

# Public Document Pack



Cyngor Sir  
**CEREDIGION**  
County Council

Neuadd Cyngor Ceredigion, Penmorfa,  
Aberaeron, Ceredigion SA46 0PA  
[ceredigion.gov.uk](http://ceredigion.gov.uk)

14 June 2023

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 Wednesday, 21 June 2023 at 9.30 am for the transaction of the following business:

1. **Apologies**
2. **Personal Matters**
3. **Disclosures of Personal / Prejudicial interest**
4. **To confirm the Minutes of the Governance and Audit Committee held on 09 March 2023 and to consider any matters arising from those Minutes (Pages 3 - 10)**
5. **Governance and Audit Committee Meetings Actions Log (Pages 11 - 14)**
6. **Regulator & Inspectorate Reports and Updates (Pages 15 - 116)**
7. **Council Responses to Regulator & Inspectorate Reports (Pages 117 - 168)**
8. **Care Inspectorate Wales Annual Report (Pages 169 - 172)**
  - (i) Appendix 1 (Pages 173 - 288)
9. **Governance and Audit Committee Annual Report 2022/23 (Pages 289 - 304)**
10. **Internal Audit Progress Report Q4 (Pages 305 - 322)**
11. **Management Actions Report (Pages 323 - 330)**
12. **Internal Audit Annual Report (Pages 331 - 350)**
13. **Internal Audit Counter Fraud Report 2022-23 (Pages 351 - 358)**
14. **Corporate Risk Register Q4 (Pages 359 - 380)**
15. **Forward Work Programme (Pages 381 - 382)**

**16. 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

A handwritten signature in black ink, appearing to read 'L Edwards', written in a cursive style.

**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 at the Hybrid - Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron / remotely via  
video conference on Thursday, 9 March 2023**

PRESENT: Mr Alan Davies (Chair), Councillors Elizabeth Evans, Wyn Evans, Maldwyn Lewis, Gareth Lloyd, Mark Strong together with Mr Andrew Blackmore and Mrs Caroline Whitby

Also in attendance: Councillors Bryan Davies and Keith Henson (Cabinet Members)

Audit Wales: Mr Derwyn Owen & Miss Non Jenkins

Officers in attendance: Mr Alun Williams, Corporate Lead Officer – Policy & Performance, Mr Duncan Hall, Corporate Lead Officer – Finance & Procurement, Miss Lowri Edwards, Corporate Lead Officer - Democratic Services, Mr Russell Hughes-Pickering, Corporate Lead Officer - Economy and Regeneration, Mrs Alex Jenkins, Corporate Manager - Internal Audit, Mr Harry Dimmack, Governance Officer and Mrs Dana Jones, Democratic Services and Standards Officer

(9:30am -11:05am)

**1 Apologies**

Ms Elin Prysor, Corporate Lead Officer-Legal and Governance & Monitoring Officer apologised for her inability to attend the meeting.

**2 Personal Matters**

None.

**3 Disclosures of Personal / Prejudicial interest**

None.

**4 To confirm the Minutes of the Governance and Audit Committee held on 17 January 2023 and 19 January 2023 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 2023 and 19 January 2023.

**Matters Arising**

Minutes 17 January 2023, Item 9 - The Chair stated that consideration should be given in the Forward Work Programme to members of the committee attending future workshops on budget preparations.

**5 Governance and Audit Committee Meetings Actions Log**

Consideration was given to the Governance and Audit Committee Meeting Actions Log. It was AGREED to note the content and the update as presented.

## **6 Regulator & Inspectorate Reports and Updates**

Consideration was given to the Regulator & Inspectorate Reports and Updates which 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

As part of the update, Mr Derwyn Owen, Audit Wales, also explained the background to proposed increases to Audit Wales External Audit Fees as well as providing an update on the provisional timetable for the auditing of the Statement of Accounts. DO confirmed that Audit Wales will subsequently be issuing their Fees letter shortly which can be reported to the Committee.

Following the presentation by Audit Wales and questions from the floor, it was AGREED:-

- (i) to note the reports for information;
- (ii) to note the possible increase in the audit fee for 2023/24 accounts due mainly to changes in the auditing standard requirements of accounts, it was noted that the Council's Budget for 2023/24 had taken the estimated increase to account, and AW advised they were only able to charge for the time taken to provide the audit, therefore the final fee could possibly be less;
- (iii) to note that it was Audit Wales current intention to complete the audit of the 2022/23 Accounts by 30/11/23 and that the timetable for the 2023/24 and 2024/25 Accounts was currently likely to move forward to 30/10/24 and 30/09/25 respectively. There are currently ongoing discussions with Welsh Treasurers and Welsh Government on closure timescales.
- (iv) to note that the Corporate Lead Officer: Finance & Procurement confirmed that the first draft of the provisional timetable for the 2022/23 Accounts being ready for external audit was currently targeting the middle of July 2023, which was an earlier planned closure than the 2021/22 Accounts which were signed in August 2022.
- (v) that the Chair of the Coordinating Overview and Scrutiny Co-ordinating Committee be requested to consider the report upon the Equality Impact Assessments: More than a tick box exercise?, it was noted however, that the EIA Council's Integrated Impact Assessment was currently being reviewed to be more user friendly for Members to use and for officers to complete.

## **7 Council Responses to Regulator & Inspectorate Reports 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 2022-2023 Update:

- MRF – Audit Wales – The National Fraud Initiative in Wales 2020-21
- Audit Wales – Assurance and Risk Assessment Update – Carbon Reduction
- Audit Wales – Equality Impact Assessments: More than a tick box exercise?
- Audit Wales – Time for Change – Poverty in Wales – MRF to follow
- Audit Wales – A Missed Opportunity – Social Enterprises – MRF to follow

## b) Other Council related matters

None

Following questions from the floor, it was AGREED to note the reports for information.

### 8 **An update on Asset Valuations - Verbal only**

The Chair provided a brief update stating that a Workshop had been held to receive an update regarding asset valuations and noted that the Committee had been provided with assurance that work was underway to address the issues raised.

A brief update was provided by the Corporate Lead Officer – Economy & Regeneration upon the current position with Asset Valuations. He stated that there were currently eight outstanding valuations which required more detailed work prior to completion. He reported that a Services Manager for Assets had also recently been appointed and would be in additional resource to assist with the valuation work accordingly. A meeting had recently been held with Audit Wales to provide an update on the current work completed on valuations and another meeting was due to be held in a month.

It was AGREED to note the current position.

### 9 **Internal Audit Progress Report Q3**

Consideration was given to the report of the Corporate Manager-Internal Audit on The Internal Audit Progress Report Quarter 3. 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.

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

**10 Internal Audit Strategy and Plan 2023-24**

Consideration was given to the Internal Audit Strategy and Plan 2023-24. It was reported that The Public Sector Internal Audit Standards (PSIAS), along with CIPFA's accompanying Local Government Application Note require Councils to have an Internal Audit Charter with an accompanying Annual Audit Strategy and Plan.

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 supported the IA Charter by summarising the work areas the Internal Audit Section would concentrate its time on during 2023/24.

It was AGREED to approve the Strategy and Plan 2023-24 as presented.

**11 Internal Audit Report - Governance Framework Review 2022-23**

A review had recently been undertaken of the Framework supporting the Annual Governance Statement (AGS) for 2022/23. The Governance Framework, AGS and Local Code of Corporate Governance were presented to the Committee in January 2023. 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. 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.

It was AGREED to note of the Governance Framework Review 2022-23 as presented.

**12 Draft Annual Governance Statement**

It was reported that a report on the Governance Framework Document was presented to this committee on the 17th of January 2023. This report set out an introduction to the annual review of the governance framework and the requirements that local authorities must abide by.

The Governance Framework Document had been updated following the previous 17th January report to ensure it remains up to date. Updates included:

- Evidence/actions removed from the document where no longer relevant or have been completed.

- Additional evidence has been added for B3.1 in response to discussions at the previous meeting regarding the increased score from 5/6 to 7/8.
- Actions updated to reflect current position including:
  - A1.1 & A1.2 – Including that MO to continue to advise on Code of Conduct matters, that appraisals have recommenced. Also updated to reflect current position with Audit Wales re: Follow-Up Review of the Planning Service.
  - A1.4 – Updated to reflect outstanding actions on Whistleblowing Policy review and activity reporting, and Revised Code of Conduct and Declaration of Interest forms.
  - A3.1 – Updated action to clarify Privacy Notices to be provided to Councillors by Data Protection Officer.
  - A3.1 – Added action that CMIA is to complete professional qualification.
  - B3.1 – Updated action to explain implementation of Engagement and Participation policy to be reviewed before action is complete.
  - E2.2 – Added that Delegated Decision Register to be published.

All changes to the Governance Framework Document since it was last presented to the committee were highlighted in the report.

The Draft Annual Governance Statement 2022-23 had been prepared in accordance with the framework. It included:

- An acknowledgement of responsibility for ensuring good governance;
- Reference to the assessment;
- An opinion on the level of assurance that the governance arrangements can provide;
- A progress report on how issues identified last year have been resolved;
- An agreed action plan to deal with governance issues over the next year; and
- A conclusion

It was AGREED:-

i) to note the Updated Governance Framework Document 2022-23; and  
 ii) to recommend that Council endorses the Draft Annual Governance Statement 2022-23 subject to the sentence in the conclusion stating that “the review confirmed that the Council’s governance arrangements are effective and fit for purpose” also be included in the executive summary at the beginning of the document.

### 13 **Corporate Risk Register**

Regular reports were 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 were 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.

As agreed at a meeting of the Council's Leadership Group held on 1st February 2023 meeting, a new risk, R022: Recruitment and Retention had been added, with a risk score of 15.

R003: Corporate Improvement & Performance with an ongoing risk score of 6 had been de-escalated to a service risk as agreed at the Leadership Group meeting held on 8th February 2023. The Council had successfully negotiated its first self -assessment and had set new well-being objectives. Business planning had been successfully re-established since Covid and the Corporate Performance Bboard meet regularly. Furthermore Leadership Group received positive feedback on the performance arrangements at a meeting with regulators on the 16th January 2023.

The only risk to have changed score is R009: Information Management and Cyber Security Resilience. The National Cyber Security Centre had reported a 38% increase in the likelihood on Local Authorities and Health Boards in the UK and therefore the risk score had been revised to "probable" to reflect this.

A new mitigating action had been added to R005: Medium Term Financial Plan

All other risks have been reviewed and include revised RAG status of mitigating actions and updated commentary.

It was AGREED to note the updated Corporate Risk Register as presented, and that Members receive further information on the process of how a risk was added to the risk register by having a briefing session prior to the meeting.

**14 Forward Work Programme**

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

**15 Any other matter which the Chair decides is for the urgent attention of the Committee**

None.

**Confirmed at the Meeting of the Governance and Audit Committee held  
on 21 June 2023**

**Chairman:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## 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: 31<sup>st</sup> May 2023

\*Municipal Year

Actions marked Completed 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	DCC – Development Control Committee
DPO – Data Protection Officer	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 no	Noted / Comments	Action	Officer(s) responsible for action	Progress Update	To next be reported	Status	Notes
1	27/09/2022	<b>15 Annual Report of Compliments, Complaints and FOI (2021-2022)</b>		(ii) Report of whether complaints reference communication or lack of it.		(ii) Will be considered in the next report.	27/09/2023	<b>In Progress</b>	This is being looked at by the team over the year

2	27/09/2022	<b>16 Corporate Risk Register Q1</b>	(iii) that further consideration should be given to the workload of the Food Safety team due to the number of outstanding inspections by the Healthier Communities Overview and Scrutiny Committee.	that further consideration should be given to the workload of the Food Safety Team due to the number of outstanding inspections by the Healthier Communities Overview and Scrutiny Committee		This issue has been placed on the forward work plan of the Healthier Communities Overview and Scrutiny Committee		<b>In Progress</b>	Inspection of food outlets is noted on the forward work programme at the October meeting of Healthier Communities Overview & Scrutiny Committee
3	17/01/2023	<b>7 Regulator &amp; Inspectorate Reports &amp; Updates</b>	AW - Time for Change - Poverty in Wales					<b>Complete</b>	
			AW - A Missed Opportunity - Social Enterprise		Geraint Edwards			<b>Complete</b>	Updated
			AW - Springing Forward - Review of Strategic Asset Management		Russell Hughes-Pickering			<b>Complete</b>	
			AW - A Missed Opportunity - Social Enterprise		Russell Hughes-Pickering			<b>Complete</b>	
4	09/03/2023	<b>Minutes of previous meeting</b>	Item 9 - Final paragraph - Budget Workshop required	Arrange finance workshop	Harry Dimmack / Duncan Hall		27/09/2023	<b>In Progress</b>	Workshop to be considered in due course alongside risk register workshop.
				Slides from Budget Workshop to be distributed to members	Harry Dimmack / Duncan Hall		27/09/2023	<b>In Progress</b>	

5	09/03/2023	<b>Regulator &amp; Inspectorate Reports and Updates</b>	Was Ceredigion County Council informed of the fees increase?	Distribute documents - AW Fee Scheme - published  Ceredigion Audit Plan	Harry Dimmack  Audit Wales	Emailed to members 23/03/2023		<b>Complete</b>  <b>Complete</b>	
6	09/03/2023	<b>Draft Annual Governance Statement</b>	Update AGS with "The review confirmed that the Council's governance arrangements are effective and fit for purpose" in the executive summary	Update AGS prior to presenting to Council for final approval	Harry Dimmack	Approved by Council		<b>Complete</b>	
8	09/03/2023	<b>Risk Register Q3</b>	We need a better understanding of the end-to-end process on which items are included / removed.	Workshop requested to explain the process of adding / removing risks to the corporate risk register.	Harry Dimmack				Workshop will be considered once the new Risk Assessment, Strategy & framework has been introduced.
9	09/03/2023		Terms of Reference are very generic, we need to explain what the committee is about and what we do	Distribute terms of reference to committee members	Harry Dimmack	Terms of reference emailed to members 16/03/2023		<b>Complete</b>	

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## Cyngor Sir CEREDIGION County Council

<b>REPORT TO:</b>	<b>Governance and Audit Committee</b>
<b>DATE:</b>	<b>21 June 2023</b>
<b>LOCATION:</b>	Remotely by Video Conference
<b>TITLE:</b>	Regulator & Inspectorate Reports & Updates
<b>PURPOSE OF REPORT:</b>	To provide the Governance and Audit Committee with updates on the progress with studies Audit Wales have undertaken or are undertaking
<b>For:</b>	Decision

### 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**

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

- Audit Wales – Letter to LG Bodies (**Appendix 1**)
- Audit Wales – Ceredigion County Council Detailed Audit Plan 2023 (**Appendix 2**)
- Audit Wales – Certification of Grant and Returns 2021-22 – Ceredigion County Council (**Appendix 3**)
- Audit Wales – Project Brief – Use of performance information – service user perspective and outcomes – Ceredigion Council (**Appendix 4**)
- Audit Wales – Annual Plan 2023-24 (**Appendix 5**)

#### **c) Audit Wales National Reports**

- Audit Wales – Our work programme for 2023-26 (**Appendix 6**)

**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 – Letter to LG Bodies

- Appendix 2** Audit Wales – Ceredigion County Council Detailed Audit Plan 2023
- Appendix 3** Audit Wales – Certification of Grant and Returns 2021-22 – Ceredigion County Council
- Appendix 4** Audit Wales – Project Brief – Use of performance information – service user perspective and outcomes – Ceredigion Council
- Appendix 5** Audit Wales – Annual Plan 2023-24
- Appendix 6** Our Work Programme for 2023-26

**Contact Name:** Elin Prysor  
**Designation:** Corporate Lead Officer: Legal & Governance & Monitoring Officer  
**Date of Report** 21/06/2023

1 Cwr y Ddinas / 1 Capital Quarter  
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To:  
Local Government Directors of Finance  
Local Government Finance Policy and  
Sustainability Division – Welsh  
Government  
WLGA

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[by-email]

**Reference:** AMH/DO

**Date issued:** 23 March 2023

Dear colleague

## Local Government – Audit of Accounts 2022-23

- 1 We are about to commence our accounts audit work for all LG bodies. We are therefore taking the opportunity to write to you with some important information on the introduction of a revised auditing standard which fundamentally impacts on how we will undertake your 2022-23 audit.
- 2 Within this letter we consider:
  - the impact of the revised standard;
  - the resultant impact on audit fees; and
  - the timetable for the Audit of Accounts 2022-23 and for future years.

## The impact of ISA 315

- 3 Our audits of LG accounts for the year ended 31 March 2023 will be carried out under a revised auditing standard ([ISA 315 \(UK\) Identifying and Assessing the Risks of Material Misstatement \(Revised July 2020\)](#)).
- 4 This revised standard is effective for audits of accounts for periods beginning on or after 15 December 2021 and applies to the audit of all private and public sector entities across the UK, regardless of their nature, size or complexity.

- 5 The revised standard will have significant and far-reaching impacts on how auditors undertake audit risk assessments and our overall audit approach.
- 6 In planning our audit, we will be required to undertake more detailed and extensive risk assessment procedures to identify risks of material misstatement. The subsequent design and performance of our audit approaches will be responsive to each assessed risk.
- 7 **Appendix 1** outlines the key changes and the potential impact on your organisation in terms of information requests from our audit teams.
- 8 The standard has been amended to drive better quality, more effective risk assessments, as well as to promote greater exercise of professional scepticism. It also requires us to obtain a much more robust understanding of an organisation's IT systems.
- 9 Financial reporting frameworks and governance structures are becoming increasingly more complex while technology continues to play a more advanced role in the control environment of entities. These changes require risk identification and assessment to be enhanced and rigorous audit processes.
- 10 The previous standard did not address automated tools and techniques, which are increasingly being used by auditors to inform risk assessment. Our audits are increasingly incorporating elements of our Analytics Assisted Audit. The revised standard introduces specific considerations relating to the auditors' use of automated tools and techniques.

### Impact on audit fees

- 11 As a result of the changes outlined above, we expect 2022-23 audits to take longer to complete. We will also be required to use more experienced CCAB qualified staff on audits to deal with the higher level of judgement necessitated by the standard.
- 12 In our August 2022 Consultation on Fee Scales, we indicated that our initial assessment of the impact of this richer skill mix on fees was a potential average increase in fee scales for our financial audit work of between 12% and 18%. This is consistent with expectations in other UK public audit bodies and the private sector audit firms.
- 13 We have now started more detailed risk assessment under the new audit approach and will be able to provide you with an updated assessment of the audit fee once we have completed that initial risk planning. Our initial estimate is that audit fees will increase by 10.2% for ISA 315 in addition to the 4.8% inflationary increase set out in our Audit Wales [2023-24 Fee Scheme](#). Your



Engagement Director will discuss the proposed fee for your audit once that risk assessment has been completed.

## Timetable for the Audit of Accounts 2022-23

- 14 The introduction of the revised Standard and a radically different audit approach has implications for audit timetables. We have worked closely with the other UK Public Audit Bodies to develop an audit methodology which we believe will add value to Audited Bodies whilst continuing to maintain the high-quality audit which we know you expect from us. However, it is inevitable that the new approach will require additional time to implement.
- 15 From our discussions with various audited bodies, we are aware that a number of you are struggling to recruit experienced finance staff and that this may also impact audit timetables. We are facing similar challenges and know that this position is consistent with the National Audit Office (NAO), Audit Scotland and the Northern Ireland Audit Office. The NAO's recovery plan article is a useful reference in this context<sup>1</sup>. In addition, a more recent report by the National Audit Office (January 2023) highlights the delays to local government audit opinions in England, and describes plans to get back on track with the timetable for published audit opinions<sup>2</sup>.
- 16 As the auditors of Local Government Bodies in Wales, we have also been experiencing delays in completing our audit of the 21-22 accounts. These delays result from a variety of factors though mainly from a technical issue regarding the valuation of Local Government infrastructure assets. This issue affected all local government bodies across the UK that hold infrastructure assets. CIPFA issued its final accounting guidance in early January 2023. Consequently, the Welsh Government issued a letter setting out its expectation that Welsh authority accounts would be certified by 31 January 2023. These issues, together with the late submission of some 21-22 accounts, has impacted

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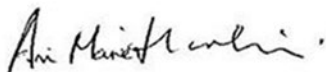
<sup>1</sup> [The NAO: getting government accounts back on track | ICAEW](#)

<sup>2</sup> [Timeliness of local auditor reporting on local government in England](#)

our ability to commence our 2022-23 audits in line with previous year timetables.

- 17 We support the ambition of the Society of Welsh Treasurers and the sector in general to return to an earlier timetable. We understand from our discussions to date that the sector has an ambition to return to the point where accounts are prepared and available for audit by 30 June each year. Assuming this date can be achieved by a majority of bodies in 2023, and taking into account the issues referred to above, we are therefore proposing an audit certification deadline of **30 November 2023** for LG Bodies in Wales. Should any issues arise that may delay the completion of the audit we will of course discuss an alternative timetable with you at the earliest opportunity.
- 18 We recognise that this is later than many bodies would like but we believe it is important to set realistic timescales we can all work to. Over the next three years our plan would be for a staged return to a 30 September deadline as follows:
  - Audit of Accounts 2022-23 – certification by 30 November;
  - Audit of Accounts 2023-24 – certification by 31 October 2024; and
  - Audit of Accounts 2024-25 – certification by 30 September 2025.
- 19 We value the constructive working relationship we have with your finance teams and will continue to work closely with you to bring forward the deadlines for future years.
- 20 We remain committed to working collaboratively with you to successfully navigate this challenge, building on our shared experiences. We will ensure we attend all the relevant local government fora to discuss the content of this letter with you.
- 21 Thank you to you and your teams for working so well with us.

Yours sincerely



Ann-Marie Harkin  
Executive Director Audit Services

## Appendix 1 – the key changes to the standard and the potential impact on your organisation

Key change	Potential impact on your organisation
<p><b>More detailed and extensive risk identification and assessment procedures</b></p>	<p>Your finance team and others in your organisation may receive a greater number of enquiries from our audit teams at the planning stage of the audit. Requests for information may include:</p> <ul style="list-style-type: none"> <li>• information on your organisation’s business model and how it integrates the use of information technology (IT);</li> <li>• information about your organisation’s risk assessment process and how your organisation monitors the system of internal control;</li> <li>• more detailed information on how transactions are initiated, recorded, processed and reported. This may include access to supporting documentation such as policy and procedure manuals; and</li> <li>• more detailed discussions with your organisation to support the audit team’s assessment of inherent risk.</li> </ul>
<p><b>Obtaining an enhanced understanding of your organisation’s environment, particularly in relation to IT</b></p>	<p>Your organisation may receive more enquiries to assist the audit team in understanding the IT environment. This may include information on:</p> <ul style="list-style-type: none"> <li>• IT applications relevant to financial reporting;</li> <li>• the supporting IT infrastructure (e.g. the network, databases);</li> <li>• IT processes (e.g. managing program changes, IT operations); and</li> <li>• the IT personnel involved in the IT processes.</li> </ul> <p>Audit teams may need to test the general IT controls and this may require obtaining more detailed audit evidence on the operation of IT controls within your organisation.</p> <p>On some audits, our audit teams may involve IT audit specialists to assist with their work. Our IT auditors may</p>

Key change	Potential impact on your organisation
	need to engage with members of your IT team who have not previously been involved in the audit process.
<b>Enhanced requirements relating to exercising professional scepticism</b>	Our audit teams may make additional inquiries if they identify information which appears to contradict what they have already learned in the audit.
<b>Risk assessments are scalable depending on the nature and complexity of the audited body</b>	The audit team's expectations regarding the formality of your organisation's policies, procedures, processes, and systems will depend on the complexity of your organisation.
<b>Audit teams may make greater use of technology in the performance of their audit</b>	Our audit teams may make use of automated tools and techniques such as data analytics when performing their audit. Our teams may request different information or information in a different format from previous audits so that they can perform their audit procedures.

## Ceredigion County Council – Detailed Audit Plan 2023

Audit year: 2023

Date issued: June 2023

Document reference: 3608A2023



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

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

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This document is also available in Welsh.

# About Audit Wales

## Our aims and ambitions

### Assure



the people of Wales that public money is well managed

### Explain



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

### Inspire



and empower the Welsh public sector to improve



Fully exploit our unique perspective, expertise and depth of insight



Strengthen our position as an authoritative, trusted and independent voice



Increase our visibility, influence and relevance



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

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# Introduction

I have now largely completed my planning work.

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

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

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



**Adrian Crompton**

Auditor General for  
Wales

## My audit responsibilities

I complete work each year to meet the following duties:

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

## Audit of financial statements

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

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

- certifying a return to the Welsh Government which provides information about the Council to support preparation of Whole of Government Accounts;
- responding to questions and objections about the accounts from local electors (additional fees will be charged for this work, if necessary);
- the independent examination of the Annual Returns for Ceredigion Harbour Authority, Growing Mid Wales and Mid Wales Corporate Joint Committee;
- the certification of a number of grant claims and returns as agreed with the funding bodies.

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

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

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

## Performance audit work

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

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

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

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

# Your audit at a glance



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

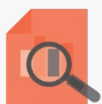
My audit planning has identified the following risks:

Significant financial statement risk

- Risk of Management Override

Other areas of audit focus

- Valuation of pension fund disclosures
- Valuation of land and buildings



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

- Assurance and Risk Assessment including any follow-up work
- Thematic reviews
  1. Commissioning and contract management
  2. Financial sustainability in local government
- Local Report – to be confirmed if any



## **Materiality**

Materiality	£2.8 million
Reporting threshold	£140,000

# Financial statements materiality



## Materiality £2.8 million

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

Materiality is calculated using:

- 2021-22 gross expenditure of £280,679 million
- Materiality percentage of 1%

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality ie £140,000).



## Areas of specific interest

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

- Remuneration report £1,000
- Related party disclosures £10,000 (Individuals), £2.8 million (Other Bodies)

# Significant financial statements risks

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

## Exhibit 1: significant financial statement risks

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

# Other areas of audit focus

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

## Exhibit 2: other areas of focus

Audit risk	Our planned response
<p><b>Valuation of pension fund disclosures</b></p> <p>The Local Government Pension scheme (LGPS) pension fund disclosures as reflected in the financial statements represents a material estimate.</p> <p>The nature of this estimate means that it is subject to a high degree of estimation uncertainty as it is sensitive to small adjustments in the assumptions used in its calculation.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• evaluate the instructions issued by management to their management expert (actuary) for this estimate and the scope of the actuary’s work;</li> <li>• assess the competence, capabilities and objectivity of the actuary who carried out the valuations;</li> <li>• assess the accuracy and completeness of the information provided by the Council to the actuary;</li> <li>• test the accuracy of the pension fund disclosures in the financial statements with the actuarial report from the actuary; and</li> <li>• assess the reasonableness of the assumptions made by the actuary by reviewing the report of the consulting actuary (auditor’s expert) and undertaking any additional procedures required.</li> </ul>
<p><b>Valuation of Land and Buildings</b></p> <p>Accounting for Property, Plant and Equipment and Intangible Assets is a challenging area of the accounts.</p> <p>In our 2021-22 Audit of Accounts Report, reported to the Council in January 2023, we reported difficulties arising from the audit of the Council’s assets (in particular Asset Valuations) in terms of insufficient audit trail and lack of effective Quality Assurance to ensure that issues and errors are identified internally and not when audit are engaged.</p>	<p>We will work with the Estates team to monitor progress in identifying issues raised in prior year.</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 2023 are not materially different to the current value of assets as at the year-end.</p>

Further, in light of uncertainties over market values for assets since the start of the pandemic and increasing building costs, 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 2023. In particular, this may be the case where assets have been valued on a rolling basis and not as at the financial year-end.



