee to form a view on the extent of progress the Council is making to implement the recommendations reported by Audit Wales.</li> <li>• The Governance and Audit Committee utilises the provision of 'Follow-up Reviews' where the standard of internal control on individual audit assignments are deemed to be insufficient, demonstrating the Committee's recognition of risk and taking proactive steps to support improvement where deemed appropriate to do so.</li> </ul>

4.4 In addition to the above and as Members will be aware, the Committee's work is informed by, amongst other things, the Internal Audit Risk Based Plan, the Audit Wales Audit Plan (and in-year work programme updates) and the Governance and Audit Committee's own work programme for each Municipal Year, to help ensure the delivery of its Terms of Reference.

## 5. RISK MANAGEMENT STRATEGY

5.1 The Council's Risk Management Strategy is kept under regular review, with the latest update endorsed by the Governance and Audit Committee and subsequently agreed by the Council's Cabinet in July 2022.

5.2 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 AGS).



5.3 In line with this recommendation, the key roles and responsibilities have 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 has been replicated in Table 2, with the updated Risk Management Strategy included as Appendix 1.

Table 2 – Key roles and responsibilities

Cabinet	<ul style="list-style-type: none"> <li>• To approve the Council's Risk Management Strategy (including risk appetite) and any material changes to the Strategy on an on-going basis.</li> <li>• To approve the Strategic Risk Register.</li> <li>• To monitor progress in the management of Strategic Risks.</li> <li>• Hold the Senior Leadership Team accountable for the effective management of risk.</li> </ul>
Governance and Audit Committee	<ul style="list-style-type: none"> <li>• To ensure the Council has effective risk management processes in place (including the review and challenge of arrangements and strategic risks).</li> <li>• Support and promote effective risk management.</li> </ul>
Senior Leadership Team	<ul style="list-style-type: none"> <li>• To determine the Council's Risk Management Strategy (including risk appetite) for consideration / approval by Cabinet, and to keep under on-going review.</li> <li>• Make arrangements to deliver the Council's Risk Management Strategy (including the identification of strategic risks, actions to manage strategic risks and monitoring / reporting arrangements).</li> <li>• Support and promote effective risk management.</li> </ul>
Section 151 Officer	<ul style="list-style-type: none"> <li>• Active involvement in all material business decisions to ensure short, medium and long-term implications, opportunities and risks are fully considered.</li> <li>• Support and promote effective risk management.</li> </ul>
Risk Owners (Strategic and Operational Risks)	<ul style="list-style-type: none"> <li>• Accountable for the management and control of all aspects of assigned risks, including determining, authorising, implementing, monitoring / updating and reporting of controls and actions to address the threats and maximise the opportunities.</li> </ul>
Service Managers	<ul style="list-style-type: none"> <li>• To support:             <ul style="list-style-type: none"> <li>○ The Senior Leadership Team in the identification of Strategic Risks; and</li> <li>○ Risk Owners in the management, monitoring and reporting arrangements of Strategic and Operational Risks.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Put in place effective risk management arrangements for their areas of responsibility to ensure the Council’s exposure is at an acceptable level.</li> <li>• Promote and demonstrate the behaviours and values that support well-informed and considered risk taking, alongside clear lines of accountability.</li> </ul>
Internal Audit	<ul style="list-style-type: none"> <li>• Assess the effectiveness of the risk management strategy (and associated arrangements) and the control environment in mitigating risk.</li> <li>• Support and promote effective risk management.</li> </ul>
All staff	<ul style="list-style-type: none"> <li>• Support the identification of risks and contribute to their management, as appropriate.</li> </ul>

5.4 The Governance and Audit Committee is requested to review and if deemed appropriate, endorse the proposed update as set out in Table 2. Subject to the Committee’s consideration, an updated Risk Management Strategy will be reported to Cabinet for review and, if deemed appropriate, approval.

## 6. **STRATEGIC RISK REGISTER (2023/24)**

6.1 The Senior Leadership Team has reviewed and updated the Strategic Risk Register, in consultation with Risk Owners, with the revised Register (Appendix 2) being reported to the Council’s Cabinet on 18<sup>th</sup> September 2023 as part of the [Quarter 1 Performance Report for 2023/24](#). The review undertaken took into account the recommendations from the Internal Audit report ‘Corporate Risk Management’.

6.2 For Members information, the key areas considered by the Senior Leadership Team in reviewing Strategic Risks are set out below together with the outcomes of the review process.

Risks removed due to mitigating actions reducing the likelihood and/or impact to an acceptable level (in line with the Council’s risk appetite).

6.2.1 Table 3 sets out the risks removed from the Register along with the associated rationale.

Table 3 – Risks removed from the Strategic Risk Register

<b>Risk</b>	<b>Reason for removal from the Strategic Risk Register</b>
<p>Risk 21 – Given the shift in approach to services being delivered on a regional footprint, if services are delivered to citizens and staff of Rhondda Cynon Taf using this method, then appropriate arrangements must be in place to ensure that the interests of all current stakeholders are appropriately represented, and that service delivery does not fail / suffer.</p>	<p>Established arrangements are in place for the Cardiff Capital Region City (along with transitional arrangements to the South-East Wales Corporate Joint Committee) and the Public Services Board, with senior officers from the Council supporting both areas.</p> <p>More widely, where work is being progressed to consider the delivery of services on a regional footprint, these are included within specific strategic risks (as appropriate).</p>
<p>Risk 25 - If the planning arrangements to support the on-going recovery from Covid-19 are not joined up and delivered with partners, then the capability of the Council to support the required improvements to the health and economic well-being of the County Borough will be diminished / fragmented.</p>	<p>This risk is now sufficiently mitigated to be removed from the strategic risk register, the ongoing management of the risk will take place at an operational level and managed within 'business as usual systems.</p>
<p>Risk 29 - If the Council does not have a strategic approach to fulfilling its counter terrorism duties set out in the Counter Terrorism and Security Act 2015 and new Welsh Government Contest Strategy launched in 2021 there is a legal, financial and reputational risk to the Council in the event of a terrorist attack or incident in RCT.</p>	<p>Assurance in place on the arrangements in place and the wider progress being made to support preparedness, in particular:</p> <ul style="list-style-type: none"> <li>• The CONTEST Board and CHANNEL Panels continue to operate effectively for RCT.</li> <li>• The capacity of the Council to fulfil the new and emerging requirements of the Wales CONTEST Strategy are being reviewed to ensure they are adequate and resilient.</li> <li>• The Crime and Disorder Scrutiny Committee has considered the work that is being done in relation to CONTEST and the preparedness of the Council for the new PSPG duties and was assured by work undertaken.</li> <li>• A Prevent Duty Delivery Plan is in place and monitoring arrangements established which</li> </ul>

	<p>are reported to the Home Office on a regular basis. The Home Office undertook a benchmarking assurance check on the Council's preparedness and provided a positive report on its findings.</p> <ul style="list-style-type: none"> <li>• The RCT PSPG is in place although work is in progress to draft terms of reference to ensure effective discharge of current and emerging statutory duties.</li> </ul> <p>The training programme for key managers and officers in relation to the work of the PSPG was completed and feedback evaluated to inform ongoing training and development requirements.</p>
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### New strategic risks incorporated into the Strategic Risk Register

6.2.2 The following new strategic risks have been incorporated into the Register:

- Risk 30 - If short and long term arrangements are not put in place to increase the capacity of specialist placements for pupils with highly complex and significant Additional Learning Needs the Council will not meet its statutory duty to provide appropriate additional learning provision to pupils and there will be additional costs incurred by the Council for costly out of county specialist placements.
- Risk 31 - A future pandemic where the Council has not learnt from its experiences from the Covid19 pandemic and have in place robust contingency plans that results in a lack of preparedness could adversely impact service continuity, health protection system responses and the delivery of support to residents, businesses and communities.

### Review of Risk Scores

6.2.3 Following a review of impact and likelihood ratings, a summary of risk scores is set out in Figure 1.

Figure 1 – Summary of risk scores within the Strategic Risk Register

Impact	5 – Major		3	4	6		<table border="1"> <tr> <td>High Risks 11</td> </tr> <tr> <td>Medium Risks 6</td> </tr> <tr> <td>Low Risks 0</td> </tr> </table>	High Risks 11	Medium Risks 6	Low Risks 0
	High Risks 11									
	Medium Risks 6									
	Low Risks 0									
	4 – High		1	2	1					
3 - Moderate										
2 – Minor										
1 - Trivial										
		1 Highly Unlikely	2 Unlikely	3 Likely	4 Very Unlikely	5 Almost Certain	Likelihood			

6.3 As part of the above process, risk descriptions, control and actions were also reviewed and updated.

6.4 The Governance and Audit Committee is requested to consider the updated Strategic Risk Register (Appendix 2) and determine whether it provides the required level of assurance on the arrangements in place to manage the Council’s strategic risks.

**7. EQUALITY AND DIVERSITY IMPLICATIONS AND SOCIO-ECONOMIC DUTY**

7.1 There are no equality and diversity or socio-economic duty implications as a result of the recommendations set out in the report.

**8. CONSULTATION**

8.1 There are no consultation implications as a result of the recommendations set out in the report.

**9. WELSH LANGUAGE**

9.1 There are no Welsh language implications as a result of the recommendations set out in the report.

**10. FINANCIAL IMPLICATION(S)**

10.1 There are no financial implications as a result of the recommendations set out in the report.

**11. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

11.1 The Council’s risk management arrangements satisfies the requirements placed upon it as set out within:

- Accounts and Audit (Wales) Regulations 2018 (regulation 4);
- CIPFA/SOLACE Delivering Good Governance in Local Government – Core Principle F; and
- Well-being of Future Generations (Wales) Act 2015.

## **12. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

### THE COUNCIL'S CORPORATE PLAN PRIORITIES

- 12.1 The Council's risk management arrangements support the delivery of the Council's Corporate Plan priorities by helping to identify risks that may adversely impact the achievement of objectives and outcomes.

### WELL-BEING OF FUTURE GENERATIONS ACT

- 12.2 The Well-being of Future Generations (Wales) Act 2015 identifies a core set of activities that are common to the corporate governance of public bodies where change needs to happen. Risk Management is one of the identified core activities. The Council's risk management arrangements and strategic risk register conform to the requirements placed upon it by the Act.

