

Public Document Pack



Cyngor Sir
CEREDIGION
County Council

Neuadd Cyngor Ceredigion, Penmorfa,
Aberaeron, Ceredigion SA46 0PA
ceredigion.gov.uk

30 May 2022

Dear Sir / Madam

I write to inform you that a Meeting of the Governance and Audit Committee will be held HYBRID - NEUADD CYNGOR CEREDIGION, PENMORFA, ABERAERON / REMOTELY VIA VIDEO CONFERENCE on Monday, 6 June 2022 at 2.00 pm for the transaction of the following business:

Due to COVID-19 and the health and safety of Councillors and staff, members of the public and the press cannot attend the meeting in person. Please email democracy@ceredigion.gov.uk to request a link to view the meeting.

1. **Appointment of Governance and Audit Committee Chair and Deputy Chair**
2. **Apologies**
3. **Personal Matters**
4. **Disclosures of Personal / Prejudicial interest**
5. **To confirm the Minutes of the Governance and Audit Committee held on 10 March 2022 and to consider any matters arising from those Minutes (Pages 3 - 8)**
6. **Governance and Audit Committee Meeting Actions Log (Pages 9 - 14)**
7. **Regulator & Inspectorate Reports and Updates (Pages 15 - 56)**
8. **Council Responses to Regulator & Inspectorate Reports (Pages 57 - 64)**
9. **Internal Audit Progress Report 2021-2022 (Quarter 4) (Pages 65 - 88)**
10. **Internal Audit Annual Report 2021/22 (Pages 89 - 134)**
11. **Internal Audit Annual Counter Fraud Report 2021/22 (Pages 135 - 142)**
12. **Internal Audit Report - Updated Governance Framework Review 2021/22 (Pages 143 - 146)**

13. **Report on Draft Annual Governance Statement 2021-2022 and Governance Framework Document, and AGS Progress Update (Pages 147 - 284)**
14. **Governance and Audit Committee Annual Report 2021-2022 (Pages 285 - 304)**
15. **Introduction to Performance Self-assessment arrangements as required by the Local Government and Elections (Wales) Act 2021 (Pages 305 - 360)**
16. **Corporate Risk Register - Q4 (Pages 361 - 382)**
17. **Forward Work Programme (Pages 383 - 384)**
18. **Any other matter which the Chair decides is for the urgent attention of the Committee**

Members are reminded to sign the Attendance Register

A Translation Services will be provided at this meeting and those present are welcome to speak in Welsh or English at the meeting.

Yours faithfully



Miss Lowri Edwards
Corporate Lead Officer: Democratic Services

To: Chairman and Members of Governance and Audit Committee
The remaining Members of the Council for information only.

Minutes of the Meeting of GOVERNANCE AND AUDIT COMMITTEE held remotely via video-conference on Thursday, 10 March 2022

PRESENT; Councillor Elizabeth Evans (Chair), Councillors Rowland Rees-Evans Keith Evans and Prof Ian Roffe

Also in attendance: Councillors Rhodri Evans, Gareth Lloyd and Ray Quant (Cabinet Members)

Officers in attendance: Ms Elin Prysor, Corporate Lead Officer-Legal and Governance & Monitoring Officer; Mr Russell Hughes – Pickering, Corporate Lead Officer – Economy and Regeneration, Ms Nia Jones, Corporate Manager – Democratic Services, Mrs Alex Jenkins, Corporate Manager- Internal Audit, Legal and Governance Services, , Ms Hannah Rees- Governance Officer, Mrs Dana Jones, Democratic Services and Standards Officer

Audit Wales: Miss Non Jenkins

(9:30am-11:00am)

1 Apologies

Councillor Gareth Davies, Peter Davies and Mathew Woolfall-Jones apologised for their inability to attend the meeting.

2 Personal Matters

Members welcomed to the meeting the two new Members of the committee as from 05 May 2022 who were observes, Caroline Whitby and Alan Davies.

3 Disclosures of Personal / Prejudicial interest

None.

4 To confirm the Minutes of the Governance and Audit Committee held on 17 January 2022 and to consider any matters arising from those Minutes

It was AGREED to confirm as a true record the Minutes of the Meeting of the Committee held 17 January 2022.

5 To confirm the Minutes of the Governance and Audit Committee held on 19 January 2022 and to consider any matters arising from those Minutes

It was AGREED to confirm as a true record the Minutes of the Meeting of the Committee held 19 January 2022.

6 Governance and Audit Committee Meeting Actions Log

Consideration was given to the Governance and Audit Committee Meeting Actions Log.

It was AGREED:-

- (i) to note the content as presented; and
- (ii) that a recommendation be presented to the Democratic Services Committee that all Overview and Scrutiny Committees present an action log to their committee, as it was seen as a great tool and good practice.

7 Regulatory & Inspectorate Reports and Updates

Consideration was given to the Regulatory & Inspectorate Reports and Updates. The report sets out Regulator and Inspectorate Reports and updates and had three parts:

- a) Audit Wales quarterly update to Governance and Audit Committee;
- b) Any local risk work issued/published since the last Governance and Audit Committee meeting
- c) Audit Wales National Reports

The following were current reports:-

- a) Audit Wales quarterly update to Governance and Audit Committee
Quarter 3 Work Programme Timetable 2021-2022 – Ceredigion
- b) Any local risk work issued/published since the last Governance and Audit Committee meeting
 - Care Inspectorate Wales Inspection Report on Hafan Deg Residential Care Home
 - Care Inspectorate Wales Inspection Report on Yr Hafod Residential Care Home
 - Audit Wales – Ceredigion County Council Annual Audit Summary 2021
- c) Audit Wales National Reports
 - Joint working between Emergency Services

Following questions from the floor, it was AGREED to note the report as presented.

8 Internal Audit Progress Report 2021-2022 (Quarter 3)

Consideration was given to the report of the Corporate Manager-Internal Audit on The Internal Audit Progress Report Quarter 3 (1/9/2021-31/12/2021). The report had been presented to ensure that the Committee was satisfied that the Internal Audit Section was undertaking sufficient and appropriate work in order to provide a realistic assurance at year-end, whilst adding value and assisting the Council in achieving its objectives.

Prof Ian Roffe suggested that the committee in the forward plan of the Internal Audit service assist with audits such as a possible audit on the effectiveness of working from home and the Gold Command together with lessons learnt.

It was AGREED to note the work undertaken and current position of the Internal Audit Section.

9 Internal Audit Strategy and Plan 2022-2023

Consideration was given to the Internal Audit Strategy and Plan 2022-23. The Public Sector Internal Audit Standards (PSIAS), along with CIPFA's

accompanying Local Government Application Note required Councils to have an Internal Audit Charter with an accompanying Annual Audit Strategy and Plans.

The Plan was designed to ensure a sufficient area of coverage was undertaken to support the annual opinion on the effectiveness of the systems of governance, risk management and internal control across the Council. This proposed Internal Audit Strategy and Plan supports the IA Charter by summarising the work areas the Internal Audit Section would concentrate its time on during 2022/23 and took into account of the current situation due to the pandemic.

It was AGREED to approve the Audit Strategy and Plan as presented.

10 Internal Audit Report - Governance Framework Review 2021/2022

Consideration was given to the Internal Audit Report - Governance Framework Review 2021/2022. A review has recently been undertaken of the Framework supporting the Annual Governance Statement (AGS) for 2021/22. It was reported that the Governance Framework, AGS and Local Code of Corporate Governance were presented to the Committee in January 2022. Members of the Committee were also involved in its review. Audit Wales provided an audit opinion on the AGS based on its consistency with their knowledge and compliance with legislation.

Members were informed that the internal audit review consists of an assessment of the procedures in place to compile the governance framework, the scoring methodology used, and consideration of the 'evidence' noted in the framework.

This review therefore complements Audit Wales' work on the AGS, and provides assurance that the procedure is robust, focussed and effective.

It was AGREED to not the Review of the Framework.

11 Report on Governance and Audit Committee Chair and Vice Chair Arrangements

Consideration was given to the Report on Governance and Audit Committee Chair and Vice-Chair Arrangements. It was reported that a reports were presented to the Governance and Audit Committee ('the Committee') regarding the Local Government and Elections (Wales) Act 2021 ('the 2021 Act') and changes affecting the Committee on 24th February 2021 and 3rd June 2021.

The Council resolved on 9th December 2021 to approve the appointments of the following individuals as independent/lay persons of the Governance and Audit Committee with effect from 5th May 2022 for one administrative term (up to a maximum of two consecutive administrative terms).

- Liam Hull;
- Caroline Whitby; and

- Alan Davies

Section 116 of the 2021 Act amends section 82 of the Local Government (Wales) 2011 Measure (the 2011 Measure) to include that the Governance and Audit Committee:

- Chair must be a lay person, and
 - that the member appointed as the Deputy Chair must not be a member of the local authority's executive or assistant to its executive.
- Deputy Chair

It was recommended that the Deputy Chair be appointed from the Committee's 3 Lay Persons. This was in consideration of circumstances where the Deputy Chair would need to, in the absence of the Chair, act as Chair. Section 116 of the 2021 Act also amends the 2011 Measure to state that the Governance and Audit Committee itself appoints the Chair and Deputy Chair. From 5th May 2022, the Committee would need to appoint its Chair and Deputy Chair.

The selection by the Committee of its Chair and Deputy Chair would need to take place during the first Committee Meeting following 5th May 2022, (currently scheduled for 29th June 2022). The Committee would therefore be without a Chair/Vice Chair from 5/5/22-29/6/22.

It is recommended that the Committee considers how often it shall re-appoint the Chair and Deputy Chair and whether it wishes to consider a rotation period between the three Lay Persons.

It was recommended that the Chair and the Deputy Chair were appointed annually, and rotated accordingly.

It was AGREED

- i. that the Deputy Chair (from 5th May 2022) be appointed from the Committee's Lay Persons;
- ii. that the first meeting of the Governance and Audit Committee Meeting following 5th May 2022, that it would be necessary to appoint a Chair and Deputy Chair to the Committee;
- iii. iv) Officers to contact the Lay Persons for expressions of interest in role of Chair/Vice Chair;
- iv. that the rotation of the Chair and Deputy Chair to the Committee takes place every two years;
- v. to note that the Committee would be without a Chair/Vice Chair from 5/5/22-29/6/22; and
- vi. that a meeting would be arranged as soon as possible following the AGM on the 27th May 2022 to appoint the Chair/Vice Chair.

12 **Self-assessment of good practice and evaluating effectiveness of Governance and Audit Committee**

Consideration was given to the Report upon the Self-assessment of good practice and evaluation of effectiveness of Governance and Audit Committee.

The report had been presented in order to provide an assessment on the Governance and Audit Committee's ability to ensure effective assurance arrangements were in place.

It was AGREED

(i) to note the contents of the draft Self-assessment and Evaluation of Effectiveness Review; and

(ii) to reconsider the draft Self-assessment and Evaluation of Effectiveness Review in order that a final Review document can be presented at the next Meeting of the Committee.

13 Forward Work Programme

It was AGREED to note the Forward Work Programme as presented.

The Chair thanked all Members and Councillors for their contribution to the work of the Committee during the term and wished all well in the future. All thanked the Chair and Vice-Chair for their work.

**Confirmed at the Meeting of the Governance and Audit Committee held
29 June 2022**

Chairman: _____

Date: _____

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Ceredigion County Council Governance and Audit Committee Meeting Actions Log 2022-2023*

The purpose of this Actions Log is to monitor Actions agreed by the Governance and Audit Committee at their Meetings e.g. where the Governance and Audit Committee have requested a future Report to be presented to them, or information sought at a future Meeting.

For further information regarding the Actions Log please contact the Governance Officer.

Last updated: 9th May 2022

*Municipal Year

Actions marked green and Completed ('Y') shall be removed from the subsequent Actions Log

Acronyms:

AW – Audit Wales	CM – Corporate Manager
CE: Chief Executive	CMIA – Corporate Manager, Internal Audit
CLO – Corporate Lead Officer	DPO – Data Protection Officer
DCC – Development Control Committee	GAC – Governance & Audit Committee
FWP – Forward Work Programme	L&G – Legal & Governance
GO – Governance Officer	N/A – Not Applicable
MO – Monitoring Officer	TBC – To Be Confirmed

No.	GAC Meeting Date	Item	Noted/ Comments	Action	Officer(s) responsible for Action	Progress Update	To next be Reported	Completed ? Y/N
1.	17.1.22	AW Review of Planning Service	Report noted.	<p>Councillor Lynford Thomas, DCC Chair, to circulate queries and send to CLO Economy & Regeneration. Responses from AW to points raised by Councillor Thomas.</p> <p>GAC Chair also requested future update by CLO Economy & Regeneration & Chair of Task & Finish Group</p>	Councillor Lynford Thomas, CLO Economy & Regeneration, Chair of Task & Finish Group and AW	<p>10.3.2022 GAC Meeting: GO relayed update from CLO Economy & Regeneration regarding Planning documents approved by Council as part of Constitution Report 3.3.2022</p>	September 2022	N

No.	GAC Meeting Date	Item	Noted/ Comments	Action	Officer(s) responsible for Action	Progress Update	To next be Reported	Completed ? Y/N
2.	10.3.22	8. IA Progress Report 2021-22 (Q3)	The GAC noted the work undertaken and current position of IA.	It was suggested by the GAC that in the forward plan of IA, that IA considers undertaking audits on: 1. The effectiveness of working from home, including positives and negatives; and 2. Gold Command, including lessons learnt.	CMIA	1. Hybrid working – work in progress on New Ways of Working, including working from home. IA’s plan is developed using a risk-based approach. The CMIA has an oversight of the New Ways of Working by attending meetings and workshops. Corporate work is ongoing on the Hybrid model of working.		1. Y 2. Y

No.	GAC Meeting Date	Item	Noted/ Comments	Action	Officer(s) responsible for Action	Progress Update	To next be Reported	Completed ? Y/N
						<p>2. Gold Command Decision Log up to 31/3/2022 published on Council Website and Report to Overview & Scrutiny Co-ordinating Committee prepared for 15/6/2022 Meeting. IA plan to undertake a review on the effectiveness of Gold Command in 22/23. Scope: Check compliance of Gold Command decisions</p>		

No.	GAC Meeting Date	Item	Noted/ Comments	Action	Officer(s) responsible for Action	Progress Update	To next be Reported	Completed ? Y/N
						made to the terms of reference, Constitution & temporary delegated powers granted by Council Leader.		

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	6 June 2022
LOCATION:	Remotely by Video Conference
TITLE:	Regulator & Inspectorate Reports & Updates
PURPOSE OF REPORT:	To provide the Governance and Audit Committee with updates on the progress with studies Audit Wales have undertaken or are undertaking
For	Decision
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

Introduction

This Report sets out Regulator and Inspectorate Reports and updates and has 3 parts:

- a) *Audit Wales quarterly update to Governance and Audit Committee;*
- b) *Any local risk work issued/published since the last Governance and Audit Committee meeting*
- c) *Audit Wales National Reports*

Current Position

a) Audit Wales quarterly update to Governance and Audit Committee

- Audit Wales Work Programme and Timetable – Ceredigion County Council (**Appendix 1**)
- Audit Wales 2022 Audit Plan – Ceredigion County Council (**Appendix 2**)
- Audit Wales Certification of Grants and Returns 2020-21 – Ceredigion County Council (**Appendix 3**)

b) Any local risk work issued/published since the last Governance and Audit Committee meeting

c) Audit Wales National Reports

- Equality Report 2020-21
(<https://www.audit.wales/publication/equality-report-2020-21>)
- Audit Wales Annual Plan 2022-23

<https://www.audit.wales/sites/default/files/publications/annual-plan-2022-23-english.pdf>

- Report - Direct Payments for Adult Social Care
<https://www.audit.wales/publication/direct-payments-adult-social-care>
- Report – The new Curriculum for Wales
<https://www.audit.wales/sites/default/files/publications/The-new-Curriculum-for-Wales-Eng.pdf>

Historic Reports:

- *Better law making: the implementation challenge* (published September 2020)
(available at: <https://www.audit.wales/publication/better-law-making-implementation-challenge>)
- *At your Discretion – Local Government Discretionary Services* (published April 2021)
(available at: <https://www.audit.wales/publication/your-discretion-local-government-discretionary-services>)

RECOMMENDATIONS: To consider the Regulator and Inspectorate reports and updates

Reasons for Recommendation To keep the Governance and Audit Committee informed of reports, proposals and work being undertaken

Appendices: **Appendix 1** - Audit Wales Work Programme and Timetable – Ceredigion County Council
Appendix 2 – Audit Wales 2022 Audit Plan – Ceredigion County Council
Appendix 3 - Audit Wales Certification of Grants and Returns 2020-21 Ceredigion County Council

Contact Name: Elin Prysor
Designation: Corporate Lead Officer: Legal & Governance & Monitoring Officer
Date of Report 26/5/2022

Audit Wales Work Programme and Timetable – Ceredigion County Council

Quarterly Update: 31 March 2022

Work Programme Consultation

In early March 2022, we launched a consultation on the Auditor General's work programme for 2022-23 and beyond. We have requested responses by 8 April 2022, if possible, but will be considering responses received after this time to inform our ongoing work programme planning. We have circulated the consultation widely across our stakeholder base.

Annual Audit Summary

Description	Timetable	Status
A report summarising completed audit work since the last Annual Audit Summary, which was issued in February 2022	February 2022	Published February 2022: Ceredigion County Council 2021 - Annual Audit Summary

Financial Audit work

Description	Scope	Timetable	Status
Audit of the Council's 2020-21 statement of accounts	To confirm whether the statement of accounts provides a true and fair view.	Audit Opinion by 30 November 2021	Audit work complete. Audit Opinion provided by 30 November 2021.

Description	Scope	Timetable	Status
Audit of the 2020-21 Return for Ceredigion Harbour	To confirm that the returns have been completed correctly.	Audit Opinion by 30 November 2021	Audit work complete. Audit Opinion provided by 30 November 2021.
Audit of the Council's 2020-21 Grants and Returns	Audit of claims as required by the terms and conditions of the grants.	In line with the individual deadlines for each grant claim.	Audit work complete – finalised April 2022.
Audit of the Council's 2021-22 statement of accounts	To confirm whether the statement of accounts provides a true and fair view.	Audit Opinion by 30 November 2022	Audit work to be performed February to November 2022.
Audit of the 2021-22 Return for Ceredigion Harbour	To confirm that the returns have been completed correctly.	Audit Opinion by 30 November 2022	Audit work to be performed February to November 2022.
Audit of the Council's 2021-22 Grants and Returns	Audit of claims as required by the terms and conditions of the grants.	In line with the individual deadlines for each grant claim.	Audit work to be performed October 2022 to February 2023

Performance Audit work

2020-21 Performance Audit Work	Scope	Timetable	Status
Financial Sustainability	A project common to all local councils that will assess financial sustainability in light of current and anticipated future challenges building on work undertaken during 2019-20.	Complete	<p><u>Published September 2021</u></p> <p><u>National Summary Report published September 2021</u></p>
Review of Planning Services	The review will provide assurance and insight as to whether the Planning Service is effectively and sustainably meeting its objectives and contributing towards the achievement of the priorities in the Council's Corporate Strategy.	Complete	<u>Published November 2021</u>

2021-22 Performance audit work	Scope	Timetable	Status
Well-being of Future Generations Act (Wales) 2015 (WFG Act) examinations	We will seek to integrate the delivery of our WFG examinations of steps to deliver wellbeing objectives with our other audit work. We will discuss this with the Council as we scope and deliver the audit projects listed in this plan	Ongoing	Ongoing
Improvement reporting audit	Audit of discharge of duty to publish an assessment of performance.	November 2021	Complete
Assurance and Risk Assessment	<p>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.</p> <p>At Ceredigion Council the project is likely to focus on:</p> <ul style="list-style-type: none"> • Financial position • Self-assessment arrangements • Recovery planning • Implications of the Local Government and Elections (Wales) Act • Carbon reduction plans • Performance Management 	Ongoing	Ongoing

2021-22 Performance audit work	Scope	Timetable	Status
Springing Forward – Examining the building blocks for a sustainable future	As the world moves forward, learning from the global pandemic, this review looks at how effectively councils are strengthening their ability to transform, adapt and maintain the delivery of services, including those delivered in partnership with key stakeholders and communities.	Autumn 2021 onwards – May 2022.	Drafting reports

Local government national studies planned/in progress

Study	Scope	Timetable	Status	Fieldwork planned at Ceredigion Council
Direct Payments	Review of how local authorities manage and promote the use of Direct payments	Publication April 2022	Publication	No – work being delivered via Direct Payment Forum and a selection of follow-up interviews.
Follow-up on People Sleeping Rough	Review of how local authorities responded to the needs of people sleeping rough during the pandemic following up on the AGW's report of July 2020	N/A	N/A	This work is not progressing in 2021-22.

Study	Scope	Timetable	Status	Fieldwork planned at Ceredigion Council
Poverty	Understanding how local authorities ensure they deliver their services to minimise or reduce poverty	Autumn 2021 – Autumn 2022	Fieldwork	Yes –interview with nominated officer at the Council.
Social Enterprises	Review of how local authorities are supporting and utilising social enterprises to deliver services	Autumn 2021 – Autumn 2022	Fieldwork	Yes – interview with nominated officer at the Council.
Community Resilience	Review of how local authorities can build greater resilience in communities	Autumn 2021 – Autumn 2022	Fieldwork	Yes – interview with nominated officer at the Council.

Estyn

Estyn planned work 2021-22	Scope	Timetable	Status
Local Government Education Services Inspections	<p>Estyn has worked closely with Directors of Education to review their inspection guidance for local government education services (LGES) to reflect the experiences of the pandemic. Estyn has inspected three local authorities during the autumn and spring terms. The Cardiff and Merthyr Tydfil reports have been published and the Torfaen report will be published on 18 May.</p>	<p>LGES inspections to resume from the late autumn term</p>	<p>N/A</p>
Curriculum Reform thematic review	<p>Curriculum for Wales - how are regional consortia and local authorities supporting schools published on 24 March.</p>	<p>Evidence collecting in September/October – published in March</p>	<p>N/A</p>

Care Inspectorate Wales (CIW)

CIW planned work 2021-22	Scope	Timetable	Status
National Assurance Check 2020-21	CIW has now published all assurance check letters. CIW has published its national assurance check report highlighting key findings and recommendations.	Published	Complete
Programme 2022-23	CIW will run a cyclic programme of assurance checks, improvement checks and performance evaluation inspections.	April 2022- March 2023	In progress
National review	Support for disabled children and their families.	Published	Complete
Development	CIW will continue to develop its approach to inspection and review of local authorities. CIW will consult further regarding its approach.	May-June 2022	In progress
Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2020-21	Completed	March 2021	Published
Annual meeting with Statutory Directors of Social Services	CIW will meet with all Directors of Social Services	December 2022 and January 2023	Planning

CIW planned work 2021-22	Scope	Timetable	Status
National review of Care Planning for children and young people subject to the Public Law Outline pre-proceedings	<p>Purpose of the review To provide external scrutiny, assurance and to promote improvement regarding the quality of practice in relation to the care planning for children and young people subject to the public law outline pre-proceedings.</p> <p>To consider the extent to which practice has progressed since the publication of both the CIW 'National Review of care planning for children and young people subject to public law outline pre proceedings' and the publication of the PLO working group report 2021 including best practice guidance.</p>	September 2022	Planning
Joint Inspection Child Protection Arrangements	Cross-inspectorate approach. Area to be determined.	Autumn 2022	Planning
Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2021-22	Following the publication of the 2020-21 report, planning is underway for the next report.	2022-23	Planning
Cafcass Assurance Check	CIW will continue to develop its approach to inspection and review of Cafcass Cymru.	2022	Planning

Audit Wales national reports and other outputs published since 1 April 2021

Report title	Publication date and link to report
Local Government Financial Sustainability Data Tool	February 2022
Joint Working Between Emergency Services (including data tool)	January 2022
Care Home Commissioning for Older People	December 2021
The Welsh Government's Warm Homes Programme	November 2021
Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	October 2021
Financial Sustainability of Local Government	September 2021
NHS summarised accounts infographic	September 2021
Picture of Public Services ¹	September 2021
Town Centre Regeneration	September 2021

¹ Main report published 15 September. Over the following six weeks we published five short sector commentaries: [A picture of local government](#), [A picture of healthcare](#), [A picture of social care](#), [A picture of schools](#), [A picture of higher and further education](#).

Report title	Publication date and link to report
Student finances	August 2021
NHS finances data tool 2020-21	June 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Quality governance arrangements at Cwm Taf UHB – follow-up	May 2021
Welsh Health Specialised Services Committee governance arrangements	May 2021
At your Discretion – Local Government Discretionary Services	April 2021
Procuring and Supplying PPE for the COVID-19 Pandemic	April 2021

Audit Wales national reports and other outputs (work in progress/planned)²

Title	Anticipated publication date
Welsh Government accounts commentary	To be confirmed – plans for this work are now under review
Unscheduled care – data tool and commentary	April 2022
Collaborative arrangements for managing local public health resources	April 2022
Welsh Government setting of well-being objectives	May 2022
COVID response and recovery/Welsh Government grants management – third sector support	May 2022
Curriculum reform	May 2022
NHS waiting times data-tool and planned care commentary	May 2022
Welsh Community Care Information System follow-up	May 2022

² We will continue to keep our plans under constant review, taking account of the evolving external environment, our audit priorities, the context of our own resourcing and the capacity of audited bodies to engage with us. This includes maintaining some flexibility so that we can respond to developments in Welsh Government policy and areas of possible interest for the new Public Accounts and Public Administration Committee.

Title	Anticipated publication date
Orthopaedic services	May/June 2022
NHS finances data tool update	June 2022
Welsh Government workforce	June 2022
Equality impact assessment	July 2022
Climate change – baseline review	July 2022
Broadband infrastructure/digital inclusion	Autumn 2022
Flood risk management	Autumn 2022
COVID response and recovery/Welsh Government grants management – other	To be confirmed
Affordable housing	To be confirmed

Forthcoming Good Practice Exchange events and publications

Title	Anticipated publication/event date
Direct Payments Provision – A webinar discussing the upcoming report on Direct Payments Provision and how they can be a key part in implementing the principles of the Social Service and Well-Being (Wales) Act 2014	6 April 2022 – recording will be published following the event.
Climate Change Event - (Title to be confirmed) A webinar discussing emerging findings from our baseline review of public bodies' arrangements to respond to the Welsh Government's carbon reduction targets for 2030.	19 May 2022 (provisional)
Covid Perspectives: A series of recorded conversations learning how organisations have adapted to the extended period of uncertainty following the initial covid emergency	Good Practice Audit Wales

Recent Audit Wales Blogs

Title	Publication date
Cyber resilience – one year on	9 February 2022
Helping to tell the story through numbers (local government financial sustainability data tool)	3 February 2022

Title	Publication date
<u>Call for clearer information on climate change spending</u>	2 February 2022
<u>Actions speak louder than words</u> (building social resilience and self-reliance in citizens and communities)	14 January 2022
<u>Wales' schools face the alarming challenge of the lowest birth-rate in 100 years</u>	21 December 2021

2022 Audit Plan – Ceredigion County Council

Audit year: 2021-22

Date issued: May 2022

Document reference: 2942A2022

This document has been prepared as part of work performed in accordance with statutory functions.

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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.

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2022 Audit Plan

About this document

- 1 This document sets out the work I plan to undertake during 2022 to discharge my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

My duties

- 2 I complete work each year to meet the following duties.

Audit of financial statements

- 3 Each year I audit Ceredigion County Council's (the Council's) financial statements to make sure that public money is being properly accounted for.

Value for money

- 4 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.

Sustainable development principle

- 5 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.

Impact of COVID-19

- 6 The COVID-19 pandemic has had an unprecedented impact on the United Kingdom and the work of public sector organisations.
- 7 While Wales is currently at Coronavirus Alert Level 0, Audit Wales will continue to monitor the position and will discuss the implications of any changes in the position with your officers.

Audit of financial statements

- 8 It is my responsibility to issue a certificate and report on the financial statements. This includes:
 - an opinion on the on the 'truth and fairness' of the Council's financial statements for the financial year ended 31 March 2022; and
 - an assessment as to whether the Council's Narrative Report and Annual Governance Statement is prepared in line with the CIPFA Code and relevant guidance and is consistent with the financial statements and with my knowledge of the Council.
- 9 In addition to my responsibilities for auditing the Council's financial statements, I also have responsibility for:
 - responding to questions and objections about the accounts from local electors (additional fees will be charged for this work, if necessary);
 - the audit of Ceredigion Harbour Authority's 2021-22 financial statements; and
 - the certification of a number of grant claims and returns as agreed with the funding bodies.
- 10 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 will be reported to the Governance and Audit Committee prior to completion of the audit.
- 11 Any misstatements below a trivial level (set at 5% of materiality) I judge as not requiring consideration by those charged with governance and therefore will not report them.
- 12 There have been no limitations imposed on me in planning the scope of this audit.
- 13 I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#), along with further information about my work.

Audit of financial statements risks

14 The following table sets out the significant risks I have identified for the audit of the Council.

Exhibit 1: financial statement audit risks

This table summarises the key financial statement audit risks identified at the planning stage of the audit.

Audit risk	Proposed audit response
Significant risks	
<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 240.31-33].</p>	<p>We will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business.
Other audit risks	
<p>Asset valuations</p> <p>Accounting for Property, Plant and Equipment and Intangible Assets continued to be one of the most challenging areas of the accounts. In light of the COVID restrictions that were in place throughout 2021-22 and uncertainties over market values for assets since the start of the pandemic, there is a risk that the carrying value of assets reported in the accounts may be materially different to the current value of assets as at 31 March 2022. In particular, this may be the case where assets have been valued on a rolling basis and not as at the financial year end.</p>	<p>We will review the Council's asset valuation programme to establish when individual groups of assets were valued and seek to confirm that valuations carried out earlier than as at 31 March 2022 are not materially different to the current value of assets as at the year end.</p>

Audit risk	Proposed audit response
Other audit risks	
<p>Impact of COVID-19</p> <p>Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resource and of remote working that may impact on the preparation, audit and publication of accounts. There is a risk that the quality of the accounts and supporting working papers e.g. around estimates and valuations, may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>
<p>The COVID-19 pandemic will continue to have an impact on the risks of misstatement and the shape and approach to my audit. Welsh Government has made available various funding streams to the authority. In some cases, these monies provide financial support to the authority itself. In other cases, the funds have been administered by the authority, making payments to third parties on behalf of the Welsh Government. Payments have been made available through a number of different schemes over the course of 2021-22 and the amounts involved are material to the accounts.</p> <p>Examples of audit risks include:</p> <ul style="list-style-type: none"> • incorrect accounting treatment for COVID-19 funding i.e., principal or agency arrangements; and • fraud/error risks. 	<p>We will review the funding streams received from Welsh Government and confirm the appropriate accounting treatment with the authority.</p>

Performance audit

- 15 In addition to my Audit of Financial Statements I also carry out a programme of performance audit work to discharge my duties as Auditor General as set out in **paragraphs 4 and 5** in relation to value for money and sustainable development.
- 16 In response to the pandemic, I adopted a flexible approach to my performance audit work both in terms of topic coverage and methodology. This enabled me to respond to the fast-moving external environment and provide more real-time feedback in a range of formats.
- 17 For 2022-23, I intend to continue this approach to help enable my work to be responsive and timely, and where possible to share learning more quickly. As part of this approach, I anticipate that a significant proportion of my local performance audit programme will continue to be delivered through the Assurance and Risk Assessment Project, that will be ongoing throughout the year.
- 18 Given the high degree of commonality in the risks facing councils I also intend to deliver a number of thematic projects examining risks common to all councils.
- 19 During 2020-21, I consulted public bodies and other stakeholders on how I will approach my duties in respect of the Well-being of Future Generations (Wales) Act 2015 from 2020-2025.
- 20 In March 2021, I wrote to the public bodies designated under the Act setting out my intentions, which include a). carrying out specific examinations of how public bodies have set their well-being objectives and b). integrating my sustainable development principle examinations of steps to meet well-being objectives with my national and local audit programmes.
- 21 My auditors are liaising with Ceredigion County Council to agree the most appropriate time to examine the setting of well-being objectives.
- 22 The examination of steps to meet well-being objectives will be conducted as part of work set out in this audit plan and successive audit plans, leading up to my statutory report under the Act in 2025.
- 23 For 2022-23 my performance audit work at Ceredigion County Council is set out below.

Exhibit 2: performance audit programme 2022-23

This table summarises the performance audit programme for 2022-23.

Performance audit programme	Brief description
Assurance and Risk Assessment	<p>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</p> <p>At Ceredigion County Council the project is likely to focus in particular on:</p> <ul style="list-style-type: none"> • financial position; • capital programme management; • governance; • use of performance information – with a focus on service user feedback and outcomes; and • setting of well-being objectives
Thematic review – unscheduled care	<p>We intend to undertake a cross-sector review focusing on the flow of patients out of hospital. This review will consider how Ceredigion County Council is working with its partners to address the risks associated with the provision of social care to support hospital discharge, as well as prevent hospital admission. The work will also consider what steps are being taken to provide medium to longer-term solutions.</p>
Thematic review (tbc)	<p>To be confirmed following the consultation referred to in paragraphs 24-26 below.</p>
Follow up of our Review of the Planning Service	<p>To follow up our November 2021 Review of the Planning Service report to assess the Council's progress in addressing our recommendations.</p>

- 24 In March 2022, I published a [consultation](#) inviting views to inform our future audit work programme for 2022-23 and beyond. In particular, it considers topics that may be taken forward through our national value for money examinations and studies and/or through local audit work across multiple NHS, central government and local government bodies. As we develop and deliver our future work programme, we will be putting into practice key themes in our new five-year strategy, namely:
- the delivery of a strategic, dynamic, and high-quality audit programme; supported by
 - a targeted and impactful approach to communicating and influencing.
- 25 The possible areas of focus for future audit work that we set out in the consultation were framed in the context of three key themes from our [Picture of Public Services](#) analysis in autumn 2021, namely: a changing world; the ongoing pandemic; and transforming service delivery. We also invited views on possible areas for follow-up work.
- 26 We will provide updates on the performance audit programme through our regular updates to those charged with governance.

Certification of grant claims and returns

- 27 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

- 28 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.
- 29 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, audit team and timetable

- 30 My fees and planned timescales for completion of the audit are based on the following assumptions:
- the financial statements are provided in accordance with a timescale to be agreed taking into account the impact of COVID-19, to the quality expected and have been subject to a robust quality assurance review;
 - information provided to support the financial statements is in accordance with the agreed audit deliverables document;
 - appropriate accommodation and facilities are provided to enable my audit team to deliver the audit in an efficient manner;
 - all appropriate officials will be available during the audit;
 - you have all the necessary controls and checks in place to enable the Responsible Financial Officer to provide all the assurances that I require in the Letter of Representation addressed to me; and
 - Internal Audit's planned programme of work is complete and management has responded to issues that may have affected the financial statements.
- 31 If I do receive questions or objections, I will discuss potential audit fees at the time.

Fee

- 32 As set out in our Fee Scheme 2022-23 our fee rates for 2022-23 have increased by an average of 3.7% as a result of the need to continually invest in audit quality and in response to increasing cost pressures.
- 33 The estimated fee for 2022 is set out in **Exhibit 3**. This represents a 3.4% increase compared to your actual 2021 fee.

Exhibit 3: audit fee

This table sets out the proposed audit fee for 2022, by area of audit work, alongside the actual audit fee for last year.

Audit area	Proposed fee (£) ¹	Actual fee last year (£)
Audit of accounts ²	£159,446	£154,000
Performance audit work ³	£103,684	£100,390
Grant certification work ⁴	£24,000	£23,158
Other financial audit work – Ceredigion Harbour Authority	£1,700	£1,700
Total fee	£288,830	£279,248

- 34 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.
- 35 Further information can be found in my [Fee Scheme 2022-23](#).

Audit team

- 36 The main members of my team, together with their contact details, are summarised in **Exhibit 4**.

Exhibit 4: my audit team

This table lists the members of the local audit team and their contact details.

Name	Role	Contact number	E-mail address
Clare James	Engagement Director	07837 384617	Clare.James@audit.wales
Jason Blewitt	Audit Manager (Financial Audit)	07970 737478	Jason.Blewitt@audit.wales

¹ Notes: The fees shown in this document are exclusive of VAT, which is not charged to you.

² Payable November 2021 to October 2022.

³ Payable April 2022 to March 2023.

⁴ Payable as work is undertaken.

Name	Role	Contact number	E-mail address
Eleanor Ansell	Audit Lead (Financial Audit)	07973 699097	Eleanor.Ansell@audit.wales
Non Jenkins	Audit Manager (Performance Audit)	02920 320500	Non.Jenkins@audit.wales
Nigel Griffiths	Audit Lead (Performance Audit)	02920 320500	Nigel.Griffiths@audit.wales

37 We can confirm that team members are all independent of you and your officers.

Timetable

38 The key milestones for the work set out in this plan are shown in **Exhibit 5**.

39 The Public Audit (Wales) Act 2004 provides electors with the right to ask questions and to make objections to the Authority's accounts to the Auditor General. The rights to ask questions and make objections at audit are linked to electors' rights to inspect the accounts that are also set out in the 2004 Act.

Exhibit 5: audit timetable

Planned output	Work undertaken	Report finalised
2022 Audit Plan	April 2022	May 2022
Audit of Financial statements work: <ul style="list-style-type: none"> • Audit of Financial Statements Report • Opinion on Financial Statements • Financial Accounts Memorandum 	April – November 2022	November 2022 November 2022 December 2022

Planned output	Work undertaken	Report finalised
Performance audit work: <ul style="list-style-type: none"> • Assurance and Risk Assessment project • Thematic Review – unscheduled care • Thematic Review [tbc] • Local project : Planning Services Review Follow-up 	<p>Ongoing throughout the year.</p> <p>Timescales for individual projects will be discussed with Ceredigion County Council and detailed within the specific project briefings produced for each piece of work. Autumn 2022.</p>	
Grants certification work	September 2022 – January 2023	February 2023
Other financial audit work <ul style="list-style-type: none"> • Ceredigion Harbour Authority 	November 2022	November 2022
Annual Audit Summary	N/A	December 2022



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Certification of Grants and Returns 2020-21 – Ceredigion County Council

Audit year: 2020-21

Date issued: March 2022

Document reference: 2940A2022

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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.

Contents

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- 1 Under Paragraph 20 of Schedule 8 to the Government of Wales Act 2006, the Auditor General shall, if required by a local government or other grant-receiving body, make arrangements for certifying claims and returns (referred to as grant claims, hereafter).
- 2 We undertook our work with the aim of certifying individual claims and to answer the question:
 - ‘Does Ceredigion County Council (the Council) have adequate arrangements in place to ensure the production of co-ordinated, accurate, timely and properly documented grant claims?’
- 3 We have completed the audit and conclude that the Council had adequate arrangements in place for the production and submission of the grant claims which required certification within 2020-21.
- 4 For 2020-21, we certified six grant claims (compared with six in 2019-20), with an aggregate value of £45 million (£45 million in 2019-20).
- 5 The Council submitted all six grant claims (100%) by the agreed deadlines (100% in 2019-20) and all of these have now been certified. The cost of the audit for 2020-21 is £23,158 (£24,762 in 2019-20).
- 6 Overall, the audits resulted in proposed amendments to one grant claim, with no change in grant entitlement.
- 7 A summary of the amendments is shown below:

Exhibit 1: key information for 2020-21

Key information for 2020-21

Overall, we certified six grants and returns (six in 2019-20):

- six (100%) were unqualified (five in 2019-20, ie 83%);
- none (0%) were qualified (one in 2019-20, ie 17%); and
- one (17%) was amended (one in 2019-20, ie 17%).

- 8 Detailed on the following pages is a summary of the key outcomes from our certification work of the Council's 2020-21 grants and returns, showing where either audit amendments were made as a result of our work or where we had to qualify our audit certificate.
- 9 A qualification means that issues were identified concerning the Council's compliance with a scheme's requirements that could not be resolved through adjustment. In these circumstances, it is likely that the relevant grant-paying body will require further information from the Council to satisfy itself that the full amounts of grant claimed are appropriate. There is a potential risk that grant-paying bodies claw back grant from the Council where issues are not addressed.

Exhibit 2: grant claim amendments and qualifications

Ref	CI Ref	Grants and returns	Claim due	Claim received	Late	Qualified certificate	Adjustment (>£10,000)	Adjustment (<£10,000)	Unqualified certificate
1	BEN01	Housing Benefits Subsidy	30-04-21	27-04-21	No				✓
2	HLG01	Section 33 NHS (Wales) Act 2006 Pooled Budgets	11-06-21	31-08-21	No ¹				✓
3	HLG03	Section 34-194 NHS (Wales) Act 2006 Money Transfers	30-09-21	29-09-21	No				✓
4	LA01	National Non-Domestic Rates Return	28-05-21	21-05-21	No				✓
5	PEN05	Teachers' Pension Scheme Return	31-05-21	19-05-21	No			No change in entitlement	✓
6	SOC07	Social Care Workforce Development Programme	30-09-21	28-09-21	No				✓
Total						0	0	1	6

¹ Extension of the submission of the HLG01 claim was agreed.

Fees

- 10 Our overall fee for the certification of grants and returns is lower than that charged in 2019-20, and in line with the estimate provided within the Audit plan.

Exhibit 3: breakdown of fee by grant/return

Breakdown of fee by grant/return	2019-20	2020-21
BEN01 – Housing Benefits Subsidy	£11,079	£11,271
HLG01 – Section 33 NHS (Wales) Act 2006 Pooled Budgets	£2,381	£1,298
HLG03 – Section 34 – 194 NHS (Wales) Act 2006 Money Transfers	£1,518	£1,212
LA01 – National Non-Domestic Rates Return	£2,396	£2,362
PEN05 – Teachers’ Pension Scheme Return	£3,372	£2,775
SOC07 – Social Care Workforce Development Programme	£1,872	£2,297
Grants Supervision, Planning and Control	£2,146	£1,943
Total fee	£24,764	£23,158

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	6 June 2022
LOCATION:	Remotely by Video Conference
TITLE:	Ceredigion County Council Responses to Regulator & Inspectorate Reports
PURPOSE OF REPORT:	To provide the Governance and Audit Committee with the Council's responses to Regulator and Inspectorate Reports
For:	Decision
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

Introduction

This Report sets out the Council's responses regarding Regulator and Inspectorate Reports and progress made regarding proposals and recommendations.

This Report has 2 parts:

- a) Council tracker of Regulator/Inspectorate proposals for improvement and recommendations; and*
- b) Other Council related matters.*

Current Position

a) Council tracker of Regulator/Inspectorate proposals for improvement and recommendations

- Council Management Response Forms 2021-2022 Update:
 - MRF – Direct Payments for Adult Social Care (**Appendix 1**)

b) Other Council related matters

RECOMMENDATIONS:	To consider the Council's responses to Regulator and Inspectorate Reports
Reasons for Recommendation	To keep the Governance and Audit Committee informed of reports, proposals and work being undertaken
Appendices:	Appendix 1: MRF – Direct Payments for Adult Social Care

Contact Name: Elin Prysor
Designation: Corporate Lead Officer: Legal & Governance & Monitoring Officer
Date of Report: 13/5/2022

AW National Report Summary and Proposals for Improvement

Regulatory Authority: Audit Wales

Report title: Direct Payments for Adult Social Care

Issue date: April 2022

Governance and Audit Committee:

Document reference: <https://www.audit.wales/publication/direct-payments-adult-social-care>

Report Summary

This report looks at how local authorities provide Direct Payment services to adults, examining their impact and value for money.

Appendix 1 provides more detail about our audit approach and methods. **Exhibit 1** sets out our characteristics of a good approach to Direct Payments.

Recommendations

Ref	Proposal for Improvement / Recommendation	Council Response
R1	Review public information in discussion with service users and carers to ensure it is clear, concise and fully explains what they need to know about Direct Payments.	Review of documentation & information has been completed since service come in-house. A Carers forum has been set up and documents will be taken to forum to be reviewed and checked. We are looking into setting up further forums. Ceredigion website revised in April 22 Staff when undertaking an assessment will direct the person to

Ref	Proposal for Improvement / Recommendation	Council Response
		<p>website or post out information from website if needed. When staff undertake an assessment a DP is always offered when outcome planning with the person.</p>
R2	Undertake additional promotional work to encourage take up of Direct Payments.	<p>Social media & promotional communications on Council Website promoting DP service has proved successful. External fora have also been undertaken i.e carers forum to promote DPs. Internal promotion of the service with other teams and services continues to take place.</p>
R3	Ensure advocacy services are considered at the first point of contact to provide independent advice on Direct Payments to service users and carers.	<p>Documentation and information regarding Advocacy Services has been reviewed and updated by the DP service. The New Proportionate assessment requires staff to identify the requirement for</p>

Ref	Proposal for Improvement / Recommendation	Council Response
		advocacy at the first point of contact.
R4	Ensure information about Direct Payments is available at the front door to social care and are included in the initial discussion on the available care options for service users and carers.	<p>Porth Gofal Triage. DP Information booklet and website content has been reviewed and updated. A new DP website has been built and is due to be launched.</p> <p>People are directed to the council website if unable to access the website information is posted out by the workers.</p>
R5	Provide training to social workers on Direct Payments to ensure they fully understand their potential and feel confident promoting it to service users and carers.	<p>No current training being delivered to social care staff – however this is part of the Through Age & Wellbeing vision for the future and something we will be actively looking to deliver going forward.</p> <p>Information and team training regarding DPS are part of the workers induction. DPS are routinely discussed in team</p>

Ref	Proposal for Improvement / Recommendation	Council Response
		meetings and staff have completed a SOS meeting regarding the use of DPS and areas for further development.
R6	Work together to develop a joint Recruitment and Retention Plan for Personal Assistants.	We are fully committed to working with the All-Wales DP Forum and have been working collaboratively with Pembrokeshire & Carmarthenshire and also Social Care Wales.
R7	<p>Clarify policy expectations in plain accessible language and set out:</p> <ul style="list-style-type: none"> • what Direct Payments can pay for; • how application and assessment processes, timescales and review processes work; • how monitoring individual payments and the paperwork required to verify payments will work; • how unused monies are to be treated and whether they can be banked; and • how to administer and manage pooled budgets. <p>Public information should be reviewed regularly (at least every two years) to ensure they are working effectively and remain relevant.</p>	DP documents such as Employee Handbook, information leaflets and DP Agreement have been reviewed, updated and published covering these points. A review schedule has been created to monitor and record. All reviewed documents have been made in an accessible format.
R8	Ensure that people who receive both NHS continuing healthcare and Direct Payments have greater voice, choice and control in decision making.	The Local Authority currently do not have anyone in receipt of a

Ref	Proposal for Improvement / Recommendation	Council Response
R9	Work together to establish a system to fully evaluate Direct Payments that captures all elements of the process - information, promotion, assessing, managing and evaluating impact on wellbeing and independence.	<p>DP who have CHC funded care</p> <p>There are systems in place to ensure that statistics are collected at a local level and we welcome the opportunity to work collaboratively with WG in providing stats at a national level.</p>
R10	Annually publish performance information for all elements of Direct Payments to enable a whole system view of delivery and impact to support improvement.	<p>The Directors Report includes locally collected local statistics.</p> <p>The Direct Payments Service presented an annual report to the TAW Programme Board at year-end.</p> <p>We welcome the opportunity to work collaboratively with WG in providing stats at a national level.</p>

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CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	6 June 2022
Title:	Internal Audit Progress Report 1/1/22 – 31/3/22
Purpose of the report:	To provide Members with an update on the work undertaken by internal audit during the above period
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

The Committee considered the annual Internal Audit Strategy 2021/22 at its meeting in February 2021 which also identified the main areas of work for the 2021/22 interim operational audit plan. The Plan included reviews carried forward from the previous year's audit plan, routine audits eg grant certifications and work prioritised dependant on risk, on which the Internal Audit Section can form its assurance opinion.

For 2021/22, the usual risk assessment was not undertaken as the pandemic has introduced new risks to the Council, which are constantly changing. IA will therefore assess its work on an on-going basis, considering the Council's changing needs and priorities regularly.

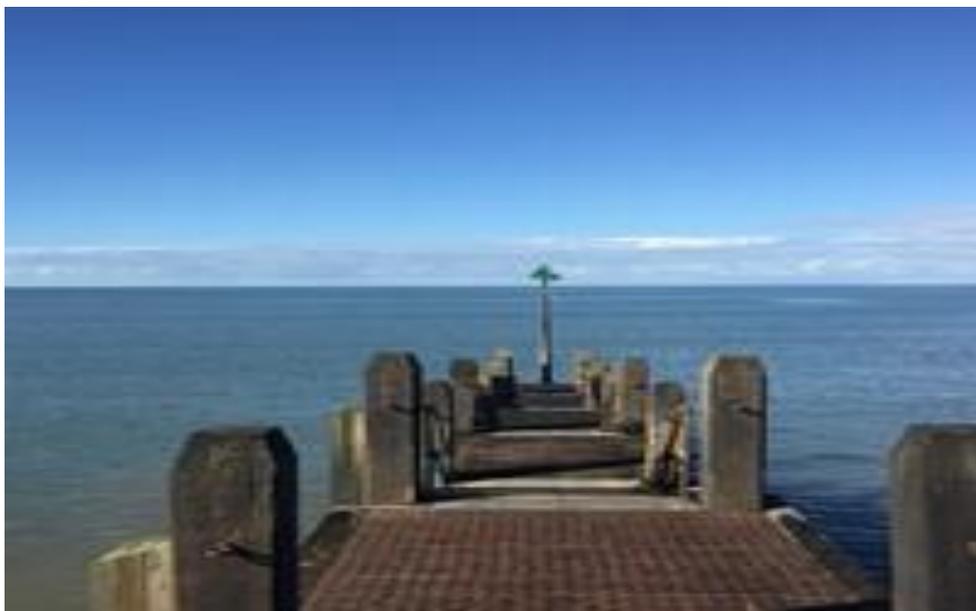
This progress report notes the steps made to date toward delivery of the audit strategy, by providing a summary of the work undertaken. It also documents the current resource position, and the Section's improvement plan.

Recommendation(s):	To consider the work undertaken and current position of the Internal Audit Section
Reasons for decision:	That the Committee is satisfied that the Internal Audit Section is undertaking sufficient and appropriate work in order to provide a realistic assurance at year-end, whilst adding value and assisting the Council in achieving its objectives.
Appendices:	Internal Audit Progress Report 1/1/22-31/3/22
Corporate Lead Officer:	Elin Prysor CLO-Legal and Governance / Monitoring Officer
Reporting Officer:	Alex Jenkins Corporate Manager – Internal Audit
Date:	7 May 2022

Mae'r adroddiad yma ar gael yn Gymraeg.
This report is available in Welsh.

Gwasanaethau Cyfreithiol a Llywodraethu Legal and Governance Services

Gwasanaeth Archwilio Mewnol
Internal Audit Service



Adroddiad Cynnydd Archwilio Mewnol
Internal Audit Progress Report
1 January 2022 – 31 March 2022



Cyngor Sir
CEREDIGION
County Council

Report Prepared by: Alex Jenkins,
Corporate Manager – Internal Audit

Date of Issue: 7 May 2022

Presented to Governance & Audit
Committee: 6 June 2022

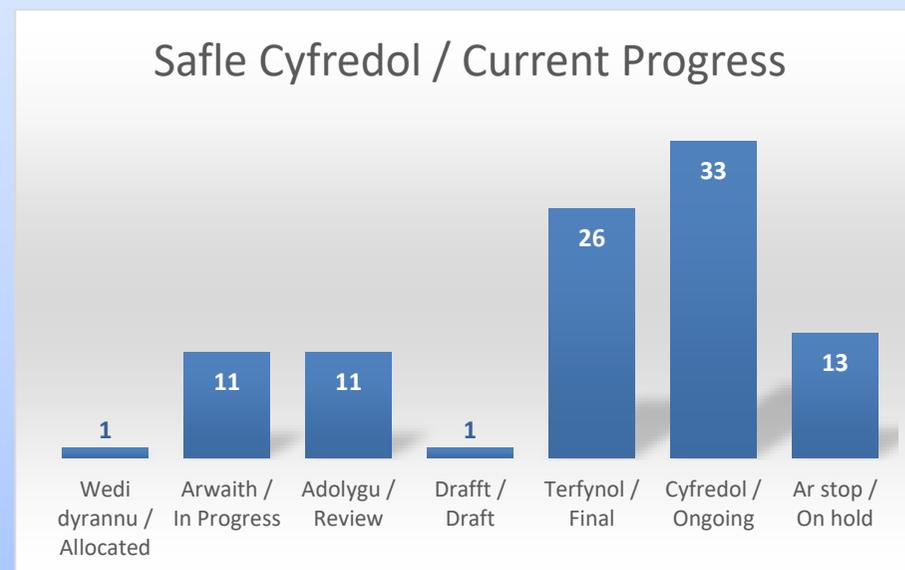
ADRODDIAD CYNNYDD ARCHWILIO MEWNOL
INTERNAL AUDIT PROGRESS REPORT
01/01/2022 – 31/03/2022

1 INTRODUCTION

- 1.1 The Internal Audit Strategy and Annual Plan for 2021/22 was approved by the Committee (GAC) on 24 February 2021.
- 1.2 The usual initial risk assessment was not undertaken by the Corporate Manager – Internal Audit (CMIA) to compile the operational plan for 2021/22, as the pandemic had introduced new risks to the Council, which were constantly changing. The CMIA has therefore assessed the work on an on-going basis, considering the Council’s changing needs and priorities regularly.
- 1.3 The purpose of this report is to update the GAC on the work undertaken by the Internal Audit (IA) service during the fourth quarter of the 2021/22 financial year, and to highlight any areas of concern that may have arisen whilst completing the audits. A copy of the Interim Audit Plan as at 31/03/22 is attached in Appendix 1.

2 AUDIT WORK UNDERTAKEN

2.1 Audit Plan Progress:



- 2.2 As at 31/03/2022 a total of 102 items appear in the operational Interim Audit Plan. These are made-up of 70 items that have mainly either been carried-forward from the previous year (eg audits that are already in progress) or are annual pieces of work (eg grants) which have been included as 'planned' items. The remaining 32 items have been added during the year, ie unplanned. (The unplanned items are highlighted in Appendix I).
- 2.3 Six pieces of work were finalised during the quarter, as per table below, which will be considered in determining the IA annual opinion:

Audit Area	Type of Audit	Assurance
AGS Framework Review 2021/22 Scope: Governance review which considers the effectiveness of the Governance Framework, especially in the areas specifically addressed in the AGS action plan.	Governance	High
GDPR in Schools Scope: All schools processing personal data must pay a fee to the Information Commissioner's Office. The review consists of a periodic registration check, to ensure all CSC schools hold a valid and up to date registration with the ICO. The review does NOT include a review of the data provided to the ICO.	GDPR/DP	Substantial
Coroners – Comparisons of fees to other Local Government Authorities Scope: Comparison as requested by GAC.	Follow-on	N/A
Income Banking Procedures Scope: Providing advice on new banking procedures for income collected at CCC locations.	Advisory	N/A
Procurement – purchasing procedures Scope: Advice given regarding procedures on receipting deliveries made to staff members' homes eg stationery etc.	Advisory	N/A
Plascrug Leisure Centre – Stock Scope: Advice provided regarding removing vending machines from LC and putting procedures and controls in place for selling stock over the counter.	Advisory	N/A

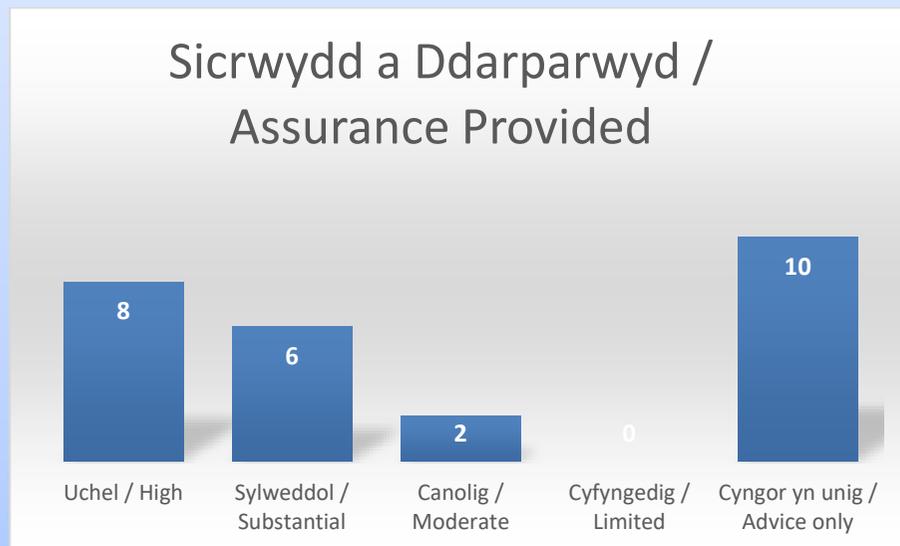
2.4 Examples of good practice noted from this quarter's finalised audits have been listed below, which also form part of the annual assurance process:

- **AGS Framework Review 2021/22**
 - Effective workshop to discuss measures taken
 - Effective collaboration throughout relevant services
- **GDPR in Schools**
 - Improved governance due to centralisation of schools' fees paid to ICO
- **Income Banking Procedures**
 - Consideration of governance, risk & controls when planning the banking procedures due to the reintroduction of cash acceptance
- **Plascrug Leisure Centre Stock**
 - consideration of governance, risk & controls whilst preparing new procedures for the sales of stock

2.5 A total of 33 items are on-going pieces of work (as noted in Appendix I), from which IA have extracted examples of good practice achieved during the fourth quarter, which again will be considered in forming the IA annual opinion:

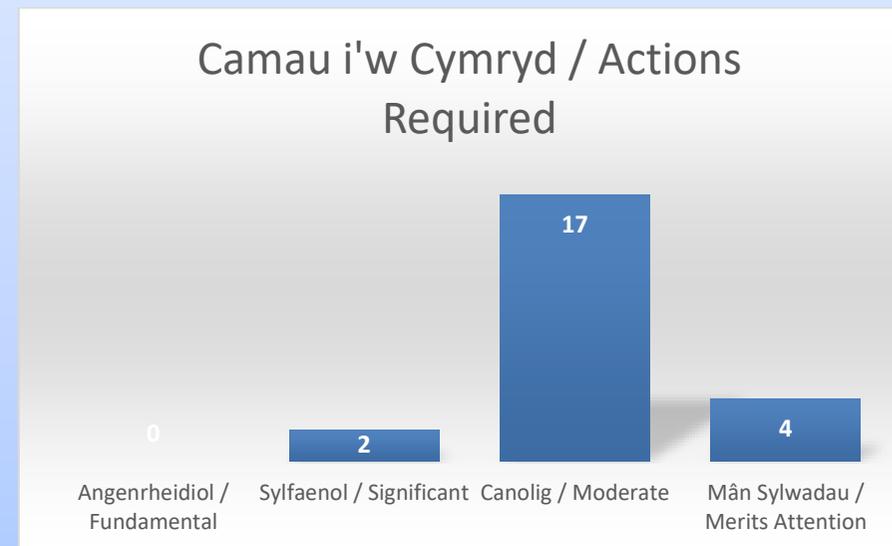
- **Tenancy Hardship Grants** – internal audit input provided (due to benefit of Business Rates Grants assistance) to check claims prior to payment in order to reduce the risk of need to recover incorrect / fraudulent payments; use of 'ActiveData' data analytics system will also enabled payments to be checked against intel received from National Anti-Fraud Network and other sources.
- **SC Economic Adjustment** – acknowledged by attendees as being a good collective forum re regeneration and revitalisation of town centres.
- **Annual Governance Statement** – arrangements in place to commence the governance framework review and subsequent improvement plan.
- **Emergency Planning & Business Continuity (EPBC)** – updated template provided to enable all services to bring business continuity plans up to date; Council major incident plan in review; representative attended local resilience forum to ensure consistency between organisations and that any good practice is shared.
- **Risk Management** – overview of risk register also on EPBC agenda; mitigating actions put in place to address new identified risks 19 (climate change and coastal erosion / flooding) and 20 (ash dieback).
- **Code of Conduct** – internal audit and governance officer input provided to assist Learning & Development in the production of a training e-module on Code, Ethics & Fraud.
- **LG & Elections (Wales) Act 2021** – arrangements in hand to ensure correct split of Elected Members / Lay Members on GAC from May, as required by Act.
- **Brexit** – representative attended WLGA transition coordinators meeting to collect & disseminate appropriate information.
- **Corporate Project Management Panel** – new project proposals put forward & actions requested by panel where appropriate.
- **Corporate Management Workshop** – updates to managers re ways of working, carers policy, wellness strategy and wellbeing objectives for information and role development.
- **Cyber Resilience & Information Governance Group** – the Group will provide operational support, preparedness and direction to address and reduce cyber risks and improve the Council's cyber security, information security and governance. It shall act as a source of knowledge and expertise and will oversee and monitor the Information Governance and Cyber Security Risks and Action Plans.
- **NMWAG - North & Mid Wales Auditor Group - Fraud**: aims to share knowledge & skills re countering fraud to build resilience throughout LAs. Fraud responses to Audit Wales shared to determine future direction of group.
- **Data Audit** – arrangements in place to improve data management and ensure compliance with Information Commissioner.
- **Clic** – training offered to services by Customer Services Manager to raise awareness of system facilities.

2.6 The levels of assurance provided for the total audits completed are as follows:



2.7 A guide to the criteria used to determine the overall assurance is shown in Appendix II.

2.8 A total of 23 'actions required' are recommended in the finalised reports issued of which none were deemed fundamental and two were significant:



2.9 The criteria used to determine the 'actions required' is outlined in Appendix III.

2.10 There were no significant or fundamental actions issued in Quarter 4. The significant actions in 2021/22 previously reported required in was reported to GAC in the exempt report in Quarter 1 and the one issued in the second quarter was in respect of petty cash procedures, mainly surrounding the non-receipt of declarations from imprest holders. IA is currently working with Finance to address this issue.

3 RESOURCES

- 3.1 The IA Structure, as noted in Appendix IV, was fully resourced during the first three quarters of 2021/22. Due to the change in CMIA and SA posts the Apprentice Audit Assistant post has been vacant since 1st January 2022 whilst we await a response to our business case for a Governance and Audit Assistant (proposed new structure can be seen in Appendix V)
- 3.2 A new CMIA has been in place since 1 January 2022, who has considerable experience in IA, having had a 6-week window to 'shadow' the previous CMIA, and is supported by a knowledgeable & skilled Audit Manager.
- 3.3 A total of 865 days have been dedicated to audit work during the period 1 January 2022 to 31 March 2022, representing 102% of the assessed days estimated as required to complete the audit plan to year-end.
- 3.4 The CMIA continues to support the Welsh Chief Auditors Group (WCAG) which ensures best practice and consistency between all authorities; and the North & Mid Wales Chief Auditors Group (NMWCAG) to compare practices and share generic documentation. These meetings are now held using 'Teams'.
- 3.5 During the year, the NMWCAG introduced a Counter Fraud Sub-Group, which dedicates more time to specific subject. This Sub-Group is attended by the Audit Manager (via Teams).
- 3.6 All members of staff ensure they meet any continuous professional development conditions, and complete the Council's mandatory training requirements. During this year:
- All members of audit staff have undertaken the required Council's webinars and e-learning training modules, to include a Code, Ethics & Fraud webinar and two on Cyber Security;
 - The CMIA has 'attended' CIPFA's regular Audit updates; and continues to view ILM's webinars on the identified components of leadership; and
 - Two members of staff are continuing their Institute of Internal Auditors' qualification, although problems have arisen during the year due to the pandemic.
- 3.7 Arrangements are also in place to continuously develop IA staff's audit / digital / ICT and counter fraud skills via training and subscribing to information sources such as CIPFA's Better Governance Forum.
- 3.8 All IA staff are currently working from home.

4 IMPROVEMENT PLAN 2021/22

Ref	Conformance with Standard	Action Required	Target Date
Std 1311	5.4.5 Does ongoing performance monitoring include obtaining stakeholder feedback? No QCQs issued during pandemic.	Once Audit Plan in place, QCQs to be issued to auditees. Comments received from managers following an audit noted where QCQs not required.	During 2021/22
Std 2010	6.1.1 Has the CAE determined the priorities of the internal audit activity in a risk-based plan? Currently audits / reviews undertaken on an on-going risk assessed basis. No set operational Audit Plan in place.	Produce risk-based audit plan in accordance with services' road plans. Interim audit plan in place, as per Progress Report Q3. Arrangements commenced for full risk assessment of 2022/23 plan.	During 2021/22
Std 2050	6.1.15 Using other sources of assurance. Assurance mapping system in place – needs updating on a regular basis.	Assurance mapping system to be updated and monitored at weekly Team meetings. Assurance map is now a standard agenda item in team meetings, & updated accordingly.	Throughout 2021/22
Std 2500	6.6.1 Where issues have arisen during the follow-up process has the CAE considered revising the internal audit opinion? Due to the pandemic, no follow-ups were conducted in 2020/21.	The follow-up audits due will be carried forward to 2021/22. 'Follow-ups' are included in the interim audit plan in place.	31 March 2022
Annual Report	Pentana (MKI) system not found as useful when working reactively. Pentana (MKI) will be used where possible, but reactive work will continue to be conducted & recorded using shared electronic folders.	The system will be evaluated once IA resumes usual duties. N/A in current circs.	31 March 2022

<u>Interim Audit Plan 2021/22</u>		
Audit Area	Scope / Notes	Status
Changes due to Pandemic		
Risk assessed reactive work due to pandemic	IA will undertake reviews of systems and procedures and any other work where it is identified that the Service can add value to the Council's operations during the pandemic.	
- Business Rates Grants, etc bfwd	Scope: Business Rates Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel. The majority of this work completed 2020/21, but a few applications with queries still awaiting decisions.	On-going
- Covid Grants - 2021	Scope: 2021 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.	Unplanned On-going
- Business Grants 2022	Scope; 2022 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.	Unplanned On-going
- Discretionary Grants 2022	Scope; 2022 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.	Unplanned On-going
- Tenancy Hardship Grant - Aug 2021	Scope: Similar to 2021 Grants ie checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.	Unplanned On-going
- Registration Service - income collection	Scope: Registration Service – independent verification of payments received and banked during office closure. To be undertaken once staff return to offices.	On Hold
- Free School Meals	Scope: Free School Meals – check sample of allowances paid (voucher & cash); plus claim made to WG. Initial testing completed - awaiting further review by AM/CMIA.	In Review
- Personal Protection Equipment (PPE)	Scope: Independent check of stock levels transferred during transition from stock-taking spreadsheets to computerised system.	Unplanned
Housing Support Grant - Steering Group	Scope: A member of IA staff attends the group tasked with ensuring satisfactory arrangements are in place for Governance with regards to the Housing Support Grant and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives.	6-On-going

Economic Adjustment - Silver Command	Scope: A member of IA staff attends the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Group continues to meet fortnightly.	On-going
Key Control Audits:		
Main Accounting System	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for: monitoring, reconciliation, compliance with policy, authorisation, separation of duties and contingency plans for the Council's main accounting system. It does NOT include the ICT system.	In Progress
Council Tax	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing council tax payments: separation between creating and collecting a debit; methods of payment; reconciliation of debit to valuation list; promptness of processing amendments; daily postings to accounts; unidentified items posted to suspense; missed payments; monitoring of collection rates; payments reconciled to ledger; security of system. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review
Treasury Management	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for both investments and loans: monitoring registers, reconciliation with MAS, compliance with policy, authorisation, separation of duties and contingency plans. It does NOT include the ICT system. Draft report issued to service.	In Draft
Housing Benefits	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing housing benefit applications: business continuity arrangements, compliance with National Verification Framework, fraud awareness, speed of processing, system parameter files, system data, exception reporting, reconciliation to feeder systems, independent verification of sample calculations, security of IT system.	Completed Quarter 1
Housing Benefit - Quality Review 2021-22	Scope: Quality assurance. Completed annually (normally as part of key control audit). Complete run-through of sample of HBen claims to ensure completeness & accuracy, as required by Ombudsman report following a client complaint in 2014/15.	Unplanned In Progress
National Non-Domestic Rates	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing NNDR payments: separation between creating and collecting a debit; methods of payment; reconciliation of debit to valuation list; promptness of processing amendments; daily postings to accounts; unidentified items posted to suspense; missed payments; monitoring of collection rates; payments reconciled to ledger; security of system. It does NOT include the ICT system. Audit testing complete, draft report produced and currently being reviewed.	In Review

Creditors	Scope: Key financial risk area. Normally completed every 3-years. The review considers the arrangements for: authorising and paying costs incurred by the Council and the controls over the payment process. The scope does NOT include consideration of the nature of the expenditure or whether VFM was achieved. Added to this year to ensure key controls still in place whilst working from home. Audit testing complete, draft report produced and currently being reviewed.	Unplanned In Review
Sundry Debtors	Scope: Key financial risk area. Normally completed every 3-years. The review considers the arrangements for raising invoices to recover debt owed to the Council: accuracy of value and coding; promptness of raising bills; monitoring of collection rates; debt independently reconciled to ledger; arrears recovery in progress; invoices accountable; security of system. Added to this year to ensure key controls still in place whilst working from home. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	Unplanned In Review
Payroll	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing payroll: separation between creating and amending job roles and staff details and processing payroll; security of system. It does NOT include the ICT system.	Unplanned In Progress
Follow-up of Recommended Actions 2018/19 onwards	Scope: Assurance that previous recommended actions made have been implemented where appropriate. Spreadsheet produced of all actions to be re-addressed which is updated regularly. To be addressed once staff return to offices.	On hold
Corporate Governance		
Annual Governance Statement	Scope: Governance Framework runs on a rolling review basis. Contribute to finalising 2020/21 AGS & 2021/22 procedures, as necessary, throughout the year.	On-going
AGS Framework Review 2021/22	Scope: Governance review which considers the effectiveness of the Governance Framework, especially in the areas specifically addressed in the AGS action plan.	Completed Quarter 4
Emergency Planning & Business Continuity Management Group	Scope: A member of IA staff attends the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.	On-going
Emergency Rest Room Boxes	Scope: IA input into service audit of emergency rest room boxes, to ensure security of boxes placed in specified locations.	Unplanned Completed Quarter 2
Business Continuity	Scope: Risk review which considers the arrangements in place re Business Continuity. Assurance assessed re procedures in place in Corporate and Service Business Continuity Plans.	In Progress

Constitution review	Scope: Constitution is continuously reviewed & updated by Monitoring Officer & Governance Officer to ensure it is kept up to date & relevant. IA input provided when required. Assurance assessed re procedures in place.	On-going
Risk management & Corporate Risk Register:		
Risk Management	Scope: Risk Framework arrangements are monitored & reported periodically to GAC. IA contribute to RM & procedure, as necessary.	
Risk Register: Check mitigating controls in place for risks	Scope: Risk management review which assesses the effectiveness of controls in place for ALL risks identified in the corporate risk register. Elements will be selected and the effectiveness of the stipulated mitigating controls will be reviewed. The scope is limited to the arrangements noted in the report.	On-going
Brexit Group	Scope: A member of IA staff attends the group tasked to ensure awareness of any major changes in systems within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.	On-going
Brexit	Scope: Risk review which considers the arrangements in place re monitoring arrangements due to Brexit. Audit in progress.	Unplanned In Progress
Well-Being of Future Generations / Equalities		
Embedding of WFGA within Services	Scope: WFGA review which considers the arrangements in place for ensuring services have regard for corporate objectives in their plans, and that satisfactory procedures are in place to ensure WFGA requirements are considered in decision-making.	Completed Quarter 2
IIA Review & Assessment	Scope: WFGA review which considers the arrangements in place for preparing and submitting IIAs, and the consistency in approach and compilation.	
New Socio-Econ requirements	Scope: WFGA review which considers the arrangements in place for preparing to comply with the new socio-econ requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review
Welsh Standards	Scope: WFGA review which considers the arrangements in place for compliance with the Welsh Standards requirements.	Unplanned In Review
General Data Protection Regulation / DP		

GDPR / DP Compliance (ICO Guidance)	Scope: GDPR. The Regulation became effective in May 2018 and has a significant effect on how data is held and protected. There are reputational implications as well as financial penalties for non-compliance. The review will assess the Council's arrangements for compliance with various elements of the Regulation such as privacy notices, and data audits. Further Audit testing being undertaken.	In Progress
GDPR in schools	Scope: GDPR. All schools processing personal data must pay a fee to the Information Commissioner's Office. The review consists of a periodic registration check, to ensure all CSC schools hold a valid and up to date registration with the ICO. The review does NOT include a review of the data provided to the ICO.	Completed Quarter 1
GDPR in schools - follow-up	Scope: GDPR. Follow-up to above.	Completed Quarter 4
Information Governance Team	Scope: GDPR. The Information Governance Team meets monthly. A member of IA does not attend the meetings, but has a catch-up with the DPO periodically for assurance purposes.	On-going
Projects		
Corporate Project Management Panel	Scope: New projects. A member of IA staff attends the panel to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Panel is adequately supported and achieves its objectives. Meets fortnightly.	On-going
Development Group	A member of IA staff attends the meetings to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.	On-going
Corporate Management		
Corporate Management Workshop	Scope: The CMIA attends the meetings to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.	On-going
Grants		
Post-16 Funding - 2020/21	Scope: Grant audit. Covering correspondence and evidence is collected and forwarded to WG to support the declarations made.	