# Financial statements audit timetable

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

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

Planned output	Work undertaken	Report finalised
2023 Outline Audit Plan	March 2023	March 2023
2023 Detailed Audit Plan	March – May 2023	June 2023
Audit of financial statements work: <ul style="list-style-type: none"><li>• Audit of Financial Statements Report</li><li>• Opinion on the Financial Statements</li></ul>	August – November 2023	November 2023

# Planned performance audit work

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

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

<p><b>Assurance and risk assessment including any follow-up work</b></p>	<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. This Assurance and Risk assessment work may involve any follow up/tracer work that we may identify from our audit reports and recommendations in previous years.</p>	<p>Ongoing</p>
<p><b>Thematic review – financial sustainability of local government</b></p>	<p>A review of councils’ financial sustainability including a focus on the actions, plans and arrangements to bridge funding gaps and address financial pressures over the medium term.</p>	<p>Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each audit</p>
<p><b>Thematic review – commissioning and contract management</b></p>	<p>A review focusing on how councils’ arrangements for commissioning, and contract management apply value for money considerations and the sustainable development principle.</p>	<p>Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each audit</p>
<p><b>Bespoke local project</b></p>	<p>To be confirmed if any</p>	<p>Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each audit</p>

We will provide updates on the performance audit programme through our regular updates to Council Officers and the Council’s Governance and Audit Committee when required.

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

## Certification of grant claims and returns

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

## Statutory audit functions

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

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

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

# Fee and audit team

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

I estimate your total audit fee will be £324,595.

## Exhibit 5: audit fee

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

Audit area	Proposed fee (£) <sup>2</sup>	Estimated fee last year (£)
Audit of accounts <sup>3</sup>	183,344	159,446
Performance audit work <sup>4</sup>	108,948	103,684
Grant certification work <sup>5</sup>	26,850	25,605
Ceredigion Harbour Authority Annual return examination	1,886	1,790
Growing Mid Wales Annual Return examination	1,803	1,700
Mid Wales Corporate Joint Committee annual return examination	1,764	0
Total fee	324,595	292,225

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

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

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

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

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

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

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

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

**Exhibit 6: my local audit team**

Name	Role	Contact number	E-mail address
Derwyn Owen	Engagement Director	02920 320 651	<a href="mailto:derwyn.owen@audit.wales">derwyn.owen@audit.wales</a>
Jason Blewitt	Audit Manager (Financial Audit)	02920 320 700	<a href="mailto:jason.blewitt@audit.wales">jason.blewitt@audit.wales</a>
Non Jenkins	Audit Manager (Performance Audit)	02920 320 500	<a href="mailto:non.jenkins@audit.wales">non.jenkins@audit.wales</a>
Eleanor Ansell	Audit Lead (Financial Audit)	02920 320 500	<a href="mailto:eleanor.ansell@audit.wales">eleanor.ansell@audit.wales</a>
Nigel Griffiths	Audit Lead (Performance Audit)	02920 320 500	<a href="mailto:nigel.griffiths@audit.wales">nigel.griffiths@audit.wales</a>

I can confirm that my team members are all independent of the Council and your officers. In addition, we are not aware of any potential conflicts of interest that we need to bring to your attention.

# Audit quality

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

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

## Our People



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

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

## Arrangements for achieving audit quality



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

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

## Independent assurance



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

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

\* QAD is the quality monitoring arm of ICAEW.

# Appendix 1

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

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

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





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## Certification of Grants and Returns 2021-22 – Ceredigion County Council

Audit year: 2021-22

Date issued: April 2023

Document reference: 3510A2023

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

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# Summary of certification work outcomes

- 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 2021-22.
- 4 For 2021-22, we certified six grant claims (compared with six in 2020-21), with an aggregate value of £44 million (£45 million in 2020-21).
- 5 The Council submitted all six grant claims (100%) by the agreed deadlines (100% in 2020-21) and all of these have now been certified. The cost of the audit for 2021-22 is £25,605 (£23,158 in 2020-21).
- 6 Overall, the audits resulted in no proposed amendments, with no change in grant entitlement.

- 7 Detailed on the following pages is a summary of the key outcomes from our certification work of the Council's 2021-22 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.
- 8 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 1: 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	30-04-22	25-04-22	No				✓
2	HLG01	Section 33 NHS (Wales) Act 2006 Pooled Budgets	11-06-21	31-08-22	No <sup>1</sup>				✓
3	HLG03	Section 34-194 NHS (Wales) Act 2006 Money Transfers	30-09-22	30-09-22	No				✓
4	LA01	National Non-Domestic Rates Return	28-05-22	25-05-22	No				✓
5	PEN05	Teachers' Pension Scheme Return	31-05-22	03-05-22	No				✓
6	SOC07	Social Care Workforce Development Programme	30-09-22	29-09-22	No				✓
Total						0	0	0	6

<sup>1</sup> Extension of the submission of the HLG01 claim was agreed.

# Fees

- 9 Our overall fee for the certification of grants and returns is higher than that charged in 2020-21, and higher than the estimate provided within the Audit Plan, which was £24,000.

## Exhibit 2: breakdown of fee by grant/return

Breakdown of fee by grant/return	2021-22	2020-21
BEN01 – Housing Benefits Subsidy	£12,024	£11,271
HLG01 – Section 33 NHS (Wales) Act 2006 Pooled Budgets	£1,278	£1,298
HLG03 – Section 34 – 194 NHS (Wales) Act 2006 Money Transfers	£1,273	£1,212
LA01 – National Non-Domestic Rates Return	£2,517	£2,362
PEN05 – Teachers’ Pension Scheme Return	£2,950	£2,775
SOC07 – Social Care Workforce Development Programme	£2,925	£2,297
Grants Supervision, Planning and Control	£2,638	£1,943
<b>Total fee</b>	<b>£25,605</b>	<b>£23,158</b>





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## Project Brief – Use of performance information – service user perspective and outcomes – Ceredigion Council

Audit year: 2022-23

Date issued: April 2023

Document reference: 3527A2023

This document has been prepared for the internal use of Ceredigion Council as part of work to be performed in accordance with statutory functions contained within in the Public Audit (Wales) Act 2004 and the Well-being of Future Generations Act 2016.

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party in respect of this report.

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 Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

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This document is also available in Welsh.

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# Project brief

## Background

1. Understanding how well services and policies are meeting the needs of service users and how well they are helping the council to achieve the outcomes it is working towards is an important part of arrangements to ensure that councils are securing value for money in the use of their resources. It is also an important way in which the Council can assure itself that it is acting in accordance with the 'involvement' way of working in taking steps to meet its well-being objectives. Performance information relating to progress towards outcomes and the service user perspective enables senior leaders to monitor progress and ensure that the Council takes action where necessary to improve outcomes.
2. More broadly in relation to use of performance information, in our 2022 Annual Audit Summaries we also noted a reduced reference to comparative performance information that as part our examination of councils' performance assessments covering the 2020-21 financial year. We also noted that the ability to compare data and performance with other organisations would continue to be an important element of arrangements to secure value for money and would be a challenge for councils to consider particularly as they continue to implement the requirements relating to self-assessment set out in the Local Government and Elections Act (Wales) 2021.
3. As part of our 2022-23 performance audit programme at Ceredigion Council (the Council), we will undertake a project to understand the Council's use of data relating to outcomes and the service user perspective in its performance management processes.
4. This work is being undertaken at each of the 22 principal councils as part of our 2022-23 performance audit programme.

## Legal basis

5. We are carrying out this audit under the duties contained within:
  - section 17 of the Public Audit (Wales) Act 2004 (the 2004 Act) to help enable the Auditor General to be satisfied (or not) that the Council has put in place proper arrangements to secure value for money in the use of its resources and;
  - section 15 of the Well-being of Future Generations (Wales) Act 2015 to help enable the Auditor General to assess the extent to which the Council is acting in accordance with the Sustainable Development Principle in taking steps to meet its well-being objectives.

## Audit objective

6. Our objectives for this audit are to gain assurance that:
  - the performance information the Council provides to senior officers and elected members enables them to understand the service user perspective and the outcome of its activities; and
  - this information forms part of the Council's arrangements to secure value for money in the use of its resources and its application of the Sustainable Development Principle.
7. We will also seek to identify opportunities for the Council to strengthen its arrangements.

## Audit questions

8. [Appendix 1](#) contains the audit questions and audit criteria for this audit.

## Audit scope

9. The proposed audit will cover key service user perspective and outcome data provided to members and senior officers, and how this information is used. It will not be a full review of the Council's performance management arrangements or an in-depth data quality review.

## Audit criteria

10. The proposed audit will use the audit criteria set out in [Appendix 1](#), which also shows how the criteria relate to the audit questions. This has been informed by our cumulative knowledge as well as the question hierarchy and positive indicators we have developed to support our Sustainable Development Principle examinations.

11. [Appendix 1](#) shows how they relate to the audit questions.

## Audit methods

12. The review will involve document reviews and interviews.

13. We may also view recordings of public meetings.

## Output

14. We will provide a short report at the completion of our work which will be published on our website.

## Timetable

15. [Exhibit 1](#) shows the high-level timetable of the main audit stages.

### Exhibit 1: audit timetable

Stage	Date
Issue project brief	April 2023
Issue draft output	01/08/2023
Publish final output <sup>1</sup>	01/09/2023

Publishing an output means uploading the output to the Audit Wales website.

<sup>1</sup> For local / regional outputs this will be issuing the final output. For VFM Studies, Local Government studies, national themed reviews and other stand-alone outputs that are press released and have a national profile, this will be publishing the final output.

## Audit Wales contacts

16. Exhibit 2 sets out the Audit Wales team that will be working on this audit.

### Exhibit 2: Audit Wales contacts

Name	Contact Details
Gary Emery - Audit Director	<a href="mailto:Gary.Emery@audit.wales">Gary.Emery@audit.wales</a>
Tim Buckle - Audit Manager	<a href="mailto:Timothy.Buckle@audit.wales">Timothy.Buckle@audit.wales</a>
Martin Gibson - Audit Lead	<a href="mailto:Martin.Gibson@audit.wales">Martin.Gibson@audit.wales</a>
Gareth W. Lewis - Senior Auditor	<a href="mailto:Gareth.Lewis2@audit.wales">Gareth.Lewis2@audit.wales</a>

## Fieldwork schedule

17. We will conduct our fieldwork in line with the organisation's stated language preference. We will make every reasonable effort to accommodate language preferences of individuals during the audit, if we receive these at the point of setting up fieldwork.

## Document request

18. We will undertake a review of the documents listed below. The list is not exhaustive, and we may request additional documents during the course of the project. Where documents in the list below are publicly available, please direct us to their online location. Where we already have copies of the documents, we will confirm this at the project set up meeting. Also, we would be grateful if you could provide us with any additional documents that you feel may be relevant to this work.

### Exhibit 3: initial document request

Document title
<p>We would like to review the following documents covering the last 12 months:</p> <ul style="list-style-type: none"><li>• performance reports to Scrutiny Committees and Cabinet.</li><li>• Internal performance reports considered at CMT.</li><li>• Other internal performance reports</li><li>• documents covering data quality arrangements and reviews</li><li>• annual performance reports and evaluations</li></ul>



## Interviews

19. Exhibit 4 sets out the initial list of people we would like to interview during our work. We will contact you again to arrange mutually convenient dates and times when we begin the evidence gathering stage.
20. Following our document review, we may identify further interviews. These may relate to specific service areas. We will update the Council should this be the case.

### Exhibit 4: interviewees

Title
Cabinet Member with the portfolio for corporate performance management arrangements: <ul style="list-style-type: none"><li>• Cllr. Bryan Davies – Leader of the Council</li></ul>
Director with responsibility for corporate performance management arrangements: <ul style="list-style-type: none"><li>• Barry Rees – Corporate Director</li></ul>
Senior officer(s) with responsibility for corporate performance management arrangements: <ul style="list-style-type: none"><li>• Alun Williams – Corporate Lead Officer for Policy, Performance, and Public Protection</li><li>• Diana Davies – Corporate Manager for Partnership and Performance</li></ul>

Unless otherwise agreed with the council we intend to conduct interviews virtually via Microsoft Teams.

# Project brief

## Appendix 1 - Audit questions and criteria

Main audit question: **Does the Council’s performance data enable senior leaders to understand the service user perspective and the outcomes of its activities to effectively manage its performance?**

L2 questions	Audit Criteria <sup>2</sup> (what we are looking for)
Level 2	
2.1 Does the performance information provided to senior leaders include appropriate information on the perspective of service users?	<ul style="list-style-type: none"><li>• The information is:<ul style="list-style-type: none"><li>○ relevant to the objectives the Council has set itself</li><li>○ sufficient to enable an understanding of the service user perspective</li><li>○ sufficient to provide an understanding of progress towards the outcomes the Council is planning to achieve</li><li>○ drawn from the diversity of service users including groups who share protected characteristics</li><li>○ used to inform comparisons with the performance of similar bodies where relevant</li></ul></li><li>• The Council has involved service users in determining which information to collect.</li></ul>

<sup>2</sup> Our Audit Criteria has been informed by our cumulative knowledge of previous audit work as well as the question hierarchy and positive indicators we have developed to support our Sustainable Development Principle examinations

2.2 Does the performance information provided to senior leaders include appropriate information on the outcomes of the Council's activities?

- The information draws on a range of evidence sources to provide a holistic view of progress.
- The information enables senior leaders to monitor progress over the short, medium and long term.
- The information enables senior leaders to monitor the delivery of outcomes that cover multiple service areas and/or organisations.

2.3 Does the Council have robust arrangements to ensure that the data provided is accurate?

- The Council has clear arrangements to check the quality and accuracy of the data it provides to senior leaders.
- Where weaknesses in data quality are identified, the Council addresses them.

2.4 Does the Council use the information to help it achieve its outcomes?

- Where poor performance is identified the Council uses the information to make changes/interventions.
- There is evidence of the Council improving its progress towards its outcomes as a result of interventions.

2.5 Does the Council review the effectiveness of its arrangements?

- The Council reviews the information provided to senior leaders to ensure it is appropriate and relevant.
- The Council compares the information it collects with the information collected by similar organisations to identify opportunity to strengthen its arrangements.

## Appendix 2 - Fair processing notice

**Date issued:** August 2021

### **Auditor General for Wales – Privacy Notice**

This privacy notice tells you about how the Auditor General for Wales and staff of the Wales Audit Office (WAO) process personal information collected in connection with our work.

#### **Who we are and what we do**

The Auditor General for Wales' work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the Wales Audit Office and is the umbrella identity of the Auditor General for Wales and the Wales Audit Office.

#### **Data Protection Officer (DPO)**

Our DPO can be contacted by telephone on 029 2032 0500 or by email at [infoofficer@audit.wales](mailto:infoofficer@audit.wales)

#### **The relevant laws**

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public

Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and 2006, the

Local Government (Wales) Measure 2009, the Local Government & Elections (Wales) Act 2021 and the Well-being of Future Generations (Wales) Act 2015. Depending on the particular power or function, these statutory bases fall with Article 6(c) and (e) of the UK GDPR—processing necessary for compliance with a legal obligation, for the performance of a task carried out in the public interest or in the exercise of official authority.

#### **Who will see the data?**

The Auditor General and relevant WAO staff, such as the study team, will have access to the information you provide.

Our published report may include some of your information, but we will contact you before any publication of information that identifies you—see also "your rights" below.

We may share information with:

- a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;
- b) Certain other public bodies/ public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

## **How long we keep the data**

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also “your rights” below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

## **Our rights**

The Auditor General has rights to information, explanation and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. It may be a criminal offence, punishable by a fine, for a person to fail to provide information.

## **Your rights**

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to The Information Officer, Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ or email [infoofficer@audit.wales](mailto:infoofficer@audit.wales). You can also contact our Data Protection Officer at this address.

## **Information Commissioner’s Office**

To obtain further information about data protection law or to complain to complain about how we are handling your personal data, you may contact the Information Commissioner at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at [casework@ico.gsi.gov.uk](mailto:casework@ico.gsi.gov.uk) or by telephone 0162

5 545745.



Audit Wales

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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.

# Annual Plan 2023-24

Including additional information on  
our longer-term ambitions and key  
performance indicators

This Annual Plan covers the period from 1 April 2023 to 31 March 2024 and includes additional information on our longer-term ambitions and key performance indicators. It has been jointly prepared, and is laid before the Senedd, by the Auditor General for Wales and the Chair of the Wales Audit Office, in accordance with the requirements of the Public Audit (Wales) Act 2013.

The Senedd has made provision for its Finance Committee to be responsible for considering and reporting to the Senedd on this Annual Plan.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities with their own legal functions. Audit Wales is not a legal entity. Consequently, in this Plan, we make specific reference to the Auditor General or Wales Audit Office in sections where legal precision is needed.

If you require this publication in an alternative format and/or language, or have any questions about its content, please contact us using the details below.

Audit Wales

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Twitter          [@WalesAudit](https://twitter.com/WalesAudit)

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.  
Ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome correspondence and telephone calls in Welsh and English.  
Corresponding in Welsh will not lead to delay.

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



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# Foreword

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## Rydym yn falch o gyflwyno ein Cynllun Blynyddol ar gyfer 2023-24

### We are pleased to present our Annual Plan for 2023-24

We are pleased to present our Annual Plan for 2023-24 which sets out our priorities for the next 12 months, in terms of our audit work and the running of the business.

The outlook for public finances in Wales is bleak. High inflation combined with the economic and social impacts of austerity, the pandemic and the departure from the European Union have eroded the spending power of public bodies and individuals alike. The rising cost of living is placing more and more families into poverty and demand for services continues to rise.

In this rapidly changing and complex world, audit plays a vital role in providing the public, politicians, decision-makers and influencers with the information and assurance they need about how well public money is being spent.

With public finances under such strain, our core work auditing the financial statements of public bodies is more important than ever and must be prioritised. It provides assurance, transparency and accountability to taxpayers, the Senedd and other elected representatives. It provides public bodies with accurate and reliable financial information with which to plan and manage their services and finances.

Our value for money work programme will reflect some of the biggest challenges facing the country where Audit Wales can add most value:

- Tackling inequality
- Responding to the climate and nature emergency
- Service resilience and access
- Well-managed public services

Our relentless drive to improve the quality of our work will see the embedding of new international standards for financial and performance audit.

We will look to increase the impact of our audits through enhancements to our products, digital platforms and channels. A programme of Good Practice Exchange (GPX) activities will further increase the impact of our work, bringing people together in person and virtually to share knowledge and ideas.

Audit Wales is not immune to the financial pressures faced by the rest of the public sector. We are undertaking a financial sustainability review to ensure the business is operating in the most efficient and effective way possible.

Our Future Ways of Working project will see us start the year in smaller, more energy efficient, and accessible premises in Cardiff. We will continue to assess how our assets around Wales are enabling us to deliver our best audit work while also making a significant contribution to our net zero ambitions. We will continue to develop our approach to hybrid working to recognise the business and individual benefits of a blend of in-person and remote working.

None of our work is possible without our staff – the highly skilled and motivated teams who make a vital contribution to our national public services. Supporting the wellbeing of our people and making Audit Wales a great place to work will remain, therefore, our highest priority as it underpins all that we do.



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**Adrian Crompton**  
Auditor General for Wales

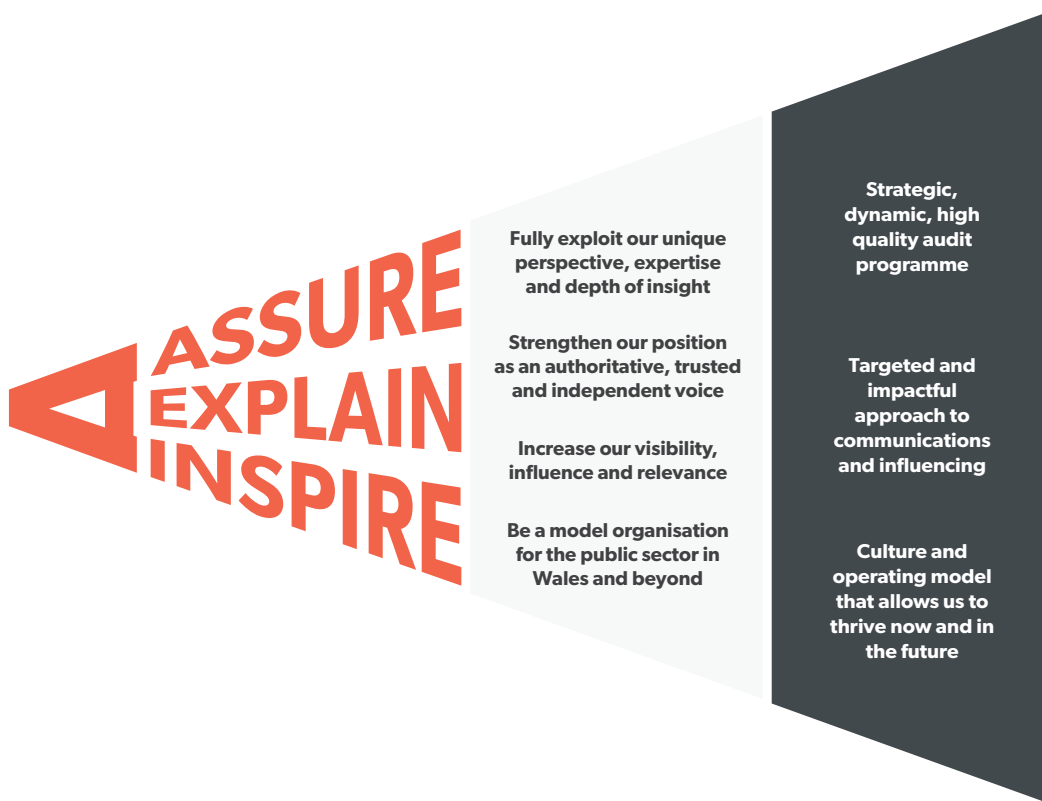


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**Dr Kathryn Chamberlain**  
Chair, Wales Audit Office

# Our role and purpose

- 1 The Auditor General for Wales is the statutory external auditor of most of the Welsh public sector. The Auditor General is responsible for the audit of most of the public money spent in Wales, including the funds that are voted annually by the Senedd. Significant elements of this funding are passed by the Welsh Government to the NHS and local government in Wales.
- 2 The Wales Audit Office has functions of providing resources, such as staff, for the exercise of the Auditor General’s functions, and of monitoring and advising the Auditor General.
- 3 Together, as Audit Wales, our purpose is at the heart of everything we do – to assure people that public money is being managed well, to explain how that money is being spent and to inspire the Welsh public sector to improve.



- 4 Assure, Explain, Inspire: Our Strategy 2022-27 describes the path we are taking towards reaching our full potential as a driver of change and improvement at the heart of public services and democratic accountability in Wales. It sets out our vision to increase our impact by:
  - fully exploiting our unique perspective, expertise and depth on insight;
  - strengthen our position as an authoritative, trusted and independent voice;
  - increasing our visibility, influence, and relevance; and
  - being a model organisation for the public sector in Wales and beyond.
- 5 Our strategy provides the context for this Annual Plan, which sets out the work programmes of the Auditor General and the Wales Audit Office during the second year of delivering our strategy. Our focus is in three key areas:
  - Strategic, dynamic and high-quality audit programme
  - Targeted and impactful approach to communications and influencing
  - Culture and operating model that enables us to thrive both now and in the future

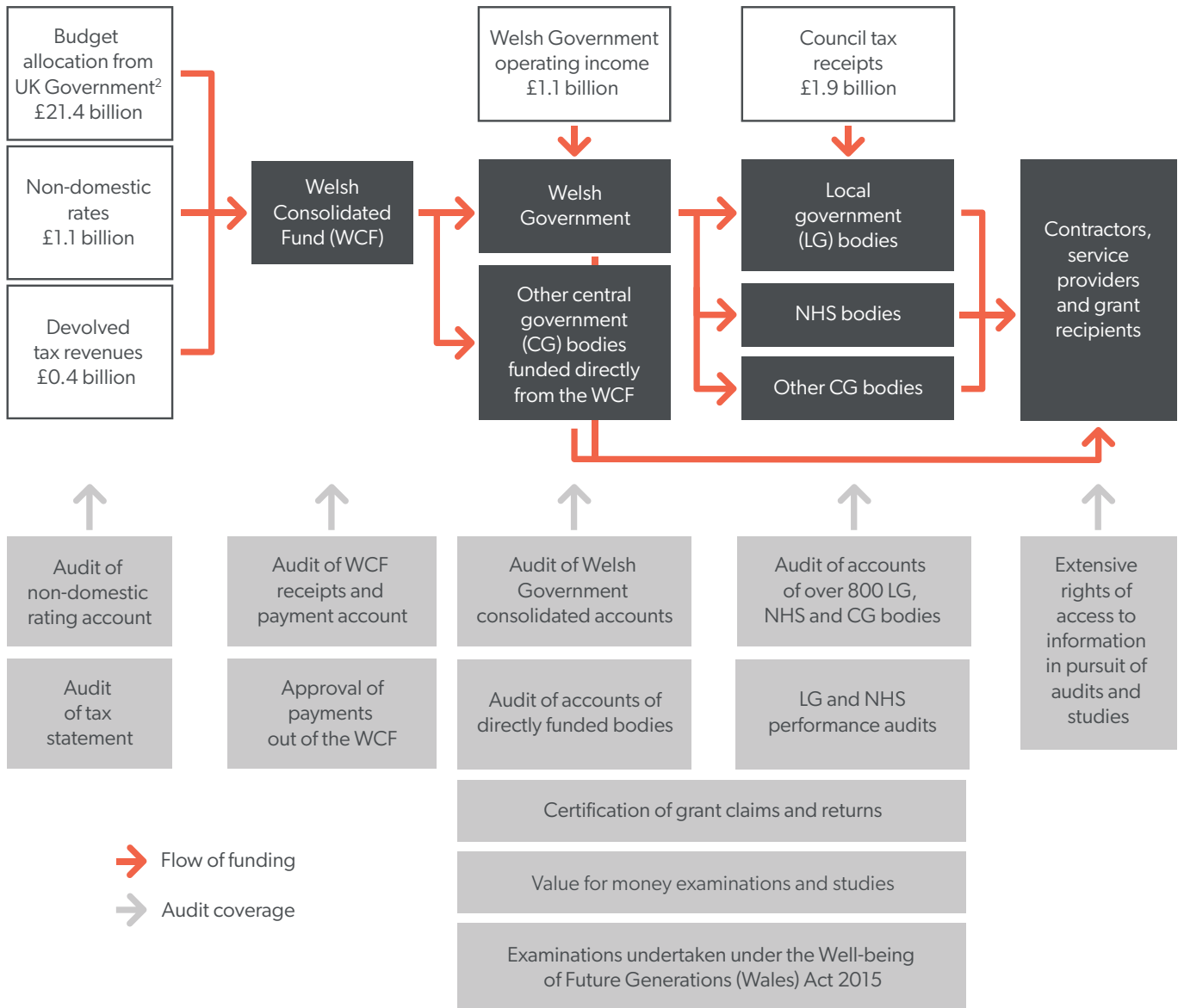
## What we do

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- 6 On behalf of the people of Wales, we examine public spending and identify ways to improve public services. Our work supports the effective scrutiny of public money by the Senedd and locally elected representatives. We are entirely independent of government.
- 7 The Auditor General's functions include auditing accounts and undertaking local performance audit work at a broad range of public bodies, alongside conducting a programme of national value for money examinations and studies. These functions may be exercised in combination, if necessary, across different types of bodies, to examine public spending irrespective of who delivers the services.
- 8 Increasingly, we are considering the stewardship of human and natural resources alongside our consideration of financial resources and the way in which public bodies account for their use.
- 9 We identify good practice from across the full breadth of our audit work and disseminate this through a range of media, including blogs, podcasts and shared learning seminars and webinars.
- 10 We undertake our work in accordance with the [Auditor General's Code of Audit Practice](#). The Code prescribes the way in which audit and certain other functions are to be carried out and embodies what the Auditor General considers to be best professional practice.
- 11 We also work closely with other UK audit agencies and with the other main external review bodies in Wales to enhance the collective impact of our work.