## **13. CONCLUSION**

- 13.1 The Council's Governance and Audit Committee plays a key role in supporting and challenging the Council's risk management arrangements and providing ongoing independent assurance around the adequacy of those arrangements, in line with its Terms of Reference.
- 13.2 The Committee is requested to consider the proposed update to the Risk Management Strategy and, if deemed appropriate, endorse the revisions for onward reporting to Cabinet.
- 13.3 The Committee is also requested to consider the updated 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.

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**GOVERNANCE AND AUDIT COMMITTEE**

**12<sup>th</sup> October 2023**

**RISK MANAGEMENT STRATEGY AND STRATEGIC RISK REGISTER UPDATE**

**REPORT OF THE DEPUTY CHIEF EXECUTIVE AND GROUP DIRECTOR –  
FINANCE, DIGITAL AND FRONTLINE SERVICES**

Paul Griffiths – Service Director: Finance and Improvement Services

**Item: 9**

**Background Papers**

None.

Officer to contact: Paul Griffiths

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**RHONDDA CYNON TAF COUNTY  
BOROUGH COUNCIL**

**Risk Management Strategy (DRAFT)**

October 2023

Date of next review: March 2025

## **1. Introduction**

- 1.1 Risk management is an integral part of good management and corporate governance and is central to the Council's service planning and delivery arrangements. In this way risk management is essential to the Council's ability to deliver efficient and effective public services that help improve the quality of life for local people and support its responsibility as a custodian of public funds.
- 1.2 The aim of this document is to set the overall purpose and framework of risk management within the Council.
- 1.3 Risk management is the business of everyone in the Council.

## **2. Purpose of Risk Management in Rhondda Cynon Taf**

- 2.1 In Rhondda Cynon Taf, at a strategic level, the purpose of risk management is to identify and manage the risks the Council faces when delivering its Corporate Priorities as set out within the [Corporate Plan 2020 – 2024](#) 'Making a Difference'. The Council's agreed strategic risks are set out in a Strategic Risk Register that is publicly reported and scrutinised on a quarterly basis as part of the Council's performance reporting arrangements. At an operational level, risk management aims to identify and manage risks associated with service delivery. It is undertaken via the Council's delivery (business) planning and monitoring arrangements.
- 2.2 This Risk Management Strategy is designed to ensure that sound risk management practices are in place, including processes to identify, assess and manage risk on an ongoing basis.
- 2.3 Understanding the risks the Council face and managing them appropriately aids effective decision-making and contributes to the achievement of the priorities that are set out within the Corporate Plan. Risk management is not about eliminating risk and should not be confused with being risk averse; the Council's risk management arrangements aim to encourage innovation within a clear framework.

## **3. Definition**

- 3.1 Risk is the uncertainty of outcome, whether a positive opportunity or a negative threat, of actions or events. The Council's definition of risk is '*something happening that, should it occur, would impact on the Council's ability to successfully achieve its Corporate Plan priorities*'.

## **4. Well-being of Future Generations Act**

- 4.1 The Well-being of Future Generations (Wales) Act 2015 identifies a core set of activities that are common to the corporate governance of public bodies where change needs to happen:
  - Corporate Planning;

- Financial Planning;
- Workforce Planning;
- Procurement;
- Assets;
- **Risk Management**; and
- Performance Management

4.2 The accompanying guidance to the Act states that a public body will need to change the way it manages risk. Under section 3 of ‘where change needs to happen’ of the Welsh Government Guidance, it states that:

*“There will be long term risks that will affect both the delivery of your services but also the communities you are enabling to improve. Use the well-being goals and five ways of working to frame what risks you may be subject to in the short, medium and long term and together with the steps you will take to ensure they are well managed”.*

4.3 The Council’s Strategic Risk Register incorporates controls and actions that aim to manage the risks, these incorporate the five ways of working (ICLIP), these are:

- **Involving** a diversity of the population in the decisions that affect them.
- Working with others in a **Collaborative** way to find shared sustainable solutions.
- Looking to the **Long-term** so that we do not compromise the ability of future generations to meet their-own needs.
- Taking an **Integrated** approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.
- Understanding the root causes of issues to **prevent** them from occurring.

## **5. The Performance Management Framework and Risk Management**

5.1 Performance Management is about setting a clear direction with measures of success that put residents at the centre of what the Council does. This is done by putting in place consistent and robust arrangements across the Council that support service performance, improvement and change.

5.2 Performance Management arrangements include timely and proportionate performance monitoring of Corporate Plan priorities, an annual Service Self Evaluation process and Service Delivery Plans (incorporating relevant performance measures and risk), and help ensure staff are clear about their individual and their team’s priorities.

5.3 The supporting ‘internal’ processes that the Council has in relation to delivering its priorities are encompassed within its Service Delivery Planning arrangements.

5.4 Service Delivery Plans set out the key priorities for each service to be delivered over 12-18 months; they incorporate operational risks to the

achievement of each priority along with actions and milestones against which progress is monitored. These arrangements help each Service Area to:

- support delivery of the [Council's Corporate Plan](#) priorities,
- demonstrate how the service is aligning with the requirements of the [Well-being of Future Generations Act](#),
- provide a framework to ensure the priorities arising from the Council's Corporate Assessment are addressed and support the Council's legal responsibilities in this regard; and
- enable the service to identify and manage operational risks.

5.5 The governance arrangements around the Council's Service Self- Evaluation<sup>1</sup> and Service Delivery Planning processes are set out in Table 1.

Table 1 – Governance Arrangements: Service Self Evaluation and Service Delivery Planning

	<b>Responsibility For Drafting</b>	<b>Responsibility For Sign-Off</b>	<b>Oversight / Challenge / Engagement</b>
Service Self Evaluations	Service Director	<ul style="list-style-type: none"> <li>• Chief Executive (where the service directly reports to the Chief Executive); or</li> <li>• Group Director</li> </ul>	Chief Executive / Cabinet Portfolio Elected Member
Service Delivery Plans	Head of Service / Service Director	<ul style="list-style-type: none"> <li>• Chief Executive (where the service directly reports to the Chief Executive); or</li> <li>• Group Director</li> </ul>	Cabinet Portfolio Elected Member

5.6 The governance arrangements around the Council's Service Self Evaluation and Service Delivery Planning ensure there is appropriate review, challenge and sign-off processes in place that support the delivery of Corporate Plan priorities, service priorities and individual officer priorities. The regular monitoring arrangements also enable managers and team members to understand risks within their services, the changes occurring within them and what mitigating actions need to be put in place.

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<sup>1</sup> Service Self Evaluation - is an annual process, within the Council's performance arrangements. The process enables services to formally evaluate and identify their strengths, priorities and areas for improvement which inform annual [Service Delivery Plans](#) and also the [Council's Priority Plans](#).

## 6. Internal Control and Risk Management

6.1 The Council's system of internal control has a key role in the management of risks. Internal controls are a response to risk.

6.2 The links between internal control and risk management are identified within the Accounts and Audit (Wales) Regulations 2018 (regulation 4), which states:

*'Responsibility for internal control and financial management:*

*(1) The local government body shall be responsible for putting in place and ensuring that there is a sound system of internal control which facilitates the effective exercise of that body's functions and which includes:*

- a. arrangements for the management of risk; and*
- b. adequate and effective financial management.*

*(2) The local government body shall conduct a review at least once in a year of the effectiveness of its system of internal control and shall include a statement on internal control, prepared in accordance with Proper Practices.'*

6.3 Proper Practices are deemed to be the Code of Practice for Local Authority accounting which specifies:

*'A local authority shall undertake a review of its system of internal control in accordance with best practice. Delivering Good Governance in Local Government, published by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE), recommends that the review be reported in an Annual Governance Statement.'*

6.4 In addition to the Accounts and Audit (Wales) Regulations 2018 (regulation 4), in a Local Government context, the importance of risk management as a key governance tool is incorporated within the CIPFA/SOLACE Delivering Good Governance in Local Government – Core Principle F:

*'Managing risks and performance through robust internal control and strong public financial management*

*Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.'*

6.5 The Council's Senior Leadership Team (SLT) has put in place a series of Policies and Procedures that aim to ensure robust controls are in place to manage risk efficiently and effectively to deliver its services. SLT receives

regular assurance from internal and external sources around the strength of its internal control environment.

## 7. Risk Appetite

7.1 The Institute of Risk Management (IRM) defines risk appetite as “*the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives*”. A clearly understood risk appetite statement assists with the risk awareness for the Council and supports decision making in delivering Corporate Plan priorities.

7.2 The Senior Leadership Team have collectively agreed that the Council exists in a high-risk environment and that this is likely to continue. This will mean continuing to maintain an effective understanding of acceptable risk levels (high, medium or low), depending on their impact and likelihood, so that risks are prioritised and proportionate mitigating actions put in place.

### Risk Appetite Statement

7.3 The underpinning approach supporting the Council's risk appetite is that risks will be taken in a considered and controlled manner, ensuring exposure at a level deemed acceptable. Where there are opportunities for the Council to be innovative and / or work differently, the identified risks will be considered against a range of factors including the impact on service users, legal and environmental responsibilities and anticipated cost and efficiency benefits.

7.4 The Risk Appetite Statement supports elected Members and Officers in decision making, by setting out where the Council will take different levels of risk, and which levels of risk are unacceptable.

7.5 The Council has used the Government Finance Function ‘Risk Appetite Guidance Note’ August 2021 to inform its Risk Appetite Statement through:

- The identification of a number of risk categories to support a holistic view of risks:
  - Strategy Risk
  - Financial Risk
  - Service Delivery Risks
  - Legal, Regulatory and Governance Risk
  - Reputational Risk
- Defining risk appetite levels - at each level there is a balance between risk and reward, with ‘Eager’ risk appetite offering the highest risk and reward and ‘averse’ offering the lowest.
  - Eager
    - Eager to be innovative and to choose options offering potentially higher rewards despite greater risk.