Education Improvement Grant - 2020/21 final End of Year audit	Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements. Planned for Q3.	Completed Quarter 3
Pupil Development Grant - 2020/21 final End of Year audit	Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements. Planned for Q3.	Completed Quarter 3
Other Services & Systems		
CLIC	Scope: An evaluation of the service provided - scope to be agreed. To be undertaken once staff return to offices.	On hold
Credit Cards	Scope: System audit. To concentrate on new system / cards issued. Documentation of systems; ascertain risks in system; and evaluate governance & controls required; test. Queries arose following quality review that need to be addresses once staff return to offices. Report issued 25/3/21 due to actions required. Assurance not provided until additional audit work undertaken.	On hold
Change Floats & Petty Cash imprests	Scope: A review of the year-end procedures re the reconciliation of actual imprests issued to services, against the record held on the Council's financial ledger; to include a scrutiny of the declarations provided by services re 2019/20 and 2020/21.	Completed Quarter 2
Change Floats & Petty Cash imprests	Scope: Follow-on to above. Assist in set-up of new system as per IA actions required.	Unplanned In Progress
Harbours account 2020/21	Scope: Account audit. The Council must prepare annual accounts following proper practices as set out in the One Voice Wales/SLCC publication Governance and accountability for local councils in Wales – A Practitioners' Guide (the Practitioners' Guide). The Practitioners' Guide states that bodies may prepare their accounts in the form of an annual return prepared by Audit Wales, which includes internal audit input regarding account preparation. This was in respect of the 2020/21 account.	Completed Quarter 1

Harbours review (Finance)	Scope: Testing undertaken to support Harbours account, as stipulated by AW form: appropriate books of account maintained, financial regulations met, risks assessed, adequate budgetary process, expected income fully received, salaries and deductions properly applied, asset and investment registers maintained, accounting statements properly prepared.	Unplanned Completed Quarter 1
Harbours review (ES)	Scope: Testing undertaken to support Harbours account, as stipulated by Audit Wales form. Initially provided to Finance & Procurement in Quarter 1 to support Harbour Account work. Draft also prepared for Environmental Health who administer Harbours on a day to day basis, in order to address actions required stemming from the account sampling.	Unplanned Completed Quarter 2
VAT	Scope: Testing undertaken on calculation and coding of VAT payments to include creditor & debtor invoices and property transactions. To consider whether VAT guidance is in line with HMRC requirements. Check that VAT is calculated at correct rate and issued within basic tax point and VAT return is completed correctly and submitted promptly.	Unplanned In Progress
Lampeter Wellbeing Centre - Reception	Scope: New service provision at Lampeter Wellness Centre (previously Leisure Centre). Advice requested re controls & security of cash taking procedures at reception area.	Unplanned Completed Quarter 1
Lampeter Wellbeing Centre	Scope: New service provision at Lampeter Wellness Centre (previously Leisure Centre). Further to request received re cash taking procedures at reception area (see above), service will involve IA re new systems to incl replacement for current booking system.	Unplanned
Ceredigion Sports Council	Scope: Honorary audit. Historically, IA prepares and audits the body's annual accounts in time for its AGM.	
HR - JustGiving Collection	Scope: Request from HR to oversee & audit the collection procedures re donation to be paid to foodbanks by staff.	Completed Quarter 2
Waste	Scope: An evaluation of the procedures introduced for waste collection, as discussed with WAO. Consider governance of current system - especially situ re new Strategy. How have problems been dealt with eg seagulls - were they successful - if not, why? What is planned? Public engagement? SLR Group Limited (SLR) has been appointed by Ceredigion County Council (CCC) to explore meaningful options for the future management of waste within Ceredigion. The need for the completed strategy to form the baseline for a Best Value Review of Waste Management also forms part of the Brief.	On hold
Sustainable Drainage Systems (SUDS)	Scope: Check arrangements Council currently has in place, to comply with requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review

Environmental Audit	Scope: Check arrangements Council currently has in place, to comply with requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review
Estates - Communication breakdown with AW	Scope: An investigation to discover reason for breakdown in communication between the Estates service and Audit Wales during the external audit of the Council's accounts; as requested by GAC.	Unplanned Completed Quarter 2
Museum	Scope: System audit. To concentrate on new 'cash' & 'stock' services introduced to Museum ie café, shop & bar. (Document systems. Ascertain risks in system; and governance & controls required. Test) Queries arose following quality review which will be addressed once staff return to offices.	On hold
Houses to Homes - general	Empty property initiative. Request to review procedures. Scope to be agreed. To be undertaken once staff return to offices.	On hold
Coroners - Summary Report	Scope: Summary of previous VFM audit reports.	Unplanned Completed Quarter 1
Coroners - Follow-on to above.	Scope: Follow-on to the report dated 23/6/21 which was presented as an exempt paper to GAC on 9/9/21. Additional information provided, as requested, for comparison purposes.	Unplanned Completed Quarter 2
Coroners - New system	Scope: Introduction of new system to bring service in line with Council's Purchase Order / Payment system.	On-going
Coroners - Comparisons of fees to other LGA's	Scope: Governance & Audit Committee requested a comparison of Ceredigion Funeral Director fees against Funeral Director fees of other Welsh Local Authorities.	Completed Quarter 4
Safeguarding		
Section Safeguarding procedures	Scope: Assurance that all services have introduced an internal safeguarding policy for staff, which is periodically reviewed. To be undertaken once staff return to offices.	On hold
Corporate Safeguarding procedures	Scope: system audit, based on CIPFA's TISonline guidance. Some testing not undertaken due to pandemic. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review
Direct Payments	Scope: Ensure controls in new payments system from April 2021.	In Progress
Counter Fraud (incl NFI)		

National Fraud Initiative	Scope: The review provides assurance against reputational damage and financial losses due to fraudulent activity by partaking in the National Fraud Initiative, which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud.	On-going
Counter Fraud Strategy	Scope: Three-yearly review due 2021. Updated Strategy co-ordinated by IA; endorsed by GAC 3/6/21 & presented to Council 17/6/21 for final approval. Updated Strategy now on website.	Completed Quarter 1
Code, Ethics & Fraud Training eModule	Scope: Following successful presentation by Zurich to Managers Workshop 28/5/21 arrangements currently in progress with L&D to incorporate this info into an e-learning module for all staff.	In Progress
Audit of Ethics	Scope: system audit, based on CIPFA's TISonline guidance. Some testing not undertaken due to pandemic. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.	In Review
Code of Conduct review	Scope: Code is currently being reviewed & updated by Monitoring Officer & Governance Officer to ensure it remains up to date & relevant. IA input provided when required. Assurance assessed re procedures in place.	On-going
Active Data	Data matching / analysing. The review provides assurance against reputational damage and financial losses due to fraudulent activity by using the 'Active Data' data analytics system.	
- Business Rates Grants, Hardship Grants, etc	Scope: Utilise ActiveData by checking Grant payment records against any identified suspicious records eg NAFN intel alerts.	On-going
Audit Scotland Paper	Scope: Questionnaire for managers regarding fraud, risk management etc. To be circulated once staff return to offices.	On hold
Mandate fraud	Scope: Provide assistance re incidents; ie when someone impersonates a third party such as a supplier and demands urgent payment eg creditor change of bank details. Need to be reported to National Cyber Security Centre.	On-going
Mandate fraud - Guidance	Scope: Service operational guidance is currently being reviewed & updated to ensure it remains up to date & relevant. IA input requested.	Completed Quarter 1
Procurement	Scope: Check a sample of new creditors to ensure they are genuine businesses.	On-going
Recruitment	Scope: Check a sample of new appointments to ensure all details required have been provided. To be undertaken once staff return to offices.	On hold
Payroll	Scope: Check a sample of new appointments to ensure person in post.	On-going
Travelling	Scope: Check a sample of travelling claims to ensure appropriate & correct mileage undertaken	On-going
ICT Audit		

PCI Standard	Scope: Check compliance with the Standard's requirements. To be undertaken once staff return to offices.	On hold
Audit logs	Scope: Test audit logs produced from a sample of systems and evaluate how they are used by service. To be undertaken once staff return to offices.	On hold
Security - physical and environmental	Scope: Evaluate security within main buildings (to be rolled out to smaller offices and other establishments such as schools). To be undertaken once staff return to offices.	On hold
Cyber Resilience & Information Governance Group	Scope: A member of IA staff will attend the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. The Group will address and reduce cyber risk and improve the council's cyber security, information security and governance. Meets monthly.	On-going
North & Mid Wales Auditors - Fraud Group	Scope: North & Mid Wales Auditors - Fraud Group: A member of IA staff will attend the group tasked with sharing knowledge & skills re countering fraud to build resilience throughout LAs. Meets monthly.	Unplanned On-going
LG & Elections (Wales) Act 2021		
LG & Elections (Wales) Act 2021	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.	On-going
Introduction of Corporate Joint Committees	Scope: Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.	On-going
Self-assessment arrangements	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.	
Consultancy / Advisory (Other)		
Governance & Audit Committee support	Scope: Support GAC as requested / required.	On-going
AW Protocol	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new protocol.	On-going
AW Management Resonse Form - NFI 2018-21	Scope: Complete, monitor & update AW Management Response Form re NFI.	Completed Quarter 3
AW Management Response Form - Tackling Fraud	Scope: Complete, monitor & update AW Management Response Form re Fraud arrangements.	On-going
General Powers of Competence Regulations	Scope: IA input to consultation. Further review dependant on outcome of consultation.	Completed Quarter 3

Income Banking Procedures	Providing advice on new banking procedures for income collected at CCC locations.	Unplanned Completed Quarter 4
Additional Reviews / Queries / Contingency		
Lampeter Library/Cash Office	Scope: Advice requested re security of cash issue.	Unplanned Completed Quarter 1
Procurement - purchasing procedures	Query from Procurement section re procedures on receipting deliveries made to staff members' homes eg stationery etc.	Unplanned Completed Quarter 4
Plascrug Leisure Centre - vending	Query from Plascrug re removing vending machines from LC and selling stock over the counter	Unplanned Completed Quarter 4
Childcare Scheme	Initial enquiries & research undertaken - scope to be determined	Unplanned Allocated
Emergency Welcome Centre	Scope: provide advice for governance arrangements and controls on Emergency Welcome Centre	Unplanned On-going
Assurance		
Assurance Mapping	Assurance available from other sources	On-going

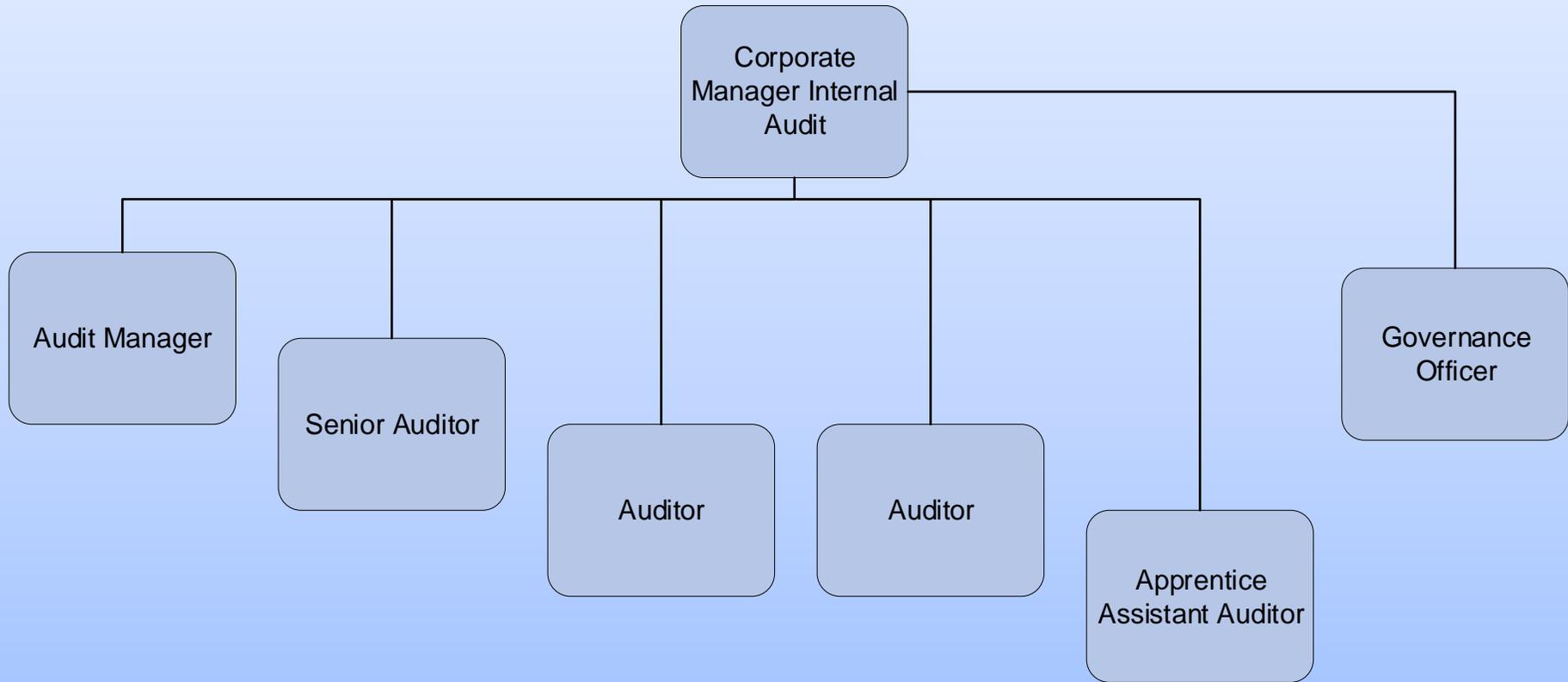
Guide to the assurance criteria used:

Level:	High	Substantial	Moderate	Limited
Adequacy of Controls:	Controls in place to ensure achievement of service objectives and to protect Council against significant foreseeable risks. No fundamental weaknesses found.	Controls in place to ensure achievement of service objectives and to mitigate significant foreseeable risks. Some areas of improvement identified.	Controls in place to varying degrees. Gaps identified which leaves service exposed to certain risks. Improvement required.	Controls considered insufficient. Need to strengthen procedures significantly and ensure compliance.
Risks:	Minor risks only.	Opportunity exists to improve on risk exposure.	Need to introduce additional controls and/or improve compliance.	Failure to improve controls leaves Council exposed to significant risk (major financial loss, reputation, failure to achieve service's key objectives).
Guide:	No fundamental or significant actions required.	No fundamental actions required. Limited significant actions.	Number of significant actions.	Number of fundamental / significant actions.
Follow-up required:	Initial audit only.	Follow-up of any significant actions only / self-assessment with samples to evidence compliance.	IA follow-up with sample tests undertaken to ensure all actions implemented, and to re-assess assurance.	IA follow-up with full testing undertaken to ensure all actions implemented, and to re-assess assurance.

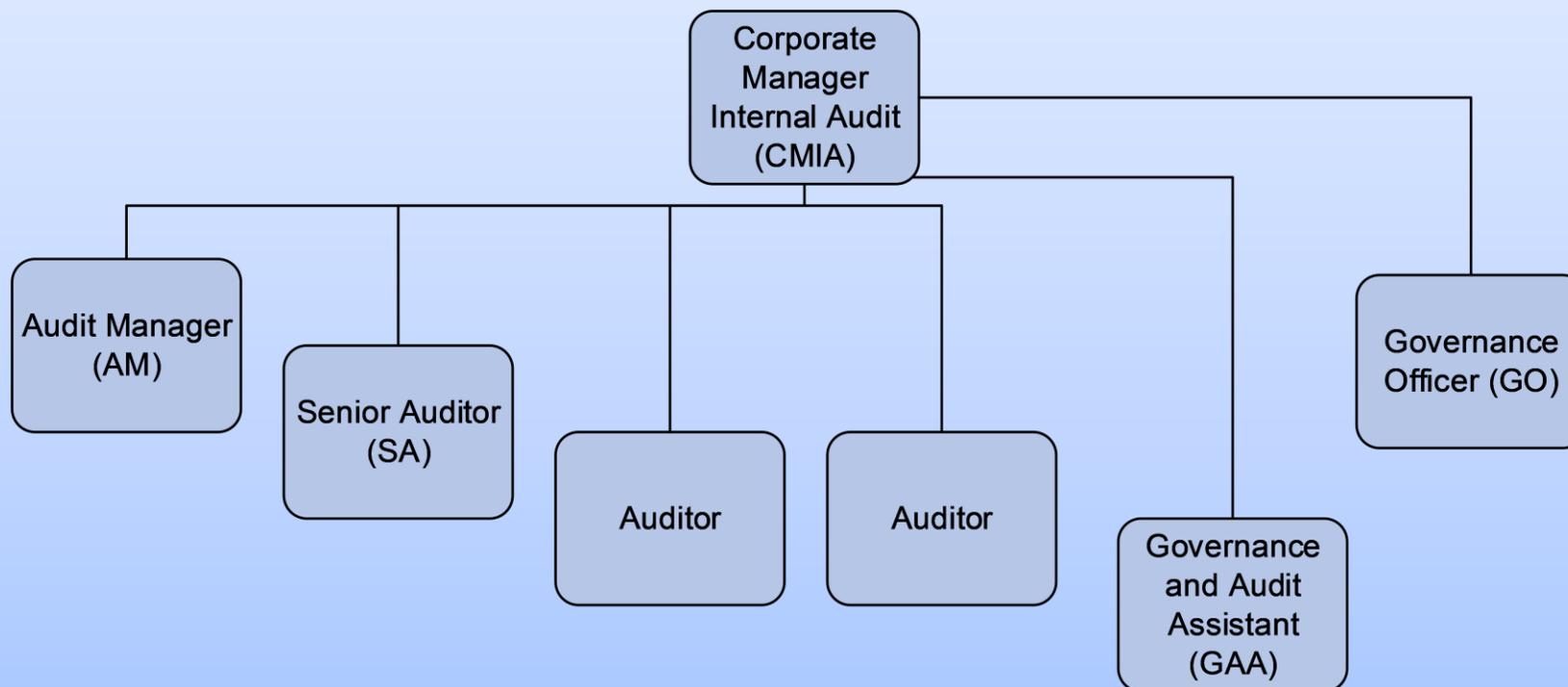
Guide to the classification of actions used:

Classification of Actions			
Fundamental	Significant	Moderate	Merit Attention
Weakness that is crucial to the management of risk within the service. Needs to be notified and requires the attention of the CLO.	Important findings that identify non-compliance with established procedures that could lead to a risk of financial / reputational loss to Service.	Findings that identify non-compliance with established procedures but do not represent any major risk of financial / reputational loss to Service.	Items requiring little or no action. Included as may be of interest to service or best practice advice.

Internal Audit Structure wef 1 November 2020



Proposed Internal Audit Staffing Structure



CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	6 June 2022
Title:	Internal Audit Annual Report 2021/22
Purpose of the report:	To provide an annual internal audit opinion of assurance to Members of the Committee
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

The Committee considered the annual Internal Audit Plan 2021/22 at its meeting in February 2021. The Plan provided an outline of the work required to be undertaken by the Internal Audit Section during the year in order to form its assurance opinion.

This opinion forms part of the Council's framework of assurances. Internal Audit also provides independent advice to services to help managers improve their internal controls, risk management and governance arrangements.

The Annual Report provides a summary of the internal audit activity during the year to 31 March 2022 and incorporates the audit opinion.

It also documents the current resource position, and the Section's quality, improvement and progress plans.

Recommendation(s): **To APPROVE the Report**

Reasons for decision: **That the Committee is satisfied that the Internal Audit Section has undertaken sufficient and appropriate work in order to provide a realistic assurance at year-end, whilst adding value and assisting the Council in achieving its objectives.**

Appendices: **Internal Audit Annual Report 2021/22**

Head of Service: Elin Pryor
Corporate Lead Officer Legal & Governance Services /
Monitoring Officer

Reporting Officer: Alex Jenkins
Corporate Manager - Internal Audit

Date: 6 May 2022

Mae'r adroddiad yma ar gael yn Gymraeg.
This report is available in Welsh.

GWASANAETHAU CYFREITHIOL A LLYWODRAETHU

LEGAL AND GOVERNANCE SERVICES

GWASANAETH ARCHWILIO MEWNOL

INTERNAL AUDIT SERVICE



Adroddiad Blynyddol y Rheolwr Corfforaethol - Archwilio
Mewnol ar Waith yr Uned Archwilio Mewnol am 2021/22

Annual Report of the Corporate Manager - Internal Audit
on the Activity of Internal Audit during 2021/22

Report Prepared by: Alex Jenkins, CMIA

Date of Issue: 6 May 2022

Presented to Governance & Audit Committee:
6 June 2022

Adroddiad Blynyddol y Rheolwr Corfforaethol - Archwilio Mewnol ar Waith yr Uned Archwilio Mewnol am 2021/22

Annual Report of the Corporate Manager - Internal Audit on the Activity of Internal Audit during 2021/22

1 INTRODUCTION

- 1.1 The professional responsibilities for public sector internal auditors are set out in the Public Sector Internal Audit Standards (the Standards) which are accompanied by CIPFA's Local Government Application Note.
- 1.2 The Standards require the Corporate Manager - Internal Audit (CMIA) to provide the Governance & Audit Committee with assurance on the Council's whole system of internal control, risk management and corporate governance arrangements.
- 1.3 This report sets out the individual and collective outcomes of the audit reviews undertaken during the year to 31 March 2022. The service has been providing a more 'reactive' service during the year due to the pandemic, allocating more time to items such as covid related grants. These decisions have been made with consideration to the risks presented, and work re-prioritised as necessary. The overall audit opinion of assurance is based on this audit work.
- 1.4 The assurance provided also takes into account progress in implementing improvements, consideration of the risk register and assurances provided in reports issued by external regulators.
- 1.5 Responsibility to develop, maintain and ensure compliance with the internal control, risk management and governance procedures within their area of responsibility lies with managers. Also, assurance provided can never be absolute.

2 SCOPE AND THE INTERNAL AUDIT PLAN

- 2.1 The role and responsibilities of Internal Audit (IA) are outlined in the Council's IA Charter, which was recently reviewed and approved by the Committee in January 2022. It also specifies IA's independence, authority, scope of work and reporting arrangements. All audit work is carried out in accordance with the contents of the IA Charter, which is reviewed annually by the CMIA and presented to Governance & Audit Committee if any amendments are required.

- 2.2 In order to ensure IA completes a sufficient amount of testing throughout the year to provide an objective assessment, the CMIA decides the priorities, scope and methods of the Council’s audit activity by re-addressing the risk-based operational audit plan at the start of each financial year. The IA Strategy and Plan 2021/22 which outlines how the year’s operational work plan was compiled and lists the audits to be undertaken by IA during the year was approved by the Committee in February 2021.
- 2.3 The initial 2021/22 operational plan’s implementation was monitored by the CMIA on an on-going basis and, inevitably, a number of changes were required during the year for a variety of reasons (mainly due to the pandemic), necessitating the re-prioritisation of tasks, and revisions to the original work planned. The service worked in a more ‘reactive way, and the main change was due to the Business Rates Grants awarded during the various stages of lock-down.

As noted in last year’s Annual Report, this was deemed appropriate and necessary as the Council (like other LAs) had an urgent obligation to award the grants to eligible businesses in the County. It is in situations such as these (ie working to get as many applications as possible processed over a short time period) that errors can easily occur, and that fraudsters can easily infiltrate. This system therefore provided added risks to the Council, as grants paid were sizeable amounts and strict eligibility criteria existed.

The change to IA’s plan and way of working was made as it was regarded as adding value to the Council’s operations (which is IA’s mission according to the PSIAS) and is supported by the IASAB statement (please see Appendix 1).

The level of assurance provided is based on:

- The findings of all audits and consultations undertaken during 2021/22 (planned and unplanned),
- Management responses to findings and actions required, and
- Various assurances from other sources (see Appendix 4).

2.4 A summary of the status of IA’s work as at 31/3/2022:

Status of Audit	Number
Final Report / Response Presented to Service	26
On-going items of work eg NFI	33
Draft Report Produced – Awaiting Exit Meeting	1
Working Papers and Report Awaiting Review	11
Audits in progress / cfwd to 2020/21	11
CFwd, on-hold or no longer required	13

2.5 A copy of the 2021/22 IA Operational Plan, as presented to the Committee in February 2021 is provided in Appendix 2 (which notes the status of each piece of work). The actual work completed against the plan, plus additional reviews, and on-going work are detailed in the tables below:

Table 1: Audits & reviews completed in accordance with the 2021/22 operational plan (ie planned work)

Table 2: Additional audits, consultations & advisory work completed (ie unplanned work)

Table 3: On-going work

Table 1 – 2021/22 Planned Audits Completed

Audit Area	Type of Audit	Assurance
Key Controls		
Housing Benefits Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing housing benefit applications: business continuity arrangements, compliance with National Verification Framework, fraud awareness, speed of processing, system parameter files, system data, exception reporting, reconciliation to feeder systems, independent verification of sample calculations, security of ICT system.	Key Controls	Substantial
Governance		
AGS Framework review - 2021/22 Scope: the review considers the effectiveness of the Governance Framework process.	Governance	High

Audit Area	Type of Audit	Assurance
Wellbeing of Future Generations / Equalities		
Embedding of Wellbeing & Future Generations Act Scope: WFGA review which considers the arrangements in place for ensuring services have regard for corporate objectives in their plans, and that satisfactory procedures are in place to ensure WFGA requirements are considered in decision-making.	Compliance	High
GDPR		
GDPR in Schools Scope: GDPR. All schools processing personal data must pay a fee to the Information Commissioner's Office. The review consists of a periodic check, to ensure all CSC schools have paid their annual fee to the ICO. The review does NOT include a review of the data provided to the ICO.	Compliance	Substantial
GDPR in Schools Scope: All schools processing personal data must pay a fee to the Information Commissioner's Office. The review consists of a periodic registration check, to ensure all CSC schools hold a valid and up to date registration with the ICO. The review does NOT include a review of the data provided to the ICO.	GDPR/DP	Substantial
Grants		
Education Improvement Grant (EIG) - 2020/21 End of Year Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements.	Grant	High

Audit Area	Type of Audit	Assurance
<p>PDG - 2020/21 final EOY audit</p> <p>Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements.</p>	Grant	High
Other Services and Systems		
<p>Change Floats & Petty Cash Imprests</p> <p>Scope: A review of the year-end procedures re the reconciliation of actual imprests issued to services, against the record held on the Council's financial ledger; to include a scrutiny of the declarations provided by services re 2019/20 and 2020/21.</p>	System	Moderate
<p>Harbours Account</p> <p>Scope: Account audit. The Council must prepare annual accounts following proper practices as set out in the One Voice Wales/Society of Local Council Clerks publication, Governance and Accountability for Local Councils in Wales – A Practitioners' Guide. The Guide states that bodies may prepare their accounts in the form of an annual return prepared by Audit Wales, which includes internal audit input regarding account preparation. The audit is in respect of the 2020/21 account.</p>	Account	High
<p>HR – Just Giving</p> <p>Scope: Request from HR to oversee & audit the collection procedures re donation to be paid to foodbanks by staff.</p>	System	High

Audit Area	Type of Audit	Assurance
Counter Fraud		
Mandate Fraud Guidance Scope: Service operational guidance is currently being reviewed & updated to ensure it remains up to date & relevant. IA input requested.	Advisory / Counter Fraud	N/A*
Counter Fraud Strategy Scope: Three-yearly review due 2021. Updated Strategy co-ordinated by IA; endorsed by GAC 3/6/21 & presented to Council 17/6/21 for final approval. Updated Strategy now on website.	Advisory / Counter Fraud	N/A*
Additional Reviews / Consultations		
Audit Wales MRF - NFI 2018-21 Scope: Complete, monitor & update AW Management Response Form re NFI.	Assurance	High
General Powers of Competence Regulations Scope: IA input to consultation.	Advisory	N/A

Table 2 – 2020/21 Unplanned Audits Completed

Audit Area	Type of Audit	Assurance
Governance		
<p>Emergency Rest Room Boxes</p> <p>Scope: IA input into service audit of emergency rest room boxes, to ensure security of boxes placed in specified locations.</p>	System	Substantial
Other Services and Systems		
<p>Harbours</p> <p>Scope: Testing undertaken to support Harbours account, as stipulated by AW form: appropriate books of account maintained, financial regulations met, risks assessed, adequate budgetary process, expected income fully received, salaries and deductions properly applied, asset and investment registers maintained, accounting statements properly prepared.</p>	System	Substantial
<p>Lampeter Wellbeing Centre</p> <p>Scope: New service provision at Lampeter Wellbeing Centre (previously Leisure Centre). Advice requested re controls & security of cash taking procedures at reception area.</p>	Advisory / Counter Fraud	N/A*
<p>Harbours</p> <p>Scope: Testing undertaken to support Harbours account, as stipulated by Audit Wales form. Initially provided to Finance & Procurement in Quarter 1 to support Harbour Account work. Draft also prepared for Environmental Health who administer Harbours on a day to day basis, in order to address actions required stemming from the account sampling.</p>	System	Substantial

Audit Area	Type of Audit	Assurance
Other Services and Systems		
Estates Scope: An investigation to discover reason for breakdown in communication between the Estates service and Audit Wales during the external audit of the Council's accounts; as requested by GAC.	System	High
Coroners Scope: Summary of previous VFM audit reports.	VFM	Moderate
Coroners – Follow-on Report Scope: Follow-on to the report dated 23/6/21 which was presented as an exempt paper to GAC on 9/9/21. Additional information provided, as requested, for comparison purposes.	Advisory	N/A
Coroners – Comparisons of fees Scope: Comparison as requested by GAC.	Follow-on	N/A
Additional Reviews / Consultations		
Lampeter Library / Cash Office Scope: Advice requested re security of cash issue.	Advisory / Counter Fraud	N/A*
Income Banking Procedures Scope: Providing advice on new banking procedures for income collected at CCC locations.	Advisory	N/A

Audit Area	Type of Audit	Assurance
Procurement – purchasing procedures Scope: Advice given regarding procedures on receipting deliveries made to staff members' homes eg stationery etc.	Advisory	N/A
Plascrug Leisure Centre – Stock Scope: Advice provided regarding removing vending machines from LC and putting procedures and controls in place for selling stock over the counter.	Advisory	N/A

Table 3 – On-going work

- Covid-19 Grants – some applications / appeals on-going
- Annual Governance Statement – evaluate and contribute as required throughout the year
- Risk Register – check mitigating controls in place
- Coroners – support & evaluate new system in its development
- National Fraud Initiative – co-ordinate the exercise, which matches electronic data within and between public and private sector bodies to prevent and detect fraud
- ActiveData – use to detect duplicate / anomalies in grant payments; check against counter-fraud information received eg NAFN bulletins
- Procurement – sample test of new creditors set up on system to ensure they are ‘genuine’ and that purchases are appropriate
- Payroll – sample test new employees to ensure in post
- Governance & Audit Committee support
- Input to reviews undertaken by Governance Officer:
 - LG & Elections (Wales) Act 2021
 - Code of Conduct
 - Constitution
 - General Power of Competence Regs
- Audit Wales Protocol – support arrangements to ensure AW recommendations are acted upon
- Counter-Fraud Strategy – increase awareness and ensure strategy is up-to-date and relevant
- Attend Group meetings to raise IA awareness of any major changes in systems & procedures, to re-assess any associated risks & re-prioritise IA work if appropriate, eg:
 - Corporate Management Workshop
 - Corporate Project Management Panel
 - Emergency Planning & Business Continuity Management Group
 - Economic Adjustment (Silver Command)
 - Development Group
 - Brexit Team

- 2.6 The aim of the majority of reports issued is to give managers an opinion on the governance, risk and controls of the area under review, and recommending corrective actions to strengthen any weaknesses discovered. These opinions, plus the likelihood of improvement, provide the foundation on which to base the IA annual opinion of assurance on the Council's whole environment. Consultancy work also adds value by helping managers improve processes and achieve their objectives more effectively.
- 2.7 To comply with the Standards a formal follow up process is in operation within the Service to confirm that the recommendations made in IA reports have been implemented by management within agreed timescales. A follow up audit will normally take place the year following the original audit, with the exception of those audits assessed as providing high levels of assurance where follow up work is not performed, in order to maximise the audit resource. However, due to the current circumstances, the follow-up audits due to be undertaken in 2021/22 have been carried-forward to 2022/23.
- 2.8 The levels of assurance provided by the work undertaken during the year by IA are summarised in the table below:

Level of Assurance	Number
High	8
Substantial	6
Moderate	2
Limited	0
N/A	10
Total	26

- 2.9 The criteria used to assess each level of assurance are outlined in Appendix 3.
- 2.10 During 2021/22 audit plan year the majority of reviews that were provided an opinion on assurance, were allocated either high or substantial assurance based on the work undertaken (as per the table above). A number of the 'high' assurances were provided in respect of grants.
- 2.11 IA continued to focus resources into grant related areas during 2021/22, to ensure that the risks presented by this type of funding were being appropriately managed. No significant risks were identified in respect of the grants reviewed.
- 2.12 No systems audited during the year were allocated limited assurance. Two were given moderate assurance. As well as advising the services at the time of the audit the corrective actions required, a further review will be undertaken to assess improvements, and IA will continue to work with the services to assist with embedding improvements into systems.

- 2.13 In addition to covering risk management as part of individual reviews, an audit of the corporate risk management framework in place within the Council was undertaken during 2020/21 which was reported to the Governance & Audit Committee on 3 June 2021. This work concluded that a high assurance could be given that processes are being managed effectively on a corporate level, which is an important factor in supporting the audit opinion. This assurance is further supported by the regular reporting of the corporate risk register and framework to Governance & Audit Committee.
- 2.14 AW review the Annual Governance Statement and provide an opinion covering its consistency with their knowledge and with legislation. This work is complemented by an internal audit review of the Framework process, which is also presented to Governance & Audit Committee. High assurance has been based on procedures in place to ensure the AGS and its supporting documents are effective and are monitored throughout the year.
- 2.15 IA undertook an audit of the Council's compliance with the Well-Being of Future Generations Act 2015 during 2020/21, and how it has been embedded within services. This report was finalised in the second quarter of 2021/22.
- 2.16 A positive report with high assurance that satisfactory arrangements were in place re the Council's culture of ethics was received in 2018/19. Two actions were required; the first, a requirement to circulate a questionnaire to all staff regarding their beliefs on the Council's ethical culture has been completed. A workshop was arranged on 28 May 2021 to address the second action in providing training to staff on the subject. A follow-up audit of Ethics was undertaken in 2021/22 and is currently awaiting review.
- 2.17 IA staff have a knowledge of key risks and controls regarding information, its security and the ICT environment. This is demonstrated when collecting assurance re ICT system safeguards during each key control audit.
- 2.18 All staff from the Internal Audit service attended a meeting with the Councils Data Protection Officer regarding the General Data Protection Regulations (GDPR) and Information Security to obtain assurances on procedures in place. Some IA staff have attended basic ICT audit training sessions, and/or have the use of data analysis software in order to expand the skills within the Section. The AM has also attended ICT audit training provided by the Institute of Internal Auditors and Mindgrove during 2019/20.
- 2.19 During the pandemic, ICT has been a key enabler in maintaining all the services that the Council deliver by supporting staff to work from home and on average they have over a 1000 connections every day. The majority of ICT staff are working from home, providing support to end users, maintaining applications software and continuing to develop new solutions to deliver Council services digitally through CLIC and the website. The technicians can provide remote support to end users, and maintaining and upgrading ICT provision in a safe manner.

- 2.20 At the start of the lockdown, the ICT service had already started the migration of staff over to Office 365 (replacing the existing email and office systems used) and the migration has continued with the majority now completed. Usage of the system has increased during the pandemic. The number of unsuccessful cyber threats (malware & phishing messages) have been reported to Scrutiny. ICT continues to support all service areas and is actively enabling more digital delivery of the Councils services.
- 2.21 Reviews of IT back-up and recovery procedures are checked for all key control audits. No separate IT audits were undertaken during 2021/22, but this will be addressed in 2022/23 in keeping with the IT audit training received. (A review of the new Ceri ITrent payroll system was undertaken during 2017/18 by a neighbouring Council’s specialist ICT auditors, who also carried out an audit of the Council’s Financials computerised ledger system in 2018/19).
- 2.22 More time has been focussed on an assurance mapping exercise during this year, as per the IA Improvement Plan for 2021/22. All the additional assurances used to inform the audit opinion are listed in Appendix 4.
- 2.23 A separate Report has been produced outlining the counter fraud work undertaken by the service, as requested by the Committee.

3 FINDINGS 2021/22

3.1 A total of 23 ‘actions required’ have been issued in the final reports distributed during 2021/22, some of which were minor in nature, but merited consideration (as per table below).

Classification of Actions				Total Actions
Fundamental	Significant	Moderate	Merit Attention	
0	2	17	4	23

3.2 The significant actions have been reported regularly to the Committee in the quarterly IA Progress Reports.

4 AVAILABLE RESOURCES

- 4.1 The current IA structure is attached in Appendix 5. The previous Corporate Manager – Internal Audit (CMIA) retired on 31 December 2021 with the previous Senior Auditor commencing as CMIA from 01 January 2022. The previous Apprentice Assistant Auditor was appointed Senior Auditor from 1 January 2022. The IA structure is proposed to change in 2022/23 as a business case for a Governance & Audit Assistant has been submit for approval, this role will be in lieu of the Apprentice Assistant Auditor and will provide support to both the IA service and the Governance Officer.
- 4.2 All members of staff have received IA induction as well as corporate induction training including mandatory e-learning modules.
- 4.3 During the year a total of 865 days of audit activity were undertaken (equating to approx 102% of required days).
- 4.4 The AM has continued to co-ordinate and work on the National Fraud Initiative (NFI) exercise during the year, the mandatory exercise run by AW that matches electronic data within and between public and private sector bodies to prevent and detect fraud.
- 4.5 Staff have also contributed to the Annual Governance Statement and other corporate policies and procedures; and attended workshops / meetings to include the Corporate Project Management Panel, Corporate Managers' Workshops, Silver Command – Economic Adjustment in order to gain assurances.
- 4.6 The majority of audits were completed within the estimated days allowed (96%). Some of the key financial control audits have been addressed prior to the usual 3-yearly cycle due to additional risks introduced from working from home; and counter-fraud work has also been undertaken in these areas.
- 4.7 As well as the above, a number of planned and unplanned, audits and consultations have been undertaken across a diverse section of the Council's services.
- 4.8 Arrangements have been made during the year to enable the issue of service Audit Reports from the Pentana (MKI) audit management software system, as noted in the previous IA Improvement Plan for 2021/22. IA's use of the Pentana software has been evaluated, and training has been arranged for all IA & Governance staff to set up and use all functions of Pentana. In the meantime, shared electronic folders will be used to record all reactive work completed.

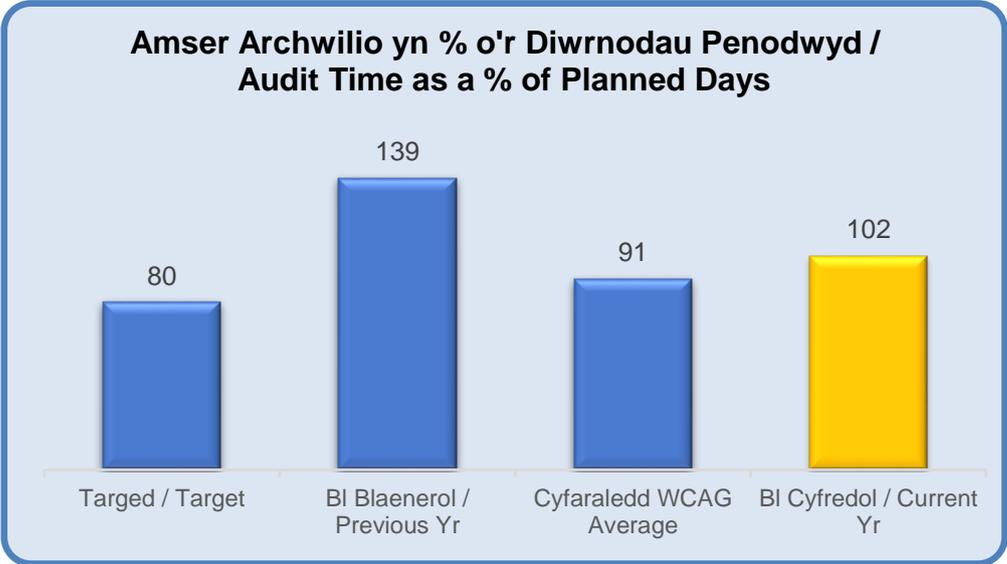
5 AUDIT PERFORMANCE

- 5.1 An annual self-assessment has been undertaken by the CMIA using CIPFA's checklist to assess IA's compliance with the Standards and LG Application Note, this will be reported to GAC in September 2022. The summary of results from the 2020/21 self- has been attached in Appendix 6 of this report. (An evaluation of the Pentana (MKI) system has been carried forward to this item in the plan from 2020/21).
- 5.2 An external review of the assessment was conducted during 2016/17 by an Audit Manager of Conwy County Borough Council. In accordance with the Standards, this assessment is required to be undertaken every five years by a qualified independent assessor. Plans have again been made via the Wales Chief Auditor Group; Ceredigion's is currently in progress and is being undertaken by Ynys Môn's Head of Audit. (The CMIA will undertake Denbighshire's assessment in February 2023).
- 5.3 The 2021/22 self-assessment and the resulting improvement plan will be reported along with the report from the external review.
- 5.4 Any instances of non-conformance to the Standards is reported to the Governance & Audit Committee. Any significant deviations is noted in the Annual Governance Statement.
- 5.5 The CMIA ensures the Section complies with the Standards' Mission, Definition of Internal Auditing, the Code of Ethics and the Standards as set out in the Charter via a set quality assurance and improvement program (QAIP), ie:
- All members of IA staff have access to a local 'Internal Audit Manual' document covering areas such as the auditors' roles and responsibilities, documentation standards, etc. (This has been updated for 2022/23).
 - The IA Charter, Council Policies, Governance & Audit Committee minutes, etc are all available on the Council's website or Ceri system and the Service has signed up to reference sites such as CIPFA's Better Governance Forum and Tis-online which provide further information and guidance.
 - Consideration is given to the skills and experience of each auditor prior to allocating assignments. Audit staff are appropriately trained and supervised. Two of the IA staff are currently pursuing the Institute of Internal Auditor's qualification. Work is reviewed to monitor progress.
 - All work is subject to audit management quality review prior to issue, which is evidenced.
 - User feedback is requested via a quality control questionnaire, to identify any possible improvements to the service (although, due to services' resources, this has not been in place during the pandemic – this has been noted in the improvement plan for 2022/23).

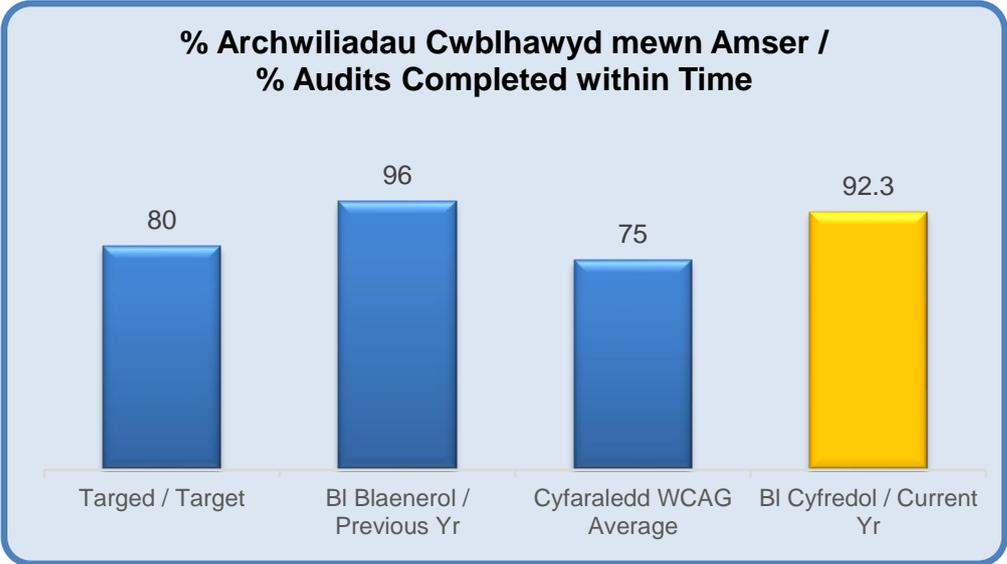
- Periodic reviews are undertaken, to assess the service achievements to date against the set strategy, at which time any necessary resultant actions are identified and implemented.
- The IA Business Plan feeds in to the Service Plans. These include high level actions for ensuring performance, development and improvement throughout the year which the Council monitors on a formal basis.
- The CMIA's quarterly progress reports to Governance & Audit Committee document the Section's position and achievements during the year; the annual report notes how the Section has met its aims and objectives at year-end.
- All members of staff are subject to annual appraisals under the Council's scheme, which requires the continuous enhancement of knowledge, skills and competencies. The appraisal process is supported by regular IA team meetings and one-to-one meetings with the CMIA (which have continued whilst working from home due to the pandemic).
- All members of audit and governance staff are required to sign an annual declaration of interest and a code of ethics affirmation.
- IA work is subject to review by Audit Wales, and other reviewing bodies / assessors.
- The CMIA compiles a range of performance indicators as set by the Governance & Audit Committee based on CIPFA's benchmarking indicators:

Indicator	Measure	Target	2021/22
Number of audits completed	Number	-	26
Percent of planned time spent on audits	%	80	102
Percentage of QCQs returned	%	50	-
Percentage of clients responses at least 'satisfied'	%	95	-
Percentage of actions accepted versus made	%	95	96
Percentage of audits completed within planned time	%	80	92.3
Av no of days from end of audit to issue of draft report	Days	10	7.9
Av no of days from exit meeting to final report	Days	5	0

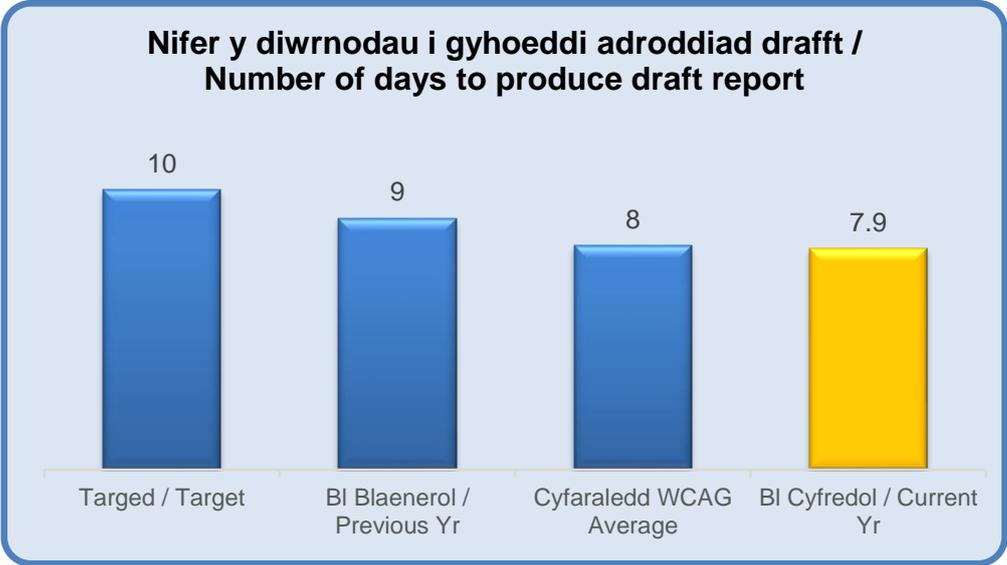
- 5.6 During 2021/22 26 reviews were completed. No quality control questionnaires were sent out, but a number of favourable comments were received and 96% of recommendations were accepted.
- 5.7 The percentage time spent on audits exceeded the set target of 80%, the reduction from the previous year's percentage was due to there being an additional member of staff in the structure to the allocated days in the plan:



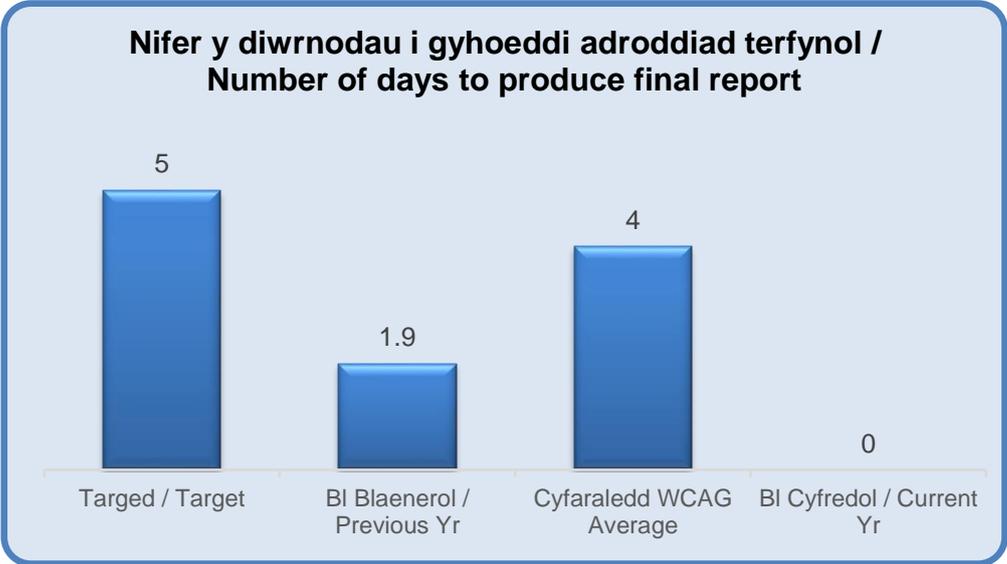
- 5.8 There was a slight decrease from last year in the percentage audits completed within the planned time, which also exceeded the set target of 80%:



5.9 The average number of days between the end of the audit field-work and the issue of a draft report was less than last year and within the target number of 10 days (this is partly attributed to grant / advisory reviews which are turned around quickly):



5.10 Following on from the above, there remains a good turn-around between the audit exit meeting and the issue of the final report, with a number of reports being issued the same day as the exit meeting:



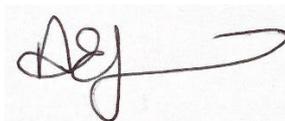
6 CONCLUSION AND OVERALL OPINION

- 6.1 The ethical culture within the Council is good, with employees and Members expected to comply with the Codes, policies and guidance issued (which is demonstrated by the need to review such documents every three years). These are readily available on the Council's website and/or Ceri. Managers have also received training provided by HR on various aspects of workforce planning, development and management, as well as an opportunity to follow an Institute of Leadership & Management qualification. All staff have to complete mandatory training modules on matters such as equality & diversity, health & safety, etc which is monitored by Leadership Group. Additional modules were added during the pandemic such as Managing Teams Remotely.
- 6.2 It has been necessary to continue working in a more 'reactive' method during 2021/22, in response to the Council's needs during the pandemic. The service has reacted promptly to any immediate demands, reassessed risk, and redirected resources where they were most required. This has been undertaken in compliance with CIPFA and IASAB's guidance.
- 6.3 The majority of Audit Reports issued during the year resulted in a positive assurance level. Other methods of obtaining assurances were also taken into account.
- 6.4 Follow-up audit reviews will be undertaken during 2022/23 onwards where necessary.
- 6.5 The arrangements in place to ensure that management do actually address issues raised by IA have been strengthened by the formation of the Governance & Audit Committee.

6.6 It can therefore be concluded, based on:

- **the number, scope and assurances from internal and external reviews undertaken during the year to 31 March 2022, and**
 - **the acceptance of actions by management (where available),**
- that the Council has a satisfactory framework of governance, risk management and internal controls in place to manage the achievement of the organisation's objectives.**

AEJ/Aud145
6 May 2022



Corporate Manager - Internal Audit

Conformance with the PSIAS during the coronavirus pandemic

The IASAB has developed this guidance to support heads of internal audit and individual internal auditors in the UK public sector. It has the backing of all of the UK Responsible Internal Audit Standard Setters (RIASS)¹.

All internal auditors of any organisation in countries significantly affected by COVID-19 will be reassessing their work plans and staff priorities. For public sector internal auditors there is an additional responsibility. All staff in a public service body have a responsibility to work in the public interest. At a time of national crisis there is a need to act in the best interests of the health, safety and livelihoods of the public as well as supporting the operational needs of the organisation.

As a result very few internal auditors will be operating under 'business as usual' conditions. At the very least they will be doing the majority of work remotely, and staff in many teams are likely to be taking on different roles to support their organisation and the public interest.

The primary concern of heads of internal audit will be to support their organisation and its functions together with concern for the wellbeing of their staff. They may also be worried that the decisions they take could lead to non-conformance with UK Public Sector Internal Audit Standards (PSIAS²).

This guidance should reassure heads of internal audit and the audit committee that diversion from planned audit work will not automatically mean that they do not conform. There are however some basic steps to take to safeguard the longer-term position of internal audit.

Note that useful additional material is provided in an Information Paper *Doing things differently during the coronavirus pandemic – adjusting to the new normal* which is available on the IASAB website at www.iasab.org. This also links to other useful online resources developed in response to the current crisis.

¹ The Relevant Internal Audit Standard Setters (RIASS) are:

- HM Treasury in respect of central government;
- the Scottish Government, the Department of Finance Northern Ireland and the Welsh Government in respect of central government and the health sector in their territories;
- the Department of Health in respect of the health sector in England (excluding Foundation Trusts); and
- the Chartered Institute of Public Finance and Accountancy in respect of local government across the UK.

² PSIAS are based on the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) and include additional UK public sector requirements and interpretations.

Mission of Internal Audit

The Mission of Internal Audit is 'To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.' In the current circumstances internal auditors will be fulfilling their Mission in different ways than usual. However the critical point is that they should still fulfil that Mission. Ideally, this will provide enough assurance to support audit opinions, and for the Governance Statement, although it will certainly be appropriate to draw attention to the context within which this assurance was gained and potential limitations. If it is not possible to achieve sufficient depth or coverage it will be necessary to caveat opinions and/or the Governance Statement, and explain the impact of this and what will be done to retrieve the position in future. However, the key point is to protect organisational value.

Examples of ways that internal audit can protect organisational value are:

- Helping **protect** the organisation's operations by helping management to find new ways of working
- Providing real-time **advice** and **insight** in the development of new systems and controls. For example where the organisation has to implement a new and urgent government policy.
- Ensuring that internal audit's work remains **risk-based**, but continuously reassessed to reflect the significant changes and escalation of risk levels being experienced.
- Providing real-time **assurance** to the board and audit committee on the actions and decisions being made.
- Helping the organisation to understand and plan for longer term risks resulting from the current crisis to **protect** the organisation and its services going forward.

Applying the Standards

Whatever internal audit work is undertaken, it should be in accordance with PSIAS. In practice the operational situation is likely to make this more challenging. Challenges might include:

- **Diversion of internal audit staff to other work:** this may reduce capacity to carry out audit work, capacity to monitor the quality of that work, and may make it harder to manage threats to independence
- **Diversion of operational staff to other duties:** this may make it difficult to access information or obtain responses to audit queries.
- **Home-working of the majority of staff:** depending on the effectiveness of business continuity arrangements in a home-working environment, both internal audit and operational staff may have reduced access to systems and resources. This may be a particular issue for smaller public sector organisations.
- **Increased levels of sickness absence/sick leave:** these may exacerbate the above issues

However each internal auditor retains their personal responsibility for operating in accordance with PSIAS and should aim to act professionally. The Core Principles in the International Professional Practices Framework articulate internal audit effectiveness, and are short and focused reminders of the professionalism of an internal auditor. There will clearly be strains on resources, and this will make it more difficult to maintain quality and adherence with professional standards. There will often be pressures to contribute to the first and second lines of defence rather than providing assurance, and this may in turn create threats to independence which need to be managed.

Key Steps to Take

1. Advise the audit committee and other key stakeholders³ in the governance process of the changes to the audit plan and operations of the internal audit team. A lengthy report is not required but the committee should be made aware. Brief but regular updates should be provided as the situation develops.
2. Maintain regular and constructive communications with external audit. This will help external audit understand how delivery of assurance is being progressed and provide information on changes in the organisation's system of governance and control
3. Where internal audit staff are reassigned to undertake advisory or consultancy work rather than assurance engagements then they should be made aware of the standards relating to consulting activities, if they are not already familiar with them.
4. Where internal audit staff are diverted into operational roles it should be made clear that for the duration that the staff are not operating as internal auditors. When staff return to their internal audit role, a review can be undertaken to see if any steps are necessary to address impairment to independence and objectivity (standard 1130).
5. Keep clear records of the changes to roles and plans. These will help key stakeholders understand the revised arrangements and will help resolve any conflicts of interest later.
6. Remember the Mission of Internal Audit and act in accordance with it. When the immediate crisis is over the head of internal audit should be able to demonstrate how the operation of internal audit has helped fulfilment of the Mission.
7. At all times Internal Auditors should comply with Government advice, and that of their organisation, regarding health and safety during the coronavirus pandemic.

External Quality Assessment

Heads of internal audit may find themselves in a position where an external quality assessment would not demonstrate the expected level of conformance with the PSIAS. While this may be reasonable in the face of the challenges noted above, they should nevertheless plan to recover the conformance position over time. Such plans will need to take a realistic view of continuing disruption to working practices in the light of developing information: it may be appropriate to begin recovery in advance of a return to fully normal working.

Assessors undertaking a PSIAS review in the next year should take into account the significant interruption to business as usual experienced by internal audit teams in the public sector. Assessors may also need to be flexible in order to schedule and conduct their work in a manner which does not interfere with response to the crisis. The IASAB would encourage assessors to have regard to this guidance note.

³ For example, in central government, the Accounting Officer will need to be kept informed of changes to the normal operation of internal audit.

Internal Audit Operational Plan 2021/22

Audit Plan 2021/22	
Audit Area	Scope / Notes
Changes due to Pandemic	
Risk assessed reactive work due to pandemic	IA will undertake reviews of systems and procedures and any other work where it is identified that the Service can add value to the Council's operations during the pandemic.
- Business Rates Grants, etc bfwd	Scope: Business Rates Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel. <i>The majority of this work completed 2020/21, but a few applications with queries still awaiting decisions.</i>
- Covid Grants - 2021	Scope: 2021 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.
- Business Grants 2022	Scope; 2022 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.
- Discretionary Grants 2022	Scope; 2022 Grants – checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.
- Tenancy Hardship Grant - Aug 2021	Scope: Similar to 2021 Grants ie checking a sample applications prior to payment; validating information and documentation; other testing as appropriate; sitting on queries / appeals panel.
- Registration Service - income collection	Scope: Registration Service – independent verification of payments received and banked during office closure. <i>To be undertaken once staff return to offices.</i>
- Free School Meals	Scope: Free School Meals – check sample of allowances paid (voucher & cash); plus claim made to WG. <i>Initial testing completed - awaiting further review by AM/CMIA.</i>
- Personal Protection Equipment (PPE)	Scope: Independent check of stock levels transferred during transition from stock-taking spreadsheets to computerised system.
Housing Support Grant - Steering Group	Scope: A member of IA staff attends the group tasked with ensuring satisfactory arrangements are in place for Governance with regards to the Housing Support Grant and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives.

Economic Adjustment - Silver Command	Scope: A member of IA staff attends the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Group continues to meet fortnightly.
Key Control Audits:	
Main Accounting System	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for: monitoring, reconciliation, compliance with policy, authorisation, separation of duties and contingency plans for the Council's main accounting system. It does NOT include the ICT system.
Council Tax	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing council tax payments: separation between creating and collecting a debit; methods of payment; reconciliation of debit to valuation list; promptness of processing amendments; daily postings to accounts; unidentified items posted to suspense; missed payments; monitoring of collection rates; payments reconciled to ledger; security of system. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Treasury Management	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for both investments and loans: monitoring registers, reconciliation with MAS, compliance with policy, authorisation, separation of duties and contingency plans. It does NOT include the ICT system. Draft report issued to service.
Housing Benefits	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing housing benefit applications: business continuity arrangements, compliance with National Verification Framework, fraud awareness, speed of processing, system parameter files, system data, exception reporting, reconciliation to feeder systems, independent verification of sample calculations, security of IT system.
Housing Benefit - Quality Review 2021-22	Scope: Quality assurance. Completed annually (normally as part of key control audit). Complete run-through of sample of HBen claims to ensure completeness & accuracy, as required by Ombudsman report following a client complaint in 2014/15.

National Non-Domestic Rates	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing NNDR payments: separation between creating and collecting a debit; methods of payment; reconciliation of debit to valuation list; promptness of processing amendments; daily postings to accounts; unidentified items posted to suspense; missed payments; monitoring of collection rates; payments reconciled to ledger; security of system. It does NOT include the ICT system. Audit testing complete, draft report produced and currently being reviewed.
Creditors	Scope: Key financial risk area. Normally completed every 3-years. The review considers the arrangements for: authorising and paying costs incurred by the Council and the controls over the payment process. The scope does NOT include consideration of the nature of the expenditure or whether VFM was achieved. Added to this year to ensure key controls still in place whilst working from home. Audit testing complete, draft report produced and currently being reviewed.
Sundry Debtors	Scope: Key financial risk area. Normally completed every 3-years. The review considers the arrangements for raising invoices to recover debt owed to the Council: accuracy of value and coding; promptness of raising bills; monitoring of collection rates; debt independently reconciled to ledger; arrears recovery in progress; invoices accountable; security of system. Added to this year to ensure key controls still in place whilst working from home. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Payroll	Scope: Key financial risk area. Completed every 3-years. The review considers the arrangements for processing payroll: separation between creating and amending job roles and staff details and processing payroll; security of system. It does NOT include the ICT system.
Follow-up of Recommended Actions 2018/19 onwards	Scope: Assurance that previous recommended actions made have been implemented where appropriate. Spreadsheet produced of all actions to be re-addressed which is updated regularly. To be addressed once staff return to offices.
Corporate Governance	
Annual Governance Statement	Scope: Governance Framework runs on a rolling review basis. Contribute to finalising 2020/21 AGS & 2021/22 procedures, as necessary, throughout the year.
AGS Framework Review 2021/22	Scope: Governance review which considers the effectiveness of the Governance Framework, especially in the areas specifically addressed in the AGS action plan.

Emergency Planning & Business Continuity Management Group	Scope: A member of IA staff attends the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.
Emergency Rest Room Boxes	Scope: IA input into service audit of emergency rest room boxes, to ensure security of boxes placed in specified locations.
Business Continuity	Scope: Risk review which considers the arrangements in place re Business Continuity. Assurance assessed re procedures in place in Corporate and Service Business Continuity Plans.
Constitution review	Scope: Constitution is continuously reviewed & updated by Monitoring Officer & Governance Officer to ensure it is kept up to date & relevant. IA input provided when required. Assurance assessed re procedures in place.
Risk management & Corporate Risk Register:	
Risk Management	Scope: Risk Framework arrangements are monitored & reported periodically to GAC. IA contribute to RM & procedure, as necessary.
Risk Register: Check mitigating controls in place for risks	Scope: Risk management review which assesses the effectiveness of controls in place for ALL risks identified in the corporate risk register. Elements will be selected and the effectiveness of the stipulated mitigating controls will be reviewed. The scope is limited to the arrangements noted in the report.
Brexit Group	Scope: A member of IA staff attends the group tasked to ensure awareness of any major changes in systems within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.
Brexit	Scope: Risk review which considers the arrangements in place re monitoring arrangements due to Brexit. Audit in progress.
Well-Being of Future Generations / Equalities	
Embedding of WFGA within Services	Scope: WFGA review which considers the arrangements in place for ensuring services have regard for corporate objectives in their plans, and that satisfactory procedures are in place to ensure WFGA requirements are considered in decision-making.

IIA Review & Assessment	Scope: WFGA review which considers the arrangements in place for preparing and submitting IIAs, and the consistency in approach and compilation.
New Socio-Econ requirements	Scope: WFGA review which considers the arrangements in place for preparing to comply with the new socio-econ requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Welsh Standards	Scope: WFGA review which considers the arrangements in place for compliance with the Welsh Standards requirements.
General Data Protection Regulation / DP	
GDPR / DP Compliance (ICO Guidance)	Scope: GDPR. The Regulation became effective in May 2018 and has a significant effect on how data is held and protected. There are reputational implications as well as financial penalties for non-compliance. The review will assess the Council's arrangements for compliance with various elements of the Regulation such as privacy notices, and data audits. Further Audit testing being undertaken.
GDPR in schools	Scope: GDPR. All schools processing personal data must pay a fee to the Information Commissioner's Office. The review consists of a periodic registration check, to ensure all CSC schools hold a valid and up to date registration with the ICO. The review does NOT include a review of the data provided to the ICO.
GDPR in schools - follow-up	Scope: GDPR. Follow-up to above.
Information Governance Team	Scope: GDPR. The Information Governance Team meets monthly. A member of IA does not attend the meetings, but has a catch-up with the DPO periodically for assurance purposes.
Projects	
Corporate Project Management Panel	Scope: New projects. A member of IA staff attends the panel to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Panel is adequately supported and achieves its objectives. Meets fortnightly.
Development Group	A member of IA staff attends the meetings to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.

Corporate Management	
Corporate Management Workshop	Scope: The CMIA attends the meetings to ensure awareness of any major changes in systems, and to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. Meets quarterly.
Grants	
Post-16 Funding - 2020/21	Scope: Grant audit. Covering correspondence and evidence is collected and forwarded to WG to support the declarations made.
Education Improvement Grant - 2020/21 final End of Year audit	Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements. Planned for Q3.
Pupil Development Grant - 2020/21 final End of Year audit	Scope: Grant audit. Completing an End of Year Audit Checklist and Testing Schedule to provide assurance that the grant is spent and administered in accordance with WG's guidelines. Also, to certify the Year-end Claim Form to confirm the funding provided by the grantor in 2020/21 has been duly allocated to the purposes of the grant, in line with the grant terms and conditions of funding and in line with the Council's compliance and audit requirements. Planned for Q3.
Other Services & Systems	
CLIC	Scope: An evaluation of the service provided - scope to be agreed. To be undertaken once staff return to offices.
Credit Cards	Scope: System audit. To concentrate on new system / cards issued. Documentation of systems; ascertain risks in system; and evaluate governance & controls required; test. Queries arose following quality review that need to be addresses once staff return to offices. Report issued 25/3/21 due to actions required. Assurance not provided until additional audit work undertaken.
Change Floats & Petty Cash imprests	Scope: A review of the year-end procedures re the reconciliation of actual imprests issued to services, against the record held on the Council's financial ledger; to include a scrutiny of the declarations provided by services re 2019/20 and 2020/21.
Change Floats & Petty Cash imprests	Scope: Follow-on to above. Assist in set-up of new system as per IA actions required.