## How we follow the public pound in Wales<sup>1</sup>

12 Together, as Audit Wales, we audit nearly £26 billion of income and expenditure, which is over a quarter of Welsh GDP.



1 Funding sources highlighted in exhibit do not include income generation activities at individual public bodies.

2 Includes receipts from the Wales Office, HMRC Distribution from the National Insurance Fund in respect of Social Security, and the Welsh Rate of Income Tax

# Our operating environment

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- 13 The breadth of our audit work across the Welsh public sector and devolved policy areas, our place as part of a wider UK and international accounting and audit profession, and the impact of wider changes in society, all contribute to the operating environment for Audit Wales.
- 14 We monitor wider developments relevant to our audit work programme and running of the business. This includes consideration of risks to our delivery but also areas of opportunity for our work programme. Issues that have emerged or amplified over the past year and as we head into 2023-24 are set out below.

## Resourcing our work

### Funding our work

- 15 The way our work is funded means that we must be mindful of our own costs while also managing the impact of inflationary pressures. However, it is vital that we maintain the high quality of our audit work, discharge effectively the various powers and duties placed on the Auditor General and meet the standards that the public and its representatives have a right to expect from an independent national audit body. Meanwhile, the impact of possible changes to the audit profession at a UK level need considering in the devolved context.

### Recruitment and retention challenges

- 16 New auditing requirements will require a change in our skill mix for our audit of accounts work and increase the costs of that work (as set out in our [Fee Scheme 2023-24](#)). However, we also face competition from the wider accounting and audit profession where we are seeing evidence of pay rates increasing markedly, particularly in the private sector. This presents significant challenges for our ability to recruit and retain suitably qualified staff within our funding constraints.
- 17 We also face possible further disruption to our resourcing, and our income generation, through any ongoing industrial action involving our staff.



## The legacy of the COVID-19 pandemic

### Adapting to changes in our ways of working

- 18 Like many public bodies, we have seen a significant and likely permanent change in the way we work and the balance between office-working, home-working, and on-site audit activity at other locations. We will need to continue to adapt as we establish a 'new normal' that supports our organisational efficiency, the wellbeing and development of our staff, and the overall culture we want at Audit Wales.

### The impact on our accounts audit timetable

- 19 The pandemic, combined with other resourcing pressures, has impacted on the timetable for the delivery of our annual accounts audit work and we will be dealing with the legacy of this through 2023-24 and beyond. Audited bodies have engaged constructively with us during the pandemic, despite being under significant pressure themselves. However, we have also seen examples of audited bodies taking longer to prepare accounts for audit. In addition, we are still working through a substantial backlog of town and community council audit work that we brought back in-house shortly before the pandemic.

## Governance and capacity issues in Welsh public services

- 20 We have already seen the impact that governance failings within the bodies we audit can have on our programmes of work. Any increase in such issues, arising for example from the financial pressure on services, could impact significantly on our own delivery.
- 21 We have also reported previously on capacity pressures across various parts of the public sector. Pressure on audited bodies' staff resources could impact on how they engage with us to support delivery of our work, as could wider industrial action.

## Responding to wider societal issues

### The climate and nature emergency

- 22 There is a clear role for audit in reporting on how effectively public bodies are responding to the climate emergency, including supporting a just transition. But we also want to demonstrate that we are playing our part through our own net zero and biodiversity plans.

## Promoting equality, diversity and inclusion

- 23 Inequality in Wales remains a significant concern and with the cost-of-living crisis presenting additional challenges and risks. Our [Joint Strategic Equality Plan](#) sets out our key commitments for the period 2022-2026 and how we will play our part in helping eliminate discrimination, advance equality of opportunity and foster good relations, both as an employer and through our audit work.
- 24 We also want to embrace the Welsh language. We take pride in providing a bilingual audit service and are committed to implementing and maintaining the [Welsh Language Standards](#). We intend to push beyond our statutory requirements to become a truly bilingual organisation as we implement our Welsh language strategy for 2022-2027.

## Digitisation

- 25 Digital opportunities are supporting changes to the way public bodies are delivering services and our own ways of working. However, an increasing reliance on digital approaches presents increasing risks in an environment where cyber-attacks are becoming more sophisticated and aggressive. Maximising these digital opportunities also poses challenges around digital skills and inclusion.

## Developments in our audit landscape

### New powers, duties and audit coverage


- 26 In 2022-23, the Welsh Government consulted on extending the well-being duty under the Well-being of Future Generations (Wales) Act 2015 to a further eight public bodies. We have been liaising with the Welsh Government about the practical and resource implications of discharging the Auditor General's duties under the Act in the current (2020-2025) reporting period.
- 27 From 2023-24, the Auditor General will be the external auditor for the new [Citizen Voice Body for Health and Social Care](#). We will also be monitoring developments in readiness for our audit work at the new [Commission for Tertiary Education and Research](#) once it is fully operational.

## Changes in public funding

- 28 With EU funding programmes coming to an end in December 2023, we will continue to plan for the impact of no longer auditing the EU funds that support farmers and agriculture. Meanwhile, developments around the UK Government's Levelling Up Fund and the Shared Prosperity Fund raise new questions around the flow of funding through to the bodies we audit in Wales and any consideration of how projects supported by that funding are being managed locally and contribute to bodies' wider objectives.

## Considering the work of other external review bodies

- 29 As we look to work efficiently, minimise duplication of work and minimise demands on audited bodies, we consider work undertaken or planned by other external review bodies and liaise regularly with those bodies. This includes, for example, Healthcare Inspectorate Wales, Care Inspectorate Wales, Estyn, the various commissioners in Wales and the Public Services Ombudsman. We also liaise with other bodies that focus on public services, such as the Wales Centre for Public Policy and the Wales Governance Centre.



# Our work programmes: how we organise and fund our work

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- 30 Our planned work for 2023-24 can be broadly divided into two work programmes – audit delivery and running the business.
- 31 Audit delivery comprises the Auditor General’s work programme and priorities for 2023-24 in exercising his functions. The second section on running the business encapsulates the work programme and priorities for 2023-24 of the Wales Audit Office in exercising its functions.
- 32 The resources available, and which may become available to the Wales Audit Office, as per the approved Estimate of Income and Expenses for the year ending 31 March 2024, are to be used in delivering these work programmes.

## Audit delivery

### Core work



Undertaking audit work at over **800** public bodies



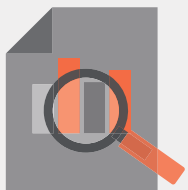
Delivering a programme of **value for money** examinations and studies



Certifying grant schemes worth approaching **£1.5 billion**



Approving around **£1.8 billion** of payments out of the Welsh Consolidated Fund every month



**Supporting effective scrutiny** including the work of the Senedd Committees



Sharing the **good practice** we see across Wales's public services



Facilitating the **detection of fraud and error** through the National Fraud Initiative



Participating with **observer status** on a range of key policy working groups

For further information see:

Appendix 1 – Local audit work

Appendix 2 – National value for money examinations and studies

Appendix 3 – Supporting effective scrutiny and accountability

- 33 Alongside legal and professional requirements, four widely recognised principles underpin our audit delivery:


<p><b>Public focus</b></p> <p>Audit is carried out on behalf of the public and is done in the public interest</p>	<p><b>Accountable</b></p> <p>Public sector auditors are publicly funded and are accountable for their use of public money</p>
<p><b>Independent</b></p> <p>Audit must be, and be seen to be, independent and carried out in a way that is objective and impartial</p>	<p><b>Proportionate</b></p> <p>Service providers need to be given enough space to deliver services to a high standard, while being subject to sufficient, but not excessive, levels of scrutiny</p>

- 34 The audit work that we do at individual public bodies involves:
- providing an opinion on the accounts;
  - considering how public money is being used for approved purposes (regularity);
  - considering how public business is being conducted (propriety);
  - examining whether proper arrangements are in place to secure value for money; and
  - assessing the extent to which public bodies have acted in accordance with the sustainable development principle when setting and taking steps to meet their well-being objectives.

- 35 We are committed to working closely with the other UK audit agencies through the [Public Audit Forum](#), and with our colleagues at the other main external review bodies in Wales, to enhance the efficiency and effectiveness of public audit and the collective impact of our work. We are proud to represent Wales on occasion on the international audit stage, including at EURORAI events<sup>3</sup>.
- 36 We can also arrange with certain types of bodies, both in the UK and overseas, to undertake commissioned work<sup>4</sup>. This includes auditing the European funds used to support farmers and agriculture across Wales<sup>5</sup> and acting as Chief Auditor to, and auditing the accounts of, the Government of Anguilla, work with other regulators and supporting opportunities in Jersey and New Zealand.

## Running the business

**Core work**

 <p>Setting the overall budget of <b>£24.3 million</b> and charging fees for audit work</p>	 <p>Employing around <b>290 staff</b> and managing a diverse range of physical and information assets</p>	 <p>Providing <b>strong leadership</b> and embedding our values and behaviours</p>	 <p><b>Monitoring</b> the exercise of the Auditor General’s functions and providing him with advice</p>
--	--	--	--

For further information see:  
Appendix 4 – Our Finances

3 The ([EURORAI](#)) is a co-operation project among public sector audit institutions across Europe.

4 Where we provide services to, or exercise the functions of, those bodies. We are mindful that all such activities should be self-financing and must not be undertaken to the detriment of our core audit work in Wales.

5 On behalf of the Comptroller and Auditor General.

- 37 Our Board is responsible for setting and overseeing the strategic direction of the organisation and ensuring we are on track in the delivery of our ambitions. The Board membership includes non-executive and executive members, alongside two employee-elected members and an employee member nominated by the Auditor General, who provide an extra dimension of insight and experience.
- 38 The Executive Leadership Team (ELT), which includes three Executive Directors and is chaired by the Auditor General, advises him in his capacity as Auditor General, Chief Executive and Accounting Officer. A staff perspective to help inform ELT decision making is sought from a panel of staff representatives.
- 39 More detailed information on our governance arrangements can be found in the Governance Statement section of our [Annual Report and Accounts 2021-22](#).



# Our priorities and how we plan to achieve them

---

- 40 Alongside delivery of our core statutory responsibilities, we have identified priority areas for action in 2023-24, achievement of these will support us in realising our strategic ambitions by 2027. Our priorities are organised around three areas of focus:
- Strategic, dynamic and high-quality audit programme
  - Targeted and impactful approach to communications and influencing
  - Culture and operating model that enables us to thrive both now and, in the future
- 41 The next sections provide more information on each of the strategic areas of focus, why they are important, our progress so far and our priority actions for 2023-24. These priority actions are set out in two parts – audit delivery comprises the Auditor General’s work programme and priorities in exercising his functions. Running the business encapsulates the work programme and priorities of the Wales Audit Office in exercising its functions.

## Strategic, dynamic and high-quality audit programme

### Why it is important

- 42 Many of the challenges we face in Wales today are complex, interconnected and span the remits of a range of organisations. We will continue to explore the opportunity for a change in our funding model to give us improved flexibility to examine more cross-cutting and whole-system issues and as part of this explore how the sustainable development principle and its ‘five ways of working’ are being applied.

- 43 We have developed our thinking, building on feedback from our [work programme consultation in spring 2022-23](#) and our [Picture of Public Services analysis](#) in 2021, to focus an indicative three-year audit programme of work around four key themes:
- Tackling inequality
  - Responding to the climate and nature emergency
  - Service resilience and access
  - Well-managed public services
    - Good governance
    - Workforce, assets, and finance
- 44 Like all public sector organisations, we face financial challenges and need to live within our means. Building on good management practices, we have embarked on a financial sustainability review designed to give clear options on how we will face the future and will take a strategic approach to align our medium-term financial position, our service provision, and the shape of our workforce.
- 45 As the audit landscape changes, Audit Wales must adapt and respond to industry changes including adopting international standards in the delivery of our performance audit work and ensuring the compliance of our audit of accounts work with new requirements. For our accounts work, these changes require us to revisit our workforce planning and funding arrangements to provide an appropriate skill mix. Alongside this, we want to address the slippage in the timetable for our accounts audit work and other backlogs.
- 46 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 consider matters of concern that may arise and developments in Welsh Government policy.
- 47 We will enhance our approach to monitoring performance, focusing on a holistic view of our risks, KPIs, impact and delivery of our work programmes, business plans and internal projects, and ensuring that we are able to adapt our approach, maximise opportunities and remain responsive to challenges.

**Achievements so far include:**

- As we have developed our work programme themes, we have been building on relevant work already published over the past year, including for example on the net zero agenda and flood risk management, the challenge of tackling poverty in Wales, the NHS planned care backlog, cyber resilience and equality impact assessment. We have also been exploring opportunities for additional data-matching work to consider fraud risks, building on our work as part of the UK-wide National Fraud Initiative.
- Audit quality is always a key focus, we have invested in our technical support function and developing our audit approaches through implementing new risk-based standards for our audit of accounts work and introducing new professional standards for our performance audit work. The launch of these new approaches is underpinned by extensive learning and development programmes to equip our audit teams with the knowledge and confidence they need to achieve high standards of audit quality.
- Our Research and Development function is supporting the development of our audit programme, our wider horizon scanning and the development of networks, with academia, think tanks and other bodies to help inform the scoping of audit projects.

**Priority areas for action in 2023-24**

**Audit Delivery**

**Running the Business**

Embed a new- ISA 315<sup>6</sup> compliant -approach to our audit of accounts work and INTOSAI<sup>7</sup> standards in the delivery of our Performance Audit work.

Develop our approach to integrated performance management.

Deliver a more dynamic programme of high-quality audit work that reflects the challenges facing the public sector locally and nationally.

Scope our Financial Sustainability Review and begin to implement changes necessary to live within our means in 2023-24 and future years, demonstrating our own commitment to value for money.

Work with key stakeholders to identify, agree and bring forward audit deadlines for our accounts work for 2023 and future years.

6 Revised International Standard on Auditing (ISA 315).

7 International professional standards for public-sector auditing set out by the International Organization of Supreme Audit Institutions, INTOSAI.

## Targeted and impactful approach to communications and influencing

### Why this is important

- 48 To achieve our vision, it is vital that our work is impactful and that our messages land well and influence decision making. Our ability to achieve this relies on our engagement with a wide range of stakeholders. Managing these relationships well is important to our position as an authoritative, trusted and independent voice and requires us to be proactively engaging with others to communicate key messages from our work and support public services with the challenges they face. It is also vital that we understand how key stakeholders perceive our work and that we respond to the different ways that our audiences want to receive information in the modern world, including through our digital platforms.
- 49 To enhance the impact of our audit products we will place greater emphasis on planning our approach, ensuring that the form and presentation of our work is engaging and inspiring to a wide range of diverse stakeholders. We will continue our drive towards shorter, sharper, and responsive audit products, including real-time commentary on important topical issues, and use our digital platforms and tools to improve visibility of our work and engagement with our stakeholders.
- 50 We intend to place a greater emphasis on thematic reporting, comparisons across audited bodies and the identification and sharing of good practice and shared experience supporting public services to improve. Some of the areas of focus we choose to take forward may lend themselves to different types of output – short briefings, blogs, data tools or facilitating an exchange of ideas and practice through other means – rather than or alongside a full report.

### Achievements so far include:

- We are improving how we display information and communicate our audit findings using data analytics and interactive data tools to support our audit reports.
- We have strengthened our relationships and participation with audit institutions, and collaboration with other UK audit agencies in the Public Audit Forum (PAF), providing a joint response to the Department for Business, Energy and Industrial Strategy (BEIS) consultation on the future of the UK audit profession.

- Held a series of Good Practice Exchange events aligned to our strategy and focussed on common challenges across public services including responding to the climate emergency, tackling poverty in Wales and equality impact assessment.
- We regularly participate as keynote speakers at national and international conferences.

### Priority areas for action in 2023-24

#### Audit Delivery

Implement new stakeholder engagement approach to gather independent feedback from our audited bodies.

Refresh our website.

Deliver a refreshed, rolling programme of good practice sharing (GPX), which is aligned to our audit programme and planned in from the outset.

#### Running the Business

Improve our internal communication arrangements including frequent ELT engagement sessions, sharing stories focused on the quality, impact and interactions we have through our work, and refreshing communications channels including our intranet.

## Culture and operating model that enables us to thrive both now and, in the future

### Why this is important

- 51 None of our objectives for high-quality public audit can be achieved without having the right staff, culture and resources in place. We are committed to ensuring Audit Wales is a model organisation for the Welsh public sector, one that recognises and values our people within a culture that allows everyone to thrive.

- 52 Our reputation and impact depend upon the quality of work we deliver and the effectiveness of our internal operation. Our People and Organisational Development strategy focuses on attracting and retaining capable and highly skilled staff and prioritising the development of our people to fulfil their roles, grow and perform at their best.
- 53 Our ambition is for Audit Wales to become a modern, forward focused model organisation for Wales. We will ensure that our strategic focus on future workplaces, net zero, digitisation, workforce and financial plans is interconnected and fit for the future – creating synergies and efficiency in their implementation across the organisation.
- 54 We will grasp the opportunity to be a digitally mature, data-driven organisation, while proactively managing the risks of cyber security to ensure that our systems are secure, resilient, and fit for purpose. There is so much happening in this space and we will ensure we are at the forefront of developing new ways of delivering our core business.
- 55 Our commitment to challenging inequality is embedded in our work and we will always challenge ourselves to do more. We recently published our new Strategic Equality Plan with a new set of equality objectives. This stretches our ambitions as does our new Welsh Language Strategy published earlier in 2023. We are proud to be a bilingual organisation and continue to embrace the Welsh language in our activities.

### **Achievements so far include:**

- Staff wellbeing is a significant focus, recognising that we have a responsibility to ensure that our workplace culture encourages positive behaviours and provides support networks for our employees. In September 2022 we launched our Wellbeing Strategy designed around three themes of wellbeing that are at the centre of our aims for Audit Wales – Work Well, Live Well and Mean Well.
- We continue to review all our accommodation needs and evolve our hybrid ways of working post-COVID. We have extended the lease on our West Wales office and relocated our Cardiff office. Staff have been piloting the use of Hubs, alongside the re-opening of a small number of audit rooms on client sites, enabling staff to work effectively, flexibly and in collaboration with others.
- The implementation of our workforce plan that supports the achievement of the vision set out in our People and Organisation Development Strategy – ‘to develop a capable and diverse workforce that is motivated to deliver our purpose and ambitions and reach our full potential’.

- We have invested in the training and development of our audit staff, supporting our trainees to achieve their qualifications, upskilling staff in preparation for the implementation of new professional standards and working practices and continued provision of an extensive L&D programme to further develop capability.
- We published our Strategic Equality Plan 2022-2026, which sets out a fresh suite of objectives for equality, diversity, and inclusion and are committed to being an employer of choice and increasing the diversity of our workforce.

### Priority areas for action in 2023-24

#### Audit Delivery

Embed our new time recording and management (TRM) system so as to provide better management information, ensuring more efficient and effective use of staff skills and supporting more accurate income profiling.

Enhance the capacity and capability of our workforce through implementation of the People & Organisation Development Plan and the Strategic Equality Plan.

#### Running the Business

Address falling performance on engagement and employee experience.

Embed net zero ambitions through ways of working, travel plan and estates development.

See a return to regular in-person working, as part of a hybrid working model, for all teams in Audit Wales to enhance productivity, quality, and organisational culture.

Deliver and realise benefits of the Wellbeing Strategy.

Embed effective ways of working in new Cardiff office that support productivity, quality, and collaborative organisational culture, and utilise learning across all Audit Wales offices.

# Measuring and reporting on our performance

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- 56 In 2023-24, we will continue to use a combination of quantitative and qualitative methods to measure, report and reflect on our performance, value for money and risks, and to seek evidence on the impact of our work. This includes regular reporting to our Executive Leadership Team and Board on progress made towards delivering our priority areas of action and achieving our key performance indicator (KPI) targets. It will also include internal audit reports to our Executive Leadership Team and Audit and Risk Assurance Committee.
- 57 For each of our work programmes, we have identified a suite of high-level KPIs that will help us to measure progress made towards delivering our overall ambitions. We will place emphasis on evaluating our direction of travel and pace of improvement, alongside comparison with appropriate benchmarking.
- 58 We will report on our performance externally through our Interim Report and Annual Report and Accounts, and by providing evidence at meetings of the Senedd Finance Committee. It should be noted that our KPIs are part of a broader suite of operational and corporate performance indicators, many of which are also reported on externally in our Annual Report and Accounts and other corporate publications.
- 59 When preparing this Plan, we reviewed our KPI targets with reference to current levels of performance and appropriate external benchmarks, to ensure alignment with our overall ambitions and our strategy for achieving them.



## Audit delivery KPIs

### Strategic, dynamic and high-quality audit programme

No.	Indicator	Description	Target
1	Statutory deadlines	Proportion of audit products delivered by the required statutory deadline.	100%
2	On time	Proportion of other key audit products delivered in accordance with the planned timetable for ensuring timely and impactful reporting.	90%
3	Quality	Proportion of reviewed audits that are delivered in accordance with <u>Financial Reporting Council (FRC) quality standards</u> .	100% of sample assessed as in the highest two audit quality categories
4	Credibility	Proportion of stakeholders that consider us to be an independent and authoritative communicator on the governance and stewardship of public money and assets.	At least 90%
5	Providing insight	Proportion of stakeholders who said that through our work, they gained useful insight that they would not have acquired otherwise.	At least 80%
6	Driving improvement	Proportion of stakeholders who believe our work has led to improvements in the provision of public services.	At least 80%
7	Savings identified	Value of potential savings, income, productivity gains and other financial benefits identified through our work.	At least £30 million during 2023-2026

## Targeted and impactful approach to communications and influencing

No.	Indicator	Description	Target
8	Good practice events	Proportion of stakeholders who rate our good practice events useful of very useful.	At least 90%
9	Website visits	Number of visits to our website where at least one action is performed, eg download a report, click on a video.	35,000 each year
10	Social media	Number of social media engagements, ie interactions with our posts such as a like, a comment, or retweet/share.	3,000 each year
11	Sharing audit learning	Number of instances where we present audit learning to key policy working groups or at relevant externally hosted events.	50 each year

## Running the business KPIs

### Culture and operating model that allows us to thrive both now and in the future

No.	Indicator	Description	Target
12	Employee engagement	Percent positive annual staff survey engagement index score.	At least the median benchmark score for the latest CSPS
13	Employee experience	Percent positive annual staff survey thematic <sup>8</sup> employee experience scores.	At least the median benchmark scores for the latest CSPS
14	Sickness absence	Average working days lost per member of staff per annum.	Less than six days
15	Financial balance	Net underspend variance on income and expenditure from that set out in our Estimate for the current year.	Less than 2% of gross expenditure budget
16	Cost savings and efficiencies	Value of cost savings and efficiencies identified throughout the business.	£1.4 million
17	Greenhouse gas emissions	Total CO <sub>2</sub> equivalent emissions.	20% reduction on a recalculated <sup>9</sup> 2019-20 baseline
18	Trainee success rate	Proportion of trainees achieving first-time passes in their Professional and Advanced level examinations with the Institute of Chartered Accountants in England and Wales.	At least 90%

8 The key CSPS employee experience themes are: organisational objectives and purpose; leadership and managing change; my manager; my work; my team; inclusion and fair treatment; learning and development; resources and workload; and pay and benefits.

9 Which takes account of the latest [Guidance on net zero carbon reporting published by the Welsh Government](#).



# Appendices

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- 1 Local audit work
- 2 National value for money examinations and studies
- 3 Supporting effective scrutiny and accountability
- 4 Our finances

# 1 Local audit work

The Auditor General carries out local work at most public bodies in Wales. The programme includes audits of accounts, local performance audit work and well-being of future generations work.

Public body	Audit of accounts	Local performance audit work <sup>10</sup>	Well-being of future generations work
Senedd Commission	✓		
Welsh Government	✓		✓
11 Welsh Government sponsored bodies	✓		✓ <sup>11</sup>
Welsh Revenue Authority including the tax statement	✓		
5 Welsh Government companies	✓		
6 Commissioners, Inspectorates and Regulators	✓		
7 Local Health Boards	✓	✓	✓
3 NHS Trusts and 2 Special Health Authorities	✓	✓	✓ <sup>12</sup>
22 Councils (Unitary Authorities)	✓	✓	✓
4 Police and Crime Commissioners and Chief Constables	✓	✓	
3 Fire and Rescue Authorities	✓	✓	✓
3 National Park Authorities	✓	✓	✓
9 Pension funds	✓		
Corporate Joint Committees	✓	✓	✓
City region growth deals	✓	✓	
Several smaller local government bodies including joint committees and harbour authorities	✓		
Over 730 Town and Community Councils	✓ <sup>13</sup>		

10 The Auditor General is not required to conduct a programme of local performance audit work at each central government body. Performance audit work conducted within this sector currently sits within his programme of national value for money examinations and studies.

11 Only for listed bodies under the Well-being of Future Generations (Wales) Act 2015.

12 Only for listed bodies under the Well-being of Future Generations (Wales) Act 2015.

13 On a limited assurance basis.

## 2 National value for money examinations and studies

This programme of work includes value for money examinations, local government studies, and the preparation of summary reports of the findings from local audit work across multiple NHS, central government and/or local government bodies.

It also includes examinations undertaken in response to issues of public concern identified through our audit work or raised with the Auditor General through correspondence. The outputs from much of this programme support the work of the Senedd Public Accounts and Public Administration Committee and other Senedd committees (see also **Appendix 3**).

As noted earlier in this Plan, we have been developing an indicative three-year forward work programme under four over-arching themes. These themes will frame all our audit work, including our national studies. We will also continue to make time and space in our work programme for follow-up work on topics we have reported on previously.

The tables below summarise work in progress and other national work that we intend to start during 2023-24, including thematic local work across principal councils and NHS bodies. Other outputs may also emerge during the year and our interim report will provide an update.