- Open
  - Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward and value for money and also moderate / high risk.
- Cautious
  - Preference for safe delivery options that have a low degree of risk and may only have limited potential for reward.
- Minimalist
  - Preference for very safe business delivery options that have a low degree of risk and only have a potential for limited reward.
- Averse
  - Avoidance of risk and uncertainty is a key Organisational objective

7.6 The approved risk appetite levels for each risk category are set out in Table 2 below.

**Table 2 – Risk Appetite Levels**

<b>Risk Category</b>	<b>Risk Appetite Statement</b>
Strategy Risk	Open – The Council will strive to devise and implement ambitious strategies following engagement with stakeholders, that support service transformation and continuous improvement.
Financial risk – capital or revenue, budgetary and financial planning	Cautious - In looking after its finances the Council will plan and invest appropriately to deliver good value for money; however, in doing so, it is willing to accept, that the financial and service outcomes will not always be as originally anticipated.
Legal, Regulatory and Governance risk – failure to comply with legislation	Averse – The Council recognises the need to place high importance on compliance with legal and regulatory requirements that apply to a local authority and has an adverse appetite in respect of legal / regularity risk.
Service Delivery – failure or underperformance of the services provided by the Council	Open - The Council will strive to deliver and maintain high quality services. However, to do that, the Council is willing to accept a moderate exposure to risk in service delivery.
Reputational risk – that the public will lose confidence in the Council following adverse publicity	Cautious - It is important that the Council maintains a high reputation and, therefore, has set a cautious approach to risk in the conduct of its activities.

7.7 The Council's Risk Appetite levels will be reviewed on an on-going basis as part of consideration of this Risk Management Strategy.

## **8. Governance & Audit Committee**

8.1 The Council's Governance and Audit Committee is charged with overseeing the Council's governance, risk management and internal control arrangements. The statement of purpose for audit committee and relevant sections of its terms of reference state:

*The purpose of the Governance and Audit Committee is to provide independent assurance to the Members of Rhondda Cynon Taf County Borough Council of the adequacy of the risk management framework and the internal control environment. It provides independent review of Rhondda Cynon Taf County Borough Council's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.*

8.2 Section 'C' of the Committee's terms of reference goes on to state:

*Review, scrutinise and issue reports and recommendations on the appropriateness of the Authority's risk management, internal control and corporate governance arrangements, and providing the opportunity for direct discussion with the auditor(s) on these.*

8.3 Management and scrutiny of the Council's strategic risks are integrated into the Council's performance reporting arrangements via its Corporate Plan priority action plans. Risks are identified, assessed and scored using a matrix of impact and likelihood, and the outcome of the scoring process results in a score being attributed.

8.4 The Council's strategic risks are brought together into a Strategic Risk Register that is owned and monitored by the Council's Senior Leadership Team.

8.5 Operational risks are monitored and managed separately as part of the Council's Delivery Planning arrangements.

## **9. Roles and Responsibilities**

9.1 To ensure the delivery of the Council's risk management arrangements, key roles and responsibilities are set out in Table 3.



Table 3 – Key roles and responsibilities

Cabinet	<ul style="list-style-type: none"> <li>• To approve the Council’s Risk Management Strategy (including risk appetite) and any material changes to the Strategy on an on-going basis.</li> <li>• To approve the Strategic Risk Register.</li> <li>• To monitor progress in the management of Strategic Risks.</li> <li>• Hold the Senior Leadership Team accountable for the effective management of risk.</li> </ul>
Governance and Audit Committee	<ul style="list-style-type: none"> <li>• To ensure the Council has effective risk management processes in place (including the review and challenge of arrangements and strategic risks).</li> <li>• Support and promote effective risk management.</li> </ul>
Senior Leadership Team	<ul style="list-style-type: none"> <li>• To determine the Council’s Risk Management Strategy (including risk appetite) for consideration / approval by Cabinet, and to keep under on-going review.</li> <li>• Make arrangements to deliver the Council’s Risk Management Strategy (including the identification of strategic risks, actions to manage strategic risks and monitoring / reporting arrangements).</li> <li>• Support and promote effective risk management.</li> </ul>
Section 151 Officer	<ul style="list-style-type: none"> <li>• Active involvement in all material business decisions to ensure short, medium and long-term implications, opportunities and risks are fully considered.</li> <li>• Support and promote effective risk management.</li> </ul>
Risk Owners (Strategic and Operational Risks)	<ul style="list-style-type: none"> <li>• Accountable for the management and control of all aspects of assigned risks, including determining, authorising, implementing, monitoring / updating and reporting of controls and actions to address the threats and maximise the opportunities.</li> </ul>
Service Managers	<ul style="list-style-type: none"> <li>• To support: <ul style="list-style-type: none"> <li>○ The Senior Leadership Team in the identification of Strategic Risks; and</li> <li>○ Risk Owners in the management, monitoring and reporting arrangements of Strategic and Operational Risks.</li> </ul> </li> <li>• Put in place effective risk management arrangements for their areas of responsibility to ensure the Council’s exposure is at an acceptable level.</li> <li>• Promote and demonstrate the behaviours and values that support well-informed and considered risk taking, alongside clear lines of accountability.</li> </ul>
Internal Audit	<ul style="list-style-type: none"> <li>• Assess the effectiveness of the risk management strategy (and associated arrangements) and the control environment in mitigating risk.</li> <li>• Support and promote effective risk management.</li> </ul>
All staff	<ul style="list-style-type: none"> <li>• Support the identification of risks and contribute to their management, as appropriate.</li> </ul>

## 10. Risk Management – Links to other disciplines

10.1 Controlling risk involves a process of reducing the impact and / or likelihood of the risk occurring.

10.2 A number of disciplines are applied across the Council to help achieve this:

- Procurement can be used to manage risks by appointing contractors to undertake services on behalf of the Council and contracts can be used to transfer identified risk(s).
- Insurance can be used to manage risks (for example, the potential financial impact of a risk could be mitigated using an insurance policy).
- A business continuity plan is a control that can help to manage the impact of an event that may arise.

## 11. Partnerships

11.1 Partnership working is playing an increasingly important role in service delivery. In recent years, the focus for the Council has been on the opportunities offered by partnership and joint working arrangements.

11.2 Working in partnership usually means committing resources such as time and/or direct funding to develop and deliver desired outcomes. It may not be easy and, whilst there are opportunities there are also risks. It is important to understand and manage these in so far as they affect both the partnership and Council.

### Potential benefits of partnership working

- Better co-ordination and integration in the delivery of services for users
- Flexibility and innovation, producing better policy and implementing more credible solutions than those achievable by single agencies
- Improved communication and information-sharing
- More efficient and effective use of resources to deliver value for money, including access to additional skills and expertise
- Greater capacity to plan and develop solutions, including pooling expertise and resources

### Potential risks of partnership working

- Lack of clear purpose or setting unrealistic goals and expectations
- Unaware of the extent of financial and legal implications, such as breach of statutory duty or failure in the exercise of statutory functions
- Financial and time commitments outweigh potential benefits
- Different or conflicting cultures, behaviours and policies lead to conflict, distrust, manipulation or domination
- Lack of clarity over partner expectations and responsibilities
- Inadequate governance and scrutiny over planning, decision-making and management of finance, risk and performance

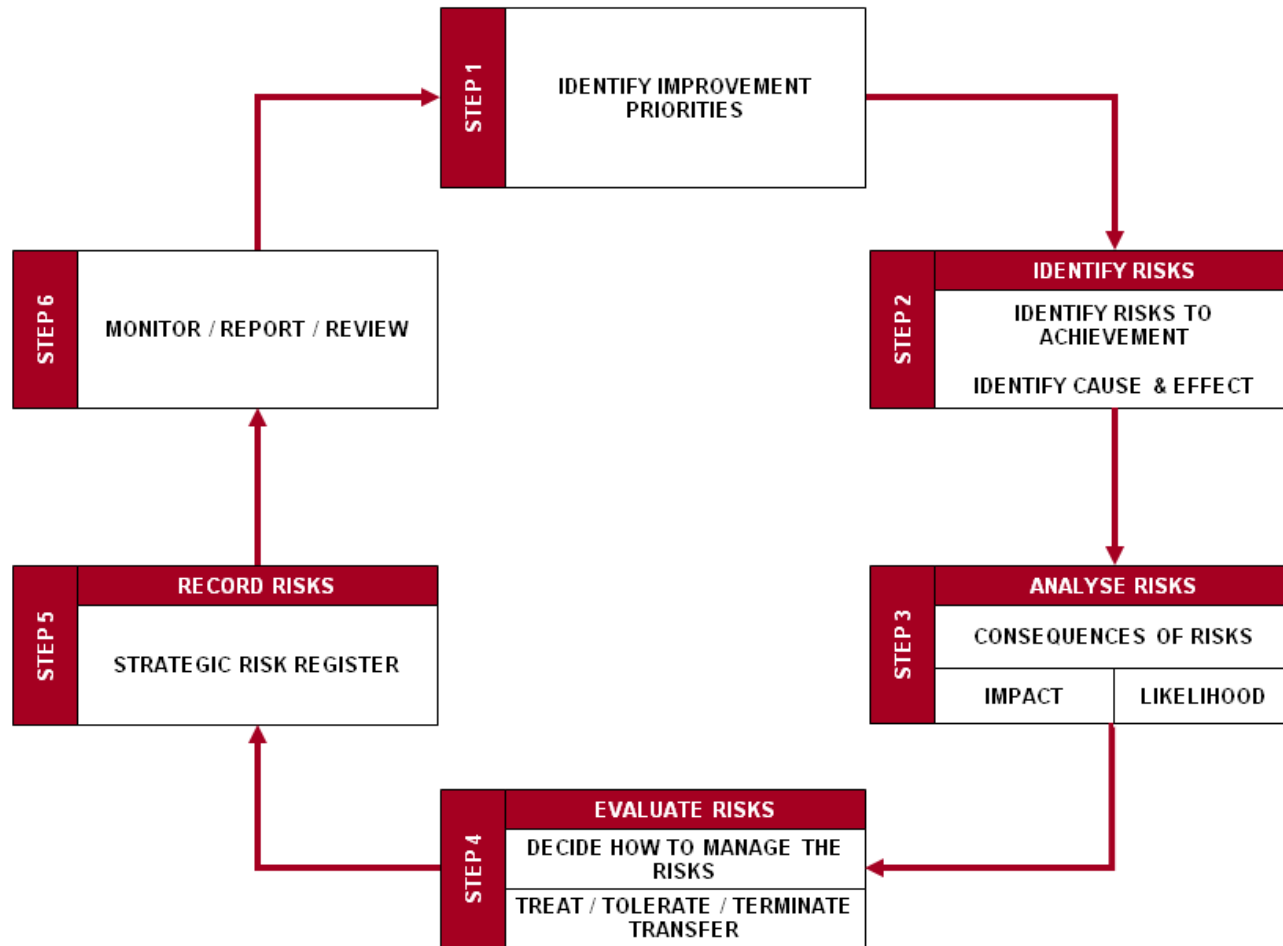
## **12. Projects**

- 12.1 Project risk management defines how risks will be managed during the lifecycle of a project or programme. The arrangements acknowledge actual and potential threats to the successful delivery of a project and determine the activities required to minimise or eliminate them.
- 12.2 Where partners and/or suppliers are involved, it is essential to have shared understanding of risks and agreed plans for managing them.