Harbours account 2020/21	Scope: Account audit. The Council must prepare annual accounts following proper practices as set out in the One Voice Wales/SLCC publication Governance and accountability for local councils in Wales – A Practitioners’ Guide (the Practitioners’ Guide). The Practitioners’ Guide states that bodies may prepare their accounts in the form of an annual return prepared by Audit Wales, which includes internal audit input regarding account preparation. This was in respect of the 2020/21 account.
Harbours review (Finance)	Scope: Testing undertaken to support Harbours account, as stipulated by AW form: appropriate books of account maintained, financial regulations met, risks assessed, adequate budgetary process, expected income fully received, salaries and deductions properly applied, asset and investment registers maintained, accounting statements properly prepared.
Harbours review (ES)	Scope: Testing undertaken to support Harbours account, as stipulated by Audit Wales form. Initially provided to Finance & Procurement in Quarter 1 to support Harbour Account work. Draft also prepared for Environmental Health who administer Harbours on a day to day basis, in order to address actions required stemming from the account sampling.
VAT	Scope: Testing undertaken on calculation and coding of VAT payments to include creditor & debtor invoices and property transactions. To consider whether VAT guidance is in line with HMRC requirements. Check that VAT is calculated at correct rate and issued within basic tax point and VAT return is completed correctly and submitted promptly.
Lampeter Wellbeing Centre - Reception	Scope: New service provision at Lampeter Wellness Centre (previously Leisure Centre). Advice requested re controls & security of cash taking procedures at reception area.
Lampeter Wellbeing Centre	Scope: New service provision at Lampeter Wellness Centre (previously Leisure Centre). Further to request received re cash taking procedures at reception area (see above), service will involve IA re new systems to incl replacement for current booking system.
Ceredigion Sports Council	Scope: Honorary audit. Historically, IA prepares and audits the body's annual accounts in time for its AGM.
HR - JustGiving Collection	Scope: Request from HR to oversee & audit the collection procedures re donation to be paid to foodbanks by staff.

Waste	Scope: An evaluation of the procedures introduced for waste collection, as discussed with WAO. Consider governance of current system - especially situ re new Strategy. How have problems been dealt with eg seagulls - were they successful - if not, why? What is planned? Public engagement? SLR Group Limited (SLR) has been appointed by Ceredigion County Council (CCC) to explore meaningful options for the future management of waste within Ceredigion. The need for the completed strategy to form the baseline for a Best Value Review of Waste Management also forms part of the Brief.
Sustainable Drainage Systems (SUDS)	Scope: Check arrangements Council currently has in place, to comply with requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Environmental Audit	Scope: Check arrangements Council currently has in place, to comply with requirements. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Estates - Communication breakdown with AW	Scope: An investigation to discover reason for breakdown in communication between the Estates service and Audit Wales during the external audit of the Council's accounts; as requested by GAC.
Museum	Scope: System audit. To concentrate on new 'cash' & 'stock' services introduced to Museum ie café, shop & bar. (Document systems. Ascertain risks in system; and governance & controls required. Test) Queries arose following quality review which will be addressed once staff return to offices.
Houses to Homes - general	Empty property initiative. Request to review procedures. Scope to be agreed. To be undertaken once staff return to offices.
Coroners - Summary Report	Scope: Summary of previous VFM audit reports.
Coroners - Follow-on to above.	Scope: Follow-on to the report dated 23/6/21 which was presented as an exempt paper to GAC on 9/9/21. Additional information provided, as requested, for comparison purposes.
Coroners - New system	Scope: Introduction of new system to bring service in line with Council's Purchase Order / Payment system.
Coroners - Comparisons of fees to other LGA's	Scope: Governance & Audit Committee requested a comparison of Ceredigion Funeral Director fees against Funeral Director fees of other Welsh Local Authorities.
Safeguarding	

Section Safeguarding procedures	Scope: Assurance that all services have introduced an internal safeguarding policy for staff, which is periodically reviewed. To be undertaken once staff return to offices.
Corporate Safeguarding procedures	Scope: system audit, based on CIPFA's TISonline guidance. Some testing not undertaken due to pandemic. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Direct Payments	Scope: Ensure controls in new payments system from April 2021.
Counter Fraud (incl NFI)	
National Fraud Initiative	Scope: The review provides assurance against reputational damage and financial losses due to fraudulent activity by partaking in the National Fraud Initiative, which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud.
Counter Fraud Strategy	Scope: Three-yearly review due 2021. Updated Strategy co-ordinated by IA; endorsed by GAC 3/6/21 & presented to Council 17/6/21 for final approval. Updated Strategy now on website.
Code, Ethics & Fraud Training eModule	Scope: Following successful presentation by Zurich to Managers Workshop 28/5/21 arrangements currently in progress with L&D to incorporate this info into an e-learning module for all staff.
Audit of Ethics	Scope: system audit, based on CIPFA's TISonline guidance. Some testing not undertaken due to pandemic. Audit testing complete, draft report produced and awaiting quality review by AM/CMIA.
Code of Conduct review	Scope: Code is currently being reviewed & updated by Monitoring Officer & Governance Officer to ensure it remains up to date & relevant. IA input provided when required. Assurance assessed re procedures in place.
Active Data	Data matching / analysing. The review provides assurance against reputational damage and financial losses due to fraudulent activity by using the 'Active Data' data analytics system.
- Business Rates Grants, Hardship Grants, etc	Scope: Utilise ActiveData by checking Grant payment records against any identified suspicious records eg NAFN intel alerts.
Audit Scotland Paper	Scope: Questionnaire for managers regarding fraud, risk management etc. To be circulated once staff return to offices.
Mandate fraud	Scope: Provide assistance re incidents; ie when someone impersonates a third party such as a supplier and demands urgent payment eg creditor change of bank details. Need to be reported to National Cyber Security Centre.

Mandate fraud - Guidance	Scope: Service operational guidance is currently being reviewed & updated to ensure it remains up to date & relevant. IA input requested.
Procurement	Scope: Check a sample of new creditors to ensure they are genuine businesses.
Recruitment	Scope: Check a sample of new appointments to ensure all details required have been provided. To be undertaken once staff return to offices.
Payroll	Scope: Check a sample of new appointments to ensure person in post.
Travelling	Scope: Check a sample of travelling claims to ensure appropriate & correct mileage undertaken
Travelling errors / fraud - sample 2019/20	Check a sample of travelling claims to ensure appropriate & correct mileage undertaken
ICT Audit	
PCI Standard	Scope: Check compliance with the Standard's requirements. To be undertaken once staff return to offices.
Audit logs	Scope: Test audit logs produced from a sample of systems and evaluate how they are used by service. To be undertaken once staff return to offices.
Security - physical and environmental	Scope: Evaluate security within main buildings (to be rolled out to smaller offices and other establishments such as schools). To be undertaken once staff return to offices.
Cyber Resilience & Information Governance Group	Scope: A member of IA staff will attend the group tasked with ensuring arrangements are in place within CSC, to provide advice and guidance when required. Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives. The Group will address and reduce cyber risk and improve the council's cyber security, information security and governance. Meets monthly.
North & Mid Wales Auditors - Fraud Group	Scope: North & Mid Wales Auditors - Fraud Group: A member of IA staff will attend the group tasked with sharing knowledge & skills re countering fraud to build resilience throughout LAs. Meets monthly.
LG & Elections (Wales) Act 2021	
LG & Elections (Wales) Act 2021	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.
Introduction of Corporate Joint Committees	Scope: Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.

Self-assessment arrangements	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new requirements.
Consultancy / Advisory (Other)	
Governance & Audit Committee support	Scope: Support GAC as requested / required.
AW Protocol	Scope: GAC Support. Assurance procedures in place to ensure Council has planned, prepared & made arrangements to comply with the new protocol.
AW Management Response Form - NFI 2018-21	Scope: Complete, monitor & update AW Management Response Form re NFI.
AW Management Response Form - Tackling Fraud	Scope: Complete, monitor & update AW Management Response Form re Fraud arrangements.
General Powers of Competence Regulations	Scope: IA input to consultation. Further review dependant on outcome of consultation.
Income Banking Procedures	Providing advice on new banking procedures for income collected at CCC locations.
Additional Reviews / Queries / Contingency	
Lampeter Library/Cash Office	Scope: Advice requested re security of cash issue.
Procurement - purchasing procedures	Query from Procurement section re procedures on receipting deliveries made to staff members' homes eg stationery etc.
Plascrug Leisure Centre - vending	Query from Plascrug re removing vending machines from LC and selling stock over the counter
Childcare Scheme	Initial enquiries & research undertaken - scope to be determined
Emergency Welcome Centre	Scope: provide advice for governance arrangements and controls on Emergency Welcome Centre
Assurance	
Assurance Mapping	Assurance available from other sources

Guide to the assurance criteria used:

Level:	High	Substantial	Moderate	Limited
Adequacy of Controls:	Controls in place to ensure achievement of service objectives and to protect Council against significant foreseeable risks. No fundamental weaknesses found.	Controls in place to ensure achievement of service objectives and to mitigate significant foreseeable risks. Some areas of improvement identified.	Controls in place to varying degrees. Gaps identified which leaves service exposed to certain risks. Improvement required.	Controls considered insufficient. Need to strengthen procedures significantly and ensure compliance.
Risks:	Minor risks only.	Opportunity exists to improve on risk exposure.	Need to introduce additional controls and/or improve compliance.	Failure to improve controls leaves Council exposed to significant risk (major financial loss, reputation, failure to achieve service's key objectives).
Guide:	No fundamental or significant actions required.	No fundamental actions required. Limited significant actions.	Number of significant actions.	Number of fundamental / significant actions.
Follow-up required:	Initial audit only.	Follow-up of any significant actions only / self-assessment with samples to evidence compliance.	IA follow-up with sample tests undertaken to ensure all actions implemented, and to re-assess assurance.	IA follow-up with full testing undertaken to ensure all actions implemented, and to re-assess assurance.

Assurances identified during 2021/22 IA Assurance Mapping Exercise:

Source	Assurance
Key Finance	
AGS / R005	<ul style="list-style-type: none"> • The current Medium Term Financial Strategy is that of 2018/2019 Onwards, but has now been amended to reflect the 2022/2023 revenue settlement (Council 3/3/22) • MTFS outlines plan to meet future financial and budgetary challenges • Quarterly capital reporting to Cabinet • Treasury Management Strategy 2022/23 (Cabinet 22/2/22) • ISA260 2020/21 (GAC 25/11/21)
Governance	
AGS	<ul style="list-style-type: none"> • Covid-19 Governance Structure introduced by the Council, to include temporary delegated powers for the Council's Chief Executive and Leadership Group through use of Urgent Decisions and for decisions relating to the Council's COVID-19 response, in accordance with Council's Constitution expired on 31st August 2021. From 1st September 2021 Gold Command has been making operational decisions under the Civil Contingencies Act 2004. • Record of Urgent Decisions, for urgent decisions made by the Covid-19 Leadership Group ('Gold Command') published on the Council's Website • The Urgent Decision of the leader was reviewed every 3 months whilst in place. • Council compliance with The Local Authorities (Coronavirus) (Meetings) (Wales) Regulations 2020, which allow for remote access for meetings and public access/publishing of documents requirements • The Corporate Strategy 2017-2022 identifies and explains how the Council intends delivering its main strategic priorities • Audit Wales - Audit of Ceredigion County Council's 2020-21 Improvement Plan • Governance Framework monitored and reviewed regularly (GAC 19/1/22) • Council making preparations to comply with Local Government and Elections (Wales) Act 2021 • Dialogue with Public Services Ombudsman for Wales ('PSOW'), and other regulators including Estyn, CIW, ICO and IPCO

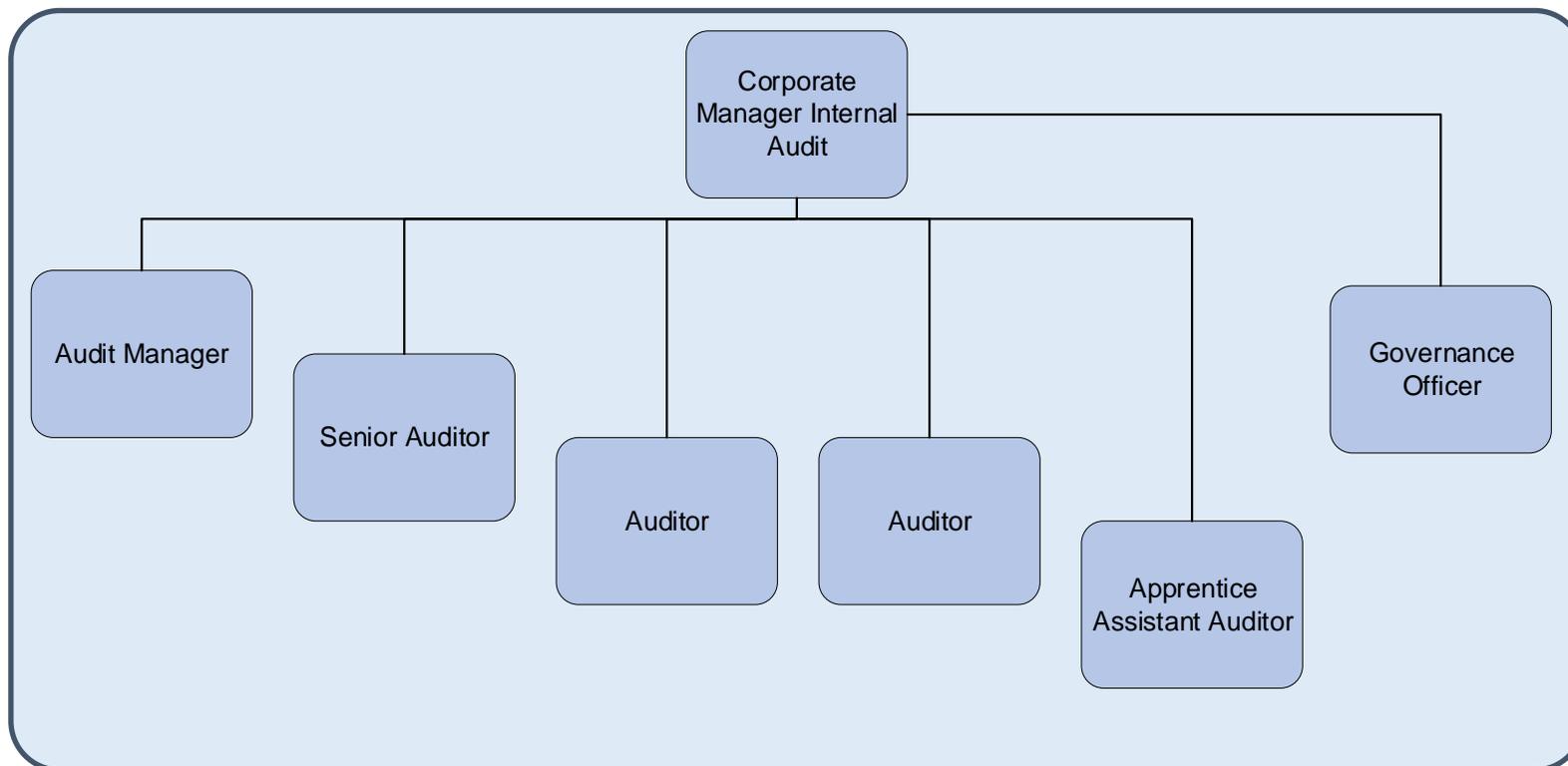
Source	Assurance
	<ul style="list-style-type: none"> • AW Protocol in place (to deal with AW correspondence & ensure all management response forms completed & monitored)
R003	<ul style="list-style-type: none"> • Business / service adjustment plans have continued to be updated • Business planning for 2021/22 in place (LG); supported by presentation in Corporate Workshop 4/3/22
Cerinet	<ul style="list-style-type: none"> • Staff Appraisals for 2022/23 in progress (deadline 1/6/22)
Risk	
AGS	<ul style="list-style-type: none"> • Report to Cabinet 24/09/2019 provided on Corporate Risk Management Framework Review (including Risk Management Policy) with the Policy and Framework being approved, with roll out of training programme for Members, Senior Management and Managers, and the new Risk Management Policy and Strategy underpinned by the Risk Management Framework published on CeriNet and available to all Members of Staff. Documents amended to reflect additional risks and background information to make informed decisions • Risk Register standard item on Governance & Audit Committee Agenda
R004 / Emergency Planning & Business Continuity Management Group	<ul style="list-style-type: none"> • Emergency Response Plan with Gold Command supported by Silver Command groups in place to deal with pandemic • eLearning module for Emergency Rest Centres in place; supported by presentation at CM workshop 26/2/21 • Meeting of Emergency Business Continuity Management Group to be held 23/5/22 • Emergency Rest Centre Procedures Pack made available to staff • Volunteers recruited and trained to run emergency rest centres
RO15	<ul style="list-style-type: none"> • Council website provides information regarding food hygiene & safety; and guidance for food businesses
RO16 / Brexit sub-group	<ul style="list-style-type: none"> • Brexit impact assessment compiled & regularly updated • Internal Brexit sub-group met regularly. The last meeting was held on 7 February 2022. • Officer attends Local Government EU Preparedness Advisory Panel • Reports / documents circulated to sub-group members & stored on 'Teams'

Source	Assurance
WBFG	
AGS	<ul style="list-style-type: none"> Well-Being Objectives for 2020-2021 have been reviewed to ensure they meet the Corporate Strategy Mandatory E-learning training module on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff Well-being & Improvement Objectives Annual Report 2019-20 (GAC 12/11/20)
RO12	<ul style="list-style-type: none"> Carbon Management Annual Report due to be reported to Thriving Communities Scrutiny in May (fwd work programme)
RO13	<ul style="list-style-type: none"> Council website provides information about watercourse maintenance including rights and responsibilities, and links to useful websites Council website provides information regarding sustainable drainage approval (audit in progress)
Scrutiny	<ul style="list-style-type: none"> Strategic Equality Plan (SEP) Monitoring Report 2019-20 (20/1/21) Arrangements commenced re Socio-Economic Duty (SED) (21/1/21) Development of Carers' Policy (13/5/21)
DP / GDPR	
AGS	<ul style="list-style-type: none"> Council Privacy Notice on website Retention Schedule currently in review and being updated.
R009	<ul style="list-style-type: none"> Data Protection / GDPR Policy; Information Security Policy; Information and Records Management Policy approved by Cabinet 19/2/19
Information Governance Team	<ul style="list-style-type: none"> Team meet on a monthly basis Undertake an annual review of Data Privacy Notices In process undertaking a data audit to identify associated risks Retention schedule to be more bespoke to Council DPO attends North Wales Governance Group to share best practice
New projects	
CPMP	<ul style="list-style-type: none"> Opportunity for officers from all applicable services to review new project proposals

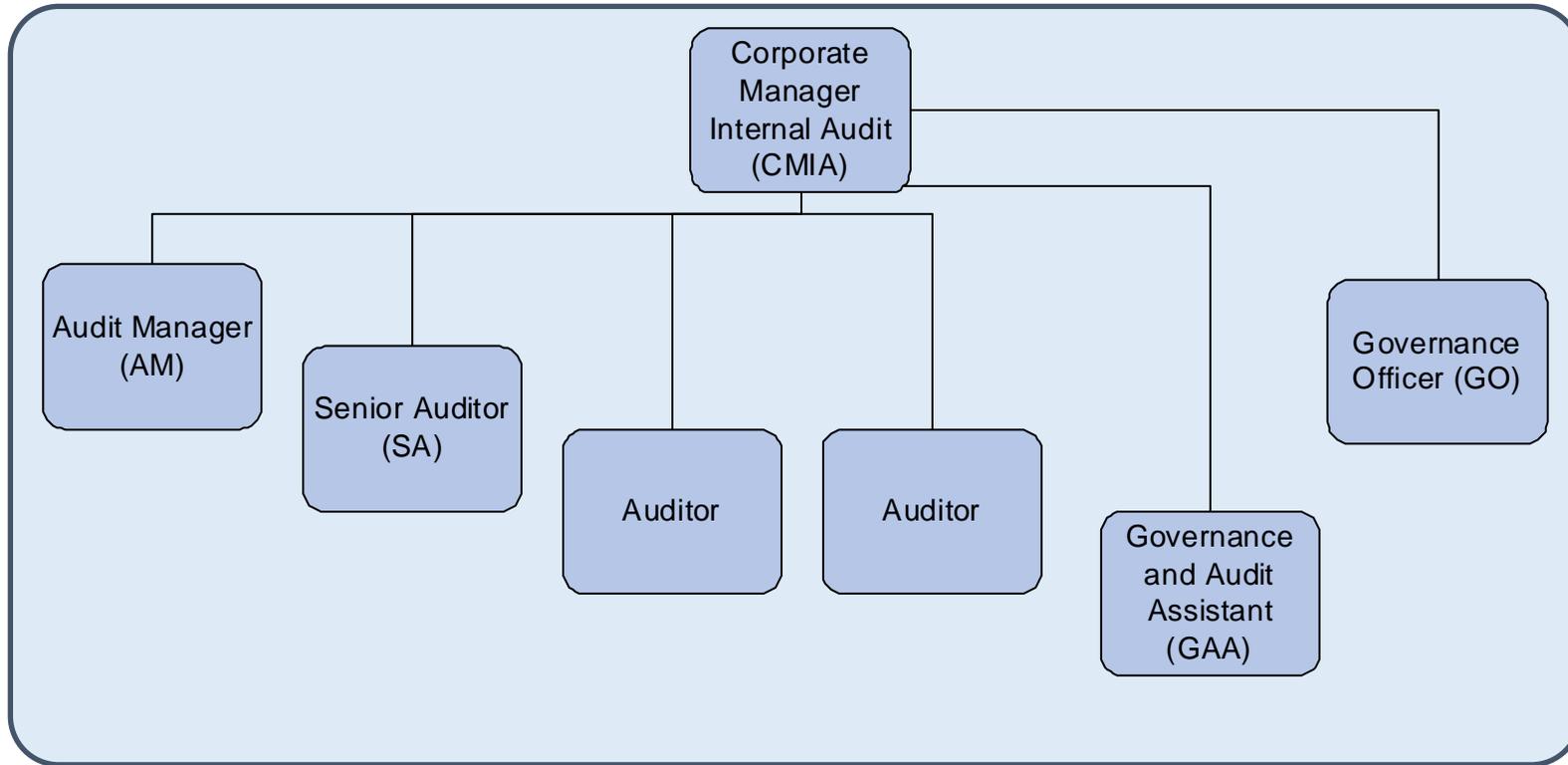
Source	Assurance
Other services	
	<ul style="list-style-type: none"> • Schools – WG National Categorisation System • Schools – Estyn inspection grades / assurances • Schools – Support for the Schools Service during lockdown and beyond (Scrutiny 7/10/20) • Complaints – Public Services Ombudsman for Wales Annual letter 2019/20 (Cabinet 6/10/20) • Registration Service – Stock and Security Audit by GRO
	<ul style="list-style-type: none"> • Economy & Regeneration – Boosting Ceredigion’s Economy A Strategy for Action 2021-35 • Economy & Regeneration – Asset Valuations standard item on GAC Agenda • Economy & Regeneration – Audit Wales – Review of the Planning Service GAC 17.1.22
Safeguarding	
R006	<ul style="list-style-type: none"> • Through Age & Well-being Programme restructure completed; supported by features on Cerinet • Through Age & Well-being training available virtually
RO17	<ul style="list-style-type: none"> • Mandatory Safeguarding e-learning module for all staff • Additional mandatory training for relevant staff • CYSUR/CWMPAS Combined Local Operational Group Safeguarding Reports presented to Overview and Scrutiny Coordinating Committee
Cabinet / Scrutiny	<ul style="list-style-type: none"> • Cysur/Cwmpas Safeguarding Reports quarterly • Independent Reviewing Service Reports quarterly • Care Inspectorate Wales Assurance Check Letter 2021 (Cabinet 5/10/21)
Counter Fraud / Ethics	
AGS	<ul style="list-style-type: none"> • MO advised Chief Officers on need to declare close personal associations with other Officers or Members • MO updating Code of Conduct for Officers • MO sent email message to Officers on 3/3/2022 reminding Officers of requirements of declarations and Hospitality and Interests • MO email message regarding declarations of interest for enhanced Covid-19 lockdown grants

Source	Assurance
	<ul style="list-style-type: none"> • Dispensation forms updated • Standards Conference 2018 jointly hosted by Powys & Ceredigion County Council • Register of Contracts published on Council Website • Council Recruitment Policy and DBS Policy • Council has developed a Modern Slavery Policy (sent to contractors of the Council), Anti-Slavery Annual Statement 2019- 2020 and Code of Practice Ethical Employment in Supply Chains • Engagement and Equalities post has been created • Annual Strategic Equality Plan issued • Mandatory E-learning training module on Welsh Language Awareness must be completed by all Staff • Consultations are published on Corporate section of Council Website
ICT	
AGS	<ul style="list-style-type: none"> • Mandatory E-learning training module on Information Security must be completed by all Staff • Mandatory E-learning training module on Data Protection must be completed by all Staff
R009	<ul style="list-style-type: none"> • Data Protection / GDPR Policy; Information Security Policy; Information and Records Management Policy approved by Cabinet 19/2/19
Scrutiny	<ul style="list-style-type: none"> • Monitoring of ICT & Customer Services during pandemic (25/11/20)

Internal Audit Structure wef 1 November 2020



Proposed Internal Audit Structure



IA Improvement Plan 2021/22

Ref	Standard, Action Proposed & Timescale	Action to Date (Q4)
Std 1311	<p>5.4.5 Does ongoing performance monitoring include obtaining stakeholder feedback?</p> <p>Once Audit Plan in place, QCQs to be issued to auditees.</p> <p>During 2021/22</p>	No QCQs despatched in 2020/21 due to the pandemic.
Std 2010	<p>6.1.1 Has the CAE determined the priorities of the internal audit activity in a risk-based plan?</p> <p>Produce risk-based audit plan in accordance with services' road plans.</p> <p>During 2021/22</p>	Currently audits / reviews undertaken on an on-going risk assessed basis. No set operational Audit Plan in place.
Std 2050	<p>6.1.15 Using other sources of assurance.</p> <p>Assurance mapping system to be updated and monitored at weekly Team meetings.</p> <p>Throughout 2021/22</p>	Assurance mapping system in place – needs updating on a regular basis.
Std 2500	<p>6.6.1 Where issues have arisen during the follow-up process has the CAE considered revising the internal audit opinion?</p> <p>The follow-up audits due will be carried forward to 2021/22.</p> <p>31 March 2022</p>	Due to the pandemic, no follow-ups were conducted in 2020/21. Majority will be carried-forward due to pandemic. These have been recorded in a spreadsheet and addressed once staff have started returning to offices, etc.

Ref	Standard, Action Proposed & Timescale	Action to Date (Q4)
AR	<p>Pentana (MKI) system not found as useful when working reactively.</p> <p>The system will be evaluated once IA resumes usual duties.</p> <p>31 March 2022</p>	<p>Developments in hand, but system not as useful when working reactively.</p> <p>Pentana (MKI) will be used where possible, but reactive work will continue to be conducted & recorded using shared electronic folders.</p> <p>The Pentana system has been evaluated and work is in progress to rebuild for its effective use. Full training has also been arranged for all IA staff.</p>

IA Conformance with Standards 2020/21

Conformance with the Standards	Conformance 2019/20			Total
	Y	P	N	
1. Mission of Internal Audit	1			1
2. Definition of Internal Audit	2			2
3. Core Principles	10			10
4. Code of Ethics	5			5
5. Attribute Standards				
1000 Purpose, Authority and Responsibility	4			4
1100 Independence & Objectivity	21			21
1200 Proficiency and Due Professional Care	10			10
1300 Quality Assurance and Improvement	14	1		15
6. Performance Standards				
2000 Managing the Internal Audit Activity	15	2		17
2100 Nature of Work	10			10
2200 Engagement Planning	12			12
2300 Performing the Engagement	7			7
2400 Communicating Results	18			18
2500 Monitoring Progress	1	1		2
2600 Communicating the Acceptance of Risks	1			1
Total	231 98%	4 2%	0 -	235 100%

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CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	6 June 2022
Title:	Internal Audit Counter Fraud Report 2021/22
Purpose of the report:	To provide Members with a summary of the counter fraud work undertaken by internal audit during 2021/22
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

The IA Annual Report provides a summary of the internal audit activity during the year to 31 March and incorporates the audit opinion.

In the past, the Annual Report contained a section on Fraud, outlining the type of work IA had undertaken in the area. This has now been replaced by a separate Counter Fraud Report to support IA's Annual Report at year-end.

The work undertaken on the National Fraud Initiative is included in the report: <https://www.audit.wales/publication/national-fraud-initiative-wales-2018-20>

Recommendation(s):	To APPROVE the Report
Reasons for decision:	That the Governance and Audit Committee is satisfied that the Internal Audit Section has undertaken sufficient and appropriate work in this area to support the Internal Audit Annual Report at year-end.
Appendices:	Internal Audit Counter Fraud Report 2021/22
Head of Service:	Elin Prysor Corporate Lead Officer Legal & Governance Services / Monitoring Officer
Reporting Officer:	Alex Jenkins Corporate Manager – Internal Audit
Date:	4 May 2022

Mae'r adroddiad yma ar gael yn Gymraeg.
This report is available in Welsh.

**GWASANAETHAU
CYFREITHIOL A
LLYWODRAETHU**

**LEGAL & GOVERNANCE
SERVICES**

**GWASANAETH ARCHWILIO MEWNOL
INTERNAL AUDIT SERVICE**



Cyngor Sir
CEREDIGION
County Council



**ADRODDIAD ARCHWILIO 2021/22 – ATAL TWYLL
AUDIT REPORT 2021/22 – COUNTER FRAUD**

Report Prepared by: Alex Jenkins,
Corporate Manager - Internal Audit

Date of Issue: 4 May 2022

Presented to Governance & Audit Committee:
6 June 2022

ADRODDIAD ARCHWILIO 2021/22 – ATAL TWYLL

AUDIT REPORT 2021/22 – COUNTER FRAUD

Introduction

Ceredigion County Council has a duty to safeguard money that should be used in the public interest. Fraudulent behaviour threatens the Council, therefore there is a high degree of commitment to ensure an effective strategy exists which is designed to prevent, detect, and identify fraud, bribery and corruption, and any other malpractice to include money-laundering.

The Council has a Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering), which is regularly reviewed and presented to Governance and Audit Committee (GAC), prior to approval by Council. The current Strategy was presented to and approved by GAC on 3 June 2021 and was approved by Council on 17 June 2021. It is supported by a suite of accompanying policies and procedures, such as the Codes of Conduct, Whistleblowing Policy, etc to acknowledge the Council's commitment to addressing fraud and minimise the potential of any risk or damage it can cause.

Counter Fraud work undertaken by Internal Audit

- 1.1 It is the responsibility of all managers to maintain sound arrangements and controls in order to prevent and detect fraud and corruption. Incidents of fraud usually arise if system controls, risk and/or governance processes are weak, or are present but not being observed.
- 1.2 IA obtains assurance from certain services as systems are in place in order to detect and prevent fraud, eg:
 - The Council was an early adopter of the Governments secure e-mail standard to help reduce the risk of e-mail addresses being used fraudulently,
 - Payments system incorporates an in-house software programme to detect duplicate payments,
 - Council tax single person discounts (SPD) declarations requested and reviewed annually,
 - Mandate fraud detection procedures in place, and
 - Centralisation of payments section to reduce order / invoice anomalies.
- 1.3 The methods of reporting of any suspected fraud, theft, irregularity, improper use or misappropriation of the Council's property or resources is contained in the Council's Strategy to Counter Fraud.

- 1.4 This could result in an investigation being undertaken by Internal Audit (IA). The Corporate Manager - Internal Audit (CMIA) is an Accredited Counter Fraud Technician (ACFTech) whilst the Audit Manager (AM) holds a CIPFA Certificate in Investigative Practice (CCIP). The Council also periodically trains a 'pool' of internal investigators across all services; and certain enforcement staff have PACE training.
- 1.5 IA's Annual Audit Plan has a section on "Counter Fraud" and the service has a right of access to:
- Enter any Council premises or land at any reasonable time,
 - Access all assets, records, documents, correspondence and control systems relating to any financial and other transactions of the Council,
 - Require and receive any such information and explanations considered necessary concerning any matter under consideration / examination,
 - Require any employee of the Council to account for cash, stores or any other Council property under his/her control, and
 - Have access to records belonging to third parties, such as contractors or partnership agencies, according to the relevant contractual terms.

This forms part of the Council's Financial Regulations and Accompanying Financial Procedures contained in the Council's Constitution.

- 1.6 The Council is also proactive by participating in Audit Wales' 'National Fraud Initiative' (NFI) exercise, which is a national data matching exercise that tackles a broad range of fraud risks faced by the public sector. This work is co-ordinated throughout the Council by the AM.
- 1.7 The NFI testing is complemented by further data analysis exercises, where possible. IA has used the IDEA system to analyse data in the past, but currently uses the Active Data software which works alongside Excel. These systems can perform different audit-relevant tasks using data matching techniques and features to help detect anomalies.
- 1.8 External influences which may have a bearing on Council services may also trigger a special investigation eg there continue to be many fraudulent attempts against local authorities to change suppliers' bank account details (mandate fraud). IA receives notifications from CIPFA, NAFN (National Anti-Fraud Network) and other external bodies which may alert the Council of any prevalent national / corporate fraud.
- 1.9 This ensures issues are brought to IA's attention promptly and can be dealt with by reinforcing appropriate controls beforehand.
- 1.10 Similarly, the CMIA is in contact with the heads of audit from all the Welsh local authorities, who meet on a quarterly basis, and will also circulate any correspondence to members citing any fraudulent attempts / incidents they

have experienced / are made aware of. The North Wales' heads of audit also meet and share this information.

- 1.11 Audit Wales requires authorities to report details of all frauds to their External Auditors, and to the Chair of GAC.
- 1.12 Where cases of fraud or other wrongful activity are discovered and investigated, it may also be necessary for IA to undertake a separate review to address the weaknesses discovered and recommend actions to strengthen controls. The corrective actions required following such investigations by IA are reported at their conclusion in the quarterly Progress Reports to the GAC. Follow-up reviews are conducted by IA where appropriate.
- 1.13 However, it must be stressed that assurances re fraud can never be absolute.

National Fraud Initiative

- 2.1 The NFI is a data matching exercise which helps to detect and prevent fraud. It is conducted in Wales by the Auditor General under his statutory data matching powers set out in the Public Audit (Wales) Act 2004.
- 2.2 The NFI matches data across organisations and systems to help public bodies identify fraud and overpayments at a national level. The Auditor General collaborates with the Cabinet Office, Audit Scotland and the Northern Ireland Audit Office to run NFI as a UK-wide exercise. Since its commencement in 1996, NFI exercises have resulted in the detection and prevention of more than £35.4 million of fraud and overpayments in Wales and £1.69 billion across the UK.
- 2.3 The NFI is constantly developing, in order to continue to prove an effective tool for detecting and preventing fraud and error across the UK. It acknowledges that fraudsters are always looking for new areas to exploit and make money at others' expense. NFI tries to counter this threat by continually working with the counter fraud community, to come up with new ways of using data to identify fraud across the public sector - both for existing or for new emerging fraud problems.
- 2.4 The main NFI exercise takes place every two years across multiple datasets, including Blue Badges, Concessionary Fares, Council Tax Reduction Scheme, Housing Waiting Lists, Licences, Payroll, Procurement and Trade Creditors. Matching between Council Tax and Electoral Register data takes place annually.
- 2.5 Local Authorities are currently playing an important role in the Covid-19 relief programme, issuing a wide range of funding support to businesses and individuals. With the NFI already embedded into local authority counter fraud strategies, it is ideally placed to extend its remit in order to help local authorities target these additional fraud risks.
- 2.6 Staff at Ceredigion have undertaken work on the 2020-21 reports, including new datasets will be available this year for Covid-19 Business Grants. This data

matching allows potentially fraudulent claims and payments to be identified across a range of the Council's services and is beneficial to the work in reducing fraud risk within the Authority.

WG Business Grants

- 3.1 WG worked in partnership with local authorities to deliver a series of grants to qualifying businesses during the pandemic.
- 3.2 The Council's Finance Services administered these grants, and strived to process as many applications as possible over a short period of time, to ensure payments were made swiftly to those businesses that required this assistance.
- 3.3 However, it is whilst under such pressure that errors are more likely to occur, and that fraudsters can easily infiltrate a system. Public Finance noted in an article that these funds are "particularly vulnerable to fraud during crises, because of the volume of money involved and the speed with which it needs to be spent or distributed". A recent BBC news article on increased incidence of fraud against the Department of Work and Pensions confirmed this:

Link: [Universal credit fraud and error at new high - BBC News](#)

- 3.4 This system therefore provided added risks to the Council, as sums paid in respect of the original covid-19 grants were either £10k or £25k for which strict eligibility criteria existed. Subsequent grants released during 2021-22 by WG were offered for both business that occupy properties with a rateable value and also a Discretionary grant for those businesses that do not. Grants were set at different amounts between £1,000 and £5,000 dependent on property rateable value and type of grant.
- 3.5 The Finance team had a number of good controls in place in their systems, such as:
 - All fields in the application forms were mandatory;
 - NNDR grants were not paid if the Business Rate reference number on the grant application form was invalid, or an application had already been submitted against a Business Rate reference number according to the grant system;
 - Recent bank statements requested to verify applicants' details against existing records;
 - A separation of duties between the application process and payment authorisation; and
 - Payment details held in spreadsheets and checked for duplicate entries.

The Monitoring Officer also sent out a reminder by email to Members and officers for the need to declare an interest if they were in receipt of a grant.

- 3.6 After discussions with the Finance team, it was agreed that IA would assist the control process mainly by:

- Reviewing a sample of applications with queries prior to payment (as it would be easier to stop a payment than to recover any wrongly-paid monies after payment);
- Reviewing any suspected fraudulent applications; and
- Scrutinising the payment schedules using the Active Data analytics software to check for any anomalies.

3.7 This change to IA's plans was made as it added value to the Council's operations due to the changing circumstances. As a service, it demonstrated IA can react to the Council's changing pressures and can assess and respond to reprioritised risks. Although this does seem to stray from the role normally expected from IA, the Internal Audit Standards Advisory Board has supported such actions in this situation (as per guidance received).

3.8 The IA team has spent a number of days assisting with this work during the year, in order to provide assurance that additional steps were taken to reduce the risk of fraud, during which IA:

- Checked a number of applications received and payments made, for anomalies / duplicates,
- Ran duplicate checks on reference nos, names, bank account nos, and email addresses following pay runs using ActiveData,
- Checked records for known fraudulent applicant details as notified to the Council by NAFN Data & Intelligence Services, and other Local Authorities using ActiveData,
- Reported any phishing emails received to the National Cyber Security Centre,
- Verified company details with Company House where applicable, and
- Attended appeal panel meetings to help ensure that application decisions were consistent.

3.9 Staff have foiled several suspected fraudulent attempts by identifying suspicious email addresses, bank statements and supporting evidence whilst assessing and checking the grant applications.

3.10 Any suspected fraudulent payments detected are being investigated.

3.11 This work is still on-going, as there may be further anomalies to resolve.

Other & On-going Work

- 4.1 Two separate incidents of suspected mandate fraud (when someone impersonates a third party such as a supplier and demands urgent payment) were discovered by Payments staff during the year. Both of these were reported to the National Cyber Security Centre.
- 4.2 A lengthy exercise was undertaken to check new creditors set-up during the pandemic. IA have compiled a spreadsheet of these creditors and the payments made to each one. IA staff are currently working through it to ensure these suppliers are genuine, and have provided appropriate goods / services to the Council.
- 4.3 There are two ActiveData Counter-Fraud exercises similar to the above planned for 2022/23 as detailed in the IA Strategy & Plan that was presented to GAC on 10 March 2022.
- 4.4 WG announced Cost of Living support payments in quarter 4 2021/22 to be rolled out in quarter 1 2022/23. IA will support the Finance team with Counter Fraud measures by running duplicate checks on reference nos, names, addresses, bank details and email addresses.
- 4.5 The Council's ICT service worked in conjunction with Bob's Business, a cyber security training provider, to arrange training for staff on awareness of phishing attempts. Staff took part in a simulated phishing campaign: 'Think Before you Click'. The purpose of the exercise was to educate those that may fall victim to a phishing email by providing them with the relevant information to stay protected. This will ensure a safer working environment for all staff and keep the organisation more secure from cyber-attacks.

Conclusion

- 5.1 IA will continue to look for counter fraud measures in place when undertaking all audits and advise managers and services of ways to strengthen controls, risk and governance processes where appropriate.

CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	6 June 2022
Title:	Internal Audit Report – Governance Framework Review 2021/22 - Update
Purpose of the report:	To advise Members of the audit findings
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

An updated review has recently been undertaken of the Framework supporting the Annual Governance Statement (AGS) for 2021/22.

The Governance Framework, AGS and Local Code of Corporate Governance were presented to the Committee in January 2022. Members of the Committee were also involved in its review.

AW provides an audit opinion on the AGS based on its consistency with their knowledge and compliance with legislation.

The internal audit review consists of an assessment of the procedures in place to compile the governance framework, the scoring methodology used, and consideration of the 'evidence' noted in the framework.

This review therefore complements AW's work on the AGS, and provides assurance that the procedure is robust, focussed and effective.

Recommendation(s):	To note the review of the Governance Framework
Reasons for decision:	Information only
Appendices:	Internal Audit Report – Governance Framework Review 2021/22 - Update
Head of Service:	Elin Prysor CLO-Legal and Governance / Monitoring Officer
Reporting Officer:	Alex Jenkins Corporate Manager – Internal Audit
Date:	9 May 2022

Mae'r adroddiad yma ar gael yn Gymraeg.
This report is available in Welsh.

**GWASANAETHAU
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**LEGAL & GOVERNANCE
SERVICES**

**GWASANAETH ARCHWILIO MEWNOL
INTERNAL AUDIT SERVICE**



**Cyngor Sir
CEREDIGION
County Council**



ADRODDIAD ARCHWILIO – AUDIT REPORT

Governance Framework Review 2021/22 - Update

Report Prepared by: Alex Jenkins,
Corporate Manager – Internal Audit

Date of Issue: 9 May 2022

INTERNAL AUDIT REPORT

Governance Framework Review 2021/22 - Update

EXECUTIVE SUMMARY

An additional review has recently been undertaken of the framework supporting the Annual Governance Statement (AGS) 2021/22 due to updates suggested at Governance & Audit Committee on 19 January 2022 following the Audit Wales' review of the Planning Service.

The review was undertaken to complement Audit Wales (AW) officers' work, whose opinion provides assurance that the AGS is consistent with their knowledge and compliant with legislation.

Although the pandemic affected working practices and governance during 2021/22, I'm pleased to report that the systems and procedures audited were found to be satisfactory, enabling the Internal Audit Section to provide high assurance that there is a sound system of scrutiny and robustness in place.

I would like to take this opportunity to thank Hannah Rees, Governance Officer (GO) for her ready assistance and co-operation during the course of the audit.

OBJECTIVE

The main objective of the assessment is to review the procedure and self-assessment arrangements of the governance framework, the scoring methodology used and the evidence available, in order to provide an opinion to the Corporate Lead Officer – Legal and Governance of Internal Audit's evaluation of scrutiny and robustness present in the process.

AUDIT APPROACH

The assessment was designed to evaluate the attainment of specific standards. These are mainly the standards set out in CIPFA's Better Governance document. In doing so, Internal Audit has:

- Examined the standards and framework,
- Held discussions with key personnel, and
- Reviewed the procedures employed by the service to produce the framework, to include attending the workshops.

SUMMARY OF FINDINGS

The Governance Officer is responsible for co-ordinating and drafting the AGS and supporting framework. The current framework arrangement was adopted in 2016/17 and in accordance with AW (then WAO) recommendation, Member / officer workshops have been held to scrutinise, review and update the framework annually.

The items substantiating good governance against each principle have been listed / described as evidence in the framework.

During the workshops Members and officers had an opportunity to assess those items, and to score them accordingly, using the system as noted in the AGS:

- 1/2 Unacceptable - Immediate action required
- 3/4 Below satisfactory - Urgent action required (within 3-6 months)
- 5/6 Satisfactory - Action required (before end of year 9-12 months)
- 7/8 Acceptable - Minor adjustments may be required
- 9/10 Good - Overall governance considered to be good and meets best practice;
No further action required

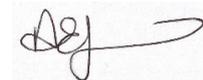
In addition, where possible improvements have been identified, appropriate action has been included in the following year's action plan.

During the audit review, the framework evidence and scores were assessed, and an additional statement / opinion provided to substantiate their effectiveness.

CONCLUSION

From the review, it is concluded that there is a sound system of scrutiny and robustness in the systems and procedures preparing and scoring the framework – this is further demonstrated from the assessment of the evidence provided as assurance against each element in the framework.

AEJ/AGS
9 May 2022



Corporate Manager - Internal Audit

Report Distribution

Elin Prysor, Corporate Lead Officer – Legal & Governance / Monitoring Officer
Hannah Rees, Governance Officer
GAC/AW

Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	6 June 2022
LOCATION:	Remotely via Video-conference
TITLE:	Report on Draft Annual Governance Statement 2021-2022 and Governance Framework Document, Annual Governance Framework 2022-23 and current year Action Plan
PURPOSE OF REPORT:	To present the most recent review of the Governance Framework 2021-2022 and the Annual Governance Statement 2021-2022, as well as an update regarding progress with the 2022-2023 Annual Governance Statement and Current Year Action Plan
For:	Decision and information
Cabinet Portfolio and Cabinet Member:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

Introduction

The Governance and Audit Committee considered a Report on the Draft Annual Governance Statement 2021-2022, Local Code of Corporate Governance 2022-23 and Governance Framework Document at its 19th January 2022 Meeting.

(see Report to the Governance and Audit Committee at

<https://council.ceredigion.gov.uk/documents/s2555/iTEM%2010%20AGS%20s%20cywir.pdf?LLL=0> and Meeting Minutes at

<https://council.ceredigion.gov.uk/documents/g209/Printed%20minutes%2019th-Jan-2022%2009.30%20Governance%20and%20Audit%20Committee.pdf?T=1&LLL=0>).

At its 3rd March 2022 Meeting Council resolved to:

- Note the contents of the 2021-2022 Governance Framework Document;
- Approve the Draft Annual Governance Statement 2021-2022; and
- Approve the Local Code of Corporate Governance 2022-2023 for publication.

(see Report to Council at <https://council.ceredigion.gov.uk/documents/s2743/Report%20-%20Annual%20governance%20statement.pdf?LLL=0> and Draft Meeting Minutes at:

<https://council.ceredigion.gov.uk/documents/g165/Printed%20minutes%2003rd-Mar-2022%2010.00%20Council.pdf?T=1&LLL=0>)

The Report to Council confirmed that additional text would be inserted for the evidence, actions and potentially scoring in the Governance Framework Document 2021-22 and for the corporate governance achievements, actions and outcomes in the draft 2021-2022 Annual Governance Statement to establish a link with the recommendations of Audit Wales in its Report 'Review of the Planning Service – Ceredigion County Council 2020-21', and that these revised documents would then be re-presented to Council once the changes have been made and considered by the Governance and Audit Committee.

Current Position

A further Member/Officer workshop was held on 10th March 2022 to consider the additional text for insertion in the Governance Framework Document 2021-22, any proposed re-scoring and associated actions.

Governance Framework Document 2021-22

Following this workshop, the updated Governance Framework Document 2021-22 was re-circulated to all invited Members and Officers for consideration.

The updated Governance Framework Document 2021-22 is attached (see **Appendix 1**) (changes from the version presented to Council on 3rd March 2022 have been made using 'tracked changes').

It was considered that a further 3 scorings (A1.1, A1.2 and A3.1) are re-scored from 9/10 to 7/8 in order to reflect that actions, taken in light of the recommendations of Audit Wales in its Review of the Planning Service, shall require completion.

Out of the total 94 reviewed behaviours, 88 (rather than 91) total behaviours are now scored at 9/10, 5 are scored at 7/8 (previously, 2 remained at 7/8) and 1 remains at 5/6.

Annual Governance Statement 2021-22

As a result of revised scores, actions have been identified for 2022-2023 and are included in Section 6 of the updated Draft Annual Governance Statement (at **Appendix 2**). Section 3 of the Annual Governance Statement (Corporate Governance Achievements for 2021-22) has also been updated to reflect the additional text in the 'evidence' section of the Governance Framework Document 2021-22.

A minor error has also been corrected at the bottom of the table at Section 5, which now states that any actions not fully completed by the completion date will be carried forward into the 2022-2023 Action Plan (previous reference to 2021-22).

CEREDIGION COUNTY COUNCIL



Governance Framework Review 2021 -2022

Scoring						
Note that each score used throughout this Governance Framework Document is a score out of 10 e.g. a score of 7/8 means a score of between 7 and 8 out of a total 10 marks.						
A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law						
Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
A1. Behaving with integrity	Elin Prysor / Lowri Edwards/Steve Johnson/Amanda Roberts / Alex Jenkins A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<ul style="list-style-type: none"> • <u>Code of Conduct for Members</u> (updated in 2016) available on the Council's website, intranet site (CeriNet) under Councillor Resources, and in the <u>Constitution</u>. • <u>Members Code of Conduct Flowchart</u> (updated in 2016). • Code of Conduct for Officers* (currently being updated) available along with all Corporate policies and strategies via Council website/<u>CeriNet</u>. • Individual sign off with regard to compliance. • Induction and follow-up training on Code of Conduct and ethics provided to all Members. • Ethics/Fraud training provided in collaboration with Council's insurer at Corporate Managers' quarterly workshop 28.5.2021. Slides from presentation are forming a basis for e-learning module for all Staff and Internal Audit ('IA') & Governance Services working with Learning & Development to prepare scenarios for training. Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering). • Follow up Internal Audit of Council's arrangements regarding Ethics also in progress (currently in review). • Day to day advice is provided by the Monitoring Officer ('MO') and Scrutiny Support Officer. • <u>Disciplinary Policy (Nov 2017)</u>. • Personal Development Review. • Register of Members interests, available from the Council's Democratic Services, reviewed by M O. • <u>Declaration of Interest</u> and <u>Hospitality</u> forms for Officers and Members on CeriNet. • Regular reminders and advice is sent by the MO to Staff via internal News update emails. • Monitoring and review by MO of Chief Officers' declarations annually. • MO advises Chief Officers on need to declare close personal associations with other Officers or Members (<u>MO News Email Update of 20.7.2021 on CeriNet</u>) including advising Chief Officers at Leadership Group Meetings. • The Code of Conduct for Officers is in the process of being substantially reviewed. 	Codes of Conduct	✓	97/108	Good overall governance considered compliant and meets best practice. No further action required.
			Individual Sign-off with regard to compliance with the code	✓		MO to continue to advise Members further on the need to declare hospitality/gifts.
			Induction for new Members and Staff on standard of behaviour expected	✓		MO to continue to advise Chief Officers further on the need to declare: <ul style="list-style-type: none"> • close personal associations with other Officers or Members, Ongoing review on Chief Officers business declarations
			Performance appraisals otherwise known as Personal Development Reviews	✓		MO and CLO Democratic Services to continue to review Members holding directorships, trusteeships, or memberships when appointed onto outside bodies, and committees, MO to consider member feedback and added value and continue to update Code of Conduct for Officers and Members
		Officer Declaration forms				Update Dispensations forms for Members
						Appraisals were halted due to Covid-19 Pandemic but have now recommenced

		<ul style="list-style-type: none"> • Update advice on Council Employees' Declarations and Registration of Interests (News email updates published 16.12.2021 and 20.7.2021 including re Covid-19 Restrictions Business Fund NDR Grants for businesses (News update published 8.1.2021). • MO advising of Officers re declarations of interest is ongoing. Regular reminders through News Updates on CeriNet system and at Leadership Group. Update on Council Employees' Declarations of Interest and Hospitality was published on 20 July 2021 on the Council's CeriNet Site, including links to the relevant forms and Code of Conduct for Local Government Employees, along with a reminder that any queries or requests for advice should be made to the MO. • Chief Officers informed through CeriNet system news update of MO email re declaring interests and Hospitality and reminder to Chief Officers sent. • Review is currently being undertaken of the external bodies that have appointed Members, including added value, and also updating of the Constitution. • Declarations of interest by Members and Officers at meetings, an opportunity to make reference to any close personal contacts/roles etc. • Ongoing review on Chief Officers' business declarations. • Update Dispensations forms for Members completed. • Members required to update Register of Interests in accordance with the Code of Conduct, and in addition, annually, which is opportunity to reference any close personal associates/roles etc. This now includes lay/independent members of the Ethics & Standards Committee and Governance & Audit Committee. Register of Interests booklet published for each Member on Council Website. • Proactive regular advice and reminders sent to Members and Officers as required. • MO to advise Officers further on the need to declare interests in organisations which actually, or may conflict with Council interests including: <ul style="list-style-type: none"> ○ Contractors; ○ School Governors; ○ Clerk to Town and Community councils; ○ Members of Town and Community councils; and ○ School Governors. • MO to advise Officers further on the need to declare: <ul style="list-style-type: none"> ○ Directorships; and ○ Other employment <p>Including whether conflicting with the Council's interests or not. MO sent email message to Officers on 20.7.2021 reminding Officers of requirements of declarations and</p>			<p>(undertaken in May 2021 and continue to be held virtually).</p> <p>Reviewed Code of Conduct for Officers to be issued once updated & approved.</p> <p>Officers to complete a Mandatory Ethics/Fraud e-training module once completed & approved.</p> <p><u>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</u></p>
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		<p>Hospitality and Interests (including regarding Covid-19 Enhanced Lockdown Grants for businesses).</p> <ul style="list-style-type: none"> • Dispensations forms for Members updated (2020). • Professional Qualified Officers and Teachers have to meet their professional body/organisation requirements. • Members complete a HR training module. • Training on standards of behaviour is provided to Managers for Staff. • MO circulates to political group leaders updates/decisions from the Adjudication Panel for Wales, whose role is to determine alleged breaches by elected and co-opted members against their authority's statutory code of conduct. • The Ethics and Standards Committee will have new duties (from May 2022) under the Local Government and Elections (Wales) Act 2021 ('2021 Act'), to include: • Monitoring compliance by leaders of political groups on the Council with their duties under S.52A(1) Local Government Act 2000; • Advising, training or arranging to train leaders of political groups on the Council about matters relating to their duties under S.52A (1) Local Government Act 2000. • <u>The duty to monitor compliance of political group leaders is in relation to standards of conduct, and ensure that this is visible, and consistently demonstrated and evidenced to protect the Council's reputation.</u> • <u>The Terms of Reference of the Development Control Committee (to be renamed 'Development Management Committee') have been revised.</u> • <u>The Operational Procedures document for the Development Control Committee/Development Management Committee has been revised.</u> • <u>The Scheme of Delegations contains criteria for applications, which must be referred to the Development Control Committee/Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer.</u> • <u>A Protocol for Good Practice for Councillors at Development Control Committee/Development Management Committee has been produced and included in the Constitution.</u> 				
	<p>Elin Prysor A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and its Staff and</p>	<ul style="list-style-type: none"> • A good working relationship exists with the Welsh Government as a key regulator. Regular dialogue is maintained with representatives from Audit Wales. • This vision for the Council has been reviewed and endorsed by Cabinet, and the vision sets out a number of long term Strategic Objectives. 	<p>Standards reflect WG Public Service Values</p>	<p>✓</p>	<p>97/810</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

<p>that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)</p>	<ul style="list-style-type: none"> • <u>The Corporate Strategy 2017-2022 includes Well-being and Improvement Objectives 20-19-20</u> setting out the Council's priorities and high level objectives with supporting actions on an annual basis. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website. • <u>Code of Conduct for Members (2016).</u> • <u>Register of Members' interests available from the Council's Democratic Services reviewed by MO.</u> • Declarations of interest by Members and Officers at meetings. • Chief Officers' annual Declarations of Interest and continuing obligations to declare interests. • Member annual update of Register of Interests and continuing obligations to declare interests (including lay/independent members of the Ethics & Standards Committee and Governance and Audit Committee). • <u>Regular dialogue with Public Services Ombudsman for Wales ('PSOW'), and other regulators including Estyn, CIW, ICO and IPCO.</u> • <u>The Terms of Reference of the Development Control Committee (to be renamed 'Development Management Committee') have been revised.</u> • <u>The Operational Procedures document for the Development Control Committee/Development Management Committee has been revised.</u> • <u>The Scheme of Delegations contains criteria for applications, which must be referred to the Development Control Committee/Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer.</u> • <u>A Protocol for Good Practice for Councillors at Development Control Committee/Development Management Committee has been produced and included in the Constitution.</u> 	<p>Communicating shared values with Members, Staff, the community and partners</p>	<p>✓</p>		<p><u>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</u></p>
<p>Elin Prysor / Lowri Edwards A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions</p>	<ul style="list-style-type: none"> • <u>Minutes for all committees</u> contain Declarations of Interest-Officers and Members. • <u>The Constitution</u> is subject to regular reviews, with ongoing updates as required, including presenting proposed changes to Cross Party Constitution Working Group, to make recommendations on changes to Constitution to Council. Further revision in 2021 is ongoing, as the Constitution is a live document, to reflect legislative changes and according to need. Council approved amendments on 18.3.21 and 23.9.21. • A comparison exercise will be undertaken of the Current Constitution against the Model Constitution issued by WLGA. 	<p>Leadership values set out by WG are followed</p> <p>Decision making practices</p> <p>Declarations of interest made at meetings</p> <p>Conduct at meetings</p> <p>Shared values guide decision making</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p> <p>Leadership Group to be updated on e-learning with HR reporting to Leadership Group.</p>

		<ul style="list-style-type: none"> • Politically Balanced Constitution Cross Party Working Group meets regularly to consider proposals for Constitution updates. Meetings held 15.2.21, 19.4.21, 30.6.21, 10.8.21 and 8.11.21. • <u>MO/Governance Officer report to Council to update delegations and Constitution.</u> • <u>The Council has established a Task and Finish Group (T&F group) to develop actions that will improve the Planning Service including decision making.</u> • <u>The Terms of Reference of the Development Control Committee (to be renamed 'Development Management Committee') have been revised to clearly state its purpose, role and responsibilities, and how it links to Corporate Priorities.</u> • <u>An Operational Procedures document for the Development Control Committee/Development Management Committee has been revised. The Operational Procedures define applications that are strategically important and 'major' planning applications.</u> • <u>The Operational Procedures document addresses the arrangements in respect of local ward members addressing the Committee.</u> • <u>A Protocol for Good Practice for Councillors at Development Control Committee/Development Management Committee has been produced and included in the Constitution.</u> • <u>Development Control Committee/Development Management Committee Scheme of Delegations has been revised to allow it to better focus on more strategically important and major applications.</u> • <u>The Scheme of Delegations contains criteria for applications, which must be referred to the Development Control Committee/Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer.</u> • <u>A 'cooling-off' group has been established within the Development Control Committee/Development Management Committee Operational Procedures in order to review planning applications, which may, if approved, be a significant departure from policy.</u> • • Chief Officer annual Declarations of Interest. • <u>Corporate Strategy (2017-2022) contains the priorities of the Council.</u> • The Well-being and Improvement Objectives build on the priority areas identified in the <u>Corporate Strategy 2017-2022</u> and are reviewed annually These are developed in consultation with the public and Members. Council considered the draft Well-being and Improvement Objectives Annual 	<p>Develop and maintain an effective standards committee</p>	<p>✓</p>		
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		<p>Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website.</p> <ul style="list-style-type: none"> • A mandatory E-learning training module, introduced in September 2017, on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff (between September 2017 and November 2021 completed by 2,834 employees, of which 343 through Welsh and 2,491 through English). Between April and November 2021, 242 total employees completed the module, 40 through Welsh, 202 through English (* these figures include leavers). Reminders issued to Staff who not yet completed module and Leadership Groups receive periodic reports. • Members' standards and conduct matters considered by the Council's <u>Ethics and Standards Committee</u>. Public meetings held regularly, and chaired by an independent person-determine dispensations, and consider strategic/policy issues and receive updates from PSOW Casebook & APW cases. • The main duties of the Ethics & Standards Committee are to improve standards of Member conduct and operation of the Code of Conduct for Members. • Committee and Members are advised by the MO. • Ethics and Standards Committee engage actively in the training of Members. • Standards Conference 2018 jointly hosted by Powys & Ceredigion County Council (held on 14 September 2018). A similar conference was to be hosted by North Wales Councils in 2021-postponed due to Covid-19. • Annual Ethics & Standards Committee Report reported to Council in October 2021. • Governance and Audit Committee carry out a benchmarking exercise annually to provide further assurance on the review of the <u>Annual Governance Statement</u> ('AGS') process. • IA review and report on the process annually. Governance & Audit Committee meets regularly to consider governance and external regulator reports. Chaired by non-executive member. • Governance and Audit Committee Annual Report reported to Council on 23.9.2021 and approved. • <u>Covid-19 Governance Structure</u> introduced by the Council, to include temporary delegated powers for the Council's Chief Executive and Leadership Group through use of Urgent Decisions for decisions relating to the Council's COVID-19 response), in accordance with Council's Constitution. The Urgent Decision of the Leader was reviewed regularly, and expired on 31.8.2021. • Gold Command continues under operational procedures pursuant to Civil Contingencies Act 2004 				
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		<ul style="list-style-type: none"> • Gold Command Record of Decisions published on the Council's website). • <u>Record of Decisions</u>, made by the Covid-19 Leadership Group ('Gold Command') published on the Council's Website. 				
	<p>Elin Prysor/Alun Williams A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<ul style="list-style-type: none"> • Effective '<u>Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)</u>' updated and approved by Council 17.6.21(minutes confirmed 23.9.21). • Internal Audit Annual Report on Counter Fraud presented to Governance and Audit Committee at year-end. • <u>Register of Members' interests</u> available from the Council's Democratic Services. • Declarations of interest/hospitality for Officers, as required. • MO circulates reminder re interest/hospitality declarations to Staff quarterly. • NFI match highlights Staff who are directors of companies that have dealings with the Council – any non-declarations investigated by IA and reported to MO. • Chief Officer Declarations of interest updated annually. • Politically Restricted Post Register for Officers maintained and <u>Political Restrictions on Local Government Employees Policy</u> available to employees on CeriNet. • Ethics/Fraud training provided in collaboration with Council's insurer at Corporate Managers' quarterly workshop 28.5.2021. Slides from presentation forming a basis for e-learning module for all Staff, and IA & Governance Services working with Learning & Development to prepare scenarios for training. • Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering). • Ethics Audit undertaken during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics also in progress (currently in review). • <u>Whistleblowing Policy</u> available to Employees and Contractors (updated 2018) on CeriNet and is updated as necessary. • MO is the Corporate Lead Officer ('CLO'), and advises Whistle-blowers, as appropriate. • A mandatory E-learning training module on Whistleblowing must be completed by all Staff. The MO keeps a register of referrals and reports 6-monthly to the Overview and Scrutiny Co-ordinating Committee. • All complaints are dealt with in accordance with the corporate procedures which include informal and formal stages and these are communicated to Staff on a regular basis. • The complaints system is monitored by the Corporate Complaints and Freedom of Information Manager. <u>Corporate Complaints Policy</u> has been reviewed, new Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and 	<p>Anti-fraud and corruption policies are working effectively</p> <p>Up-to-date register of interests (Members and Staff)</p> <p>Up-to-date register if gifts and hospitality</p> <p>Whistleblowing policies are in place and protect individuals raising concerns</p> <p>Whistleblowing policy has been made available to members of the public, employees, partners and contractors</p> <p>Complaints policy and examples of responding to complaints about behaviour</p> <p>Changes/improvements, as a result of complaints received and acted upon</p> <p>Members and Officers code of conduct refers to a requirement to declare interests</p> <p>Minutes show declarations of interests were sought and appropriate declarations made</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required</p> <ul style="list-style-type: none"> • Delegated Decisions Register to be published. • Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required. • Whistleblowing Policy to be reviewed.