### Work in progress at 1 April 2023

NHS quality governance	Corporate Joint Committees
Managing assets and workforce in local government	Maximising EU funding
Net zero (pan UK overview – with other UK audit bodies)	Unscheduled care
Covering teachers’ absence – follow up	NHS workforce
Planning for sustainable development – brownfield regeneration	Building safety

### Work in progress at 1 April 2023

Ukrainian refugee services	Governance/oversight of National Park Authorities
Digital strategy in local government	Use of performance information in local government
Affordable housing	Cancer services
Active travel	

### Other work that we intend to start during 2023-24

Capital planning and programme management	Challenges for the cultural sector
Homelessness	Addressing biodiversity decline
Rebalancing care and support	Tackling NHS waiting lists
Access to education for children with Additional Learning Needs.	Further and higher education funding and oversight – Commission for Tertiary Education and Research
Governance of Fire and Rescue Authorities	The senior public service
Financial sustainability in local government	Commissioning and contract management in local government

## 3 Supporting effective scrutiny and accountability

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### Supporting the work of the Public Accounts and Public Administration Committee and other Senedd Committees

Our work plays a key role in supporting the work of the Public Accounts and Public Administration Committee (PAPAC) in its consideration of the use of resources in the discharge of public functions in Wales. Our work can also, where applicable, inform the work of other Senedd committees whose wider remit includes scrutinising the expenditure and policies of the Welsh Government, holding Ministers to account, and examining proposed legislation.

In 2023-24, we will provide regular briefings to the PAPAC on outputs from the Auditor General's work programme, which will help the Committee determine its subsequent course of action. We will also provide further advice and support to the Committee as required, particularly in relation to:

- the development of members' briefings for evidence sessions with witnesses from the Welsh Government and other organisations;
- the development of the Committee's reports; and
- the adequacy of the Welsh Government's formal responses to recommendations in the Committee's reports, and those of other bodies.

We will continue to engage with the Committee about the overall content of the Auditor General's work programme and on matters of concern to the Committee. We will also continue to look for opportunities to share audit learning with other Senedd committees through our engagement with other clerking teams and researchers, responding to consultations and, where relevant and requested, briefing other committees on the findings from our work and potentially supporting their own inquiries.



## Supporting the work of the audit and scrutiny committees of public bodies

Throughout the year, we will attend most meetings of the audit committees of the principal bodies that we audit to provide regular briefings and report on our audit work.

We will also provide further advice and support to audit and scrutiny committees, where applicable, particularly in relation to:

- providing support and guidance to committee chairs to support them in being more effective in their role; and
- providing good practice learning opportunities and awareness raising sessions for committee members on particularly relevant issues.

## Supporting the public and their local representatives

We regularly receive correspondence from the public, their local and national elected representatives and others that raises potential concerns about the stewardship of public money and assets. The Auditor General is also a 'prescribed person' for receiving whistle-blowing disclosures about the proper conduct of public business and fraud, value for money and corruption in relation to the provision of public services.

In 2023-24, we will continue to ensure that we:

- respond to such concerns promptly and in a fair, objective, and professional manner;
- appreciate the importance of the issues to those who have taken the time to highlight them;
- examine issues in more detail where we consider this is merited, and report as appropriate; and
- make sure that we do not use public money looking at issues that are not relevant to our audit work or spend too much time on minor issues.

## 4 Our finances

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The Senedd Finance Committee scrutinises our use of resources, including through consideration of this Plan, our Interim Report and Annual Report and Accounts.

Approximately two-thirds of our funding come from fees charged to audited bodies in accordance with a [Scheme of Fees](#) approved<sup>14</sup> by the Senedd. Most of the remainder comprises approved financing from the Welsh Consolidated Fund (WCF), our use of which is subject to scrutiny from the Board at regular intervals during the year.

The key priorities for our use of resources in 2023-24 are laid out in our most recent [Estimate of Income and Expenses](#) and [Supporting Information](#), which was considered and approved by the Senedd Finance Committee in November 2022. £20.4 million of our planned expenditure relates to staffing resources to be made available to the Auditor General to carry out his work programme<sup>15</sup>. A further £3.9 million provides a range of other services, including accommodation, travel, ICT and professional fees.

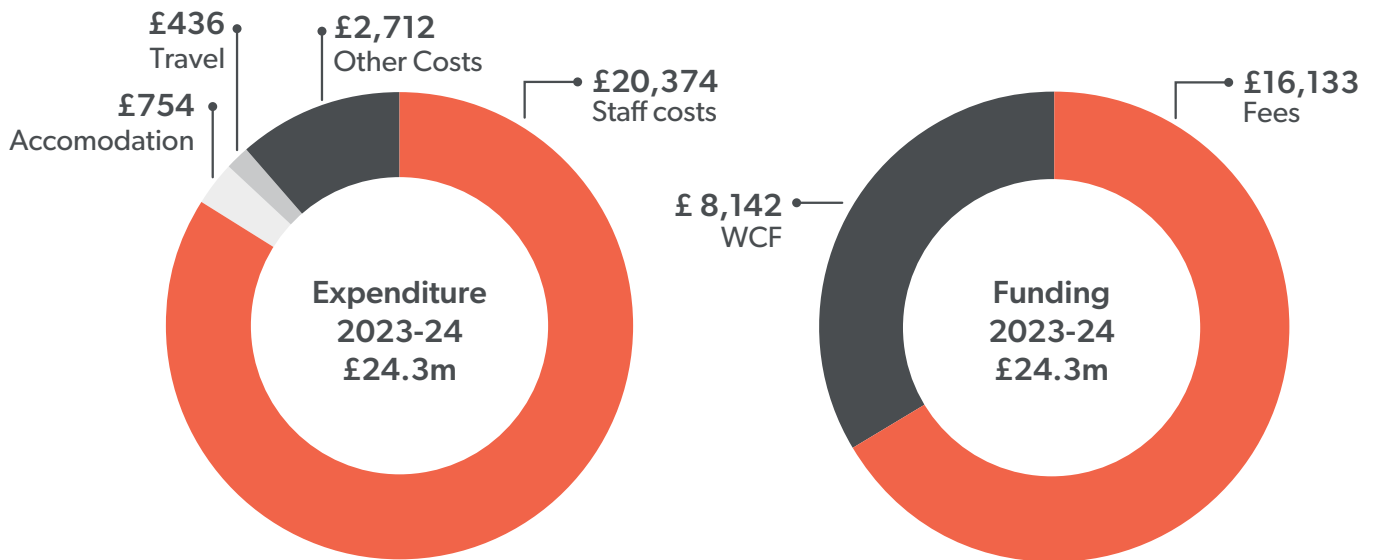
The Board reviews our financial performance each time it meets throughout the year. Each month, our Executive Leadership Team considers a risk assessment of our financial health with a view to ensuring value for money and a year-end outturn within budget.

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14 Following a consultation exercise with the bodies we audit and other key stakeholders.

15 This is the maximum amount of the resources available, and which may become available, that it is anticipated will be allocated by the Wales Audit Office to the Auditor General for undertaking his work programme.

## Our revenue expenditure and funding 2023-24





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

# Our work programme for 2023-2026

# Our work programme for 2023-2026

## About our work programme

- 1 Our Audit Wales strategy for 2022-2027 includes a focus on the development and delivery of a ‘strategic, dynamic and high-quality audit programme’, as well as a ‘targeted and impactful approach to communications and influencing’.
- 2 In spring 2022, we consulted on our work programme. Informed by responses to that consultation, and our 2021 Picture of Public Services analysis, we have been shaping an indicative medium-term programme of performance audit work that sits alongside our annual audit of accounts at over 800 public bodies in Wales. By identifying a clearer medium-term horizon and drawing together different parts of our overall work programme, we aim to enhance our overall research and development, and the timeliness and impact of our audit work.
- 3 Our audit programme for 2023-2026 will be focused on four themes:



**Tackling  
inequality**



**Responding to the  
climate and nature  
emergency**



**Service resilience  
and access**



**Well-managed  
public services**

## About this paper

- 4 We have prepared this paper in advance of work to develop our website and the information it holds about our work programme to improve our engagement with the public and other stakeholders about our work.
- 5 The paper focuses on our national value for money examinations and studies. This programme of work includes value for money examinations, local government studies, and the preparation of summary reports of the findings from local audit work across multiple NHS, central government and/or local government bodies. It also includes examinations undertaken in response to issues of public concern identified through our audit work or raised with the Auditor General through correspondence. Our work will include consideration of how the sustainable development principle and its 'five ways of working' are being applied.
- 6 The topics identified below as work in progress at 1 April 2023, or to start during 2023-24, mirror Appendix 2 of our Annual Plan 2023-24. Plans for other outputs may emerge as our work programme evolves at both a national and local level, including follow up work and local audit work already planned as part of previous years' programmes.
- 7 In addition, our local audit plans will include other new work at individual bodies to be progressed during 2023-24:
  - For principal councils: local reviews include coverage waste and recycling, planning services, the Welsh Housing Quality Standard, performance management and reporting, counter fraud and whistleblowing, transformation programmes, roads and transport, arrangements to support application of the sustainable development principle, corporate governance, scrutiny, and safeguarding.

- For NHS bodies: as an extension to our annual structured assessment work across all bodies we will undertake a deeper dive into digital developments. While planning arrangements for local bespoke projects are still ongoing, emerging areas of focus at individual bodies include follow up of previous audit recommendations in areas such as primary care, quality governance, clinical coding and outpatient services, use of strategic assistance funding in escalated organisations, and the robustness of operational governance arrangements.
  - For Fire and Rescue Authorities: our local audit programme will include consideration of approaches to targeting fire prevention work.
  - For National Park Authorities: our local audit programme will include consideration of arrangements for ensuring under-represented groups are encouraged and supported to visit.
- 8 We have also listed below indicative topics that we have identified for possible national work to start during 2024-25 and 2025-26, some of which we would expect to then flow into 2026-27. These indicative plans will be revisited as part of our annual planning cycle and taking accounts of any emerging areas of interest / concern and ongoing risk assessment.



# National value for money examinations and studies 2023-2026

## Work in progress at 1 April 2023

NHS quality governance	A summary of how NHS bodies' quality governance arrangements are supporting good quality and safe care, building on local audit work.
Corporate Joint Committees (CJCs)	Whether CJCs are making good progress in developing their arrangements to meet their statutory obligations and the Welsh Government's aim of strengthening regional collaboration.
Managing assets and workforce in local government	How councils' strategic approaches to workforce and asset management are supporting their ability to transform, adapt, and maintain service delivery in the short and longer term.
Maximising EU funding	Progress in maximising drawdown of EU funds under the Structural Funds Programme and Rural Development Programme by the end of December 2023.
Net zero (pan-UK overview)	An overview of policy and delivery arrangements across different parts of the UK, and in partnership with other UK audit bodies.
Unscheduled care	A whole system review, undertaken in phases, that will examine the effectiveness of hospital discharge arrangements, management of unscheduled care demand and the effectiveness of national leadership arrangements.

Covering teacher's absence	Developments since <a href="#">our November 2020 report on this topic</a> , and a <a href="#">March 2021 report by the Senedd Petitions Committee</a> .
NHS workforce	NHS bodies' approaches to workforce planning and drawing together key data.
Planning for sustainable development – brownfield regeneration	Action local councils are taking to support and encourage vacant non-domestic properties and vacant brownfield sites being repurposed into homes or for other uses.
Building safety	How responsible public bodies are discharging their statutory responsibilities to ensure buildings in Wales are safe, against the backdrop of the UK Building Safety Act 2022.
Ukrainian refugee services	How the Welsh Government, working with its partners, has responded to support Ukrainian refugees in Wales.
Governance/oversight of National Park Authorities	Whether authorities have effective governance arrangements that support good outcomes for citizens.
Digital strategy in local government	Councils' strategic approach to digital, including application of the sustainable development principle and arrangements for securing value-for-money.

Use of performance information in local government	Whether councils' use of performance data enables senior leaders to understand the service-user perspective and the outcomes of their activities to effectively manage performance.
Cancer services	Examining different stages of the patient pathway and building on local audit work at Public Health Wales around the recovery of screening services.
Affordable housing	Arrangements to deliver the Welsh Government's target and realise wider benefits, progress to date and risks to delivery, and application of the sustainable development principle.
Active travel	Delivery of Welsh Government objectives and how associated funding is being managed and deployed.

# Other work that we intend to start during 2023-24

Capital planning and programme management	A programme of work, covering the Welsh Government's overall approach to capital and infrastructure, local audit work on capital planning and work on specific capital programmes, including possible further work on <a href="#">the Welsh Government's investment programme for schools and colleges</a> following on from <a href="#">our report in 2017</a> .
Challenges for the cultural sector	Covering Amgueddfa Cymru (Museum Wales), the National Library of Wales, Sport Wales, and the Arts Council of Wales to examine how they are applying the sustainable development principle when taking steps to meet their well-being objectives.
Homelessness	Examining how services are working together to progress the response to homelessness, informed in part by <a href="#">our previous work on people sleeping rough</a> , and in the context of the <a href="#">Welsh Government's 2021-2026 homelessness action plan</a> .
Addressing biodiversity decline	A high-level look at how audited bodies are responding to the biodiversity and resilience of ecosystems duty under the <a href="#">Environment (Wales) Act 2016</a> .  Also, a more focused review to examine action that Natural Resources Wales is taking around terrestrial, freshwater and/or marine protected sites.

Rebalancing care and support	A programme of work looking at different aspects of the Welsh Government's <a href="#">Rebalancing Care and Support agenda</a> and associated funding streams, including the <a href="#">Health and Social Care Regional Integration Fund</a> and the <a href="#">Health and Social Care Integration and Rebalancing Capital Fund</a> .
Tackling NHS waiting lists	Local audit work across health boards following on from our <a href="#">national overview report on the planned care backlog</a> in May 2022.
Access to education for children with Additional Learning Needs.	Considering costs associated with <a href="#">the Welsh Government's transformation programme</a> and challenges around its implementation.
Further and higher education funding and oversight – Commission for Tertiary Education and Research	Early work to look at the application of the sustainable development principle by <a href="#">the newly created Commission</a> as it becomes fully operational from 1 April 2024. This could include reflecting more broadly on financial and other challenges for the sectors, picking up from our October 2021 <a href="#">Picture of Higher and Further Education report</a> .
Governance of Fire and Rescue Authorities	Considering whether authorities have effective governance arrangements that support good outcomes for citizens (applying a similar approach to our current work at National Park Authorities – see above).

The senior public service	Building on other work that we have been undertaking on public service workforce issues, this review would focus on issues around senior leadership, potentially encompassing issues including pay and secondments, performance management, departures, succession planning, and leadership development.
Financial sustainability in local government	Local audit work across the 22 principal councils to revisit local government finances and approaches to financial sustainability, also considering application of the sustainable development principle. This work would build on themes in our <a href="#">national summary report in September 2021</a> .
Commissioning and contract management in local government	Local audit work to consider how principal councils' arrangements for commissioning, and subsequent contract management where a client-contractor model is chosen, apply value-for-money considerations and the sustainable development principle.

# Indicative topics for work to start in 2024-25 or 2025-26

Narrowing educational attainment gaps	Picking up from issues summarised in our <a href="#">October 2021 Picture of Schools report</a> , this work could examine variation across Wales and good practice, as well as the impact of funding associated with deprivation.
Public health challenges	Examining key public health challenges of our time, with a possible focus on tackling obesity or planning for future health pandemics.
Post Brexit economic developments	Exploring potentially the Welsh Government's support – financial and other – for sectors most impacted by Brexit, such as ports and export-led companies.
The socio-economic duty	Building on our September 2022 <a href="#">report on Equality Impact Assessment</a> , to consider how public bodies are integrating the <a href="#">socio-economic duty under the Equality Act 2010</a> into their decision-making processes since it came into force in March 2021.
Health inequalities	Linked to work on public health challenges, considering the issues which effect equality of access to services and the wider impact on individuals, communities and our health and social care systems.
Foundational economy	Examining the impact of Welsh Government policy and support around the foundational economy and its provision of basic goods and services that society relies upon.

Net zero follow up	Following up on issues relevant to our July 2022 report on public sector readiness for net zero carbon by 2030. This work is likely to focus in more detail on specific areas of concern, such as the robustness of public bodies' net zero reporting arrangements.
National Transport Delivery Plan	Building on our current work on Active Travel to look at other key areas of delivery for <a href="#">Llwybr Newydd: the Wales transport strategy 2021</a> .
Decarbonising housing	Examining progress in decarbonising housing across different tenures and the delivery and impact of related Welsh Government funding.
Adult mental health services	Considering issues of demand for and access to mental health services, including potentially community mental health support.
Primary care – dentistry	Looking at progress with <a href="#">the national strategic approach</a> and various initiatives to improve access, as well as the dental contract and its impact on NHS dental provision in Wales.
The National Fraud Initiative (NFI) 2022-23	Reporting in autumn 2024 on the results of the latest <a href="#">NFI exercise 2022-23</a> .



Partnership governance	Building potentially on evidence from other work and/or following up on our <a href="#">October 2019 review of Public Services Boards</a> , this review could reflect on the partnership working landscape in Wales, with a possible good practice focus.
Applying the sustainable development principle	Reporting by May 2025 on findings from our examinations of how public bodies prescribed under the <a href="#">Well-being of Future Generations (Wales) Act 2015</a> are applying the sustainable development principle.
Delivering the Digital Strategy for Wales	Following on from other work, including our <a href="#">March 2023 report on digital inclusion</a> , work that we have undertaken on cyber resilience, and other local audit work, this review would examine issues relevant to the six 'missions' that the Welsh Government has set out in the <a href="#">Digital Strategy for Wales</a> .
Public sector workforce challenges	Drawing together findings from other relevant work supported, potentially, by some additional data analysis to consider challenges around workforce planning and management across Welsh public services.
Public procurement	A pan-public sector review examining developments in the public procurement landscape including, potentially, early consideration of the implementation of new duties proposed by the Welsh Government in its <a href="#">Social Partnership and Public Procurement (Wales) Bill</a> .
Picture of public services	An update to our <a href="#">2021 Picture of Public Services analysis</a> and ahead of the end of the current Auditor General's term of office in summer 2026.



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## Cyngor Sir CEREDIGION County Council

<b>REPORT TO:</b>	<b>Governance and Audit Committee</b>
<b>DATE:</b>	<b>21<sup>st</sup> June 2023</b>
<b>LOCATION:</b>	Remotely by Video Conference
<b>TITLE:</b>	Ceredigion County Council Responses to Regulator & Inspectorate Reports
<b>PURPOSE OF REPORT:</b>	To provide the Governance and Audit Committee with the Council's responses to Regulator and Inspectorate Reports
<b>For:</b>	Decision
<b>Cabinet Portfolio and Cabinet Member:</b>	<b>Councillor Matthew Vaux, Cabinet Member for Legal and Governance, Housing, People and Organisation and Public Protection</b>

### 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 2022-2023 Update:
  - Audit Wales – Time for Change – Poverty in Wales (**Appendix 1**)
  - Audit Wales – A Missed Opportunity – Social Enterprises (**Appendix 2**)
  - Audit Wales – Springing Forward – Review of Strategic Workforce Management (**Appendix 3**)
  - Audit Wales – Springing Forward – Review of Strategic Asset Management (**Appendix 4**)

#### b) Other Council related matters

- Audit Wales – Audit Enquiries Letter 2022-23 Ceredigion County Council (**Appendix 5**)

**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** Audit Wales – Time for change – Poverty in Wales
- Appendix 2** Audit Wales – A Missed Opportunity – Social Enterprises
- Appendix 3** Audit Wales – Springing Forward – Review of Strategic Workforce Management
- Appendix 4** Audit Wales – Springing Forward – Review of Strategic Asset management
- Appendix 5** Audit Wales – Audit Enquiries Letter 2022-23 Ceredigion County Council

**Contact Name:** Elin Prysor

**Designation:** Corporate Lead Officer: Legal & Governance & Monitoring Officer

**Date of Report:** 21/06/2023

## Council Response Form

### Council action planned in response to the recommendations issued by Audit Wales

**Council:** Ceredigion County Council

**Report title:** 'Time for Change' – Poverty in Wales

**Issue date:** November 2022

**Document reference:**

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
R1	<p><b>National Strategy and targets for tackling and alleviating poverty</b></p> <p>In paragraphs 2.8-2.12 we note that there is currently no specific target for reducing poverty in Wales and the current Child Poverty strategy needs to be refreshed. We recommend that in updating its strategy the Welsh Government:</p> <ul style="list-style-type: none"> <li>• Set SMART national actions</li> </ul>	Not applicable as recommendation for Welsh Government.		

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>• Establish a suite of performance measures to judge delivery and impact;</li> <li>• sets targets for alleviating and tackling poverty; and</li> <li>• undertake regular evaluation of performance and public reporting.</li> </ul>			
R2	<p><b>Local strategies, targets and performance reporting for tackling and alleviating poverty</b></p> <p>In paragraphs 2.13 – 2.23 and paragraphs 3.33 – 3.35 we highlight that councils and partners have prioritised work on poverty, but the mix of approaches and a complicated delivery landscape mean that ambitions, focus, actions, and prioritisation vary widely. We highlight that evaluating activity and reporting performance are also variable with many gaps. We recommend that the councils use their Wellbeing Plans to provide a comprehensive focus on tackling poverty to co-ordinate their efforts, meet local needs and support the</p>	<p>Tackling hardship and poverty is a cross-cutting theme of Ceredigion PSB Local Well-being Plan 2023-28.</p> <p>Ceredigion data dashboards provide a robust set of indicators and measures that increase our understanding of poverty in Ceredigion.</p>		Alun Williams – CLO Policy, Performance and Public Protection

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>revised national plan targets and actions. This should:</p> <ul style="list-style-type: none"> <li>• include SMART local actions with a greater emphasis on prevention.</li> <li>• include a detailed resourcing plan for the length of the strategy;</li> <li>• be developed with involvement from other public sector partners, the third sector, and those with experience of poverty;</li> <li>• include a robust set of consistent outcome indicators and measures to increase understanding of poverty locally; and</li> <li>• be subject to annual public reporting to enable a whole system view of poverty locally to help improve delivery and support.</li> </ul>			
R3	<p><b>Leadership on the poverty agenda</b></p> <p>In paragraph 2.23 we note that just over a third of councils have lead members and lead officers for addressing poverty. Given the importance of effective leadership in</p>	<p>Cllr. Elaine Evans is designated as the Council's Poverty Champion and is Vice-Chair of the PSB Poverty sub-group.</p> <p>Cllr Catrin Davies is designated as the Council's Equalities Champion</p>		Alun Williams – CLO Policy, Performance and Public Protection

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	driving the poverty agenda forward and breaking silos within councils and between public bodies, we recommend that each council designate a cabinet member as the council's poverty champion and designate a senior officer to lead and be accountable for the ant-poverty agenda.	and chairs the PSB Poverty sub-group.  No further action required.		
R4	<p><b>Improve the efficiency and effectiveness of grant-funded programmes</b></p> <p>In paragraphs 2.31 – 2.38 we note that all councils are dependent on grants but weaknesses in programmes mean that funding is not making the impact it could. To ensure councils are able to maximise the impact of funding and tackle the more difficult and longstanding problems, we recommend that the Welsh Government:</p>	Not applicable as recommendation for Welsh Government.		



Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>• provide longer timescales for announcing and receiving bids to enable better resource planning;</li> <li>• move away from annual bidding cycles to multi-year allocations;</li> <li>• enable funding to be more flexibly spent to avoid an emphasis on quicker projects, rather than more impactful interventions that take longer to establish;</li> <li>• allow councils to consolidate funding to reduce bureaucracy;</li> <li>• streamline and simplify processes and grant conditions to reduce the administrative burden; and</li> <li>• keep requests for information and supporting materials from councils to a minimum.</li> </ul>			
R5	<p><b>Experience mapping to create inclusive services for people in poverty</b></p> <p>In paragraphs 3.2 – 3.6 we highlight that people in poverty are often in crisis, dealing with extremely personal and stressful issues, but</p>	<p>The Council has recently adopted a new engagement and participation strategy which complies with legislation and promotes and support good practice. The Council values the lived experience of people in poverty and is working with its partners through the PSB poverty sub-group to collate the experience of citizens</p>		<p>Alun Williams – CLO Policy, Performance and Public Protection</p>

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>they often find it difficult to access help from councils because of the way services are designed and delivered. We recommend that councils improve their understanding of their residents' 'lived experience' through meaningful involvement in decision-making using 'experience mapping' and / or 'Poverty Truth Commissions' to review and improve accessibility to and use of council services.</p>	<p>across all services, not just the Council, to enable joint initiatives to be developed .</p>		
R6	<p><b>Single Web landing page for people seeking help</b></p> <p>In paragraph 3.14 we highlight the difficulties people in poverty face accessing online and digital services. To ensure people are able to get the information and advice they need, we recommend that councils optimise their digital services by creating a single landing page on their website that:</p>	<p>A Cost-of-Living Support page lists the financial help and household support available to Ceredigion residents. This is directly accessible from our home page.</p> <p>It was last updated on 03/05/23.</p>		<p>Alun Williams – CLO Policy, Performance and Public Protection/ Alan Morris- CLO Customer care and IT</p>

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>• is directly accessible on the home page;</li> <li>• provides links to all services provided by the council that relate to poverty; and</li> <li>• provides information on the work of partners that can assist people in poverty.</li> </ul>			
R7	<p><b>Streamlining and improving application and information services for people in poverty</b></p> <p>In paragraphs 3.15 and 3.16 we note that no council has created a single gateway into services. As a result, people have to complete multiple application forms that often record the same information when applying for similar services. We highlight that whilst it is important that councils comply with relevant data protection legislation, they also need to share data to ensure citizens receive efficient and effective services. We recommend that councils:</p>	<p>We are currently launching a My Account Website, integrated in to our Custom CRM system to act as the main gateway into council services. The MyAccount provides identity validation and the Customer record becomes the authorities golden customer record.</p> <p>Using My Account once registered any form being completed will automatically complete known data and the systems supports easy and secure communication with the citizen.</p> <p>Many forms and business processes will need to be replicated which will</p>		Alan Morris CLO Customer Contact and ICT

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>• establish corporate data standards and coding that all services use for their core data;</li> <li>• undertake an audit to determine what data is held by services and identify any duplicated records and information requests;</li> <li>• create a central integrated customer account as a gateway to services;</li> <li>• undertake a data audit to provide refresher training to service managers to ensure they know when and what data they can and cannot share; and</li> <li>• review and update data sharing protocols to ensure they support services to deliver their data sharing responsibilities.</li> </ul>	<p>take time but progress has been good.</p> <p>We also undertake robust data checking and validation against backend systems to improve data quality and will use data effectively to help us understand how to support the citizen and their community better.</p> <p>Data sharing protocols are regularly reviewed and DPIAs are carried out on processing activities.</p> <p>A data audit is underway, and a central Master Data Management team has been created and is supporting this whole workstream.</p> <p>Government and recognised data standards have been adopted where possible.</p> <p>Documentation of all data sources continues and forms a key library for</p>		

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
		<p>the MDM and Systems support teams.</p> <p>This work is challenging and will be ongoing.</p>		
R8	<p><b>Complying with the socio-economic duty</b></p> <p>In paragraphs 3.27 – 3.32 we set out that while all councils undertake some form of assessment to determine the likely socio-economic impact of policy choices and decisions, approaches vary and are not always effective. We recommend that councils review their integrated impact assessments or equivalent to:</p> <ul style="list-style-type: none"> <li>• ensure that they draw on relevant, comprehensive and current data (nothing over 12 months old) to support analysis;</li> <li>• ensure integrated impact assessments capture information on:</li> </ul>	<p>Our integrated impact assessment tool is currently being revised.</p> <p>The draft tool requires officers to consider stakeholder engagement, impact mitigation and monitoring the impact of the proposed plan/policy. The accompanying guidance includes 2021 census data.</p>		Alun Williams – CLO Policy, Performance and Public Protections /