## **13. Risk Management - An Overview**

- 13.1 A toolkit has been devised that provides managers with a guide when undertaking risk management activities at all levels across the Council. The toolkit is a supporting document to this Strategy.
- 13.2 Figure 1 shows the stages involved in the Council's strategic risk management arrangements.

**Figure 1 – Strategic Risk Management Arrangements**



<b>STRATEGIC RISK REGISTER REF:</b>	<b>1</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>Living within Our Means</b>
<b>Responsible Officer</b>	Barrie Davies

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
If the Council’s medium term financial planning arrangements do not support the development of sufficient and timely proposals to address forecasted reductions in funding levels and increased demand and cost of services, this may lead to unplanned reductions in service delivery and an inability to meet Corporate Plan priority outcomes.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>•A Budget and Policy Framework in place, as part of the Council’s Constitution, covering budget setting arrangements.</li> <li>•Budget planning and management arrangements set out as part of the Council’s Financial Procedure Rules.</li> <li>•Arrangements for the public reporting and scrutiny / engagement of annual budget setting, in-year budget monitoring updates, medium term financial plan (MTFP) updates, year-end statements of account, Treasury Management / Capital Strategy updates and Council Tax setting.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•A Council wide and on-going programme of work, led by the Senior Leadership Team, to:                             <ul style="list-style-type: none"> <li>○ Refresh the MTFP to inform service planning and annual budget setting, and the publication of updates on an annual basis;</li> </ul> </li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING 5 x 4 = 20</b></p> <p>The quarter 1 revenue position, forecasted as at June 2023, is projecting a £2.489M overspend at year-end, with the main contributing factors being increases in the cost of social care (reflecting the level of demand for services and the complexity and specialist nature of care required) and inflation levels remaining high that is driving further cost pressures and impacting on, for example, home to school contract costs as a result of fuel prices and levels of pay, and food costs within the Council’s Catering Service. A programme of work is underway, as part of the Council’s robust financial and service management arrangements, to review all areas of expenditure and income to bring the revenue position closer in line with budget by year-end (with the outcomes from this on-going work being incorporated within Performance Reports during the year).</p> <p>Work during quarter 1 also focussed on:</p> <ul style="list-style-type: none"> <li>•Compiling the draft 2022/23 Statements of Account for the Council and the Pension Fund, these being certified by the Council’s Section 151 Officer on 31<sup>st</sup> July 2023, demonstrating the continued effective financial management arrangements at the Council (and this being within Welsh Government’s</li> </ul>

CONTROLS AND ACTIONS - the Council's risk response is to 'Treat' each strategic risk through taking positive actions to mitigate, as far as is practicable, adverse implications on the delivery of objectives.

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	<ul style="list-style-type: none"> <li>○ Identify and assess budget saving options, in line with MTFP forecasts, and implement those that are approved (including early deliver wherever possible);</li> <li>○ Robust in-year budget monitoring and reporting arrangements and compilation of year-end statements of account (including public reporting and scrutiny);</li> <li>○ Assess reserve levels to underpin the Council's financial stability and support one-off additional investment in Corporate Plan priority areas.</li> <li>● Support to develop, implement and monitor service transformation strategies and initiatives, in line with the principles of the Well-being of Future Generations Act.</li> </ul>				<p>expectation for completion of the certification process of statutory financial accounts).</p> <ul style="list-style-type: none"> <li>● Preparatory work to refresh the Council's Medium Term Financial Plan, to set out a robust position of the financial challenges facing the Council and the programme of work to ensure its continued financial stability and resilience.</li> </ul> <p>Prioritised work during quarter 2 will be to: maintain our focus on delivering services and current year spend within the agreed budget; working closely with Audit Wales to enable the external audit of the Council and Pension Fund 2022/23 Statements of Account to be progressed; reporting an updated Medium Term Financial Plan 2023/24 to 2026/27 to Cabinet and Council, with the emerging picture indicating a significant budget gap for the forthcoming year and over the medium term; continuing to focus on the ongoing programme of work identifying options and delivering budget reductions to enable the Council to deliver balanced budgets in line with our Medium Term Financial and Service Planning arrangements; and a review of reserves to identify opportunities to release resources to fund additional investment in priority areas including a package of financial support measures to help residents with the on-going cost of living crisis.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>2</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE</b>
<b>Responsible Officer</b>	Annabel Lloyd

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		Qtr 1 2023/24	I	L	
<p>If Children's Services are not able to recruit sufficient numbers of experienced qualified social workers and are unable to access sufficient numbers of registered children's homes places that are close to home (whilst supporting the Welsh Government's ambitions to eliminate profit from this sector), then the Council's capacity to prevent escalation of need, and safeguard children as required by the Social Services &amp; Wellbeing (Wales) Act may be compromised.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• <b>Managing priorities:</b> Demand and key features of safe practice are monitored through Children Services Management Team via bi-monthly performance and quality assurance meetings.</li> <li>• <b>Recruitment and Retention</b> - A workforce strategy and steering group has been established to address the wider issues in relation to attraction, skills, workforce planning, staff engagement and staff well-being.</li> <li>• In addition to staff supervision, through the Council's well-being offer staff are supported by psychology led reflective spaces and can request 1:1 support.</li> <li>• <b>Developing Registered Children's Homes that meet need:</b> In February, Cabinet approved the Children's Services Residential Transformation Strategy that outlines plans to develop sufficient not for profit children's homes close to home over the next 3-5 years.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Dip sampling, quality assurance, and further evaluation or remedial work is carried out in response to early alert of a problem.</li> <li>• Additional capacity has been made available via agency supply where it can be accessed (it is scarce and mixed quality) and additional capacity has been created via 6 additional support workers and 3.5 business support roles.</li> <li>• Recruitment and Retention - an attraction campaign is in development with a revised website. Workforce Strategy is subject to review following 18 months of</li> </ul>	5	3	15	<p><b>ORIGINAL RISK RATING: 5x3=15</b></p> <p>Dip sampling of decision making at the front door is continuing with oversight by the Head of Service. The result of this work is reported to the Safeguarding and Prevention Quality Assurance Panel. Learning that is being identified is shared with practitioners.</p> <p>Care Inspectorate Wales thematic Public Law Outline Inspection report provides good assurance about decision making and effectiveness of risk management.</p> <p>There has been a continued focussed on recruitment and retention during quarter 1:</p> <ul style="list-style-type: none"> <li>• The return to Rhondda Cynon Taf of qualified social workers who previously left the Council to work in other local authorities - all fed back that the supportive workplace culture as a 'pull' factor in returning.</li> <li>• In quarter 2, 10 newly qualified social workers will come into post.</li> </ul> <p>The overall vacancy rate remains approximately 25% and is higher in relation to experienced social workers.</p>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
	<p>implementation; focus in phase 2 will be retention of experienced staff and 'grow our own' whilst maintaining attraction campaigns.</p> <ul style="list-style-type: none"> <li>• Undertake exit survey analysis whereby information about 'push' factors is collated.</li> <li>• Staff have ability to get involved in service developments via practitioner forum, inform updates, inform and involve face-to-face sessions, and staff surveys.</li> <li>• Additional resources have been made available to Children's Services staff to implement the strategy which will lead to developing not for profit registered children's homes that meet need.</li> <li>• Work is underway in line with Foster Wales to increase the numbers of foster carers that are available.</li> <li>• Work has commenced with therapy provider and staff to reduce escalation of need from foster care to children's homes, and progress reunification where that is in line with children and families' needs.</li> </ul>				<p>Good progress has been made in the first quarter around the Children's Services Residential Transformation Strategy:</p> <ul style="list-style-type: none"> <li>• <b>Willowford House</b> (3 places) – registration is expected imminently.</li> <li>• <b>Ystrad Fechan</b> (3 places) – statement of purpose change to register as a children's home has taken place but refurbishment is required, and a recent inspection identified areas for improvement including priority actions notices which are being addressed.</li> <li>• <b>Catref Melys</b> (4 places) – new acquisition, registration is expected in early 2024.</li> </ul>



<b>STRATEGIC RISK REGISTER REF:</b>	<b>3</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE</b>
<b>Responsible Officer</b>	Neil Elliott