		<p>Complaints Policy and Procedures 2021, its implementation and publication approved by Council.</p> <ul style="list-style-type: none"> • Improvements are implemented as a result of complaints /recommendations received. • <u>Council Complaints and Freedom of Information Privacy Notice</u>. • Annual Complaints Report considered by the Governance and Audit Committee and Cabinet prior to approval by Council, presented to Council and noted. • Annual Complaints Report includes Lessons Learned from complaints received. • <u>Ethics and Standards Committee</u> and all other committee agendas/minutes contain disclosures of interests. • <u>Minutes for all committees</u> published on the Council's Website. • <u>Cabinet Decision Notices</u> published on the Council's Website. • Preparation for publication of delegated decisions register ongoing. <u>Gold Command Decision Log</u> (a decision register) published regularly, presented to Gold Command (and approved) and thereafter to Overview and Scrutiny Co-ordinating Committee (20.1.2021, 16.6.21 and 1.12.2021) and published on Council's Website. Regarding other delegated decisions, Development Control Committee delegated decisions published for each Development Control Committee. • <u>Register of Contracts</u> published on Council Website. • Council making preparations to comply with 2021 Act regarding Governance and Audit Committee (Report on changes presented to Governance and Audit Committee 24.2.2021 and 3.6.2021 (to include requirement of Mid Wales Corporate Joint Committee to have Governance and Audit Sub-Committee)), with changes regarding recruitment approved by Council 18.3.2021, as follows: <ul style="list-style-type: none"> a) the change of name of the Audit Committee to the Governance and Audit Committee, and additional performance and complaints-handling functions effective from 1 April 2021; b) commencement of the recruitment process for independent lay members to the Governance and Audit Committee; c) the proposals for the Shortlisting Selection Panel; and d) the Role Description and Person Specification. • Necessary changes to Constitution regarding Governance and Audit Committee per 2021 Act approved by Council 23.9.21. Changes made during 2021-2022 include preparations for: <ul style="list-style-type: none"> - terms of reference/remit/composition changes; - change of name to 'Governance and Audit Committee'; - Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act) – recruitment completed, save for Council approval of successful candidates. - Committee duty to appoint own Chair and Deputy Chair; -Chair must be lay person. 				
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		<ul style="list-style-type: none"> -Deputy Chair must not be member of Local Authority Executive; and - in absence of Chair & Deputy only non-executive Members can chair. • <u>The Terms of Reference of the Development Control Committee (to be renamed 'Development Management Committee') have been revised.</u> • <u>The Operational Procedures document for the Development Control Committee/Development Management Committee has been revised.</u> • <u>A Protocol for Good Practice for Councillors at Development Control Committee/Development Management Committee has been produced and included in the Constitution.</u> • <u>Decisions made contrary to officer advice and that do not fulfil the criteria of the checklist being developed for the Development Control Committee/Development Management Committee will be annually reviewed as part of the AMR process and reported to the internal audit procedures.</u> • <u>Report</u> on the size of the Governance and Audit Committee presented to Democratic Services Committee 21.5.2021, which agreed to recommend to Council that the Committee should comprise 6 County Council Members and 3 lay members (9 total). <u>Report</u> on size of Committee presented to Council 17.6.2021 and Council agreed same member composition from 5.5.2022. 				
A2 Demonstrating strong commitment to ethical values	Elin Prysor A2.1 Seeking to establish, monitor and maintain the organisation's ethical standards and performance	<ul style="list-style-type: none"> • <u>Ethics and Standards Committee</u> championing ethical compliance to ensure that public have trust and confidence that Members and Officers work to highest ethical and moral standards. 	Scrutiny of ethical decision making	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Championing ethical compliance at governing body level	✓		
	Elin Prysor A2.2 Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<ul style="list-style-type: none"> • The <u>Ethics and Standards Committee</u> has been proactive, leading on training sessions and putting procedures in place for dispensation arrangements. The structure has recently been reviewed to improve efficiency and effectiveness. • Officers such as Internal Auditors, sign an annual Code of Ethics affirmation. • Internal Audit Charter approved by <u>Governance & Audit Committee</u> 24 February 2021. • Carmarthen County Council undertook an independent audit of ethics within the Council during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics in progress (currently in review). • Training Needs Analysis Questionnaire has been circulated by Council newsletter to Staff requesting opinion on ethical culture of Council & training module planned in response to feedback. 	Provision of ethical awareness training	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required. All actions have commenced and are on-going

	<p>Geraint Edwards A2.3 Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values</p>	<ul style="list-style-type: none"> Employee Handbook is in the process of being reviewed, is available on <u>CeriNet</u>, sets out the expected Employee behaviour and includes the <u>Code of Conduct for Local Government Employees</u>. Training on equality and diversity and recruitment and selection including equal opportunities is mandatory for all Ceredigion County Council Managers. All Staff must complete an e-learning module on Equality & Diversity. <u>Procurement Strategy 2018-2022</u> was approved by Council 19th June 2018. Procurement training also being rolled out to Staff. Council Recruitment Policy and DBS Policy. 	Appraisal processes take account of values and ethical behaviour	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	<p>Steve Johnson A2.4 Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation</p>	<ul style="list-style-type: none"> <u>Standard Terms and Conditions</u> for all Suppliers of Goods and services include conditions relating to Equality and Diversity and are available on the Council's website. <u>Procurement Strategy 2018-2022</u> In-House software used to retrospectively check for suspected duplicate payments. Council has developed a Modern Slavery Policy (sent to contractors of the Council), Anti-Slavery Annual Statement 2019-2020 and Code of Practice Ethical Employment in Supply Chains. 	Agreed Values in partnership working -Statement of business ethics communicates commitment to ethical values to external suppliers -Ethical values feature in contracts with external service providers	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
A3. Respecting the rule of law	<p>Elin Prysor A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations</p>	<ul style="list-style-type: none"> <u>Council Constitution.</u> <u>Consideration is being given to the Data Protection Principles, and processing of personal information in the context of Council Committees and all Members.</u> <u>Training has been scheduled for all Members (Introduction for Council, including GDPR) following the May 2022 Elections.</u> Statutory powers and legal implications included in every decision making Cabinet report. Legal and Financial advice/implications is provided on all appropriate reports for decision. The MO and Legal Services are available to advise as appropriate. The IA Service is available to advise as appropriate. The MO attends Leadership Group/Cabinet/Council meetings. The MO routinely attends many public meetings, as required, subject to availability. In the absence of the MO, the Deputy MO will attend Cabinet and Council meetings. 	Statutory provisions	✓	97/840	<p>Good overall governance considered compliant and meets best practice. No further action required.</p> <p><u>Further training to be provided to all Members regarding their responsibilities in relation to Data Protection Principles and privacy notices. Privacy notices for Councillors being developed and to be provided.</u></p>
			Statutory guidance is followed	✓		
			Constitution	✓		

		<ul style="list-style-type: none"> • <u>Covid-19 Governance Structure</u> introduced by the Council, to include temporary delegated powers for the Council's Chief Executive and Leadership Group through use of Urgent Decisions for decisions relating to the Council's COVID-19 response), in accordance with Council's Constitution. The Urgent Decision of the Leader was reviewed regularly, and expired on 31.8.2021. • Gold Command continues under operational procedures pursuant to Civil Contingencies Act 2004 • Gold Command Record of Decisions published on the Council's website). • <u>Roadmap</u> produced, which outlines the services the Council does and does not provide, and what the Council's plans are, which is reviewed regularly, for Ceredigion giving overview of services provided in light of Covid-19 Pandemic, current guidance and number of cases in Ceredigion. • The 2021 Act shall have an effect on corporate bodies, including the Council, and preparations for compliance are ongoing, including through the Cross-Party Constitution Working Group (Members of each political group in attendance), reports to the Governance and Audit Committee and Council, with a Council Action plan having been prepared and updated regularly, and meetings with relevant Officers and CLOs held, as appropriate. 				
	<p>Elin Prysor / Stephen Johnson/Amanda Roberts / Alex Jenkins A3.2 Creating the conditions to ensure that the statutory Officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.</p>	<ul style="list-style-type: none"> • Job descriptions & person specifications clearly define the roles and responsibilities required of posts. • Members' Role descriptions set out their respective responsibilities. • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, published 13 April 2016). • Compliance with CIPFA's Statement on the Role of the Head of Internal Audit in Public Service Organisations (CIPFA, published 9 April 2019) & contribution published in CIPFA's accompanying Putting Principles into Practice document (2019)). • Terms of reference are included in the Constitution. • Reporting to Governance and <u>Audit Committee</u>. • <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u>. • <u>Contract Procedure Rules (Document G in the Council's Constitution)</u>. • Codes of Conduct (see above). • Compliance with Specific Codes e.g. <u>Internal Auditors' Public Sector Internal Audit Standards</u> ('PSIAS', March 2017) • Members of Governance and Audit Committee updated on fraud including IA annual counter fraud report. 	<p>Job descriptions/specifications</p> <p>Compliance with CIPFA's statement on the role of the Chief Financial Officer in local government (CIPFA 2016)</p> <p>Terms of reference</p> <p>Committee support</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

	<ul style="list-style-type: none"> Statutory Officers accountable to the Chief Executive ('CE') and the Council. Regular meetings between CE, S.151 Officer & MO. Corporate Manager – Internal Audit ('CMIA') has free & unfettered access to Members and Officers at all levels, and right of access as per Council's <u>Constitution</u> and Internal Audit Charter. Register of Members' Interests published on the <u>Council Website</u>. 2021 Act received Royal Assent January 2021 and makes changes to the Governance and Audit Committee. GAC Terms of Reference updated according to the new Act. 				
Elin Prysor / Steve Johnson A3.3 Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<ul style="list-style-type: none"> Chief Officers provide support and advice to Members. Reporting requires financial and legal advice/implications to be included in reports/decisions which are published as appropriate. 	Record of legal advice provided by Officers	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
Elin Prysor A3.4 Dealing with breaches of legal and regulatory provisions effectively	<ul style="list-style-type: none"> The MO has direct access to the CE and reports to Council generally and as part of statutory duty. The MO or a nominated representative attends all Cabinet meetings and Council Meetings. The MO operates an 'open' door policy for Members wishing to receive 'conduct' and 'governance' advice. The MO & S.151 Officer have monthly meetings with the CE. The MO & S.151 Officer are key members of Leadership Group. Items reported to Members for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report. Statutory powers and legal implications included in every decision making Cabinet report. Legal and Financial advice/implications is provided on all appropriate reports for decision. The MO and Legal Service are available to advise in advance and at meetings. 	MO provisions & 151 Officer provisions	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
		Record of legal advice provided by Officers	✓		
		Statutory provisions	✓		
Elin Prysor / Amanda Roberts / Alex Jenkins A3.5 Ensuring corruption and misuse of power are dealt with effectively	<ul style="list-style-type: none"> Effective '<u>Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)</u>' updated and approved by Council 17 June 2021 (minutes confirmed 23 September 2021). Effective External Audit, Internal investigations. <u>Whistleblowing Policy</u> and Disciplinary Policy. An Officer in the IA team is an accredited Counter Fraud Technician. Officer(s) of the IA team hold a CIPFA Certificate in Investigative Practices ('CCIP'). 	Effective Counter-fraud and corruption policies and procedures	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
		Local test of assurance (where appropriate)	✓		

		<ul style="list-style-type: none"> • Council complies with Audit Wales’s annual <u>National Fraud Initiative</u> requirements, currently co-ordinated by Internal Audit. • IA annual report on Counter Fraud presented to Governance and Audit Committee at year-end. • Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc). • Membership and active participation in professional networks and groups (Tisonline, KHub, etc). • IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained. • Nominated Council Officers undertake various fraud training to maintain knowledge and expertise. • Where appropriate, successful prosecutions publicised on Council website (and in local press). • Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it). • Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home. • IA’s annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. 				
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B. Ensuring openness and comprehensive stakeholder engagement						
Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
B1 Openness	Alun Williams B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<ul style="list-style-type: none"> All statutory <u>Annual reports</u> are available on the Council's Website. <u>Freedom of Information Act publication scheme.</u> A host of service areas are available online including <u>council tax self-service and information.</u> The Council's goals and values are set out in the <u>Corporate Strategy 2017-2022.</u> <u>Ceredigion County Council Website.</u> Council and Cabinet meetings are broadcasted. MO and Ethics & Standards generic email addresses created. Regular and timely responses to the press and other enquiries to Management and members as well as comprehensive FOI responses. Review of the FOI Publication scheme in progress. <u>Freedom of Information Policy (March 2018).</u> Corporate Complaints and Freedom of Information Manager in post. <u>Complaints and Freedom of Information Privacy Notice.</u> <u>Environmental Information Regulations Policy (March 2018).</u> 	Annual Report	✓	7/8	Acceptable Minor adjustments may be required FOI policy and EIR policy both updated. Review of the FOI Publication Scheme is in progress.
			FOI publication scheme			
			Online Council Tax information	✓		
			Authorities Goals & Values	✓		
			Authority website	✓		
	Lowri Edwards B1.2 Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	<ul style="list-style-type: none"> All Council, Cabinet and Committee meetings open to the public and agendas and papers published on the Council website (with the exception of exempt reports). An Overview and Scrutiny <u>Public Engagement Protocol (2018) (Document N Constitution)</u>has been approved by Council and has been used on several occasions Protocol for speaking at the Development Control Committee in place (Part 4 Document I <u>Constitution</u>). Protocol for access by Cabinet Members to Overview and Scrutiny Committee approved by Council (<u>Part 5 Document M2 Constitution</u>). <u>In accordance with the requirements of the LGEW Act 2021, arrangements are being made to enable hybrid meetings to be held from May 2022. New equipment is currently being installed in the Chamber (completion mid-April 2022). The system will allow meetings to be recorded and made available online.</u> 	Record of decision making and supporting materials	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Lowri Edwards B1.3 Providing clear reasoning and evidence for decisions in both		Decision making protocols	✓	9/10	Good overall governance considered compliant and
			Report pro-forma	✓		

	<p>public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear</p>	<ul style="list-style-type: none"> • <u>Integrated Impact Assessment ('IIA') tool and guidance</u> to inform effective decision making have been developed and are being implemented. • Council / Cabinet report template updated to include reference to legal implications, staffing implications, property / asset implications and risks. • <u>Standard templates and guidance</u> for reporting to Council, Cabinet and Overview and Scrutiny Committees are used and all include the IIA results. • Where appropriate, items reported for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report. • A Protocol is in place for working relationships between Members and Officers (e.g. Officer-Member Protocol). (<u>The Constitution Part 5</u>). • <u>The Protocol of Good Practice has been created in order to support Members of the Development Control Committee (to be renamed Development Management Committee) in ensuring that determination of applications will be based on sound material planning considerations, and not applicants' personal circumstances.</u> • • A calendar of <u>dates of meetings</u> including forward work programmes of the Council, Cabinet and Committees are published on the Council's website. • Annual reports, Statements of accounts, Improvement progress reports are all published within timescales and are available on the <u>Council's website</u>. • Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision making process, Wellbeing of Future Generations Act, Equalities, Welsh Language and the use of the IIAs. 	Record of professional advice in reaching decisions	✓		meets best practice. No further action required.
			Meeting reports show details of advice given	✓		
			Discussion between members and Officers on the information needs of members to support decision making	✓		
			Agreement on the information that will be provided and timescales	✓		
			Calendar of dates for submitting, publishing and distributing timely reports adhered to.	✓		
Alun Williams	B1.4 Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action	<ul style="list-style-type: none"> • <u>The Engagement and Consultation Checklist</u> assists with decision making around whether or not to undertake a consultation regarding a proposed change and guidance on dissemination of consultation results is available to Officers. • IIA conclusions reported to Council, Cabinet and Overview and Scrutiny. 10 IIAs went to Cabinet over 2021-22 up to 1.12.2021. Committees, which includes consultation. • The Council, in collaboration with partners, has carried out significant engagement to produce the Public Service Board's ('PSB') Well-being Assessment and <u>Local Well-being Plan</u>. 	Well-being strategy (PSB) and statement (LA)	✓	7/8	Acceptable Minor adjustments may be required
			Use of consultation feedback	✓		
			Complaints policy and use of complaints	✓		
			Citizen survey	x		

		<ul style="list-style-type: none"> Well-being objectives for 2020-21 have been set in order to deliver the <u>Corporate Strategy 2017-2022</u>. <u>Corporate Complaints Policy has been reviewed, new Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and Complaints Policy and Procedures 2021, its implementation and publication approved by Council.</u> <u>Social Services Complaints Policy and Procedure</u> has been reviewed. <u>Consultation Decision making tool (Consultation Tree and flowchart)</u> have been developed and includes the use of feedback. Further consultation includes: <ul style="list-style-type: none"> A new Engagement and Equalities post has been created through the restructure of the Policy and Performance service; and All <u>current consultations</u> are available on the Council website; and <u>Consultations 2020-2021.</u> <u>Consultations are published on Corporate section of Council Website.</u> Due to Covid-19, Council has consulted remotely via video conferences and electronic surveys. <u>Consultations</u> are promoted through Social Media Guidance has been issued on the Ceredigion Council intranet to all Staff to follow with regards to the dissemination of feedback to decision makers. Recent indications are that significant progress is being made in this area by Officers. 				
B2 Engaging comprehensively with institutional stakeholders	Alun Williams / Diana Davies B2.1 Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	<ul style="list-style-type: none"> <u>PSB Terms of Reference</u> available on the Council Website. PSB Project Groups Terms of Reference available Joint engagement and consultation exercises are held All <u>current consultations</u> are available on the Council Website. Collaborative projects are running with institutional stakeholders with clear governance arrangements in place. Scrutiny arrangements for the PSB have been put in place. The <u>IIA tool and guidance</u> have been approved for implementation. <u>Consultation Decision Tool (Consultation Decision Tree and flowchart)</u> have been developed and are available. 	Communication and engagement strategy	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Diana Davies B2.2 Developing formal and informal partnerships to allow for	<ul style="list-style-type: none"> <u>Engagement with Service Users List</u> including stakeholders with whom the authority should engage is in place and <u>Community Engagement Policy</u>. 	Database of stakeholders with whom the authority	✓	9/10	Good overall governance considered compliant and

	resources to be used more efficiently and outcomes achieved more effectively	<ul style="list-style-type: none"> • <u>Collaboration Standards for New Strategic Projects Guidance and Templates</u> are available. Partnerships Include: <ul style="list-style-type: none"> ○ <u>PSB</u>; ○ <u>West Wales Regional Partnership Board</u>; ○ <u>Community Safety Partnership</u>; ○ <u>Mid and West Wales Safeguarding Board</u>; and ○ <u>Growing Mid Wales</u>. • The formal review of partnerships that sit under the PSB has been completed. The new partnership structure has been operational since June 2018 and the partnerships will be reviewed on a periodic basis. • A review of the <u>Community Safety Partnership</u> was undertaken in 2019 and was subject to scrutiny. 	should engage and for what purpose and a record of an assessment of the effectiveness of any changes			meets best practice. No further action required.
	Alun Williams / Diana Davies B2.3 Ensuring that partnerships are based on: <ul style="list-style-type: none"> • trust • a shared commitment to change • a culture that promotes and accepts challenge among partners and • that the added value of partnership working is explicit 	<ul style="list-style-type: none"> • Advice provided to Members and Officers serving on outside bodies. • Regular reporting of partnership meetings and activity to Cabinet. • Partnerships such as <u>Growing Mid Wales</u> have been established with governance arrangements. • Regular reporting of partnership meetings and activity to Leadership Group and Cabinet. • Scrutiny arrangements in place for the PSB. • Partnership metrics are subject to internal review, where appropriate. • Legal Team is actively involved in drafting and reviewing Terms of Reference for Inter Authority Agreements ('IAAs') and formal committees. • A suite of documents have been developed that relate to strategic collaboration projects that the Authority is considering entering into. The <u>documents</u> include guidance, standards and numerous templates for varying stages of collaboration projects. • Executive Group Self-assessment carried out. • Growing Mid Wales Joint Overview and Scrutiny Committee has been established. 	Well-being strategy	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Partnership protocols	✓		
B3 Engaging stakeholders effectively, including individual citizens and service users	Alun Williams B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	<ul style="list-style-type: none"> • <u>Consultation Decision Tree and flowchart</u> for Staff and Members have been developed. • <u>The Engagement and Consultation Checklist</u> • <u>Community Engagement Policy (11 Jan 2013)</u> • A <u>Community Engagement, Consultations and Partnerships Page</u> has been created on <u>CeriNet</u>, which includes links to Community Engagement Policy, Engagement and Consultation Checklist, <u>Engagement with Service Users</u> and Consultation Decision Making Tool. • Work is underway to prepare a Community Engagement Policy that will meet the requirements of 	Record of public consultations	✓	5/6	Satisfactory, but further action required.
			Partnership framework	✓		Due to the Covid-19 pandemic, decisions have needed to be made by Gold Command for emergency reasons (under the temporary executive function transfer of power in place until 31.8.2021 and for operational procedures
			Public Service Boards Terms of Reference	✓		

		<p>the 2021 Act, which will also include how the Council will encourage participation in decision-making, although final guidance is awaited from Welsh Government regarding this part of the legislation.</p> <ul style="list-style-type: none"> • A new Draft Engagement Policy has been prepared to take into account the latest engagement methodology, including digital engagement. This will be consulted upon and agreed following the Local Government Elections in 2022. • A draft new Engagement Strategy for Ceredigion County Council, 'Talking, Listening and Working Together,' has been prepared. This will be consulted upon and agreed following the Local Government Elections in 2022. • All IIAs for Cabinet are assessed by the Engagement and Equality Officer, including whether effective engagement, involvement and consultation has taken place and informed strategic decision making process. • <u>Public Engagement Tool Kit</u> • <u>Engagement with Service Users List.</u> • All school reorganisation proposals are required to have formally consulted with stakeholders through adhering to the Welsh Government's School Organisation Code. • All <u>current consultations</u> are available on the Council Website. • A monitoring partnership framework that reports on all key decisions made by existing partnerships is reported to Leadership Group. 				<p>under the Civil Contingencies Act 2004 following that date), therefore it has been impossible to consult physically in the community at present for many services, and consequently the scoring has been amended to reflect this.</p> <p>To continue to progress the review of the Community Engagement Policy that will include provisions for how stakeholders are engaged in future.</p>
	<p>Alun Williams / Lowri Edwards B3.2 Ensuring that communication methods are effective and that Members and Officers are clear about their roles with regard to community engagement</p>	<ul style="list-style-type: none"> • <u>The Engagement and Consultation Checklist</u> • <u>Corporate Strategy (2019-2022).</u> • <u>Community Engagement Policy (11 Jan 2013) is under review:</u> a new Draft Engagement Policy has been prepared to take into account the latest engagement methodology, including digital engagement. This will be consulted upon and agreed following the Local Government Elections in 2022. • <u>Public Engagement Tool Kit.</u> • <u>Engagement with Service Users List.</u> • <u>IJA Tool Kit.</u> • <u>Social Media Policy (revised Aug 2018).</u> • <u>Guidelines on Corporate Branding (May 2019).</u> • Minutes of structured engagement meetings and events. 	<p>Evidence of structured stakeholder discussions</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Communications strategy</p>	<p>✓</p>		

	<p>B3.3 Alun Williams / Lowri Edwards Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs</p>	<ul style="list-style-type: none"> • <u>Corporate Communications Strategy (2019-2022)</u>. • <u>Overview and Scrutiny Public Engagement Protocol (2016) (Document N Constitution)</u>. • Social media is being used to seek the public's views on matters being considered by Overview and Scrutiny Committees. • <u>IIIA Tool Kit</u>. • Summary reports on consultation and engagement activities are reported back to Members and service users. • Minutes of engagement groups with people with protected characteristics. • Effective Community involvement carried out with the well-being assessment work. • Effective Community involvement carried out with service users from different backgrounds to inform the new Strategic Equality Plan. 	<p>Communications and engagement strategy</p>	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			<p>Effective community involvement</p>	✓		
	<p>Alun Williams/Lowri Edwards B3.4 Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account</p>	<ul style="list-style-type: none"> • <u>Corporate Communications Strategy (December 2018)</u>. • Summary reports on consultation and engagement activities, which are reported back to Members and service users. • Dissemination of <u>consultation results</u> and reports on completed consultations and engagement exercises are posted on the Council's public <u>consultations</u> webpage in order to provide feedback to the public. • Processes have been introduced to monitor feedback e.g. any consultation/engagement reports are presented to Scrutiny and Cabinet to inform their decision-making. • Feedback from engagement and how people's views have been taken into account is recorded in the IIAs. 	<p>Communications and engagement strategy</p>	✓	9/10	Good overall governance considered compliant and meets best practice.
	<p>Alun Williams B3.5 Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity</p>	<ul style="list-style-type: none"> • We have worked in partnership with Local Authorities and Public Services across Mid and West Wales on the review of our Strategic Equality Plans. A joint question set and engagement and consultation framework was produced and as a result, feedback was obtained from people with protected characteristics. 	<p>Processes for dealing with competing demands within the community for example consultation</p>	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
<p>Diana Davies B3.6 Taking account of the interests of future generations of tax payers and service users</p>	<ul style="list-style-type: none"> • A <u>Well-being assessment</u> (PSB) has been carried out that has informed the development of the PSB's <u>Local Well-being Plan</u>, which was published in March 2018. • Work has commenced on preparing the next assessment of Local Well-Being that will be published in March 2022. • <u>The Well-being and Improvement Objectives</u> are included in the Council's <u>Corporate Strategy 2017-2022</u> and are reviewed each year. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being 	<p>Reports</p>	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.	
		<p>Well-being assessment</p>	✓			
		<p>Well-being Objectives and statement</p>	✓			

		<p>Objectives for 2022-23 on 21.10.21, which are published on the Council's website.</p> <ul style="list-style-type: none"> • An <u>annual report</u> on progress made against the Council's Well-being objectives and Corporate priorities in published on the Council Website. • UNCRC – United Nations Convention on the Rights of the Child have been adopted by the Council. • Participation Standards have been adopted by Council. 				
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C. Defining outcomes in terms of sustainable economic, social, and environmental benefits						
The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the authority's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
C1 Defining outcomes	Alun Williams C1.1 Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions	<ul style="list-style-type: none"> The Council's <u>Well-being and Improvement Objectives</u> are included in the Council's <u>Corporate Strategy 2017-2022</u> and are reviewed each year and reported in the Well-being and Improvement objectives annual report published on the Ceredigion County Council website. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website. The purpose and the vision of the Council have been determined by Council and is contained in the <u>Corporate Strategy 2017-22</u>. This strategy illustrates how the authority will support and promote the well-being of the citizens of Ceredigion. All Planning arrangements reflect the Golden Thread and make the links to Corporate plans including; <ul style="list-style-type: none"> Business Plans; Strategic Plan; Corporate Performance Management Reporting; and Well-being and Improvement Objectives. 	Well-being statement and objectives	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Vision used as a basis for corporate and service planning	✓		
		Alun Williams / Diana Davies C1.2 Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	<ul style="list-style-type: none"> The <u>IIA tool and guidance</u> are available and training has been rolled out for Officers and Members. <u>Community and Engagement Policy</u> (11 Jan 2013) is available. A <u>Public Engagement Toolkit 2014</u> has been developed in order to provide a user-friendly resource for Officers when developing and undertaking effective public engagement with their communities, in accordance with the National Principles of Public Engagement. Updates on the budget savings and the work of the Development Group are reported to the Cross Party Transformation and Efficiency Consultative Group. The <u>Corporate Strategy 2017-2022 incorporates the well-being and improvement objectives</u>. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website The draft Well-being and Improvement Objectives Annual report 2020-21 included a review of the Well-being and Improvement Objectives. 	Community engagement and involvement	✓	9/10
			Corporate & service plans	✓		
			Well-being plan (PSB) and well-being statement (LA)	✓		
	Alun Williams C1.3 Delivering defined outcomes on a sustainable	<ul style="list-style-type: none"> <u>Performance</u> information is outlined in the Council's Well-being and Improvement Objectives Annual report. 	Regular reports on progress	✓	9/10	Good overall governance considered compliant and

	basis within the resources that will be available	<ul style="list-style-type: none"> Business Plans are prepared on an annual basis and are monitored quarterly by a Performance Board, which includes Cabinet members and the Chairs and Vice Chairs of the Overview and Scrutiny Committees and Chair of the Governance and Audit Committee. Budget setting subject to detailed scrutiny by the five Overview and Scrutiny Committees. The Medium Term Financial Plan. Quarterly performance arrangements provide a challenge protocol to ensure outcomes are delivered. Business planning process includes resource allocation. Cross-Party Transformation and efficiency Group monitors the budget savings and delivery of services within budgets. 				meets best practice. No further action required.
	Alun Williams C1.4 Identifying and managing risks to the achievement of outcomes	<ul style="list-style-type: none"> Corporate performance management arrangements include quarterly assessment of risks to the achievement of outcomes or service delivery. Risk management includes risk logs for; <ul style="list-style-type: none"> Business Plans (Level 1); and Service Plans (Level 2). 	Performance trends are established and reported upon	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Risk management Protocols	✓		
	Stephen Johnson C1.5 Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	<ul style="list-style-type: none"> Local performance measures are included in Business and service delivery plans. Capital Plans include; <ul style="list-style-type: none"> Rights of Way; Highways; Annual Budget Plan; and Transformation. The Risk Management Policy and Strategy and the Risk Management Framework was approved by Cabinet on 24 September 2019. Risk Management training to be rolled out to Members and Senior Managers. Risk management e-learning package has been developed for all other Staff and training took place in 2019, with workshop with insurers arranged for senior Managers. Publication of service performance, including costs and value for money data is routinely considered within service reports. 	A agreed set of quality standard measures for each service element are included in service plans	✓	9/10	Good overall governance considered compliant and meets best practice. Managing Service users expectations
			Risk management protocols	✓		
C2 Sustainable economic, social and environmental benefits	Steve Johnson / Elin Prysor C2.1 Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision	<ul style="list-style-type: none"> The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness. In his letter he has stated that the Council has complied with its responsibilities to the use of its resources. The most recent Audit of the Council's Improvement Plan (2020-2021) was issued in November 2020. The report concluded positively that the Council discharged its duties and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties. 	Capital investment is structured to achieve appropriate life spans and adaptability for future use so that resources are spent on optimising social, economic and environmental wellbeing:	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

		<ul style="list-style-type: none"> • A capital appraisal form is completed for new capital projects, which covers the requirement for the project, and is used to assess value for money and the revenue implications of major projects. • Capital Investment Strategy is contained within the <u>Medium Term Financial Strategy</u>. • The Authority has undertaken the following steps towards the implementation of the Well-being of Future Generations (Wales) Act 2015: <ul style="list-style-type: none"> ○ Prepared well-being objectives and statement; ○ Embedded the Well-being Goals and Sustainable; development principal into the business planning process ○ Developed a new <u>IIA tool and guidance</u>; ○ Established a Well-being of Future Generations Act group and action plan; ○ The Constitution is continually monitored and reviewed; ○ PSB <u>assessment of Local Well-being</u> published in March 2017; ○ Scrutiny arrangements agreed for PSB; ○ Cabinet Reports, to include the Social/economic/ environmental impact assessment; ○ A mandatory e-learning module on the Act has been developed and promoted to all Council Staff; ○ an Equality, community and Welsh language Impact Assessment must be undertaken on all school restructuring proposals as required under the Welsh Government School Organisation Code; and ○ Members have contributed to The Future Generations Officer Scrutiny Framework in relation to the WFGA. 	capital programme capital investment strategy			
			Legislative requirements – Well-being of Future Generations (Wales) Act 2015	✓		
Steve Johnson	C2.2 Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	<ul style="list-style-type: none"> • Wales procurement policy statement is aligned to the Council's <u>Procurement Strategy 2018-2022</u>. • The <u>IIA tool and guidance</u> is available and used to support decision-making. • All reports and <u>minutes</u> are published in a timely manner and are open for inspection. All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act. • Pre-decision Scrutiny encouraged where possible. • <u>The Medium Term Financial Strategy</u>. • <u>The Corporate Strategy 2017-2022</u>. • The Transformation Programme. 	Application of Wales procurement policy statement	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Corporate plans take account of medium and long-term service plans	✓		
			Discussion between Members and Officers on the information needs of Members to support decision making	✓		

			Record of decision making and supporting materials	✓		
	Alun Williams / Diana Davies. C2.3 Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	<ul style="list-style-type: none"> Public Services Board <u>Local Well-being Plan</u> was published in May 2018. All reports and <u>minutes</u> are published in a timely manner and are open for inspection. All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act. Advice given by MO. <u>Engagement and Consultation Checklists</u> are available on CeriNet. The Council wide WFGA Group Action Plan. <u>IJA tool and guidance</u>. 	Well-being Plan (PSB)	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Record of decision making and supporting materials	✓		
			Protocols for consultation	✓		
	Alun Williams/Lowri Edwards C2.4 Ensuring fair and equal access to services	<ul style="list-style-type: none"> <u>Strategic Equality Plan 2020-2024</u>. Annual <u>Strategic Equality Plan monitoring report 2020-2021</u> being submitted for approval, and once approved will be published on Council website. <u>Welsh Language Standards</u>. <u>Annual Welsh Language Standards monitoring report</u>. Annual Complaints and Compliments Report 2020/21 presented to Corporate Resources Scrutiny Committee 27.10.21 and approved by <u>Council 9/12/21</u>. A mandatory E-learning training module on Welsh Language Awareness must be completed by all Staff. 	Develop protocols to ensure fair access and that statutory guidance is followed	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes						
Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
D1 Determining interventions	Lowri Edwards / Elin Prysor D1.1 Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options. Therefore ensuring best value is achieved however services are provided	<ul style="list-style-type: none"> The <u>IJA tool and guidance</u> is available and training has been rolled out for Officers and Members. Corporate project management group has been established to formalise project development and management. Standard reporting templates are used in decision making process. Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision making process, Wellbeing of Future Generations, Equalities, Welsh Language and the use of the IIAs, Head of Democratic Services and MO (CLO-Legal & Governance) advise as necessary. Risk Management Policy, Strategy and Framework (approved by Cabinet 24.9.10) with training programme for Members, Senior Management and Managers, published on CeriNet and available to all Members of Staff. Documents amended to reflect additional risks and background information to make informed decisions. Corporate Risk Register reported regularly to Governance and Audit Committee (9.9.2021, 3.6.2021) 	Discussion between Members and Officers on the information needs of Members to support decision making Decision making protocols Option appraisals Agreement of information that will be provided and timescales	✓ ✓ ✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Steve Johnson D1.2 Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	<ul style="list-style-type: none"> <u>Medium Term Financial Strategy</u> has been regularly updated the current version dated 2021/22 Onwards approved by Council 5.3.2021. <u>Consultation decision tree tool</u> includes a guidance section on dissemination of consultation results. Finance challenge regarding savings on Council Website. 	Financial Strategy	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
D2 Planning interventions	Alun Williams D2.1 Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	<ul style="list-style-type: none"> Corporate Performance Management arrangements include quarterly: <ul style="list-style-type: none"> Corporate Lead Officer Service Report; Performance Board; and Executive Panel meetings. A calendar is used to report deadlines and Board/Executive Panel dates are published with reports. 	Calendar of dates for developing and submitting plans and reports that are adhered to.	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	<p>Alun Williams / Diana Davies/Lowri Edwards D2.2 Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered</p>	<ul style="list-style-type: none"> • <u>Corporate Communications Strategy 2019-2022</u> • The <u>Ceredigion PSB</u> has a <u>Local Well-being Plan</u> that has been developed and delivered jointly with external stakeholders and partners. • <u>An Assessment of Local Well-being</u> has been undertaken by the PSB that has fed the <u>Local Well-being Plan</u> and the <u>Council Well-being Objectives</u> for future years. 	<p>Communication and engagement strategy</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>
	<p>Alun Williams D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks</p>	<ul style="list-style-type: none"> • All major collaboration projects have established governance and management arrangements including risk management. • All projects considered by Corporate Project Management Panel, which is also attended by IA and is an effective forum for advice/challenge and highlighting risks as Service areas develop projects, including collaboration projects. • The Corporate Project Management Panel helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes. • Account will be taken of legislative changes e.g. work is ongoing in relation to implementing legislative changes such as LGEW 2021 Act changes and considering/monitoring risks facing each partner when working collaboratively, including shared risks. Meetings are being held and preparation being carried out, for example, regarding the 2021 Act's requirement for Corporate Joint Committees, including potential and shared risks (a CJC group has been established, with the first meeting held on 19th April 2021, to consider the requirement to establish the Mid Wales CJC in accordance with the 2021 Act). • Appropriate Joint Scrutiny arrangements are in place in relation to the Growing Mid Wales Board. Similarly, the Mid Wales Corporate Joint Committee will have Sub appropriate arrangements in place (Joint Scrutiny, Standards and Governance and Audit Committee)- arrangements in compliance with legislation and its Standing Orders 	<p>Partnerships/collaboration framework</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p> <p>To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.</p> <p>To implement legislative changes, such as Local Government and Elections (Wales) Act 2021 changes and consider/monitor risks facing each partner when working collaboratively, including shared risks.</p>
	<p>Russell Hughes-Pickering D2.4 Ensuring arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances</p>	<ul style="list-style-type: none"> • Corporate Project Management Group has been established to formalise project development and management. • Ensuring Staff with project management skills are available. • This helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes. 	<p>Planning protocols</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

		<ul style="list-style-type: none"> Helps identify capital requirements for inclusion in future capital programmes. 				
	Alun Williams D2.5 Establishing appropriate local performance indicators (as well as relevant statutory or other national performance indicators) as part of the planning process in order to identify how the performance of services and projects is to be measured	<ul style="list-style-type: none"> Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly. The Business Planning process for 2021-22 is being implemented with Level 1 Business Plans shared with the Performance and Research Team. Performance measures have been identified within each Level 1 Business Plan that have in turn translate into the reporting Dashboard for each service. These measures have been closely scrutinised and have received final sign-off from senior leadership. Services report against these measures as part of the performance management process for the year. 	Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Alun Williams D2.6 Ensuring capacity exists to generate the information required to review service quality regularly	<ul style="list-style-type: none"> The Corporate Performance Management arrangements include <ul style="list-style-type: none"> Weekly leadership Group meetings; Quarterly reporting of progress against level 1 Business Plans; Quarterly Performance Board meetings; and Quarterly Executive Panel Meetings. 	Reports include detailed performance results and highlight areas where corrective action is necessary	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Steve Johnson D2.7 Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan	<ul style="list-style-type: none"> Business Plans include budget and finance information and form part of the quarterly Corporate Performance Management arrangements. Budget Framework. Service Accountancy – Budget monitoring. 	Evidence that budgets, plans and objectives are aligned	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Steve Johnson D2.8 Informing medium and long-term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	<ul style="list-style-type: none"> <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u> along with Budgetary Control Guidance are all up to date. Chief Officer Assurance Statements. The internal controls in place are subject to regular review by Internal Audit, in accordance with the annual risk-based audit plan. <u>Medium-term financial Strategy.</u> <u>Corporate Strategy 2017-2022.</u> Internal Audit Strategy & Plan 2021/2021 approved by Governance & Audit Committee 24 February 2021. 	Budget guidance and protocols	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
MTFS			✓			
Corporate Plans			✓			
D3 Optimising achievement of intended outcomes	Steve Johnson D3.1 Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<ul style="list-style-type: none"> Changes through the corporate savings plan have been through a robust governance process to ensure that all savings all link to the desired outcome. 	Feedback surveys and exit/decommissioning strategies	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Changes as a result	✓		
	Steve Johnson D3.2 Ensuring the budgeting process is all-inclusive, taking into account the full	<ul style="list-style-type: none"> <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u> along with Budgetary Control 	Budget guidance and protocols	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	cost of operations over the medium and longer term	<p>Guidance are all up to date. Chief Officer Assurance Statements.</p> <ul style="list-style-type: none"> The internal controls in place are subject to regular review by IA, in accordance with the annual risk-based audit plan. Internal Audit Strategy & Plan 2021/22 approved by Governance and Audit Committee 24/2/21. 				
	Steve Johnson D3.3 Ensuring the medium-term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	<ul style="list-style-type: none"> <u>Medium Term Financial strategy</u> is in place The corporate savings plan has been through a robust governance process to ensure that all savings link to the desired service outcomes. 	Financial Strategy	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			<p>Long term trends are taken into account</p> <p>Can this be evidenced?</p>	✓		
	Steve Johnson D3.4 Ensuring the achievement of 'social value' through service planning and commissioning. The Public Services (Social Value) Act 2012 states that this is "the additional benefit to the community...over and above the direct purchasing of goods, services and outcomes"	<ul style="list-style-type: none"> Community Benefits is embedded in our Processes and Policies and has been regularly applied, monitored and reported upon. Well-being of Future Generations (Wales) Act is integrated into our processes. 	Service plans demonstrate consideration of social value	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Achievement of social value is monitored and reported upon	✓		

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it						
Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership in local government entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.						
Sub-principles	Behaviour	Evidence	Expected	✓/X	Score	Action
E1 Developing the entity's capacity	Geraint Edwards E1.1 Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	<ul style="list-style-type: none"> Corporate and line management induction is now in place. Corporate induction and Corporate Manager Development plans were introduced in April 2018. Corporate induction sessions are part of these requirements, all new Staff must attend an induction session. Senior Managers present within these face-to-face sessions. CeriNet (the HR intranet and resource to Staff and management) is continually reviewed and improved for effectiveness. Learning & Development is now managed via the Ceri system offering opportunities to all Staff. E-learning modules are being introduced to ensure training and development is cost effective wherever possible. Ongoing annual Personal Performance and Development scheme – Performance Reviews link to Corporate and strategic objectives. The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for delivery of corporate improvements in performance review of Staff. These have been further strengthened with the introduction of annual appraisals for all Staff via the Ceri HR system. Induction programme is provided for new Members. Ongoing training is arranged for specific issues e.g. Treasury management. Members attend various events, seminars and conferences (see above). Personal Development Review process in place for Members. 	Regular reviews of activities, outputs and planned outcomes	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Geraint Edwards E1.2 Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes are achieved effectively and efficiently	<ul style="list-style-type: none"> Utilisation of research and benchmarking exercises. The Ceri HR payroll system has ensured that meaningful data on Staff is now available to Managers on a monthly basis in order to monitor costs turnover and absence. 	Utilisation of research and benchmarking exercises	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	Alun Williams / Diana Davies E1.3 Recognising the benefits of partnerships and collaborative working where added value can be achieved	<ul style="list-style-type: none"> Effective operation of partnerships which deliver agreed outcomes. Effective Partnerships have been developed in a number of areas and services including: <ul style="list-style-type: none"> School Improvement; Health & Social care; and Waste. Additional partnerships are included in the strategic Collaboration Projects List. 	Effective operation of partnerships which deliver agreed outcomes	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Geraint Edwards E1.4 Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<p>A Human Resources Strategy is available on the Intranet. Strategic workforce planning is undertaken utilising the Strategic workforce planning tool kit and is completed by all service areas. The outcomes of this tool kit informed the workforce plan for 2017-2022. The <u>Workforce Plan 2017-2022</u> focuses on 4 key themes:</p> <ol style="list-style-type: none"> 1. Engagement & Opportunity; 2. Flexible & Agile Workforce; 3. Promote a bilingual workforce; and 4. Leadership & Management Development. <ul style="list-style-type: none"> Updates on progress of the workforce plan are reported to scrutiny. 	Workforce Plan	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Organisational development plan	✓		
E2 Developing the capability of the entity's leadership and other individuals	Elin Prysor / Geraint Edwards E2.1 Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	<ul style="list-style-type: none"> The Leadership and Senior Officer structure has defined these roles, including how they integrate with each other. Joint meeting of senior Managers ensures that roles, responsibilities and accountabilities are clear. Job descriptions clearly define the roles and responsibilities required of posts. <u>The Constitution</u> sets out the roles and responsibilities of Members (<u>Part 3.4 Table 4</u>) and senior Officers (part 2 Article 2) The Strategic Planning Toolkit includes an element of succession planning and talent management. Learning and Development opportunities are offered to those within a Leadership role or who are aspiring leaders. 	Job descriptions	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			CE and leader pairings have considered how best to establish and maintain effective communication	✓		
	Elin Prysor / Steve Johnson E2.2 Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	<ul style="list-style-type: none"> A Scheme of Delegation (<u>The Constitution Part 3.5</u>) exists and clearly sets out responsibilities for Members and Officers. Protocols are in place for working relationships between Members and Officers (e.g. Officer-Member Protocol). Codes of Conduct for Officers and Members are in place. Member Officer working groups in place and working effectively. <u>Contract Procedure Rules ('CPR') (Part 4 Document G Constitution)</u> and <u>Financial Regulations and accompanying financial procedures (Part 4 Document F Constitution)</u> are reviewed on a regular basis e.g. CPR updated March 2019. 	Scheme of delegation reviewed at least annual in the light of legal and organisational changes	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Standing orders and financial regulations which are reviewed on a regular basis	✓		
	Elin Prysor	<ul style="list-style-type: none"> The Council's <u>Constitution</u> sets out the functions and responsibilities. 	Clear statement of respective roles and	✓	9/10	Good overall governance considered compliant and

	<p>E2.3 Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure, whereby the chief executive leads the authority in implementing strategy and managing the delivery of services and other outputs set by Members and each provides a check and a balance for each other's authority</p>	<ul style="list-style-type: none"> • The Corporate structure of the Council has been established to ensure that the Statutory Officers are able to perform their roles effectively. • The CE is responsible for reviewing this structure, as necessary. • Democratic Services Committee resolved on 15.10.21 to agree the revised set of Member Role Descriptions, designed to be used alongside Welsh member Development (Competency) Framework, of Welsh Local Government Association ('WLGA') Framework Member Role Descriptions and Person Specifications, which includes role description of the Leader (Report for information also been prepared for presenting to Governance and Audit Committee 19.1.21) 	<p>responsibilities and how they will be put into practice</p>			<p>meets best practice. No further action required.</p>
	<p>Elin Prysor/Lowri Edwards/Geraint Edwards E2.4 Developing the capabilities of Members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:</p> <p>ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged –ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis –ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from</p>	<ul style="list-style-type: none"> • Access to courses/information briefings on new legislation. • Provision of opportunities for ongoing skills and refresher training for Officers. • Members Workshops arranged, as necessary. • Personal reviews for Officers. • Provision and ongoing review of opportunities for skills and refresher training for Members (see above), including Personal Development Review Scheme. • Development/training done as part of person specifications for key finance and legal posts (mandatory qualification, job requirements). 	<p>Access to courses/information briefings on new legislation</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

	governance weaknesses both internal and external					
	<p>Lowri Edwards/ Geraint Edwards</p> <p>E2.5 ensuring Members and Staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged</p>	<ul style="list-style-type: none"> The Council aims to achieve the standard level for the Wales Charter for Member Support and Development. Members' role descriptions are in place and updated as and when circumstances change. A process for Member Personal Development Reviews has been developed and the information will be used to develop a Members' Training Plan. Induction and Corporate Manager Development plans are in place. The introduction of <u>CeriNet</u> as a HR intranet and resource to Staff and management has improved effectiveness. Induction information is available along with the Staff handbook and Managers Toolkit. E-learning packages are regularly being developed and rolled out for mandatory and non-mandatory training. Performance Reviews are undertaken by all Staff as part of the Ceri system Performance Management module. The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for delivery of corporate improvements in performance review of Staff. Induction programme is provided for new Members and new comprehensive induction programme shall be provided post-election (from May 2022) with additional e-learning modules. Ongoing training is arranged for specific issues. Members attend various events, seminars and conferences (see above). 	<p>Member development strategy</p> <p>Members induction and on-going training and development programme</p> <p>Mentoring and peer support programmes</p> <p>Personal development plans for Members and Officers</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>
	<p>Lowri Edwards/ Geraint Edwards</p> <p>E2.6 Ensuring Members and Officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis</p>	<ul style="list-style-type: none"> Learning & Development is available to Staff and Members in a range of subjects. All Staff can access learning and development events via <u>Ceri self-service</u>. Managers can also book Staff onto relevant events via Managers Self-service. Ongoing training provided to Members. Scrutiny self-assessment undertaken annually. 	<p>For example, for Members this may include the ability to: scrutinise and challenge</p> <ul style="list-style-type: none"> recognise when outside expert advice is required promote trust work in partnership lead the organisation act as a community leader 	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

			Efficient systems and technology used for effective support	✓		
Geraint Edwards E2.7 Ensuring personal, organisation and system-wide development through shared learning, including lessons learnt from both internal and external governance weaknesses	<ul style="list-style-type: none"> Succession planning is undertaken through discussions and actions within service areas and with partners this cannot always be evidenced. This will be further developed through the Strategic workforce planning toolkit. Ceredigion Manager Programme offers personal development including governance arrangements and organisational knowledge. 		Arrangements for succession planning	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
Alun Williams E2.8 Ensuring that there are structures in place to encourage public participation	<ul style="list-style-type: none"> <u>Engagement with Service Users list.</u> <u>Community Engagement Policy.</u> <u>Scrutiny Public Engagement Protocol (2016) (Document N Constitution)</u> Council continually consults and engages with local residents, customers and other stakeholders within the county to understand their opinions and views when developing new plans and/or strategies. Feedback is always given due consideration before final versions are agreed. Service User focus groups. Survey regarding self-assessment completed by Scrutiny. 		Citizens and residents panel	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Stakeholder forum terms of reference	✓		
			Communication and engagement strategy	✓		
Lowri Edwards E2.9 Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	<ul style="list-style-type: none"> Member development scheme. Member personal development reviews. Attendance records published annually. Members are encouraged and supported to complete Annual Reports, which are published on the Council's website. Chair of Governance and Audit Committee attends All Wales Governance and Audit Committee Chair's Networking Meetings to develop and compare role within Local Authorities. Preparations are being undertaken for (as part of induction programme for Members (from May 2022)) Cabinet Member training, Ethics and Standards Committee (role) training, Political Group Leader Duties training and Governance and Audit Committee (role) training. 		Reviewing individual member performance on a regular basis taking account of their attendance and considering any training or development needs	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Peer Reviews	X		
Geraint Edwards E2.10 Holding Staff to account through regular performance reviews which take account of training or development needs	<ul style="list-style-type: none"> Strategic Workforce planning toolkit includes the identification of training and learning needs for all service areas. Performance Appraisals record training and development needs via the Ceri system. <u>Workforce Plan 2017-2022</u> includes actions for Staff development in key themes. Staff development plans linked to appraisals have been strengthened with the introduction of the Performance Management module in Ceri. 		Training and development Plan	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Staff development Plans linked to appraisals	✓		
			Implementing appropriate human resource policies	✓		

		<ul style="list-style-type: none"> Implementing appropriate Human Resource policies and ensuring that they are working effectively. 	and ensuring that they are working effectively			
	<p>Geraint Edwards/Lowri Edwards E2.11 Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing</p>	<ul style="list-style-type: none"> Human Resources policies. <u>Smoke-Free Workplace Policy.</u> <u>Alcohol and Drug Misuse Policy.</u> The Council has introduced a range of resources and options to enhance the health and well-being of Staff. Health and Well-being Strategy 2021-2026 has been introduced to support the improvement in the workforce health and well-being. The Council has appointed an Employee Health & Wellbeing Officer to coordinate and promote health and wellbeing within the workforce. A <u>Care First employee assistance package</u> has been introduced that offers: <ul style="list-style-type: none"> Counselling service; and Advice on financial, legal, consumer, eldercare, childcare and employment issues. Other support available for Staff includes: <ul style="list-style-type: none"> Cognitive Behaviour Therapy Interactive health and wellbeing programme; Eyecare scheme; Childcare voucher scheme; lechyd Da; and Mindfulness training for Staff and Managers. 	Human Resource Policies	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

F. Managing risks and performance through robust internal control and strong public financial management						
<p>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 crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.</p> <p>A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.</p> <p>It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.</p>						
Sub-principles	Behaviour	Evidence	Expected	✓/X	Score	Action
F1 Managing risk	Alun Williams F1.1 Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	<ul style="list-style-type: none"> The Corporate Risk Management Framework was approved by Cabinet on the 24th of September 2019 and continues to be updated. The Corporate Risk Register is considered at all Leadership Group, Corporate Lead Officers, Corporate Performance Management meetings and by the Governance and Audit Committee as a standing item to the Governance and Audit Committee. Risk Management is integral to operational business planning Policy and Strategy setting. Project and transformation Risks are all logged. All Plans included Risk logs including: <ul style="list-style-type: none"> The Medium term Financial Plan; Business Plans (level 1); and Service Plans (level 2). Corporate Risk Management arrangements are audited regularly. The management of risks is included in individual Services service/establishment audit programmes. 'Risks' form the basis of Internal Audit's audit programmes of work, as required by the MKI/Pentana audit management software system Cabinet report template expanded to include risks and implications arising. 	Risk management protocol	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Alun Williams F1.2 Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	<ul style="list-style-type: none"> <u>The Risk Management Policy and Strategy were approved by Cabinet on the 24.9.2019.</u> The Corporate Risk Register is a standing agenda item at each Leadership Group meeting. Updates are reported at each Governance and Audit Committee Meeting to provide ongoing information and assurance that risks continue to be managed. The Committee refers matters to Scrutiny Committees, where appropriate. Corporate Performance requires regular updates for Risk. The Cross party Transformation and Efficiency Group regularly monitors Transformation Risks. Specific Project Risk Monitoring is undertaken. 	Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Alun Williams F1.3 Ensuring that responsibilities for	<ul style="list-style-type: none"> All Risks are allocated to a Corporate Lead Officer (Risk Owner). 	Risk management protocol	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	managing individual risks are clearly allocated					
F2 Managing performance	Alun Williams F2.1 Monitoring service delivery effectively including planning, specification, execution and independent post-implementation review	<ul style="list-style-type: none"> Corporate performance management is linked to the Well-being and Improvement Objectives, <u>Corporate Strategy 2017-2022</u> and the PSB's plans. The Council also has many local indicators which helps it determine whether it has achieved the priorities in its <u>Corporate Strategy 2017-2022</u>. Council considered the draft <u>Well-being and Improvement Objective Annual Report 2020-21</u> and approved the Well-being Objectives for 2022-23 on 21.10.21 in October 2020 (The Well-Being & Improvement Objectives Annual Report 2020-2021 was also approved by the Council's Overview and Scrutiny Co-ordinating Committee on the 15.9.21, and Cabinet 5.10.21). Benchmarking information carried out as part of service re-modelling. External & internal assessments by: <ul style="list-style-type: none"> Audit Wales; Estyn; Care Inspectorate Wales ('CSIW'); Investigatory Powers' Commissioner's Office ('IPCO'); and Information Commissioner's Office ('ICO'). Self-Assessment (Governance and Audit Committee) - self-assessment exercise underway for presenting at 10.3.2022 Governance and Audit Committee Meeting. Individual Services carry out self-assessment through a performance matrix. IA undertake an annual self-assessment and have a 5-yearly independent external assessment / peer review as required by the PSIAS. Cost performance (using inputs and outputs). A Corporate Performance Management Panel meets quarterly. All Corporate Lead Officers report to this Panel and the Dates for reporting are published in the report. The Chairs and Vice Chairs of the Overview and Scrutiny Committees attend with the principle that they can identify areas that require inclusion on their respective Forward Work Programmes. 	<p>Performance map showing all key activities have performance measures ✓</p> <p>Benchmarking information ✓</p> <p>Cost performance (using inputs and outputs) ✓</p> <p>Calendar of dates for submitting, publishing and distributing timely reports that are adhered to. ✓</p>	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Alun Williams / Lowri Edwards/Elin Prysor F2.2 Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<ul style="list-style-type: none"> Chief Officers provide support and advice to Members. Reporting requires financial and legal advice/implications to be included in reports/decisions, which are published as appropriate. Council / Cabinet report template updated to include reference to legal implications, staffing implications, property/asset implications and risks. Advice provided by Chief Finance Officer. All reports and <u>minutes</u> are published in a timely manner and are open for inspection including. <ul style="list-style-type: none"> Options for recommendations. 	<p>Discussion between Members and Officers on the information needs of Members to support decision making ✓</p> <p>Publication of agendas and minutes of meetings ✓</p>	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

		<ul style="list-style-type: none"> ○ Scrutiny Chairs are invited to take issues back to Cabinet ○ Governance and Audit Committee refer matters to Scrutiny and receive reports back. ● All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act. ● Advice given by the MO. ● Agreement on the information that will be needed and timescales. 	Agreement on the information that will be needed and timescales	✓		
	Lowri Edwards F2.3 Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made, thereby enhancing the organisation's performance and that of any organisation for which it is responsible	<ul style="list-style-type: none"> ● Scrutiny arrangements are in place that is supported and which provide opportunities to challenge decision making and review the provision of services. The scrutiny function aim is to provide added value to the continuous improvement agenda in their role as "critical friend". In addition, Overview and Scrutiny Committees also provide opportunities to undertake pre-decision and policy development work, which is a function of scrutiny, which has developed over recent years. The Council's aim is to scrutinise, where possible, before decisions are made. ● An Overview and Scrutiny <u>Public Engagement Protocol</u> (2016) (<u>Document N Constitution</u>) has been approved by Council and has been used on several occasions. ● Arrangements in place to seek the views of the public which is gathered via social media and shared with Overview and Scrutiny Committees for consideration. ● All agendas and minutes are published on the Council's website. ● <u>Forward Work Programme</u> published on the Council's website. ● Terms of reference are published on the Council's website. ● Training for Members. ● <u>Membership details</u> for all Scrutiny Committees is available on the web. ● The Council's Overview and Scrutiny Co-ordinating Committee will be responsible for taking an overview of the overall effectiveness of the <u>PSB</u>. ● Work undertaken with the <u>Future Generations Office</u> to develop a Scrutiny Framework in relation to the WFGA. ● Governance and Audit Committee. 	The role and responsibility for scrutiny has been established and is clear Agenda and minutes of scrutiny meetings Evidence of improvements as a result of scrutiny Terms of reference Training for Members Membership Public Service boards are subject to effective scrutiny	✓ ✓ ✓ ✓ ✓ ✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Lowri Edwards/Alun Williams F2.4 Providing Members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	<ul style="list-style-type: none"> ● The Council revised its Corporate Performance Management arrangements in 2017 to improve monitoring of its business plans and performance indicators, including National Strategic Indicators ('NSI'), PAM and Local Indicators. These are also linked to the Well-being and Improvement Objectives and the <u>Corporate Strategy 2017-2022</u>. ● A Corporate Performance Management Board meets each quarter, with Chairs of Scrutiny Committees invited to attend. ● Reporting dates are set at beginning of each year. ● Transformation and Risks are all referred to joint Local Government meetings and Panels. ● The Chairs of the Overview and Scrutiny Committees are invited to observe at Cross Party Transformation and Efficiency Consultative Group meetings and also Performance Board meetings. 	Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

		<ul style="list-style-type: none"> Scrutiny Committees may request reports at any time. 				
	Steve Johnson F2.5 Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (e.g. financial statements)	<ul style="list-style-type: none"> Financial monitoring is regularly undertaken throughout the Council under a devolved accountancy arrangement and formal reporting is made to Cabinet. Monitoring is also incorporated in to the quarterly performance management reports. Financial implications are a requirement for inclusion in all Cabinet Meeting reports. <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u> and the <u>Contract Procedure Rules (Document G Constitution)</u> are all up to date. The current <u>Procurement Strategy 2018-2022</u> was approved in 2018. Accounting practices - Codes of Practice are complied with. Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring. Business/Service plans are monitored to ensure delivery outcomes are achieved. 	Financial standards, guidance	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Financial regulations and standing orders	✓		
F3 Robust internal control	Alun Williams / Amanda Roberts / Alex Jenkins F3.1 Aligning the risk management strategy and policies on internal control with achieving objectives	<ul style="list-style-type: none"> Risk Management Policy and Strategy and the Risk Management Framework were approved by Cabinet on 24 September 2019. Updates in relation to Business Continuity and Civil Contingencies arrangements submitted on a regular basis in line with the Corporate Risk Register, Risk CORP04. Business Continuity and Civil Contingencies Group meet monthly. The annual Internal Audit Plan is risk-assessed and takes account of Council aims and objectives, and corporate policies and procedures; to include a review of the Risk Management corporate arrangements, and testing the mitigating controls in place for a sample of risks noted in the Corporate Risk Register Internal Audit Strategy & Annual Plan 2021-2022 approved by Governance and Audit Committee 24 February 2021, & continues to take account of additional risks presented by the pandemic. IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. Internal audit reports issued to Managers highlight the risks of not implementing any IA recommended actions. A follow-up audit is conducted of action plans issued. If CMIA considers that any fundamental risks have not been addressed by a Manager this is reported to Governance and Audit Committee who has the discretion of requesting that Manager to attend & explain reasoning for non-compliance. The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness in his letter he has stated that the Council has complied with its responsibilities to the use of its resources. The Council Objectives are aligned to Strategies. 	Risk management strategy	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required
			Audit Plan 2018/19	✓		
			Audit reports	✓		

<p>Alun Williams / Amanda Roberts / Alex Jenkins F3.2 Evaluating and monitoring risk management and internal control on a regular basis</p>	<ul style="list-style-type: none"> • The Council's Risk Management Framework was approved by Cabinet on the 24th September 2019 and the Council continues to form strategies and plans taking into account the risks caused by the Covid-19 pandemic. • Regular meetings of the Emergency and Business Continuity Management Group take place to review Corporate and Service Area Emergency and Business Continuity Arrangements and Plans as well as recommendations arising from past incidents and exercises to evidence risk, identify emerging trends, and document any lessons learnt for follow up. • Risk evaluation always appears on agendas. • Internal Audit Strategy & Annual Plan 2021-2022 approved by Governance and Audit Committee 24 February 2021, & continues to take account of additional risks presented by the pandemic. • IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. • Regular Quarterly Internal Audit Progress Reports to Governance and Audit Committee for monitoring (e.g. Internal Audit Progress Report for period 1 April 2021 to 30 June 2021 presented to Governance & Audit Committee on 9 September 2021). • Summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year-end. IA Annual Report for 2020/21 approved by Governance & Audit Committee 3 June 2021 • Follow-up IA reviews to monitor implementation of required actions. • Internal controls, risk & governance processes are monitored according to the Internal Audit Charter (last version approved by <u>Governance & Audit Committee 24/2/21</u>) & the Annual Internal Audit Strategy and Plan. 	<p>Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required</p>
<p>Amanda Roberts / Alex Jenkins F3.3 Ensuring effective counter fraud and anti-corruption arrangements are in place</p>	<ul style="list-style-type: none"> • Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption ('CIPFA', 2014). • Internal Auditors have procedures in place if fraud discovered. • An Officer in the IA team is an accredited Counter Fraud Technician. • Officer(s) of the IA team hold a CIPFA Certificate in Investigative Practices ('CCIP'). • 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17 June 2021 (minutes confirmed 23 September 2021) has been written with regard to the Code of Practice & updated to ensure all requirements are included. • IA undertakes counter fraud work where required (as well as dealing with the discovery of fraud as considered earlier). • Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by IA. 	<p>Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014)</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required</p>

		<ul style="list-style-type: none"> • IA presents Counter-Fraud Report to Governance and Audit Committee annually (<u>2020/21 Counter-Fraud Report presented to Governance & Audit Committee on 3 June 2021</u>). • Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc); • Membership and active participation in professional networks and groups (Tisonline, KHub, etc); • IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained; • Nominated Council Officers undertake various fraud training to maintain knowledge and expertise; • Where appropriate, successful prosecutions publicised on Council website (and in local press) • Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it); • Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home • IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. 				
	<p>Amanda Roberts / Alex Jenkins F3.4 Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor</p>	<ul style="list-style-type: none"> • <u>AGS 2020/21</u> approved by Council on 25 November 2021 with the Statement of Accounts. The AGS contains the CMIA's annual opinion on assurance. • Up to 31/12/21 the IA function is headed by a CIPFA qualified CMIA, and the CMIA from 1/1/22 onwards is studying to gain an IIA qualification, Both CMIA's have considerable local government experience, and are supported by a team with appropriate knowledge and skills. Regular reporting to Governance and Audit Committee on the activity of IA is undertaken. Robust risk-based forward work programme and business planning is in place. • IA evaluates and improves the effectiveness of risk management, control & governance processes in accordance with PSIAS, which is self-assessed and reported to Governance and Audit Committee annually along with any improvements required. A peer review is undertaken every 5 years (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group – see point G3.2 below). • IA provides an individual assurance to Managers after each audit review – these are then used to provide an overall corporate level of assurance annually, which feeds in to the <u>AGS</u>. • A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resourced since 1 December 2020. • A new CMIA will be in place from 1 January 2022, who has considerable experience in IA, has a 6-week window to 'shadow' the existing CMIA, and is supported by a knowledgeable & skilled Audit Manager (see point G3.2 below). 	<p>Annual Governance Statement</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Effective Internal Audit service is resourced and maintained</p>	<p>✓</p>		

		<ul style="list-style-type: none"> Two members of the team are currently pursuing the Institute of Internal Auditors' professional training qualification. 				
Elin Prysor F3.5 Ensuring a Governance and Audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon	<ul style="list-style-type: none"> Governance and <u>Audit Committee</u> established that sets its own work plan. Committee is chaired by a Member of the opposition group (until May 2022 when Lay Person shall be Chair, per 2021 Act provisions). Ongoing preparation and implementation of changes affecting the Governance and Audit Committee in light of the 2021 Act. The Governance and Audit Committee was informed, in a report on 24.2.2021 Meeting, of the changes to their role regarding self-assessment reports of the Council, and regarding panel performance assessments, as well as the change of name, and changes to the Chair/Vice Chair and composition. The Governance and Audit Committee's Terms of Reference were updated on 6 December 2018. Update report on 2021 Act presented to Governance and Audit Committee 3.6.2021, to include updating Governance and Audit Committee regarding changes to Constitution affecting Committee including: <ul style="list-style-type: none"> Recruitment of lay members and the Mid Wales CJC Governance and Audit Sub-Committee; and Regarding the Committee's functions relating to: <ul style="list-style-type: none"> reviewing and assessing the performance assessment of the Council; considering the Council's draft annual Self-Assessment report; considering any report from the Auditor General and Council's draft response; review of the Council's complaints handling function; and role regarding Panel Performance Assessments (from May 2022). Changes made during 2021-2022 include preparations for: <ul style="list-style-type: none"> terms of reference/remit/composition changes (including recommendations to Council from Cross-Party Constitution Working Group and changes to Constitution approved by Council at its 23.9.2021 Meeting); change of name to 'Governance and Audit Committee'; Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act) – recruitment completed (Council approved appointments 9.12.21); Committee duty to appoint own Chair and Deputy Chair; Chair must be lay person –recruitment completed (Council approved appointments 9.12.21) and Chair/Deputy Chair shall be appointed from Lay Members; 	<p>Governance and Audit Committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013)</p> <p>Terms of reference</p> <p>Membership</p> <p>Training</p>	<p>✓</p> <p>✓</p> <p>✓</p>	9/10	Good overall governance considered compliant and meets best practice. No further action required.	

		<ul style="list-style-type: none"> -Deputy Chair must not be member of Local Authority Executive; and - In absence of Chair & Deputy only non-executive Members can chair. • Size of Governance and Audit Committee review completed and change of size from May 2022 approved (9). • The Governance and Audit Committee has an effective Lay Member. Membership of Governance and Audit Committee considered in line with 2021 Act: Lay member recruitment completed, taking into account 2021 Act requirements and termination of term of office of current lay member. • Job Direction, Personal specification, and criteria approved by Council 10/12/20. • Governance and Audit Committee self-assessment - self-assessment exercise underway for presenting at 10.3.2022 Governance and Audit Committee Meeting. • Reports and minutes are published on the Council's website. • Governance and Audit Committee Terms of Reference updated. • <u>Membership details</u> for Governance and Audit Committee and all Scrutiny Committees is available on the Council's website. • Regular meetings between CMIA and Chair of Governance and Audit Committee. • Meetings as necessary between MO & Chair of Governance and Audit Committee. • Regular meetings between MO & CMIA. • Regular meetings between MO and CMIA & Audit Wales when necessary. • Regular Meetings between Governance and Audit Committee Members and external regulator Audit Wales (with and without Officers) • Regular training / updates provided to Governance and Audit Committee. • Chair of Governance and Audit Committee attends Welsh Governance and Audit Committee Chair network group to develop and compare role within Local Authorities. 				
F4 Managing data	Arwyn Morris F4.1 Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data,	<ul style="list-style-type: none"> • A New <u>ICT and Digital Strategy for 2018-2022</u> has been approved • All policies are up to date including; (all approved in February 2019). <ul style="list-style-type: none"> ○ <u>Data Protection & GDPR Policy;</u> ○ <u>Information Security Policy;</u> and 	Data management framework and procedures Could we add the dates to the policies please	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	<p>including processes to safeguard personal data.</p>	<ul style="list-style-type: none"> ○ <u>Records Management Policy.</u> ● A mandatory E-learning training module on Information Security must be completed by all Staff. ● A mandatory E-learning training module on Data Protection must be completed by all Staff. ● Designated Data Protection Officer. ● Corporate Lead Officer Customer Contact is the Senior Information Risk Owner ('SIRO') and has attended appropriate training for that role. ● The following responsible Officers are identified: <ul style="list-style-type: none"> ○ IT Security Officer ('ITSO'); and ○ Information and Records Management Officer ('IRMO') ● In addition the following groups/committees consider Information security: <ul style="list-style-type: none"> ○ Corporate Data Protection Group; and ○ Emergency & Business Continuity Meeting. ● External assessments to include compliance with Code of Conduct. ● Regular Internal Audit of data protection Registration requirements. ● Procedures following Audit Wales audit have been implemented. ● <u>Officers are considering the introduction of privacy notices in relation to applications to all Members, including the Development Control Committee/Development Management Committee.</u> ● <u>Training has been scheduled for Members on their obligations under the GDPR as part of the new Member training and a section on said legislation is now included in the protocol for Members in planning.</u> 	<p>Designated data protection officer</p>	<p>✓</p>		
	<p>Arwyn Morris F4.2 Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies</p>	<ul style="list-style-type: none"> ● Ceredigion County Council signed Wales Accord on the Sharing of Personal Information ('WASPI') and therefore uses WASPI framework for Information Sharing Agreements. ● In most cases agreements are forwarded to the Data Protection Officer. ● There is also a public register on <u>WASPI Website</u>. ● Regular external Assessments e.g. Compliance with Code of Conduct. <p>***The Accord is a common set of principles and standards under which partner organisations will share personal information. Organisations who adopt the Accord will show their commitment in meeting the agreed conditions, obligations and requirements within the framework.</p>	<p>Data sharing agreement</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>
	<p>Arwyn Morris F4.3 Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring</p>	<ul style="list-style-type: none"> ● <u>Records Management Policy.</u> ● <u>Data Protection/GDPR Policy.</u> ● Internal performance monitoring and evidence. ● Cross matching data happens across the different services. ● Performance Indicator values are validated with evidence. ● Retention Schedule –now <u>published</u> on intranet. 	<p>Data quality procedures and reports Could we add the dates to the policies please Is there an example of Internal</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

			performance monitoring			
			Data validation procedures What data validation is carried out	✓		
F5 Strong public financial management	Steve Johnson F5.1 Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	<ul style="list-style-type: none"> The current <u>Medium Term Financial Strategy</u> ('MTFS') was established during the 2013-14 year and fundamentally updated and approved by Council on the 24th February 2016. The Current MTFS is that of <u>2018/2019 Onwards</u>, but has now been amended to reflect the 2021/2022 provisional revenue settlement and updated to: <ul style="list-style-type: none"> Reflect the impact of Covid-19 Reflect 'Boosting Ceredigion's Economy – A Strategy for Action 2020-35' Amend the transformation savings plan Project forward cost pressures Reflect data changes, regulations, plans, policies and strategies and is being presented to Cabinet for approval 23,2,2021 for approval to then be presented to Council on 5.2.2021. This now includes a policy framework for setting the budgets annually as well as a three-year plan. The MTFS features as a corporate risk that is updated at least three times a year. The annual budget setting also included a risk assessment. The Council is responding to the proposal in the 2016 Wales Audit Office (now Audit Wales) Annual Improvement Report, and considering the report in light of the MTFS through ensuring that the Council's financial management arrangements are sufficiently robust to meet the significant challenges ahead. A Strategic Plan has been developed and has improved the programme of work necessary to consider service priorities whilst addressing financial constraints. An annual budget project plan/timetable is established to ensure that a balanced budget is approved within the statutory period in accordance with the Councils budget framework. Regular budget reports are taken to Cabinet and Leadership Group throughout the year and operational budgets are monitored on a monthly basis. 	Financial management supports the delivery of services and transformational change as well as securing good stewardship	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Steve Johnson F5.2 Ensuring well-developed financial management is integrated at all levels of planning and control, including management of	<ul style="list-style-type: none"> Budget monitoring is regular throughout the year, within services, to Cabinet and to Member Officer working groups e.g. Development Group and CMG and transformation programme savings to the Cross Party Transformation and Efficiency Consultative Group. Quarterly Executive Panel meetings take place if required with Corporate Lead Officers together with the Leader of the Council, 	Budget monitoring reports	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	financial risks and controls	the CE, Corporate Lead Officer for Finance and Cabinet Member with Finance responsibility.				
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G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability						
Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.						
Sub-principles	Behaviour	Evidence	Expected	✓/X	Score	Action
G1 Implementing good practice in transparency	Lowri Edwards/Arwyn Morris G1.1 Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<ul style="list-style-type: none"> • Council's Website. • Council and Cabinet meetings are broadcasted. • Standard templates for Cabinet, Scrutiny and Council. • Compliance to the Welsh language Standards. • Use of Modern.Gov for publishing agendas and Councillor Information. • Council preparing for implementation of changes to be introduced by 2021 Act, which include for Council to consult and publish a public participation strategy with the aim of increasing public participation in local democracy, and improving transparency. • Council compliance with The Local Authorities (Coronavirus) (Meetings) (Wales) Regulations 2020, which allow for remote access for meetings and public access/publishing of documents requirements. • Work is underway to prepare a Community Engagement Policy that will meet the requirements of the 2021 Act, which will also include how we will encourage participation in decision-making, although final guidance is awaited from Welsh Government regarding this part of the legislation. • Council Roadmap provides up-to-date information for citizens on services being provided due to Covid-19 pandemic, in order to provide clarity for County residents. • The Council has been out to tender and awarded the contract for installing equipment in the Council Chamber that will enable hybrid meetings to take place as well as being able to broadcast those meetings. The equipment will be installed over the winter. • The Council provides alternative ways for citizens to access information if they don't have access to digital services. The Citizen can telephone the Council's Contact Centre or visit its Libraries where public access to computers are available or free 4G Wi-Fi to allow anyone to use their own device. 	Website	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Council meetings are webcast	✓		
	Lowri Edwards G1.2 Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	<ul style="list-style-type: none"> • Councillors' contact details, attendance records, Committee membership and Declarations of Interests available on the Council's Website. • Councillors' annual reports available on the Council's Website. • Overview and Scrutiny Annual Report available on the Council's Website. • Democratic Services Annual Report available on the Council's Website. 	Councillors annual reports	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Annual report	✓		

G2 Implementing good practices in reporting	Alun Williams G2.1 Reporting at least annually on performance, value for money and the stewardship of its resources	<ul style="list-style-type: none"> The County Council's <u>Well-being and Improvement Objectives Annual Report</u> is published on the Ceredigion County website to inform Ceredigion citizens what activities and actions the Council undertakes in support of its Well-being and Improvement Objectives. This also forms part of the Council's self-assessment. A summary plan is also available in public offices for our citizens. <u>Annual financial statements</u> are published on the Council's Website. 	Formal annual report which includes key points raised by external scrutineers and service users feedback on service delivery	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
			Annual finance statements	✓		
	Alun Williams G2.2 Ensuring Members and senior management own the results	<ul style="list-style-type: none"> Appropriate approvals. Corporate Performance Management arrangements. Ownership of planning and transformation. 	Appropriate approvals	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Elin Prysor G2.3 Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	<ul style="list-style-type: none"> Council's <u>AGS</u> evidences how it complies with the seven core Governance Framework Principles and sub-principles contained in the Framework and in the Local Code of Corporate Governance, including how it puts in place proper arrangements for the governance of its affairs, facilitates the effective exercise of its functions, and makes arrangements for risk management (the Governance Framework was developed in 2010 and has been revised in accordance with the CIFA/SOLACE Delivering Good Governance in Local Government Framework 2016). In compliance also with Local Government (Wales) Measure 2009 and The Well-being of Future Generations (Wales) Act 2015. Assessment of the framework for corporate governance carried out to ensure compliance e.g. updated to reflect changes necessary because of Covid-19 pandemic. Decision by Council whether <u>AGS</u> approved e.g. updated and approved by Council <u>25 November 2021</u> (with accounts). Council's <u>Local Code of Corporate Governance</u> demonstrates how it has the necessary corporate governance arrangements in place to perform effectively. The Local Code of Governance is a public statement that sets out the way the Council will meet that commitment. 	Annual Governance Statement	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Elin Prysor G2.4 Ensuring that the Framework is applied to jointly managed or shared service organisations as appropriate	<ul style="list-style-type: none"> <u>AGS</u> shared with accounts, reviewed and updated with Members and Officers providing a wider engagement process. 	Annual Governance Statement	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
	Steve Johnson G2.5 Ensuring the performance information that accompanies the financial statements is	<ul style="list-style-type: none"> Financial implications are a requirement for inclusion in all Cabinet Meeting reports. <u>Financial Regulations and Financial Procedure Rules (Document F Constitution), Contract Procedure Rules (Document G Constitution)</u> are all up to date. 	Format follows best practice	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.

	prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations	<p>The current Procurement Strategy 2018-2022 was approved in 2018.</p> <ul style="list-style-type: none"> Accounting practices - Codes of Practice are complied with Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring. 				
G3 Assurance and effective accountability	Elin Prysor G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	<ul style="list-style-type: none"> A good working relationship exists with external regulators, including Audit Wales, Estyn, CIW, Financial Services Authority ('FSA') and Food Standards Agency as key regulators. Audit Wales Protocol documented and procedures in place to ensure all 'Management Response Forms' from each Audit Wales report addressed and that Service responses are presented to Leadership Group, Governance and Audit Committee and Audit Wales. Regarding monitoring of progress of actions/recommendations, Governance Officer is Audit Wales point of contact for outstanding Management Response Forms ('MRFs') for 2019/20 & 2020/21, and ongoing governance-related MRFs/governance matters. Corporate Performance and Improvement Officer is point of contact for performance-related MRFs/performance matters. This system is set out in a Protocol, approved by Leadership Group and presented to Governance and Audit Committee, with updated version (to reflect that the Corporate Performance and Improvement Officer is in post) presented to Governance and Audit Committee 9.9.2021 Meeting. Monthly meetings are also being held with Audit Wales to discuss ongoing work and matters to be presented to the Governance and Audit Committee and regular dialogue is maintained with representatives from Audit Wales. Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements. All Audit Wales reports presented to Leadership group and Governance and Audit Committee, which monitors implementation of corrective actions required. Monitoring of progress of Actions process being developed. 	Recommendations have informed positive improvement	✓	9/10	<p>Good overall governance considered compliant and meets best practice.</p> <p>Monitor progress of Actions/recommendations.</p>
	Amanda Roberts / Alex Jenkins G3.2 Ensuring an effective internal audit service with direct access to Members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon	<ul style="list-style-type: none"> Up to 31/12/21 the IA function is headed by a CIPFA qualified CMIA, and the CMIA from 1/1/22 onwards is studying to gain an IIA qualification, Both CMIA's have considerable local government experience, and are supported by a team with appropriate knowledge and skills. Two members of Staff currently studying for the Chartered Institute of Internal Auditors qualification, and two are developing ICT auditing skills. IA Officers undergoing audit qualifications to enhance knowledge, skills and competency. 	<p>Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010) and CIPFA 2019 statement on role of Internal Audit</p> <p>Compliance with PSIAS</p>	✓	✓	9/10

		<ul style="list-style-type: none"> • A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resources since 1 December 2020. • A new CMIA will be in place from 1 January 2022, who has considerable experience in IA, has a 6-week window to 'shadow' the existing CMIA, and is supported by a knowledgeable & skilled Audit Manager. • The role of CMIA has free and unfettered access to the Chair of the Governance & Audit Committee and both meet regularly during the year (and these meetings continue remotely during the Covid-19 pandemic). • Robust risk-based forward work programme and business planning is in place. • Regular reporting to Governance & Audit Committee on the activity of IA is undertaken, i.e. quarterly Internal Audit Progress Reports to Governance & Audit Committee for monitoring progress performance and improvement and summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year end. Follow-up reviews undertaken to monitor corrective actions are implemented. • Internal Audit Charter regularly reviewed and approved by Governance & Audit Committee (last version approved by Audit Committee 24/2/21). • CMIA provides annual objective opinion on assurance placed on Council's risk management, control and governance processes, based on the individual assurances given to Managers after each audit review, & feeds into the <u>AGS</u>. • Compliance with PSIAS reported annually to Governance & Audit Committee with resultant improvement plan. Peer review of assessment every five years (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group). • IA's mission is to enhance & protect organisational value by providing risk-based & objective assurance, advice & insight. This is detailed in the internal Audit Charter, which also states IA's right of access (as per the Council's Financial Regulations/<u>Constitution</u>). 				<p>Actions in place to ensure smooth transition in exchange of CMIA role</p> <p>Arrange 5-year peer review with Anglesey</p>
	<p>Amanda Roberts / Alex Jenkins G3.3 Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations</p>	<ul style="list-style-type: none"> • A good working relationship exists with the Welsh Government as key regulator. Regular dialogue is maintained with representatives from Audit Wales. • Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements. • The Council is learning and continually works towards improvement. • Five-yearly external assessment of IA is undertaken as required by PSIAS. • The last Internal Audit External Assessment was undertaken in November 2016 by Conwy County Council and was reported to 	<p>Recommendations have informed positive improvement</p>	<p>✓</p>	<p>9/10</p>	<p>Good overall governance considered compliant and meets best practice. No further action required.</p>

		<p>Audit Committee, along with the resultant improvement Plan (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group).</p> <ul style="list-style-type: none"> IA progress, performance & improvement is reported to Audit Committee quarterly. 				
Elin Prysor	G3.4 Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	<ul style="list-style-type: none"> <u>AGS</u>. Members and Officers carry out a review of the <u>AGS</u> annually. 	Annual governance statement	✓	9/10	Good overall governance considered compliant and meets best practice. No further action required.
Alun Williams / Diana Davies	G3.5 Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met	<ul style="list-style-type: none"> <u>PSB's terms of reference and Well-being Plan</u> Annual report from PSB. The Ceredigion County Council Overview and Scrutiny Co-ordinating Committee is responsible for taking an overview of the overall effectiveness of the Board. Partnership and Accountability agreements are established in collaborative projects. 	<p>Public Service Boards terms of reference and well-being plans</p> <p>Public service boards engage with scrutiny</p>	<p>✓</p> <p>✓</p>	9/10	Good overall governance considered compliant and meets best practice. No further action required.