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>- Involvement activity setting out those the service has engaged with in determining its strategic policy such as partners, service users and those it is co-producing with</li> <li>- The cumulative impact/mitigation to ensure the assessment considers issues in the round and how it links across services provided across the council;</li> <li>- How the council will monitor and evaluate impact and will take corrective action; and</li> <li>- An action plan setting out the activities the council will take as a result of the Integrated Impact Assessment</li> </ul>			

## Council Response Form

### Council action planned in response to the recommendations issued by Audit Wales

**Council:** Ceredigion County Council

**Report title:** 'A missed opportunity' – Social Enterprises

**Issue date:** December 2022

**Document reference:**

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
R1	<p>To get the best from their work with and funding of Social Enterprises, local authorities need to ensure they have the right arrangements and systems in place. We recommend that local authority officers use the checklist in Appendix 2 to:</p> <ul style="list-style-type: none"> <li>• self-evaluate current Social Enterprise engagement, management, performance and practice;</li> <li>• identify opportunities to improve joint working; and practice;</li> </ul>	<p>The Council's approach must be holistic and coherent. To this end, the vision contained within the Corporate Strategy and the Wellbeing Objectives therein, must be equally relevant to every service area. The process to identify these objectives will involve a range of partner agencies and organisations, and will enable future joint working arrangements and practices.</p> <p>To achieve this, the Council will ensure that specific performance indicators measure the benefits of</p>	31/03/2024	Leadership Group

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>jointly draft and implement an action plan with timeframes and responsibilities clearly set out to address the gaps and weaknesses identified through the self-evaluation.</li> </ul>	<p>collaboration and joint working practices. Any collaboration and joint working must demonstrate added value to the Council and the citizens of Ceredigion and be aligned with the vision of the Corporate Strategy.</p> <p><b>Action 1:</b> A comprehensive evaluation of current social enterprise arrangements across all service areas and identify any gaps for joint working (e.g. community transport) and collaboration opportunities. The Public Services Board would be a key vehicle to complete this task.</p> <p><b>Action 2:</b> Co-construct appropriate Service Level Agreements with any external partner organisation or body, that can deliver services more efficiently and more effectively than the Council can achieve independently.</p> <p><b>Action 3:</b> Identify appropriate performance measures that will demonstrate added value and value</p>		



Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
		for money from any social enterprise arrangement.		
<b>R2</b>	<p>To drive improvement we recommend that the local authority:</p> <ul style="list-style-type: none"> <li>• formally approve the completed Action Plan;</li> <li>• regularly report, monitor and evaluate performance at relevant scrutiny committees; and</li> <li>• revise actions and targets in light of the authority's evaluation and assessment of its performance.</li> </ul>	These recommendations will be actioned on completion of tasks associated with R1 above.	31/03/2024	Leadership Group
<b>R3</b>	To ensure the local authority delivers its S.16 responsibilities to promote Social Enterprises we recommend that it reports on current activity and future priorities following the evaluation of its Action Plan including the Annual Report of the Director of Social Services.	Our vision extends more broadly than the Social Services and Wellbeing Act, however, data collated by the Authority's Corporate Performance Team will be included in the Annual Report of the Director of Social Services, thus fulfilling Section 16 responsibilities.	31/03/2024	Leadership Group

## Council Response Form

### Council action planned in response to the recommendations issued by Audit Wales

**Council:** Ceredigion County Council

**Report title:** Springing Forward – Review of Strategic Workforce Management

**Issue date:** June 2022

**Document reference:** 2971A2022

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
R1	<p><b>Workforce vision and planning</b></p> <p>The Council's workforce vision, planning and monitoring could be strengthened by:</p> <ul style="list-style-type: none"> <li>refreshing its corporate workforce vision;</li> <li>having a clearer integration with its tier one annual Business Planning process;</li> <li>an annual review of its strategic workforce plans;</li> </ul>	<p>Development of five-year Strategic Workforce Plan 2022 – 2027 in progress coinciding with new administration and Corporate Strategy.</p> <p>The process will also include the following:</p> <ul style="list-style-type: none"> <li>Review of annual reporting mechanism of strategic workforce plans and integration with business planning process</li> <li>Review of Hybrid Working Strategy including the introduction of targets and timescales</li> </ul>	<p>September/October 2022 - Services to complete Strategic Workforce Planning Toolkit</p> <p><b>Completed October 2022</b></p> <p>December 2022 – Implement Hybrid Working Strategy targets and timescales</p> <p><b>Timescale revised – to be included as part of Hybrid</b></p>	Geraint Edwards

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<ul style="list-style-type: none"> <li>developing a more comprehensive picture of workforce skills and competencies;</li> <li>more clearly demonstrating how it consistently uses the sustainable development principle to support the delivery of its workforce planning; and</li> <li>developing specific targets and timescales for its Hybrid Working Strategy success measures.</li> </ul>	<ul style="list-style-type: none"> <li>Research skills competency framework and development workforce assessment process</li> </ul>	<p><b>Working review. September 2023</b></p> <p>March 2023 – drafting and approval of Strategic Workforce Plan 2022 – 2027</p> <p><b>Drafting complete April 2023; Full approval target date September 2023</b></p> <p>March 2023 – Skills competency framework development and assessment</p> <p><b>Included in Strategic Workforce Plan. Revised target date March 2024</b></p>	
R2	<p><b>Benchmarking</b></p> <p>The Council should undertake more routine workforce benchmarking to strengthen its business planning and self-assessment arrangements</p>	<ul style="list-style-type: none"> <li>The Council will review its current benchmarking measures and use of data to inform the preparation of plans and provide a framework for improving future self-assessment arrangements.</li> </ul>	<p>March 2023</p> <p><b>Working with regional LAs to identify sector-wide benchmarking. Revised target date December 2023.</b></p>	Geraint Edwards



## Council Response Form

### Council action planned in response to the recommendations issued by Audit Wales

**Council:** Ceredigion County Council

**Report title:** Springing Forward – Review of Strategic Asset Management

**Issue date:** June 2022

**Document reference:** 2970A2022

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
R1	<p><b>Early engagement on key changes to asset use.</b></p> <p>The Council should ensure that it undertakes early engagement with Council Members, the wider Leadership Group, citizens and other stakeholders on the impact that key changes within its Hybrid Working Strategy will have on some of the Council's key assets, such as the offices at Penmorfa and the future</p>	<p>The Hybrid Strategy and Interim Hybrid Working Policy have been developed through significant engagement of the workforce. This has informed the New Ways of Working Group on current and expected patterns of working as well as the level and type of desk space required. As a result, Pilot Hybrid</p>	<p>September 2023 - The strategy and policy are due to be reviewed at the end of the 12-month trial. Feedback continues to be sought from staff.</p>	<p>RHP / New Ways of Working Group</p>

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	plans for how citizens will access services.	<p>Spaces have been set up to help monitor new approaches in practice.</p> <p>This will help gauge the level of space and opportunities for using space and delivering services differently. The next phase will involve engagement with a wide range of stakeholders including external partners and citizens to consider options and optimise use of the Council's assets.</p>	An engagement survey seeking views from the public on the potential reuse of the buildings ended in January 2023. This along with discussions with stakeholders will help inform options for the future use of offices at the end of the trial.	
R2	<p><b>Workforce vision and planning</b></p> <p>The Council's processes around its asset planning, monitoring and governance could be strengthened by:</p> <ul style="list-style-type: none"> <li>• refreshing its 2018 Service and Corporate Asset Management Plans,</li> <li>• ensuring that these reflect the current strategic long-term vision</li> </ul>	<p>It is recognised that improvements can be made to have a more strategic long-term vision and plan for its assets. It will do this through:</p> <ul style="list-style-type: none"> <li>• A refresh of the Council's Corporate Asset Management Plan.</li> <li>• A review of its asset management and asset</li> </ul>	<p>March 2024 – A review of arrangements for asset management and development was agreed by Cabinet in January 2023.</p> <p>Meeting of the Development</p>	RHP / Development Group

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>for assets and that they are integrated into business planning;</p> <ul style="list-style-type: none"> <li>• developing robust plans to manage the risks identified by the 2019 condition survey; and</li> <li>• clearly articulating how it is using the Sustainable Development principle to shape future asset-focused strategies and plans.</li> </ul>	<p>development arrangements so that they are more strategic and streamlined.</p> <ul style="list-style-type: none"> <li>• The development of a 10 year capital programme for maintaining, improving and where appropriate disposing of Council assets.</li> </ul>	<p>Group have taken place since where a longer-term Development Programme is being prepared. This will include a longer term approach to Council assets.</p>	
R3	<p><b>Benchmarking</b></p> <p>The Council should develop and use further benchmarking data to:</p> <ul style="list-style-type: none"> <li>• more routinely support the development of its Corporate and Service Asset Management plan; and</li> <li>• strengthen its business planning and self-assessment arrangements.</li> </ul>	<p>The Council will review its use of data to inform the preparation of plans and provide a framework for improving arrangements in the future.</p>	<p>March 2024 – to develop benchmarking data as plans are drafted.</p>	<p>RHP / Development Group</p>

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Mr Duncan Hall  
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SY23 3UE.

**Reference:** Ceredigion CC 22-23

**Date issued:** 30 March 2023

Dear Duncan

## Audit enquiries to those charged with governance and management

- The Auditor General's Statement of Responsibilities sets out that he is responsible for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. It also sets out the respective responsibilities of auditors, management and those charged with governance.
- This letter formally seeks documented consideration and understanding on a number of governance areas that impact on our audit of your financial statements. These considerations are relevant to both the management of the Council and 'those charged with governance' (Governance & Audit Committee).



I have set out below the areas of governance on which I am seeking your views:

- Matters in relation to fraud
- Matters in relation to laws and regulations
- Matters in relation to related parties

The information you provide will inform our understanding of the Council and its business processes and support our work in providing an audit opinion on your 2022-23 financial statements.

I would be grateful if you could update the attached table in **Appendix 1** to **Appendix 3** for 2022-23.

The completed **Appendix 1** to **Appendix 3** should be formally considered and communicated to us on behalf of both management and those charged with governance by 30 June 2023. In the meantime, if you have queries, please contact Jason Blewitt on 07970737478 or [jason.blewitt@audit.wales](mailto:jason.blewitt@audit.wales).

Yours sincerely



Derwyn Owen

Engagement Director

# Appendix 1

## Matters in relation to fraud

International Standard for Auditing (UK) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements. This standard has been revised for 2022-23 audits.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for the Council is the Governance & Audit Committee. Management, with the oversight of those charged with governance, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

## What are we required to do?

As part of our risk assessment procedures, we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- the intentional misappropriation of assets (cash, property, etc); or
- the intentional manipulation or misstatement of the financial statements.

We also need to understand how those charged with governance exercises oversight of management's processes. We are also required to make enquiries of both management and those charged with governance as to their knowledge of any actual, suspected or alleged fraud, management's process for identifying and responding to the risks, and the internal controls established to mitigate them.

Enquiries of management – in relation to financial reporting	
Question	2022-23 Response
1. Are there any significant matters or events which have occurred during the year which could influence our audit approach or the Council's financial statements?	None to the best of our knowledge and belief.
2. What are your general views on the entity's risk assessment process relating to financial reporting?	The process is proportionate and adequate.
3. Are you aware of significant transactions that are outside the normal trading activities of the business?	None to the best of our knowledge and belief.
4. Are you aware of any transactions, events or changes in circumstances that would cause impairments of non-current assets?	None to the best of our knowledge and belief. An additional process has been introduced this year, whereby all Services were asked to review their buildings for any potential impairment matters, in addition to the normal work of the Estates service.
5. Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement?	None to the best of our knowledge and belief.

## Enquiries of management – in relation to financial reporting

Question	2022-23 Response
6. Have there been any changes in accounting policies in relation to significant estimates?	None to the best of our knowledge and belief.
7. Have there been any issues that may impact the preparation of the accounts identified so far?	None to the best of our knowledge and belief.
8. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	None to the best of our knowledge and belief.

Enquiries of management – in relation to fraud	
Question	Response
<p>1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?</p>	<p>Our assessment is low.</p> <p>This is due to internal controls being in place that are designed to minimise the risk of fraud. Existing controls are then regularly reviewed by Internal Audit as part of their annual Audit plan. If new internal control weaknesses are found, steps will be recommended for implementation in order to revise and strengthen those controls.</p> <p>The processes for identifying and responding to fraud or suspected fraud are covered within the Council's 'Strategy on Countering Fraud, Corruption and Bribery (to include Anti-Money Laundering)' which can be found under <a href="http://www.ceredigion.gov.uk/your-council/strategies-plans-policies/fraud/">http://www.ceredigion.gov.uk/your-council/strategies-plans-policies/fraud/</a>.</p> <p>A quarterly Internal Audit progress report is reported to the Council's Governance &amp; Audit Committee.</p> <p>Managers are responsible for managing risks in their Services order to prevent fraud, irregularities etc. Internal Audit assists Managers by taking a proactive approach to engage with Services at an early stage, particularly on new initiatives or service change. Part of this includes playing a key role in</p>

Enquiries of management – in relation to fraud	
Question	Response
	<p>the Council's Corporate Management Project Panel that corporately supports new projects and initiatives.</p> <p>Regular training sessions are held and an e-learning module on Ethics is in development via the Learning &amp; Development team.</p> <p>Internal Audit also co-ordinates the National Fraud Initiative exercise and updates relevant staff on NAFN alerts e.g. Payroll/Creditors/Grants staff.</p> <p>Historical instances of fraud are low, both in value and volume.</p> <p>Internal Audit are currently preparing a new organisation wide Fraud Risk Assessment, with a report due to be taken to Leadership Group before the end of July.</p>
<p>2. Do you have knowledge of any actual, suspected or alleged fraud affecting the audited body?</p>	<p>The last significant fraud incident was a March 2020 COVID19 Business grant where a £25,000 grant was fraudulently claimed. This was part of a wider national fraud investigated by the Police and all bar £2,060 was eventually recovered.</p>

Enquiries of management – in relation to fraud	
Question	Response
3. What is management's process for identifying and responding to the risks of fraud in the audited body, including any specific risks of fraud that management has identified or that have been brought to its attention?	The processes for identifying and responding to fraud or suspected fraud are covered within the Council's 'Strategy on Countering Fraud, Corruption and Bribery (to include Anti-Money Laundering)' which can be found under <a href="http://www.ceredigion.gov.uk/your-council/strategies-plans-policies/fraud/">http://www.ceredigion.gov.uk/your-council/strategies-plans-policies/fraud/</a>
4. What classes of transactions, account balances and disclosures have you identified as most at risk of fraud?	The Council is currently updating its Fraud Risk Assessment. Prior to the outcome of this work, the following are the areas seen as the highest risk (taking account of a combination of likelihood and probable impact) are: <ul style="list-style-type: none"> <li>• Council Tax</li> <li>• Disabled Parking (Blue Badges)</li> <li>• Business Rates</li> <li>• Housing Benefit</li> <li>• Adult Social Care</li> <li>• Insurance</li> <li>• Procurement &amp; Creditor Payments</li> <li>• Payroll</li> <li>• Human Resources (inc recruitment &amp; expenses)</li> </ul>

Enquiries of management – in relation to fraud	
Question	Response
	<ul style="list-style-type: none"> <li>• Grant Fraud</li> </ul>
5. Are you aware of any whistleblowing or complaints by potential whistle blowers? If so, what has been the audited body's response?	Whistleblowing complaints have been received during the year, but none are in relation to fraud.
6. What is management's communication, if any, to those charged with governance regarding their processes for identifying and responding to risks of fraud?	<p>Internal Audit provides an annual Counter Fraud report to Governance &amp; Audit Committee (GAC) outlining the approach and work undertaken by the service.</p> <p>The Corporate Risk Register is a standard item on the GAC agenda, which is regularly updated by responsible officers. The Corporate Risk Register is a standing item on the Leadership Group (LG) agenda, which is regularly updated by responsible officers and discussed and agreed by LG.</p> <p>The Chief Internal Auditor has aligned the Internal Audit Strategy and Plan to the Council's priorities and risks (including Fraud) by prioritising work surrounding red risks within the Corporate Risk Register and high risks identified in the CIA's annual risk assessment. The CIA provides a</p>



Enquiries of management – in relation to fraud	
Question	Response
	<p>quarterly Internal Audit progress report on the completion of the IA plan to GAC.</p> <p>Risk management is under continuous review and includes consideration of Service Risks and how these interface with Corporate Risk considerations.</p>
<p>7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?</p>	<p>The Council's Code of Conduct for Employees is in place to ensure that officers are aware of the standards of conduct and ethical behaviour expected by the Council of its employees. This forms part of the information new staff received as part of the recruitment &amp; onboarding process and is also on the Council's Cerinet intranet system.</p> <p>The Code has been reviewed recently reviewed. Reminders of key parts of the Code are regularly included in communications to Staff (e.g. Weekly Staff bulletins) particularly regarding the need to declare hospitality / declarations of personal interest. Chief Officers are formally required to update their declarations annually. The Monitoring Officer (MO) will advise individual officers, as necessary. By way of separation arrangements, the MOs declarations are sent to the Deputy MO</p>

Enquiries of management – in relation to fraud	
Question	Response
	<p>and line manager. The MO is required to hold a solicitor’s practising certificate which requires adherence to the SRA regulations.</p> <p>Declarations of interest are a standing agenda item for Leadership Group meetings and other formal meetings such as Committee meetings and Project Boards.</p> <p>There is a new Ethics e-learning module currently in development via the Learning &amp; Development team, which includes various references to fraud.</p> <p>Additional work has been done this year to strengthen the processes around related party transactions, which has included the development of a new IT e-form. Additional communications are being done to ensure clarity of message around the need to declare Directorships, Trusteeships and other Board representation. Returns (including nil returns) are required by all Chief Officers and all Members. See also Q3 under Appendix 3.</p>

Enquiries of those charged with governance – in relation to fraud	
1. Do you have any knowledge of actual, suspected or alleged fraud affecting the audited body?	No items of significance have been identified.
2. What is your assessment of the risk of fraud within the audited body, including those risks that are specific to the audited body's business sector?	<p>Our overall assessment is low based on the internal controls currently in place and a low level of historical instances.</p> <p>Internal Audit are currently preparing an organisation wide Fraud Risk Assessment which will bring an enhanced new approach to the assessment process, report due to be taken to Leadership Group before the end of July.</p>
<p>3. How do you exercise oversight of:</p> <ul style="list-style-type: none"> <li>• management's processes for identifying and responding to the risk of fraud in the audited body, and</li> <li>• the controls that management has established to mitigate these risks?</li> </ul>	<p>The Council has in place the Governance &amp; Audit Committee (GAC) to undertake the required oversight, with a dedicated officer in post to support Governance related work (Governance Officer).</p> <p>GAC approve the Internal Audit Strategy &amp; Plan, Annual Report and Counter-Fraud Report and scrutinise the Corporate risk register and review the overall risk framework. The Chief Internal Auditor informs and updates the Chair of GAC if any matters of significance are discovered as well as presenting formal quarterly progress reports at GAC that reports on all significant and fundamental management actions identified in completed audits.</p>

## Enquiries of those charged with governance – in relation to fraud

The Chief Internal Auditor has implemented a Management Action programme that follows up on controls implemented by management to mitigate risks. A Management Actions Report has been created and will be presented to GAC every 6 months.

The Council has in place a 'Strategy on Countering Fraud, Corruption and Bribery (to include Anti-Money Laundering)' which is regularly updated and presented to and approved by GAC and Full Council.

# Appendix 2

## Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, is responsible for ensuring that the Council's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties

## What are we required to do?

As part of our risk assessment procedures we are required to make enquiries of management and those charged with governance as to whether the Council is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

Enquiries of management – in relation to laws and regulations	
Question	2022-23 Response
1. What are the policies and procedures in place to identify applicable legal and regulatory requirements to ensure compliance?	<p>Professional Legal advice is provided by the Council's designated Monitoring officer and the Legal &amp; Governance Service who employ appropriately experience and professionally qualified staff.</p> <p>The Monitoring Officer has a regular Statutory Officers' meeting alongside the Section 151 Officer with the Chief Executive.</p> <p>The Monitoring officer (or Deputy) attends every meeting of Cabinet, Council and Governance &amp; Audit Committee.</p> <p>The Monitoring Officer is part of the Council's senior management team - Leadership Group, which meets weekly.</p> <p>Notifications by Welsh Government or other organisations of new legislation and regulations are circulated to Leadership Group and disseminated wider as appropriate.</p>
2. Are you aware of any instances of non-compliance with laws or regulations? Is the entity on notice of any such possible instances of non-compliance?	<p>None to the best of our knowledge and belief, bar the extremely rare exception of an urgent practical requirement for an unregistered children's residential placement to be made in an unregulated setting. There has at times been a conflict between a</p>

Enquiries of management – in relation to laws and regulations	
Question	2022-23 Response
	<p>formal Court decision and normal operating practice. CIW have been notified as appropriate, at each juncture through the Operating Without Registration procedure.</p>
<p>3. What policies and procedures are in place for identifying, evaluating and accounting for litigation claims and assessments?</p>	<p>All Legal work is routed through the Council’s Legal helpdesk as a single point of entry and control, to then be allocated to a dedicated Legal resource as part of normal legal casework.</p> <p>The Monitoring Officer also issues formal communications to all members of the Leadership Group to ensure that all Litigation matters have been brought to the attention of the MO and Legal Service. The Finance team will use this information in order to form the appropriate accounting treatment for the Statement of Accounts.</p> <p>The Insurance service is also notified where there is an indication that a claim may be received against the Council.</p> <p>A new protocol has also been established between the Finance &amp; Procurement Service and the Legal &amp; Governance Service to ensure there is visibility on</p>

Enquiries of management – in relation to laws and regulations	
Question	2022-23 Response
	active legal cases, in order to assist with year-end accounting considerations.
4. Have there been any examinations or inquiries performed by licensing, tax or other authorities/regulators?	An external barrister has been appointed to consider a Village Green application, which potentially may result in a public inquiry. There is also the UK wider COVID19 General Enquiry taking place, which has the ability to issue calls for evidence at various junctures.
5. Are there any potential litigations or claims that would affect the financial statements?	There are a small number of Social Care related Human Rights cases currently with the Council's Insurers. Appropriate financial provision is being made for these as part of finalising the Statement of Accounts. A Contaminated Land case from the previous year still remains to be concluded. Appropriate financial provision is being made for this as part of finalising the Statement of Accounts.



**Enquiries of management – in relation to laws and regulations**

<b>Question</b>	<b>2022-23 Response</b>
6. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	None to the best of our knowledge and belief.

Enquiries of those charged with governance – in relation to laws and regulations	
Question	2022-23 Response
1. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the entity?	None to the best of our knowledge and belief, bar the information shown in Q2 above.
2. How does the Governance & Audit Committee, in your role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?	<p>Assurance that all relevant laws and regulations have been complied with is gained through the professional advice provided by the Council's Corporate Lead Officers (CLOs) and the knowledge and experience of all professionally qualified and/or senior staff.</p> <p>In particular this relates to those CLOs that hold statutory posts e.g. Section 151 officer, Monitoring Officer, Head of Paid services, Director of Social Services, Chief Education Officer. These Officers are all part of the Council's collective Leadership Group, which meets weekly, and have various statutory duties to report and take action if relevant laws and regulations are not being complied with.</p> <p>An open door policy exists within the Council e.g. the Chair of Governance &amp; Audit has access to the Chief Internal Auditor, the Monitoring Officer and the Section 151 officer should the need arise outside of the formal Governance &amp; Audit Committee.</p>

Enquiries of management – in relation to control environment and IT systems	
Question	2022-23 Response
1. Have there been any changes to significant IT systems or applications in the period?	<p>The Council's core offering remains Microsoft based – Windows and Office 365.</p> <p>Aside from the normal general system maintenance and upgrades etc across the IT estate, there have been no changes of significance to the main core systems used by Finance (Civica Financials), Revenues &amp; Benefits (Academy), Social Care (WCCIS), Highways (Symology), and Education (Teacher Centre). The in-house Customer contact application (CLIC) has been redeveloped to a new code base and Public Protection have migrated elements to IDOX Tascomi. Our core VM Hosts, SQL servers, storage and telephony have been replaced to a more modern stack.</p> <p>Cyber Security has been bolstered with a move to Microsoft E5 licencing, stronger Microsoft Defender configuration and the implementation of Microsoft Sentinel providing SIEM functionality. Patch management has been significantly improved to support better end user device management.</p>

Enquiries of management – in relation to risk and governance	
Question	2022-23 Response
1. How do you communicate to those charged with governance regarding business risks including fraud?	<p>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 being managed and mitigated appropriately.</p> <p>This reinforces the Governance and Audit Committee role of providing independent assurance to Council of the appropriate management of the Corporate Risk Register.</p> <p>The Chief Internal Auditor has regular meetings with the Chair &amp; Deputy Chair of the Governance &amp; Audit Committee to discuss ongoing work or any concerns regarding risks to include fraud.</p> <p>All reactive audit work is communicated to the Governance &amp; Audit committee as part of the Chief Internal Auditor's quarterly progress reports. Any counter fraud work undertaken is listed as such in the reports.</p>
2. What is the allocation of responsibilities between those charged with governance and management?	<p>The Council's Senior management team – the Leadership Group - has the Corporate Risk Register as a standing agenda item. LG will consider and debate Risk matters, this includes their status, scoring,</p>

Enquiries of management – in relation to risk and governance	
Question	2022-23 Response
	<p>mitigations and whether an item is a Corporate Risk or a Service Risk. Risk management is under continuous review and includes consideration of Service Risks and how these interface with Corporate Risk considerations.</p> <p>Governance and Audit Committee role is to provide independent assurance that Risks are being appropriately identified and managed.</p> <p>All Statutory officers are part of the Council's Leadership Group which is led by the Chief Executive as Head of Paid service.</p>
<p>3. What procedures are in place to ensure the compliance and completeness of Governance reports?</p>	<p>The work of the Governance &amp; Audit Committee is supported by a Governance Officer and a Democratic Services officer. There is a formal process for submitting reports and each report is signed off by an appropriate senior officer before being placed as an agenda item.</p> <p>All recommendations contained within Audit Wales reports are individually allocated to a designated Senior Officer to ensure accountability and this forms part of reports to GAC.</p>

Enquiries of management – in relation to risk and governance	
Question	2022-23 Response
	Audit Wales are invited to attend GAC meetings as a matter of course.
4. What procedures are in place to ensure the compliance and completeness of Sustainability reports?	<p>Procedures are embedded as part of the Council's normal business and standard reporting templates and includes a requirement to report on the 5 Ways of Working in meeting the Sustainable Development principle where there is a policy implication or an impact on service users.</p> <p>The consideration of an Integrated Impact Assessment is a requirement for all Cabinet reports.</p> <p>Assurance is available via the Policy, Performance &amp; Public Protection service and as part of draft Cabinet reports being circulated, the CLO for the Policy, Performance &amp; Public Protection service reviews whether or not appropriate consideration has been given to the Wellbeing of Future Generations and whether or not an Integrated Impact assessment needs to be undertaken, if one hasn't already been completed.</p>

# Appendix 3

## Matters in relation to related parties

International Standard for Auditing (UK) 550 covers auditors' responsibilities relating to related party relationships and transactions. The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

## What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

**Enquiries of management – in relation to related parties**

Question	2022-23 Response
<p>1. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships? Confirm these have been disclosed to the auditor.</p>	<p>Yes. For example, there are a number of new Councillors following the May 2022 Local Council elections.</p> <p>We confirm we will disclose appropriately in accordance with the requirements of the Accounting Code of Practice.</p>
<p>2. What transactions have been entered into with related parties during the period? What is the purpose of these transactions? Confirm these have been disclosed to the auditor.</p>	<p>The proposed Related Parties disclosure note and supporting information, as required, will be shared with Audit Wales once it is available.</p>
<p>3. What controls are in place to identify, account for and disclose related party transactions and relationships?</p>	<p>A formal Register of Interests is in place and has been reviewed in order to inform and meet the necessary disclosure requirement.</p> <p>The MO holds the Register of Officers' and Members' Declarations of interest. This includes Chief Officers being required to complete an annual declaration (including a requirement for a nil declaration if that is the case). All Members are required to complete an annual Register of Interest's form and these are</p>



**Enquiries of management – in relation to related parties**

Question	2022-23 Response
	<p>published on the Council’s website (including a requirement for a nil declaration if that is the case). Reminders of key parts of the Code of Conduct are regularly included in communications to Staff (e.g. Weekly Staff bulletins) particularly regarding the need to declare hospitality / declarations of personal interest.</p> <p>Additional work has been done this year to strengthen the processes around related party transactions, which has included the development of a new IT e-form. Additional communications are being done to ensure clarity of message around the need to declare Directorships, Trusteeships and other Board representation e.g. Close relatives.</p> <p>An additional check has been introduced to check Members and Chief Officer declarations of Interest against Companies House to ensure Directorships have been appropriately declared. The Council’s Creditor Payments system is also checked for any other direct payment transactions.</p>
<p>4. What controls are in place to authorise and approve significant transactions and arrangements:</p>	<p>Officers and Members Code of conduct together with associated training and regular ongoing formal</p>

**Enquiries of management – in relation to related parties**

<b>Question</b>	<b>2022-23 Response</b>
<ul style="list-style-type: none"><li>• with related parties, and</li><li>• outside the normal course of business?</li></ul>	<p>communications of the requirements for Officers and Members.</p> <p>A register of Officers who are authorised signatories with specified limits is maintained for creditor payments and purchase ordering activity, as well as those Officers who are authorised to sign grant claims and banking transactions. Members do not authorise or approve individual transactions.</p> <p>Disclosures of Interest are a standard Agenda item on formal agendas.</p> <p>Where a disclosure of interest creates a potential conflict that could, this will be raised by the Monitoring Officer in conjunction with either the Corporate Lead Officer People &amp; Organisation and/or the Section 151 officer and appropriate advice would be sort and then provided back to the individual in question.</p> <p>The Monitoring Officer and the Section 151 Officer jointly meet with the Chief Executive as Head of Paid service on a regular basis outside of normal Leadership Group meetings.</p>

## Enquiries of those charged with governance – in relation to related parties

Question	2022-23 Response
1. How does the Governance & Audit Committee, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?	Governance & Audit Committee formally considers the Statement of Accounts, the Annual Governance Statement and Audit Wales' Audit of the accounts report (ISA260) prior to these being presented to Full Council for approval. There is also reliance placed on Statutory and other Professional officers and the role of External audit.