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not continue to modernise and work with health colleagues to develop and deliver an integrated model of community services, then our ability to deliver these critical (key) services could be hindered resulting in a potential failure to support some of our most vulnerable residents which in turn could increase demand on our services.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>Multi-agency working in place at a Leadership level through the Cwm Taf Morgannwg Regional Partnership Board and its infrastructure.</li> <li>The community services model is agreed between partners alongside the key pathways of care and funding has been made available from Welsh Government to support implementation.</li> <li>The Hospital discharge Board is in place for CTM and the D2RA process is operational - including the pathways of care reporting process.</li> <li>Regional Social Care Workforce Development Board in place to oversee training and development activity, including development and implementation of Annual social workforce development plan to target funding on key priorities.</li> <li>Regional steering groups are in place for CTM with responsibility for the Learning Disability transformation and the implementation of the Welsh Dementia standards.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Agreed implementation plans to progress the integrated community model.</li> <li>Work with Health to complete redesign of Community mental health services to provide</li> </ul>	5	3	15	<p><b>ORIGINAL RISK RATING: 5x3=15</b></p> <p>Supporting an increasingly older and frail population remains a challenge for health and social care alongside the aim to find a balance between investment in early intervention and prevention (essential to manage future demand) and managing the growing demand pressures now - particularly at the hospital interface and in Q1 we have:</p> <ul style="list-style-type: none"> <li>Worked closely with the Health board to improve the quality of the new electronic communications between the hospitals and our services;</li> <li>Continued to deliver effective preventative and enabling services to support people particularly out of hospital;</li> <li>Continued to support a strong hospital discharge service to manage the flow of people safely out of hospital; and</li> <li>Continued to manage demand and waiting lists by prioritising responses according to risk and need</li> </ul> <p>In addition, we have focussed on developing alternative options for people to access their care and support including:</p> <ul style="list-style-type: none"> <li>Commissioning support for people to set up as microenterprises to deliver flexible care and support;</li> </ul>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	<p>responsive access and effective mental health support.</p> <ul style="list-style-type: none"> <li>• Continue to deliver Learning Disability Transformation Programme, including redesign of day services offer.</li> <li>• Implement with partners all Wales dementia standards.</li> </ul>				<ul style="list-style-type: none"> <li>• Commissioned a new shared lives provider to enhance the choice of short and long term placements available for people;</li> <li>• Co-produced a revised daytime opportunity strategy with people who have a learning disability to increase choice; and</li> <li>• Increased our use of technology and equipment to manage people's needs more efficiently.</li> </ul>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>6</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>LIVING WITHIN OUR MEANS</b>
<b>Responsible Officer</b>	Tim Jones

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
If the Council does not manage its information assets in accordance with requirements set down within legislation, then it may be faced with financial penalties and possible sanctions that hinder service delivery and damage its reputation.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Governance structures are in place and the Council has a designated SIRO.</li> <li>• Policies and Procedures are in place. E.g. Data Protection Policy, Data Protection Impact Assessment, Information Security, Subject Access Requests (SAR).</li> <li>• Designated Data Protection Officer and team in place that provides on-going support and training.</li> <li>• External Reviews &amp; Accreditation e.g. PSN, PCI, Audit Wales.</li> <li>• Mandatory Data Protection training in place.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Continue to review and as required refresh policies and procedures.</li> <li>• Undertake data protection impact assessments of new projects and process.</li> <li>• Support development of Information Sharing Agreements.</li> <li>• Prepare for and support external reviews and accreditations.</li> <li>• Implement recommendations from external review / accreditation.</li> <li>• Investigate and learn from information management incidents implementing remedial action plans.</li> <li>• Ensure information rights requests are processed in line with legislation e.g. SARs.</li> <li>• Raise awareness and train staff.</li> </ul>	5	2	10	<p><b>ORIGINAL RISK RATING: 4x3=12</b></p> <ul style="list-style-type: none"> <li>• Policies continue to be created and reviewed in accordance with the service delivery plan and as part of the response to events and incidents.</li> <li>• The Information Management (IM) team continue to monitor information breaches and ensure corrective actions and reporting requirements are completed.</li> <li>• Best practice and any learning from the result of breaches has been shared via Authority wide Information Management bulletins.</li> <li>• Data Protection Impact Assessment (DPIAs) have been created for new services and existing DPIAs amended to reflect new processes.</li> </ul> <p>A new mandatory data protection training module has been created and to be considered by the Information Management Board.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>11</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PROSPERITY</b>
<b>Responsible Officer</b>	Simon Gale

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If projects aimed at regenerating the local communities through the Council's investment programme are not planned, procured and managed effectively by the Council, then delivery could be severely compromised, with the intended benefits associated with prosperity and growth being lost. This is compounded by the continued uncertain commercial environment and tight external funding programme periods from Welsh and UK Governments.</p>	<p><b>CONTROLS</b> Robust service delivery arrangements and governance structures are in place to ensure the successful delivery of key strategic regeneration projects. This includes:</p> <ul style="list-style-type: none"> <li>• Developing effective business cases for individual projects to ensure they are viable and cost effective.</li> <li>• Involving stakeholders to support the delivery of key interventions from across the Council including Estates, Strategic Projects, Procurement and Legal, other public Bodies, Welsh Government and the private sector.</li> <li>• Establishing project boards responsible for overseeing the delivery of individual projects.</li> <li>• A Project Protocol which is made available for project development and implementation that identifies the mechanisms needed to structure successful project delivery.</li> <li>• Update reports considered by SLT and the Council's Cabinet</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• To ensure that all projects adhere to the project protocol procedures the completion of which is overseen by Officers from Regeneration and Finance.</li> </ul>	5	2	10	<p><b>ORIGINAL RISK RATING: 4x3=12</b></p> <p>The risk rating was increased in quarter 1 2022/23 (from 5x2=10 up to 5x3=15) as a result of the significant uncertainty in the supply chain and contractor sector and the real risk this presented to the ability to deliver schemes on time and on budget in the face of continuing escalating costs and material and labour shortages. Whilst costs have remained high, they have become more normalised with more stability in the market. As such, the risk has reverted to 5x2=10 from Q1 2023/24.</p> <p>Whilst the ongoing challenges due to economic uncertainty remain, the Prosperity and Development Service has continued to deliver/co-ordinate the largest economic investment programme in the Council's history. Through working closely with our contractors, significant progress has still been made on the delivery of key regeneration projects as set out in the Service's delivery plan although there have been some inevitable delays and some cost pressures. All projects and programmes have established robust service delivery arrangements and governance structures, which is ensuring the successful management of these schemes.</p>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	<ul style="list-style-type: none"> <li>To ensure that all such funding bids are compliant with funding terms and conditions and take maximum advantage of the funding available.</li> </ul>				

<b>STRATEGIC RISK REGISTER REF:</b>	<b>13</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE</b>
<b>Responsible Officer</b>	Louise Davies

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not target its resources to effectively support communities affected by the cost-of-living crisis and the longer-term requirement to tackle the root causes of poverty, then those that are most vulnerable within our communities will suffer disproportionately which will result in added pressures being put on Council Services.</p>	<p><b>CONTROLS</b> The following controls have been put in place to manage risk:</p> <ul style="list-style-type: none"> <li>• Designated team in place to manage risk.</li> <li>• Regular monitoring of tackling poverty grants to ensure compliance, impact and value for money.</li> <li>• Regular meetings with Welsh Government as part of the Building Resilient Communities national work programme.</li> <li>• Liaising with Cabinet Members to provide regular updates.</li> </ul> <p><b>ACTIONS</b> To develop and deliver services that focus on building more involved and resilient communities to tackle poverty and promote well-being. This includes:</p> <ul style="list-style-type: none"> <li>• Implementing the recommendations following a review into all Families First Commissioned services, with a focus on prevention, integration, collaboration and involvement (5 ways of working).</li> <li>• Implementation of the Team around the Family review recommendations in order to improve the long-term prospects of the family and prevent problems from escalating.</li> <li>• Work with community and third sector to provide Warm Hub provision during the winter, ensuring support, access to a warm venue and</li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING: 5x2=10</b></p> <p>No exceptions to report during quarter 1 in respect of Housing Support Grant and the Children &amp; Communities Grant. Good progress is being made with delivering the projects included in the expenditure plans although risk is being managed within the existing programmes due to escalating costs of commissioned providers and uplifts in grants not being provided to keep pace with rising inflation.</p> <p>A proposal for use of any available grant / Council funding for the winter of 2023-24 is being developed, to ensure an early response is available to support residents experiencing hardship due to increased living costs. A proposal will be presented to Cabinet in September for decision. A full evaluation of the WG funding via the WLGA for Warm Hub provision across RCT was finalised at the end of Quarter 4.</p> <p>The new integrated community services model agreed by the RPB is being progressed with focused meetings taking place during Q1. The need to develop a shared understanding of how the new integrated hubs will support residents and communities access help, advice and services is a priority.</p> <p>The Community Grants funded by Shared Prosperity Funding have been issued in Q1 of 2023/24 with demand from community organisations far exceeding available funding. These grants to 73 organisations and totalling</p>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	additional resources (warm pack) can be provided to the most vulnerable.				<p>£4.5M are key to ensuring a resilient third sector providing services and support for health and well-being at the heart of communities.</p> <p>Pressures on particular services continues to increase as a consequence of the impact of the cost of living pressures with housing (homelessness) and children's services (resilient families contacts) experiencing particularly high demands.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>14</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PROSPERITY</b>
<b>Responsible Officer</b>	Gaynor Davies

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		Qtr 1 2023/24	I	L	
If individual school budgets are not appropriately managed, then schools will be required to deliver budget recovery plans and efficiencies at a time when support for learners should be at the forefront of planning, this could impact on the overall achievement of grades across the Council.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Open and regular communication with Head teachers.</li> <li>• Termly budget deficit meetings in line with the Council's budget deficit monitoring protocol.</li> <li>• Continued support provided by key officers from within the Council.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Liaise with all Head teachers to communicate the financial pressures that the Council is facing and reinforce their involvement in aiming to realise more efficient working practices.</li> <li>• Work with schools in order to identify possible areas to increase efficiency.</li> <li>• Ensure that schools comply with budget recovery plans and are supported to make efficiencies that do not have an adverse impact on school improvement and learner outcomes.</li> <li>• Ensure robust budget monitoring processes.</li> <li>• Proceed with the 21st Century schools' developments and implement the consulted and approved plans to remove small and financially unviable 6th forms from 3 secondary schools.</li> <li>• Ensure budget pressures are incorporated into Medium Term Financial Plan (MTFP) updates.</li> </ul>	4	3	12	<p><b><u>ORIGINAL RISK RATING 4X3=12</u></b></p> <p>Aggregate school balances have reduced from £20.561M as at 31<sup>st</sup> March 2022 to £15.248M as at 31<sup>st</sup> March 2023. 4 primary schools had deficits (all under £50k) at 31<sup>st</sup> March 2023.</p> <p>The majority of the £15.248M balances are being used to set balanced budgets for 2023/24 with balances estimated to reduce to £3.9M by 31<sup>st</sup> March 2024. 1 All through, 2 secondary and 7 primary schools have set deficit budgets for 2023/24.</p> <p>The use of £11M balances in 2023/24 is not sustainable into future years so early planning will be required for 2024/25 budget setting.</p>