Annual Governance Statement 2021-22



Approved by Council [x]

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DRAFT

1 EXECUTIVE SUMMARY

Ceredigion County Council ('the Council') is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

The Council is also committed to improving the social, economic, environmental and cultural wellbeing of its citizens. This commitment is set out in the Council's Corporate Strategy 2017-2022 and describes how the council will meet the challenges ahead and make the most of opportunities. The Council's vision for this period is that the Council *'delivers value for money sustainable bilingual public services that support a strong economy and healthy environment while promoting well-being in our people and our communities'* and is to be achieved by fulfilling the Corporate Priorities, which are:

1. Boosting the Economy;
2. Investing in People's Future;
3. Enabling Individual and Family Resilience; and
4. Promoting Environmental and Community Resilience.

To be successful the council must have a solid foundation of good governance and sound financial management. The Council's Local Code of Corporate Governance ensures that we are doing the right things, in the right way, in line with our values. The Local Code is supported by a Governance Assurance Framework that sets out what assurances the Council seeks to obtain, and how this will be done.

A copy of the Council's Local Code of Corporate Governance and Annual Governance Statement is available on the Council's website at <https://www.ceredigion.gov.uk/your-council/councillors-committees/annual-governance-statement/>.

The Council also has a duty under the Local Government (Wales) Measure 2009 to arrange to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. In discharging this overall responsibility, the Council must ensure proper arrangements for the governance of its affairs are in place, facilitating the effective exercise of its functions, and which includes the arrangements for the management of risk. The Local Government and Elections (Wales) Act 2021 is also largely in force and the Council continues to take necessary preparations to ensure compliance of these sections of the Act and compliance with the sections of the Act that are not yet in force.

A Governance Framework was developed in 2010 and has been revised in accordance with the CIFA/SOLACE Delivering Good Governance in Local

Government Framework 2016. The framework is used to review the governance arrangements on an annual basis.

The Well-being of Future Generations (Wales) Act 2015 also introduces new governance arrangements for public services in Wales. Public bodies are required to carry out sustainable development. It places a well-being duty on public bodies to set and publish well-being objectives designed to maximise their contribution to the seven national well-being goals. They are also expected to take all reasonable steps towards achieving their objectives.

Following the review and in accordance with the requirements of the Framework a Local Code of Corporate Governance was initially approved by Council on 29 June 2017 and an updated version was approved by Council on 19 March 2020.

The Local Code of Corporate Governance brings together in one document all the governance and accountability arrangements the Council has in place. The Code is based on best practice guidance set out in the CIPFA/SOLACE Framework Delivering Good Governance in Local Government.

The 2022/23 Code has been reviewed further to take account of ongoing changes to governance due to the coronavirus pandemic.

In addition, following a review by Audit Wales of the Council's Planning Service undertaken during the period April to July 2021 (Report issued October 2021), the Council continues to take steps to address the recommendations issued in the Report, which are referenced in the Corporate Governance Achievements for 2021-22 below.

The Council's Governance Framework is based on the International Framework: Good Governance in the Public Sector (CIPFA/IFAC, 2014) and the following seven principles:

- A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- B: Ensuring openness and comprehensive stakeholder engagement
- C: Defining outcomes in terms of sustainable economic, social and environmental benefits.
- D: Determining the interventions necessary to optimise the achievement of the intended outcomes
- E: Developing the entity's capacity, including the capability of its leadership and the individuals within it
- F: Managing the risks and performance through robust internal control and strong public financial management

G: Implementing good practices in transparency reporting, and audit to deliver effective accountability

The Council is required, each year, to produce an Annual Governance Statement ('AGS') (this document), which explains how the Council has complied with the seven core principles and sub-principles contained in its Governance Framework and the Local Code of Corporate Governance, and also meets the requirement of The Accounts and Audit (Wales) Regulations 2014. This AGS gives assurances on compliance for the year ending 31 March 2022 and up to the date of approval of the Statement of Accounts.

The Leader of the Council and Chief Executive both recognise the importance of having a solid foundation of good governance and sound financial management. They pledge their commitment to address the matters highlighted in this AGS, and to further enhance the Council's governance arrangements.

The Leader and Chief Executive confirm they have been advised of the implications of the review by Senior Management and the Audit Committee and are satisfied that the steps outlined in this AGS will address the areas for improvement.

Signed on behalf of **Ceredigion County Council**

Leader of the Council

Chief Executive

Date: xx/xx/xxxx

Date: xx/xx/xxxx

2 Assessment of the effectiveness of key elements of the Governance Framework

The Council is committed to demonstrating that it has the necessary corporate governance arrangements in place to perform effectively.

The Leader of the Council provides clear strategic direction and the Constitution clearly defines the roles of Councillors and Officers. Internal and External Audit, Ethics and Standards Committee and the Audit Committee are committed to ensuring the governance arrangements are effective and robust.

The Council has conducted an annual review of the effectiveness of its governance against the CIPFA/SOLACE Delivering Good Governance Framework (2016). The review involved a member/officer workshop in which the Council's Governance Framework Document was analysed and reviewed, and

included the following Members: the Chair and Vice Chair of the Governance and Audit Committee, and the Chair of Overview and Scrutiny Co-ordinating Committee. In addition, the Monitoring Officer, Corporate Manager - Internal Audit, Audit Manager, Governance Officer, Corporate Lead Officer - Democratic Services, Corporate Manager – Democratic Services, Corporate Lead Officer – People & Organisation and the Corporate Manager – Partnerships, Performance and Public Protection also took part. Following the Workshop, the attendees had a further opportunity to consider the Council's Governance Framework Document and the Corporate Lead Officer Policy, Performance and Public Protection, Corporate Lead Officer Economy & Regeneration, Corporate Manager – Core Finance, Corporate Lead Officer Customer Contact and Governance and Audit Committee Lay Member had an opportunity to consider the Governance Framework Document.

During the workshop each behaviour was introduced and scored against a scoring mechanism, as follows:

- 1/2 Unacceptable Immediate action required
- 3/4 Below satisfactory - urgent Action Required (within 3-6 months)
- 5/6 Satisfactory - Action Required (before end of year 9-12 months)
- 7/8 Acceptable Minor adjustments may be required
- 9/10 Good - overall Governance considered to be good and meets best practice no further action required

Each score used in the Governance Framework Document is a score out of 10 e.g. a score of 7/8 means a score of between 7 and 8 out of a total 10 marks.

The Governance Framework Document was also circulated to other officers, who have governance/management responsibilities within the Council. The review framework is due to be presented to the Governance and Audit Committee in January 2022.

The effectiveness of the governance framework draws on evidence and assurances from:

- Internal and External Audit and Inspection;
- Financial Controls;
- Risk and Performance Management;
- Legal and Ethical Standards;
- Corporate Directors and Other Senior Management, including the S.151 Officer and the Monitoring Officer;
- The Governance and Audit Committee; and
- Overview and Scrutiny Committees.

In addition, the Corporate Manager - Internal Audit undertakes an independent review of the Governance Framework and the method of scoring and evidence, on an annual basis. The review of the 2020/21 Framework was completed in April 2021 and provided 'high' assurance that there was a sound system of scrutiny and robustness in place. This was reported to the Governance and Audit Committee in April 2021. The review of the 2021/22 Framework is still in progress.

The Council has drawn together a Local Code for Corporate Governance which sets out the systems and processes, and cultures and values, by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that code and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Local Code for Corporate Governance is available on the Council's website at <https://www.ceredigion.gov.uk/your-council/councillors-committees/annual-governance-statement/>.

3 Corporate Governance Achievements for 2021-22

The Local Code for Corporate Governance sets out the Local Authority's commitment to the principles of good governance. The following paragraphs outline the Corporate Governance achievements during 2021-22.

A. Behaving with Integrity, demonstrating strong commitment to ethical values and respecting the rule of law:

- Code of Conduct for Members (updated in 2016) available on the Council's website, intranet site (CeriNet) under Councillor Resources, and in the Constitution. Also, Members Code of Conduct Flowchart (updated in 2016).
- Code of Conduct for Officers* (currently in the process of being substantially reviewed) available along with all Corporate policies and strategies via Council website/CeriNet.
- Induction and follow-up training on Code of Conduct and ethics provided to all Members.
- Ethics Audit undertaken during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics also in progress (currently in review).
- Ethics/Fraud training provided in collaboration with Council's insurer at Corporate Managers' quarterly workshop 28.5.2021. Slides from

presentation are forming a basis for e-learning module for all Staff and Internal Audit ('IA') & Governance Services working with Learning & Development to prepare scenarios for training. Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering). Day to day advice is provided by the Monitoring Officer ('MO') and Scrutiny Support Officer.

- Committee and Members advised by MO and proactive regular advice and reminders sent to Members and Officers as required. Legal and Financial advice/implications is provided on all appropriate reports for decision, Chief Officers provide support and advice to Members and reporting requires financial and legal advice/implications to be included in reports/decisions which are published as appropriate. Items reported to Members for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report. Also, MO operates an 'open' door policy for Members wishing to receive 'conduct' and 'governance' advice.
- Personal Development Review.
- Individual sign off with regard to compliance.
- Register of Members' interests, available from the Council's Democratic Services, reviewed by MO and published on Council website.
- Declaration of Interest and Hospitality forms for Officers and Members on CeriNet.
- MO circulates reminder re interest/hospitality declarations to Staff quarterly.
- Declarations of interest by Members and Officers at meetings and Minutes for all committees contain Declarations of Interest-Officers and Members.
- Regular reminders through News Updates on CeriNet system, monitoring and review of MO of Chief Officers' declarations annually and advising Chief Officers on need to declare close personal associations with other Officers or Members, including advising Chief Officers at Leadership Group. Chief Officers informed through CeriNet system news update of MO email re declaring interests and Hospitality and reminder to Chief Officers sent.
- Chief Officers' annual Declarations of Interest and continuing obligations to declare interests. Ongoing review on Chief Officers' business declarations.
- Update advice on Council Employees' Declarations of Interest and Hospitality published on 16 December 2021 and 20 July 2021 on CeriNet, also re Covid-19 Restrictions Business Fund NDR Grants for businesses (News update published 8.1.2021) and links to the relevant forms and Code of Conduct for Local Government Employees, along with a reminder that any queries or requests for advice should be made to the MO.
- Declarations of interest by Members and Officers at meetings, an opportunity to make reference to any close personal contacts/roles etc. MO to advise Officers further on the need to declare interests in organisations which actually, or may conflict with Council interests including:
 - Contractors;
 - School Governors;
 - Clerk to Town and Community councils;
 - Members of Town and Community councils; and
 - School Governors.
 - MO to advise Officers further on the need to declare:
 - Directorships; and
 - Other employment

Including whether conflicting with the Council's interests or not.

- Members required to update Register of Interests in accordance with the Code of Conduct, and in addition, annually, which is opportunity to reference any close personal associates/roles etc. This now includes lay/independent members of the Ethics & Standards Committee and Governance & Audit Committee. Register of Interests booklet published for each Member on Council Website.
- NFI match highlights Staff who are directors of companies that have dealings with the Council – any non-declarations investigated by IA and reported to MO.
- Review is currently being undertaken of the external bodies that have appointed Members, including added value, and also updating of the Constitution.
- Update Dispensations forms for Members completed (2020).
- Professional Qualified Officers and Teachers have to meet their professional body/organisation requirements.
- Members complete a HR training module.
- Training on standards of behaviour is provided to Managers for Staff.
- Employee Handbook is in the process of being reviewed, is available on CeriNet, sets out the expected Employee behaviour and includes the Code of Conduct for Local Government Employees.
- MO circulates to political group leaders updates/decisions from the Adjudication Panel for Wales, whose role is to determine alleged breaches by elected and co-opted members against their authority's statutory code of conduct.
- The main duties of the Ethics & Standards Committee are to improve standards of Member conduct and operation of the Code of Conduct for Members. The Ethics and Standards Committee will have new duties (from May 2022) under the Local Government and Elections (Wales) Act 2021 ('2021 Act'), to include:
 - Monitoring compliance by leaders of political groups on the Council with their duties under S.52A(1) Local Government Act 2000;
 - Advising, training or arranging to train leaders of political groups on the Council about matters relating to their duties under S.52A (1) Local Government Act 2000.
 - The duty to monitor compliance of political group leaders is in relation to standards of conduct, and ensure that this is visible, and consistently demonstrated and evidenced to protect the Council's reputation.
- Ethics and Standards Committee championing ethical compliance to ensure that public have trust and confidence that Members and Officers work to highest ethical and moral standards.
- The Ethics and Standards Committee has been proactive, leading on training sessions and putting procedures in place for dispensation arrangements. The structure has recently been reviewed to improve efficiency and effectiveness.
- Members' standards and conduct matters considered by the Council's Ethics and Standards Committee. Public meetings held regularly, and chaired by an independent person-determine dispensations, and consider strategic/policy issues and receive updates from Public Service Ombudsman for Wales Casebook & APW cases.

- Annual Ethics & Standards Committee Report reported to Council in October 2021.
- Carmarthen County Council undertook an independent audit of ethics within the Council during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics in progress (currently in review).
- A good working relationship exists with the Welsh Government as a key regulator. Regular dialogue is maintained with representatives from Audit Wales.
- This vision for the Council has been reviewed and endorsed by Cabinet, and the vision sets out a number of long term Strategic Objectives.
- Corporate Strategy (2017-2022) contains the priorities of the Council.
- The Well-being and Improvement Objectives build on the priority areas identified in the Corporate Strategy 2017-2022 and are reviewed annually. These are developed in consultation with the public and Members. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website.
- Regular dialogue with Public Services Ombudsman for Wales, and other regulators including Estyn, CIW, ICO and IPCO.
- Council Constitution, which is subject to regular reviews, with ongoing updates as required, including presenting proposed changes to Politically Balanced Cross Party Constitution Working Group, to make recommendations on changes to Constitution to Council. Further revision in 2021 is ongoing, as the Constitution is a live document, to reflect legislative changes and according to need. Council approved amendments on 18.3.21 and 23.9.21. Constitution Cross Party Working Group meets regularly to consider proposals for Constitution updates. Meetings held 15.2.21, 19.4.21, 30.6.21, 10.8.21 and 8.11.21. MO/Governance Officer report to Council to update delegations and Constitution.
- The Council has established a Task and Finish Group (T&F group) to develop actions that will improve the Planning Service including decision making.
- The Terms of Reference of the Development Control Committee (to be renamed 'Development Management Committee') have been revised to clearly state its purpose, role and responsibilities, and how it links to Corporate Priorities.
- An Operational Procedures document for the Development Control Committee/Development Management Committee has been revised. The Operational Procedures define applications that are strategically important and 'major' planning applications.
- The Operational Procedures document addresses the arrangements in respect of local ward members addressing the Committee.
- A Protocol for Good Practice for Councillors at Development Control Committee/Development Management Committee has been produced and included in the Constitution.
- Development Control Committee/Development Management Committee Scheme of Delegations has been revised to allow it to better focus on more strategically important and major applications.
- The Scheme of Delegations contains criteria for applications, which must be referred to the Development Control Committee/Development Management

Committee, and those applications that can be delegated to the Corporate Lead Officer.

- A 'cooling-off' group has been established within the Development Control Committee/Development Management Committee Operational Procedures in order to review planning applications, which may, if approved, be a significant departure from policy.
- Decisions made contrary to officer advice and that do not fulfil the criteria of the checklist being developed for the Development Control Committee/Development Management Committee will be annually reviewed as part of the AMR process and reported to the internal audit procedures.
- Consideration is being given to the Data Protection Principles and processing of personal information in the context of Council Committees and all Members.
- Training has been scheduled for all Members (Introduction for Council, including GDPR) following the May 2022 Elections.
- A mandatory E-learning training module, introduced in September 2017, on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff (between September 2017 and November 2021 completed by 2,834 employees, of which 343 through Welsh and 2,491 through English). Between April and November 2021, 242 total employees completed the module, 40 through Welsh, 202 through English (figures include leavers. Reminders issued to Staff who not yet completed module and Leadership Groups receive periodic reports.
- Standards Conference 2018 jointly hosted by Powys & Ceredigion County Council (held on 14 September 2018). A similar conference was to be hosted by North Wales Councils in 2021-postponed due to Covid.
- Governance and Audit Committee carry out a benchmarking exercise annually to provide further assurance on the review of the AGS process.
- IA review and report on the process annually. Governance & Audit Committee meets regularly to consider governance and external regulator reports. Chaired by non-executive member.
- Governance and Audit Committee Annual Report reported to Council on 23.9.2021 and approved.
- Covid-19 Governance Structure introduced by the Council, to include temporary delegated powers for the Council's Chief Executive and Leadership Group through use of Urgent Decisions for decisions relating to the Council's COVID-19 response), in accordance with Council's Constitution. The Urgent Decision of the Leader was reviewed regularly, and expired on 31.8.2021.
- Gold Command continues under operational procedures pursuant to Civil Contingencies Act 2004
- Gold Command Record of Decisions published on the Council's website). Due to the Covid-19 pandemic, decisions have needed to be made by Gold Command for emergency reasons (under the temporary executive function transfer of power in place until 31.8.2021 and for operational procedures under the Civil Contingencies Act 2004 following that date).
- Roadmap produced, which outlines the services the Council does and does not provide, and what the Council's plans are, which is reviewed regularly, for Ceredigion giving overview of services provided in light of Covid-19 Pandemic, current guidance and number of cases in Ceredigion.

- Effective 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17.6.21(minutes confirmed 23.9.21).
- Internal Audit Annual Report on Counter Fraud presented to Governance and Audit Committee at year-end.
- Members of Governance and Audit Committee updated on fraud including Internal Audit annual counter fraud report presented to Governance and Audit Committee at year-end.
- Politically Restricted Post Register for Officers maintained and Political Restrictions on Local Government Employees Policy available to employees on CeriNet.
- Whistleblowing Policy available to Employees and Contractors (updated 2018) on CeriNet and is updated as necessary.
- MO is the Corporate Lead Officer ('CLO'), and advises Whistle-blowers, as appropriate.
- A mandatory E-learning training module on Whistleblowing must be completed by all Staff. MO keeps a register of referrals and reports 6-monthly to the Overview and Scrutiny Co-ordinating Committee. Regarding the take up of the Mandatory e-learning Whistleblowing module, between April and November 2021, 237 Staff completed the Module, 42 through Welsh and 195 through English (*these figures include leavers).
- All complaints are dealt with in accordance with the corporate procedures which include informal and formal stages and these are communicated to Staff on a regular basis.
- The complaints system is monitored by the Corporate Complaints and Freedom of Information Manager. Corporate Complaints Policy has been reviewed, new Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and Complaints Policy and Procedures 2021, its implementation and publication approved by Council.
- Improvements are implemented as a result of complaints /recommendations received.
- Council Complaints and Freedom of Information Privacy Notice.
- Annual Complaints Report, including Lessons Learned from complaints, considered by the Governance and Audit Committee and Cabinet prior to approval by Council, presented to Council and noted.
- Minutes for all committees published on the Council's Website. All Committee agendas/minutes contain disclosures of interests.
- Cabinet Decision Notices published on the Council's Website.
- Statutory powers and legal implications included in every decision making Cabinet report.
- Preparation for publication of delegated decisions register ongoing. Gold Command Decision Log (a decision register) published regularly, presented to Gold Command (and approved) and thereafter to Overview and Scrutiny Co-ordinating Committee (20.1.2021, 16.6.21 and 1.12.2021) and published on Council's Website. Regarding other delegated decisions, Development Control Committee delegated decisions published for each Development Control Committee.
- Register of Contracts published on Council Website.
- The Council is making preparations to comply with the 2021 Act regarding Governance and Audit Committee (Report on changes presented to

Governance and Audit Committee 24.2.2021 and 3.6.2021 (to include requirement of Mid Wales Corporate Joint Committee to have Governance and Audit Sub-Committee)), with changes regarding recruitment approved by Council 18.3.2021, as follows:

- a) the change of name of the Audit Committee to the Governance and Audit Committee, and additional performance and complaints-handling functions effective from 1 April 2021;
 - b) commencement of the recruitment process for independent lay members to the Governance and Audit Committee;
 - c) the proposals for the Shortlisting Selection Panel; and
 - d) the Role Description and Person Specification.
- Necessary changes to Constitution regarding Governance and Audit Committee per 2021 Act approved by Council 23.9.21. Changes made during 2021-2022 include preparations for:
 - terms of reference/remit/composition changes;
 - change of name to 'Governance and Audit Committee';
 - Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act) – recruitment completed, save for Council approval of successful candidates.
 - Committee duty to appoint own Chair and Deputy Chair;
 - Chair must be lay person.
 - Deputy Chair must not be member of Local Authority Executive; and
 - in absence of Chair & Deputy only non-executive Members can chair.
 - Report on the size of the Governance and Audit Committee presented to Democratic Services Committee 21.5.2021, which agreed to recommend to Council that the Committee should comprise 6 County Council Members and 3 lay members (9 total). Report on size of Committee presented to Council 17.6.2021 and Council agreed same member composition from 5.5.2022.
 - Officers such as Internal Auditors, sign an annual Code of Ethics affirmation.
 - Internal Audit Charter approved by Governance & Audit Committee 24 February 2021.
 - Training Needs Analysis Questionnaire has been circulated by Council newsletter to Staff requesting opinion on ethical culture of Council & training module planned in response to feedback.
 - Training on equality and diversity and recruitment and selection including equal opportunities is mandatory for all Ceredigion County Council Managers.
 - Procurement Strategy 2018-2022 approved by Council 19th June 2018 and procurement training also being rolled out to Staff.
 - Council Recruitment Policy and DBS Policy.
 - Standard Terms and Conditions for all Suppliers of Goods and services include conditions relating to Equality and Diversity and are available on the Council's website.
 - In-House software used to retrospectively check for suspected duplicate payments.
 - The Council has developed a Modern Slavery Policy (sent to contractors of the Council), Anti-Slavery Annual Statement 2019-2020 and Code of Practice Ethical Employment in Supply Chains.

- MO and Legal Services are available to advise as appropriate, including in advance and at meetings and the Internal Audit Service is available to advise as appropriate.
- MO attends Leadership Group/Cabinet/Council meetings and routinely attends many public meetings, as required, subject to availability. In the absence of the MO, the Deputy MO will attend Cabinet and Council meetings.
- The 2021 Act shall have an effect on corporate bodies, including the Council, and preparations for compliance are ongoing, including through the Cross-Party Constitution Working Group (Members of each political group in attendance), reports to the Governance and Audit Committee and Council, with a Council Action plan having been prepared and updated regularly, and meetings with relevant Officers and CLOs held, as appropriate.
- Job descriptions & person specifications clearly define the roles and responsibilities required of posts and Members' Role descriptions set out their respective responsibilities.
- Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, published 13 April 2016).
- Compliance with CIPFA's Statement on the Role of the Head of Internal Audit in Public Service Organisations (CIPFA, published 9 April 2019) & contribution published in CIPFA's accompanying Putting Principles into Practice document (2019)).
- Terms of reference are included in the Constitution and Governance and Audit Committee Terms of Reference updated according to 2021 Act.
- Reporting to Governance and Audit Committee.
- Financial Regulations and Financial Procedure Rules (Document F Constitution).
- Contract Procedure Rules (Document G in the Council's Constitution).
- Compliance with Specific Codes e.g. Internal Auditors' Public Sector Internal Audit Standards ('PSIAS', March 2017)
- Statutory Officers accountable to the Chief Executive ('CE') and the Council.
- Regular meetings between CE, S.151 Officer & MO, who has direct access to the CE and reports to Council generally and as part of statutory duty. The MO & S.151 Officer are key members of Leadership Group.
- Corporate Manager – Internal Audit ('CMIA') has free & unfettered access to Members and Officers at all levels, and right of access as per Council's Constitution and Internal Audit Charter.
- Effective External Audit, Internal investigations.
- Disciplinary Policy (Nov 2017).
- An Officer in the IA team is an accredited Counter Fraud Technician and Officer(s) of the IA team hold a CIPFA Certificate in Investigative Practices ('CCIP').
- Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by Internal Audit.
- Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc).
- Membership and active participation in professional networks and groups (Tisonline, KHub, etc).

- IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained.
- Nominated Council Officers undertake various fraud training to maintain knowledge and expertise.
- Where appropriate, successful prosecutions publicised on Council website (and in local press).
- Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it).
- Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home.
- IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council.

B. Ensuring openness and comprehensive stakeholder engagement:

- All statutory Annual reports are available on the Council's Website.
- Freedom of Information Act publication scheme, Freedom of Information Policy (March 2018) and Complaints and Freedom of Information Privacy Notice. Regular and timely responses to the press and other enquiries to Management and members as well as comprehensive FOI responses. Review of the FOI Publication scheme in progress.
- Corporate Complaints and Freedom of Information Manager in post.
- A host of service areas are available online including council tax self-service and information.
- The Council's goals and values are set out in the Corporate Strategy 2017-2022. The Well-being and Improvement Objectives are included in the Council's Corporate Strategy 2017-2022 and are reviewed each year. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website.
- Council and Cabinet meetings are broadcasted. All Council, Cabinet and Committee meetings open to the public and agendas and papers published on the Council website (with the exception of exempt reports).
- MO and Ethics & Standards generic email addresses created.
- Environmental Information Regulations Policy (March 2018).
- An Overview and Scrutiny Public Engagement Protocol (2018) (Document N Constitution) has been approved by Council and has been used on several occasions. Also, Public Engagement Tool Kit and Engagement with Service Users List.
- Protocol for speaking at the Development Control Committee (Part 4 Document I Constitution).
- In accordance with the requirements of the LGEW Act 2021, arrangements are being made to enable hybrid meetings to be held from May 2022. New equipment is currently being installed in the Chamber (completion mid-April 2022). The system will allow meetings to be recorded and made available online.
- A Protocol is in place for working relationships between Members and Officers e.g. Officer-Member Protocol) (Part 5 Constitution) and Protocol for access by Cabinet Members to Overview and Scrutiny Committee approved by Council (Part 5 Document M2 Constitution).

- The Protocol of Good Practice has been created in order to support Members of the Development Control Committee (to be renamed Development Management Committee) in ensuring that determination of applications will be based on sound material planning considerations, and not applicants' personal circumstances.
- Integrated Impact Assessment ('IIA') tool and guidance has been approved for implementation.
- IIA tool and guidance to inform effective decision making have been developed and are being implemented with IIA conclusions reported to Council, Cabinet and Overview and Scrutiny. 10 IIAs went to Cabinet over 2021-22 up to 1.12.2021. Committees, which includes consultation.
- Standard templates and guidance for reporting to Council, Cabinet and Overview and Scrutiny Committees are used and all include the IIA results.
- All IIAs for Cabinet are assessed by the Engagement and Equality Officer, including whether effective engagement, involvement and consultation has taken place and informed strategic decision making process.
- Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision making process, Wellbeing of Future Generations Act, Equalities, Welsh Language and the use of the IIAs.
- Processes have been introduced to monitor feedback e.g. any consultation/engagement reports are presented to Scrutiny and Cabinet to inform their decision-making.
- Feedback from engagement and how people's views have been taken into account is recorded in the IIAs.
- Council/Cabinet report template updated to include reference to legal implications, staffing implications, property/asset implications and risks.
- Where appropriate, items reported for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report.
- A calendar of dates of meetings including forward work programmes of the Council, Cabinet and Committees are published on the Council's website.
- Annual reports, Statements of accounts, Improvement progress reports are all published within timescales and are available on the Council's website.
- The Engagement and Consultation Checklist assists with decision making around whether or not to undertake a consultation regarding a proposed change and guidance on dissemination of consultation results is available to Officers.
- A Community Engagement, Consultations and Partnerships Page has been created on CeriNet, which includes links to Community Engagement Policy (11 January 2013), Engagement and Consultation Checklist, Engagement with Service Users and Consultation Decision Making Tool.
- Work is underway to prepare a Community Engagement Policy that will meet the requirements of the 2021 Act, which will also include how the Council will encourage participation in decision-making, although final guidance is awaited from Welsh Government regarding this part of the legislation.
- Participation Standards have been adopted by Council.

- Engagement with Service Users List including stakeholders with whom the authority should engage is in place.
- Summary reports on consultation and engagement activities are reported back to Members and service users.
- Minutes of structured engagement meetings, events and engagement groups with people with protected characteristics.
- A new Draft Engagement Policy has been prepared to take into account the latest engagement methodology, including digital engagement. This will be consulted upon and agreed following the Local Government Elections in 2022.
- A draft new Engagement Strategy for Ceredigion County Council, 'Talking, Listening and Working Together,' has been prepared. This will be consulted upon and agreed following the Local Government Elections in 2022.
- The Council, in collaboration with partners, has carried out significant engagement to produce the Public Service Board's ('PSB') Well-being Assessment and Local Well-being Plan.
- Work has commenced on preparing the next assessment of Local Well-Being that will be published in March 2022.
- Consultations 2020-21.
- Consultations are promoted through Social Media.
- Dissemination of consultation results and reports on completed consultations and engagement exercises are posted on the Council's public consultations webpage in order to provide feedback to the public.
- PSB Terms of Reference available on the Council Website, PSB Project Groups Terms of Reference available and Scrutiny arrangements for the PSB have been put in place.
- A Well-being assessment (PSB) has been carried out that has informed the development of the PSB's Local Well-being Plan, which was published in March 2018.
- Corporate Complaints Policy has been reviewed, new Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and Complaints Policy and Procedures 2021, its implementation and publication approved by Council.
- Social Services Complaints Policy and Procedure has been reviewed.
- Consultation Decision making tool (Consultation Tree and flowchart) for Staff and Members have been developed and includes the use of feedback.
- Further consultation includes:
 - A new Engagement and Equalities post has been created through the restructure of the Policy and Performance service; and
 - All current consultations are available on the Council website.
- Social Media Policy (revised Aug 2018).
- Social media is being used to seek the public's views on matters being considered by Overview and Scrutiny Committees.
- Due to Covid-19, Council has consulted remotely via video conferences and electronic surveys.
- Guidance has been issued on the Ceredigion Council intranet to all Staff to follow with regards to the dissemination of feedback to decision makers. Recent indications are that significant progress is being made in this area by Officers.

- Joint engagement and consultation exercises are held.
- Collaborative projects are running with institutional stakeholders with clear governance arrangements in place.
- Collaboration Standards for New Strategic Projects Guidance and Templates are available.
- Partnerships Include:
 - PSB;
 - West Wales Regional Partnership Board;
 - Community Safety Partnership (reviewed 2019 and subject to Scrutiny);
 - Mid and West Wales Safeguarding Board; and
 - Growing Mid Wales.
- The formal review of partnerships that sit under the PSB has been completed. The new partnership structure has been operational since June 2018 and the partnerships will be reviewed on a periodic basis.
- Regular reporting of partnership meetings and activity to Leadership Group and Cabinet.
- Partnerships such as Growing Mid Wales have been established with governance arrangements. Growing Mid Wales Joint Overview and Scrutiny Committee has been established
- Partnership metrics are subject to internal review, where appropriate.
- A monitoring partnership framework that reports on all key decisions made by existing partnerships is reported to Leadership Group.
- Advice provided to Members and Officers serving on outside bodies.
- Legal Team is actively involved in drafting and reviewing Terms of Reference for Inter Authority Agreements ('IAAs') and formal committees.
- A suite of documents have been developed that relate to strategic collaboration projects that the Authority is considering entering into. The documents include guidance, standards and numerous templates for varying stages of collaboration projects.
- Executive Group Self-assessment carried out.
- All school reorganisation proposals are required to have formally consulted with stakeholders through adhering to the Welsh Government's School Organisation Code.
- Guidelines on Corporate Branding (May 2019).
- Corporate Communications Strategy (2019-2022).
- Effective Community involvement carried out with the well-being assessment work and service users from different backgrounds to inform the new Strategic Equality Plan.
- We have worked in partnership with Local Authorities and Public Services across Mid and West Wales on the review of our Strategic Equality Plans. A joint question set and engagement and consultation framework was produced and as a result, feedback was obtained from people with protected characteristics.
- An annual report on progress made against the Council's Well-being objectives and Corporate priorities in published on the Council Website.
- UNCRC – United Nations Convention on the Rights of the Child have been adopted by the Council.

C. Defining outcomes in terms of sustainable, economic, social and environmental benefits:

- Corporate Strategy 2017-2022
- The Council's Well-being and Improvement Objectives are included in the Council's Corporate Strategy 2017-2022 and are reviewed each year and reported in the Well-being and Improvement objectives annual report published on the Ceredigion County Council website. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website.
- Performance information is outlined in the Council's Well-being and Improvement Objectives Annual report.
- The purpose and the vision of the Council have been determined by Council and is contained in the Corporate Strategy 2017-22. This strategy illustrates how the authority will support and promote the well-being of the citizens of Ceredigion.
- PSB Local Well-being Plan was published in May 2018.
- The Authority has undertaken the following steps towards the implementation of the Well-being of Future Generations (Wales) Act 2015:
 - Prepared well-being objectives and statement;
 - Embedded the Well-being Goals and Sustainable; development principal into the business planning process
 - Developed a new IIA tool and guidance (training has been rolled out for Officers and Members);
 - Established a Well-being of Future Generations Act group and action plan;
 - The Constitution is continually monitored and reviewed;
 - PSB assessment of Local Well-being published in March 2017;
 - Scrutiny arrangements agreed for PSB;
 - Cabinet Reports, to include the Social/economic/ environmental impact assessment;
 - A mandatory e-learning module on the Act has been developed and promoted to all Council Staff;
 - an Equality, community and Welsh language Impact Assessment must be undertaken on all school restructuring proposals as required under the Welsh Government School Organisation Code; and
 - Members have contributed to The Future Generations Officer Scrutiny Framework in relation to the WFGA
- All Planning arrangements reflect the Golden Thread and make the links to Corporate plans including;
 - Strategic Plan;
 - Corporate Performance Management Reporting; and
 - Well-being Improvement Objectives
- Community and Engagement Policy (11 Jan 2013) is available.
- A Public Engagement Toolkit 2014 has been developed in order to provide a user-friendly resource for Officers when developing and undertaking effective public engagement with their communities, in accordance with the National Principles of Public Engagement.
- Updates on the budget savings and the work of the Development Group are reported to the Cross Party Transformation and Efficiency Consultative Group.

- Budget setting subject to detailed scrutiny by the five Overview and Scrutiny Committees.
- Business planning process includes resource allocation and Business Plans are prepared on an annual basis and are monitored quarterly by a Performance Board, which includes Cabinet members and the Chairs and Vice Chairs of the Overview and Scrutiny Committees and Chair of the Governance and Audit Committee.
- Quarterly performance arrangements provide a challenge protocol to ensure outcomes are delivered.
- Corporate performance management arrangements include quarterly assessment of risks to the achievement of outcomes or service delivery.
- Risk management includes risk logs for;
 - o Business Plans (Level 1); and
 - o Service Plans (Level 2).
- Local performance measures are included in Business and service delivery plans.
- Capital Plans include;
 - o Rights of Way;
 - o Highways;
 - o Annual Budget Plan; and
 - o Transformation.
- The Risk Management Policy and Strategy and the Risk Management Framework was approved by Cabinet on 24 September 2019.
- Risk Management training to be rolled out to Members and Senior Managers.
- Risk management e-learning package has been developed for all other Staff and training took place in 2019, with workshop with insurers arranged for senior Managers.
- Publication of service performance, including costs and value for money data is routinely considered within service reports.
- The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness. In his letter he has stated that the Council has complied with its responsibilities to the use of its resources.
- The most recent Audit of the Council's Improvement Plan (2020-2021) was issued in November 2020. The report concluded positively that the Council discharged its duties and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties.
- A capital appraisal form is completed for new capital projects, which covers the requirement for the project, and is used to assess value for money and the revenue implications of major projects.
- Medium Term Financial Strategy, which also contains Capital Investment Strategy.
- Wales procurement policy statement is aligned to the Council's Procurement Strategy 2018-2022.
- IIA tool and guidance is available and used to support decision-making.
- All reports and minutes are published in a timely manner and are open for inspection. All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act.
- Pre-decision Scrutiny encouraged where possible.
- The Transformation Programme.
- Engagement and Consultation Checklists are available on CeriNet.
- The Council wide WFGA Group Action Plan.

- Strategic Equality Plan 2020-2024, and Annual Strategic Equality Plan monitoring report 2020-2021 being submitted for approval, and once approved will be published on Council website.
- Welsh Language Standards and Annual Welsh Language Standards monitoring report.
- A mandatory E-learning training module on Welsh Language Awareness must be completed by all Staff.
- Annual Complaints and Compliments Report 2020/21 presented to Corporate Resources Scrutiny Committee 27.10.21 and approved by Council 9/12/21.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes:

- The IIA tool and guidance is available and training has been rolled out for Officers and Members.
- Standard reporting templates are used in decision making process.
- Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision making process, Wellbeing of Future Generations, Equalities, Welsh Language and the use of the IIAs, Head of Democratic Services and MO (CLO-Legal & Governance) advise as necessary.
- Risk Management Policy, Strategy and Framework (approved by Cabinet 24.9.10) with training programme for Members, Senior Management and Managers, published on CeriNet and available to all Members of Staff.
- Documents amended to reflect additional risks and background information to make informed decisions. Corporate Risk Register reported regularly to Governance and Audit Committee (9.9.2021, 3.6.2021).
- Medium Term Financial Strategy has been regularly updated the current version dated 2021/22 Onwards approved by Council 5.3.2021.
- Consultation decision tree tool includes a guidance section on dissemination of consultation results.
- Finance challenge regarding savings on Council Website.
- Corporate Performance Management arrangements include quarterly:
 - o Corporate Lead Officer Service Report;
 - o Performance Board; and
 - o Executive Panel meetings.
- The Business Planning process for 2021-22 is being implemented with Level 1 Business Plans shared with the Performance and Research Team.
- Performance measures have been identified within each Level 1 Business Plan that have in turn translate into the reporting Dashboard for each service. These measures have been closely scrutinised and have received final sign-off from senior leadership. Services report against these measures as part of the performance management process for the year.
- Business Plans include budget and finance information and form part of the quarterly Corporate Performance Management arrangements.
- A calendar is used to report deadlines and Board/Executive Panel dates are published with reports.
- Corporate Communications Strategy 2019-2022

- The Ceredigion PSB has a Local Well-being Plan that has been developed and delivered jointly with external stakeholders and partners.
- An Assessment of Local Well-being has been undertaken by the PSB that has fed the Local Well-being Plan and the Council Well-being Objectives for future years.
- All major collaboration projects have established governance and management arrangements including risk management.
- All projects considered by Corporate Project Management Panel, which is also attended by IA and is an effective forum for advice/challenge and highlighting risks as Service areas develop projects, including collaboration projects.
- The Corporate Project Management Panel helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes.
- Account will be taken of legislative changes e.g. work is ongoing in relation to implementing legislative changes such as LGEW 2021 Act changes and considering/monitoring risks facing each partner when working collaboratively, including shared risks. Meetings are being held and preparation being carried out, for example, regarding the 2021 Act's requirement for Corporate Joint Committees, including potential and shared risks (a CJC group has been established, with the first meeting held on 19th April 2021, to consider the requirement to establish the Mid Wales CJC in accordance with the 2021 Act).
- Corporate Project Management Group has been established to formalise project development and management.
- Ensuring Staff with project management skills are available.
- This helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes.
- Helps identify capital requirements for inclusion in future capital programmes.
- Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly.
- Budget Framework.
- Service Accountancy – Budget monitoring.
- Financial Regulations and Financial Procedure Rules (Document F Constitution) along with Budgetary Control Guidance are all up to date. Chief Officer Assurance Statements.
- The internal controls in place are subject to regular review by Internal Audit, in accordance with the annual risk-based audit plan.
- Corporate Strategy 2017-2022.
- Internal Audit Strategy & Plan 2021/2021 approved by Governance & Audit Committee 24 February 2021.
- The corporate savings plan has been through a robust governance process to ensure that all savings link to the desired service outcomes.
- Community Benefits is embedded in our Processes and Policies and has been regularly applied, monitored and reported upon.

- Well-being of Future Generations (Wales) Act is integrated into our processes.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it:

- Corporate and line management induction is now in place. Corporate induction and Corporate Manager Development plans were introduced in April 2018. Corporate induction sessions are part of these requirements, all new Staff must attend an induction session. Senior Managers present within these face-to-face sessions.
- Induction programme is provided for new Members. Ongoing training is provided for Members and arranged for specific issues e.g. Treasury management, also ongoing review of opportunities for skills and refresher training, including Personal Development Review Scheme (information to be used to develop a Members' Training Plan) and new comprehensive induction programme shall be provided post-election (from May 2022) with additional e-learning modules.
- Member development scheme.
- Preparations are being undertaken for (as part of induction programme for Members (from May 2022)) Cabinet Member training, Ethics and Standards Committee (role) training, Political Group Leader Duties training and Governance and Audit Committee (role) training.
- Development/training done as part of person specifications for key finance and legal posts (mandatory qualification, job requirements).
- Personal reviews for Officers and provision of opportunities for ongoing skills and refresher training for Officers.
- CeriNet (the HR intranet and resource to Staff and management) is continually reviewed and improved for effectiveness. Its introduction has improved effectiveness. Induction information is available along with the Staff handbook and Managers Toolkit.
- Learning & Development is now managed via the Ceri system offering opportunities to all Staff, with opportunities also offered to those within a Leadership Role or who are aspiring leaders. E-learning modules are being introduced to ensure training and development is cost effective wherever possible.
- E-learning packages are regularly being developed and rolled out for mandatory and non-mandatory training.
- Strategic Workforce planning toolkit includes the identification of training and learning needs for all service areas.
- Performance Appraisals record training and development needs via the Ceri system.
- Ongoing annual Personal Performance and Development scheme – Performance Reviews link to Corporate and strategic objectives.
- Personal Development Review process in place for Members.
- The Council aims to achieve the standard level for the Wales Charter for Member Support and Development.
- The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for

delivery of corporate improvements in performance review of Staff. These have been further strengthened with the introduction of annual appraisals for all Staff via the Ceri HR system.

- All Staff can access learning and development events via Ceri self-service. Managers can also book Staff onto relevant events via Managers Self-service.
- Staff development plans linked to appraisals have been strengthened with the introduction of the Performance Management module in Ceri.
- Ceredigion Manager Programme offers personal development including governance arrangements and organisational knowledge.
- Workforce Plan 2017-2022 includes actions for Staff development in key themes.
- Members attend various events, seminars and conferences (see above).
- Utilisation of research and benchmarking exercises.
- The Ceri HR payroll system has ensured that meaningful data on Staff is now available to Managers on a monthly basis in order to monitor costs turnover and absence.
- Effective operation of partnerships which deliver agreed outcomes. Effective Partnerships have been developed in a number of areas and services including:
 - School Improvement;
 - Health & Social care; and
 - Waste.
- Additional partnerships are included in the strategic Collaboration Projects List.
- A Human Resources Strategy is available on the Intranet.
- Strategic workforce planning is undertaken utilising the Strategic workforce planning tool kit and is completed by all service areas. The outcomes of this tool kit informed the workforce plan for 2017-2022. The Workforce Plan 2017-2022 focuses on 4 key themes:
 1. Engagement & Opportunity;
 2. Flexible & Agile Workforce;
 3. Promote a bilingual workforce; and
 4. Leadership & Management Development.
- Updates on progress of the workforce plan are reported to scrutiny.
- The Leadership and Senior Officer structure has defined these roles, including how they integrate with each other.
- Succession planning is undertaken through discussions and actions within service areas and with partners this cannot always be evidenced. This will be further developed through the Strategic workforce planning toolkit.
- Joint meeting of senior Managers ensures that roles, responsibilities and accountabilities are clear.
- Job descriptions clearly define the roles and responsibilities required of posts.
- The Constitution sets out the roles and responsibilities of Members (Part 3.4 Table 4) and senior Officers (part 2 Article 2) and a Scheme of Delegation (The Constitution Part 3.5) exists and clearly sets out responsibilities for Members and Officers.
- The Strategic Planning Toolkit includes an element of succession planning and talent management.
- Protocols are in place for working relationships between Members and Officers (e.g. Officer-Member Protocol).
- Codes of Conduct for Officers and Members are in place.

- Member Officer working groups in place and working effectively.
- Contract Procedure Rules ('CPR') (Part 4 Document G Constitution) and Financial Regulations and accompanying financial procedures (Part 4 Document F Constitution) are reviewed on a regular basis e.g. CPR updated March 2019.
- The Corporate structure of the Council has been established to ensure that the Statutory Officers are able to perform their roles effectively.
- The CE is responsible for reviewing this structure, as necessary.
- Democratic Services Committee resolved on 15.10.21 to agree the revised set of Member Role Descriptions, designed to be used alongside Welsh member Development (Competency) Framework, of Welsh Local Government Association ('WLGA') Framework Member Role Descriptions and Person Specifications, which includes role description of the Leader (Report for information also been prepared for presenting to Governance and Audit Committee 19.1.21).
- Access to courses/information briefings on new legislation.
- Members Workshops arranged, as necessary.
- Engagement with Service Users list and Service User focus groups.
- Community Engagement Policy.
- Scrutiny Public Engagement Protocol (2016) (Document N Constitution) Council continually consults and engages with local residents, customers and other stakeholders within the county to understand their opinions and views when developing new plans and/or strategies. Feedback is always given due consideration before final versions are agreed.
- Scrutiny self-assessment undertaken annually including survey.
- Attendance records published annually.
- Members are encouraged and supported to complete Annual Reports, which are published on the Council's website.
- Chair of Governance and Audit Committee attends All Wales Governance and Audit Committee Chair's Networking Meetings to develop and compare role within Local Authorities.
- Implementing appropriate Human Resource policies and ensuring that they are working effectively.
- Smoke-Free Workplace Policy and Alcohol and Drug Misuse Policy.
- The Council has introduced a range of resources and options to enhance the health and well-being of Staff e.g. Health and Well-being Strategy 2021-2026 has been introduced to support the improvement in the workforce health and well-being.
- The Council has appointed an Employee Health & Wellbeing Officer to coordinate and promote health and wellbeing within the workforce.
- A Care First employee assistance package has been introduced that offers:
 - Counselling service; and
 - Advice on financial, legal, consumer, eldercare, childcare and employment issues.
- Other support available for Staff includes:
 - Cognitive Behaviour Therapy Interactive health and wellbeing programme;
 - Eyecare scheme;
 - Childcare voucher scheme;
 - Iechyd Da; and
 - Mindfulness training for Staff and Managers.

F. Managing risks and performance through robust internal control and strong financial management:

- Risk Management Policy and Strategy and the Risk Management Framework were approved by Cabinet on 24 September 2019 and Framework continues to be updated. The Council continues to form strategies and plans taking into account the risks caused by the Covid-19 pandemic
- The Corporate Risk Register is considered at all Leadership Group, Corporate Lead Officers, Corporate Performance Management meetings and by the Governance and Audit Committee as a standing item to the Governance and Audit Committee. Updates are reported at each Governance and Audit Committee Meeting to provide ongoing information and assurance that risks continue to be managed. The Committee refers matters to Scrutiny Committees, where appropriate.
- Risk Management is integral to operational business planning Policy and Strategy setting.
- Project and transformation Risks are all logged. The Cross party Transformation and Efficiency Group regularly monitors Transformation Risks and Transformation and Risks are all referred to joint Local Government meetings and Panels.
- All Plans included Risk logs including:
 - The Medium term Financial Plan;
 - Business Plans (level 1); and
 - Service Plans (level 2).
- Business/Service plans are monitored to ensure delivery outcomes are achieved.
- Corporate Risk Management arrangements are audited regularly and the management of risks is included in individual Services service/establishment audit programmes.
- 'Risks' form the basis of Internal Audit's audit programmes of work, as required by the MKI/Pentana audit management software system. Council / Cabinet report template updated to include reference to legal implications, staffing implications, property/asset implications and risks.
- Corporate Performance requires regular updates for Risk.
- The Council revised its Corporate Performance Management arrangements in 2017 to improve monitoring of its business plans and performance indicators, including National Strategic Indicators ('NSI'), PAM and Local Indicators. These are also linked to the Well-being and Improvement Objectives and the Corporate Strategy 2017-2022.
- A Corporate Performance Management Panel meets quarterly. All Corporate Lead Officers report to this Panel and the Dates for reporting are published in the report. The Chairs and Vice Chairs of the Overview and Scrutiny Committees attend with the principle that they can identify areas that require inclusion on their respective Forward Work Programmes.
- Specific Project Risk Monitoring is undertaken and all Risks are allocated to a Corporate Lead Officer (Risk Owner).
- Council considered the draft Well-being and Improvement Objective Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21 in October 2020 (The Well-Being & Improvement Objectives Annual

Report 2020-2021 was also approved by the Council's Overview and Scrutiny Co-ordinating Committee on the 15.9.21, and Cabinet 5.10.21).

- Benchmarking information carried out as part of service re-modelling.
- External & internal assessments by:
 - Audit Wales;
 - Estyn;
 - Care Inspectorate Wales ('CSIW'); Investigatory Powers' Commissioner's Office ('IPCO'); and
 - Information Commissioner's Office ('ICO').
- External assessments, to include Code of Conduct.
- Self-assessment (Governance and Audit Committee) - self-assessment exercise underway for presenting at 10.3.2022 Governance and Audit Committee Meeting.
- Individual Services carry out self-assessment through a performance matrix.
- IA undertake an annual self-assessment and have a 5-yearly independent external assessment / peer review as required by the PSIAS.
- Cost performance (using inputs and outputs).
- Chief Officers provide support and advice to Members. Advice also provided by Chief Financial Officer.
- Reporting requires financial and legal advice/implications to be included in reports/decisions, which are published as appropriate.
- All reports and minutes are published in a timely manner and are open for inspection including.
- Options for recommendations.
- Scrutiny Committees may request reports at any time and Scrutiny Chairs are invited to take issues back to Cabinet
- Governance and Audit Committee refer matters to Scrutiny and receive reports back.
- All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act.
- Agreement on the information that will be needed and timescales
- Scrutiny arrangements are in place that is supported and which provide opportunities to challenge decision making and review the provision of services. The scrutiny function aim is to provide added value to the continuous improvement agenda in their role as "critical friend". In addition, Overview and Scrutiny Committees also provide opportunities to undertake pre-decision and policy development work, which is a function of scrutiny, which has developed over recent years. The Council's aim is to scrutinise, where possible, before decisions are made.
- An Overview and Scrutiny Public Engagement Protocol (2016) (Document N Constitution) has been approved by Council and has been used on several occasions.
- Arrangements in place to seek the views of the public which is gathered via social media and shared with Overview and Scrutiny Committees for consideration.
- The Council's Overview and Scrutiny Co-ordinating Committee will be responsible for taking an overview of the overall effectiveness of the PSB.
- Work undertaken with the Future Generations Office to develop a Scrutiny Framework in relation to the WFGA.
- Reports and also all agendas, minutes, Forward Work programme and Terms of Reference are published on the Council's website.

- A Corporate Performance Management Board meets each quarter, with Chairs of Scrutiny Committees invited to attend.
- Reporting dates are set at beginning of each year.
- Budget monitoring is regular throughout the year, within services, to Cabinet and to Member Officer working groups e.g. Development Group and CMG and transformation programme savings to the Cross Party Transformation and Efficiency Consultative Group, which Chairs of Overview and Scrutiny Committees are invited to observe alongside Performance Board meetings.
- Financial monitoring is regularly undertaken throughout the Council under a devolved accountancy arrangement and formal reporting is made to Cabinet. Monitoring is also incorporated in to the quarterly performance management reports.
- Financial implications are a requirement for inclusion in all Cabinet Meeting reports.
- Financial Regulations and Financial Procedure Rules (Document F Constitution) and the Contract Procedure Rules (Document G Constitution) are all up to date. The current Procurement Strategy 2018-2022 was approved in 2018.
- Accounting practices - Codes of Practice are complied with. Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring.
- Updates in relation to Business Continuity and Civil Contingencies arrangements submitted on a regular basis in line with the Corporate Risk Register, Risk CORP04 and Business Continuity and Civil Contingencies Group meet monthly.
- The annual Internal Audit Plan is risk-assessed and takes account of Council aims and objectives, and corporate policies and procedures; to include a review of the Risk Management corporate arrangements, and testing the mitigating controls in place for a sample of risks noted in the Corporate Risk Register.
- Internal Audit Strategy & Annual Plan 2021-2022 approved by Governance and Audit Committee 24 February 2021, & continues to take account of additional risks presented by the pandemic.
- IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council.
- Internal audit reports issued to Managers highlight the risks of not implementing any IA recommended actions. A follow-up audit is conducted of action plans issued. If CMIA considers that any fundamental risks have not been addressed by a Manager this is reported to Governance and Audit Committee who has the discretion of requesting that Manager to attend & explain reasoning for non-compliance.
- The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness in his letter he has stated that the Council has complied with its responsibilities to the use of its resources.
- The Council Objectives are aligned to Strategies.
- Regular meetings of the Emergency and Business Continuity Management Group take place to review Corporate and Service Area Emergency and Business Continuity Arrangements and Plans as well as recommendations arising from past incidents and exercises to evidence risk, identify emerging trends, and document any lessons learnt for follow up.

- Risk evaluation always appears on agendas.
- Regular Quarterly Internal Audit Progress Reports to Governance and Audit Committee for monitoring (e.g. Internal Audit Progress Report for period 1 April 2021 to 30 June 2021 presented to Governance & Audit Committee on 9 September 2021).
- Summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year-end. IA Annual Report for 2020/21 approved by Governance & Audit Committee 3 June 2021.
- Follow-up IA reviews to monitor implementation of required actions.
- Internal controls, risk & governance processes are monitored according to the Internal Audit Charter (last version approved by Governance & Audit Committee 24/2/21) & the Annual Internal Audit Strategy and Plan.
- Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption ('CIPFA', 2014).
- Internal Auditors have procedures in place if fraud discovered.
- An Officer in the IA team is an accredited Counter Fraud Technician.
- Officer(s) of the IA team hold a CIPFA Certificate in Investigative Practices ('CCIP').
- 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17 June 2021 (minutes confirmed 23 September 2021) has been written with regard to the Code of Practice & updated to ensure all requirements are included.
- IA undertakes counter fraud work where required (as well as dealing with the discovery of fraud as considered earlier) and presents Counter-Fraud Report to Governance and Audit Committee annually (2020/21 Counter-Fraud Report presented to Governance & Audit Committee on 3 June 2021).
- Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by IA.
- Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc);
- Membership and active participation in professional networks and groups (Tisonline, KHub, etc);
- IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained;
- Nominated Council Officers undertake various fraud training to maintain knowledge and expertise;
- Where appropriate, successful prosecutions publicised on Council website (and in local press).
- Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it);
- Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home
- AGS 2020/21 approved by Council on 25 November 2021 with the Statement of Accounts. The AGS contains the CMIA's annual opinion on assurance.
- Up to 31/12/21 the IA function is headed by a CIPFA qualified CMIA, and the CMIA from 1/1/22 onwards is studying to gain an IIA qualification, Both CMIA's have considerable local government experience, and are supported by a team with appropriate knowledge and skills. Regular reporting to Governance and Audit Committee on the activity of IA is undertaken. Robust risk-based forward work programme and business planning is in place.
- IA evaluates and improves the effectiveness of risk management, control & governance processes in accordance with PSIAS, which is self-assessed and

reported to Governance and Audit Committee annually along with any improvements required. A peer review is undertaken every 5 years (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group – see below).

- IA provides an individual assurance to Managers after each audit review – these are then used to provide an overall corporate level of assurance annually, which feeds in to the AGS.
- A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resources since 1 December 2020.
- A new CMIA will be in place from 1 January 2022, who has considerable experience in IA, has a 6-week window to ‘shadow’ the existing CMIA, and is supported by a knowledgeable & skilled Audit Manager (see point G3.2 below).
- Two members of the team are currently pursuing the Institute of Internal Auditors’ professional training qualification.
- Governance and Audit Committee established that sets its own work plan. Committee is chaired by a Member of the opposition group (until May 2022 when Lay Person shall be Chair, per 2021 Act provisions).
- Ongoing preparation and implementation of changes affecting the Governance and Audit Committee in light of the 2021 Act. The Governance and Audit Committee was informed, in a report on 24.2.2021 Meeting, of the changes to their role regarding self-assessment reports of the Council, and regarding panel performance assessments, as well as the change of name, and changes to the Chair/Vice Chair and composition.
- The Governance and Audit Committee’s Terms of Reference were updated on 6 December 2018.
- Update report on 2021 Act presented to Governance and Audit Committee 3.6.2021, to include updating Governance and Audit Committee regarding changes to Constitution affecting Committee including:
 - Recruitment of lay members and the Mid Wales CJC Governance and Audit Sub-Committee; and
 - Regarding the Committee’s functions relating to:
 - reviewing and assessing the performance assessment of the Council;
 - considering the Council’s draft annual Self-Assessment report;
 - considering any report from the Auditor General and Council’s draft response;
 - review of the Council’s complaints handling function; and
 - role regarding Panel Performance Assessments (from May 2022).
- Changes made during 2021-2022 include preparations for:
 - terms of reference/remit/composition changes (including recommendations to Council from Cross-Party Constitution Working Group and changes to Constitution approved by Council at its 23.9.2021 Meeting);
 - change of name to ‘Governance and Audit Committee’;
 - Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act) – –recruitment completed (Council approved appointments 9.12.21);
 - Committee duty to appoint own Chair and Deputy Chair;
 - Chair must be lay person –recruitment completed (Council approved appointments 9.12.21) and Chair/Deputy Chair shall be appointed from Lay Members;

- Deputy Chair must not be member of Local Authority Executive; and
 - In absence of Chair & Deputy only non-executive Members can chair.
 - Size of Governance and Audit Committee review completed and change of size from May 2022 approved (9).
 - The Governance and Audit Committee has an effective Lay Member and Membership of Governance and Audit Committee considered in line with 2021 Act: Lay member recruitment completed, taking into account 2021 Act requirements and termination of term of office of current lay member. Job Direction, Personal specification, and criteria approved by Council 10/12/20.
 - Membership details for Governance and Audit Committee and all Scrutiny Committees is available on the Council's website.
 - Regular meetings between CMIA and Chair of Governance and Audit Committee, advice given by MO and also regular meetings, as necessary between MO and Chair, and MO, CMIA & Audit Wales.
 - Regular Meetings between Governance and Audit Committee Members and external regulator Audit Wales (with and without Officers)
 - Training for Members and regular training/updates provided to Governance and Audit Committee.
 - Chair of Governance and Audit Committee attends Welsh Governance and Audit Committee Chair network group to develop and compare role within Local Authorities.
 - A New ICT and Digital Strategy for 2018-2022 has been approved and all policies are up to date including (all approved in February 2019):
 - Data Protection & GDPR Policy;
 - Information Security Policy; and
 - Records Management Policy.
 - Officers are considering the introduction of privacy notices in relation to applications to the Development Control Committee/Development Management Committee.
 - Training has been scheduled for Members on their obligations under the GDPR as part of the new Member training and a section on said legislation is now included in the protocol for Members in planning.
 - Mandatory E-learning training modules on Data Protection and Information Security must be completed by all Staff.
 - Designated Data Protection Officer.
 - Corporate Lead Officer Customer Contact is the Senior Information Risk Owner ('SIRO') and has attended appropriate training for that role.
 - The following responsible Officers are identified:
 - IT Security Officer ('ITSO'); and
 - Information and Records Management Officer ('IRMO')
 - In addition, Corporate Data Protection Group and Emergency & Business Continuity Meeting consider Information security.
 - Regular Internal Audit of data protection Registration requirements and procedures following Audit Wales audit have been implemented.
 - Ceredigion County Council signed Wales Accord on the Sharing of Personal Information ('WASPI') and therefore uses WASPI framework for Information Sharing Agreements.
- ***The Accord is a common set of principles and standards under which partner organisations will share personal information. Organisations who adopt the Accord will show their commitment in meeting the agreed conditions, obligations and requirements within the framework.

- In most cases agreements are forwarded to the Data Protection Officer.
- There is also a public register on WASPI Website.
- Regular external Assessments e.g. Compliance with Code of Conduct.
- Internal performance monitoring and evidence.
- Cross matching data happens across the different services.
- Performance Indicator values are validated with evidence.
- Retention Schedule –now published on intranet.
- The current Medium Term Financial Strategy ('MTFS') was established during the 2013-14 year and fundamentally updated and approved by Council on the 24th February 2016. The Current MTFS is that of 2018/2019 Onwards, but has now been amended to reflect the 2021/2022 provisional revenue settlement and updated to:
 - Reflect the impact of Covid 19
 - Reflect 'Boosting Ceredigion's Economy – A Strategy for Action 2020-35'
 - Amend the transformation savings plan
 - Project forward cost pressures
 - Reflect data changes, regulations, plans, policies and strategies
 and is being presented to Cabinet for approval 23,2,2021 for approval to then be presented to Council on 5.2.2021.
- This now includes a policy framework for setting the budgets annually as well as a three-year plan. The MTFS features as a corporate risk that is updated at least three times a year. The annual budget setting also included a risk assessment. The Council is responding to the proposal in the 2016 Wales Audit Office (now Audit Wales) Annual Improvement Report, and considering the report in light of the MTFS through ensuring that the Council's financial management arrangements are sufficiently robust to meet the significant challenges ahead.
- A Strategic Plan has been developed and has improved the programme of work necessary to consider service priorities whilst addressing financial constraints.
- An annual budget project plan/timetable is established to ensure that a balanced budget is approved within the statutory period in accordance with the Councils budget framework.
- Regular budget reports are taken to Cabinet and Leadership Group throughout the year and operational budgets are monitored on a monthly basis.
- Quarterly Executive Panel meetings take place if required with Corporate Lead Officers together with the Leader of the Council, the CE, Corporate Lead Officer for Finance and Cabinet Member with Finance responsibility.

G.Implementing Good Practices in transparency, reporting and audit to deliver effective accountability:

- Council's Website.
- Council and Cabinet meetings are broadcasted.
- Standard templates for Cabinet, Scrutiny and Council.
- Compliance to the Welsh language Standards.
- Use of Modern.Gov for publishing agendas and Councillor Information.

- Council preparing for implementation of changes to be introduced by 2021 Act, which include for Council to consult and publish a public participation strategy with the aim of increasing public participation in local democracy, and improving transparency.
- Council compliance with The Local Authorities (Coronavirus) (Meetings) (Wales) Regulations 2020, which allow for remote access for meetings and public access/publishing of documents requirements.
- Work is underway to prepare a Community Engagement Policy that will meet the requirements of the 2021 Act, which will also include how we will encourage participation in decision-making, although final guidance is awaited from Welsh Government regarding this part of the legislation.
- Council Roadmap provides up-to-date information for citizens on services being provided due to Covid-19 pandemic, in order to provide clarity for County residents.
- The Council has been out to tender and awarded the contract for installing equipment in the Council Chamber that will enable hybrid meetings to take place as well as being able to broadcast those meetings. The equipment will be installed over the winter.
- The Council provides alternative ways for citizens to access information if they don't have access to digital services. The Citizen can telephone the Council's Contact Centre or visit its Libraries where public access to computers are available or free 4G Wi-Fi to allow anyone to use their own device.
- Councillors' contact details, attendance records, Committee membership and Declarations of Interests available on the Council's Website.
- Councillors' annual reports available on the Council's Website.
- Overview and Scrutiny Annual Report available on the Council's Website.
- Democratic Services Annual Report available on the Council's Website.
- The County Council's Well-being and Improvement Objectives Annual Report is published on the Ceredigion County website to inform Ceredigion citizens what activities and actions the Council undertakes in support of its Well-being and Improvement Objectives. This also forms part of the Council's self-assessment. A summary plan is also available in public offices for our citizens.
- Annual financial statements are published on the Council's Website.
- Appropriate approvals.
- Corporate Performance Management arrangements.
- Ownership of planning and transformation.
- AGS.
- Council's AGS evidences how it complies with the seven core Governance Framework Principles and sub-principles contained in the Framework and in the Local Code of Corporate Governance, including how it puts in place proper arrangements for the governance of its affairs, facilitates the effective exercise of its functions, and makes arrangements for risk management (the Governance Framework was developed in 2010 and has been revised in accordance with the CIFA/SOLACE Delivering Good Governance in Local Government Framework 2016). In compliance also with Local Government (Wales) Measure 2009 and The Well-being of Future Generations (Wales) Act 2015.
- Assessment of the framework for corporate governance carried out to ensure compliance e.g. updated to reflect changes necessary because of Covid-19

pandemic. Decision by Council whether AGS approved e.g. updated and approved by Council 25 November 2021 (with accounts).