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## Cyngor Sir CEREDIGION County Council

<b>REPORT TO:</b>	<b>Governance and Audit Committee</b>
<b>DATE:</b>	<b>21<sup>st</sup> of June, 2023</b>
<b>LOCATION:</b>	<b>Hybrid</b>
<b>TITLE:</b>	<b>Care Inspectorate Wales – Annual Return 22/23</b>
<b>PURPOSE OF REPORT:</b>	<b>Oversight of regulatory requirements</b>
<b>For:</b>	<b>Information</b>

### **Background:**

The Regulation and Inspection of Social Care Wales Act 2016 Act (RISCA) requires registered service providers to submit an AR to the Welsh Ministers following the end of each financial year. The AR must include the information set out in section 101 of the 2016 Act.

The AR must also include the information set out in the Regulated Services (Annual Returns) Wales Regulations 20172 (“the Regulations”), as amended by the Regulated Services (Annual Returns and Registration) (Wales) (Amendment) Regulations 20193.

The 2016 Act requires Welsh Ministers to publish each AR submitted and this will be via the CIW website alongside each regulated services inspection reports.

The Regulations also require the AR to be in the form of an online return and be submitted to the Welsh Ministers within 56 days of the end of the financial year to which it relates, this year this will be the 26th of May 2023.

Under section 484 of the 2016 Act, it is an offence for a service provider to fail to submit an annual return within the timescales set out by the Regulations. If a service provider fails to submit an annual return within the required timescales, they could be subject to a penalty notice or other enforcement action deemed appropriate by Care Inspectorate Wales (CIW).

Under section 52 of the 2016 Act, the Welsh Ministers may impose a penalty notice if they are satisfied that the service provider has committed a prescribed offence. This includes a failure to submit an AR.

The Regulated Services (Penalty Notices) (Wales) Regulations 20196, sets out that the penalty to be paid is an amount corresponding to level 4 on the standard scale (this is equivalent to £2,500).

### **The Annual Return (AR)**

The services included in the Annual Return are:

- Bryntirion Residential Care Home, Tregaron
- Cartref Tregerddan Residential Care Home, Bow Street
- Min y Môr Residential Care Home, Aberaeron
- Hafan Deg Residential Cre Home, Lampeter
- Yr Hafod Residential Care Home, Cardigan
- Targeted Care and Enablement Service

The time frame for the data and information included in the AR is from the 1st of April, 2022 to the 31st of March, 2023. As a service provider, we have until midnight on 26th May, to submit this year for our AR.

### **Current Position:**

The AR was submitted successfully to CIW on the 26<sup>th</sup> of May, 2023. A copy of the submission for Ceredigion can be found in Appendix 1.

As part of the submission the organisations Responsible Individual is required to ensure the following;

- section of the AR relating to the service they are designated for has been completed fully.
- and to provide a declaration, confirming that the information provided within the Annual Return is true to the best of their knowledge.

**RECOMMENDATION(S):**

The Governance and Audit Committee is requested to:

i) Note the contents of this report

**REASON FOR RECOMMENDATIONS:**

**Appendices:**                      **Appendix 1: Ceredigion Annual Return 22/23**  
**Appendix 2:**

**Head of Service:**                Donna Pritchard, CLO – Porth Gofal

**Reporting Officer:**              Nerys Lewis, CM – Direct Services

**Date:**                                5<sup>th</sup> of June, 2023

## APPENDIX 1



OTRAN00255777BS  
GWAnnualReturn202.



As a Local Authority/Local Health Board you will be required to complete certain free text fields within the Annual Return in both English and Welsh to ensure the return is published onto the CIW Website in both languages.

In which language(s) do you want to publish the annual return? Both

Provider Information to be published

The following information relates to information CIW held about this provider and its associated services on the 31st March 2023.

This section has been completed for you. There are no actions to complete. This information displayed will be included in the published Annual Return.

Provider name: Ceredigion County Council Adults and Children's Services

The provider was registered on: 19/02/2019

The following lists the provider conditions: There are no imposed conditions associated to this provider

The regulated services delivered by this provider were:

Targeted Care and Enablement	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	19/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Margaretta James
Partnership Area	West Wales
Service Conditions	There are no conditions associated to this service
Yr Hafod Residential Care Home	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	19/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Dawn Evans
Maximum number of places	28
Service Conditions	There are no conditions associated to this service
Mn y Mbr Residential Care Home	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	19/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Chloe-Louise Williams-Lawless
Maximum number of places	28
Service Conditions	There are no conditions associated to this service
Hafan Deg Residential Care Home	
Service Type	Care Home Service

Type of Care	Adults Without Nursing
Approval Date	20/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Rachael Jones
Maximum number of places	20
Service Conditions	There are no conditions associated to this service

Bryntirion Resource Centre	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	19/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Jennifer Daniels
Maximum number of places	15
Service Conditions	There are no conditions associated to this service

Tregarddan Residential Care Home	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	20/02/2019
Responsible Individual(s)	Nerys Lewis
Manager(s)	Jessica dANIELS
Maximum number of places	28
Service Conditions	There are no conditions associated to this service

Provider Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the provider and answer all questions.

Provider Name	Ceredigion County Council Adults and Children's Services
Is the Provider Name correct?	Yes
Note: If the name of the provider has changed due to a change of legal entity, you must contact the CIW Registration Team immediately on 0300 7900 126 and select Option 1, when prompted to do so.	

Registered provider's primary address:	Ceredigion County Council, Penmorfa, Aberaeron SA46 0PA
Is the registered provider's address correct?	Yes
Note: If the address of the organisation has changed due to a change of legal entity, please contact the Registration Team on 0300 7900 126 and select Option 1, when prompted to do so.	

Registered provider contact details and language preferences.

Organisation Telephone Number	01545574146
Organisation Email Address	Donna.Pritchard@ceredigion.gov.uk
Receive correspondence and legal notices to this e-mail address	Yes

Preferred language of written communication (including emails and letters)	English
Preferred language of communication for telephone calls	English
Website (if available)	https://www.ceredigion.gov.uk
Are the organisation telephone number, email address and preferred language of communications correct?	Yes

The following sets out a list of organisation officers associated with your organisation as registered with Companies House i.e. Directors, Trustees.

Nerys Lewis  
Audrey Somerton Edwards  
Donna Pritchard

Is the list of organisational officers correct? Yes

The following sets out the conditions that CIW have imposed upon your registration. Imposed conditions are in addition to the standard conditions for example reduced capacity numbers.

The conditions imposed upon the service provider There are no imposed conditions associated to this provider

Is the above information correct? Yes

The following lists all regulated services the service provider is registered to provide

Name of Service	Town/City	Service Type
Bryntirion Resource Centre	Tregaron	Care Home Service
Hafan Deg Residential Care Home	Lampeter	Care Home Service
Min y Mor Residential Care Home	Aberaeron	Care Home Service
Targeted Care and Enablement	Lampeter	Domiciliary Support Service
Tregerddan Residential Care Home	Bow Street	Care Home Service
Yr Hafod Residential Care Home	Cardigan	Care Home Service

Is the list of regulated services correct? Yes

#### Training and Workforce Planning

Information about training and workforce planning.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

Disgrifiwch y trefniadau a oedd ar waith yn ystod y flwyddyn ariannol ddiwethaf ar gyfer nodi, cynllunio a diwallu anghenion hyfforddiant y staff a gaiff eu cyflogi gan y darparwr gwasanaeth

Mae'r Tîm D&D yn dosbarthu ffurflen Dadansoddi Anghenion Hyff orddi blynyddol (DHF) i bob gwasanaeth.  
Mae'r canlyniadau Dadansoddiad Hyfforddiant Blynyddol (DHF) a chyfarfodydd DHF yn casglu gwybodaeth bellach ac yn blaenoria ethu anghenion y staff. Caiff digwyddiadau hyfforddiant eu trefnu a'u hyrwyddo drwy ein system fewnrwyd ar gyfer staff mewnol.  
Mae anghenion hyfforddi unigol y staff hefyd yn cael eu hadolygu fel rhan o'r Arfarniad Blynyddol a goruchwyliaeth bob 6 wythnos.

Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider	The L&D Team distribute an annual Training Needs Analysis (TNA) form to all services and asks to identify their training needs & priorities for the coming year. The results from the TNA forms and TNA meetings are collated, prioritised and relevant resource and SCWWDP budget is allocated. Events are then organised and scheduled and promoted via our intranet system for internal staff.  Staff training needs are also reviewed as part of the Annual Appraisal and 6 weekly Supervision.
Disgrifiwch y trefniadau a oedd ar waith yn ystod y flwyddyn ariannol ddiwethaf ar gyfer recriwtio a chadw'r staff a gaiff eu cyflogi gan y darparwr gwasanaeth	Mae recriwtio yn flaenoriaeth uchel i'r Cyngor ac mae'r farchnad recriwtio dynn bresennol yn destun pryder ac wedi arwain at roi recriwtio ar y gofrestr risg Gorfforaethol. Mae hyn yn golygu bod adnoddau ychwanegol wedi eu defnyddio i flaenoriaethu recriwtio a chadw staff. Mae'r gefnogaeth i staff yn cynnwys mynediad at gyflwyno datblygiad proffesiynol a chymorth lles drwy ein gwasanaeth cwnsela am ddim a darparu sesiynau galw heibio gyda'n Swyddog Lechyd a Llesiant Gweithwyr.
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	Recruitment is a high priority for the Council and the current tight recruitment market is of concern and has led to recruitment being on the Corporate risk register. This means additional resources have been used to prioritise recruitment and retention of staff. Support for staff includes access to professional development opportunities and wellbeing support through our free counselling service and the provision of drop in sessions with our Employee Health and Wellbeing Officer.

## Service Profile

### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service	Bryntirion Resource Centre
Is the registered service name correct?	Yes
The number of people you are registered to provide care and support for:	15
Is the number of people you are registered to provide care and support for correct?	Yes

Address of regulated service	Bryntirion Home & Day Centre, Pontrhydfendigaid Road, Tregaron SY25 6JE
Is the registered service address correct?	Yes

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Telephone Number	01974298289
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	Yes
Service Email Address	bryntirion@ceredigion.gov.uk
Do you consent to CIW publishing this email address? By consenting this would make this email address visible to members of the public.	Yes
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium

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leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both
Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's contact details, agreed consent and preferred language of communication correct?	Yes

#### Key People At The Service

List of the designated Responsible Individual(s) for this regulated service.

Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service

Service Managers	Sonia Rees Sonia Rees
Are the service managers correct?	Yes

#### Statement of Purpose

The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.

The most recent Statement of Purpose was submitted to CIW on	01/04/2023
Does CIW currently have your most up to date Statement of Purpose?	Yes

#### Service Provision

##### People Supported

How many people in total did the service provide care and support to during the last financial year?	27
How many people were resident at the service on 31 March?	14
How many registered places were unavailable for placement on 31 March?	1

How many registered places were available for placement on 31 March?	0
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How many people resident at the service on 31 March were aged:

0-17 years	0
18-64 years	0
65+ years	14
Is the age breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following sex?

This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.

Male	3
Female	11
Is the sex breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

White	14
Mixed/Multiple Ethnic Groups	0
Asian/Asian British	0
Black/Black British/Caribbean/African	0
Other ethnic group	0
Is the ethnic group breakdown shown above correct?	Yes

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published annual return.

Number of people assessed as requiring 24hr nursing care during the last financial year	0
The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31st March, where the authorisation has been granted?	1

#### Fees Charged

The minimum weekly fee payable during the last financial year?	760.00
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The maximum weekly fee payable during the last financial year?	812.00
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## Complaints

Service complaints and arrangements for consulting people who use the service	
What was the total number of formal complaints made during the last financial year?	0
Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0
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Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	<p>Yn ystod y 12 mis diwethaf, bu nifer o gyfleoedd i breswylwyr gael cyfle i leisio eu barn am y gofal a'r cymorth a ddarperir neu unrhyw elfen o'r gwasanaeth a ddarperir.</p> <p>Mae'r rhain yn cynnwys y canlynol;</p> <ul style="list-style-type: none"> <li>- Cyfarfodydd preswylwyr</li> <li>- Holiaduron oleuaf ddwywaith y flwyddyn fel rhan o gasglu barn a'r gyfer yr Adroddiad Ansawdd Gofal</li> <li>- Yn chwarterol drwy'r Ymweliad Unigol Cyfrifol.</li> <li>- Mae pob preswlydd yn derbyn gwybodaeth a'r sut y gallant god i pryder ynghyd â sut i wneud cwyn.</li> </ul>
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	<p>In the last 12 months, there have been a number of opportunities for residents to voice their views regarding the care and support for any element of the service. These include the following;</p> <ul style="list-style-type: none"> <li>- Resident's meetings</li> <li>- At least twice yearly questionnaires as part of capturing views for the Quality-of-Care Report</li> <li>- On a quarterly basis through the Responsible Individual Visit.</li> <li>- All residents are made aware of how they can raise a concern along with how to make a complaint.</li> </ul>

## Service Environment

Provision of accommodation	
How many bedrooms at the service are single rooms?	14
How many single bedrooms are vacant?	0
How many bedrooms at the service are shared rooms?	1
How many shared bedrooms are vacant?	0
How many bedrooms are currently being used by more than one person?	0
Total number of bedrooms at the service is:	15
How many of the bedrooms have en-suite facilities?	0
How many bathrooms have assisted bathing facilities?	2
How many communal lounges at the service?	2
How many dining rooms at the service?	2
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Nodwch fanylion am unrhyw ardal yn yr awyr agored y gall y preswylwyr fynd iddynt	<p>Mae gan bob preswlydd fynediad at ardal ddiogel sy'n amgylchynu'r cartref gofal. Mae ardal patio gyda gardd sylweddol fawr yn cynnig cyfleoedd i drigolion fwynhau cyfleoedd garddwriaethol. Yn ogystal, mae ystafell arddio ar gael i bob preswlydd ac ymwel ydd.</p>

Provide details of any outside space to which the residents have access	All residents have access to a safe area surrounding the care home. There is a patio area with a large substantial garden offering residents opportunities to enjoy horticultural opportunities. Additionally there is garden room accessible to all residents and visitors.
Nodwch fanylion am unrhyw gyfleusterau eraill y gall y preswylwyr eu defnyddio	Mae'r preswylwyr yn gallu defnyddio cymuned ehangach Tregaron, gan gynnwys siopau lleol, lleoliadau crefyddol a'r farchnad da bw amaethyddol wythnosol.
Provide details of any other facilities to which the residents have access	The residents have access to the wider community of Tregaron, including local shops, religious settings and the weekly agricultural livestock market.

Food hygiene provision. This information will not be included in the published annual return.

Do you provide food to people at your service?	Yes
Do you have a food safety management system/recording system in place?	Yes
Are you registered as a food business with your local authority?	Yes
Have you been inspected by the local authority during the last financial year?	Yes
Has your business received a food hygiene rating by the Food Standards Agency (FSA)?	Yes
What FSA rating has been obtained by the service?	5

#### Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service

Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)	No
Makaton	No
British Sign Language (BSL)	No
Other	Yes

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Rhestrwch ffurfiau 'eraill' o gyfathrebu di-eiriau a ddefnyddir	Arwyddo ar hyd
List 'Other' forms of non-verbal communication used	Sign along

#### Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

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I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddevis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddevis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Ym Mryntirion rydym yn canolbwyntio ar roi'r person sy'n cael gwasanaethau gofal yn y canol, gan eu gwneud yn rhan bwysicaf y broses. Mae hyn yn golygu bod gofal yn cael ei bersonoli a'i deilwra i anghenion a hoffterau unigol pob person.

Rydym yn ymdrechu i sicrhau ein bod yn dal llais y preswylwyr, eu hoffterau, a'u barn ar ystod eang o agweddau sy'n ymwneud â'u lles corfforol a meddyliol o ddydd i ddydd ynghyd â'u hanghenion gofal a chymorth.

Defnyddir "Arwyddion Diogelwch," sef model sy'n seiliedig ar gryfderau i helpu gweithwyr proffesiynol i feithrin perthnasoedd cryf ag unigolion a theuluoedd fel y gall staff ganolbwyntio ar 'yr hyn sy'n gweithio' mewn unrhyw sefyllfa benodol.

Cynhelir diweddariadau ac adolygiadau rheolaidd o gynlluniau gofal a chymorth, ac rydym yn annog y preswylwyr i gymryd rhan weithredol. Gall preswylwyr hefyd ofyn i aelod o'r teulu neu ffriand ymuno â nhw yn yr adolygiad os dymunant.

Mae proffiliau un dudalen yn cael eu gweithredu ar gyfer yr holl breswylwyr sy'n amlgu eu hoffterau, eu cas bethau, a'r hyn sy'n bwysig iddynt. Mae'r proffil syml hwn yn crynhoi'r hyn sy'n bwysig i unigolyn ac yn egluro sut mae am gael ei gefnogi. Gall preswylwyr ddefnyddio'r proffil un dudalen i gofnodi sut yr hoffent gael cymorth a nodi a oes angen gofal neu gymorth ychwanegol arnynt. Ym Mryntirion rydym yn ymdrechu i weithio gyda phreswylwyr a theuluoedd i gwblhau "Fy ngwaith bywyd" a byddwn yn parhau i ddatblygu'r rhain ar gyfer yr holl breswylwyr.

Yn dilyn yr hyfforddiant Cynllunio Gofal Ymlaen Llaw, mae staff yn gallu ymgysylltu â phreswylwyr a theuluoedd a chwblhau Cynlluniau Gofal Ymlaen Llaw unigol. Mae hyn yn rhoi cyfle i'r preswylwyr drafod a chynllunio gyda'u hanwyliaid yr hyn sy'n bwysig iddynt.

Cynhelir cyfarfodydd preswylwyr rheolaidd sy'n rhoi cyfle i breswylwyr wneud dewis, mynegi eu barn a'u hannog i godi pryderon a/neu gwynion. Fel arfer caiff y cyfarfodydd hyn eu cadeirio gan unigolyn annibynnol o'r gymuned. Mae'r cyfarfodydd yn cynnwys dewisiadau bwyd, gweithgareddau, triapiau a newidiadau i'r amgylchedd.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o breswylwyr, teuluoedd, staff a gweithwyr proffesiynol.

Ddwywaith y flwyddyn rhennir holiadur gyda phreswylwyr, teuluoedd, staff, a gweithwyr proffesiynol fel y gallwn gael eu barn ar y cartref gofal ac i nodi unrhyw welliannau y gallem eu cyflwyno i'r gwasanaeth. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu.

<p>The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.</p>	<p>The Active Offer is available to all residents and their families, and they can choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English. At Bryntirion we focus on putting the person who is in receipt of care services at the centre, making them the most important part of the process. This means that care is personalised and tailored to each person's individual needs and preference. We strive to ensure that we capture the residents voice, preferences, and views on a wide range of aspects relating to their day to day, physical and mental wellbeing along with their care and support need. "Signs of Safety," which is strength-based model is used to help professionals build strong relationships with individuals and families so that staff can focus on 'what works' in any given situation. Regular updates and review of care and support plans take place, and we encourage the residents to be actively involved. Residents can also request a family member or friend to join them in the review if they wish. One-page profiles are being implemented for all residents highlighting their likes, dislikes, and what matters to them. This simple profile summarises what is important to an individual and explains how they want to be supported. Residents can use the one-page profile to record how they would like to be helped and identify if they need additional care or support. At Bryntirion we strive to work with residents and families to complete "My life work" and we will continue to develop these for all residents. Following the Advanced Care Planning (ACP) training, staff are able to engage with residents and families and complete individualised ACP's. This provides the residents with the opportunity to discuss and plan with their loved ones what is important to them. Regular resident meetings take place which gives the residents an opportunity to make choice, express their views and actively encourages them to raise concerns and/or complaints. These meetings are usually chaired by an independent individual from within the community. The meetings cover food choices, activities, trips and changes to the environment. On a quarterly basis the Responsible Individual carry's out their visit and will speak to a range of residents, families, staff and professionals along with twice yearly questionnaire is shared with residents, families, staff, and professionals.</p>
<p>I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.</p>	<p>Mae gennym berthynas waith hygyrch a da gyda Meddygfa Tŷ Salop, Tregaron, sy'n darparu ymgynghoriadau rhithwir, ymweliadau â'r cartref a rhaglen frechu ar gyfer fflw a COVID-19 ynghyd ag adolygiadau meddyginiaeth rheolaidd. Mae'r holl breswylwyr wedi cael y cyfle i gael eu brechlynnau COVID-19 a'u brechlynnau Fflw yng nghysur eu cartref eu hunain. Caiff presgripsiynau eu dosbarthu i'r cartref gan Fferyllfa Boots, Llanbedr Pont Steffan. Mae nifer o wasanaethau a thimau Cymorth Iechyd Arbenigol yn ymwneud â darparu a chefnogi ein preswylwyr i gynnal iechyd a lles da. Bydd y timau yno bob amser i gynnig arweiniad, cymorth, addysg, a hyfforddiant i staff gan eu galluogi i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol. (Mae'r timau hyn yn cynnwys y Nyrsys Ardal Cymunedol, Timau Diabetig ac Iechyd Meddwl, staff arbenigol y Colon a'r Rhefr, dementia, lliniarol, lymffoedema, podiatreg a dietegwyr). Mae'r holl breswylwyr wedi'u cofrestru gyda deintydd ac optegwyr cymunedol, ac mae atgyweiriadau i gymhorthion clyw, sbectol a dannedd gosod wrth law trwy'r gwasanaethau post. Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm Iechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda thrafod â llaw, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleiddio eraill ar amgylchedd byw a gweithio'r cartref. Mae'r cartref yn parhau i gynnal a hybu ymdeimlad o gymuned gyda rhyngweithio rheolaidd ag amrywiaeth o grwpiau o fewn y gymuned e.e. ymweliadau gan blant ysgol, Canolfan Deuluol Tregaron a grwpiau ffydd lleol. Fel rhan o weithgareddau rheolaidd, mae'r preswylwyr yn mwynhau hel atgofion, cyd-ganu, darllen, chwarae Bingo, peintio, jigsos, tyfu cynnyrch cartref a chystadlu mewn sioeau amaethyddol lleol. Mae'r preswylwyr yn mwynhau dathliadau blynyddol a themâu diwylliannol o bartion pen-blwydd, Dydd Gŵyl Dewi, Santes Dwynwen, Dydd Sant Ffolant, Dathliadau'r Pasg a'r Nadolig i drefnu a chynnal eu Gwasanaeth Coffa eu hunain yn y cartref. Yn amlfe welwch y cartref cyfan, preswylwyr a staff wedi gwsgo ac yn mwynhau eu treftadaeth ddiwylliannol.</p>