<b>STRATEGIC RISK REGISTER REF:</b>	<b>15</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PLACES</b>
<b>Responsible Officer</b>	Roger Waters

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not monitor and invest in its ageing highways assets, then the chance of structural failure, emergency closures and therefore disruption to communities and the local economy increases which will result in additional financial (unplanned) costs for the Council along with reputational damage.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Routine monitoring of the entire highways network.</li> <li>• Regular reports to SLT &amp; Cabinet.</li> <li>• We have appointed additional staff; this means we have appropriate in-house capability to manage this complex and significant asset.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Invest additional monies in road, highways infrastructure and pavement networks over the next four years, on top of the previous investment since 2011.</li> <li>• Provide an update on the impact of key investment projects through the investment programme.</li> <li>• Provide an update to Scrutiny Committee on delivery of the Highways / Transportation infrastructure investment programme.</li> <li>• Review and update the Highways Asset Management Plan (HAMP) to ensure that the principal assets have been identified and form part of the Plan, and relevant document and service standards agreed.</li> </ul>	4	2	8	<p><b>ORIGINAL RISK RATING: 4x2=8</b></p> <p>2023/24 programme of carriageway and footway schemes agreed and, at end of Qtr 1, 40% of the programme has been completed or commenced. There is a review underway of outcomes of treatment types from the investment since 2011 works to inform decisions about future treatment selection.</p> <p>Update provided through HIS Project Board May 16<sup>th</sup>.</p> <p>The asset management Annual Status Reports for 2022/23 are currently being prepared for reporting to Scrutiny Committee. Programme for development and updates to HAMP being agreed with relevant service areas.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>18</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>LIVING WITHIN OUR MEANS</b>
<b>Responsible Officer</b>	Richard Evans

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
If the Council does not put in place robust workforce planning arrangements, including plans for monitoring and supporting the wellbeing of existing staff, then the ability to retain and attract the best staff could be hindered which will have a direct impact on the quality of services that it can deliver.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>The Council's workforce planning arrangements are underpinned by the new Human Resources Strategy and Council Workforce Plan 2023-2028, this will help ensure the appropriate deployment and development of staff. Progress towards the key ambitions within the workforce plan will be reported alongside delivery plan monitoring and reported back, alongside related progress within the HR strategy to SLT and cabinet on an annual basis.</li> <li>Staff consultation and communication is undertaken on a regular basis to ensure that staff have the opportunity to shape people practices in light of on-going changes.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Specific recruitment strategies, such as graduate and apprenticeship programmes are in place to ensure the Council is adequately resourced to mitigate risks around wellbeing and attrition.</li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING 4x3=12</b></p> <p>The Annual staff consultation survey for 2023 has been deployed in May. Results will be collated and fed back to the Council's senior leadership team.</p> <p>Other key updates:</p> <ul style="list-style-type: none"> <li>Graduates – 8 posts are currently being interviewed for that will commence in September.</li> <li>Apprentices – 49 posts are currently being interviewed for that will commence employment in September 2023.</li> <li>Step in the Right direction – 11 Trainees on programme</li> <li>Care2Work – 42 individuals.</li> <li>Access to Employment – 7 individuals.</li> <li>Gateway to Employment – Recruitment to the new programme commenced in May with presentations to parents and potential candidates at parents evenings and open days at Coleg y Cymoedd. During July they received 1-1 career advice and guidance sessions to discuss placements. In August placements were agreed with candidates meeting their placement managers. 12 supported interns commence supported employment on the 4<sup>th</sup> September.</li> </ul> <p>Training is in place for Heads of Service and above in workforce planning. Sessions will take place in June and July 2023.</p> <p>Monitoring of progress against the workforce plan has been integrated into delivery plan monitoring.</p>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	<ul style="list-style-type: none"> <li>• Introduction of wellbeing and development initiatives to support staff well-being.</li> <li>• Progress against actions in the workforce plan will be reported by respective service areas within the delivery plan monitoring arrangements.</li> </ul>				<p>Further work is being undertaken on advertising professional posts to attract applicants via the introduction of the use of LinkedIn from summer 2023.</p> <p>Careers fair due to take place in September 2023.</p> <p>Managers briefings have taken place in May and June with @450 managers booked to attend. The wellbeing topic was around cancer in the workplace. Wellbeing bitesize sessions continue to run monthly on a range of different topics.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>20</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>LIVING WITHIN OUR MEANS</b>
<b>Responsible Officer</b>	Tim Jones

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not maintain a high level of Cyber Assurance (people, process &amp; technology) and ensure that infrastructure is fit for business use and secure, then access to information and systems could be hindered, by for example cyber risk / attack, resulting in interruption to service delivery, potential breaches and reputational damage.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Cyber Assurance Governance Structure in place.</li> <li>• Designated team in place that provides support for ongoing work programme.</li> <li>• Policies and Procedures in place e.g. patch management, data backup, change control.</li> <li>• Cyber Incident Response and Disaster Recovery Plans in place should an interruption be experienced.</li> <li>• Technical controls in place for protection e.g. anti-ransomware, phishing, next generation firewalls with advanced threat protection.</li> <li>• External Reviews &amp; Accreditation e.g. PSN, Cyber Essentials, PCI, WAO, BABs, 3rd party suppliers.</li> <li>• Mandatory Cyber Awareness Training in place.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Implement &amp; maintain technical mitigation measures.</li> <li>• Refresh &amp; upgrade end of life infrastructure &amp; software.</li> <li>• Prepare for and support external reviews and accreditations.</li> <li>• Early warning network via NCSC and Cymru Security Operations Centre.</li> <li>• Strengthen cyber posture with Cyber Assessment Framework.</li> <li>• Monitor and measure Infrastructure Availability &amp; Performance.</li> <li>• Implement recommendations from external review / accreditation.</li> <li>• Monitor for cyber threats and remediate.</li> <li>• Raise awareness and train staff.</li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING: 5x3=15</b></p> <ul style="list-style-type: none"> <li>• Risk unchanged and continues to be elevated due to increased Cyber activity by external threat factors. Risk of international Cyber-attack remains high and international tensions also increase the risk (Ukraine).</li> <li>• Patching policies being reviewed in light of market forces and application moves to cloud/hybrid infrastructures.</li> <li>• Continued focus on replacing systems, with project underway for next wave of end-of-life systems this has a Q3 end date for next wave.</li> <li>• Team continues to pro-actively monitor for Cyber threats and remediate/mitigate where appropriate.</li> <li>• PSN accreditation application to Cabinet Office progressed.</li> <li>• Preparations for Firewall replacements have been progressed to be scheduled Q2 to ensure quicker Disaster Recovery if interruption is experienced.</li> </ul> <p>Mandatory cyber training for all staff using IT has been released and undertaken, staff who have not completed are in escalation to complete.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>23</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PROSPERITY</b>
<b>Responsible Officer</b>	Gaynor Davies

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If Band B projects of the Sustainable Communities for Learning are not delivered on time and/or projects are deferred, then the Council will not deliver its ambitions of having in place first class school environments for learners.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• A designated project and operational board will be put in place to oversee the delivery of the Council's Sustainable Communities for Learning programme.</li> <li>• Regular updates are reported to Welsh Government and Cabinet.</li> <li>• Individual projects are managed using PRINCE2 methodology.</li> <li>• Experienced team in place that provide regular and well-informed Cabinet updates.</li> <li>• Regular dialogue and engagement with Welsh Government.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Submission and approval of all business cases within Band B of the Sustainable Communities for Learning Programme.</li> </ul>	4	3	12	<p><b>ORIGINAL RISK RATING: 5x4=20</b></p> <p>A School Organisation consultation for the proposed construction of a new 3-19 special school in Clydach Vale and associated catchment changes has received Cabinet approval. The consultation period ends 15<sup>th</sup> September and a further report will be provided to Cabinet with the outcome of the consultation in the autumn.</p> <p>Two officers within the team achieved their PRINCE2 (Project Management) Practitioner qualification.</p> <p>Positive quarterly meetings regarding capital projects continue with Welsh Government, with the next one scheduled for the end of September. These meetings keep Welsh Government updated on current and forthcoming capital projects and associated financial expenditure.</p> <p>Positive monthly meetings continue to be held with Welsh Government to update on the Mutual Investment Model (MIM) schools and the Sustainable Schools Challenge project (which is providing a new primary school in Glyn-coch).</p> <p>In August, three senior officers from Welsh Government visited RCT for a tour of several schools at various stages of development, to see the design and quality approaches adopted by RCT. Further feasibility and research work is being undertaken in relation to the Sustainable Communities for Learning Strategic Outline Programme which requires resubmission to Welsh Government by March 2024 to reflect a nine-year rolling programme as required by WG.</p>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
					<p>Business Case submissions to Welsh Government are ongoing and submitted in accordance with project programmes - with the next business case submissions due in the autumn.</p> <p>The WESP Steering Group last met on 17<sup>th</sup> July 2023 for the final meeting of the academic year. During this meeting, the Annual Review Report was reviewed.</p> <p>The Annual Review Report is a reporting tool we must complete annually as we near the end of each academic year for the duration of the WESP. The report encompasses the key achievements/highlights of the year, a self-assessment of progress against the overall plan and forward look milestones. This is broken down further by each outcome of the WESP to highlight key annual data trends, overall outcome summary, implementation and monitoring, outcome level risks and assurance and mitigation action. The Report was submitted to Welsh Government on 31<sup>st</sup> July 2023. We currently await feedback on this which is due by the end of September.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>24</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE, PLACES &amp; PROSPERITY</b>
<b>Responsible Officer</b>	Dave Powell