- Council's Local Code of Corporate Governance demonstrates how it has the necessary corporate governance arrangements in place to perform effectively, and is a public statement that sets out the way the Council will meet that commitment.
- AGS shared with accounts, reviewed and updated with Members and Officers providing a wider engagement process. Members and Officers carry out a review of the AGS annually.
- Financial implications are a requirement for inclusion in all Cabinet Meeting reports. Financial Regulations and Financial Procedure Rules (Document F Constitution), Contract Procedure Rules (Document G Constitution) are all up to date. The current Procurement Strategy 2018-2022 was approved in 2018.
- Accounting practices - Codes of Practice are complied with Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring.
- A good working relationship exists with Welsh Government as key regulator and external regulators, including Audit Wales, Estyn, CIW, Financial Services Authority ('FSA') and Food Standards Agency as key regulators. Regular dialogue is maintained with representatives from Audit Wales.
- Audit Wales Protocol documented and procedures in place to ensure all 'Management Response Forms' from each Audit Wales report addressed and that Service responses are presented to Leadership Group, Governance and Audit Committee and Audit Wales.
- Regarding monitoring of progress of actions/recommendations, Governance Officer is Audit Wales point of contact for outstanding Management Response Forms ('MRFs') for 2019/20 & 2020/21, and ongoing governance-related MRFs/governance matters. Corporate Performance and Improvement Officer is point of contact for performance-related MRFs/performance matters. This system is set out in a Protocol, approved by Leadership Group and presented to Governance and Audit Committee, with updated version (to reflect that the Corporate Performance and Improvement Officer is in post) presented to Governance and Audit Committee 9.9.2021 Meeting.
- Monthly meetings are also being held with Audit Wales to discuss ongoing work and matters to be presented to the Governance and Audit Committee and regular dialogue is maintained with representatives from Audit Wales.
- Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements.
- All Audit Wales reports presented to Leadership group and Governance and Audit Committee, which monitors implementation of corrective actions required.
- Monitoring of progress of Actions process being developed.
- Up to 31/12/21 the IA function is headed by a CIPFA qualified CMIA, and the CMIA from 1/1/22 onwards is studying to gain an IIA qualification, Both CMIA's have considerable local government experience, and are supported by a team with appropriate knowledge and skills. Two members of Staff currently studying for the Chartered Institute of Internal Auditors qualification, and two are developing ICT auditing skills.
- IA Officers undergoing audit qualifications to enhance knowledge, skills and competency.

- A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resources since 1 December 2020.
- A new CMIA will be in place from 1 January 2022, who has considerable experience in IA, has a 6-week window to 'shadow' the existing CMIA, and is supported by a knowledgeable & skilled Audit Manager.
- The role of CMIA has free and unfettered access to the Chair of the Governance & Audit Committee and both meet regularly during the year (and these meetings continue remotely during the Covid-19 pandemic).
- Robust risk-based forward work programme and business planning is in place.
- Regular reporting to Governance & Audit Committee on the activity of IA is undertaken, i.e. quarterly Internal Audit Progress Reports to Governance & Audit Committee for monitoring progress performance and improvement and summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year end. Follow-up reviews undertaken to monitor corrective actions are implemented.
- Internal Audit Charter regularly reviewed and approved by Governance & Audit Committee (last version approved by Audit Committee 24/2/21).
- CMIA provides annual objective opinion on assurance placed on Council's risk management, control and governance processes, based on the individual assurances given to Managers after each audit review, & feeds into the AGS.
- Compliance with PSIAS reported annually to Governance & Audit Committee with resultant improvement plan. Peer review of assessment every five years (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group).
- IA's mission is to enhance & protect organisational value by providing risk-based & objective assurance, advice & insight. This is detailed in the internal Audit Charter, which also states IA's right of access (as per the Council's Financial Regulations/Constitution).
- Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements.
- The Council is learning and continually works towards improvement.
- Five-yearly external assessment of IA is undertaken as required by PSIAS.
- The last Internal Audit External Assessment was undertaken in November 2016 by Conwy County Council and was reported to Audit Committee, along with the resultant improvement Plan (next one due circa March 2022, for which preparations are already in-hand via the Welsh Chief Auditor Group).
- IA progress, performance & improvement is reported to Audit Committee quarterly.
- PSB's terms of reference and Well-being Plan, and annual report from PSB.
- The Ceredigion County Council Overview and Scrutiny Co-ordinating Committee is responsible for taking an overview of the overall effectiveness of the Board.
- Partnership and Accountability agreements are established in collaborative projects.

4 Opinion on the level of assurance that the governance arrangements can provide

The Corporate Manager - Internal Audit (CMIA) prepares an Annual Internal Audit Report at year-end, which is usually presented to the Governance and Audit Committee at its June meeting (presented on 3 June 2021). The report sets out the individual and collective outcomes of the audit reviews undertaken during the year, and provides the overall audit opinion of assurance based on this audit work. The assurance provided also takes into account progress in implementing improvements, consideration of the risk register and assurances provided in reports issued by external regulators. The scope of audit work and how the need to constantly reprioritise to ensure sufficient work is undertaken for the assurance is detailed in the report.

The Annual Report at year-end contains the results of the internal audit annual self-assessment of the service, based on CIPFA's LG Application Note's template. This was subject to an external peer review during 2016-17, and an external assessment is planned to be repeated every five years, as required by the Public Sector Internal Audit Standards (PSIAS) (the next review shall be in 2022). The resultant improvement plans from these assessments are included in the quarterly Progress Reports presented to the Governance and Audit Committee and reviewed annually in the Annual Internal Audit Report.

The Improvement Plans identify improvements made and planned against the recommendations arising from the assessments, along with the results of the service's Quality Assurance Improvement Programme as required by the PSIAS to ensure the Governance and Audit Committee is able to monitor the service's progress.

A Report on the Annual Governance Statement 2021-2022 Progress and Current Year Action Plan was provided to the Governance and Audit Committee on 3 June 2021.

The Internal Audit Progress Report 1/4/2021-30/6/2021 (presented to the Governance and Audit Committee on 9 September 2021) and the Quarter 3 Progress Report (due to be presented to the Governance and Audit Committee on 19 January 2022) include the actions taken to date to achieve the identified proposed improvements.

The Internal Audit staffing structure has been at full complement during the year 2021-2022.

On 24 February 2021, the CMIA also presented to the Governance and Audit Committee the Internal Audit Strategy and Plan for 2021/22. This is designed to ensure a sufficient area of coverage is undertaken to support the annual opinion on the effectiveness of the systems of governance, risk management and internal control across the Council. The Internal Audit Strategy and Plan for 2021/22 summarised the work areas the Internal Audit Section aimed to concentrate their time on during the year, taking account of the situation due to the pandemic.

The service has been provided on a more reactive basis this year, as with the previous year, due to the various risks introduced from necessary changes in the Council's working practices, such as the issuing of one-off grants, set-up of groups to target specific areas of change, more staff working from home, etc. Internal audit work has been assessed on an on-going basis with regular consideration given to the Council's changing needs and priorities. In addition to this reactive work, assurance for 2021/22 is placed on planned reviews either carried forward or undertaken during the year to assess the annual level of assurance for the Council. All actions taken have been consistent with the guidance note issued by the Internal Audit Standards Advisory Board. In addition, more resources have been dedicated to developing the assurance mapping system to provide additional support to the assurance provided at year-end.

The Council has, for example, had an urgent obligation to award various grants to eligible businesses in the County, and due to potential fraudulent claims, Internal Audit has continued to review a sample of applications prior to payment (easier to stop payments than recover after), adding value to the Council's operations due to changing circumstances, as supported by Internal Audit Standards Advisory Board guidance notes.

The CMIA expects to conclude in her 2021/22 Annual Report to be presented to the Governance and Audit Committee based on:

- the number, scope and assurances from internal and external sources during the year to 31 March 2022, and
 - the acceptance of actions by management (where available),
- that the Council has a satisfactory framework of governance, risk management and internal controls in place to manage the achievement of the organisation's objectives during the year.

Due to the on-going effect of the pandemic, it should be noted that, as with the previous year, no schools were reviewed during the year. However, certain checks have been undertaken whilst auditing the EIG and PDG grants.

The Annual Governance Statement will be the subject of review by the Governance and Audit Wales to ensure that it is consistent with their knowledge and with legislation. In addition, the Internal Audit section undertakes an annual independent review of the Annual Governance Framework and the method of scoring and evidence, as noted in Point 2 above.

The Council's Corporate Lead Officer - Customer Contact acts as the Authority's Senior Information Risk Owner and also has responsibility for Data Protection and ICT Security.

The SIRO Forum traditionally included subject matter experts: E.g. Facilities, Data Protection, IT Security, Head of IT, Legal, HR and some departmental representation. This meets every quarter to discuss information risk and information management issues.

The current key roles and scrutiny of Information Assets are as follows:

- An IT Security Officer ('ITSO') who advises on data security and external advisers and consultants are employed from time to time to test and advise on the Authority's security arrangements;
- An Information and Records Management Officer ('IRMO') advises on legal compliance and ensures that policies and procedures are in place and are being adhered to;
- Corporate Data Protection (known internally as Corporate Data Protection / FOI / EIR Group Meeting) meets quarterly and is chaired by the Head of Service Policy (Deputy HOS ICT&CS); and
- Annual Reports as required to the Council's Governance and Audit Committee.

Additionally:

- ITSO is the Vice-chair of Wales National Public Sector Security Forum (CymruWARP) which meets quarterly.
- IRMO Chairs the Information and Records Management Society Wales/Cymru and arranges events across Wales.
- IRMO is part of the WASPI - Mid and West Wales Quality Assurance Panel.

Following the Governance Framework review, overall governance arrangements are considered to be good on the basis that the majority of scores applied were 9/10.

The introduction of the Local Code for Corporate Governance outlining how the Council is committed to the core principles of the CIPFA/SOLACE delivering Good Governance in Local Government Framework provides guidance to all Members and Officers on the governance agenda.

Regular review of the Local Code of Governance will provide a high level of assurance that the governance arrangements are fit for purpose.

Coronavirus Pandemic

Due to the coronavirus pandemic crisis, all Council offices were closed to the public with effect from 23 March 2020.

In light of the national emergency and urgent situation arising as a result of the pandemic, and in order to protect the Council and the public's interests, in circumstances where the decision is deemed urgent such that any delay would seriously prejudice the Council's or the public's interests, the Council Leader granted temporary delegated powers to the Council's Chief Executive and Leadership Group to make decisions relating to the Council's COVID-19 response.

The decision was made in accordance with part 4 of the Council's Constitution.

The Record of Urgent Decision Notice is available on the Council's website on the Council's page for Governance Structure for decision making during COVID-19 (<https://www.ceredigion.gov.uk/resident/coronavirus-covid-19/governance/>). The decision was reviewed and in October 2020, February 2021, March 2021 and May 2021 the Leader approved revised decisions (also available on the Council's website).

During the period Gold Command Meetings have been held in order to discuss the Covid-19 pandemic and how to effectively deal with the situation. Gold Command continues to meet regularly.

The Gold Command forum was set-up immediately to facilitate operations and provide a robust decision-making process from the outset, holding daily virtual meetings.

The Temporary Executive function transfer of powers expired on 31st August 2021. From 1st September 2021 to date, Gold Command has been making operational decisions under the Civil Contingencies Act 2004.

Audit Wales's Covid-19 Recovery Interim Assurance letter of 19 October 2020 to the Council summarised its interim conclusions based on the ongoing monitoring of the adjustment process regarding the ongoing impact of the pandemic. In the Appendix, Audit Wales refers to, as part of the Council's adapting decision-making arrangements, the Decision Log as being planned for publication on the Council's website and for reporting to the next meeting of the Overview and Scrutiny – Co-ordinating Committee. The Governance and Audit Committee noted the contents of this letter at its meeting on 12 November 2020 and a Report by the Corporate Lead officer – Legal and Governance/Monitoring Officer was presented to the Overview and Scrutiny Co-ordinating Committee on 20 January 2020, which noted the contents of the Report and the contents of the Gold Command Covid-19 Leadership Group Meetings per the Decision Log.

The Decision Log was first published on the Council website on 5 November 2020 (for decisions made up to 30 September 2020). Decisions from 1 October 2020 to 30 November 2021 have also now been published and decisions up to the end of December 2021 are in preparation for publishing.

The Council had a clear vision that every single person, business and service could understand and agree upon in order to ensure Ceredigion succeeded in not only reducing predicted deaths through the first peak but more importantly for any future predicted peaks. This has been actioned in three phases to date:

- Phase 1: Preparedness – Closing down of all non-essential services
- Phase 2: Implementation – Delivering services under lockdown conditions
- Phase 3: Adjustment and long term resilience

Phase 3 provides an adjustment phase from the first two phases to a fourth, recovery phase. To enable this to happen, the adjustment phase must consider three main components that will be critical to dealing with COVID-19 whilst at the same time releasing elements of the lockdown safely and in a controlled and structured manner. The three elements are:

Containment + Isolation + Eradication

As lockdown restrictions are gradually eased and the Welsh Government amends its guidance, the Council is looking at how and when it can recommence its services or how they will be delivered differently. This is documented in a 'Roadmap' on the Council's website.

It is hoped that the business sectors and community groups will also contribute to this roadmap so that there is clarity for all residents of Ceredigion.

Following an initial immediate suspension of public meetings, Council meetings have been reintroduced via a virtual platform.

Members of the public are able to attend the remote meetings by e-mailing the Democratic Services for registration details. A full list of remote meetings are available on the Council website. These meetings are also available on the Council's Facebook page to view.

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5 Issues identified for last year (2021-2022)

The following table records the actions that have been taken during 2021-22 to resolve the issues identified in the Annual Governance Statement for 2020-2021:

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
<p>A1.1 Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation</p>	<p>Monitoring Officer to advise Officers further on the need to declare interests in organisations which actually, or may conflict with Council interests including:</p> <ul style="list-style-type: none"> • Contractors; • School Governors; • Clerk to Town and Community councils; • Members of Town and Community councils; and • School Governors. <p>MO and CLO Democratic Services to continue to undertake review of Members holding directorships, trusteeships, or memberships when appointed onto outside bodies, and committees, Monitoring Officer to consider member feedback and added value and continue to update Code of Conduct for Officers and Members.</p> <p>Monitoring Officer to advise Officers further on the need to declare</p>	<p>This is an ongoing duty. The Ethics and Standards Committee will have new duties (from May 2022) under the Local Government and Elections (Wales) Act 2021, to include:</p> <ul style="list-style-type: none"> • Monitoring compliance by leaders of political groups on the Council with their duties under S.52A(1) Local Government Act 2000; • Advising, training or arranging to train leaders of political groups on the Council about matters relating to their duties under S.52A (1) Local Government Act 2000. • At the end of each financial year, make an annual report to the Council in respect of that year per 56B Chapter 1 Part 3 Local Government Act 2000. 	<p>EP/LE</p>	<p>March 2022</p>

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<ul style="list-style-type: none"> • Directorships; and • Other employment <p>Including Whether conflicting with the Council's interests or not.</p> <p>Monitoring Officer to continue to advise Members further on the need to declare hospitality/gifts.</p> <p>Monitoring Officer to advise Chief Officers further on the need to declare:</p> <ul style="list-style-type: none"> • close personal associations with other Officers or Members, 	<p>The duty to monitor compliance of political group leaders is in relation to standards of conduct, and one way that the Council will ensure Members behave with integrity and lead a culture where acting in the public interest is visible, and consistently demonstrated to protect the Council's reputation.</p> <p>The Monitoring Officer's advising of Officers relating to declarations of interests is an ongoing action, which is undertaken regularly through News Updates via the Cerinet system. Most recently, an Update on Council Employees' Declarations of Interest and Hospitality was published on 20 July 2021 on the Council's CeriNet Site, including links to the relevant forms and Code of Conduct for Local Government Employees, along with a reminder that any queries or requests for advice should be made to the Monitoring Officer.</p> <p>An update on Employees' Declaration and Registration of Interests, including regarding COVID-19</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>Restrictions Business Fund NDR Grants for businesses was published on 8 January 2021 on the Council's CeriNet Site.</p> <p>A review is currently being undertaken of the external bodies that have appointed Members, including added value, and also updating of the Constitution.</p> <p>The Code of Conduct for Local Government Employees, and also the Declarations of Interest and Hospitality for Staff are in the process of being substantially reviewed. Regular meetings have been held and input from the Monitoring Officer, Governance Officer, Corporate Lead Officer – People & Organisation and Data Protection Information & Records Management Officer.</p> <p>A draft Data Protection Impact Assessment has also been sent to the Data Protection Officer for consideration in respect of changes proposed to the Code of Conduct and Declarations, with progress updates</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>provided to the Governance and Audit Committee at its 25.11.2021 Meeting (a further progress update to be provided at its 19.1.2022 Meeting).</p> <p>Following completion of the DPIA process, the draft documents shall be sent to and considered by Leadership Group, Trade Unions and Council.</p> <p>Consideration is also being given as to whether Chief Officer Business Interests should be published on the Council's websites, with Meetings held between the MO, Governance Officer, Data Protection Officer and CLO – People and Organisation.</p>		
A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions	Leadership Group to be updated on e-Learning with HR reporting to Leadership Group (A mandatory E-learning training module on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff).	The mandatory e-learning module was introduced in September 2017 and up to November 2021 it has been completed by 2,834 employees. Of these 343 completed the Welsh medium module and 2,491 the English medium module.	GE	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	Continue to review Constitution to reflect legislative changes and according to need.	<p>Between April and November 2021, a total of 242 employees completed the e-learning module, 40 through the medium of Welsh and 202 through the medium of English (figures include leavers). Reminders are issued to staff who have not yet undertaken the module and Leadership Group will receive periodic reports on the completion of mandatory e-learning modules.</p> <p>Reviewing the Constitution to reflect legislative changes and according to need is an ongoing task, as the Constitution is a live document. Proposed amendments to the Constitution were last presented to Council at the 23rd September 2021 Meeting, and prior to this at its 18th March 2021 Meeting. The Council's Cross Party Constitution Working Group are meeting on a regular basis, with meetings held on 15th</p>	EP/HR	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>February 2021, 19th April 2021, 30th June 2021, 10th August 2021 and 8th November 2021, with the next Meeting scheduled for 11th February 2022.</p> <p>Significant amendments to the Constitution have included amendments to comply with the Local Government and Elections (Wales) Act 2021 and work is currently being undertaken to implement changes as recommended by Audit Wales in its 2020-21 Review of Ceredigion County Council's Planning Service (Report issued October 2021).</p> <p>A comparison exercise will be undertaken of the Current Constitution against the Model Constitution issued by WLGA.</p>		
A1.4 Demonstrating, communicating and embedding the standard	Council making preparations to comply with Local Government and Elections (Wales) Act 2021 regarding Audit	Proposed changes to the Constitution to comply with the Local Government and Elections (Wales) Act 2021	EP/AW/HR	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	<p>Committee (terms of reference, remit and composition to be reviewed):</p> <p>Changes include:</p> <ul style="list-style-type: none"> - change of name to 'Governance and Audit Committee; - Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act); - Committee duty to appoint own Chair and Deputy Chair; -Chair must be lay person; -Deputy Chair must not be member of Local Authority Executive; and - in absence of Chair & Deputy only non-executive Members can chair. 	<p>requirements were put to the Council's Cross-Party Constitution Working Group on 19th April 2021, 30th June 2021 and 10th August 2021, which made appropriate recommendations to Council. A Report regarding these proposed changes was presented to Council at its 23rd September 2021 Meeting. Council resolved to agree to the proposed changes.</p> <p>A further Report on changes relating to the Governance and Audit Committee arising from the Local Government and Elections (Wales) Act 2021 was presented to the Council's Governance and Audit Committee at its 3rd June 2021 Meeting, including updates to the Constitution, and to inform on the requirements for the Mid Wales CJC to have a Governance and Audit Sub-Committee.</p> <p>A report on changes under the Local Government and Elections (Wales)</p>		Changes re Governance and Audit Committee and 2021 Act Complete

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>Act 2021 affecting the Committee was also presented to the Committee in the 24th February 2021 Committee meeting, including the recruitment of lay members to the Committee. These changes and proposals regarding recruitment were then presented to, and approved by, Council on 18th March 2021. Council noted the contents of the Report, and relevant implementation dates, and approved:</p> <ul style="list-style-type: none"> a) the change of name of the Audit Committee to the Governance and Audit Committee, and additional performance and complaints-handling functions effective from 1 April 2021; b) commencement of the recruitment process for independent lay members to the Audit Committee; c) the proposals for the Shortlisting Selection Panel; and d) the Role Description and Person Specification. 		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<p>• Delegated Decisions Register to be published.</p>	<p>A Report on the size of the Governance and Audit Committee was presented to the Democratic Services Committee on 21st May 2021, which agreed to recommend to Council that the Committee should comprise 6 County Council Members and 3 lay members (9 total). A Report on the size of the Committee was then presented to Council on 17th June 2021 and Council agreed that same member composition from 5th May 2022. The recruitment process has now been completed and Council resolved on 9th December 2021 to appoint the three candidates recommended by the Shortlisting Selection Panel.</p> <p>The publication of the delegated decisions register is ongoing. The Gold Command Decision Log, a decision register, has been published</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>and updated quarterly, presented to Gold Command (and approved), and thereafter to the Overview and Scrutiny Co-ordinating Committee (most recently on 1st December 2021 and, prior to this, on 16th June 2021) and published on the Council's website.</p> <p>It was proposed at this Meeting to publish the Decision Log more regularly and the MO/Governance Officer are arranging for its publication more regularly (decisions up to 30th November 2021 published and decisions up to 31 December 2021 to be published shortly (December 2021).</p> <p>The Decision Log for decisions between 1 December 2021 and 31 December 2021 shall then be presented to the Overview and Scrutiny Co-ordinating Committee at its 10th February 2022 Meeting.</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<ul style="list-style-type: none"> • Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required. • The Complaints / Compliments policy is to be reviewed during 2020-2021. 	<p>In relation to other delegated decisions, Development Control Committee delegated decisions are published for each Development Control Committee. Any other decisions work is in progress, however in particular work is currently being undertaken to prepare a Tree Preservation Order (TPO) Register.</p> <p>Regarding the take up of the Mandatory e-learning Whistleblowing module, between April and November 2021, 237 Staff completed the Module, 42 through Welsh and 195 through English (*these figures include leavers)</p> <p>The Corporate Complaints Policy review is complete. The new policy was presented to the Corporate Resources Overview and Scrutiny Committee on the 7th of July and was</p>		Complaints / Compliments Policy review complete

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	Ethics / Fraud training to be provided.	<p>presented to Council on the 23rd of September. Council resolved to approve the revised Concerns and Complaints Policy and Procedures 2021.</p> <p>The Ethics / Fraud training module is now complete, which was prepared in collaboration with Zurich (Council's insurer). The training was presented by Anthony Connolly from Zurich on 28th May 2021 at the Corporate Managers' quarterly workshop. The slides from the presentation are to be used as a basis for an e-learning module for all staff. The Internal Audit & Governance Services have prepared draft questions and answers for the e-learning module and have provided these to Learning & Development, who shall use them as a basis for the module.</p> <p>This is also supported by the recent review of the Council's Strategy on</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>Counter-Fraud, Corruption and Bribery (to include Anti-Money Laundering).</p> <p>A follow-up internal audit of the Council's arrangements regarding Ethics is also in progress (currently in review).</p>		
A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<ul style="list-style-type: none"> The Local Government and Elections (Wales) Act 2021 shall have an effect on corporate bodies, including the Council, and preparations for compliance are underway. 	<p>As above, compliance with the Local Government and Elections (Wales) Act 2021 requirements is ongoing, including through the Cross-Party Constitution Working Group (Members of each political group in attendance), reports to the Governance and Audit Committee and Council, with a Council Action plan having been prepared and updated regularly, and meetings with relevant Officers and CLOs held, as appropriate.</p>	EP	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	FOI policy and EIR policy both updated. Review of the FOI Publication Scheme is in progress.	A review of the FOI Publication Scheme is scheduled for the coming year.	LE/AW/MNH	March 2022
B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	Due to the Covid-19 pandemic, decisions currently need to be made by Gold Command for emergency reasons, therefore it is impossible to consult physically in the community at present for many services, and consequently the scoring has been amended to reflect this.	<p>A Community Engagement, Consultations and Partnerships Page has been created on the new Ceri Net site. https://cerinet.ceredigion.gov.uk/our-council/community-engagement-consultation-and-partnerships/#</p> <p>This includes links to our current Community Engagement Policy, Engagement and Consultation Checklist, Engagement with Service Users and a Consultation Decision Making Tool.</p>	AW/LE/MS	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<p>Community Engagement Policy is under review and will include provisions for how stakeholders are engaged in future.</p>	<p>All Integrated Impact Assessments (IIAs) for Cabinet are now assessed by the Engagement and Equality Officer. This includes whether effective engagement, involvement and consultation has taken place and informed our strategic decision making process.</p> <p>A draft new Engagement Strategy for Ceredigion County Council, 'Talking, Listening and Working Together,' has been prepared. This will be consulted upon and agreed following the Local Government Elections in 2022.</p> <p>Work is underway to prepare a Community Engagement Policy that will meet the requirements of the Local Government and Elections (Wales) Act 2021, which will also include how we will encourage participation in decision-making, although guidance is awaited from</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		Welsh Government regarding this part of the legislation.		
B3.4 Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account	Further work on monitoring feedback is required and the new Equalities and Engagement post will address this.	<p>Feedback from engagement and how people's views have been taken into account is recorded in the IIAs.</p> <p>Reports on completed consultations and engagement exercises are posted on our public consultations webpage in order to provide feedback to the public. http://www.ceredigion.gov.uk/your-council/consultations/</p> <p>Any consultation / engagement reports are presented to Scrutiny and Cabinet to inform their decision making.</p>	AW/MS	March 2022
C1.5 Managing service users' expectations effectively with regard to	Publicise service performance including costs and value for money data.	Relevant costs and value for money data is routinely considered within service reports.	AW	March 2022 - Complete

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
determining priorities and making the best use of the resources available		Costs and value for money data in context of managing service users expectations, is not available to or held by the Performance Service.		
D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks	Account will be taken of legislative changes e.g. Local Government and Elections (Wales) Act 2021.	<p>As above, work is ongoing in relation to implementing legislative changes, such as Local Government and Elections (Wales) Act 2021 changes and considering/monitoring risks facing each partner when working collaboratively, including shared risks.</p> <p>Meetings are being held and preparation being carried out, for example, regarding the 2021 Act's requirement for Corporate Joint Committees, including potential and shared risks (a CJC group has been established, with the first meeting held on 19th April 2021, to consider the requirement to establish the Mid-</p>	AW/EP	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>Wales CJC in accordance with the 2021 Act).</p> <p>Appropriate Joint Scrutiny arrangements are in place in relation to the Growing Mid Wales Board. Similarly, the Mid Wales Corporate Joint Committee will have Sub appropriate arrangements in place (Joint Scrutiny, Standards and Governance and Audit Committee) - arrangements in compliance with legislation and its Standing Orders.</p>		
<p>D2.5 Establishing appropriate local performance indicators (as well as relevant statutory or other national performance indicators) as part of the planning process in order to identify how the performance of services and projects is to be measured</p>	<p>Further work is progressing to link Local Performance measures to all level 1 Business plan Objectives.</p>	<p>The Business Planning process for 2021-22 is being implemented with Level 1 Business Plans shared with the Performance and Research Team.</p> <p>Performance measures have been identified within each Level 1 Business Plan that will in turn translate into the reporting</p>	<p>AW</p>	<p>March 2022</p>

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		Dashboard for each service. These measures have been scrutinised and have received final sign-off from senior leadership. Services will then report against these measures as part of the performance management process for the year.		
F3.5 Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon	<p>Audit Committee terms of reference, remit and composition to be reviewed in light of Local Government and Elections (Wales) Act 2021. Changes include: - change of name to 'Governance and Audit Committee;</p> <p>-- Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in Act); - Committee duty to appoint own Chair and Deputy Chair;</p> <p>-Chair must be lay person;</p> <p>-Deputy Chair must not be member of Local Authority Executive; and</p> <p>- in absence of Chair & Deputy only non-executive Members can chair.</p>	<p>As above, work is ongoing in relation to changes affecting the Governance and Audit Committee in light of the Local Government and Elections (Wales) Act 2021. The Governance and Audit Committee was informed, in a report at the 24th February 2021 Meeting, of the changes to their role regarding self-assessment reports of the Council, and regarding panel performance assessments, as well as the change of name, and changes to the Chair/Vice Chair and composition.</p> <p>As above, an update report on the 2021 Act was presented to the</p>	EP/AR/HR	March 2022 - Complete

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<p>Size of Audit Committee review in progress.</p> <p>Lay member recruitment to be undertaken during 2020/21, taking into account any Local Government & Elections (Wales) 2020 Act requirements and termination of term of office of current lay member.</p>	<p>Committee in the 3rd June 2021 Meeting, to include updating the Governance and Audit regarding changes to the Constitution affecting the Committee, including:</p> <ul style="list-style-type: none"> - Recruitment of lay members and the Mid-Wales CJC Governance and Audit Sub-Committee; and - Regarding the Committee's functions relating to: <ul style="list-style-type: none"> o reviewing and assessing the performance assessment of the Council; o considering the Council's draft annual Self-Assessment report; o considering any report from the Auditor General and Council's draft response; o review of the Council's complaints handling function; and 		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>o role regarding Panel Performance Assessments (from May 2022).</p> <p>The Council has approved (23rd September 2021 Meeting) amendments to the Governance and Audit Committee's terms of reference, further to recommendations by the Cross-Party Constitution Working Group. The Constitution has been duly updated with terms of reference to reflect the Committee's current duties from the 2021 Act, with future duties of the Committee to be inserted in the terms of reference at the appropriate date.</p>		
G1.1 Writing and communicating reports for the public and other stakeholders in an understandable style	Council preparing for implementation of changes to be introduced by Local Government and Elections (Wales) Act 2021, which include for Council to consult and publish a public	Work is underway to prepare a Community Engagement Policy that will meet the requirements of the Local Government and Elections (Wales) Act 2021, which will also	LE/AM	March 2022 (– Complete by March 2022)

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
appropriate to the intended audience and ensuring that they are easy to access and interrogate	participation strategy with the aim of increasing public participation in local democracy, and improving transparency.	<p>include how we will encourage participation in decision-making, although guidance is awaited from Welsh Government regarding this part of the legislation.</p> <p>The Council has been out to tender and awarded the contract for installing equipment in the Council Chamber that will enable hybrid meetings to take place as well as being able to broadcast those meetings. The equipment will be installed over the winter and the system will be in place by March 2022.</p>		
G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	Monitoring of progress of Actions/recommendations	'Audit Wales Protocol' documented and procedures in place to ensure all 'Management Response Forms' from each AW report addressed and that service responses are presented to LG, GAC and AW.	EP/AW/SJ	March 2022

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>The Governance Officer is the AW point of contact for outstanding Management Response Forms ('MRFs') for 2019/20 and 2020/21, and ongoing governance-related MRFs/governance matters. The Corporate Performance and Improvement Officer is the AW point of contact for performance-related MRFs and performance matters. This system is set out in a Protocol, which has been approved by Leadership Group and presented to the Governance and Audit Committee. An updated version of the Protocol (to reflect that the Corporate Performance and Improvement Officer is in post) was presented to the Governance and Audit Committee at its 9th September 2021 Meeting.</p> <p>The Governance Officer and Corporate Performance and Improvement Officer have also prepared a spreadsheet for current</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
		<p>MRFs, as well as historical MRFs (monitored by the Governance Officer) to be presented to the Governance and Audit Committee for monitoring of MRF responses.</p> <p>Monthly meetings are also being held with AW to discuss ongoing work and matters to be presented to the Governance and Audit Committee.</p> <p>These actions are, therefore, ongoing but the appropriate systems/checks have been put in place.</p>		

Note: Any actions not fully completed by the completion date will be carried forward into the 2021-2022-2022-2023 Action Plan

6 Agreed action plan for matters to be considered during 2022-2023

Following the implementation and review of the CIPFA/SOLACE Delivering good governance in Local Government Framework (2016) the following issues have been identified for resolution during 2022-2023:

Issue	Action	Outcome	Lead Officer	Completion Date
<p>A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation</p>	<p>MO to continue to advise Members further on the need to declare hospitality/gifts.</p> <p>MO to continue to advise Chief Officers further on the need to declare:</p> <ul style="list-style-type: none"> • close personal associations with other Officers or Members, Ongoing review on Chief Officers business declarations <p>MO and CLO Democratic Services to continue to review Members holding directorships, trusteeships, or memberships when appointed onto outside bodies, and committees, MO to consider member feedback and added value and continue to update Code of Conduct for Officers and Members</p>	<p>Further embedding of behaviour with integrity.</p>	<p>EP/LE</p>	<p>March 2023</p>

Issue	Action	Outcome	Lead Officer	Completion Date
	<p>Update Dispensations forms for Members</p> <p>Appraisals were halted due to Covid-19 Pandemic but have now recommenced (undertaken in May 2021 and continue to be held virtually.)</p> <p>Reviewed Code of Conduct for Officers to be issued once updated & approved.</p> <p>Officers to complete a Mandatory Ethics/Fraud e-training module once completed & approved.</p> <p><u>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</u></p>			
<p><u>A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and its Staff and that they are communicated and understood.</u></p>	<p><u>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</u></p>	<p><u>Further embedment of Standard Operation Principles and values, including their communication.</u></p>	<p><u>EP/LE</u></p>	<p><u>March 2023</u></p>

Issue	Action	Outcome	Lead Officer	Completion Date
<p><u>These should build on the Seven Principles of Public Life (the Nolan Principles)</u></p>				
<p>A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions</p>	<p>Leadership Group to be updated on e-learning with HR reporting to Leadership Group.</p>	<p>Further embedment of Standard Operating principles and leading by example for effective decision-making.</p>	<p>GE</p>	<p>March 2023</p>
<p>A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<p>Delegated decision Decisions Register to be published.</p> <p>Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required.</p> <p>Whistleblowing Policy to be reviewed.</p>	<p>Further embedment of Standard Operating principles and communication through publication of documents.</p> <p>Further embedment of Standard Operating principles and leading by example.</p> <p>Further embedment of Standard Operating principles.</p>	<p>EP/ HR</p>	<p>March 2023</p>

Issue	Action	Outcome	Lead Officer	Completion Date
<u>A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations</u>	<u>Further training to be provided to all Members regarding their responsibilities in relation to Data Protection Principles and privacy notices. Privacy notices for Councillors being developed and to be provided.</u>	<u>Demonstrating strong commitment to rule of law and adherence to relevant laws and regulations</u>	<u>EP/LE</u>	<u>March 2023</u>
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Completion of review of the FOI Publication Scheme, which is in progress.	Demonstrating commitment to openness.	LE/AW/MNH	March 2023
B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	Due to the Covid-19 pandemic, decisions have needed to be made by Gold Command for emergency reasons (under the temporary executive function transfer of power in place until 31.8.2021 and for operational procedures under the Civil Contingencies Act 2004 following that date), therefore it has been impossible to consult physically in the community at present for many services, and consequently the scoring has been amended to reflect this.	Improving Community Engagement.	AW	March 2023

Issue	Action	Outcome	Lead Officer	Completion Date
	To continue to progress the review of the Community Engagement Policy that will include provisions for how stakeholders are engaged in future.			
D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks	<p>To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.</p> <p>To implement legislative changes, such as regarding the Local Government and Elections (Wales) Act 2021 and consider/monitor risks facing each partner when working collaboratively, including shared risks.</p>	Risk management and compliance with legislation to demonstrate commitment to rule of law.	AW/EP	March 2023
G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	Monitor progress of actions/recommendations.	Assurances and managing risk	EP/AW/SJ	March 2023

7 Conclusion

The annual governance framework review measured progress against the new CIPFA/SOLACE Delivering Good Governance Framework (2016) and overall governance arrangements were found to be acceptable or good.

The Council has made good progress during the year with recorded achievements against each of the seven core principles.

The development of a Local Code of Corporate Governance bringing together all the local codes and documents together in one document provides assurance that there are clear governance arrangements in place. This enabled the Council to react swiftly to the threats presented by the coronavirus pandemic.

The Council has identified a number of minor issues for resolution during 2022/23 and has set these out in an action plan for completion (as above). The actions taken as a direct result of the pandemic will be recorded, as appropriate.

8 Certification of Annual Governance Statement

We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness throughout the 2022/23 year and will monitor their implementation and operation as part of our next annual review. It is acknowledged that the pandemic may hinder some of these steps, which will be addressed and reported accordingly to Council in the 2022/23 AGS.

Appendix 3

Action Plan for matters to be considered during 2022-2023

Issue	Progress to date	Lead Officer	Completion Date
<p>A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation</p> <p>Action:</p> <p>MO to continue to advise Members further on the need to declare hospitality/gifts.</p> <p>MO to continue to advise Chief Officers further on the need to declare:</p> <ul style="list-style-type: none"> • close personal associations with other Officers or Members, <p>Ongoing review on Chief Officers business declarations</p>	<p>Monitoring Officer ('MO') continues to advise Members on need to declare hospitality/gifts including at Code of Conduct Training (training for current and new Members on 9th May 2022) and email update reminder to Members to be sent following Training.</p> <p>MO Messages sent via Ceri system to all Officers, including Chief Officers, every few weeks. Latest message from MO to Officers sent on 1st March 2022.</p> <p>Corporate Lead Officer ('CLO') Legal & Governance (L&G)/MO and Governance Officer ('GO') completed review of declarations of Chief Officers regarding personal business interests, including input from Data Protection Officer ('DPO') re Data Protection Impact</p>	<p>EP/LE</p>	<p>March 2023</p>

Issue	Progress to date	Lead Officer	Completion Date
<p>MO and CLO Democratic Services to continue to review Members holding directorships, trusteeships, or memberships when appointed onto outside bodies, and committees, MO to consider member feedback and added value and continue to update Code of Conduct for Officers and Members</p> <p>Update Dispensations forms for Members.</p> <p>Appraisals were halted due to Covid-19 Pandemic but have now recommenced (undertaken in May 2021 and continue to be held virtually).</p> <p>Reviewed Code of Conduct for Officers to be issued once updated & approved.</p> <p>Officers to complete a Mandatory Ethics/Fraud e-training module once completed & approved.</p>	<p>Assessment. Report prepared for presenting to Leadership Group.</p> <p>Review into Members holding directorships, trusteeships, outside bodies and committees ongoing.</p> <p>Code of Conduct review (including Declarations of Interest, Gifts and Hospitality) completed by CLO L&G/MO, GO, CLO People & Organisation, DPO & Corporate Manager Internal Audit ('CMIA'). Report presented to Leadership Group ('LG') with feedback being actioned. Once this stage completed, there will be a consultation period with Trade Unions and thereafter Report to Scrutiny prior to Council.</p>		

Issue	Progress to date	Lead Officer	Completion Date
<p>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p>			
<p>A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and its Staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles).</p> <p>Action: Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p>	<p>Constitution changes regarding Planning/Development Management Committee completed and published including:</p> <ul style="list-style-type: none"> • New Member’s Protocol of Good Practice in Planning • New Development Management Committee Operational Procedures (formerly Members of the Public addressing the Development Control Committee); • Updated Terms of Reference Part 3 Responsibility for Council Functions; • Updated scheme of delegations at Delegations to the CLO Economy & Regeneration; and • Change of name from Development Control Committee to Development Management Committee. <p>Also working to commence on preparing a new Corporate Strategy 2022 – 2027 following the Local Elections 2022.</p>	EP/LE	March 2023

Issue	Progress to date	Lead Officer	Completion Date
<p>A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions.</p> <p>Action: Leadership Group to be updated on e-learning with HR reporting to Leadership Group.</p>	<p>A comprehensive Induction Programme in place for all Councillors following the Local Elections 2022.</p>	<p>GE</p>	<p>March 2023</p>
<p>A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively.</p> <p>Action: Delegated decision Decisions Register to be published.</p> <p>Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required.</p> <p>Whistleblowing Policy to be reviewed.</p>	<p>Review of information for publication under Delegated Decisions Register in progress by CLO L&G/GO with Reports being prepared for presenting to LG, Scrutiny and Council for consideration.</p> <p>Ongoing review of Whistleblowing Policy.</p>	<p>EP/HR</p>	<p>March 2023</p>

Issue	Progress to date	Lead Officer	Completion Date
<p>A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations.</p> <p>Action: Further training to be provided to all Members regarding their responsibilities in relation to Data Protection Principles and privacy notices. Privacy notices for Councillors being developed and to be provided.</p>	<p>A comprehensive Induction Programme is in place for all Councillors following the Local Elections 2022. This also includes the roles and responsibilities of Cabinet Members and specific training for Overview and Scrutiny Committee Members.</p>	<p>EP/LE</p>	<p>March 2023</p>
<p>B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness.</p> <p>Action: Completion of review of the FOI Publication Scheme, which is in progress.</p>	<p>A review of the FOI Publication Scheme is scheduled for the coming year.</p>	<p>LE/AW/MNH</p>	<p>March 2023</p>
<p>B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes.</p>	<p>Due to the Covid-19 pandemic, until recently, decisions have needed to be made by Gold Command for emergency reasons (under the temporary executive function transfer of power in place until 31.8.2021 and for operational procedures under the Civil Contingencies Act 2004 following that date), therefore it has been impossible to consult physically in the</p>	<p>AW</p>	<p>March 2023</p>

Issue	Progress to date	Lead Officer	Completion Date
<p>Action: To continue to progress the review of the Community Engagement Policy that will include provisions for how stakeholders are engaged in future.</p>	<p>community, and consequently the scoring has been amended to reflect this.</p> <p>A draft new Engagement Strategy for Ceredigion County Council, 'Talking, Listening and Working Together' has been developed and plans are in place to consult on the strategy following the Local Government Elections.</p> <p>The service has recently gone through a mini restructure that has resulted in an additional post for the Equalities, Engagement and Refugee Resettlement functions.</p>		
<p>D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks.</p> <p>Action: To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.</p> <p>To implement legislative changes, such as regarding the Local Government and Elections (Wales) Act 2021 and consider/monitor risks facing each partner when working collaboratively, including shared risks.</p>	<p>Ongoing consideration of legislative changes e.g. regarding Local Government and Elections (Wales) Act 2021 ('2021 Act'), legislative changes to the Constitution published on 5th May 2022 including publication of Constitution Guide. CLO L&G & GO have prepared and continue to review 2021 Act Action Plan and advise Officers of relevant legislative deadlines.</p>	EP	March 2023

Issue	Progress to date	Lead Officer	Completion Date
<p>G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon.</p> <p>Action: Monitor progress of actions/recommendations.</p>	<p>'Audit Wales Protocol' documented and procedures in place to ensure all 'Management Response Forms' from each AW report addressed and that service responses are presented to LG, GAC and AW.</p> <p>2 x regular Reports continue to be reported to Governance and Audit Committee ('GAC'): (a) Report on Regulator and Inspectorate Reports and Updates and (b) Council Responses to Regulator and Inspectorate Reports.</p> <p>GAC Meeting Actions Log also continues to be presented at each GAC Meeting to monitor progress of GAC recommendations, which include any recommendations regarding external audit reports.</p>	EP/AW/SJ	March 2023

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	6 June 2022
LOCATION:	Remotely via Video Conference
TITLE:	Governance and Audit Committee Annual Report 2021-22
PURPOSE OF REPORT:	To present the draft Governance and Audit Committee Annual Report for consideration, prior to presenting to Council
CABINET PORTFOLIO AND CABINET MEMBER:	Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection

Background

The Local Government (Wales) Measure 2011 requires each County Council to establish an Audit Committee (now, and hereafter in this Report, referred to as the 'Governance and Audit Committee', per the change of name introduced by the Local Government and Elections (Wales) Act 2021). The Measure prescribes the functions of the Governance and Audit Committee.

The CIPFA Practical Guidance for Local Authorities & police (2018 edition) states that it is important that the Governance and Audit Committee is held to account on the extent to which it has fulfilled its purpose. This will include whether the Governance and Committee has:

- fulfilled its agreed terms of reference
- adopted recommended practice
- assessed its own effectiveness
- Assessed training needs
- Assessed the impact of the Governance and Committee on governance, risk and control
- within the Authority

At the Governance and Audit Committee meeting of 14th September 2017 it was agreed that the Governance and Audit Committee would publish an Annual Report providing an assessment on the effectiveness of the Governance and Audit Committee and to provide assurance that issues have been addressed and progressed.

The Governance and Audit Committee Annual Report is used to:

- a) Highlight the work carried out by the Governance and Audit Committee during the year;

- b) Show how the Governance and Audit Committee has made a difference;
- c) Set out the forward work programme for the year ahead; and
- d) Provide Self-assessment and assurance.

Current Position

The Committee’s Annual Report 2021/22 has been drafted and is attached (at **Appendix 1**).

The Committee’s Annual Report attached (at **Appendix 1**) will be presented to Council by the Chair of the Governance and Audit Committee, and will be subsequently published on the Council’s website.

**Has an Integrated Impact Assessment been completed? No
If, not, please state why**

Summary: *This report does not represent a change in policy or strategy.*

WELLBEING OF FUTURE GENERATIONS:

Long term: N/A

Integration: N/A

Collaboration: N/A

Involvement: N/A

Prevention: N/A

Recommendation(s): That the Governance and Audit Committee

1) Provides its views on the draft Governance and Audit Committee Annual Report 2021-22 (at **Appendix 1**); and

2) Approves the draft Governance and Audit Committee Annual Report 2021-22 (**Appendix 1**), prior to presentation to Council.

Reasons for decision: To gain assurances that effective arrangements are in place to manage the authorities financial affairs, risk management, internal control and corporate governance arrangements and that the authorities internal and external audit arrangements are adequate.

Overview and Scrutiny: n/a

Policy Framework: Democratic Arrangements

Corporate Priorities: Cross cutting theme to ensure that services are fit for purpose

Finance and Procurement implications: None

Legal Implications: None

Staffing implications: None

Property / asset implications: None

Risk(s): None

Statutory Powers: Local Government (Wales) Measure 2011

Background Papers: None

Appendices: **Appendix 1:** Draft Governance and Audit Committee Annual Report 2021-22

Corporate Lead Officer: Elin Prysor-Corporate Lead Officer: Legal & Governance Services (& Monitoring Officer)

Reporting Officer: Elin Prysor

Date: 11/5/2022

Governance and Audit Committee



Cyngor Sir
CEREDIGION
County Council

Annual Report 2021/22

ANNUAL REPORT OF THE CHAIR OF THE GOVERNANCE AND AUDIT COMMITTEE ON THE ACTIVITY OF THE COMMITTEE FOR THE YEAR 2021/22

1. INTRODUCTION

This is the Annual Report of the Governance and Audit Committee and its objective is to provide a brief summary of the work undertaken during the year, note the work in progress and set out the forward work programme for the coming year.

In addition, the Report will provide an assessment on the effectiveness of the Governance and Audit Committee and provide assurance that issues have been addressed and progressed.

The Governance and Audit Committee ('the Committee') is a small group and, during 2021-22, consisted of seven Members with a politically balanced structure and included one Lay Member.

2. MEETINGS

The Committee scheduled six meetings for the year to fit in with a detailed Forward Work Programme to cover all of the main areas of work required under its terms of reference, held during June, September and November (2021), and January (2 Meetings) and March (2022). The meeting agendas were full of items for consideration, discussion and review, with one of the January 2022 Meetings dedicated to the Audit Wales ('AW') Review of the Planning Service.

It is pleasing to note that the work of the Committee is always well supported by the Chief Executive, Corporate Lead Officer ('CLO') Finance & Procurement, CLO Legal & Governance/Monitoring Officer ('MO'), CLO-Policy, Performance & Public Protection, Corporate Manager Internal Audit ('CMIA') and Governance Officer, as well as AW.

3. ROLE UNDERTAKEN BY THE COMMITTEE

According to CIPFA's Practical Guidance for Local Authorities' Audit Committees 2018, the purpose of the Governance and Audit Committee is:

- To act as a key component of an authority's governance framework. It's function is to provide an independent and high level resource to support good governance and strong public financial management; and
- To provide to those charged with governance independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance processes. By overseeing internal and external audit it makes an important contribution to ensuring that effective assurance arrangements are in place.

A summary of the work undertaken by the Committee during the year to achieve this is noted below. Meetings were, due to the Pandemic, all held using a virtual platform.

Despite any disruptions due to the Pandemic, the Committee was eager to progress its work, and did so in a timely fashion.

Internal Audit Activity

- The Committee approved the Internal Audit Service's ('IA') Annual Report 2020/21 to include the Corporate Manager-Internal Audit's ('CMIA') annual opinion of assurance on the Council's framework of governance, risk management and internal controls, which fed in to the Annual Governance Statement.
The Committee requested that IA seeks an explanation regarding the communication problem that arose within the Estates Service, which led to the delays in providing information to AW, and that quarterly internal progress reports continue for the forthcoming year, along with the annual report, in order to ascertain the work of the Service at full capacity.
- The above Report was supported by quarterly reports from CMIA to document IA's progress throughout the year.
- The Committee considered the following IA Progress Reports during 2021-22:
 - 2020-21 Quarter 4 (3 June 2021 Meeting);
 - 2021-22 Quarter 1 (9 September 2021 Meeting);
 - 2021-22 Quarter 2 (19 January 2022 Meeting); and
 - 2021-22 Quarter 3 (10 March 2022 Meeting).
- The Committee approved the Annual IA Counter Fraud Report 2020/21, which provided a summary of IA's counter fraud work undertaken during the year.
- The Committee approved the CMIA's IA Strategy and Plan of work for 2022/23.
- An update of the IA Charter (2022-23) was approved by the Committee.
Amendments had been made to take account of counter fraud arrangements that support the National Fraud Initiative ('NFI') exercise, to provide assurance that the introduction of a Governance Officer post in the structure does not affect the CMIA and IA's independence and objectivity, to take account of the change in CMIA on 1 January 2022 and to make reference to the continuing effect of the Pandemic on IA 2021/22 work.
- Following the NFI exercise, the Committee considered IA's NFI self-appraisal, which provided assurance that the Council was fully supportive of the exercise.
- The Committee approved IA's Report on Risk Management, presented to the Committee following IA's Review of the Council's Risk Management Framework and the supporting corporate procedures in place during the 2020/21 financial year. IA reported that only minor actions were identified, one of which was actioned immediately, resulting in high assurance that there is a sound system of controls, governance and risk processes in place.
- On 3 June 2021, the Committee considered an IA Report on the Governance Framework Review 2020/2021 (the Framework supporting the Annual Governance Statement (AGS) for 2020/21) following a Report on the Governance Framework, AGS and Local Code of Corporate Governance being presented to the Committee in February 2021 (Members of the Committee were also involved in its review). AW provided an audit opinion on the AGS based on its consistency with their knowledge and compliance with their knowledge and compliance with legislation. The IA review consisted of an assessment of the

procedures in place to compile the Governance Framework, the scoring methodology used, and consideration of the 'evidence' noted in the framework, which complemented AW's work on the AGS and provided assurance that the procedure is robust, focussed and effective.

- On 10 March 2022 the Committee also considered the IA Governance Framework Review 2021/22 and noted the review of the Framework.
- The Committee endorsed the Council's Strategy on Counter Fraud, Bribery, and Corruption (to include Anti-Money Laundering) for presenting to Cabinet and Council.
- The Committee considered an IA Report on the Estates Service regarding steps taken to improve communications between AW and the Service. The CMIA held a meeting with the Corporate Manager Growth & Enterprise on 29 July 2021 and the steps taken were corroborated by the AW Audit Manager, who confirmed that communications had improved.

Regulatory & Inspectorate Reports & Updates

During 2021-22 year the Committee agreed, for clarity and ease of reference, to separate the Regulatory items into 2 separate Reports:

1. *Regulatory & Inspectorate Reports & Updates*; and
2. *Council Responses to Regulatory & Inspectorate Reports*.

1. Regulatory & Inspectorate Reports & Updates considered during the year:

AW Quarterly Updates to GAC

- Quarter 2 Work Programme Timetable 2021-22 (presented at 19 January 2022 Committee Meeting; and
- Quarter 3 Work Programme Timetable 2021-22 (presented at 10 March 2022 Committee Meeting).

Local External Audit (AW) Reports

- Ceredigion County Council Annual Audit Summary 2021;
- Audit Plan 2021-22;
- Letter to Governance and Audit Committee Chair – AW Reports and Recommendations (AW Work Programme and Timetable);
- Project Brief – Assurance and Risk Assessment, Ceredigion County Council; and
- Project Brief – Review of Planning Service, and Review of the Ceredigion County Council Planning Service 2020-21.

AW Review of the Planning Service 2020-21

On 17 January 2022 the Committee considered a Report on AW's Review of the Planning Service April – July 2021. AW presented the Report and the Chair of the Development Control Committee ('DCC') provided feedback from the DCC. The Committee suggested that the DCC points raised be sent to the CLO – Economy and Regeneration to obtain responses from AW then circulated to Members/relevant Officers accordingly.

Other Members of the Committee queried and commented on the content of the report to include issues in relation to the Corporate Strategy, Sustainability and Rurality. It was emphasised that a mechanism to better demonstrate the links to the Corporate Strategy and other key strategic documents in the reports presented to the DCC was required.

The Committee considered the Council's Management Response, as presented by the CLO – Economy and Regeneration and also received a summary of the work of the Task and Finish Group by its Chair. The Chair noted the work of the Task and Finish Group, welcoming the progress made to date and noted that there was clear direction of travel for addressing the report's recommendations.

The Committee noted the content of the AW Review and 10 recommendations provided, noted the Council's Management Response and Action Plan and agreed to receive an update at the March meeting, in order that the new administration in May 2022 be informed of the current position in relation to the recommendations.

National AW Reports/Project Briefs

- Project Brief – Value for Money of Direct Payments (November 2020);
- Project Brief - Poverty in Wales (August 2021);
- Project Brief– Equality Impact Assessments and their use in decision making
- Financial Sustainability Assessment Project 2020-21;
- Project Brief - Springing Forward (2021-22) (including Auditor General Privacy Notice);
- Project Brief - Building social resilience and self-resilience in citizens and communities (August 2021);
- Project Brief - Social enterprises (August 2021);
- National Report - Regenerating Town Centres in Wales (September 2021) and Audit Wales Letter – Auditor General for Wales Review of Town Centre Regeneration.
- Picture of Public Services Report
 - A Picture of Local Government
 - A Picture of Social Care
 - A Picture of Healthcare
 - A Picture of Schools
 - A Picture of Higher and Further Education
- National Report - Care Home Commissioning for Older People Report (December 2021).
- National Report - Joint working between Emergency Services (January 2022).
- Climate Change Decarbonisation Baseline Review including letter from Attorney General for Wales and Call for Evidence (November 2021).

The Committee also considered:

- the Protocol for communications between AW and the Council. The Governance Officer also provides support to the Committee in AW communications and circulates reports, as they are received, to the Committee for their consideration in advance of Committee meetings;

- an (exempt) AW Report on Cyber Resilience, agreed to note the contents, conclusion and recommendation of AW and noted that appropriate software was being tested to enable the use of iPads in a secure environment in the future.
- AW concerns regarding communication and revaluation issues of the Estate Service raised in ISA260 reports, in relation to the Statement of Accounts. Information requested in January had not been forthcoming and at a subsequent meeting with the Chief Executive and AW assurances were provided that this information would be available to complete the audit (an impact on finalising the Statement of Accounts for 2020/21).

The Corporate Manager – Growth and Enterprise reported to the Committee that AW were correct in their comments, and valuations had been carried out last October and November, however, they were currently completing the final assessment of the internal process of these valuations. A few issues were required to be addressed but he was confident on the quality of the valuations and their audit trail, with Officers available in September to address any issues from AW, therefore the key points in the ISA 260 would be addressed confidently.

Members reiterated their concerns on the issue, and agreed that any further concerns or delays should be reported to the Chair by AW. The Committee also agreed that:

- an update be provided at the September 2021 meeting on recruitment, communication and revaluation process of the Service in order that the Committee receive assurance that issues raised in the statement of accounts were addressed;
- that a meeting be arranged between the Chief Executive, Chair and Vice Chair to discuss the process to address those issues; and
- consideration be given for a designated officer contact point between AW and the Service if issues were raised during the forthcoming statement of accounts.

2. Council Responses to Regulatory & Inspectorate Reports considered during the year

As above, the Committee considered the Council's response to AW's Review of the Planning Service on 17 January 2022.

Management Response Forms ('MRFs')

The Committee agreed, to avoid unnecessary duplication, that only MRFs that had not had final responses presented to the Committee should continue to be presented, with a record of all MRFs, including completed MRFs, to continue to be kept internally. The Committee also agreed that MRFs with updates shall also continue to be provided as word documents.

- MRFs considered (2019-20, 2020-21):
 - (Draft)'*Raising our Game' Tackling Fraud in Wales* (30/7/2020);
 - *Review of Public Service Boards* (7/10/19);
 - *Rough Sleeping in Wales – Everyone's Problem; No-one's*

- Responsibility* (23/7/2020);
 - *The 'Front Door' to Adult Social Care* (11/9/19)
 - *Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act* (21/11/19);
 - *Well-being of Future Generations: An examination of the design and implementation of the Council's Integrated Services Model – Ceredigion County Council* (20/12/19);
 - *The National Fraud Initiative in Wales 2018-20* (13/10/20);
 - *Welsh Community Care Information System* (15/10/20);
 - *Effectiveness of Local Planning Authorities in Wales* (6/6/2019); and
 - *(Draft) Commercialisation in Local Government* (6/10/2020).
- MRFs considered (2021-22):
 - *Regenerating Town Centres* (September 2021);
 - *Financial Sustainability Assessment* (September 2021); and
 - *Audit Wales Review of the Council's Planning Service* (October 2021).

The Committee also considered:

- The Council's response to:
 - *Climate Change Decarbonisation Baseline Review* (call for evidence)
 - *Care Home Commissioning for Older People Report* (National Report) (Verbal response from Service)
- Report on AW's *Financial Sustainability Report 2020-21* and *Report on Financial Sustainability of Local Government - Covid-19 Impact, Recovery and Future Challenges*. This was presented following the outcome of the 2020-21 AW *Financial Sustainability Assessment* of the Council and AW *Report on Financial Sustainability of Local Government*.

AW Compliance work reviewed included:

- *Certification of Grants and Returns 2019-20 – Ceredigion County Council*; and
- *Certificate – Audit of Ceredigion County Council's Assessment of 2020-21 Performance*.

Care Inspectorate Wales ('CIW')

The Committee considered:

- the CIW *Assurance Check 2021* received by the Corporate Lead Officer – Porth Cynnal/Statutory Director of Social Services (dated 2 July 2021) and congratulated the Service on an excellent Report; and
- the a CIW *Inspection Report on Hafan Deg Residential Care Home* and CIW *Report on Yr Hafod Residential Care Home*.

Estyn

The Committee considered an Estyn Letter on the Council's work in supporting schools during the Covid-19 Pandemic and its subsequent findings, which were also reported to Cabinet and the Learning Communities Overview and Scrutiny Committee. In May 2022 Estyn held a second meeting with every Local Authority and focussed on the Council's work in response to its National Report's recommendations. The letter was sent to the Chief Executive in July

2021 outlining the Council's work in those areas. The Committee congratulated the Service on an excellent Report.

Regulatory Framework Considerations

- The Corporate Risk Register is a regular agenda item and considered at each Meeting. The Committee were informed that:
 - *R003 Corporate Improvement and Performance* overall risk score was increased mainly due to the introduction of the Local Government and Elections (Wales) Act in April 2021. Subsequently the risk score was decreased to reflect the latest situation regarding the re-instatement of Business Planning and the Performance Board quarterly meetings following a period of suspension during 202/21 to respond to the Pandemic.
 - *Risk R004 Business Continuity* score had increased to reflect the risk of ransomware attacks on the Council network and impact this would have on the ability to continue operations and deliver essential services.
 - *Risk R009 Information Management* was expanded to *Information Management and Cyber Security Resilience* to reflect the increasing importance of cyber security with home-based office Staff.
 - *Risk R016 Brexit* score had increased to indicate the most recent concerns over the supply of labour and goods, particularly with reference to the lack of HGV drivers.

The Committee had provided feedback for relevant Officers, and included the need to address the risk associated with the lack of HGV drivers and its impact on services locally and nationally. It was noted that this would be reflected on the register and that the Thriving Communities Overview and Scrutiny Committee was to consider the lack of drivers within the refuse collection service and its impact on the service.
 - *Risk R018 Covid-19* decreased to reflect the latest situation regarding risks associated with the Pandemic following the success of the vaccination programme.
 - *Risk R019 Climate Change and Coastal Erosion/Flooding* was introduced combining the previous risks of Carbon Management (R012) and Coastal Erosion (R013) into an overarching risk on climate change, to include risks such as increased instances of flooding, drought and storms. Mitigating actions include the development of a Corporate Climate Change Strategy and action plan detailing how the Council will achieve net carbon zero by 2030.

Feedback from the Committee had included the need to engage with the public in relation to Climate Change and Coastal Erosion/Flooding due to the possible inclement weather over the winter period, this was required to address the worries of residents on these risks
 - *Risk R020 Ash Dieback* was introduced with mitigating actions put in place including the production of an action plan, a steering group and survey of high priority areas to identify Ash tree locations/conditions.

Feedback from the Committee had included a need to consider the risk associated with trees with ash dieback, especially with the possible inclement weather during the winter period, which could be incorporated in the programme of work to address the ash dieback on footpaths and Council roads.

- *Risk R021 Phosphates* was introduced. The Council was obliged to regard advice from Natural Resources Wales ('NRW') who recommend planning restrictions due to high levels of phosphates in the Teifi. This would significantly impact the county by preventing building development across 44.6% of Ceredigion, impacting economic growth.

Feedback by the Committee for Officers also included a need to readdress the high risk associated with food safety inspections.

Annual Governance Statement ('AGS')

- The Committee considered a Report on the AGS 2021/22 Progress - Current year Action Plan on 3 June 2021, agreed to note the Progress Report on actions set out in the AGS and that the AGS would be reported quarterly to the Committee in the future.
- On 9 September 2021 the Committee considered and accepted a Report on the AGS 2021-22 Progress & Current year Action Plan. It was noted that a review of the AGS 2021/22 was in progress, with the annual Workshop with Committee Members and appropriate Officers to be held in November/December 2021 in order to prepare a draft AGS for approval. A Member of the Committee also raised the matter of declarations of interest of Chief Officers and agreed to contact the MO regarding the matter.
- The Governance Framework was reviewed at the 30 November 2021 Workshop, in accordance with AW recommendations and the results used to draft the AGS.
- On 19 January 2022 the Committee considered the Governance Framework Document, Draft Local Code of Corporate Governance 2022-23 and Draft AGS 2021-22, which agreed to recommend to Council the approval of the draft AGS and Code.

The Committee also recommended inserting in the AGS, an explanation on the scoring bands, and that a '*corporate memory*' is established for continuity, to ensure that there is a link between recommendations contained in reports, and the Council's policies, self-assessments and frameworks, and that this is reflected in the AGS to ensure tracking and monitoring. It was noted that this would also be addressed within the Governance and Audit Committee Meeting Actions Log.

The Chair also requested that the CLO- Policy, Performance and Public Protection be invited to the next Committee meeting to provide an update on the Council's public engagement processes as concerns were raised that the information collated for these exercises were inadequate.

- The Draft AGS 2021-22 and Local Code of Corporate Governance 2022-23 were approved by Council on 3 March 2022. It was confirmed to Council that:
 - Additional text would be inserted for the evidence, actions and potentially scoring in the GFD and for the corporate governance achievements, actions and outcomes in the draft AGS 2021-2022, to link with the recommendations of Audit Wales in its Planning Service Review. These revised documents would be re-presented to Council once the changes have been made and considered by the Committee.

- The explanations regarding scoring/bands, as requested by the Committee, had been added to the GFD and draft AGS, alongside an additional minor correction in the draft AGS to reflect that the Local Code of Corporate Governance has been reviewed further to take account of ongoing changes to governance due to the coronavirus pandemic.
- Council noted the contents of the 2021-2022 GFD, approved the draft AGS 2021-22, and the Local Code of Corporate Governance 2022-2023 for publication (a further draft of the AGS, as above, is to be re-presented to the Committee and Council).
- The AGS's Action Plan is considered as a standing agenda item.

* See also reference to AGS below under '*OUTCOMES AND/OR IMPACTS of the Committee's work*'

Financial Reporting

- Following an agreement by the Committee on 12 November 2020 that the Capital Programme would be presented to the Committee on a quarterly basis, with any queries regarding content of the Report to be presented to Officers prior to the meeting, the Committee considered a Report on the Capital Programme Quarter 3 on 3 June 2021. The Committee noted the contents of the Report, subject to a query regarding a £150,000 smartphone spend, which was subsequently clarified by Officers to the Committee as part of the Committee's Meetings Log.
- The Committee reviewed the Council's Annual Statement of Accounts (to 31 March 2021) and Annual Return for Ceredigion Harbour Authority (to 31 March 2021), prior to their presentation to the Council for approval.
- The Committee received AW's annual Audit of Financial Statements Report (ISA260) for 2020-21 and considered issues arising from the Audit. The Committee agreed to note the contents of the Report, congratulated the Service on the excellent Report and for additional work in distributing Covid-19 grants to businesses/the 3rd sector service, and thanked Officers in the Estates Service on their action in addressing issues raised in previous ISA260 Reports.
- The Committee considered a Report on the Revised Minimum Revenue Provision Policy 2021/22 and agreed to support the Policy, subject to periodic reviews. The Committee also agreed that revenue savings included in the Report (AW having agreed) would be presented to Council on 17 July 2021.

Other Work

- The Committee received a Report on further changes relating to the Committee arising from Local Government and Elections (Wales) Act 2021 ('2021 Act') and its impact on Audit Committees, including proposed changes to the Constitution, the ongoing recruitment process of lay members and the requirement for the Mid Wales Corporate Joint Committee to have a Governance and Audit Sub-Committee.
Committee members were also included on the Shortlisting Selection Panel for the recruitment of Lay Members.
The Committee was also provided with an opportunity to provide comments on the Welsh Government Consultation on guidance supporting the setting up of Corporate Joint Committees under Part 5 of the 2021 Act.

- The Committee considered a Report on Statutory Guidance on the performance and governance of principal Councils under Part 6 of the 2021 Act, including the role and duties of the Committee, and the publication of consultation responses.
- The Committee received a Report on the Council's Response to Welsh Government Consultation Questions on draft General Power of Competence (Commercial Purpose) (Condition) (Wales) Regulations 2021.
- On 9 September 2021 the Committee considered the draft Annual Report of the Chair 2020-21 prior to presentation to Council. The Committee approved the Report subject to including reference that the Committee had been preparing, during 2020-21, to address the new responsibilities of the Committee in relation to governance and provided a proactive role in improving the services provided by the Council, where necessary.
- The Committee considered a verbal update report by the Corporate Manager – Growth and Enterprise on work carried out in relation to Asset Valuations.
- The Committee considered and noted a Report on addressing asset valuation issues arising from the 2019/20 AW Report and subsequent AW input, which confirmed how communications between AW and the Economy and Regeneration Service had been addressed in advance of the review of Asset Valuations work 2020/21.
- The Committee approved a Report on the WLGA Development Framework for Councillors in Wales (April 2021) and Framework Member Role Descriptions and Person Specifications (June 2021).
- The Committee considered the Annual Compliments, Complaints and Freedom of Information Report, presented in order to provide the Committee with an overview of the Compliments, Complaints and Freedom of Information ('FOI') activity (including Environmental Information Regulations ('EIR')) received by the Council during the previous financial (2020/21), including information about the complaints activity referred to the Public Services Ombudsman for Wales. The Committee noted the Report and agreed that next year it should be presented to the Committee first for consideration prior to other fora (the Committee being required to consider this report, in accordance with its new complaints functions, pursuant to the 2021 Act).
- The Committee approved the introduction of the Committee's Meeting Actions Log for including as a regular Agenda item on the Committee's Forward Work Programme, suggested this type of log be presented at all Overview and Scrutiny Committees and that the title wording of each column be included on each page of the Log. The Actions Log was presented in order for the Committee to gain assurances that effective arrangements are in place to manage the authority's financial affairs, risk management, internal control and corporate governance arrangements.
- The Committee considered a Report on the Committee's Chair and Vice Chair arrangements and agreed that:
 - the Deputy Chair (from 5 May 2022) be appointed from the Lay Persons;
 - at the first Committee Meeting following 5 May 2022, it would be necessary to appoint a Chair and Deputy Chair;
 - Officers were to contact the Lay Persons for expressions of interest in the roles of Chair/Vice Chair;
 - the rotation of the Chair & Deputy Chair takes place every two years;

- it was noted that the Committee would be without a Chair/Vice Chair from 5 May 2022 to 29 June 2022 (scheduled Committee Meeting date at that time); and
- a meeting would be arranged as soon as possible following the AGM on the 27 May 2022 to appoint the Chair/Vice Chair.

All Wales Audit Committee Chairs' Network

On 6 September 2021 the Chair attended the All Wales Audit Committee Chairs' Network meeting (held remotely), whose aims is to encourage:

- The sharing of good practice;
- The identification of innovative ways to effectively discharge the formal responsibilities of the Chair's role;
- The opportunity to scope current and future national and regional matters, and potential responses to these challenges;
- A forum to give and seek advice between colleagues who are facing similar challenges; and
- A mentoring or development opportunity for new Chairs.

Both CIPFA and AW offered their support in delivering training, which focussed on:

1. 2021 Act – Performance Duties and Governance and Audit Committees;
2. Complaints Handling in Local Authorities; and
3. Policy into Practice – Delights and Dilemmas.

4. FORWARD WORK PROGRAMME

A Forward Work Programme has been devised, which includes the following standing agenda items:

1. Regulatory & Inspectorate Reports and Update;
2. Council Responses to Regulatory and Inspectorate Reports;
3. Internal Audit Quarterly Progress Reports;
4. AGS Progress Reports;
5. Corporate Risk Register;
6. Forward Work Programme; and
7. Committee Meeting Actions Log.

The Committee noted on 9 September 2021 that the Capital Expenditure Report had been removed from the Forward Work Programme, as agreed by the Chair.

5. OUTCOMES AND/OR IMPACTS of the Committee's work

AGS

* see also above schedule of Committee's involvement with AGS.

The Committee reviewed the 2020/21 AGS prior to including it with the Statement of Accounts in November 2021, to include minor amendments and to reflect that actions

previously anticipated to be taken had now been taken. The Committee reviewed the updated AGS on 25 November 2021 and agreed to recommend to Council it approves the amended 2020-21 AGS.

A review of the 2020/21 Governance Framework highlighted the need for:

- The MO to advise Officers further on the need to declare interests in organisations which actually, or may conflict with Council interests including:
 - Contractors;
 - School Governors;
 - Clerks to Town and Community Councils;
 - Members of Town and Community Councils; and
 - School Governors.
- The MO and CLO Democratic Services to continue to undertake review of Members holding directorships, trusteeships, or memberships when appointed onto outside bodies, and committees, the MO to consider member feedback and added value and continue to update Code of Conduct for Officers and Members.
- The MO to advise Officers further on the need to declare:
 - Directorships; and
 - Other employmentIncluding whether conflicting with the Council's interests or not.
- The MO to continue to advise Members further on the need to declare hospitality/gifts.
- The MO to advise Chief Officers further on the need to declare close personal associations with other Officers or Members.