<p>The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.</p>	<p>We have an accessible and good working relationship with Salop House Surgery, Tregaron, who provide virtual consultations, visits to the home and vaccination programme for influenza and COVID-19 along with regular medication reviews. All residents have had the opportunity to receive their COVID-19 and Influenza vaccines in the comfort of their own home. Prescriptions are delivered to the home by Boots Pharmacy, Lampeter.</p> <p>A number of Specialist Health Support services and teams are involved in providing and supporting our residents in maintaining good health and wellbeing. The teams will always be there to offer guidance, support, education, and training to staff enabling them to use preventative measures that support our residents in improving their overall wellbeing. (These teams include the Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietitian specialist staff).</p> <p>All residents are registered with a community dentist and opticians, and repairs to hearing aids, glasses and dentures are easily accessible via postal services.</p> <p>As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments, fire and any other regulatory aspects of the living and working environment of the home.</p> <p>The home continues to uphold and promote a feeling of community with regular interactions with a range of groups from within the community e.g., visits by school children, Tregaron Family Centre and local faith groups.</p> <p>As part of regular activities, the residents enjoy reminiscence, singing a long's, reading, playing Bingo, painting, jigsaws, growing home grown produce and competing in local agricultural shows. The residents enjoy annual celebrations and cultural themes from Birthday parties, St David Day, Santes Dwynwen, Valentine's Day, Easter and Christmas Celebrations to arranging and holding their own Remembrance Service at the home. Often you will see the whole home, residents and staff dressed up and enjoying their cultural heritage.</p>
<p>I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.</p>	<p>Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a Recriwtio'r sefydliad. Mae gan yr holl staff wiriad cyfredol gan y Gwasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.</p> <p>Mae staff y mae'n ofynnol iddynt gofrestru gyda Gofal Cymdeithasol Cymru naill ai wedi cwblhau eu cofrestriad neu wrthi'n gwneud. Mae hyn yn ei gwneud yn ofynnol i'r holl staff cofrestredig barhau â'u datblygiad proffesiynol er mwyn sicrhau eu bod yn addas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw newidiadau deddfwriaethol neu sy'n benodol i'r rôl.</p> <p>Mae'r holl staff yn cwblhau Arfarniad Blynnyddol ac yn cael eu goruchwylio bob chwe wythnos gyda'u Rheolwr Llinell.</p> <p>Mae proses gynefino gorfforaethol ar waith ac mae angen cwblhau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar gyfer pob rôl yn y cartref gofal. Mae staff wedi'u hyfforddi'n briodol mewn diogelu oedolion a phlant ochr yn ochr â Chwythu'r Chwiban a hyfforddiant gorfodol arall.</p> <p>Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefnau i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afael ar Ap Gweithdrefnau Diogelu Cymru. Mae gwybodaeth yn y cartref sy'n amlinellu sut i gysylltu â'r Tîm Diogelu, yr Unigolyn Cyfrifol neu os yw'r preswlydd, teulu, staff neu ymwelydd yn dymuno mynegi canmoliaeth, cwyn neu bryder.</p> <p>Mae'r Unigolyn Cyfrifol a'r Rheolwyr yn asesu'r holl bryderon a chwynion fel rhan o ysgogi gwelliant yn y cartref ac i nodi methiannau mewn system, polisi neu arferion fel y gallwn fynd i'r afael â hwy i'w hatal rhag digwydd eto neu waethygu.</p> <p>Rhoddir Pecyn Croeso i breswylwyr pan fyddant yn cael eu derbyn a rhoddir manylion iddynt am sut y gallant hwy neu aelodau eu teulu/ffrindiau godi unrhyw bryder neu fater. Anogir aelodau'r teulu i ymweld â'r cartref er mwyn iddynt allu cyfarfod â'r staff, gweld pa wasanaethau sydd ar gael a bodloni eu hunain y byddai eu hanwyliaid yn hapus o fewn yr amgylchedd a gynigir.</p> <p>Mae ein protocol Atal a Rheoli Heintiau yn rhoi mecanwaith ar gyfer cefnogi glendid o ddydd i ddydd ar draws y cartref ac i sicrhau bod gan y staff yr offer a'r adnoddau priodol ar gyfer gweithredu mesurau cynyddol os oes angen.</p> <p>Mae cadw ein preswylwyr yn ddiogel a'u hamddiffyn rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n gwasanaeth. Rydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwyo i adolygu a dysgu, gan ein galluogi i wella.</p>

<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>All staff are recruited in accordance with the organisations Selection and Recruitment Policy. The staff all have an up-to-date Disclosure and Barring Service (DBS) relevant to their role and these are renewed on a three yearly basis.</p> <p>Staff required to register with Social Care Wales have either completed their registration or are in the process. This requires all registered staff to continue their professional development to ensure that they are fit for the role and are up to date with any role specific or legislative changes.</p> <p>All staff complete an Annual Appraisal and receive six weekly supervisions with their line Manager.</p> <p>There is a corporate induction process in place with role specific induction and competencies required to be completed for each role within the care home. Staff have been appropriately trained in adult and child safeguarding alongside Whistleblowing and other mandatory training.</p> <p>This ensures that all staff have been trained in relation to the signs of abuse and neglect and the procedures to follow if there is a need to raise concern. All staff have access to The Wales Safeguarding Procedures App. There is information within the home outlining how to contact the Safeguarding Team, the Responsible Individual or if the resident, family, staff or visitor wishes to raise a compliment, complaint or concern.</p> <p>The RI and Managers assess all concerns and complaints as part of driving improvement within the home and to identify failings in a system, policy or practice so that we can address them to prevent them from happening again or escalating.</p> <p>Residents are provided with a Welcome Packs on admission and are given details on how they or their family members/friends can raise any concern or issue. Family members are encouraged to visit the home so that they can meet the staff, see what services are available and to satisfy themselves that their loved ones would be happy within the environment being offered.</p> <p>Our Infection, Prevention and Controls (IP&amp;C) protocol provides a mechanism for supporting day to day cleanliness across the home and to ensure that the staff have the appropriate tools and resources for implementing increased measure if required.</p> <p>Keeping our residents safe and protecting them from harm, abuse and neglect is of paramount importance to our service. We offer an open and transparent service and welcome concerns and complaints as they assist us to review and learn, enabling us to improve.</p>
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<p>I ba raddau y mae pobl yn byw mewn llety sy'n cefnogi eu llesiant yn y ffordd orau ac yn eu helpu i gyflawni eu canlyniadau personol.</p>	<p>Mae'r cartref wedi'i leoli yn Nhref Farchnad Tregaron ac mae'n cynnig mynediad i ystod o siopau, siopau trin gwallt, caffis, clwb bowls ac ystod o gyfleoedd crefyddol a diwylliannol.</p> <p>Mae nifer o ardaloedd o fewn y cartref lle gall preswylwyr dreuli o amser yn cymdeithasu gyda'i gilydd (2 lolfa) neu le tawelach lle gallant dreulio amser yn gwneud y pethau sy'n bwysig iddynt. Mae'r holl ystafelloedd gwely yn feddiannaeth unigol, ac eithrio un ystafell wely sy'n rhoi cyfle i wŷr a gwragedd priod neu frodyr a chworydd aros gyda'i gilydd fel ystafell wely a rennir. Mae gwelyau proffilio a dodrefn addas ym mhob ystafell wely. Anogir preswylwyr i ddod ag eitemau personol gyda nhw, gan gynnwys lluniau y gellir eu rhoi ar y waliau.</p> <p>Mae system galw nyrsys ar waith, gyda'r gallu i ychwanegu synwryddion unigol pan fo'r anghenion yn codi. Ochr yn ochr â hyn mae amrywiaeth o offer gan gynnwys teclynnau codi, sera steady's, cadeiriau gogwyddo yn y gofod a chadeiriau gostwng, sy stemau troi ochrau ac offer arbenigol arall yn cael eu defnyddio yn ôl yr angen i gefnogi anghenion unigol y preswlydd.</p> <p>Darperir hyfforddiant gan ein Tîm Iechyd a Diogelwch mewnol a c mae'n caniatáu i'r staff ddysgu a datblygu ochr yn ochr â chydwethwyr mewn amgylchedd dysgu diogel.</p> <p>Mae'r cartref yn defnyddio amrywiaeth o adnoddau technoleg gan gynnwys Magic Carpet, System Rita ac amrywiaeth o eitemau synhwyrdd.</p> <p>Mae garddio yn bwysig iawn i nifer o'n preswylwyr ac mae'r man tu allan yn rhoi ardal ar gyfer ystod o gyfleoedd garddio o dyfu llysiau, ffrwythau a blodau. Ochr yn ochr â hyn mae'r cyfle i breswylwyr fwynhau'r man agored, lle mae llawer yn mwynhau gallu cerdded y tu allan gan gynnal a chwmpasu eu lles.</p> <p>Mae nifer fechan o breswylwyr yn mwynhau ymweld yn rheolaidd â marchnad y da byw a gynhelir bob wythnos yn Nhregaron. Ar hyn o bryd mae buddsoddiad cyfalaf sylweddol yn digwydd ym Bryntirion, mae hyn yn cynnwys lloeriau newydd, setiau drysau, manau bwyta gwell, manau cyffredin, manau gweithgaredau ac ystafelloedd gwely. Bydd y gwaith cyfalaf yn cael ei gwblhau fesul cam er mwyn ystyried diogelwch a lles defnyddwyr ein gwasanaeth.</p> <p>Mae gofal sy'n canolbwyntio ar yr unigolyn yn cydnabod bod bywyd yn ymestyn y tu hwnt i'r cartref gofal a bod ymgyssylltu â'r gymuned yn fuddiol. Mae mynediad a chyfranogiad cymunedol yn eddychu gan roi ymdeimlad o berthyn i'r gymuned leol i breswylwyr.</p>
<p>The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.</p>	<p>The home is set within the Market Town of Tregaron and offers access to a range of shops, hairdressers, cafes, bowls club and a range of religious and cultural opportunities.</p> <p>There are a number of areas within the home where residents can spend time socialising together (2 lounges) or quieter space where they can spend time doing the things that are important for them.</p> <p>All the bedrooms are single occupancy, except for one bedroom that provides an opportunity for spouses or siblings to remain together as a shared bedroom. All bedrooms are equipped with profiling beds, and suitable furniture. Residents are encouraged to bring personal items with them, including photos that can be fitted on the walls.</p> <p>There is a nurse call system in place, with the ability to add individualised sensors where the needs arise. Alongside this is a range of equipment including hoists, steady's, tilt and space and recliner chairs, lateral turning systems and other specialist equipment is used as and when required to support with the individualised needs of the resident.</p> <p>Training is delivered by our in-house Health and Safety Team and allows the staff to learn and develop alongside colleagues in a safe learning environment.</p> <p>The home uses a range of technology resources including Magic Carpet, Rita System and a range of sensory items.</p> <p>Gardening is very important to a number of our residents and the external space provides an area for a range of gardening opportunities from growing vegetables, fruits and flowers. Alongside this is the opportunity for residents to enjoy the open space, where many enjoy being able to walk outside maintaining and encompassing their wellbeing.</p> <p>A small number of residents regularly enjoy visiting the livestock market which takes place on a weekly basis at Tregaron. Currently there is significant capital investment taking place at Bryntirion, this includes new flooring, door sets, improved dining areas, communal space, activity spaces and bedrooms. The capital work will be completed in a phased approach to take into account the safety and wellbeing of our service users.</p> <p>Person centred care recognises that life extends beyond the care home and engagement within the community is beneficial. Community access and involvement has increased allowing residents a sense of belonging in the local community.</p>

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March)	18
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The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type

Service Manager	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1

<p>Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.</p>	<p>QCF Lefel 5 - Rheoli Iechyd a Gofal Cymdeithasol  Lefel 4 – Camu ymlaen i'r tîm rheoli  Lefel 3 - Iechyd a Gofal Cymdeithasol (Oedolion)  Lefel 2 - Gofal datblygiadol  Arwyddo ar hyd Lefel 2  Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
<p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p>	<p>QCF Level 5 - Health and Social Care Management  Level 4 - Step up to Management  Level 3 - Health and Social Care (Adults)  Level 2 - Developmental Care  Sign Along Level 2  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<p><b>Contractual Arrangements</b></p>	
<p>No. of permanent staff</p>	<p>0</p>
<p>No. of Fixed term contracted staff</p>	<p>1</p>
<p>No. of volunteers</p>	<p>0</p>
<p>No. of Agency/Bank staff</p>	<p>0</p>
<p>No. of Non-guaranteed hours contract (zero hours) staff</p>	<p>0</p>
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
<p>No. of full-time staff (35 hours or more per week)</p>	<p>1</p>
<p>No. of part-time staff (17-34 hours per week)</p>	<p>0</p>
<p>No. of part-time staff (16 hours or under per week)</p>	<p>0</p>
<p>Is the breakdown of full and part time shown above correct?</p>	<p>Yes</p>
<p><b>Staff Qualifications</b></p>	
<p>No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager</p>	<p>1</p>
<p>No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager</p>	<p>0</p>
<p>Deputy service manager</p>	
<p>Does your service structure include roles of this type?</p>	<p>Yes</p>
<p><b>Important:</b> All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p><b>Filled and vacant posts</b></p>	
<p>No. of staff in post</p>	<p>0</p>

No. of posts vacant	1
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	0
Health & Safety	0
Equality, Diversity & Human Rights	0
Infection, prevention & control	0
Manual Handling	0
Safeguarding	0
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	0
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	
Please outline any additional training undertaken pertinent to this role which is not outlined above.	
<p>Contractual Arrangements</p>	
No. of permanent staff	0
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<p>Staff Qualifications</p>	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	0
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
<p>Other supervisory staff</p>	
Does your service structure include roles of this type?	No
<p>Nursing care staff</p>	
Does your service structure include roles of this type?	No
<p>Registered nurses</p>	
Does your service structure include roles of this type?	No
<p>Senior social care workers providing direct care</p>	



Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	2
No. of posts vacant	4
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	2
Health & Safety	2
Equality, Diversity & Human Rights	2
Infection, prevention & control	2
Manual Handling	2
Safeguarding	2
Medicine management	2
Dementia	2
Positive Behaviour Management	2
Food Hygiene	2
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	2 x Fframwaith Anwytho Cymru Gyfan 2 x QCF Lefel 3 Dementia 1 x Lefel 4 Camu i'r Rheolaeth 1 x Lefel 3 Iechyd a Gofal Cymdeithasol Hyfforddiant Gweinyddu Meddyginiaethau Uwch Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	2 x All Wales Induction Framework 2 x QCF Level 3 Dementia 1 x Level 4 Step up to Management 1 x Level 3 Health and Social Care Advanced Medication Administration training All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<p>Contractual Arrangements</p>	
No. of permanent staff	2
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	4
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Typical shift patterns in operation for employed staff	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	1 Aelod uwch o staff bob shifft 2 x 9pm - 8am 3 x 8am - 2.30pm 2 x 2.30pm - 9pm Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	1 Senior member of staff per shift 2 x 9pm - 8pm 3 x 8am - 2.30pm 2 x 2.30pm - 9pm Rolling 6 week rota.
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	2
No. of staff working towards the required/recommended qualification	2
Other social care workers providing direct care	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	19
No. of posts vacant	0
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	1
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	19
Health & Safety	19
Equality, Diversity & Human Rights	19
Infection, prevention & control	19
Manual Handling	19

Safeguarding	19
Medicine management	13
Dementia	19
Positive Behaviour Management	17
Food Hygiene	19
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	10 x QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru 13 x QCF Lefel 2 Iechyd a Gofal Cymdeithasol Cymru (1 aelod ychwanegol o staff yn cwblhau cymhwys ter ar hyn o bryd) 18 x Fframwaith Anwytho Cymru Gyfan / Fframwaith Anwytho Gofal Cymdeithasol Cymru 2 x QCF Lefel 3 Dementia Hyfforddiant Gweinyddu Meddyginiaethau Uwch Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	10 x QCF Level 3 Health and Social Care Wales 13 x QCF Level 2 Health and Social Care Wales (an additional 1 member of staff currently completing qualification) 18 x All Wales Induction Framework / Social Care Wales Induction Framework 2 x QCF Level 3 Dementia Advanced Medication Administration training All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	15
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	4
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	14
No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes
<b>Typical shift patterns in operation for employed staff</b>	
Nodwch batrymau shift nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shift.	2 x 9pm - 8am (1 Lefel 3 & 1 Lefel 2) 3 x 8am - 2.30pm (1 Lefel 3 & 2 Lefel 2) 2 x 2.30pm - 9pm (1 Lefel 3 & 2 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	2 x 9pm - 8am (1 Level 3 & 1 Level 2) 3 x 8am - 2.30pm (1 Level 3 & 2 Level 2) 2 x 2.30pm - 9pm (1 Level 3 & 1 Level 2) Rolling 6 week rota.
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	18
No. of staff working towards the required/recommended qualification	1

Domestic staff	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	1
No. of posts vacant	1
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	0
Dementia	1
Positive Behaviour Management	0
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<p>Contractual Arrangements</p>	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	1
No. of Non-guaranteed hours contract (zero hours) staff	0
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0

No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	2
No. of staff working toward required/recommended qualification	0
Catering staff	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<b>Filled and vacant posts</b>	
No. of staff in post	4
No. of posts vacant	2
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Infection, prevention & control	0
Manual Handling	0
Safeguarding	4
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	4
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>-Alergenau Lefel 2 -Ymwybyddiaeth o'r Feirws</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>-Allergens Level 2 -Virus Awareness</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>

Contractual Arrangements	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification	4
No. of staff working toward required/recommended qualification	0
Other types of staff	
Does your service structure include any additional role types other than those already listed?	Yes
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Rhestrwch deitl(au) y rôl a disgrifiad byr o gyfrifoldebau'r rôl.	Swydd cynnal a chadw amgylchedd allanol y cartref .
List the role title(s) and a brief description of the role responsibilities.	Groundsperson - maintaining the external environment of the home.
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	0
Infection, prevention & control	0
Manual Handling	1
Safeguarding	0
Medicine management	0

Dementia	0
Positive Behaviour Management	0
Food Hygiene	0
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae hyfforddiant yn cael ei addasu i arddull dysgu'r gweithiwr.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Training is modified to the learning style of the employee.
<b>Contractual Arrangements</b>	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	1
No. of staff working toward required/recommended qualification	0

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

#### Service Profile

#### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service	Hafan Deg Residential Care Home
Is the registered service name correct?	Yes
The number of people you are registered to provide care and support for:	20
Is the number of people you are registered to provide care and support for correct?	No
<p><b>Please Note!</b> You have specified that the above information is incorrect. To correct the information, the variation 'Change the maximum number at the Service' will need to be submitted by an online user with the relevant privileges.</p>	
<input checked="" type="checkbox"/> The relevant variation has been submitted.	

Address of regulated service	Hafan Deg Old Peoples Home, Temple Terrace, Lampeter SA4 8 7BJ
Is the registered service address correct?	Yes

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Telephone Number	01570422565
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	Yes
Service Email Address	hafandeg@ceredigion.gov.uk
Do you consent to CIW publishing this email address? By consenting this would make this email address visible to members of the public.	Yes
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both
Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's contact details, agreed consent and preferred language of communication correct?	Yes

Key People At The Service



List of the designated Responsible Individual(s) for this regulated service.

Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service

Service Managers	Rachael Jones
Are the service managers correct?	Yes

#### Statement of Purpose

The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.

The most recent Statement of Purpose was submitted to CIW on	13/04/2023
Does CIW currently have your most up to date Statement of Purpose?	Yes

#### Service Provision

##### People Supported

How many people in total did the service provide care and support to during the last financial year?	20
How many people were resident at the service on 31 March?	14
How many registered places were unavailable for placement on 31 March?	6
How many registered places were available for placement on 31 March?	20
How many people resident at the service on 31 March were aged:	
0-17 years	0
18-64 years	0
65+ years	14
Is the age breakdown shown above correct?	Yes
How many people resident at the service on 31 March were of the following sex? This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.	
Male	5
Female	9
Is the sex breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

White	14
Mixed/Multiple Ethnic Groups	0
Asian/Asian British	0
Black/Black British/Caribbean/African	0
Other ethnic group	0
Is the ethnic group breakdown shown above correct?	Yes

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published annual return.

Number of people assessed as requiring 24hr nursing care during the last financial year	0
The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31st March, where the authorisation has been granted?	2

#### Fees Charged

The minimum weekly fee payable during the last financial year?	760.00
The maximum weekly fee payable during the last financial year?	812.00

#### Complaints

Service complaints and arrangements for consulting people who use the service

What was the total number of formal complaints made during the last financial year?	0
Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0

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Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	Yn ystod y 12 mis diwethaf, bu nifer o gyfleoedd i breswylwyr gael cyfle i leisio eu barn am y gofal a'r cymorth a ddarperir neu unrhyw elfen o'r gwasanaeth a ddarperir. Mae'r rhain yn cynnwys y canlynol; - Cyfarfodydd preswylwyr - Holiaduron oleuaf ddwywaith y flwyddyn fel rhan o gasglu barn a'r gyfer yr Adroddiad Ansawdd Gofal - Yn chwarterol drwy'r Ymweliad Unigol Cyfrifol. - Mae pob preswlydd yn derbyn gwybodaeth a'r sut y gallant god i pryder ynghyd â sut i wneud cwyn.
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	In the last 12 months, there have been a number of opportunities for residents to voice their views regarding the care and support of any element of the service. These include the following; - Resident's meetings - At least twice yearly questionnaires as part of capturing views for the Quality-of-Care Report - On a quarterly basis through the Responsible Individual Visit. - All residents are made aware of how they can raise a concern along with how to make a complaint.

#### Service Environment

Provision of accommodation	
How many bedrooms at the service are single rooms?	19
How many single bedrooms are vacant?	5
How many bedrooms at the service are shared rooms?	0
Total number of bedrooms at the service is:	19
How many of the bedrooms have en-suite facilities?	5
How many bathrooms have assisted bathing facilities?	2
How many communal lounges at the service?	3
How many dining rooms at the service?	1
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Nodwch fanylion am unrhyw ardal yn yr awyr agored y gall y preswylwyr fynd iddynt	Mae gan Hafan Deg waith adnewyddu helaeth ar y gweill ac mae'n ofynnol ail-leoli'r gofod allanol yn dymhestlog yn y cyfnod hwn.
Provide details of any outside space to which the residents have access	Hafan Deg has extensive refurbishment work on-going and the outside space has been required to temporarily be re-located in this period.
Nodwch fanylion am unrhyw gyfleusterau eraill y gall y preswylwyr eu defnyddio	Mae'r trigolion yn cael mynediad at ystafell Arddio ac yn gallu os ydyn nhw'n dymuno cael mynediad i'r gymuned ehangach. Mae tref Llanbed yn cynnig amrywiaeth o siopau, caffis, manau addoli, siopau trin gwallt a chyfleusterau lles.
Provide details of any other facilities to which the residents have access	The residents have access to a Garden room and are able if they wish to access the wider community. Lampeter town offers a range of shops, cafes, places of worship, hairdressers and wellbeing facilities.
Food hygiene provision. This information will not be included in the published annual return.	
Do you provide food to people at your service?	Yes
Do you have a food safety management system/recording system in place?	Yes
Are you registered as a food business with your local authority?	Yes
Have you been inspected by the local authority during the last financial year?	Yes

Has your business received a food hygiene rating by the Food Standards Agency (FSA)?	Yes
What FSA rating has been obtained by the service?	5

Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service	
Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped CHildren (TEACCH)	No
Makaton	No
British Sign Language (BSL)	Yes
Other	No

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddevis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddevis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Yn Hafan Deg rydym yn canolbwyntio ar roi'r person sy'n cael gwasanaethau gofal yn y canol, gan eu gwneud yn rhan bwysicaf y broses. Mae hyn yn golygu bod gofal yn cael ei bersonoli a'i deilwra i anghenion a hoffterau unigol pob person.

Rydym yn ymdrechu i sicrhau ein bod yn dal llais y preswylwyr a'u barn ar ystod eang o agweddau sy'n ymwneud â'u lles corff orol a meddyliol o ddydd i ddydd ynghyd â'u hanghenion gofal a chymorth.

Defnyddir "Arwyddion Diogelwch," sef model sy'n seiliedig ar grŵp yfderau i helpu gweithwyr proffesiynol i feithrin perthnasoedd cryf gydag unigolion a theuluoedd fel y gall staff ganolbwyntio ar yr hyn sy'n gweithio' mewn unrhyw sefyllfa benodol.

Cynhelir diweddariadau ac adolygiadau rheolaidd o gynlluniau gofal a chymorth, ac rydym yn annog y preswylwyr i gymryd rhan weithredol. Gall preswylwyr hefyd ofyn i aelod o'r teulu neu ffriand ymuno â nhw yn yr adolygiad os dymunant.

Mae proffiliau un dudalen yn cael eu gweithredu ar gyfer yr holl breswylwyr sy'n amlgu eu hoffterau, eu cas bethau, a'r hyn sy'n bwysig iddynt. Mae'r proffil syml hwn yn crynhoi'r hyn sy'n bwysig i unigolyn ac yn egluro sut mae am gael ei gefnogi. Gall preswylwyr ddefnyddio'r proffil un dudalen i gofnodi sut yr hoffent gael cymorth a nodi a oes angen gofal neu gymorth ychwanegol arnynt. Yn Hafan Deg rydym yn ymdrechu i weithio gyda phreswylwyr a theuluoedd i gwblhau "Fy ngwaith bywyd" a byddwn yn parhau i ddatblygu'r rhain ar gyfer yr holl breswylwyr.

Yn dilyn yr hyfforddiant Cynllunio Gofal Ymlaen Llaw, mae staff yn ymgysylltu â phreswylwyr a theuluoedd a chwblhau Cynllunio Gofal Ymlaen Llaw unigol. Mae hyn yn rhoi cyfle i'r preswylwyr drafod a chynllunio gyda'u hanwyliaid yr hyn sy'n bwysig iddynt. Cynhelir cyfarfodydd preswylwyr rheolaidd sy'n rhoi cyfle i breswylwyr wneud dewis, mynegi eu barn a'u hannog i godi pryderoedd a/neu gwynion. Fel arfer caiff y cyfarfodydd hyn eu cadeirio gan unigolyn annibynnol o'r gymuned. Mae'r cyfarfodydd yn cynnwys dewisiadau bwyd, gweithgareddau, triapiau a newidiadau i'r amgylchedd.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o breswylwyr, teuluoedd, staff a gweithwyr proffesiynol.

Ddwywaith y flwyddyn rhennir holiadur gyda phreswylwyr, teuluoedd, staff, a gweithwyr proffesiynol fel y gallwn gael eu barn ar y cartref gofal ac i nodi unrhyw welliannau y gallem eu cyflwyno i'r gwasanaeth. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu dros y 12 mis nesaf.

The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

The Active Offer is available to all residents and their families, and they can choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English. At Hafan Deg we focus on putting the person who is in receipt of care services at the centre, making them the most important part of the process. This means that care is personalised and tailored to each person's individual needs and preference.

We strive to ensure that we capture the residents voice and views on a wide range of aspects relating to their day to day, physical and mental wellbeing along with their care and support needs.

"Signs of Safety", which is strength-based model is used to help professionals build strong relationships with individuals so that staff can focus on 'what works' in any given situation.

Regular updates and review of care and support plans take place, and we encourage the residents to be actively involved. Residents can also request a family member or friend to join them in the review if they wish.

One-page profiles are being implemented for all residents highlighting their likes, dislikes and what matters to them. This simple profile summarises what is important to an individual and explains how they want to be supported. Residents can use the one-page profile to record how they would like to be helped and identify if they need additional care or support. At Hafan Deg we strive to work with residents and families to complete "My life work" and we will continue to develop these for all residents.

Following the Advanced Care Planning (ACP) training, staff engage with residents and families and complete individualised ACP's. This provides the residents with the opportunity to discuss and plan with their loved ones what is important to them.

Regular resident meetings take place which gives the residents an opportunity to make choice, express their views and actively encourages them to raise concerns and/or complaints. These meetings are usually chaired by an independent individual from within the community. The meetings cover food choices, activities, trips and changes to the environment.

On a quarterly basis the Responsible Individual (RI) carries out their visit and will speak to a range of residents, families, staff and professionals. Along with twice yearly a questionnaire is shared with residents, families, staff and professionals.

I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.

Mae gennym berthynas waith hygyrch a da gyda Phractis Meddygol Bro Pedr, sy'n darparu ymgynghoriadau rhithwir, ymweliad au â'r cartref, llinell ffôn ddynodedig ar gyfer cartrefi gofal a rha glen frechu ar gyfer fflw a COVID-19 ynghyd ag adolygiadau m eddyginiaeth rheolaidd.