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If all staff, managers and elected Members do not embed carbon reduction into their 'business as usual' activities, then we will not achieve the carbon reduction benefits and will not become a carbon neutral Council by 2030 which will result in reputational damage for the Council.</p>	<p><b>CONTROLS</b> Strengthened the reporting arrangements on climate change and carbon reduction related items by:</p> <ul style="list-style-type: none"> <li>• Embedding Carbon Reduction into Delivery and Priority planning, monitoring and reporting as part of regular performance management reports.</li> <li>• Putting in place robust and regular reporting on the Council's Carbon Footprint through quarterly reports to Climate Change Cabinet Sub Committee (CCCSC) and Cabinet.</li> <li>• Increasing visibility of Carbon Reduction in all Council reports.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Using and analysing the Council's Carbon Footprint to continue to identify short term and long-term actions to change and challenge the way we work, procure and deliver our services, whilst highlighting those changes that will have the greatest effect on reducing the Council's carbon footprint.</li> <li>• Providing information, awareness raising and opportunity for training across the Council including Induction, and development needs emerging from Personal Development Reviews.</li> <li>• Implementing the Climate Engagement Plan with associated comms that raises the profile of local, regional and national projects that will address the WG declared Climate and Nature Emergencies.</li> </ul>	5	3	15	<p><b>ORIGINAL RISK RATING: 5x4=20</b></p> <p>All services have been asked to identify how they are reducing carbon emissions and contributing to tackling climate change as part of 2023/24 Delivery Planning. Work to embed carbon reduction into the Council's Priority Plans is in hand. This includes the 2023/24 actions emerging from the Decarbonisation Strategy to reduce the <a href="#">Council's Carbon Footprint</a>. This integrated approach will support and strengthen the regular reporting arrangements through Cabinet/CCCSC and relevant Scrutiny Committees.</p> <p>The Decarbonisation Plan sets out short and long term actions and a decarbonisation pathway that aims to reduce the Carbon Footprint across its operation and supply chain as well considering Greenhouse Gas emissions removed or avoided or avoided through sequestration or renewable energy generation. Work to calculate the Council's 2022/23 Carbon Footprint is underway in line with the WG <a href="#">prescribed calculation</a> by its deadline of September 2023.</p> <p>The Officer Working Group and associated subgroups continue to deliver key workstreams as directed by the CCCSC.</p> <p>To increase the visibility of carbon reduction:</p>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		Qtr 1 2023/24		Rating	
		I	L		
	<ul style="list-style-type: none"> <li>Inclusion of detailed actions within quarterly reports to Cabinet as part of the Priority updates aligned with the three corporate priorities People, Places, and Prosperity and as part of the Work Programme for CCCSC.</li> </ul>				<ol style="list-style-type: none"> <li>New reporting arrangements are being included as part of the officer guide for reports to Committees.</li> <li>A set of questions that will form Key Lines of Climate/Carbon Enquiry is in development.</li> <li>Climate Change was included in Climate Change, Frontline Services &amp; Prosperity Scrutiny Committee training for elected Members training on 27 June.</li> <li>e learning will be made available to staff and elected Members in quarter 2.</li> <li>Continuing to include Climate Change in corporate staff induction – most recent 16 June.</li> <li>Implementing the climate engagement plan agreed by CCCSC <a href="#">on 23 March.</a></li> </ol>



<b>STRATEGIC RISK REGISTER REF:</b>	<b>26</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE, PLACES &amp; PROSPERITY</b>
<b>Responsible Officer</b>	Roger Waters

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not plan and invest resources into mitigating the physical impacts of climate change, then the effects of extreme weather events on our residents and businesses will be heightened.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Routine monitoring of infrastructure including bridges, retaining walls, culverts, highway drainage and former coal tips.</li> <li>• SUDs Regulations introduced to reduce surface water run-off from new developments, RCT has established a SAB to robustly manage the SUDs process.</li> <li>• New Bylaws for Ordinary Watercourses introduced, together with a new enforcement team and an awareness officer to raise the profile of flood risk and to support recovery.</li> <li>• Additional resources for structures, drainage management and maintenance, Regular reports to SLT &amp; Cabinet.</li> <li>• S19 Reports for flood incidents <ul style="list-style-type: none"> <li>• Work through the multi-agency Flood Board for a joined-up approach to flood risk in RCT.</li> <li>• Work with WG to review our Flood Risk Management Strategy and Flood Risk Action Plan in line with WG's Flood Risk Strategy.</li> </ul> </li> <li>• Work with WG Coal Tips Task Force and Coal Tips Safety Working Group to</li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING 5x3=15</b></p> <p>The Structures General Inspection programme continues and 113 structures have been inspected in Qtr 1 covering bridges and culverts on the highway and parks/countryside network.</p> <p>The tip inspection programme continues with 91 inspections undertaken in Qtr 1.</p> <p>Major works on Tylorstown Landslip progressing well on site and taking advantage of dry weather.</p> <p>Resources – currently 2 vacancies with Tip Safety Team and 2 in Structures Team, recruitment has been unsuccessful to date.</p> <p>Liaison with the WG Coal Tip Safety Task Force continues to align RCTCBC data with WG data and in securing funding for Coal Tip Safety through 23/24.</p> <p>The asset management Annual Status Reports for 2022/23 are currently being prepared for reporting to Scrutiny Committee. Programme for development and updates to HAMP being agreed with relevant service areas.</p> <p>Programme of works arising from Storm Dennis continues with many projects currently on site including:</p>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		Qtr 1 2023/24	I	L	
	<p>develop updated baseline data on tips, standardised inspection regimes and risk ratings, legislation, risk mitigation and remediation/reclamation.</p> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Invest additional monies in our infrastructure over the next four years to reduce the impact of flooding on our infrastructure, communities and businesses.</li> <li>• Take S19 Reports through Overview and Scrutiny Committee.</li> <li>• Provide an up-date to Scrutiny Committee on delivery of the Highways / Transportation infrastructure investment programme.</li> <li>• Review and update the Highways Asset Management Plan (HAMP) to ensure that the principal assets have been identified and form part of the Plan, and relevant document and service standards agreed.</li> <li>• Work with WG to ensure all repairs to infrastructure arising from Storm Dennis is fully funded and undertaken in a timely manner.</li> <li>• Work with WG to develop our pipeline of Flood Risk Management works to secure grant funding and deliver improvements to our flood assets.</li> </ul>				<ul style="list-style-type: none"> <li>• Castle Inn Footbridge</li> <li>• Berw Road Bridge (White Bridge)</li> <li>• Gelligaled Park Footbridge</li> <li>• Hopkinstown R/Wall</li> <li>• Gyfeillion Wall Scour Repairs</li> </ul> <p><b>Flood Risk Management Works</b> Preparation for 2023/24 works is underway with 15 Projects/Stages submitted in Dec 22 for consideration for AIP on the WG Flood and Costal Erosion Risk Management (FCERM) pipeline valued at £3.9m and all <u>approved</u> in principle. A further 13 Projects have been approved under the WG FCERM Small Scale Schemes Grant valued at £1.15m. A further £1m has been secured from the WG Resilient Roads Fund. 2 number small scale schemes nearing completion.</p> <p><b>Recruitment</b> – Restructure of FRM completed.</p> <p><b>Flood Response and events:</b> no S19 reports in preparation or required in Q1. 153 number of adverse weather protocol pre inspections have been carried out and 60 customer contacts in 2023/24.</p> <p><b>Flood Strategy and action plan Review:</b> Preparations commenced for full review by March 2024 (Revised WG deadline). <a href="#">Initial public engagement</a> on the <a href="#">Local Flood Risk Management Strategy</a> commenced from December 13<sup>th</sup> and ran for six weeks until January 24<sup>th</sup> The results and feedback provided via the initial public engagement exercise was presented to the CCFSP Scrutiny Committee on 22<sup>nd</sup> March 2023. This provided Members the opportunity to consider the responses and enable them to help shape and inform the drafting of the revised LFRMS and Action Plan. The CCFSP Scrutiny report and 'Initial Public Engagement</p>

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
					<p>Report' can be found on the Council's <a href="#">website</a>. Welsh Government has revised the required by date to March 24 so an update paper has been presented to <a href="#">Cabinet</a> on 15 May 2023. It is envisaged that the Draft LFRMS will be presented to Cabinet in July 23 and consultation will commence.</p> <p><b>Flood Board</b> - continues to meet and provide high level engagement and agreement on key issues with the last meeting on</p> <p><b>FRM Development Control:</b> LLFA continue to be a consultee for Planning Permissions to ensure compliance with TAN15. <b>118</b> Observations on planning Applications completed in 2023/24. SAB continues to consider and determine applications for Sustainable Drainage Systems.15 applications have been submitted and 8 pre applications 23/24</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>27</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE, PLACES &amp; PROSPERITY</b>
<b>Responsible Officer</b>	Louise Davies

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If the Council does not have a coordinated response to the growing need for accommodation for our most vulnerable people, including the homeless, refugees/asylum seekers and children and adults with complex specialist needs, then the ability to provide appropriate support will be limited which could result in increased pressures being put on Council services and risk legal action being taken by regulators for failure to meet statutory obligations.</p>	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>• Housing Support Programme Strategy.</li> <li>• Extra Care Strategy &amp; Residential Care Modernisation.</li> <li>• CLA reduction strategy.</li> <li>• Elimination of profit risk report and property acquisition plan.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Establish a project board to develop a strategic medium-term plan to meet the accommodation needs for vulnerable people.</li> <li>• Focus on delivery of the Rapid Rehousing Plan and provide regular updates to the Housing Support Programme Board.</li> <li>• Provide regular updates to Cabinet on the Adult Services Accommodation Strategy.</li> </ul>	5	4	20	<p><b>ORIGINAL RISK RATING 5X3=15</b></p> <p>The RCT Accommodation Programme Board continued to meet in Q1 to ensure the cross-cutting objectives of all strategic plans for adults, children’s and general housing needs are aligned into a cohesive, corporate delivery programme to meet the accommodation needs of vulnerable people over the next 5 years. Notable progress to meet emerging needs in Children’s Services was acknowledged by the Board.</p> <p>Work continues to understand the impact of the cost of living crisis and pressures in the housing market on our ability to move homeless people on from temporary accommodation; this includes the cohort of Ukraine Nationals now living in the County Borough. The Council continues to work with WG officials on the dispersal of Ukraine Nationals from initial accommodation in the context of a challenging housing market. Q1 has continued to see an increase in asylum seeker dispersal accommodation being secured by UK Government in RCT.</p> <p>A draft Private Rented Strategy continues to be developed by Housing Strategy to outline actions required in coming years to support that sector.</p>

<b>STRATEGIC RISK REGISTER REF:</b>	<b>28</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE &amp; PROSPERITY</b>
<b>Responsible Officer</b>	Gaynor Davies