The above matters are being monitored by the Committee as part of the AGS action plan reported to the Committee throughout the year.

- Leadership Group ('LG') to be updated on E-learning with HR reporting to LG (a mandatory E-learning training module on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff)
- Continue to review Constitution to reflect legislative changes and according to need.
- Council making preparations to comply with the 2021 Act regarding Audit Committee (terms of reference, remit and composition to be reviewed).
Changes include:
 - change of name to 'Governance and Audit Committee';
 - Membership to be 2/3 Councillors and 1/3 Lay Persons;
 - Committee duty to appoint own Chair and Deputy Chair;
 - Chair must be lay person;
 - Deputy Chair must not be member of Local Authority Executive; and
 - in absence of Chair & Deputy only non-executive Members can chair.
- Size of Committee review in progress.
- Lay member recruitment to be undertaken during 2020/21, taking into account any 2021 Act requirements and termination of term of office of current Lay Member.
- Delegated decision Decisions Register to be published.
- Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required.
- The Complaints / Compliments policy is to be reviewed during 2020-2021.
- Ethics / Fraud training to be provided.

- The 2021 Act shall have an effect on corporate bodies, including the Council, and preparations for compliance are underway.
- FOI policy and EIR policy both updated. Review of the FOI Publication Scheme is in progress.
- Due to the Covid-19 pandemic, decisions currently need to be made by Gold Command for emergency reasons, therefore it is impossible to consult physically in the community at present for many services, and consequently the scoring has been amended to reflect this.
- Community Engagement Policy is under review and will include provisions for how stakeholders are engaged in future.
- Further work on monitoring feedback is required and the new Equalities and Engagement post will address this.
- Publicise service performance including costs and value for money data.
- Account will be taken of legislative changes e.g. 2021 Act.
- Further work is progressing to link Local Performance measures to all level 1 Business plan Objectives.
- Council preparing for implementation of changes to be introduced by Local Government and Elections (Wales) Act 2021, which include for Council to consult and publish a public participation strategy with the aim of increasing public participation in local democracy, and improving transparency.

Covid-19

The Committee has also monitored and reviewed the Council's work in relation to Covid-19:

- The Committee has monitored the development of the AGS, which has been revised to take into consideration the Covid-19 Pandemic. The AGS includes a dedicated section on the Covid-19 Pandemic and includes reference to:
 - Temporary delegated powers for the Council's Chief Executive and Leadership Group through the use of Urgent Decisions for decisions relating to the Council's COVID-19 response, in accordance with Council's Constitution.
 - Records of Urgent Decisions, for urgent decisions being made by the Covid-19 Leadership Group ('Gold Command'), which are published on the Council's Website;
 - Periodic reviewing of the Urgent Decisions of the Leader;
 - A Covid-19 Roadmap outlining the services the Council currently provides and service plans;
 - The Council forming strategies and plans to take into account risks caused by the Pandemic;
 - Remote meetings between the CMIA and Governance and Audit Committee Chair during the Pandemic; and
 - The MO reminding members and co-opted independent Members of their obligations regarding declarations of interest for enhanced Covid-19 lockdown grants for businesses.
- The Committee monitors and reviews the Council's Corporate Risk register, and considered that Risk R018 Covid-19 decreased to reflect the latest situation regarding the risks associated with the Pandemic following the success of the vaccination programme.

Coroner Service – Funeral Director Fees

- On 9 September 2021 the Committee considered a Report with Exempt appendices (the Public and Press were excluded during the discussion of Exempt appendices) on the Coroner Service – Funeral Director Fees and agreed that a further Report with the information requested by the Committee would be presented at a future Meeting.
- On 19 January 2022 the Committee also considered a Follow-On Report on the Funeral Director Service, agreed to note the contents and conclusions of the Follow-On Report, and the (exempt) IA Report, and to direct the CLO-Legal and Governance & MO to pursue a response from regulators & relevant bodies on this matter, stipulating that a response be received in the next two weeks.

6. SELF-ASSESSMENT & ASSURANCE

A survey was circulated to Committee Members, responses collated and a subsequent Workshop held on 3 February 2022 in order to formulate a Self-assessment and Evaluation of Effectiveness Review. As it was not possible, in the timescale, for attendees to complete the review at the Workshop, the draft Review was re-circulated to the Committee Members and presented as a draft to the Committee at its 10 March 2022 Meeting. The Committee agreed with the proposal of the Report that the Review be reconsidered by Committee in order that a final Review may be completed and re-presented to the Committee at its next Meeting.

The CIPFA Practical Guidance for Local Authorities' Audit Committees 2018 sets out guidance on the function and operation of Audit Committees in local authorities. It recognises that an Audit Committee's effectiveness should be judged by the contribution it makes to, and the beneficial impact it has on, the authority's business.

I believe this has been achieved, as the Committee has placed its focus on governance, risk and assurance during the year and has added value by ensuring robust arrangements are in place to support improvements across the Council.

**Councillor Elizabeth Evans
Chair – Governance and Audit Committee - 2021/2022**

Cyngor Sir CEREDIGION County Council

Report to:	Governance and Audit Committee
Date of meeting:	6th June 2022
Location:	Remotely Via Video Conference
Title:	Introduction to Performance Self-assessment arrangements as required by the Local Government and Elections (Wales) Act 2021
Purpose of the report:	To present the Self-Assessment process to Governance and Audit Committee
Cabinet Portfolio and Cabinet Member	Councillor Bryan Davies, Leader of the Council and Cabinet Member for Policy, Performance, Partnerships and Democratic Services

Background

Part 6 of the new **Local Government and Elections (Wales) Act 2021** replaces the old Local Government Measure (Wales) 2009 and introduces a new Self-Assessment based performance regime for Principal Councils. (The Guidance for Part 6 of the Act is attached as Appendix 1).

The new performance regime is intended to build and support a culture in which councils continuously seek to improve and do better in everything they do, regardless of how well they are performing already. It is the expectation of the Act that councils will always be striving to achieve more and seek to ensure best outcomes for local people and communities. One way of doing this is continuously challenge the status quo and ask questions about how they are operating.

There are 5 specific duties for Councils introduced by the Act:

- Duty to keep performance under review
- Duty to consult on performance
- Duty to report on performance
- Duty to arrange a Panel Performance Assessment
- Duty to respond to a Panel Performance Assessment

The focus of self-assessment is on outcomes rather than process, and will require local authorities to take a different approach to assessing their performance than previously. This will require greater self-reflection.

Chapter 2 of the Guidance sets out the integral role that the Governance and Audit Committee are expected play in the Self-Assessment Process. This role involves the Committee:

- Receiving the Council's draft Self-Assessment Report
- Reviewing the draft Self-Assessment Report and making recommendations to the conclusions or actions the Council intends to take
- Receiving the final Self-Assessment report when it is published, including commentary on why it accepted or did not accept the recommendations made by the Governance and Audit Committee.

Current Position

A process for conducting Self-Assessment has been developed over the last several months and will be presented to Governance and Audit Committee on 6 June 2022 (the slides are attached at Appendix 2).

The Core Principles of the Self-Assessment Process are:

- Publish a Self-Assessment Report that discharges the requirements of both:
 - The Well-being of Future Generations (Wales) Act 2015 – to set and review progress against our Corporate Well-being Objectives
 - The Local Government and Elections (Wales) Act 2021 – the duty to keep performance under review, consult on performance, report on performance, arrange a Panel Performance Assessment and respond to a Panel Performance Assessment.
- Use Key Questions or “Key Lines of Enquiry” approach to ensure the process is focused on outcomes, the organisation-wide view of performance and is evidence based.
- Run annual workshop to undertake the Self-Assessment in order to:
 - Identify strengths, opportunities and areas for improvement
 - Identify evidence for current position
 - Update scores
 - Identify our ambitions and the actions for improvement
- Build Self-Assessment into the Teifi Performance System, and create Self-Assessment ‘Dashboard’
- Publish the Self-Assessment Report annually, i.e. one cycle = approximately one year
- Publish the self-assessment report in November to align with other corporate planning and governance arrangements, e.g. Self-Assessment is a key driver for Business Plans.

Recommendations (s): That Governance and Audit Committee consider the Self-Assessment Process

Reason for decision: To keep the Governance and Audit Committee informed of progress with Part 6 of the Local Government and Elections (Wales) Act 2021

Appendices: Appendix 1 - Local Government and Elections (Wales) Act 2021 Part 6 Guidance
Appendix 2 - Self-Assessment Process Slides

Corporate Lead Officer: Alun Williams (Corporate Leader Officer Policy, Performance and Public Protection)

Reporting Officer: Alun Williams (Corporate Leader Officer Policy, Performance and Public Protection)

Date: 12th May 2022



Llywodraeth Cymru
Welsh Government

Performance and governance of principal councils

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

Statutory guidance for principal councils on Part 6, Chapter 1, of the Local Government and Elections (Wales) Act 2021

Overview

This document provides statutory guidance for principal councils about the exercise of their performance and governance functions under Part 6, Chapter 1, of the Local Government and Elections (Wales) Act 2021.

This guidance is intended to constitute guidance under section 89(3) of the Local Government and Elections (Wales) Act 2021 once commenced.

Action required

Principal councils must have regard to this guidance when exercising their functions under Part 6, Chapter 1 of the Local Government and Elections (Wales) Act 2021.

The powers and duties in Chapter 1 of Part 6 apply from 1 April 2021, with the exception of the functions relating to panel performance assessments, which will come into force following the next ordinary local government elections in May 2022. Councils must have regard to the guidance once the relevant powers and duties come into force.

Further information

Enquiries about this document should be directed to:

Local Government Transformation and Partnerships Division

Local Government Directorate

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Email: LGPartnerships@gov.wales

This document may be accessed from the Welsh Government's [website](#).

Foreword

The Local Government and Elections (Wales) Act 2021 has strengthening and empowering local government at its core.

The new performance and governance regime set out in the Act is a fundamental component of this, firmly defining principal councils as self-improving organisations through a system based on self-assessment and panel performance assessment.

This approach is intended to build on and support a culture in which councils continuously challenge the status quo, ask questions about how they are operating, and consider best practice in Wales and wider. It will be important for the sector as a whole to take the lead in the implementation of the new regime, in supporting improvement and in sharing innovations and best practice.

My expectation is that when considering how well a council is meeting the performance requirements set out in the Act, either as part of self-assessment or panel performance assessment, the focus should always be on aiming to be the best. The extent to which a council is delivering legal duties and functions is a core part of a council's performance requirements. However, councils should always be striving for more - not simply meeting the minimum requirements, but seeking to ensure the best outcomes for the people they serve.

Taking housing as an example, we can all sign up to the ambition of provision of adequate housing for all, with authorities intervening earlier and going beyond achieving only the minimum legislative requirements. My ambition is for a culture where all parts of a council always aim to do better in everything they do, no matter how well they are performing already. Honest and open self-assessment at all levels of a council will form a fundamental part of this.

I also see collaborative working, for example between employers and trade unions, as important to driving up the performance of public services in Wales and contributing to improved worker well-being. The First Minister has set out our intention to legislate to embed the principle of social partnership in the organisation of public services in Wales. As such, I see implementing social partnership practices as a key part of a council exercising its functions and using its resources effectively.

I am grateful to local government colleagues and other stakeholders for working so constructively to co-produce this guidance with Welsh Government, as well as all those who responded to the formal consultation on the draft. The principle of co-development is central to ensuring this guidance is valuable for councils, facilitates the implementation of the provisions and, above all, ensures the new approach is a meaningful opportunity to continually strengthen local government.

Julie James MS
Minister for Housing and Local Government

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Summary

The Local Government and Elections (Wales) Act 2021 (“the Act”) provides for a new and reformed legislative framework for local government elections, democracy, governance and performance.

This guidance sets out how principal councils should meet their duties contained in Part 6, Chapter 1, of the Act which relates to the performance and governance of principal councils.

A council must have regard to guidance issued by Welsh Ministers in relation to the exercise of its functions under Part 6, Chapter 1 of the Act.

The guidance is designed to support councils to understand and discharge their duties in relation to performance and governance, whilst recognising that councils will wish to and should be encouraged to develop their own approach in line with their wider statutory obligations, local circumstances, corporate structures, and best practice.

This guidance specifically addresses the following duties:-

Duty to keep performance under review

Section 89 of the Act requires a council to keep under review the extent to which it is fulfilling the ‘performance requirements’ that is, the extent to which:-

- it is exercising its functions effectively;
- it is using its resources economically, efficiently and effectively; and
- its governance is effective for securing the above.

Duty to consult on performance

Section 90 of the Act requires that a council must consult a range of people at least once in each financial year about the extent to which the council is meeting the performance requirements. The statutory consultees are:-

- a) local people;
- b) other persons carrying on a business in the council’s area;
- c) the staff of the council; and
- d) every trade union which is recognised (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992 (c. 52)) by the council.

Duty to report on performance

Section 91 of the Act provides that a council must produce a self-assessment report in respect of each financial year. The report must set out its conclusions on the extent to which it met the performance requirements during that financial year, and any actions it intends to take, or has already taken, to increase the extent to which it is meeting the performance requirements.

Duty to arrange a panel performance assessment

Section 92 of the Act provides that a council must arrange for a panel to undertake an assessment, at least once during the period between two consecutive ordinary elections of councillors to the council, of the extent to which the council is meeting the performance requirements.

Duty to respond to a panel performance assessment report

Section 93 of the Act provides that a council must prepare a response to each panel performance assessment report, setting out the extent to which it accepts the conclusions in the report, the extent to which it intends to follow any recommendations in the report, and any actions the council intends to take to increase the extent to which it is meeting the performance requirements.

This guidance refers specifically to these duties on a council, and sets out the expectations on how a council will perform these duties. All of the duties apply to councils from 1 April 2021, with the exception of the duties in respect of panel performance assessments, which will come into force following the next ordinary local government elections in May 2022. Councils will be required to have regard to the guidance once the relevant duties come into force.

There are other provisions within Part 6 of the Act such as powers for the Auditor General for Wales to carry out special inspections of a council; powers for the Welsh Ministers to provide support and assistance to a council with a view to improving its performance; and powers for the Welsh Ministers to intervene in a council which is not, or may not be, meeting the performance requirements. These aspects of the Act are also described in this guidance, with any duties placed on councils in these provisions explicitly stated.

The guidance is set out as follows:-

Chapter 1 - describes the policy context within which the performance and governance duties are set and the purpose of the duties.

Chapter 2 - explains the duty to keep performance under review; the duty to consult local people and others on performance; and provides guidance on the duty to report on performance, specifically through self-assessment.

Chapter 3 - provides guidance on the duty to arrange, and respond to a panel performance assessment.

Chapter 4 - describes the Auditor General for Wales' power to carry out a special inspection; the duty of a council to respond to any recommendations for actions it should take; and the duty of Welsh Ministers to respond to any recommendations for actions they should take.

Chapter 5 - describes the powers and duties for both Welsh Ministers and councils in relation to supporting and assisting with improving performance; and powers for

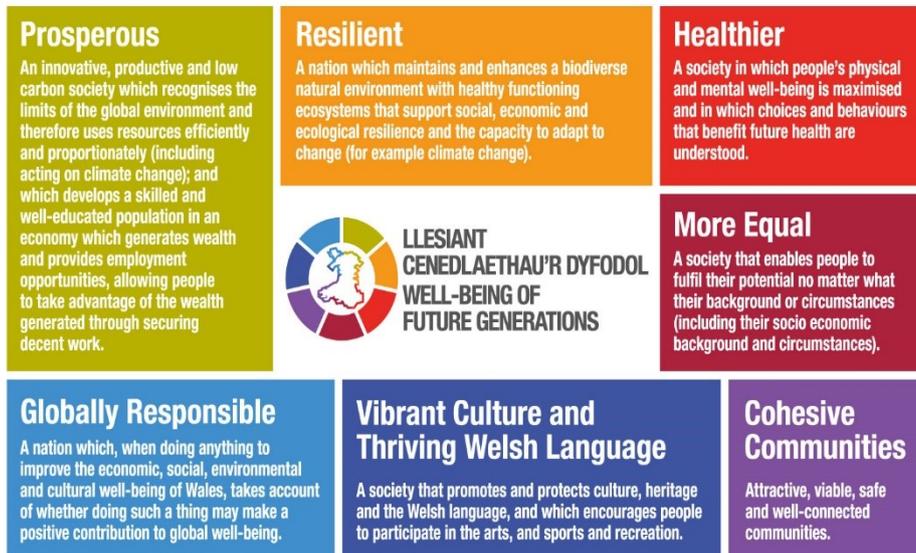
intervention by Welsh Ministers where Ministers consider that it is likely that the council is not, or that the council is not, meeting the performance requirements.

Chapter 1 - Policy context and purpose of the performance regime set out in the Local Government and Elections (Wales) Act 2021

Policy context

- 1.1 Councils are democratically accountable for the performance of their services, including their governance arrangements. They are supported through external audit, inspection and regulatory bodies who have a key role in assuring the quality of our public services in Wales.
- 1.2 The Local Government and Elections (Wales) Act 2021 (“the Act”) replaces the current improvement duty for councils set out in the Local Government (Wales) Measure 2009. The new approach as set out in the Act is designed to be a more streamlined, flexible, sector-led approach to performance, good governance and improvement. The intention is for councils to be proactive in considering how internal processes and procedures should change to enable more effective planning, delivery and decision-making to drive better outcomes.
- 1.3 The performance and governance provisions in the Act are framed within the context of the well-being duty in the Well-being of Future Generations (Wales) Act 2015, which sets out a legally binding common purpose for the public bodies subject to that Act to improve the social, economic, environmental and cultural well-being of Wales. It sets out seven well-being goals which these public bodies must work towards and five ways of working to guide how public bodies should deliver.
- 1.4 The Well-being of Future Generations Act provides the context within which councils should be exercising their functions, using their resources and ensuring their governance is effective, with the aim of maximising their contribution to the well-being goals.
- 1.5 Additionally, the performance and governance provisions within the Act align with other duties placed on councils, such as the Socio-economic Duty (Equality Act 2010), which comes into force on 31 March 2021. This duty will require councils, when taking strategic decisions such as ‘deciding priorities and setting objectives’, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage - driving better outcomes on people’s lives and experiences through better decision making and further contributing towards our shared goal of becoming “a more equal Wales”.

Well-being goals as set out in the Well-being of Future Generations (Wales) Act 2015



Five ways of working



Purpose of the performance and governance provisions

- 1.6 The purpose of the performance and governance provisions in the Act is to build on and support a developing culture in which councils actively seek and embrace challenge, whether presented from within the council, for example through scrutiny procedures, or externally. The provisions are designed to provide a framework which supports councils, through an ongoing process of review, to think about their performance and effectiveness now and for the future; to encourage more inquisitive organisations willing to challenge themselves to do more; and to be more innovative and more ambitious in what they do.
- 1.7 The provisions reflect the principles that for any organisation to be effective it needs to understand its current position, it must be clear on where it wants to go, have a robust plan as to how it will get there, and identify and manage risks to drive improvement. A truly effective organisation is never satisfied by current standards, even if they are good or excellent, but is driven to do more.
- 1.8 The provisions build reflection on performance and actions to improve into the system. This is not intended to be onerous or burdensome, but to ensure councils are reflecting on and ensuring long term sustainability to deliver effective services for their communities.
- 1.9 Improvement in this context is the council's ability to deliver against immediate priorities and remain capable to respond to the changing environment in which it operates. It is about the council's ability to consider how its internal processes and people operate in order to make effective decisions for the long term - working with the communities they serve in all their diversity - and how it will go about improving these in order to make better decisions and drive better outcomes for all.
- 1.10 The ambition should be to always do better, not just satisfying targets or minimum duties but exceeding expectations, ensuring the council is achieving the right outcomes and delivering what people want. Sharing and learning from best practice and aiming to be better (even if best in class) should be an implicit part of a council's approach.
- 1.11 For example, under the Housing (Wales) Act 2014, a local authority is required to provide support where a person is threatened with homelessness within 56 days. Whilst this is the legal minimum, councils, and partner agencies such as housing associations, should, in the delivery of their existing functions, have due regard to how these functions can be used to support the provision of adequate housing; aiming to intervene much earlier than the legislation requires.
- 1.12 Areas for improvement should be looked at honestly, and actively pursued to ensure problems are prevented or dealt with early before they become systemic. Such an approach should be an integral part of the system of how councils operate. For example, council executives should welcome and encourage scrutiny inquiries to make recommendations for system improvements, and governance and audit committees will play a key role in the performance and

governance regime. The aim is to support councils to build on existing strengths and to support them to achieve a more innovative, open, honest, transparent and ambitious sector, challenging itself and collectively driving up service delivery outcomes and standards across Wales.

- 1.13 Enabling and supporting cultural and organisational change within local government through the performance and governance provisions in the Act will help to ensure strong councils, capable of achieving their well-being objectives and maximising their contribution to the national well-being goals.

The wider environment in which the performance and governance regime operates

- 1.14 The performance and governance provisions contained in the Act align with audit, inspection, regulatory and partnership arrangements.

- 1.15 Some individual responsibilities in relation to the performance and governance regime are broadly outlined below. Some of these are statutory powers and duties, contained in the Act or other pieces of legislation, and some stem from non-statutory arrangements.

Principal councils are responsible for:-

- Conducting robust self-assessments and reporting on the extent to which the council is meeting the performance requirements in order to improve the social, economic, environmental and cultural well-being of its local communities.
- Setting out any actions to increase the extent to which the council is meeting the performance requirements, including, for example, the role of scrutiny in challenging and driving the extent to which the performance requirements are being met.
- Commissioning panel performance assessments at least once during the period between two consecutive ordinary elections of councillors to the council.
- Seeking support / challenge from peers and partners where and when necessary, and consulting staff, local people and trades unions about the extent to which the council is meeting the performance requirements.

Welsh Local Government Association (WLGA) is responsible for:-

- Supporting councils at a local, regional and national level.
- Providing early intelligence and sector-led support to address areas for improvement identified through, for example, self-assessment, panel performance assessment or audit, inspection and regulator reports.

Audit Wales¹ is responsible for:-

- Auditing of accounts.
- Examining how public bodies manage and spend public money, including but not limited to their arrangements for securing value for money in the use of resources and making recommendations to improve the value for money of local government.
- Assessing the extent to which councils are acting in accordance with the sustainable development principle under the Well-being of Future Generations (Wales) Act 2015.
- Carrying out 'Special Inspections' as provided for in the Local Government and Elections (Wales) Act 2021.
- Making appropriate recommendations to councils and to the Welsh Ministers.

Care Inspectorate Wales (CIW) is responsible for:-

- Encouraging improvement in the delivery of social services, social care and childcare.
- Regulation and inspection of social care services including review of local authority social services functions under the Regulation and Inspection of Social Care (Wales) Act 2016 and the Social Services and Wellbeing (Wales) Act 2014.
- Regulation and inspection of childcare and play services under the Children and Families (Wales) Measure 2010.
- Advising Ministers on the possible use of their powers of intervention and monitoring visits to councils as required and agreed by the Minister.
- Providing professional advice to Welsh Ministers.

Estyn is responsible for:-

- Inspecting, evaluating and reporting on councils' performance in relation to their duties as described by sections 38 to 41 of the Education Act 1997, sections 75, 76, 123 and 127 of the Learning and Skills Act 2000 and sections 25, 26 and 51 of The Children Act 2004.

¹ Audit Wales is the trademark of two legal entities: the Auditor General for Wales and the Wales Audit Office. Each has its own particular powers and duties. The Auditor General audits and reports on Welsh public bodies. The Wales Audit Office provides staff and other resources for the Auditor General's work, and monitors and advises the Auditor General.

- Making appropriate recommendations to councils and to the Welsh Ministers to support improvement.
- 1.16 Local government, Welsh Government and auditors, inspectors, regulators and commissioners will continue to work together to share intelligence, raise cases of possible concern and agree approaches to support improvement. Building this shared understanding is key to ensuring a clear focus for consistent and sustained improvement.
- 1.17 Councils should use the findings of scrutiny committees, auditors, inspectors, regulators and commissioners on how a council is delivering its functions and governing itself to inform its self-assessment, and likewise the panels undertaking a performance assessment may also use this evidence to inform their recommendations.
- 1.18 The focus should be on a shared understanding of what all of these sources collectively reveal and, most importantly, the action to be taken as a result. Self-assessments and panel performance assessments do not, in any way, substitute or replace the role of auditors, inspectors or regulators.
- 1.19 Self-assessment and panel performance assessment of how the council is meeting the performance requirements should also be informed by, but not duplicate, other performance arrangements in specific service areas.
- 1.20 For example, the *Code of practice in relation to the performance and improvement of social services*² sets out the vision for social services in Wales and how improvements in services and for individuals will be supported, measured and sustained by councils. The self-assessment process set out in this guidance will not require councils to look again in detail at the social services function, but the evidence arising from the *Code of practice* will inform the broader strategic level understanding of how the council is operating as a whole, is using its resources and delivering for the people in its area.
- 1.21 Similarly, reforms to evaluation, improvement and accountability arrangements for schools have highlighted the importance of robust and continuous self-evaluation for all tiers of the education system. For councils, this means evaluating the effectiveness and impact of their services to support schools, which can also be used to inform its wider self-assessment.

Support for improvement

- 1.22 Keeping under review the extent to which it is meeting the performance requirements is just one part of a council's improvement journey.
- 1.23 The self-assessment and panel performance assessment a council undertakes can inform when and how to engage with any and all improvement support available to increase the extent to which it is meeting its performance

² [Social Services and Well-being \(Wales\) Act 2014: Code of practice in relation to the performance and improvement of social services in Wales \(Welsh Government, 2020\)](#)

requirements.

- 1.24 Ultimately the ambition is to enable councils to identify and resolve issues before any formal, statutory support or intervention is required. However, the Act does make provision for the Welsh Ministers to provide support and, where necessary, intervene in councils facing significant problems.

Chapter 2 - Duty to keep performance under review, consult, and report on performance through self-assessment

Introduction

- 2.1 This chapter of guidance should be read by a council to support the discharge of its duties in the Local Government and Elections (Wales) Act 2021 (“the Act”) to keep its performance under review; consult local people and others on the extent to which it is meeting the performance requirements; and report on its performance through a self-assessment report. The guidance here reflects the minimum requirements for self-assessment, recognising that councils are best placed to build on this to develop the detail of their own approach.
- 2.2 The findings of the self-assessment should be used to inform and identify areas where improvement or change might be needed and where sector-led support might be valuable.

Duty of principal council to keep its performance under review

- 2.3 The Act requires each council in Wales to keep under review the extent to which it is meeting the ‘performance requirements’, that is the extent to which:-
- **it is exercising its functions effectively;**
 - **it is using its resources economically, efficiently and effectively;**
 - **its governance is effective for securing the above.**
- 2.4 The duty to keep performance under review is intended to reflect existing substantive duties to which councils are already subject (i.e. their “functions”). Councils operate within a statutory framework of legal duties and powers, and it is not the intention to reproduce these at length here. The performance requirements are about looking at how effectively a council is operating, not only in terms of meeting individual objectives, but how it is delivering its functions, using its resources and governing itself.

Duty to report on performance through self-assessment

- 2.5 The mechanism for a council to keep its performance under review is self-assessment, with a duty to publish a report setting out the conclusions of the self-assessment once in respect of every financial year. Self-assessment will be complemented by a panel performance assessment once in an electoral cycle, providing an opportunity to seek external insights (other than from auditors, regulators or inspectors) on how the council is meeting the performance requirements.

Purpose of self-assessment

- 2.6 Self-assessment is a way of critically, and honestly, reviewing the current position in order to make decisions on how to secure improvement for the future. Self-assessment is more than stating what arrangements are in place;

it is about considering how effective these arrangements are and how they can be improved. Self-assessment of how the council is meeting the performance requirements places ownership of performance and improvement firmly with councils.

- 2.7 Considering the extent to which the council is meeting the performance requirements is a corporate, organisational assessment rather than an assessment of individual services. For example, it should consider the role of leadership, and the effectiveness of the relationship between the political leadership and senior officers in the council, in ensuring the council is able to respond to the changing environment in which it operates. It is about a council being self-aware, understanding whether it is delivering the right outcomes, and challenging itself to continuously improve how it manages delivery of services and performs as the custodian of the area.
- 2.8 Self-assessment can be achieved by using intelligence already held corporately in an insightful way, reflecting at a strategic level on how the council is operating, and what action is needed to ensure it can continue to provide effective services now and for the long term.

Approach to self-assessment

- 2.9 As indicated above, self-assessment ensures a council has ownership of its own performance and improvement. As such each individual council will wish to, and should be free to, determine its own approach to self-assessment, designed to fit local circumstances and corporate structures, and informed by best practice.
- 2.10 For some councils self-assessment will already form an integral part of ongoing strategic and corporate governance arrangements, and many (if not all) will have used self-assessment as part of operational management of individual services and at a corporate level.
- 2.11 At its simplest level, self-assessment of how the council is meeting the performance requirements is about asking the questions of:-
- How well are we doing?
 - How do we know?
 - What and how can we do better?

These questions should be asked in the context of the performance requirements.

- 2.12 Some key principles which a council should take into account when formulating its approach to self-assessment are:-
- Self-assessment is not a fixed judgement. To be truly effective, embedding self-assessment throughout an organisation should be an ongoing process, addressing issues as they are identified, responding in real time and effectively to challenges and opportunities.

- It is an opportunity for a meaningful process to contribute to strengthening local government and not an exercise in compliance.
- The self-assessment process should encourage honesty, objectivity and transparency about the council's performance and governance, including its key relationships between political leaders and officers and how these are managed.
- An effective approach would be owned and led at a strategic level, whilst involving members and officers at all levels of the organisation and a range of people across communities and partners.
- Self-assessment should be an evidence-based analysis, understanding what a range of quantitative and qualitative information at the council's disposal reveals about how it is exercising its functions, using its resources and governing itself.
- The self-assessment should be focused on outcomes, what has been achieved rather than the process, and asking honest questions about the impact of the council's actions on people's lives and experiences.
- Self-assessment should not be a standalone process, but integrated as part of the council's corporate planning, performance and governance processes.

2.13 The self-assessment will necessarily draw on a range of internal and external sources, ensuring a broad evidence base to inform the actions the council will take to increase the extent to which it is meeting the performance requirements in future.

2.14 Some sources which could inform the self-assessment, and which will already be available to the council, may include:-

- reports already produced by the council in response to statutory requirements, such as the annual report on progress on meeting the organisation's well-being objectives as required by the Well-being of Future Generations (Wales) Act 2015; statement of internal control required by the Accounts and Audit (Wales) Regulations 2014; annual equality reports; local authority social services annual reports etc;
- evidence from a range of inspection and regulatory sources, including reports from Estyn, Audit Wales, and Care Inspectorate Wales;
- reports published by the Public Service Ombudsman for Wales, such as public interest reports, thematic reports, and own initiative reports, as well as Complaints Standards Authority Reports;

- self-evaluations the council may already have undertaken in relation to specific service areas, or been involved with in relation to partnership working;
- findings of any assessment about the extent to which the council is meeting its well-being objectives, reviews undertaken, or advice published by the Future Generations Commissioner, and the Auditor General for Wales on how the council has acted in accordance with the sustainable development principle in setting and taking steps to achieve their well-being objectives;
- any inquiry, investigation, assessment undertaken, advice provided or recommendation by the Equality and Human Rights Commission in relation to strengthening action to tackle key inequalities;
- any reports of self-evaluation of the scrutiny function against the outcomes and characteristics for effective local government overview and scrutiny;
- performance management indicators (although the self-assessment will need to be broader than an assessment of quantitative performance indicators alone);
- staff surveys, and the outputs from any other engagement processes with staff such as trade union forums;
- compliments, complaints and other feedback from both internal and external sources.

2.15 This list is not exhaustive, and councils will wish to determine for themselves what information will best inform the self-assessment and lead to evidence-based conclusions about how the council is meeting the performance requirements. It will be important for councils to consider carefully how to maximise the value of the evidence sources before them, asking questions about and interpreting the evidence to understand what it reveals and how to act upon it.

2.16 In considering the effectiveness of its governance arrangements, the council may also wish to have regard to *'Delivering Good Governance in Local Government'* produced by the Chartered Institute of Public Finance and Accountancy and SOLACE, as well as the accompanying guidance notes.

2.17 In reaching the conclusions of its self-assessment, the council must also take into account the views of the following about the extent to which the council met the performance requirements in the financial year to which the self-assessment report relates:-

- local people;
- other persons carrying on a business in the council's area;
- the staff of the council; and

- every trade union which is recognised (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992 (c.52)) by the council.
- 2.18 The council should identify an appropriate and representative cross section of staff, local people and businesses, and determine how they are consulted in the process. For example, the council may be satisfied it could be achieved through incorporating as part of a wider approach to engagement rather than as a standalone consultation, they may also wish to consider this as they take forward implementation of the requirements to produce a public participation strategy contained elsewhere in the Act. The key priority should be to ensure that the council involves the views of the above in reaching its conclusions of the extent to which it is meeting the performance requirements.
- 2.19 The council should gather and use intelligence to reflect the experience of, and impact on, children and young people, people from different protected groups and those experiencing socio-economic disadvantage. The council may already hold relevant information as part of its Public Sector Equality Duty obligations, or the information it will use to demonstrate due regard under the Socio-economic Duty.³
- 2.20 Whilst this is the minimum consultation in relation to how the council is performing required by the Act, the council may consult others as it determines will best support its own self-assessment. The council may also wish to consult partners, for example, community and town councils or other public bodies in the area to ensure a rounded view to inform its self-assessment. In considering how it is meeting the performance requirements, it would be expected an assessment of partnership working and collaboration would be undertaken as a key indicator of how a council is exercising its functions, using its resources and governing itself.
- 2.21 Councils should be exercising the duties under the performance and governance regime within this guidance in accordance with the Welsh Language Standards and any relevant compliance notice issued by the Welsh Language Commissioner.

Applying the Well-being of Future Generations Act

- 2.22 The Well-being of Future Generations Act sets out a legally binding common purpose for the public bodies subject to that Act to improve the social, economic, environmental and cultural well-being of Wales. The Act sets out seven well-being goals⁴ which public bodies subject to the Act must work towards collectively.

³ Councils should gather and use intelligence to reflect the experience of and impact on [people from different protected groups](#) and those experiencing [socio-economic disadvantage](#)

⁴ See [Chapter 1](#) for full definitions of the goals.

- 2.23 Public bodies must meet their duty under the Well-being of Future Generations Act acting in accordance with the sustainable development principle, which means that they must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.
- 2.24 In order to show that they have acted in accordance with the sustainable development principle, a public body must take account of five ways of working.⁵
- 2.25 The Well-being of Future Generations Act provides the context within which a council should be exercising its functions, using its resources and ensuring its governance is effective, with the aim of maximising its contribution to the well-being goals. The Act sets the framework within which a council must consider its performance, in terms of service delivery, corporate capability and capacity to meet the needs of current users, without compromising the needs of future generations.
- 2.26 The statutory guidance⁶ on the Well-being of Future Generations Act contains a core set of activities common to the corporate governance of public bodies. These are:-
- Corporate planning
 - Financial planning
 - Workforce planning (people)
 - Procurement
 - Assets
 - Risk management
 - Performance Management
- 2.27 Considering the seven corporate areas as a framework for the self-assessment, and applying the five ways of working to those areas, will support the council to ensure it is governing itself to maximise its contribution to the well-being goals and meet its well-being objectives.

Self-assessment report

- 2.28 The council is required to make and publish a self-assessment report once in respect of every financial year, and the report should be made as soon as reasonably practicable after the financial year to which it relates. However, it is for the council to determine when exactly to do this to best align with its own corporate arrangements.
- 2.29 The self-assessment report must set out conclusions as to the extent to which the council met the performance requirements during that financial year, and any actions it will take, or has already taken, to increase the extent to which it

⁵ See [Chapter 1](#) for full details of the ways of working

⁶ [Well-being of Future Generations Act Guidance](#)

will meet the performance requirements. The emphasis should be on understanding how the council is operating now, the likely demands it will face in the future, and how it can build sustainability. Beyond that, it is for the council to consider the most appropriate format for the report based on what would best fit local circumstances.

- 2.30 The intention is for the self-assessment report to be a learning document. As such it needs to be accessible and succinct, where possible. A self-assessment report might look to focus on the learning which has emerged from the self-assessment, the sources that have informed the conclusions, and summary information to answer the key questions about how the council is meeting the performance requirements: how well are we doing?; how do we know?; and what and how can we do better?.
- 2.31 Except in the case of the first self-assessment report, the report must also include a review of actions emerging from the previous year's report, with consideration on the progress made on those, and how they increased the extent to which the council met the performance requirements.
- 2.32 The council may wish to consider opportunities to integrate its self-assessment report with reports on other duties, for example it may publish its report on progress in meeting its well-being objectives as required by the Well-being of Future Generations (Wales) Act 2015 in the same document as the self-assessment. In considering opportunities to integrate self-assessment with other duties, the council will need to be satisfied however that all their statutory duties have been fully met.

Taking action on a self-assessment

- 2.33 Through self-assessment the council will identify areas for action to increase the extent to which it is meeting the performance requirements, and put in place a plan to ensure this is undertaken. The self-assessment should be considered the start of the process, not an end in itself. The conclusions may, for example, inform the corporate, well-being objectives or delivery plans, or scrutiny work plans as appropriate.
- 2.34 The council should be proactive in addressing the findings of the self-assessment. The self-assessment should inform considerations of how internal processes and procedures should change to support more effective planning, delivery and decision-making to drive better outcomes, and innovative ways to better deliver its functions.
- 2.35 Ensuring sustainability of services for the long term should be at the heart of the actions. This may involve looking to the long-term on future trends, risks and opportunities, considering alternative ways of delivering services such as use of digital technologies, or collaborating with other public and third sector bodies.
- 2.36 Where there are specific concerns arising from the self-assessment, the council can lead in identifying opportunities for self, and sector-led support or

involving others as appropriate. Seeking such discussions early to actively respond is the mark of a forward thinking, open organisation intent on delivering for its communities.

Who should be involved in the self-assessment

- 2.37 The requirement to produce a self-assessment report is one for the full council or its executive (as a council may determine). As has already been covered in this guidance, councils will be required to involve a wide range of stakeholders and local people in its self-assessment. In addition, involving members from controlling and opposition groups, heads of service, the corporate performance function and employees at all levels in the self-assessment will help to embed the approach in the organisation's culture and build a rich picture to inform the assessment.
- 2.38 Scrutiny committees are a key part of offering constructive challenge to how a council is performing and how it organises itself in the delivery of sustainable services. Scrutiny committees, as well as internal audit, will be a key part of a council's self-assessment, and the council should determine and agree how best to involve their scrutiny committees in the self-assessment process itself, not just in considering the outcomes of any self-assessment.
- 2.39 The council may also consider how to involve partners such as the public services board, regional partnership board etc. for their area.

Involving the council's governance and audit committee

- 2.40 The council must make a draft of its self-assessment report available to its governance and audit committee. The committee must review the draft report and may make recommendations for changes to the conclusions or action the council intends to take.
- 2.41 If the council does not make a change recommended by the governance and audit committee, it must set out in the final self-assessment report the recommendation and the reasons why the council did not make the change.

Publication of self-assessment report

- 2.42 The self-assessment report must be published⁷ within four weeks of it being finalised and approved in accordance with the council's agreed processes, and a copy should be made available to the council's governance and audit committee. The report should also be sent to:-

- The Auditor General for Wales
- Her Majesty's Chief Inspector of Education and Training in Wales
- The Welsh Ministers⁸

⁷ Electronically on the council's website see s171(2) of the Local Government and Elections (Wales) Act 2021.

⁸ This includes Care Inspectorate Wales

2.43 The council can, of course, share the report with any other person or organisation which the council so wishes.

Chapter 3 - Duty to arrange, and respond to, a panel performance assessment

Introduction

- 3.1 This chapter of guidance is about the requirements relating to panel performance assessment within the Local Government and Elections (Wales) Act 2021 (“the Act”). The guidance here reflects the minimum requirements for panel performance assessment as set out in the Act, recognising that councils will wish to develop the detail of their own approach.
- 3.2 The duties in relation to panel performance assessment will come into force from the start of the next local government electoral cycle, in May 2022.
- 3.3 The intention is that the performance and governance provisions in the Act will be underpinned by a sector-led, co-ordinated approach to improvement and support. The findings and recommendations of the panel performance assessment provide an external perspective and should be used to inform and identify areas where sector-led support might be valuable. This will apply in the case of individual councils and should also inform the development and provision of any proposed improvement support nationally.
- 3.4 This chapter of guidance should be read by a council to support the discharge of its duties to arrange a panel performance assessment and to publish and respond to a panel performance assessment report. This chapter may also be read by panel members to guide them in carrying out a panel performance assessment. Panel members may also refer to the guidance on self-assessment to understand how councils are required to discharge their duties on self-assessment as this may usefully inform their approach to the panel assessment.

Duty of principal council to arrange panel performance assessment

- 3.5 The Act requires a council to make arrangements for an independent panel, appointed by the council, to assess the extent to which the council is meeting the performance requirements – a panel performance assessment. The performance requirements are defined as the extent to which a council:-
- is exercising its functions effectively;
 - is using its resources economically, efficiently and effectively; and
 - has effective governance in place for securing the above.
- 3.6 This guidance sets out the purpose of the panel assessment; proposes the stages involved in an assessment; covers matters relating to the timing of a panel assessment; describes minimum requirements and considerations when appointing a panel; and outlines the arrangements for responding to a panel performance assessment report.
- 3.7 In considering how a council exercises its panel performance assessment duties a council should take into account the Welsh Language Standards and

any relevant compliance notice issued by the Welsh Language Commissioner.

- 3.8 Councils may of course commission support similar to a panel performance assessment for a number of other purposes, such as peer reviews on specific services or on particular themes or issues. These are all part of the council's improvement journey, and can complement but not replace the corporate, organisational level, statutory panel performance assessment required by the Act.

Purpose of panel performance assessment

- 3.9 A panel performance assessment is just one component of a sector-led approach to performance, governance and improvement. An effective panel performance assessment can inform the council's improvement journey, building on the annual self-assessment, supporting it to look to the future through a different lens. The panel assessment should provide different perspectives; some independent, objective external challenge; and an opportunity to test thinking with impartial expert peers.
- 3.10 The panel performance assessment will assess, as the council does through self-assessment, the extent to which the council is meeting the performance requirements. It is not about checklists, it is not a form of inspection, and it is not an audit. It is about supporting the council to achieve its aspirations through developing and deepening its understanding about how it is operating, and how it can ensure it is able to offer effective services for the long term.
- 3.11 The panel are not responsible for holding the council to account, but should offer an external view of how the council is operating. This does not replace auditors, inspectors, or regulators' assurance role. This is about supporting councils to understand how they can improve the extent to which they are meeting the performance requirements.
- 3.12 It is for the council to determine how to make the most effective use of the panel performance assessment, and ensure its findings are used alongside other sources in determining its approach to corporate performance, governance and improvement.
- 3.13 Panel performance assessment is part of a culture where councils are open to and embrace challenge, whether presented from within the authority or, in this case, externally. The assessment should be seen as challenging, but constructive, an effective and proportionate approach to continuously learning how to make the council stronger.
- 3.14 Research has shown the potential value to a council in seeking a peer perspective, such as that which a panel performance assessment will provide,

at a corporate, organisational level.⁹ For example, it has been found that such a peer perspective can confirm the council's own understanding of what is needed and add strength to the case for change, as well as supporting or encouraging both organisational and behaviour change.

Approach to panel performance assessment

- 3.15 Each individual council will wish to, and should be free to, determine its own approach to engaging with panel performance assessments (within the broad parameters set out by the Act).
- 3.16 Although it will ultimately be for the council and the panel to determine, we would expect a panel performance assessment to encompass three broad stages; Preparation, Assessment and Follow Up.

Stage 1 - Preparation

This stage is council-led and is likely to include:-

- **Scoping the requirements** of the panel performance assessment. The council may wish to work with partners to do this, and consider any particular challenges that have been highlighted in their self-assessment or in recent audit, inspection or regulator reports. This will help to identify the skills and expertise required from the panel to maximise the impact of the assessment.
- **Identifying and commissioning a panel** to undertake the assessment.
- **Establishing the terms of reference** for the panel performance assessment and, once in place, agreeing the terms of reference with the chair of the panel. This will also provide an opportunity to discuss expectations and approach to the assessment.
- **Sharing relevant information** with the panel to set the context for the assessment.
- **Making practical arrangements** as required by the panel to enable them to effectively conduct the assessment.

Stage 2 – Assessment

This stage is largely led by the panel and is likely to include:-

- **Desk-based review by the panel** to inform their initial thinking and decisions on the areas they wish to focus on during the assessment.

⁹ see Downe, J., Bottrill, I. and Martin, S. (February 2017) *'Rising to the challenge: an independent evaluation of the LGA's corporate peer challenge programme'*. Cardiff Business School: Centre for Local & Regional Government Research.

- **Discussions between the panel** and elected members, officers and other stakeholders about areas within the scope of the assessment.¹⁰
- **Verbal presentation of main findings by the panel.**

Stage 3 - Follow up

This stage should include:-

- The panel sending their **final report** to the council.
- The council **considering its response** to the panel assessment, including the **actions it intends to take following the learning** from the assessment.
- The council **involving its governance and audit committee** and considering any recommendations the committee makes on its response to the panel performance assessment.

Timing

- 3.17 The duty to arrange a panel performance assessment at least once during an electoral cycle means an assessment should take place in the period between ordinary elections of councillors to the council. A council may choose to commission more than one panel assessment in an electoral cycle, but it is not a requirement of the legislation.
- 3.18 It is for the council to choose the time during the electoral cycle when panel performance assessment is likely to be of most value to the council. The council should consider how the panel performance assessment can be best timed to align with other aspects of its corporate governance approach and other service specific inspections or assessments. The council may also wish to reflect on the timing of any reviews by the Future Generations Commissioner and examinations by the Auditor General for Wales, so that maximum value is achieved from the panel performance assessment. The council may wish to seek advice from inspectorates, regulators or Audit Wales on this point.
- 3.19 The only requirement on timing is that arrangements must enable the council to publish a panel performance assessment report at least six months before the date of the next ordinary election. Councils will wish to consider timing in relation to the code of recommended practice on local authority publicity, and not leave it too late in the cycle to enable a panel assessment to be commissioned and concluded.
- 3.20 Councils could, in theory, commission a panel performance assessment near the start of an electoral cycle and the next assessment near the end of the next electoral cycle. This could mean a gap of nine years between panel

¹⁰ Panels should gather and use intelligence to reflect the experience of and impact on [people from different protected groups](#) and those experiencing [socio-economic disadvantage](#)

performance assessments. However, this approach would be discouraged as it could well call into question how a council is effectively exercising its functions in relation to its performance and governance.

Preparation in advance of assessment

- 3.21 A council should not feel it has to 'prove' anything to the panel and as such preparation in advance of a panel assessment should not be overly onerous. However, it is recognised a panel performance assessment will require some administrative resource to support the panel with practical arrangements, such as arranging meetings and focus groups, and facilities for the panel to use if appropriate.
- 3.22 The panel will also wish to see key documents as part of their assessment which will require officer time to collate, but it is not envisaged this will involve the preparation of any new reports, as there should already be a range of information (including the self-assessment report) available.

Appointing a panel

- 3.23 The council is responsible for identifying panel assessors, commissioning the panel to undertake the assessment, and meeting any associated costs.
- 3.24 Selection of panel members will be key to ensuring an effective and meaningful, assessment. The council should ensure the panel has a range of practical experience, knowledge and perspectives, has integrity, objectivity and assurance that its findings will be trusted by the council. The council should also consider the importance of diversity when appointing the panel.
- 3.25 To ensure independence panel members must have sufficient detachment from the council to reach impartial, objective conclusions about how the council is meeting the performance requirements. For example no one who is, or has recently been (within the last two years), a member or officer of the council being assessed should be considered for appointment to the panel. A panel member should not be conflicted (in so far as a reasonable third party would regard a panel member as conflicted) in offering an assessment of how the council is meeting the performance requirements.
- 3.26 To be most effective the panel should be peer-led. It should have a mix of experienced senior officers, councillors and others who work with local government including from the wider public and other sectors, who can command the confidence of the council and ensure councils get the most appropriate challenge, support and constructive recommendations. Panel members can also have experience of Wales or further afield.
- 3.27 Whilst it is important that a proportion of the panel have a good understanding of the complexity of working in a political environment and the impact that this can have on organisational culture and priorities, it is equally important that those with experience of other sectors and working with local government are able to bring these valuable insights to the work of a panel.

- 3.28 It would be expected that any assessment panel commissioned under the council's duties contained in the Act should include as a minimum:-
- An independent panel chair – not currently serving in an official or political capacity within local government
 - A peer from the wider public, private or voluntary sectors
 - A serving local government senior officer, likely to be equivalent to chief executive or director, from outside the council to be assessed
 - A senior elected member, from outside the council to be assessed
- 3.29 The council may choose to appoint other additional members of the panel as they see fit, for example officers at other levels, more partner representatives or other external experts. The council may also wish to assign an officer to work with the panel for the duration of the assessment, to provide administrative support and co-ordinate activity across the authority.

The panel's role in carrying out a panel performance assessment

- 3.30 The panel, acting jointly, is required to assess the extent to which the council is meeting the performance requirements, that is, the extent to which:-
- it is exercising its functions effectively;
 - it is using its resources economically, efficiently and effectively;
 - its governance is effective for securing the above.
- 3.31 In this way the panel is building on, and complementing, the self-assessments already undertaken by the council. The panel may find it helpful to refer to the guidance on self-assessment to guide their approach to undertaking the panel assessment. The panel's focus should be on looking at the current situation, and over a sufficient previous period to get a meaningful picture of the position in the council and any trends. The panel will be considering how capable the council is to respond to the changing environment in which it operates, and should be guided in its work by using the ways of working set out in the Well-being of Future Generations Act.¹¹
- 3.32 The panel may also find it helpful to consider the activities common to the corporate governance of public bodies as set out in the statutory guidance on the Well-being of Future Generations (Wales) Act 2015¹²:-
- Corporate planning
 - Financial planning
 - Workforce planning (people)
 - Procurement

¹¹ See [Chapter 1](#) for full details of the ways of working

¹² [Well-being of Future Generations Act Guidance](#)

- Assets
 - Risk management
 - Performance Management
- 3.33 Using this as a framework should guide the panel in understanding whether the council is governing itself effectively in order to maximise its contribution to the well-being goals.¹³
- 3.34 This is a corporate, organisational assessment, designed to consider the extent to which the council is meeting the performance requirements and its capability to deliver effective outcomes. The panel should not be seeking to undertake deep dives or in-depth service reviews, although a panel may draw on the findings of other peer reviews or in-depth service reviews in reaching their conclusions. The panel should not be looking to audit / check the councils own self-assessments, although the approach a council takes to self-assessment may inform a panel's view on the effectiveness of its governance arrangements.
- 3.35 In carrying out a panel performance assessment in respect of a council, a panel must consult the following about the extent to which the council is meeting the performance requirements:
- local people;
 - other persons carrying on a business in the council's area;
 - the staff of the council;
 - and every trade union which is recognised (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992 (c.52) by the council.
- 3.36 While this is the minimum required by the legislation, the panel may choose to consult or involve others as it determines relevant to its assessment of how the council is meeting the performance requirements.¹⁴ The panel may, for example, seek to consult other partners involved in collaborative working with the council, as well as audit, inspection or regulatory bodies.
- 3.37 It is for the panel to consider how it might wish to consult in order to effectively contribute to the panel assessment process, for example utilising existing engagement mechanisms, web-based surveys, questionnaires etc. These should be designed to be representative of the relevant population (e.g. local people, or staff). It is for the council to make the necessary arrangements to facilitate the consultation.
- 3.38 The panel will also utilise a range of other internal and external sources, ensuring a broad evidence base to inform conclusions on the extent to which the council is meeting the performance requirements and recommendations on how to improve. Suggestions of sources which could inform the

¹³ See [Chapter 1](#) for full definitions of the goals.

¹⁴ Panels should gather and use intelligence to reflect the experience of and impact on [people from different protected groups](#) and those experiencing [socio-economic disadvantage](#)

assessment are included in the guidance to councils on conducting self-assessments.

3.39 Councils will need to consider how long they will need to engage a panel for, and agree this with the panel, to ensure there is sufficient time for the three broad stages set out in paragraph 3.16.

3.40 The assessment is likely to include the following key steps for the panel, although it will be for the panel to determine and agree its approach:-

- A scoping meeting.
- Desk based research.
- Meetings with political leaders, senior officers; and discussion groups, including with staff and partners, local people, unions and representatives of local businesses.
- Analysis of findings and agreement to conclusions.
- Presentation of key findings.
- Preparation of the panel's report to the council setting out their conclusions.

Panel assessment report

3.41 Following the conclusion of a panel assessment, a panel must make a report setting out:-

- its conclusions as to the extent to which the council is meeting the performance requirements;
- any actions the panel recommends that the council could take in order to increase the extent to which it meets the performance requirements.

3.42 It is for the panel to determine the form and content of this report, although it would be expected that it would reflect the key principles of openness and transparency, and accessibility for the public and all councillors. The report must be the judgements and recommendations of the panel acting jointly.

3.43 The panel chair should discuss their conclusions and recommendations with the council leader and chief executive, and any others the council wish to involve (for example leaders of the opposition and political groups, and chairs of scrutiny committees), to ensure that the richness of the learning from the assessment is properly conveyed.

3.44 The panel must send the report as soon as is reasonably practicable after it has been prepared to:-

- The council
- The Auditor General for Wales
- Her Majesty's Chief Inspector of Education and Training in Wales
- The Welsh Ministers¹⁵

¹⁵ This includes Care Inspectorate Wales

Publication of panel assessment report

3.45 It is the responsibility of the council, not the panel, to publish the panel report. As soon as reasonably practicable after receiving the report from the panel, the council must:-

- make the report available to the council's governance and audit committee; and
- publish the report.¹⁶

Responding to the panel assessment report

3.46 The council must prepare a response to the panel performance assessment report. In its response, the council is required to state:-

- the extent to which it accepts the conclusions in the report;
- the extent to which the council intends to follow any recommendations contained in the report; and
- any actions it proposes to take to increase the extent to which it meets the performance requirements.

3.47 The conclusions and recommendations from the assessment should be used to guide the council in identifying actions it will take to increase the extent to which it is meeting the performance requirements. The report should highlight areas where self and sector-led support might be valuable. It may also reiterate something that the council is already aware of and add weight to the case for change, and / or indicate where it would be beneficial to involve others as appropriate.

3.48 In responding, a council should apply the Well-being of Future Generations (Wales) Act 2015 and formulate its response according to the five ways of working. This should apply to both *what* the council intends to do and *how* it intends to do it. Involving others in formulating its response would be the mark of a forward thinking council.

3.49 A council should also reflect on a panel performance assessment when undertaking its next self-assessment, to see whether the learning from the panel assessment has been put into action.

Involving the governance and audit committee

3.50 The council must make a draft of its response to the panel performance assessment available to its governance and audit committee, which must then review the draft response and may make recommendations for changes to the response to the panel assessment.

¹⁶ Electronically on the council's website see s171(2) of the Local Government and Elections (Wales) Act 2021.

3.51 If the council does not make a change recommended by the governance and audit committee, it must set out in the final response the recommendation and the reasons why it did not make the change.

Publication of the response to the panel assessment report

3.52 As soon as reasonably practicable after finalising the response, the council must publish¹⁷ the response and send the response to:

- The members of the panel
- The Auditor General for Wales
- Her Majesty's Chief Inspector of Education and Training in Wales
- The Welsh Ministers¹⁸

3.53 The response to a panel assessment report must be published at least four months before the next ordinary election of councillors to the council is due to take place.

¹⁷ Electronically on the council's website see s171(2) of the Local Government and Elections (Wales) Act 2021.

¹⁸ This includes Care Inspectorate Wales

Chapter 4 - Special inspections by the Auditor General for Wales

Introduction

4.1 Over and above the system of self-assessment, panel performance assessment and reporting, the performance and governance provisions in the Local Government and Elections (Wales) Act 2021 (“the Act”) provide for a special inspection of a council to be carried out by the Auditor General for Wales. This chapter describes powers for special inspections of councils, sets out how a decision to undertake a special inspection is taken, and describes the duties of councils and the Welsh Ministers to respond to special inspection reports. Councils may put reports through their own democratic processes, in addition to meeting these statutory requirements

Power to carry out a special inspection

4.2 The purpose of a special inspection is to support a council in meeting, or increasing the extent to which it is meeting, the performance requirements.

4.3 If the Auditor General for Wales considers that a council is not, or may not be meeting, the performance requirements, the Auditor General may carry out a special inspection. This inspection is to assess the extent to which the council is meeting the performance requirements, that is, the extent to which:-

- it is exercising its functions effectively;
- it is using its resources economically, efficiently and effectively;
- its governance is effective for securing the above.

4.4 Welsh Ministers can also request the Auditor General to consider whether a council is not, or may not be, meeting the performance requirements; and determine whether to carry out a special inspection.

4.5 The Auditor General must consult the Welsh Ministers before determining whether to carry out a special inspection of a council, unless the Welsh Ministers made the request as outlined above.

4.6 The Auditor General must also give notice in writing to the council of the intention to carry out a special inspection specifying:-

- the reasons for considering the council is not or may not be meeting the performance requirements; and
- the matters the Auditor General intends to inspect (although the Auditor General is not restricted to inspecting only the matters specified in the notice).

4.7 Following a special inspection, the Auditor General must make a report setting out:-

- conclusions as to the extent to which the council is meeting the performance requirements; and

- any actions it is recommended the council or Welsh Ministers take to increase the extent to which the council meets the performance requirements and/or improve the effectiveness of local government for the area.
- 4.8 The Auditor General must, as soon as reasonably practicable, publish the report and send the report to:-
- the principal council to which it relates;
 - Her Majesty's Chief Inspector of Education and Training in Wales;
 - The Welsh Ministers¹⁹
- 4.9 A council in receipt of a special inspection report must make the report available to its governance and audit committee as soon as reasonably practicable.
- 4.10 If the report deals with the administration of housing benefit by the council, the Auditor General may send the report to the Secretary of State.

Duty to respond to Auditor General's recommendations – principal council

- 4.11 A council in receipt of a special inspection report by the Auditor General for Wales has a duty to respond to the recommendations.
- 4.12 The response must state what action, if any, the council intends to take in response to the recommendations. The council must make a draft of the response available to its governance and audit committee, which must review the draft response and may make recommendations for changes to the draft. If the council does not make a change recommended by the governance and audit committee, the council must set out in the response both the recommendation and the reasons why it did not make the change.
- 4.13 The response must be sent to the Auditor General within 30 days of the council receiving the report, unless the Auditor General specifies a longer period in writing.
- 4.14 The council must, as soon as reasonably practicable after sending the response to the Auditor General, publish the response and send it to:-
- Her Majesty's Chief Inspector of Education and Training in Wales;
 - The Welsh Ministers²⁰

Duty to respond to Auditor General's recommendations – Welsh Ministers

- 4.15 If a special inspection report made by the Auditor General for Wales contains recommendations for action to be taken by the Welsh Ministers, the Welsh Ministers must prepare a response to the recommendations.

¹⁹ This includes Care Inspectorate Wales

²⁰ This includes Care Inspectorate Wales

4.16 The Welsh Ministers' must publish their response as soon as reasonably practicable and send it to:-

- The Auditor General;
- The principal council to which the Auditor General's report relates; and
- Her Majesty's Chief Inspector of Education and Training in Wales.

Chapter 5 – Support and assistance with improving performance, and intervention by Welsh Ministers

Introduction

- 5.1 The Local Government and Elections (Wales) Act 2021 (“the Act”) makes provision for Welsh Ministers to provide support and assistance to councils, and where necessary to intervene where a council is facing significant problems.
- 5.2 This chapter describes powers for Welsh Ministers to provide statutory support and assistance, and is distinct from any informal sector-led support available to councils. Self-assessment and panel performance assessment should assist councils in identifying issues early, access sector-led support to address issues, and avoid the need for more formal statutory support.
- 5.3 This chapter also describes powers for statutory intervention by Welsh Ministers to increase the extent to which a council is meeting the performance requirements. Statutory intervention in a council is an action of last resort. Welsh Ministers will endeavour to work with a council and other partners to offer support to allow councils to deal with issues in an appropriate and timely manner to ensure they do not become critical or crisis issues.
- 5.4 The purpose of the support and intervention powers is to secure good governance and the delivery of effective local government, not to effect substantive change to the underlying functions of a council.

Support and assistance by the Welsh Ministers

- 5.5 Welsh Ministers are able to provide support to a council to address difficulties they are facing in meeting the performance requirements. This support will be bespoke and designed for the specific issues or circumstances causing concern. In this way the support and assistance would be tailored to best meet the specific needs of the council.
- 5.6 A council may ask Welsh Ministers to consider providing support and assistance and such a request would be the mark of a forward thinking, open organisation intent on delivering for its communities.
- 5.7 Welsh Ministers can also provide support and assistance in the absence of a request from a council, in order to increase the extent to which a council meets the performance requirements.
- 5.8 The Welsh Ministers must consult the council about the support and assistance they intend to provide.
- 5.9 Welsh Ministers can direct a council to provide support and assistance to another council if considered appropriate to increase the extent to which the council receiving support meets the performance requirements.

- 5.10 Before making a direction both councils would be consulted and all circumstances, including the impacts of providing this support, would be taken into consideration.

Powers of the Welsh Ministers to intervene

- 5.11 If Welsh Ministers consider it is likely a council is not meeting the performance requirements, or that the council is not meeting the performance requirements, they may direct a council to take specific actions and may also direct that a function of a council be performed by the Welsh Ministers or their nominee.
- 5.12 The Act includes conditions on when and how Welsh Ministers can give an intervention direction. These state that Welsh Ministers must:-
- have provided or attempted to provide support and assistance to the council;
 - have consulted such persons as they consider appropriate; and
 - have notified the relevant council that they intend to give the direction.
- 5.13 However, if Welsh Ministers consider there is an urgent need to give a direction these conditions would not apply.
- 5.14 Welsh Ministers would approach each situation on its own merits when determining whether statutory support or statutory intervention is necessary, taking account of a full range of evidence.
- 5.15 The Welsh Ministers may direct a council to co-operate with the Welsh Ministers, or with another council it directs to give support and assistance. The supported council must give access to its premises, documents, other information, and facilities and assistance for the purposes of providing support and assistance (unless prohibited from doing so by any enactment or rule of law).



Cyngor Sir
CEREDIGION
County Council

Proses Hunanasesu Cyngor Sir Ceredigion / Ceredigion County Council Self- Assessment Process

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Pwyllgor Llywodraethu ac Archwilio /
Governance and Audit Committee

6 Mehefin 2022 /
6 June 2022



Rhan 6 o Ddeddf Llywodraeth Leol ac Etholiadau (Cymru) 2021 / Part 6 of the Local Government and Elections (Wales) Act 2021

- Cyflwyno **cyfundrefn berfformio newydd** ar gyfer Prif Gyngorau
- Mae angen i gyngor fod yn **hunanymbodol**, deall a yw'n cyflawni'r **canlyniadau cywir**, a herio ei hun i **wella'n barhaus**
- Pwyslais ar **ganlyniadau** nid ar y broses
- Ystyried perfformiad o safbwynt y **sefydliad cyfan**
- Introduces **new performance regime** for Principal Councils
- Councils need to be **self-aware**, understanding whether its delivering the **right outcomes**, and challenging itself to **continuously improve**
- Focus is on **outcomes**, not on process
- **Organisation-wide** view of performance

Rhan 6 o Ddeddf Llywodraeth Leol ac Etholiadau (Cymru) 2021 / Part 6 of the Local Government and Elections (Wales) Act 2021

- Nid ond yn fater o **gyflawni amcanion**, ond hefyd sut mae cyflawni ei swyddogaethau, defnyddio'i adnoddau a llywodraethu ei hun.
- Rhaid **cyhoeddi Adroddiad Hunanasesu** (gyda chynllun gweithredu)
- **Y Cynllun Gweithredu** yw cynnyrch allweddol y broses. Mae gwerthuso llwyddiant y cynllun yn hanfodol i nod y Ddeddf.
- Not just about **meeting objectives**, but also how its delivering its functions, using its resources and governing itself.
- Requirement to **publish Self-Assessment Report** (with action plan)
- The Self-Assessment **Action Plan** is the key output from the process. The evaluation of achievement of the plan is the core of the Act's aim...i.e. the “so what” question

Rhan 6 o Ddeddf Llywodraeth Leol ac Etholiadau (Cymru) 2021 / Part 6 of the Local Government and Elections (Wales) Act 2021

- Mae gan bob Aelod rôl i'w chwarae ond mae gan y **Pwyllgor Llywodraethu ac Archwilio** rôl hanfodol o ran “adolygu'r” Adroddiad Hunanasesu
- Dylai Hunanasesu **lywio** a **dylanwadu** ar gynllunio strategol, prosesau rheoli ariannol/cyllidebol, a'r gwaith o gynllunio gwelliant ac adrodd arno.
- **Ymgysylltu'n barhaus** â'r cyhoedd, busnesau, staff ac undebau.
- Unwaith ym mhob cylch etholiadol, rhaid i bob Awdurdod Lleol gael '**Aseiad Perfformiad gan Banel**'
- All Members have a role to play but the **Governance and Audit Committee** have a critical role in “reviewing” the Self-Assessment Report
- Self-Assessment should **inform** and **influence** strategic planning, financial management/budget processes, improvement planning and reporting.
- **Ongoing engagement** with the public, businesses, staff and unions.
- Once in each election cycle, each LA must have a '**Panel Performance Assessment**'

Pwyntiau allweddol y broses Hunanasesu / Key points of the Self-Assessment process

- Gorffen cyhoeddi'r **Adroddiad Blynyddol** presennol
- Cyhoeddi **Adroddiad Hunanasesu** sy'n bodloni gofynion:
 - Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015
 - Deddf Llywodraeth Leol ac Etholiadau (Cymru) 2021
- Defnyddio Cwestiynau Allweddol neu “**Drywydd Holi Allweddol**” i sicrhau fod y broses yn canolbwyntio ar 1) canlyniadau 2) perfformiad o safbwynt y sefydliad cyfan 3) gofynion y Ddeddf a 4) yn seiliedig ar dystiolaeth
- Cease publication of the existing **Annual Report**
- Publish **Self-Assessment Report** that discharges the requirements of both:
 - Well-being of Future Generations (Wales) Act 2015
 - Local Government and Elections (Wales) Act 2021
- Use Key Questions or “**Key Lines of Enquiry**” approach to ensure the process is focused on 1) outcomes, 2) corporate view of performance, 3) requirements of the Act and is 4) evidence based

Pwyntiau allweddol y broses Hunanasesu / Key points of the Self-Assessment process

- **Gweithdy LG** i nodi tystiolaeth a sgoriau
- Gosod Hunanasesu fel rhan o **System Berfformio Teifi**, a chreu 'Dangosfwrdd' Hunanasesu
- Cyhoeddi'r Adroddiad Hunanasesu **yn flynyddol** (Un cylch = blwyddyn)
- Amserlenni yn cyd-fynd – e.e. Mae Hunanasesu yn **sbardun allweddol ar gyfer Cynlluniau Busnes**
- Bydd Blwyddyn 1 yn **"flwyddyn o ddysgu"**
- **Darparu cydbwysedd** rhwng gofynion y Ddeddf a chapasiti
- **LG workshop** to identify evidence and scores
- Build Self-Assessment into the **Teifi Performance System**, and create Self-Assessment 'Dashboard'
- Publish the Self-Assessment Report **annually** (One cycle = one year)
- Timescales aligned – e.g. Self Assessment is a **key driver for Business Plans**
- Year 1 would be a **"year of learning"**
- **Provides balance** between requirements of the Act and capacity

Braslun o'r Broses Hunanasesu / Self-Assessment Outline Process

**TROSOLWG A
CHRAFFU**

**GWEITHDY GRŴP
ARWEINIOL**

**CASGLU
TYSTIOLAETH**

**ADRODDIAD
ADOLYGU
DRAFFT Y GRŴP
ARWEINIOL**

**ADRODDIAD
ADOLYGU
DRAFFT Y
PWYLLGOR
LLYWODRAETHU
AC ARCHWILIO**

**CYHOEDDI'R
HUNAN-
ASESIAD**



OVERVIEW &
SCRUTINY

LEADERSHIP
GROUP
WORKSHOP

COLLATE
EVIDENCE

LEADERSHIP
GROUP
REVIEW DRAFT
REPORT

GOVERNANCE
AND AUDIT
COMMITTEE
REVIEW DRAFT
REPORT

PUBLISH SELF-
ASSESSMENT

Trywydd Holi Allweddol / Key Lines of Enquiry

Golynion Perfformiad y Ddeddf	Thema	Trywydd Holi Allweddol	Asesiad Presennol				Cynllunio at y Dyfodol a Chyflawni		
			Pa mor dda ydyn ni'n perfformio a sut ydyn ni'n gwybod?				Beth a sut allwn ni wella?		
			Tystiolaeth	Beth sy'n gweithio'n dda?	Beth ydych chi'n poeni amdano?	Sgôr	Ble mae angen i ni fod?	Beth sydd angen i ni wneud i gyrraedd yno?	Beth fydd yn dangos i ni ein bod wedi cyrraedd yno?
Gweithredu ei swyddogaethau yn effeithiol	Pa mor dda y mae'r Cyngor yn sicrhau gwell canlyniadau i bobl yn yr ardal leol?	1) A oes gan y Cyngor gyfres o strategaethau corfforaethol a gwasanaethol sy'n nodi gweledigaeth a blaenoriaethau'r Cyngor?							
		2) A yw'r strategaethau hyn yn cyflawni eu hamcanion?							
		3) A yw'r strategaethau hyn yn gynaliadwy o ran addasu ar gyfer anghenion y sefydliad yn y dyfodol?							
		4) A oes gan y Cyngor fframwaith rheoli perfformiad effeithiol a phroses craffu democrataidd ar waith i gefnogi'r gwaith o gyflawni gweledigaeth a blaenoriaethau'r Cyngor?							
		5) A yw Cynlluniau Busnes y Gwasanaethau yn cyflawni eu hamcanion a'u targedau perfformiad?							