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
<p>If a joined-up and effective approach between schools and the Council is not in place to help support those learners that have become dis-engaged during the pandemic, then there is a risk that these learners could be disadvantaged in the longer term which could put a strain on Council Services in the future.</p>	<p><b>CONTROLS</b> Range of LIVE data reports available to Attendance and Wellbeing service (AWS) allowing analysis and identification at pupil level of attendance for any period from daily up to full academic year. Comparisons are available over successive academic years, differentiated by cohort in the following areas:</p> <ul style="list-style-type: none"> <li>• Authorised / Unauthorised Absence</li> <li>• Age / National Curriculum Year Groups</li> <li>• Monitoring absence rates by school</li> <li>• Overall Additional Vulnerability / characteristic of a child (Additional Learning Needs, Children Looked After, eligible for Free School Meals etc)</li> </ul> <p>Response by the service is based on assessed risk relative to % attendance (Currently threshold set to 60% or below)</p> <p>Additional response on individual cases based on School Referrals based on wellbeing concerns.</p> <p>Corroborating Information / Data:</p> <ul style="list-style-type: none"> <li>• Receipt of live births in RCT every month enabling identification at school age those children who have not applied for a school place.</li> <li>• RCT Elective Home Education (EHE) service maintains data related to children educated at home, monitoring the trend.</li> <li>• AWS maintains identified Children Missing from Education coming into or leaving the authority on the Capita system.</li> </ul>	5	2	10	<p><b>ORIGINAL RISK RATING 5X2=10</b></p> <p>Welsh Government grant funding has allowed us to extend the match-funding on offer within the FEO pilot from 50% to 80%. This has mitigated risks associated with budget constraints and ensured the 29 schools engaged are able to continue to employ FEO's up to August 2024. A Team Around the School approach is now embedded to provide effective support and challenge to schools where there are concerns in relation to rates of school attendance/exclusion. Low rates of attendance and high exclusion rates continue to be a pressure for schools and the local authority during this post pandemic phase, and both areas are recommendations for improvement following our recent Estyn inspection. Welsh Government have also recognised the impact on attendance as a national concern and funding has been provided (circa £200k) to support Education Welfare in RCT this financial year. This will increase the staffing resource to support schools to increase attendance levels.</p>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
	<p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Strengthen process to monitor the status of children living within the RCT boundary that receive education in a school in neighbouring Authorities.</li> <li>• Strengthen the relationship between the LA and EHE families and communities in line with the proposed WG guidance.</li> <li>• Enhance the use of data reports amongst AWS staff to ensure that non-attenders or poor-attenders are closely monitored by schools and AWS where necessary with effective interventions put in place.</li> <li>• Re-align the AWS service (Sept 2022) to offer Cluster based working with a focus and additional resources provided to Clusters with the highest number of poor attendees.</li> <li>• Utilising approaches and tools designed by our Education Psychology Service e.g. PERMA wellbeing tool (Positive Emotions, Engagement, Relationships, Meaning, Achievement) to triangulate the wellbeing interventions of schools, AWS and Educational Psychology Service to better support pupils where low attendance is often a symptom of poor wellbeing.</li> <li>• Continued rollout of Family Engagement Officers (FEO) amongst schools and development of Community Focused Schools to ensure effective engagement with learners, their families and communities.</li> <li>• Development of a 3-year strategic plan for wellbeing.</li> </ul>				<p>Attendance from September 2022 to Whitsun 2023 is as follows:                      Primary: 91.0% (up 0.9% on same period last academic year)                      Secondary: 85.7% (up 0.5% on same period last academic year)</p>

**NEW RISKS FOR 2023/24**

<b>STRATEGIC RISK REGISTER REF:</b>	<b>30</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PROSPERITY</b>
<b>Responsible Officer</b>	Gaynor Davies

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
If short and long term arrangements are not put in place to increase the capacity of specialist placements for pupils with highly complex and significant Additional Learning Needs the Council will not meet its statutory duty to provide appropriate additional learning provision to pupils and there will be additional costs incurred by the Council for costly out of county specialist placements.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>Continued implementation of clear LA ALN Panel processes and criteria to ensure appropriate allocation of specialist placements.</li> <li>Regular data analysis to monitor capacity and sufficiency of specialist placements and identify appropriate actions to address identified concerns.</li> <li>Regular updates on the sufficiency of specialist Additional Learning Provision provided and proposals for reconfiguration and / or enhancement of specialist provision submitted to Cabinet.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Undertake analysis of data trends relating to special school and specialist placements to inform costed proposal to Cabinet to consult on enhancing Learning Support Class Provision.</li> <li>Present fully costed proposal to Cabinet to open a new special school to ensure sufficient special school capacity to meet demand.</li> <li>Explore options to increase capacity of special school satellite provision at Coleg y Cymoedd</li> </ul>	4	4	16	<b>NEW RISK FOR 2023/24</b>
					<p>A proposal to consult on the realignment and enhancement of Learning Support Class provision was approved by Cabinet in May 2023. The Consultation process commenced on 5<sup>th</sup> June and will end on 14<sup>th</sup> July. The consultation report will be taken to Cabinet in September 2023 for a decision whether to publish the report and approve the publication of the proposal in the form of a statutory notice.</p> <p>Cabinet received an updated report on the proposal to open a new special school in Clydach in June 2023.</p> <p>An initial meeting has been held with Coleg y Cymoedd in June 2023 to discuss enhancing special school satellite bases from 3 to 4, to include a satellite base for Park Lane Special School at the Aberdare Campus. A visit took place with the Aberdare Campus in June. The College is positive about hosting a satellite provision at the campus. Meetings will be</p>

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CONTROLS AND ACTIONS - the Council's risk response is to 'Treat' each strategic risk through taking positive actions to mitigate, as far as is practicable, adverse implications on the delivery of objectives.

Risk Description	Controls & Actions	Risk Rating Qtr 1 2023/24			Qtr 1 Update 2023/24
		I	L	Rating	
	<p>campuses to increase special school capacity and take appropriate actions to progress.</p> <ul style="list-style-type: none"> <li>• Explore options to increase special school capacity through alternative use of current building assets or through the creation of new in-house special school satellite provision.</li> </ul>				<p>scheduled with the Governing Body and Senior Leadership at Park Lane Special School early in the Autumn Term to discuss their views on further exploring this opportunity to provide additional capacity within the main body of the school.</p> <p>Coleg y Cymoedd have also agreed to explore additional capacity for Ysgol Ty Coch at the Nantgarw Campus and a future meeting will be arranged to discuss viability.</p>



<b>STRATEGIC RISK REGISTER REF:</b>	<b>31</b>
<b>Alignment with Corporate Plan Priorities / Cross-Cutting Themes</b>	<b>PEOPLE, PLACES &amp; PROSPERITY</b>
<b>Responsible Officer</b>	<b>Louise Davies</b>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		I	L	Rating	
A future pandemic where the Council has not learnt from its experiences from the Covid-19 pandemic and have in place robust contingency plans that results in a lack of preparedness could adversely impact service continuity, health protection system responses and the delivery of support to residents, businesses and communities.	<p><b>CONTROLS</b></p> <ul style="list-style-type: none"> <li>Established Emergency Planning and Response arrangements in place across the Council, supported by an ongoing training programme for staff at all tiers of response (Gold, Silver, Bronze)</li> <li>Regional Local Resilience Forum Network in Place</li> <li>Established surveillance systems in place by Public Health Wales and UK Health Security Agency (UKHSA) with links to Regional and Local Health protection arrangements</li> <li>Wales Communicable Disease Outbreak Control Plan in place (under review by October 2023)</li> <li>Cwm Taf Morgannwg Health Protection Oversight and Readiness Group established and meeting regularly.</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Review existing pandemic plan in context of WG Framework for Pandemic Planning (once published)</li> <li>Reflect on good practice in RCT and CTM from the COVID 19 pandemic and review lessons learned as they emerge from National learning opportunities including the COVID Inquiry; embed good and emerging new</li> </ul>	5	3	15	<p><b>NEW RISK FOR 2023/24</b></p> <p>WG are drafting a new National Health Protection System Framework with the help of system partners and this will provide the context in which to further develop regional and local health protection plans. This is expected by Quarter 3 of the year. No details from WG have emerged in relation to the new Pandemic Plan framework that is to be prepared.</p> <p>CTM UHB Executive Board is considering the draft CTM Health Protection System Plan and a decision is awaited. The CTM Health Protection and Operational Readiness (HPOR) Group continues to meet to ensure ongoing partnership working in CTM, linked to PHW as required. This group is chaired by the Director of Public Health, Protection and Community Services and oversees current health protection activity in the Region, aligned to WG 23-24 grant funding requirements and expectations.</p> <p>The Wales Communicable Disease Outbreak Control Plan is undergoing review and a revised draft Outbreak Plan is scheduled for presentation to Welsh Government in October for decision on adoption. The Director of Public Health, Protection and Community Services is part of the working group</p>

Risk Description	Controls & Actions	Risk Rating			Qtr 1 Update 2023/24
		Qtr 1 2023/24		Rating	
		I	L		
	<p>practice in Council plans and preparedness training.</p> <ul style="list-style-type: none"> <li>• Adopt Pandemic Plan and put in place measures to implement the actions identified to ensure it can be mobilised effectively across the Council</li> <li>• Establish effective training procedures for key personnel to ensure they can fulfil roles and responsibilities required of the Plan</li> <li>• CTM UHB to approve the Regional Health Protection System Plan and partners in the Region to establish the actions required to implement the Plan</li> <li>• Procedures to monitor the implementation of the CTM Health Protection System Plan are established in CTM and relevant actions for RCT Council are identified and implemented.</li> <li>• Ensure resilient business continuity plans are in place for essential services.</li> </ul>				<p>developing the New National Health Protection Framework and the group undertaking the Outbreak Plan review. The work of the COVID 19 Public Inquiry continues and evidence is being submitted as required by the Council. Work is in progress to consider how to collate the learning and experience from the pandemic period from across the Council to ensure any existing emergency planning arrangements and business continuity plans reflect good practice and lessons learned. It is expected this work to reflect on the Council's experiences will be complete by the end of quarter 3.</p>

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