Trywydd Holi Allweddol / Key Lines of Enquiry

Performance Requirements of the Act	Theme	Key Line of Enquiry	Current Assessment				Future Planning and Delivery		
			How well are we doing and how do we know?				What and how can we do better?		
			Evidence	What's working Well?	What are you worried about?	Score	Where do we need to be?	What do we need to do to get there?	What will tell us we have got there? i.e. the "so what"
Exercising its functions effectively	How well is the Council delivering improved outcomes for people in the local area?	1) Does the Council have a set of corporate and service strategies in place which set out the Council's vision and priorities?							
		2) Are these strategies delivering their aims and objectives?							
		3) Are these strategies sustainable in adapting to the future needs of the organisation?							
		4) Does the Council have an effective performance management framework and democratic scrutiny in place to support delivery of the Council's vision and priorities?							
		5) Are Service Business Plans delivering their objectives and performance targets?							

Ymarfer Myfyriol / Reflective Practice

Mae ystyried neu **ymarfer myfyriol** yn rhan annatod o Hunanasesu:

- Sefydlu diwylliant o ymarfer myfyriol yn gorfforaethol ac mewn gwasanaethau
- Gofyn yn gyson “sut allwn ni wella?”
- Bod datrysiadau yn canolbwyntio ar arferion gwaith a'n 'ffordd o wneud pethau'
- Annog a dal creadigrwydd ac arloesedd

Reflection or **reflective practice** is an integral part of Self-Assessment:

- Establish a culture of reflective practice both corporately and in services
- Constantly asking ‘how can we improve?’
- Solutions focus on working practices and ‘how we do things’
- Encourage and capture creativity and innovation

Llinell Amser / Timeline

Mehefin – Gorffennaf /

June - July

Gorffennaf – Awst /
July - August

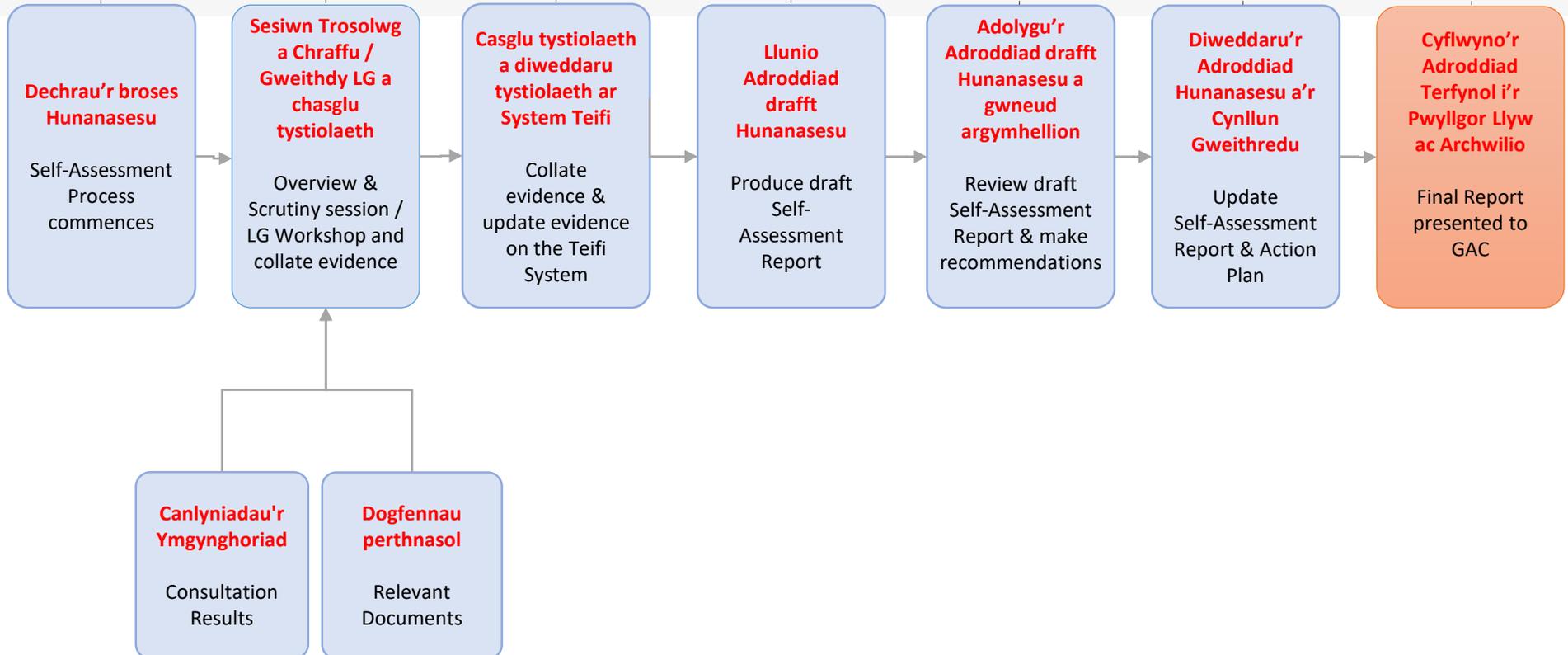
Medi /
September

Hydref /
October

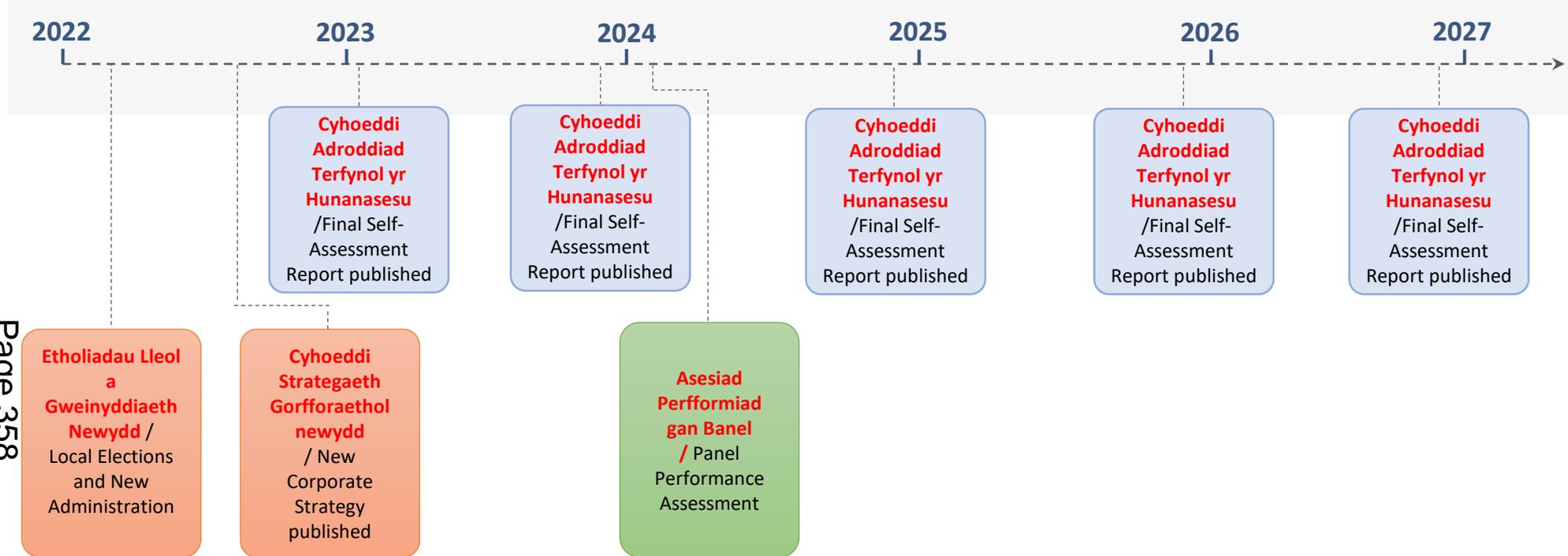
Tachwedd /
November

Ebrill /
April

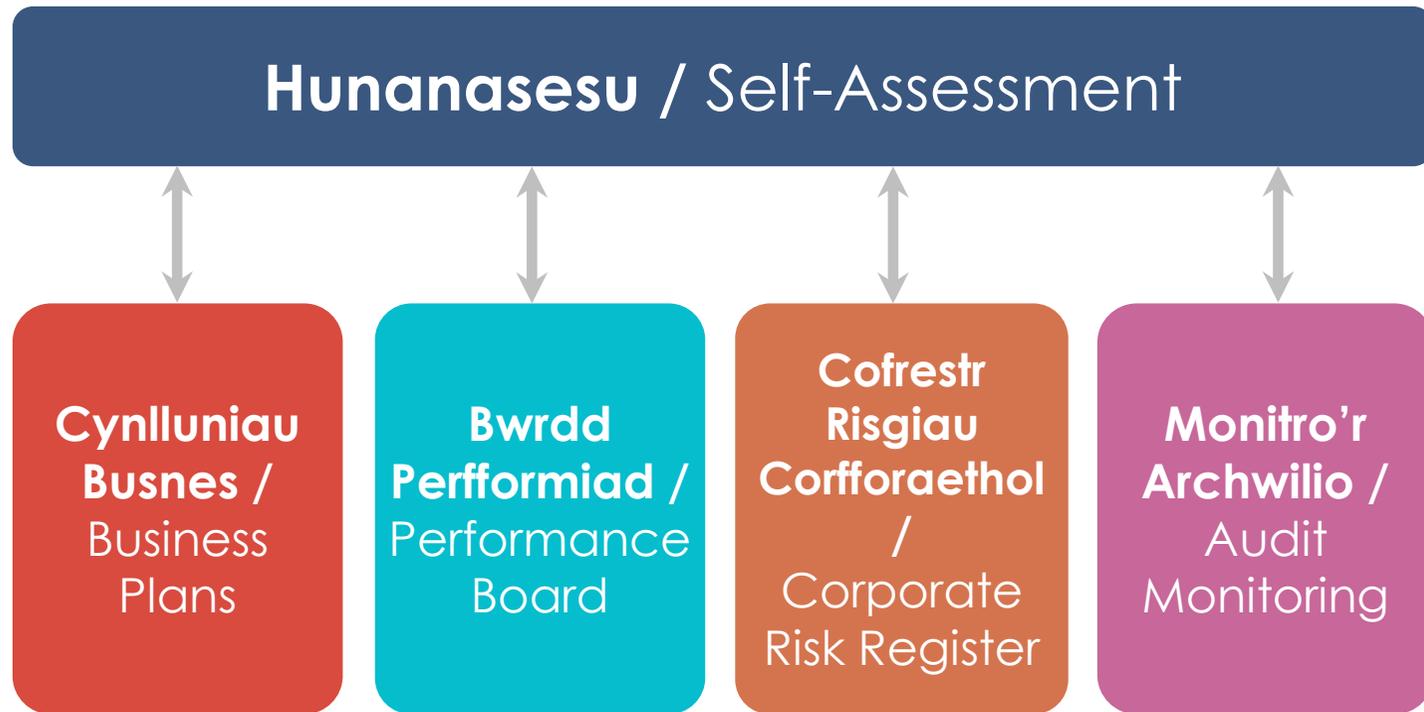
Ebrill – Mai/
April - May



Cylch Etholiadol 2022-27 / Election Cycle 2022-27



Integreiddio gyda'r Fframwaith Perfformiad / Integrating with the Performance Framework



Atgoffa/ Recap:

Beth mae'n ei olygu o ran Llywodraethu ac Archwilio? /

What does it mean for Governance and Audit?

- Mae gan **bob Aelod** rôl allweddol i'w chwarae
- **Hyrwyddo egwyddorion** hunanasesu ac ymarfer myfyriol
- Mae gan y **Pwyllgor Llywodraethu ac Archwilio** rôl hollbwysig o ran:
 - **Adolygu**'r Adroddiad Hunanasesu drafft
 - Gwneud **argymhellion** ar yr Adroddiad Hunanasesu
- Mae'r Pwyllgor yn **dderbynnnydd statudol** o'r Adroddiad Hunanasesu Terfynol
- **All Members** have a key role to play
- **Champion the principles** of self-assessment and reflective practice
- The **Governance and Audit Committee** have a critical role in:
 - **Reviewing** the Draft Self-Assessment Report
 - Making **recommendations** on the Self-Assessment Report
- The Committee is a **statutory recipient** of the Final Self-Assessment Report

Cyngor Sir CEREDIGION County Council

Report to:	Governance and Audit Committee
Date of meeting:	6th June 2022
Title:	Corporate Risk Register
Purpose of the report:	To update the Governance and Audit Committee on the Corporate Risk Register
Cabinet Portfolio and Cabinet Member	Councillor Bryan Davies, Leader of the Council and Cabinet Member for Policy, Performance, Partnerships and Democratic Services

Regular reports are provided to the Governance and Audit Committee regarding the Council's Corporate Risk Register to provide on-going information and assurance that risks identified by senior managers are managed appropriately. This reinforces the Governance and Audit Committee role of providing independent assurance to Council of the appropriate management of the Corporate Risk Register.

Appendix A contains the latest Corporate Risk Register.

All risks have been reviewed and include updated commentary. Although the majority of risks remain unchanged, Governance and Audit Committee are asked to note the following changes to the Register since the last update:

- R005 Medium Term Financial Plan – the risk score has increased from 15 to 20 to reflect the impact of rising inflationary pressures. Oil and prices of other goods are increasing above those budgeted. There is also a risk that pay awards will be higher than costed and inflation indices affecting contracts will impact on next and the following year's budget.
- R016 Brexit – this has been removed from the register as it has become impossible to determine the impact of Brexit alone versus other global factors contributing to the economic situation.
- R018 Covid 19 – the risk score has reduced from 20 to 12. The current Omicron variant has proved to be more transmissible but less serious to health than some of its predecessors as the vaccination programme has been particularly effective. Both UKG and WG have rolled back regulation and nearly all restrictions have been lifted, resulting in Council services reintroduced, subject to risk assessments.

Recommendations (s): That Governance and Audit Committee note the updated Corporate Risk Register

Reason for decision: To ensure that the Council manages Corporate Risks appropriately in line with the Corporate Risk Strategy and Framework

Appendices: Appendix A – Corporate Risk Register

Corporate Lead Officer: Alun Williams (Corporate Leader Officer Policy, Performance and Public Protection)

Reporting Officer: Alun Williams (Corporate Leader Officer Policy, Performance and Public Protection)

Date: 11th May 2022

Corporate Risk Register



Governance and Audit Committee

Reviewed and updated by Leadership Group	11/05/2022
Last Monitored by Governance and Audit Committee	19/01/2022
Next Audit Committee	06/06/2022

Corporate Risk Register

Contents and Summary

Risk Name	Owner		Risk Rating	
R003: Corporate Improvement and Performance Management Arrangements	Diana Davies	6		
R004: Business Continuity and Civil Contingency	Diana Davies	15		
R005: Medium Term Financial Plan	Stephen Johnson	20		
R006: Through Age & Well-being Programme	James Starbuck	15		
R009: Information Management & Cyber Security Resilience	Arwyn Morris	8		
R015: Supporting Local Food Businesses, Maintain Safety	Carwen Evans	16		
R017: Safeguarding	Sian Howys	15		
R018: Covid-19	Alun Williams	12		
R019: Climate Change and Coastal Erosion/Flooding	Russell Hughes-Pickering / Rhodri Llwyd	25		
R020: Ash Dieback	Rhodri Llwyd	20		
R021: Phosphates	Russell Hughes-Pickering	20		

Risk Key		
	Red	High Risk
	Amber	Medium Risk
	Green	Low Risk

Trend Key	
	Risk score has increased
	No change to risk score
	Risk score has decreased

Corporate Risk R003 Corporate Improvement & Performance

Owner: CM Diana Davies

Description

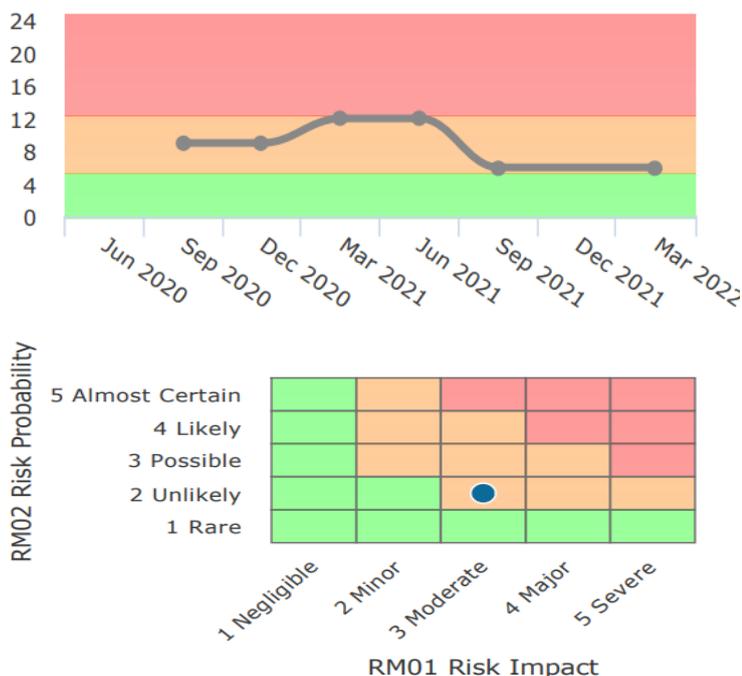
Failure to ensure that Performance Management arrangements are fit for purpose to meet our future priority needs and failure to support the implementation of a new Corporate Performance Management System as required by the new Local Government Act will impact on our ability to use effective business intelligence in future decision making processes.

Potential Consequence

The main consequences for the Council are reputational, political and poorer service delivery for citizens of the County. This could lead to poor regulatory reports, intervention, as well as a reduction in budget.

Evidence of Risk

Potential risks remain in terms of delivery and poorer service for customers, as services make savings. Good financial planning and corporate performance management arrangements are in place to mitigate those risks. The performance management processes were temporarily suspended for a period during 2020-21 due to the Covid-19 pandemic but have now been re-commenced.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R003T01: Ensure business and service plans are up to date	31 Mar 2023	★	★		★
R003T04: Develop and implement the Teifi performance system to prepare for the new self-assessment legislation	31 Dec 2022	●	●		●
R003T06: Implement self-assessment arrangements – Local Government & Elections (Wales) Act 2021	31 Dec 2022	●	●		●
R003T07: Re-introduce and continually review Performance Board arrangements	31 Mar 2023		★		★

Comments (eg progress to date)

The Council's Business Planning and Performance processes have now been re-established following a period of suspension during 2020/21 as Covid recovery work took priority.

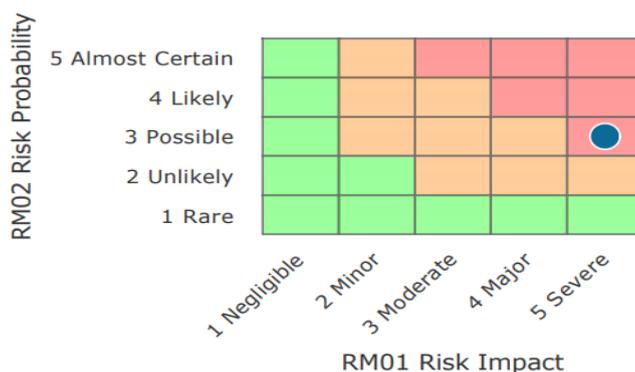
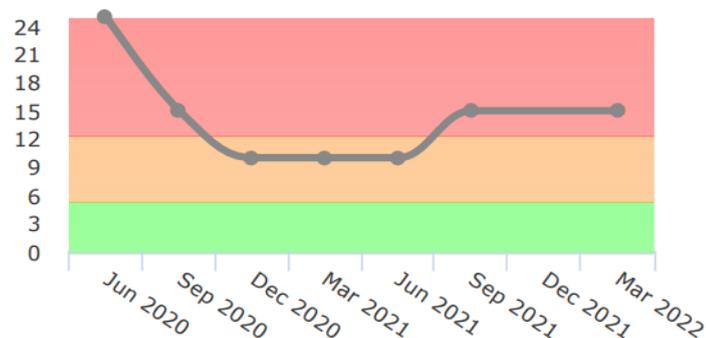
A new Business Planning Process went live in 2021 which features a more streamlined approach to setting, objectives, tasks and measures and a centralised approach to recoding the linkages between objectives and priorities.

Two Performance Board meetings have now been held with the most recent in March. The new process has been supplemented by new training materials to support the use of the Teifi Performance System and a series of drop-in training sessions. Consideration has also been given to Part 6 of the Local Government and Elections Act which introduces the new self-assessment based performance regime for Principal Authorities. This was introduced in April 2021, and the Council is in the process of developing a new process to support the delivery of the annual self-assessment. The new performance regime for principal councils requires a change in approach including ongoing engagement on its performance, a panel assessment once every electoral cycle and the publication of an annual self-assessment of its performance.

Corporate Risk R004 Business Continuity

Owner: CM Diana Davies

Description
Failure to have business resilience or dealing with emergency events is likely to significantly impact on the delivery of essential services and the lives of people in our communities.
Potential Consequence
There are several organisational and citizen risks associated with poor business continuity and civil contingency planning as services could be affected during incidents, and major incidents may have both immediate and long term consequences including failure to deliver essential services, injury/fatalities, claims for compensation, property damage, negative media, and public inquiries.
Evidence of Risk
Ransomware attacks can be massively disruptive, requiring a significant amount of recovery time to re-enable critical services. These events can also be high profile in nature, with wide public and media interest. With most council services now being delivered digitally and remotely (as a consequence of Covid), this would have catastrophic consequence on our ability to operate. We have well-rehearsed and tested business continuity plans for scenarios such as building outages, floods, boiler or power failures, fuel shortages and other geographically limited incidents, such as for individual services and fairly limited timescales. Ransomware poses a special challenge, as all ICT would be disrupted for indefinite periods.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R004T02: Develop and Implement a Response and Adjustment Plan for the control of COVID-19	30 Sep 2021	★	✓	✓	✓
R004T03: Ensure the internal authority wide business continuity planning meetings are effective	31 Mar 2023	★	●		★
R004T04: Develop, refine and test Business Continuity plans	31 Mar 2023	●	●		●
R004T05: Participate and contribute to Dyfed Powys LRF coordination groups & update Emergency Plans	31 Mar 2023	★	★		★
R004T06: Ensure the internal Cyber Resilience meetings are effective	31 Mar 2023		★		★
004T07: Review Emergency Plans to ensure a response to Ransomware attack is incorporated	31 Mar 2023		●		●

Comments (e.g. Progress to Date)

The Local Authority has implemented its Emergency Response Plan and Business Continuity Plans through the implementation of a Local Authority Gold Command structure with Silver Command groups reporting to it. The Silver Command groups have included Economic Adjustment, Excess Deaths, Testing and Contact Tracing, Mass Vaccination and Homelessness. Gold and Silver Command structures have now come to an end as the pandemic moves to endemic.

All services have reviewed and updated their Business Continuity Plans on a new template. A revision of the Corporate Business Continuity Plan is also underway using the information provided by each Service.

The Local Authority was fully involved in the Local Resilience Forum COVID 19 strategic/recovery coordination groups. Other LRF Groups such as the Coordination & Training, Risk Group and Severe Weather Group have recently restarted following a period of suspension due to the pandemic. The LA has attended these meetings and has assisted in updating the LRF Severe Weather Arrangements Plan.

The internal Emergency Business Continuity Management group (EBCMG) has been re-established, and is chaired by the Cabinet Member with portfolio for finance and public protection. This group has overseen the work to revise and update the Emergency Rest Centre Plan. Training has been developed and delivered to a number of staff volunteers who will manage rest centres in future and the list of volunteers has also grown following further expressions of interest. Work to revise the Ceredigion Major Incident Plan is also underway through the (EBCMG).

Monthly meetings of the Cyber Resilience group are being held. The meetings are well attended with a good agenda of items being discussed and solid actions being implemented. Highlight reporting is fed monthly to LG ensuring governance in place. Each Service has been tasked with reviewing their Business Continuity Plans to include a response to a Ransomware attack which will then be incorporated into the Corporate Business Continuity Plan. In order to aid this a 2-hour discussion exercise, designed to discover, and discuss how the Council would prepare and recover from a potential ongoing Cyber Threat/Incident impacting Business Continuity was held in March. The session was run by external experts and was well attended by Council services. A findings report from the session has been produced and an action plan is being developed.

Corporate Risk R005 Medium Term Financial Plan

Owner: CLO Steve Johnson

Description

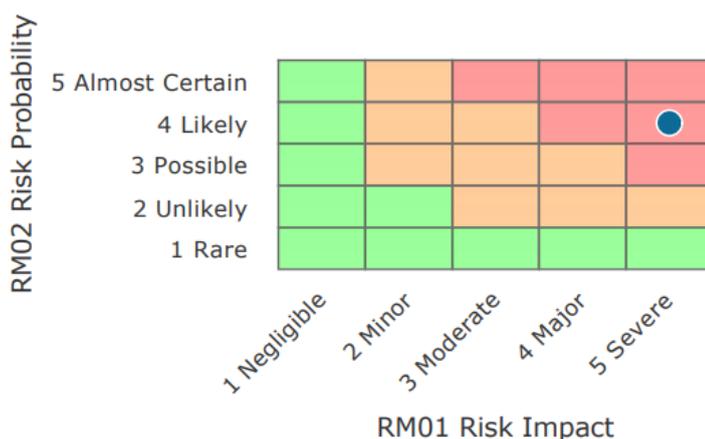
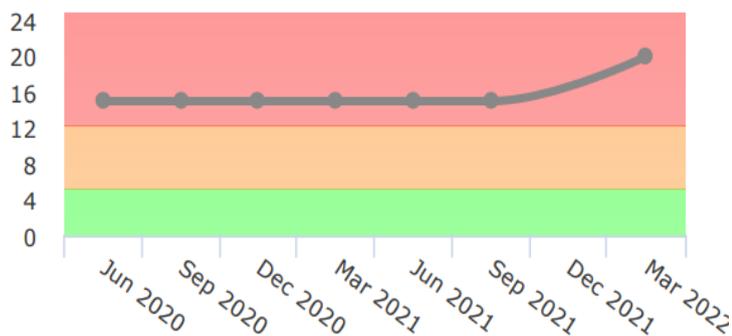
The reduction of core and external funding will lead to the reduction in service provision in some areas. Failure to adapt, implement identified savings and consider alternative models of service provision in line with the Medium Term Financial Plan will affect future service delivery and the financial responsibilities of the Council.

Potential Consequence

- Risk of failing to meet statutory budget setting deadlines.
- Risk of service delivery impacted due to decreasing resources, short lead in times to service changes or failure to effectively prioritise spend in line with corporate priorities.
- Risk that savings plans identified are not achieved as planned.
- Risk that annual budget setting frustrates longer term planning

Evidence of Risk

The Medium Term Financial Strategy (MTFS) The Strategy has clearly identified the cost pressures required due to insufficient resources in future years and backlog road maintenance. In particular the condition of the "c" class network remains a major cause of concern with 17.5% of the network considered to be in poor condition. Service budgets are to remain flat whilst the corporate centre manages a transformation savings programme to deliver savings to cover the reduction in settlements. Project managers are in place to implement some of the transformation programme. Financial Management: The 2019/20 budget set is under significant strain due to new budget pressures since the budget was set. Late additional grant monies became available to the Council for Social Care and Teachers Pensions and this will therefore cover the Social Care budget set deficit, however there is the carry over base deficit that requires monitoring. Quarterly Performance monitoring and as appropriate Budget Challenge sessions are held to manage the process whereby CLO's are supported through the process of budget management. A solid track record exists of delivering budgets within the last few years. There are challenges associated with the scale and pace of implementation, some of the savings envisaged are now taking longer to realise, however investment is still being made in the transformation programme from savings achieved, for example invest to save schemes which in turn will produce savings. Currently the Council is on track to deliver in time for budget setting and is able to fund one off projects. Brexit: The implications of the vote to leave the EU need to be better understood and Brexit is believed to be a significant financial risk for Ceredigion, potentially damaging to the Economy and market place for employment. Risk Level: The risk was reduced during 2017/18 from 20 to 15 as the scale of budget savings required was decreasing, however the cost pressures now being forecast are higher than in the past.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R005T01: Continue arrangements for financial management	31 Mar 2022	★	★		✓
R005T03: Ensure that Transformation and service efficiency savings are developed and implemented	31 Mar 2022	●	●		✓

Comments (e.g. Progress to Date)

The current year has a forecasted service underspend as well as a Council Tax surplus, the hardship and lost income fund continues being claimed and covered by WG. The budget has been set for the 2022/23 year with service inflation and cost pressures being fully met at the time of the budget preparation. Since then high inflation and global factors including the war in Ukraine have created high oil and other goods prices to increase. This if continued may lead to budget pressures in the coming year which need to be managed. There is already a risk that pay awards will be higher than that budgeted and inflation indices affecting contracts will impact on next and the following year's budget.

Corporate Risk R006 Through Age & Well-being Programme

Owner: Corporate Director James Starbuck

Description

The Through Age & Well-being Programme has been established and developed to transform the way the Council will deliver Social Care services. This aligns with the requirements of the Social Services and Wellbeing Act SSWBA. SSWBA provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

The programme will therefore oversee the development of services and transformation of Social care. Failure to achieve this will risk that the authority will fail to meet its statutory and legislative requirements and the challenges faced with the increasing pressure on social care budgets.

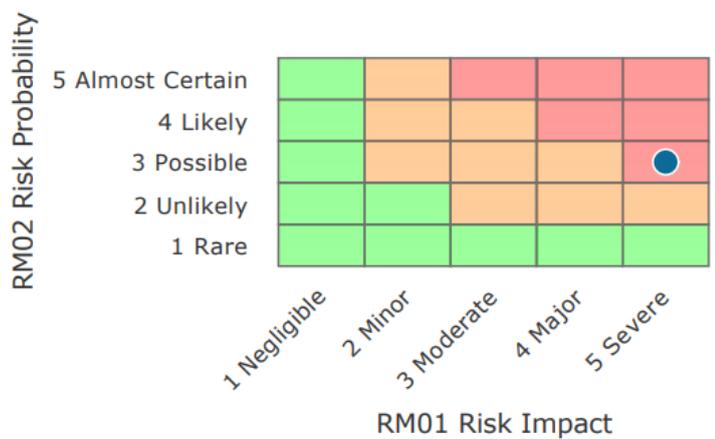
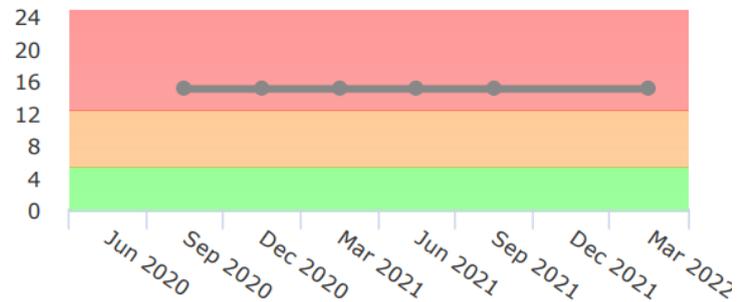
The Through Age & Wellbeing Programme is progressing to develop and implement service arrangements and staffing structure to support the emphasis on early intervention and prevention services. Risks and opportunities that may arise from the rebalancing of services will need to be managed.

Potential Consequence

- Inability to deliver safe and effective services across all ages
- Missed opportunities to develop resilient and caring communities
- Continued increase in expenditure in delivering high cost services
- Inability to meet rising demand for services
- Not meeting statutory duties and legislative requirements

Evidence of Risk

- Continued pressure on social care budgets
- Increase in numbers of individuals in receipt of statutory services for planned care and support
- Need to provide prevention and early intervention services in line with legislation
- Prolonged period of 'Managing change process' impacting on the workforce
- Difficulties in retaining and recruitment of staff



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R006T01: Progress to be reported on the implementation of new service model to the project board.	31 Mar 2022	★	★		✓
R006T02: Ensure that implementation has Corporate Leadership	31 Mar 2022	★	★		✓
R006T03: Ensure HR/workforce programs in place in line with managing change	31 Mar 2022	★	★		✓
R006T04: Corporate managers to be appointed and team structures agreed	31 Mar 2022	★	★		✓
R006T05: Regular scrutiny of budgets and financial implications to implementation of the new model.	31 Mar 2022	★	★		✓

Comments (eg progress to date)

Progress continues in accordance with the TAW Action Plan as does the specific work streams. The restructuring of teams has progressed well following the consultation and all are now in place. The remaining Direct Services consultation is due to be completed in the first quarter of 2022/2023. Workshops have now completed for Corporate Managers and Corporate Lead Officers with IPC that support the change management and give examples of new models of care. Additional needs will be assessed against the 2022/2023 Action Plan and Business Plans to identify further/future needs. Maintaining critical frontline services has continued and there remains an increased demand on services, and challenges with recruitment and retention of staff across teams with the number of vacancies adding further pressure. This is a national picture across social care services. All key officers continue to meet weekly to progress the implementation, with the transfer of all social care calls and the implementation of the single referral form planned for Q1 of 2022/2023.

Corporate Risk R009 Information Management & Cyber Security Resilience

Owner: CLO Arwyn Morris

Description

Failure to ensure that we have effective information and ICT, security and compliance in place, will impact on the Authorities ability to adapt to change, improve services and communicate effectively with citizens and other users of Council services.

Potential Consequence

Not having robust Cyber Security will impact on all service delivery with limited or no access to information systems that are key for business delivery. Inadequate Information Management processes and staffing awareness to manage personal data could result in data misuse/loss that could result in not complying with the General Data Protection Regulation and can cause distress to the person(s) data that has been mismanaged. Failure to manage all data within the law will result in a potential large fine from the ICO and reputational damage to the Authority. Digital services delivery will increase the demand for ICT services and potential cyber-attacks and must be sufficiently resourced in both staffing and infrastructure costs.

Evidence of Risk

- No major incidents from external cyber threats has been reported and minor attacks have been managed with no loss of service
- Continue to patch all ICT infrastructures to the required level and achieved PSN accreditation.
- No major data loss reported to the ICO.
- Continue to provide information awareness courses and proactively working with service areas to ensure that their data is appropriate and saved securely.
- Staffs have attended Cyber training to ensure that we maintain good level of security against increased levels of external attack risks.
- Compliance to GDPR is achieved and maintaining Privacy Notices and ensuring consent where required.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R009T01: Ensure information management processes are followed	31 Mar 2022	★	★		✓
R009T03: Implement the General Data Protection Regulation (GDPR)	31 Mar 2022	★	★		✓

Comments (eg progress to date)

Cyber Resilience and Information Governance meeting continue every month and report any major issues/developments to Leadership Group for approval/discussion. Continue to record secure Score and Exposure score monthly which is monitored in real-time through Microsoft Benchmark. All Corporate Manager have received Business Continuity training on how to plan for a potential ransomware attack. New patching service has been procured that will update all corporate servers with latest security patches automatically.

Windows 10 rolled out to all users and the rollout of Office 365 has started as this will then enable the new records management service with an agreed file plan and retention schedules.

Corporate Risk R015 Support Local Food Business, Maintain Safety

Owner: CM Carwen Evans

Description

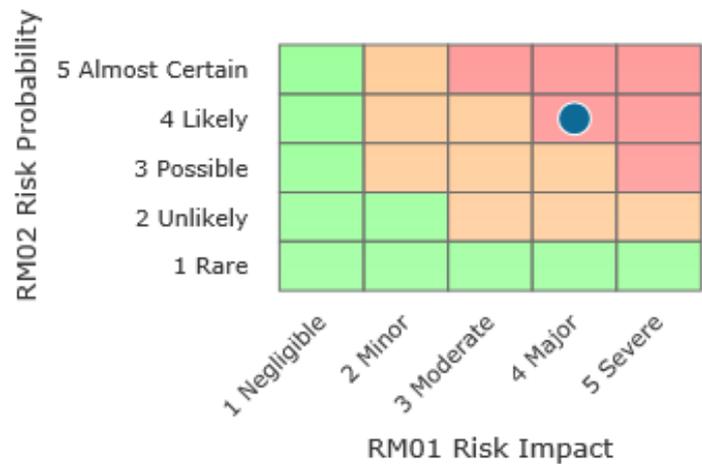
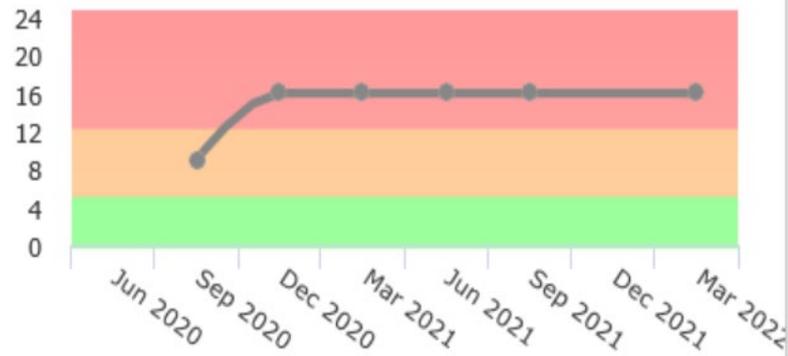
Failure to make adequate frequent high risk premises inspections and timely inspections of new premises may provide inadequate support for businesses leading to poorer standards, impact on the business itself and the local economy. There is also a reputational risk if the Council does not meet its statutory responsibilities under the Food Safety Act 1990.

Potential Consequence

The main consequences for the Council are reputational, political and poorer service delivery for businesses and impact on citizens of the County. Food poisoning is the main risk which could potentially have a serious impact on citizens. This could lead to poor regulatory reports, intervention as well as loss of confidence in an important business sector impacting on the vitality and viability of the local economy.

Evidence of Risk

The main evidence of risk is a consequence of COVID-19 related activity led by the Public Protection Team. Inspections of food outlets were suspended during the initial phase of the pandemic, but have recently commenced for high risk and new premises only due to health and safety concerns. Since the arrival of the covid-19 pandemic the ability of the Council to maintain its inspection programme has been severely compromised. Experienced Environmental Health officers have been redeployed to undertake Covid related work such as advising residential care homes on infection control, contact tracing, providing Covid advice to businesses and enforcing breaches of Covid regulations. Consequently, only high risk businesses are being visited and those businesses where there are complaints or concerning intelligence about poor food safety standards. This situation is replicated across Wales, and the Food Standards Authority is aware and supporting local authorities to reprioritise this work.



Mitigation

- R015T02: To prioritise food establishments that are deemed high risk and/or non-compliant
- R015T03: Maintain dialogue with the regulator the Food Standards Agency, in relation to resources
- R015T04: Maintain a digital and telephone advice service to local food businesses
- R015T06: Upskill existing staff to become competent in undertaking food safety inspections
- R015T07: Undertake a procurement exercise to employ specialist contractors to provide extra resource
- R015T08: Prioritise new food business for inspection according to risk and the FSA Recovery Plan

	Jun	Sep	Dec	Mar
R015T02	●	★		★
R015T03	★	★		★
R015T04	★	★		★
R015T06	●	●		●
R015T07	●	★		●
R015T08		●		●

Comments (eg progress to date)

This quarter saw a significant increase in the number of cases of Covid-19 and Public Protection staff continue to be redeployed to concentrate on the control and spread of Covid-19 in Ceredigion. This has left fewer staff available within the Public Protection team to undertake food premises inspections. However, Category A, B and non-compliant premises (those deemed higher risk) are prioritised for inspection. The prioritisation of new businesses continues to be undertaken to ensure that resources are focussed upon the higher risk premises. The authority continues to receive a high number of monthly new businesses registrations, which means this is an ongoing task. As high risk premises are prioritised this means that lower risk new premises are not being inspected. The authority continues to liaise with the Food Standards Agency, and recently met with representatives to discuss developing new staff to be food competent. The authority continues to provide all information requested around resourcing and meeting the FSA Recovery Plan. The number of requests for advice remains high. These premises are provided advice packs unless the premises is high risk where specific premises related advice is provided. The service has 2 officers currently studying to become food competent officers. A further 2 are also being trained currently with a view of authorising them to undertake food inspections in due course. A procurement exercise was partially successful in employing contractors who supported the service in meeting the FSA recovery plan targets.

Corporate Risk R017 Safeguarding

Owner: CLO Sian Howys

Description

Risk of failure to maintain the organisation's statutory duties in relation to safeguarding children, young people and adults during the period of transition to the Integrated Service Delivery Model.

Potential Consequence

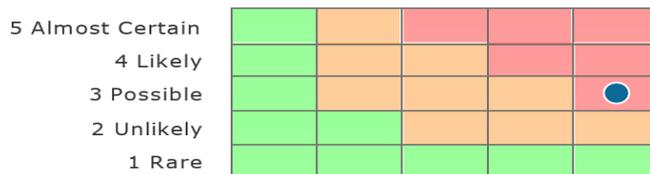
There is a risk that children, young people and adults may suffer significant harm which may result in a reputational, legal, and financial impact on the corporate body.

Evidence of Risk

• Increase in referrals due to legislative changes (SSWBA, VAWDASV) and impact of Covid-19 on individuals' and groups vulnerable to abuse and neglect • Increase in demand and complexity specifically in relation to children and families and young people • It is acknowledged this is a high risk area of work



RM02 Risk Probability



1 Negligible 2 Minor 3 Moderate 4 Major 5 Severe

RM01 Risk Impact

Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R017T01: Establish an Integrated Service Model Project Board and make regular reports to that	31 Mar 2022	★	★		✓
R017T02: Ensure that Relevant training and skills development is rolled out to all staff	31 Mar 2022	★	★		✓
R017T03: Implementation of The Wales Safeguarding Procedures across all teams and	31 Mar 2022	★	★		✓
R017T04: Regular monitoring/ reporting of safeguarding concerns/ activities to	31 Mar 2022	★	★		✓
R017T05: Active participation in the Regional Safeguarding Board activities from across the	31 Mar 2022	★	★		✓

Comments (eg progress to date)

Regular quarterly reporting on safeguarding activity continues on a fortnightly and quarterly basis to operational managers and in Welsh government returns along with Local Operations Group and Regional Safeguarding Board and Scrutiny and Cabinet and Leadership Group. The number of safeguarding reports regarding children at risk is at a higher rate than the previous year and the rate of reports regarding adult at risk remains high. The Safeguarding Procedures training programme for all staff has concluded with 2,000 staff trained. Compliance rates across services with the standards and expectations set in the Wales Safeguarding Procedures is monitored closely in the safeguarding performance reports. Representatives from across the TAW model and partner agencies actively participate in the Safeguarding Board's activities and will make safeguarding reports when necessary. Staff have been appointed into key roles at Corporate and Team Manager level in the Safeguarding Service. There are recruitment challenges at Social Worker and Senior Social Worker level. Safeguarding processes have been aligned where possible for children and adults at risk and professional concerns in accordance with the Wales Safeguarding Procedures in order to strengthen capacity.

Corporate Risk R018 Covid-19

Owner: CLO Alun Williams

Description

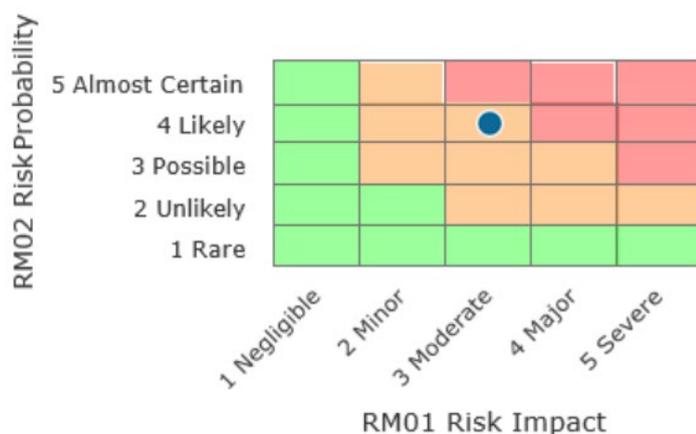
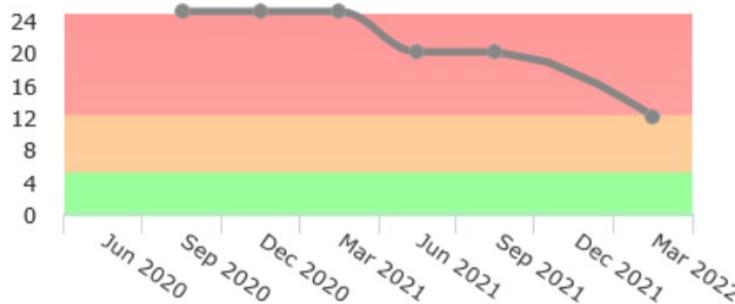
The effect of the spread of the Global Pandemic Covid-19 on the health of citizens including the increased demands on the Council's services, the effects of Lockdowns and relaxations as Government policy changes on a regular basis, the wider economy and the well-being of the County's citizens.

Potential Consequence

High levels of infection, serious illness and excess deaths to the population, as well as a significant economic downturn, widespread disruption of service provision, and detriment to personal wellbeing. In addition, there may be an inability to fully assess or meet the needs of all our service users plus significant financial loss and increased costs, in the short and medium term, to the Council. This will impact on the delivery and sustainability of services by the Council and the ability to respond to the economic crisis and other challenges created as a result of the pandemic and indirect impacts of being able to respond to Non Covid emergencies. There is also the risk of safeguarding concerns not being reported or disclosed as well as increased levels of mental health issues. There is an increased conflict between restrictions to protect the population and civil liberties which leads to community cohesion issues.

Evidence of Risk

The UK went into lockdown on the 23rd March 2020 and twice thereafter. The Council shut down its offices, schools, and facilities. All services have restarted following the ending of restrictions. All services continue to adapt to carrying out statutory duties using remote methods and risk assessing essential visits. The residential care sector has seen measures relaxed and incidents of infection have diminished in seriousness as a result of regular immunisation and a less severe strain of Covid. Our 9,500 school pupils have faced significant disruption to their education. Although pupils have returned to school there are still many logistical challenges in keeping them safe and healthy. So far, a high level of fatalities has been avoided and seems increasingly unlikely, however the arrival of new variants has complicated matters and is a cause of concern and the greatest risk facing us. Increased costs and reduced income arising from Covid19 including increased claimants (and associated cost) on Council Tax Support Scheme, Protective Equipment, IT equipment, additional pay and commissioned services, lost car park and leisure income and reduced Council Tax collection rates. WG have reimbursed the great majority of costs during this period. Whilst staff absences are surprisingly low, a significant number of staff are finding working from home difficult and stressful, combined with the inevitable increase in workloads in responding to the pandemic. The high level of vaccination in Ceredigion appears to have mitigated the impact of serious ill health. At the moment, it appears that the fourth wave of infection is receding and Wales is in a "stable state", which means that many services are back to business as usual and the majority of restrictions ended.



Comments (eg progress to date)

Covid remains a concern in Ceredigion. It remains a risk to the community and to the Authority. Although the Omicron virus is less serious than some of its predecessors, it has proved to be more transmissible and rates have been very high in Ceredigion. The most recent indications are that the latest omicron wave is gradually subsiding. The mitigations undertaken by the Authority and its partners have had positive effects in lessening the impact of the pandemic, with the roll out of periodic vaccination being particularly effective. Both UKG and WG have rolled back regulation and nearly all restrictions have been lifted, resulting in Council services reintroduced, subject to risk assessments. In effect, Government policy is recognising that the coronavirus is moving from a pandemic to an endemic situation, where we have to live with the virus circulating in our communities and workplaces. Nevertheless, there remains a risk and an expectation that a new variant will appear which could pose a serious threat to public Health.

Corporate Risk R019 Climate Change and Coastal Erosion / Flooding

Owner: CLO Russell Hughes-Pickering / Rhodri Llwyd

Description

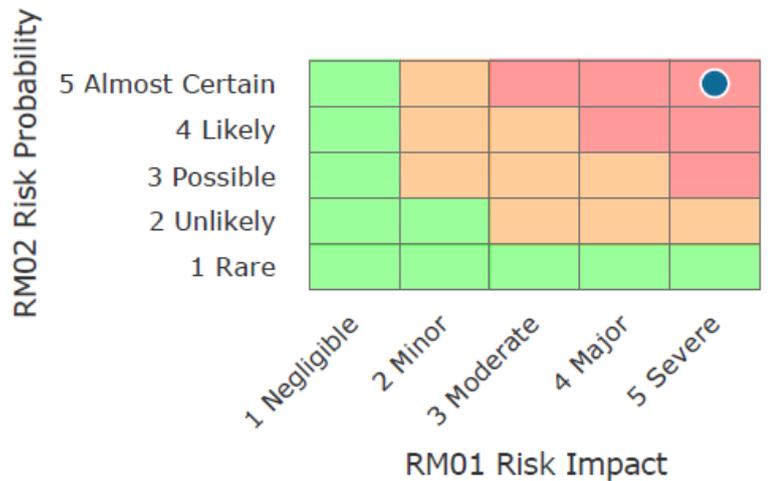
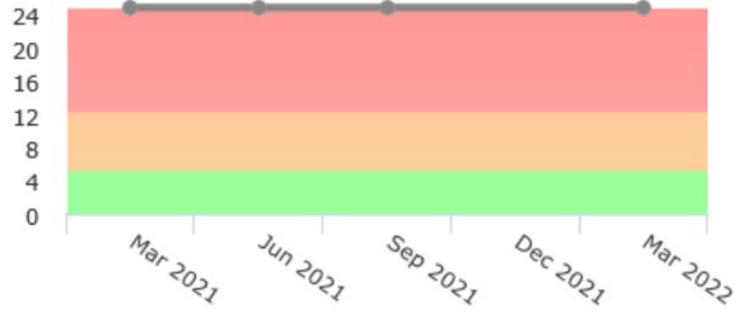
Climate change is one of the biggest environmental challenges we face. Although failure to meet carbon emission and energy reduction targets will have both financial and environmental impacts for the Authority, there are wider implications for the County as a whole e.g. increased instances of flooding, drought and storms, which carry a huge potential impact on our communities and the Council's Estate, which includes our buildings, schools, Nature Reserves, Parks, allotments and also other holdings which are not actively managed. It is recognized that we must lead by example and do all we can to reduce future climate change and address and mitigate the risks associated with it. Policy initiatives and strategies to include for ecosystem resilience, biodiversity enhancements and flood reduction schemes must be developed and implemented if we are to succeed in reducing our carbon footprint and reducing the risk to our major infrastructure, assets, residents and communities and landscape.

Potential Consequence

Climate change means we may face more frequent or severe weather events like flooding, droughts and storms. These events bring 'physical risks' that directly impact communities and have the potential to affect the economy. Parts of Ceredigion's coastline are susceptible to coastal erosion and flooding, and some inland communities are at risk of flooding and loss of land from watercourses. The impacts could be far reaching, with stakeholders facing life-threatening or life changing consequences, and the effects impacting on large sectors of the County/Council. In addition, failure to reduce the effects of climate change could have reputational, financial and environmental consequences for the Council including in the form of financial penalties for failing to meet Welsh Government targets for carbon management and for biodiversity. Indirect impacts will include changes to the insects, pests and diseases which will colonise and affect our environment. As well as immediate impacts of these, the impacts on staff time and other costs dealing with these will be significant. Loss of canopy cover from Ash Dieback already has consequences for local microclimates and will exacerbate climate change impacts as well as contribute to them.

Evidence of Risk

Climate change is real and is happening across the world; it is impacting on local communities in Ceredigion. The West of Wales Shoreline Management Plan and Ceredigion's Flood and Coastal Erosion Risk Management Strategy has identified locations within the County which are at current and future risk from coastal erosion and flooding, and from main river/watercourse/surface water flooding. There is scientific evidence showing that in order to halt climate change, carbon emissions have to stop – reducing them is not sufficient, we need to go further and work towards becoming a net-zero local authority.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R019T01: Develop a Corporate Climate Change Strategy	31 Mar 2022	●	●		●
☑ R019T02: Develop and implement an Action Plan	30 Sep 2021	★	✔		✔
R019T03: Increase the amount of energy generated from renewable sources.	31 Mar 2022	★	★		★
☑ R019T04: Identify and manage the corporate estate	31 Mar 2023	●	●		●
☑ R019T05: Develop Flood Alleviation Schemes	31 Mar 2022	★	★		★
☑ R019T06: Monitor the coastline	31 Mar 2022	★	●		●
R019T07: Provide advice on flood risk potential prevention measures and watercourse management	31 Mar 2022	●	★		★

The resources for developing a Corporate Climate Change Strategy have not yet been identified, although there are already a number of workstreams that will contribute to this/a future piece of work. e.g. Regional Energy Strategy and Energy Action Plan, and Local Area Energy Plans to be undertaken in 2022/23. Ceredigion have also commissioned a draft Ultra-Low Emission Vehicle (ULEV) Strategy. The decarbonisation agenda is moving at scale and pace, bringing with it additional workload without the capacity/resource to keep up with the demands. WG is currently looking at developing support for local authorities via the WLGA and commissioned consultants.

Growing Mid Wales – Mid Wales Energy Strategy has been undertaken and work is ongoing to develop a Mid Wales Energy Action Plan. Local Area Energy Plans (LAEP) are also going to be developed as part of this work, with one specific to each Local Authority – this work will be starting likely in Q2 on 2022/23. Ceredigion are still working closely with WGES (Welsh Government Energy Service) to develop potential emission reduction schemes, including an additional PV array at Ysgol Bro Teifi, and replacement of the Penmorfa district heating scheme.

The Council has to date installed over 400kW of solar PV and undertaken a land asset review with help from the Welsh Government Energy Service which has identified potential sites for renewable installations but also highlighted significant grid constraints in the region. Officers are continuing to increase renewable energy generation and have now got our first net zero (in occupation) building at Llwyn yr Eos. Planning has been submitted for up to 200 kW of Solar PV over the car park at Canolfan Rheidol, this will have the potential to generate up to 180,000 kW of electricity, which will be consumed on site, potentially saving up to £25,000pa. Also looking at PV as part of Cardigan school refurbishment works.

Work is continuing with PSB partners, and a study has been commissioned by the University (funded by BEIS), which will look specifically at a district heating scheme that will serve the University sites, Bronglais Hospital and Penglais Secondary School. It is anticipated that this piece of work will be completed by the summer of 2022. Utility prices are at a record high, with further increases expected at the annual price review in October, which further supports the case for both increasing energy efficiency and renewable generation, which could have a significant effect on budgets.

The Net Zero Action Plan has now been completed and a cross-party working group established to support and monitor progress. The Action Plan focuses on operational emissions; however Welsh Government released their reporting guidance in June 2021 and Ceredigion calculated and submitted an overall emission baseline in October. This baseline included emissions from transport, waste and purchased goods and services (procurement), all of which are emission sources not previously recorded. The addition of these emission sources had increased our overall carbon footprint to the following:

	Carbon Management Plan Emissions	Overall Emissions (as per WG guidance)
2019/20	7,639t/CO2	42,419t/CO2
2020/21	6,161t/CO2	39,112t/CO2

The above demonstrates the scale of the task ahead, and we not only need to be much more efficient in the way that we use energy and deliver services but will need to rely heavily on renewable energy generation and carbon sequestration to reach our net zero ambition.

There is now a mandate from WG stating that all new schools must be carbon neutral in operation, this means that we will need to look at renewables and also heat pumps as part of new build and refurbishment works that are undertaken as part of the 21st Century Schools Programme. The Council has received two grants for installing EV charging infrastructure; £420,000 to expand the public charging network within the County, to be completed by 31 July 2022, and the second for £300,000 for EV infrastructure in Council Depots which will help with decarbonisation of transport.

WG have tasked WLGA & Costain to look at developing support on land-based decarbonisation for Local Authorities, they are contacting all 22 Authorities to understand their needs in more detail and to discuss this agenda, with the intention to be able to deliver support, guidance and tools around land-based decarbonisation which Ceredigion would be able to utilise. This is still at 'information gathering' stage.

Flood Prevention and Mitigation schemes have been completed at Nant Cledlyn, Cwrtnewydd; Glanafon Aberaeron; St Michaels Church, Llandre; Highmead Terrace, Llanybydder & Victoria Terrace, Aberystwyth – Remote CCTV Flood Monitoring, with scheme development continuing at Llanybydder & Llandysul/Pont Tyweli – Outline Business Cases; Llandre Village Flood Alleviation Scheme & Borth Leat Flood Alleviation Scheme – Business Justification Cases; Capel Bangor & Talybont Outline Business Cases being undertaken during 2022/23.

Planning permission and a marine licence have been applied for in relation to the Aberaeron CDS, with construction expected to commence in the Autumn of 2022, whilst business cases are being developed for the potential schemes at Aberystwyth, Borth and Llangrannog.

The Wales Coastal Monitoring Centre have introduced a 'CoastSnap' of the Welsh Coastline. CoastSnap is a citizen science project that captures our changing coastlines, where the public can take photos using a Smartphone, and submit them to a catalogue at specific locations along the coastline.

The WLGA Local Strategy Steering Group has developed a Local Flood Risk Management Strategy Template which will assist LLFAs in Wales when producing their Local Strategy during 2022 – 2023. This template aims to provide clarity and consistency across Local Strategies produced within Wales. The development of the template has included an initial questionnaire in November 2021 to seek feedback from the 22 LLFAs on the first round of LFRMP and LFRMS published during 2014 to 2015; and four workshops attended by the Local Strategy Steering Group between October 2021 and March 2022.

Corporate Risk R020 Ash Dieback

Owner: CLO Rhodri Llwyd

Description

Ash Dieback is the most significant tree disease to affect the UK since Dutch elm disease and will lead to the decline and death of an estimated 90% to 95% of Ash trees in the UK, with the Ash being widespread across Ceredigion. This includes outside of woodlands in the form of hedgerow and specimen trees along roads, other public rights of way (PRoWs) and in public spaces. Infection with ADB causes trees to become brittle, shed limbs, and subsequently they may fail. The structural changes to the timber in dying ash significantly increase the risk of failure.

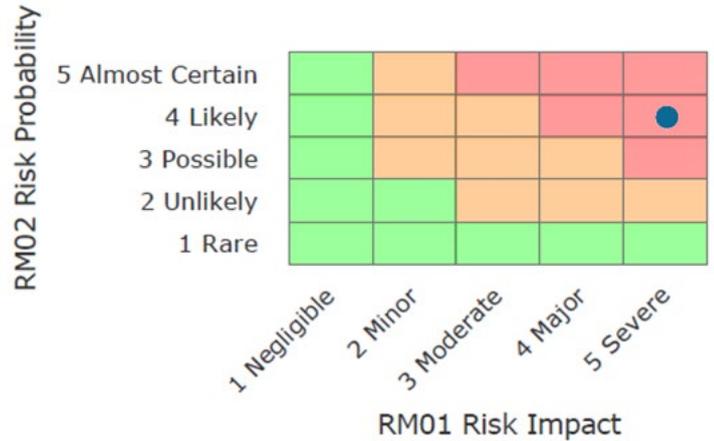
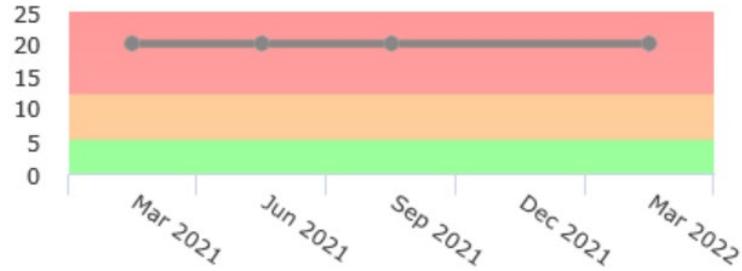
Ash Dieback is already having an impact on canopy cover across the county. It is estimated that there are 42,000 mature Ash trees along the county roads alone and a further 10,000 on the Council's Corporate Estate. Assuming a similar Ash tree density across all other public and private land including woodland and hedgerows, the impact of the loss of trees from Ash Dieback over the last 5 years and into the next 5 years on Ceredigion's carbon footprint, micro-climate and local impacts on climate change is significant.

Potential Consequence

There is the ongoing potential for death or injury as a result of Ash Dieback related accidents, to include risks to statutory functions or service delivery, with increased health and safety issues due to declining ash trees on roads, county parks, housing estates, schools, cycle ways, bridle paths and footpaths. Increased expenditure from direct and indirect costs as a result of Ash Dieback. Carbon emission from trees that fail/need to be removed will impact the Council's net zero carbon 2030 target, and a significant planting programme will be required over the next decade to compensate for the loss of ash trees. The loss of ecosystems provided by ash e.g. air quality, flood reduction, urban shading, increased noise levels and the loss of visual screens adjacent highways, carbon storage, carbon sequestration and habitat for biodiversity, and risks to protected species / sites through alteration and loss of habitat structure, stability and composition.

Evidence of Risk

Ash Dieback is already widespread and visible across the County. A national guide for the assessment of diseased trees using a system based on the percentage of live canopy cover has been established and is used to determine when action is necessary to address the risks posed by a tree's decline. It is recommended to take action when approximately 50% of the crown remains. Due to the scale of completing a survey across all council owned trees, a prioritised approach has been developed to ensure that the high risk areas are principally surveyed first. To achieve this a qualitative risk analysis has been carried out which considers the likelihood of injury and severity for each service in the authority identified to likely be affected by ash dieback. Consideration has been given to variables such as the estimated quantity of ash trees, estimated number of users who use the service and for highways road speed and visibility. The ADAP estimates that the total cost to the Council of managing its Ash Dieback risk could be of the order of £9.4m over a 10 year period, with a further £20m required to deal with Ash trees on private land.



Mitigation Action

Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R020T04: Undertake prioritised scheme of work to prune / remove trees as required	31 Mar 2022	★	★		●
R020T05: Seek Welsh Government and other funding opportunities to address the risk posed by	31 Mar 2022	●	●		●

The completed Ash Dieback tree survey has been received and following quality checking has been processed and added into the service's asset management system, and a mapping layer included on the corporate QGIS system.

The new contractor framework is currently with procurement, and options to utilise existing framework contracts already in place with other public sector organisations are being pursued. Further work is also being undertaken to assess whether it would be financially viable and beneficial for the Council to establish an in-house/internal resource to be able to treat diseased trees.

Work to trees on school grounds is currently being planned through the existing NMWTRA framework to take place during the summer school holidays, with completion date of 31st August 2022.

Work to Council owned roadside trees is currently being prioritised according to risk, with work to high priority trees and also those on priority routes to be carried out using the existing NMWTRA framework as soon as possible until the new council framework comes online.

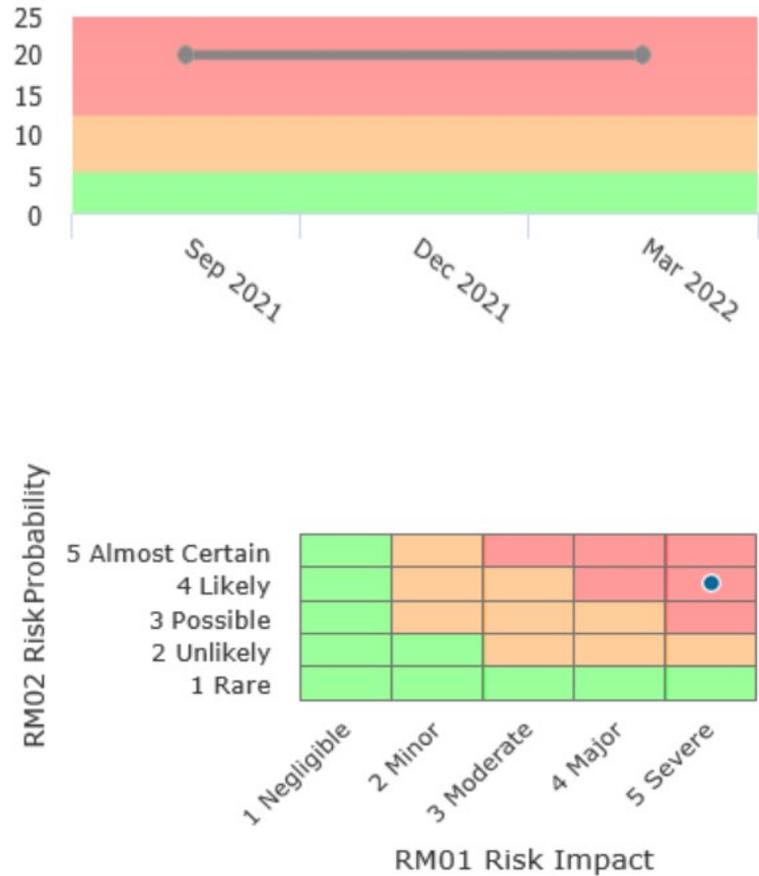
Work is continuing to identify the owners of roadside trees in private ownership, which is followed by the issuing of a formal notice under Section 184 of the Highways Act 1980 requiring the owner to address the issues within a stipulated period of time. This work is being done alongside that of instructing owners of private trees which are deemed to be a risk to the public/traffic where they overhang the highway.

Organisations such as Welsh Local Government Association and County Surveyors Society Wales continue to lobby Welsh Government for funding/support, but limited progress is being made - further work will be undertaken by the Ash Dieback Officer to identify opportunities to minimise costs and maximise return from tree/branch removal works.

Corporate Risk R021 Phosphates

Owner: CLO Russell Hughes-Pickering

Description
In Jan 21 Natural Resources Wales (NRW) published evidence of phosphate levels for riverine Special Areas of Conservation (SACs) in Wales, (including the Afon Teifi) accompanied by interim planning position guidance (updated May 21). The Council is the competent authority as defined in the Habitats Regulations and is required to have regard for advice when making planning decisions both for developments and the Local Development Plan (LDP). There is a phosphate impact on 50% of Urban Service Centre's and 14% of Local Service Centre's designated in the LDP. The total land affected of Ceredigion equates to 806 km ² / 44.6% of the county. 14 allocated housing sites are constrained delivering potentially 572 homes of which 114 were expected to be affordable. There are significant issues relating to bringing development forward in this area. The area affected is expected to increase when further information and guidance is released in relation to the Marine SACs.
Potential Consequence
It is very likely that development across the County will be significantly constrained until measures can be implemented to mitigate the impacts of nutrients on riverine and marine environments. This could restrict the ability of the Council to deliver major elements of its Corporate Strategy, the Economic Strategy, the Local Development Plan, the 21st Century Schools Programme and key health and social care facilities. The situation is expected to worsen when data relating to Marine SAC assessments are released in 2022 which will have significant implications for the rest of the County.
Evidence of Risk
Nutrient monitoring by NRW has established that 8 of the 16 monitoring stations on the Afon Teifi are failing to meet their targets as set by the Joint Nature Conservation Committee (JNCC). Therefore, they are failing to meet the requirements of their conservation favourable status, potentially damaging the delicate eco systems which warranted its designation as a Special Area of Conservation (SAC). Such targets are also being monitored for other nutrients both on the Teifi SAC and on the marine SACs that encompass our coastline.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R021T01: Ensure all applications, plans and projects are screened in accordance with NRW guidance	31 Mar 2023		●		★
R021T02: Raise awareness locally and nationally and identify ways to refine the guidance	31 Mar 2023		●		★
R021T03: Work at a sub national and national level through the working groups to identify solutions	31 Mar 2023		●		★
R021T04: Seek local solutions, learning from best practice elsewhere, utilizing council owned assets	31 Mar 2023		●		●
R021T05: Establish a nutrient management board to begin work on a nutrient management plan	31 Mar 2022		★		✓

Comments (eg progress to date)

The NMB was established and first meeting held 17/03/22, work on the regional technical officer group and stakeholder group continues, a regional NMB officer is to be advertised soon and funding sought from WG and NRW. Interviews for the PRAM project lead to be held in April 2022 with a view to the project starting immediately, slight delays have caused this action to slip to amber. All applications are being appropriately screened and work continues to influence regional and national thinking on the guidance. Updates for the Phosphates section of the website have been prepared to raise awareness and will be updated by May 22 and the sub region are collaborating on developing a Nutrient Neutrality Website. A nutrient run off GIS tool has been commissioned and is due for completion in April 22 for assisting in developing and accessing solutions and mitigations. A Ceredigion specific Nutrient Calculator will shortly go into development if a Wales Wide approach is not adopted by NRW despite ongoing lobbying of the issue. A sub- regional Nutrient Credit trading scheme feasibility study funding bid is being prepared with the South West Wales CJC. Discussions remain ongoing as to potential funding in the SPF for solutions and mitigations for town centre development. Town Centre Green Infrastructure Action Plans are also in development addressing potential nutrient mitigations solutions alongside GI improvements for each of the 6 towns and are due for completion by July 2022.

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6th June 2022 Governance and Audit Committee Forward Work Programme

Standing Items:

Regulatory & Inspectorate Reports & Updates
 Council Responses to Regulatory and Inspectorate Reports
 Internal Audit Progress Reports
 AGS Progress Report
 Corporate Risk Register
 Forward Work Programme
 GAC Meeting Actions Log
 Complaints Reports
 Performance Reports

Additional items for consideration

6 th June 2022	Appointment of Governance and Audit Committee Chair/Deputy Chair Internal Audit Progress Report Q4 2021-2022 Internal Audit Annual Report 2021-2022 Internal Audit Annual Counter Fraud Report 2021/22 Internal Audit Report – Updated Governance Framework Review 2021/22 Report on Draft Annual Governance Statement 2021-2022 and Governance Framework Document, and AGS Progress Update Governance and Audit Committee Annual Report 2021-2022 Introduction to Performance Self-assessment arrangements as required by Local Government and Elections (Wales) Act 2021 Corporate Risk Register – Q4	Alex Jenkins Alex Jenkins Alex Jenkins Alex Jenkins Hannah Rees Elin Prysor Rob Starr Alun Williams
21 st September 2022	IA Progress Report – Q1 Internal Audit Self-Assessment 2021-2022 Self-evaluation of Governance and Audit Committee AGS Progress Update Report Corporate Risk Register – Q1 Annual Compliments, Complaints and FOI Report	Alex Jenkins Alex Jenkins T/Governance Officer T/Governance Officer Alun Williams Marie Neige-Hadfield
17 th November 2022	Annual Financial Statement only (to include AGS) to be followed by Council	Stephen Johnson
19 th January 2023	IA Progress Report – Q2 IA Charter Internal Audit National Fraud Initiative Self-Appraisal Draft Annual Governance Statement 2022-2023 & Local Code of Corporate Governance (2023/2024) Corporate Risk Register – Q2 Corporate Self-Assessment Report Mid-Year Report on Compliments, Complaints	Alex Jenkins Alex Jenkins Alex Jenkins T/Governance Officer Alun Williams Alun Williams/Rob Starr Marie Neige-

	and FOI	Hadfield
9 th March 2023	Internal Audit Progress Report – Q3	Alex Jenkins
	Internal Audit Strategy and Plan 2023-2024	Alex Jenkins
	Internal Audit Report – Governance	Alex Jenkins
	Framework Review 2022/2023	
	Self-assessment of good practice and evaluating effectiveness of Governance and Audit Committee	T/Governance Officer
	Corporate Risk Register – Q3	Alun Williams