Mae'r holl breswylwyr wedi cael y cyfle i gael eu brechlynnau COVID-19 a'u brechlynnau Fflw yng nghysur eu cartref eu hunain.

Caiff presgripsiynau eu dosbarthu i'r cartref gan Fferyllfa Adrian Thomas, Llanbedr Pont Steffan.

Mae nifer o wasanaethau a thimau Cymorth Iechyd Arbenigol yn ymwneud â darparu a chefnogi ein preswylwyr i gynnal iechyd a lles da. Bydd y timau yno bob amser i gynnig arweiniad, cymorth, addysg, a hyfforddiant i staff gan eu galluogi i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol. (Mae'r timau hyn yn cynnwys y Nyrsys Ardal Cymunedol, Timau Diabetig ac Iechyd Meddwl, staff arbenigol y Colon a'r Rhefr, dementia, gofal lliniarol, lymffoedema, podiatreg a dietegyrr).

Mae'r holl breswylwyr wedi'u cofrestru gyda deintydd ac optegyrr cymunedol, ac mae atgyweiriadau i gymhorthion clyw, sbectol a dannedd gosod wrth law trwy'r gwasanaethau post.

Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm Iechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda chodi a chario, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleiddio eraill ar amgylchedd byw a gweithio'r cartref.

Mae'r cartref yn parhau i gynnal a hybu ymdeimlad o gymuned gyda rhyngweithio rheolaidd ag amrywiaeth o grwpiau o fewn y gymuned e.e. ymweliadau gan blant ysgol, Canolfan Deuluol Tregegaron a grwpiau ffydd lleol.

Fel rhan o weithgareddau rheolaidd, mae'r preswylwyr yn mwynhau gemau mathemategol, hel atgofion, cyd-ganu, ysgrifennu llythyrau at ffrindiau, chwarae Bingo, peintio, jig-sos, tyfu cynnyrch cartref a gwneud eu Cawl eu hunain.

Mae'r preswylwyr yn mwynhau dathliadau blynyddol a themâu diwylliannol o bartion pen-blwydd, Dydd Gŵyl Dewi, Santes Dwynwen, Dydd Sant Ffolant, Dathliadau'r Pasg a'r Nadolig i drefnu a chynnal eu Gwasanaeth Coffa eu hunain yn y cartref. Yn aml fe welwch y cartref cyfan, preswylwyr a staff wedi gwisgo ac yn mwynhau eu treftadaeth ddiwylliannol.

Mae trigolion yn cael eu hannog i gynnal eu cysylltiadau â'r gymuned, a byddant i'w gweld yn aml yn nhref Llanbedr Pont Steffan yn siopa, cael eu gwallt wedi'i wneud, mynd allan am bryd o fwyd neu hyd yn oed mynd am ddiod yn eu tafarn lleol.

The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.

We have an accessible and good working relationship with Bro Pedr Medical Practice, who provide virtual consultations, visits to the home, designated telephone line for care homes, vaccination programme for influenza and COVID-19 along with regular medication reviews.

All residents have had the opportunity to receive their COVID-19 and Influenza vaccines in the comfort of their own home. Prescriptions are delivered to the home by Adrian Thomas Pharmacy, Lampeter.

A number of Specialist Health Support services and teams are involved in providing and supporting our residents in maintaining good health and wellbeing. The teams will always be there to offer guidance, support, education and training to staff enabling them to use preventative measures that support our residents in improving their overall wellbeing. (These teams include the Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietician specialist staff).

All residents are registered with a community dentist and opticians, and repairs to hearing aids, glasses and dentures are easily accessible via postal services.

As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments, fire and any other regulatory aspects of the living and working environment of the home.

The home continues to uphold and promote a feeling of community with regular interactions with a range of groups from within the community e.g., religious services take place regularly within the home and visits by school children.

As part of regular activities, the residents enjoy mathematical games, reminiscence, sing a long's, writing letters to distant friends, playing Bingo, painting, jigsaws, growing home grown produce and making their own Cawl.

The residents enjoy annual celebrations and cultural themes from Birthday parties, St David Day, Santes Dwywen, Valentine's Day, Easter and Christmas Celebrations to arranging and holding their own Remembrance Service at the home. Often you will see the whole home, residents and staff dressed up and enjoying their cultural heritage.

Residents are encouraged to maintain their community connections, and will often be seen in the town of Lampeter shopping, having their hair done, going out for a meal or even for a drink in their local pub.



I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.

Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a R ecriwtio'r sefydliad. Mae gan yr holl staff wiriad cyfredol gan y G wasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.

Mae staff y mae'n ofynnol iddynt gofrestru gyda Gofal Cymdeith asol Cymru naill ai wedi cwblhau eu cofrestrriad neu wrthi'n gwn eud hynny. Mae hyn yn ei gwneud yn ofynnol i'r holl staff cofres tredig barhau â'u datblygiad proffesiynol er mwyn sicrhau eu bo d yn addas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw newid iadau deddfwriaethol neu newidiadau sy'n benodol i'r rôl.

Mae'r holl staff yn cwblhau Arfarniad Blynyddol ac yn cael eu g oruchwylio bob chwe wythnos gyda'u Rheolwr Llinell.

Mae proses gynefino gorfforaethol ar waith ac mae angen cwbl hau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar g yfer pob rôl yn y cartref gofal. Mae staff wedi'u hyfforddi'n briod ol mewn diogelu oedolion a phlant ochr yn ochr â Chwythu'r Ch wiban a hyfforddiant gorfodol arall.

Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefn au i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afa el ar Ap Gweithdrefnau Diogelu Cymru. Mae gwybodaeth yn y c artref sy'n amlinellu sut i gysylltu â'r Tîm Diogelu, yr Unigolyn C yfrifol neu os yw'r preswlydd, teulu, staff neu ymwelydd yn dym uno mynegi canmoliaeth, cwyn neu bryder.

Mae'r Unigolyn Cyfrifol a'r Rheolwyr yn asesu'r holl bryderon a chwynion fel rhan o ysgogi gwelliant yn y cartref ac i nodi methi annau mewn system, polisi neu arferion fel y gallwn fynd i'r afae l â hwy i'w hatal rhag digwydd eto neu waethygu.

Rhoddir Pecyn Croeso i breswylwyr pan fyddant yn cael eu der byn a rhoddir manylion iddynt am sut y gallant hwy neu aelodau eu teulu/ffrindiau godi unrhyw bryder neu fater. Anogir aelodau' r teulu i ymweld â'r cartref er mwyn iddynt allu cyfarfod â'r staff, gweld pa wasanaethau sydd ar gael a bodloni eu hunain y byd dai eu hanwyliaid yn hapus o fewn yr amgylchedd a gynigir.

Mae ein protocol Atal a Rheoli Heintiau yn rhoi mecanwaith ar g yfer cefnogi glendid o ddydd i ddydd ar draws y cartref ac i sic rhau bod gan y staff yr offer a'r adnoddau priodol ar gyfer gweith hredu mesurau cynyddol os oes angen.

Mae cadw ein preswylwyr yn ddiogel a'u hamddiffyn rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n gwasanaeth. R ydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwyo i adolygu a dysgu, gan ein galluogi i wella.

<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>All staff are recruited in accordance with the organisations Selection and Recruitment Policy. The staff all have an up-to-date Disclosure and Barring Service (DBS) relevant to their role and these are renewed on a 3 yearly basis.</p> <p>Staff required to register with Social Care Wales have either completed their registration or are in the process. This requires all registered staff to continue their professional development to ensure that they are fit for the role and are up to date with any role specific or legislative changes.</p> <p>All staff complete an Annual Appraisal and receive 6 weekly supervisions with their line Manager.</p> <p>There is a corporate induction process in place with role specific induction and competencies required to be completed for each role within the care home. Staff have been appropriately trained in adult and child safeguarding alongside Whistleblowing and other mandatory training.</p> <p>This ensures that all staff have been trained in relation to the signs of abuse and neglect and the procedures to follow if there is a need to raise concern. All staff have access to The Wales Safeguarding Procedures App. There is information within the home outlining how to contact the Safeguarding Team, the Responsible Individual or if the resident, family, staff or visitor wishes to raise a compliment, complaint or concern.</p> <p>The RI and Managers assess all concerns and complaints as part of driving improvement within the home and to identify failings in a system, policy or practice so that we can address them to prevent them from happening again or escalating.</p> <p>Residents are provided with a Welcome Pack on admission and are given details on how they or their family members/friends can raise any concern or issue. Family members are encouraged to visit the home so that they can meet the staff, see what services are available and to satisfy themselves that their loved ones would be happy within the environment being offered.</p> <p>Our Infection, Prevention and Controls (IP&amp;C) protocol provides a mechanism for supporting day to day cleanliness across the home and to ensure that the staff have the appropriate tools and resources for implementing increased measure if required.</p> <p>Keeping our residents safe and protecting them from harm, abuse and neglect is of paramount importance to our service. We offer an open and transparent service and welcome concerns and complaints as they help us to learn, enabling us to improve.</p>
<p>I ba raddau y mae pobl yn byw mewn llety sy'n cefnogi eu llesiant yn y ffordd orau ac yn eu helpu i gyflawni eu canlyniadau personol.</p>	<p>Mae'r cartref wedi'i leoli yn nhref farchnad Llanbedr Pont Steffan ac mae'n cynnig mynediad i amrywiaeth o siopau, llyfrgell, siopau trin gwallt, caffis, canolfannau diwylliannol ac adloniant gan gynnwys Canolfan Lles sydd newydd agor.</p> <p>Mae nifer o ardaloedd o fewn y cartref lle gall preswylwyr dreuli o amser yn cymdeithasu gyda'i gilydd (2 llofa ac ystafell haul) neu le tawelach lle gallant dreulio amser yn gwneud y pethau sy'n bwysig iddyn nhw.</p> <p>Mae'r holl ystafelloedd gwely yn feddiannaeth unigol, gyda rhai yn cynnig en-suite, ac mae gwely proffilio a dodrefn addas ym mhob ystafell wely. Anogir preswylwyr i ddod ag eitemau personol gyda nhw, gan gynnwys lluniau y gellir eu rhoi ar y waliau.</p> <p>Mae system galw nyrsys ar waith, gyda'r gallu i ychwanegu synwryddion unigol pan fo'r anghenion yn codi. Ochr yn ochr â hyn mae amrywiaeth o offer gan gynnwys teclynnau codi, sera steady's, cadeiriau gogwyddo a chadeiriau gostwng, systemau troi ochrau ac offer arbenigol arall yn cael eu defnyddio yn ôl yr angen i gefnogi anghenion unigol y preswyllydd.</p> <p>Darperir hyfforddiant gan ein Tîm Iechyd a Diogelwch mewnol ac mae'n caniatáu i'r staff ddysgu a datblygu ochr yn ochr â chydwethwyr mewn amgylchedd dysgu diogel.</p> <p>Mae'r cartref yn defnyddio amrywiaeth o adnoddau technoleg gan gynnwys Magic Carpet, System Rita ac amrywiaeth o eitemau synhwyraidd.</p> <p>Mae garddio yn bwysig iawn i nifer o'n preswylwyr, ac rydym ar hyn o bryd yn datblygu ein gardd i ddarparu amgylchedd mwy diogel a hygyrch, gan gefnogi gallu'r preswyllydd i dreulio amser yn yr awyr agored.</p> <p>Ar hyn o bryd mae buddsoddiad cyfalaf sylweddol yn digwydd ym Hafan Deg gan gynnwys ardal sy'n seiliedig ar dystiolaeth i gefnogi unigolion sy'n byw gyda dementia, ynghyd â gwaith uwch raddio sylweddol ar y prif gartref gofal ei hun. Mae hyn yn cynnwys lloriau newydd, setiau drysau, manau bwyta gwell, man cymunedol, manau gweithgareddau ac ystafelloedd gwely. Ochr yn ochr â hyn mae gardd ddiogel ar gael 24/7. Bydd y gwaith cyfalaf yn cael ei gwblhau fesul cam i ystyried diogelwch a lles ein defnyddwyr gwasanaeth.</p> <p>Mae gofal sy'n canolbwyntio ar yr unigolyn yn cydnabod bod bywyd yn ymestyn y tu hwnt i'r cartref gofal a bod ymgysylltu â'r gymuned yn fuddiol. Mae mynediad a chyfranogiad cymunedol wedi cynyddu gan roi ymdeimlad o berthyn i'r gymuned leol i bre swylwyr.</p>

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

The home is set within the Market Town of Lampeter and offers access to a range of shops, library, hairdressers, cafes, cultural and entertainment including a newly opened Wellbeing Hub. There are a number of areas within the home where residents can spend time socialising together (2 lounges and a conservatory) or quieter spaces where they can spend time doing the things that are important for them.

All the bedrooms are single occupancy with some offering en-suites, with all equipped with profiling beds, and suitable furniture. Residents are encouraged to bring personal items with them, including photos that can be fitted on the walls.

There is a nurse call system in place, with the ability to add individualised sensors where the needs arise. Alongside this is a range of equipment including hoists, steady's, tilt and space and recliner chairs, lateral turning systems and other specialist equipment is used as and when required to support with the individual needs of the resident.

Training is delivered by our in-house Health and Safety Team and allows the staff to learn and develop alongside colleagues in a safe learning environment.

The home uses a range of technology resources including Magic Carpet, Rita System and a range of sensory items.

Gardening is very important to a number of our residents, and we are currently developing our garden to provide a safer and more accessible environment, supporting the resident's ability to spend time in the open air.

Currently there is significant capital investment taking place at Hafan Deg including an evidenced based area to support individuals living with dementia, along with significant upgrading for the main care home itself. This includes new flooring, door sets, improved dining areas, communal space, activity spaces and bedrooms. Alongside this is a secure garden being available 24/7. The capital work will be completed in a phased approach to take into account the safety and wellbeing of our service users. Person centred care recognises that life extends beyond the care home and engagement within the community is beneficial. Community access and involvement has increased allowing residents a sense of belonging in the local community.

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March)	16
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The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type	Service Manager	
	Does your service structure include roles of this type?	Yes
	Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

#### Filled and vacant posts

No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	0
Food Hygiene	1

Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 - Diploma mewn Arweinyddiaeth ar gyfer Gwasanaethau Iechyd a Gofal Cymdeithasol (Rheoli Preswylwyr Oedolion)</p> <p>QCF Lefel 5 - Diploma mewn Arweinyddiaeth ar gyfer Gwasanaethau Iechyd a Gofal Cymdeithasol (Arf Uwch Oedolion)</p> <p>Tystysgrif Ôl-raddedig - Gofal dementia sy'n canolbwyntio ar berson</p> <p>Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
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Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>QCF Level 5 - Diploma in Leadership for Health and Social Care Services (Adults Residential Management)</p> <p>QCF Level 5 - Diploma in Leadership for Health and Social Care Services (Adults Advanced Practice)</p> <p>PG-Certificate - Person Centred Dementia Care.</p> <p>Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
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#### Contractual Arrangements

No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
Deputy service manager	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1

<p>Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.</p>	<p>QCF Lefel 5 - Rheoli Iechyd a Gofal Cymdeithasol Cymru (Preswyl Oedolion) Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
<p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p>	<p>QCF Level 5 - Health and Social Care Management (Adult Residential) Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<p><b>Contractual Arrangements</b></p>	
<p>No. of permanent staff</p>	<p>1</p>
<p>No. of Fixed term contracted staff</p>	<p>0</p>
<p>No. of volunteers</p>	<p>0</p>
<p>No. of Agency/Bank staff</p>	<p>0</p>
<p>No. of Non-guaranteed hours contract (zero hours) staff</p>	<p>0</p>
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
<p>No. of full-time staff (35 hours or more per week)</p>	<p>1</p>
<p>No. of part-time staff (17-34 hours per week)</p>	<p>0</p>
<p>No. of part-time staff (16 hours or under per week)</p>	<p>0</p>
<p>Is the breakdown of full and part time shown above correct?</p>	<p>Yes</p>
<p><b>Staff Qualifications</b></p>	
<p>No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager</p>	<p>1</p>
<p>No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager</p>	<p>0</p>
<p>Other supervisory staff</p>	
<p>Does your service structure include roles of this type?</p>	<p>No</p>
<p>Nursing care staff</p>	
<p>Does your service structure include roles of this type?</p>	<p>No</p>
<p>Registered nurses</p>	
<p>Does your service structure include roles of this type?</p>	<p>No</p>
<p>Senior social care workers providing direct care</p>	
<p>Does your service structure include roles of this type?</p>	<p>Yes</p>
<p><b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b></p>	

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

#### Filled and vacant posts

No. of staff in post	5
No. of posts vacant	1
No. of joiners (during the last financial year)	5
No. of leavers (during the last financial year)	0

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	5
Health & Safety	5
Equality, Diversity & Human Rights	5
Infection, prevention & control	5
Manual Handling	5
Safeguarding	5
Medicine management	5
Dementia	5
Positive Behaviour Management	5
Food Hygiene	5

Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Fframwaith Anwytho Cymru Gyfan / Social Care Wales Induction Framework QCF Lefel 2 - Iechyd a Gofal Cymdeithasol 4 x Lefel 3 - Iechyd a Gofal Cymdeithasol Hyfforddiant Gweinyddu Meddyginiaethau Uwch  Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
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Please outline any additional training undertaken pertinent to this role which is not outlined above.	All Wales Induction Framework / Social Care Wales Induction Framework QCF Level 2 - Health and Social Care 4 x Level 3 - Health and Social Care Advanced Medication Administration training  All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
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#### Contractual Arrangements

No. of permanent staff	5
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.

No. of full-time staff (35 hours or more per week)	0
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No. of part-time staff (17-34 hours per week)	5
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<p>Typical shift patterns in operation for employed staff</p>	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	2 x 9pm - 8am (1 Lefel 3 & 2 Lefel 2) 4/5 x 8am - 2.30pm (1 Lefel 3 & 3 Lefel 2) 4 x 2.30pm - 9pm (1 Lefel 3 & 3 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	2 x 9pm - 8am (1 Level 3 & 2 Level 2) 4/5 x 8am - 2.30pm (1 Level 3 & 3 Level 2) 4 x 2.30pm - 9pm (1 Level 3 & 3 Level 2) Rolling 6 week rota.
<p>Staff Qualifications</p>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	5
No. of staff working towards the required/recommended qualification	0
<p>Other social care workers providing direct care</p>	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	17
No. of posts vacant	3
No. of joiners (during the last financial year)	5
No. of leavers (during the last financial year)	4
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	17
Health & Safety	17
Equality, Diversity & Human Rights	17
Infection, prevention & control	17
Manual Handling	17
Safeguarding	17
Medicine management	15
Dementia	17
Positive Behaviour Management	14
Food Hygiene	15



<p>Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.</p>	<p>13 x QCF Lefel 2 Iechyd a Gofal Cymdeithasol Cymru (4 ychwanegol yn gweithio tuag at eu cymhwyster)  5 x QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru  16 x Fframwaith Anwytho Cymru Gyfan / Social Care Wales Induction Framework (1 ychwanegol yn gweithio tuag at eu cymhwyster)  1 x QCF Lefel 3 Dementia  Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliath ac arfarniad blynyddol.</p>
<p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p>	<p>13 x QCF Level 2 Health and Social Care Wales (additional 4 working towards their qualification)  5 x QCF Level 3 Health and Social Care Wales  16 x All Wales Induction Framework / Social Care Wales Induction Framework (additional 1 working towards completion)  1 x QCF Level 3 Dementia  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<p><b>Contractual Arrangements</b></p>	
<p>No. of permanent staff</p>	<p>17</p>
<p>No. of Fixed term contracted staff</p>	<p>0</p>
<p>No. of volunteers</p>	<p>1</p>
<p>No. of Agency/Bank staff</p>	<p>0</p>
<p>No. of Non-guaranteed hours contract (zero hours) staff</p>	<p>3</p>
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
<p>No. of full-time staff (35 hours or more per week)</p>	<p>3</p>
<p>No. of part-time staff (17-34 hours per week)</p>	<p>14</p>
<p>No. of part-time staff (16 hours or under per week)</p>	<p>0</p>
<p>Is the breakdown of full and part time shown above correct?</p>	<p>Yes</p>
<p><b>Typical shift patterns in operation for employed staff</b></p>	
<p>Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.</p>	<p>2 x 9pm - 8am (1 Lefel 3 &amp; 2 Lefel 2)  4/5 x 8am - 2.30pm (1 Lefel 3 &amp; 3 Lefel 2)  4 x 2.30pm - 9pm (1 Lefel 3 &amp; 3 Lefel 2)  Rota rholio bob 6 wythnos.</p>
<p>Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.</p>	<p>2 x 9pm - 8am (1 Level 3 &amp; 2 Level 2)  4/5 x 8am - 2.30pm (1 Level 3 &amp; 3 Level 2)  4 x 2.30pm - 9pm (1 Level 3 &amp; 3 Level 2)  6 week rolling rota.</p>
<p><b>Staff Qualifications</b></p>	
<p>No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker</p>	<p>15</p>
<p>No. of staff working towards the required/recommended qualification</p>	<p>2</p>
<p><b>Domestic staff</b></p>	
<p>Does your service structure include roles of this type?</p>	<p>Yes</p>

Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.

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#### Filled and vacant posts

No. of staff in post	2
No. of posts vacant	1
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	1

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	2
Health & Safety	2
Equality, Diversity & Human Rights	2
Infection, prevention & control	2
Manual Handling	0
Safeguarding	2
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	2
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.

#### Contractual Arrangements

No. of permanent staff	2
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.

No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes

<b>Staff Qualifications</b>	
No. of staff who have the required qualification	2
No. of staff working toward required/recommended qualification	0
<b>Catering staff</b>	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<b>Filled and vacant posts</b>	
No. of staff in post	5
No. of posts vacant	0
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	5
Health & Safety	5
Equality, Diversity & Human Rights	5
Infection, prevention & control	0
Manual Handling	0
Safeguarding	5
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	5
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>-Alergenau Lefel 2 -Ymwybyddiaeth o'r Feirws</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>-Allergens level 2 -Virus Awareness</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<b>Contractual Arrangements</b>	

No. of permanent staff	5
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	1
No. of part-time staff (16 hours or under per week)	3
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification	5
No. of staff working toward required/recommended qualification	0
Other types of staff	
Does your service structure include any additional role types other than those already listed?	No

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

## Service Profile

### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service	Min y Mor Residential Care Home
Is the registered service name correct?	Yes
The number of people you are registered to provide care and support for:	28

Is the number of people you are registered to provide care and support for correct?	Yes
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Address of regulated service	Minymor Residential Home, Wellington Gardens, Aberaeron SA 46 0BQ
Is the registered service address correct?	Yes

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Telephone Number	01545570514
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	Yes
Service Email Address	minymor@ceredigion.gov.uk
Do you consent to CIW publishing this email address? By consenting this would make this email address visible to members of the public.	Yes
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium

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leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both
Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's contact details, agreed consent and preferred language of communication correct?	Yes

#### Key People At The Service

List of the designated Responsible Individual(s) for this regulated service.

Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service

Service Managers	Chloe-Louise Williams-Lawless
Are the service managers correct?	Yes

#### Statement of Purpose

The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.

The most recent Statement of Purpose was submitted to CIW on	17/04/2023
Does CIW currently have your most up to date Statement of Purpose?	Yes

#### Service Provision

##### People Supported

How many people in total did the service provide care and support to during the last financial year?	35
How many people were resident at the service on 31 March?	26
How many registered places were unavailable for placement on 31 March?	2
How many registered places were available for placement on 31 March?	0
How many people resident at the service on 31 March were aged:	
0-17 years	0
18-64 years	0
65+ years	26
Is the age breakdown shown above correct?	Yes
How many people resident at the service on 31 March were of the following sex? This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.	
Male	5
Female	21
Is the sex breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

White	26
Mixed/Multiple Ethnic Groups	0
Asian/Asian British	0
Black/Black British/Caribbean/African	0
Other ethnic group	0
Is the ethnic group breakdown shown above correct?	Yes

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published annual return.

Number of people assessed as requiring 24hr nursing care during the last financial year	0
The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31st March, where the authorisation has been granted?	5

#### Fees Charged

The minimum weekly fee payable during the last financial year?	760.00
The maximum weekly fee payable during the last financial year?	812.00

#### Complaints

Service complaints and arrangements for consulting people who use the service

What was the total number of formal complaints made during the last financial year?	0
Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0

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Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	Yn ystod y 12 mis diwethaf, bu nifer o gyfleoedd i breswylwyr gael cyfle i leisio eu barn am y gofal a'r cymorth a ddarperir neu unrhyw elfen o'r gwasanaeth a ddarperir. Mae'r rhain yn cynnwys y canlynol; - Cyfarfodydd preswylwyr - Holiaduron oleuaf ddwywaith y flwyddyn fel rhan o gasglu barn a'r gyfer yr Adroddiad Ansawdd Gofal - Yn chwarterol drwy'r Ymweliad Unigol Cyfrifol. - Mae pob preswlydd yn derbyn gwybodaeth a'r sut y gallant god i pryder ynghyd â sut i wneud cwyn.
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	In the last 12 months, there have been a number of opportunities for residents to voice their views regarding the care and support of any element of the service. These include the following; - Resident's meetings - At least twice yearly questionnaires as part of capturing views for the Quality-of-Care Report - On a quarterly basis through the Responsible Individual Visit. - All residents are made aware of how they can raise a concern along with how to make a complaint.

#### Service Environment

Provision of accommodation	
How many bedrooms at the service are single rooms?	28
How many single bedrooms are vacant?	2
How many bedrooms at the service are shared rooms?	0
Total number of bedrooms at the service is:	28
How many of the bedrooms have en-suite facilities?	0
How many bathrooms have assisted bathing facilities?	4
How many communal lounges at the service?	5
How many dining rooms at the service?	1
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Nodwch fanylion am unrhyw ardal yn yr awyr agored y gall y preswylwyr fynd iddynt	Mae nifer o ardaloedd y gall trigolion fanteisio arny'n nhw i fwynha u'r gofod y tu allan. Mae'r cartref yn cynnig golygfa olygfaol hardd o Fae Ceredigion. Mae yna hefyd dŷ gwyr yn gyfleoedd i weithga reddau garddwriaethol.
Provide details of any outside space to which the residents have access	There are a number of areas that residents can access to enjoy the outside space. The home offers a beautiful scenic view of Car digan bay. There is also a glass house an opportunities for horticultural activities.
Nodwch fanylion am unrhyw gyfleusterau eraill y gall y preswylwyr eu defnyddio	Mae gan y trigolion fynediad i'r dref leol, glan y môr, siopau ac adoldai. Lleolir ysgol gynradd Aberaeron drws nesaf i'r cartref gofal preswyl, ac mae cyfleoedd rhwng y cenedlaethau ar gael bob amser.
Provide details of any other facilities to which the residents have access	The residents have access to the local town, seaside, shops and places of worship. Aberaeron primary school is located next to the residential care home, and intergenerational opportunities are always available.
Food hygiene provision. This information will not be included in the published annual return.	
Do you provide food to people at your service?	Yes
Do you have a food safety management system/recording system in place?	Yes
Are you registered as a food business with your local authority?	Yes



Have you been inspected by the local authority during the last financial year?	Yes
Has your business received a food hygiene rating by the Food Standards Agency (FSA)?	Yes
What FSA rating has been obtained by the service?	5

Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service	
Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)	No
Makaton	No
British Sign Language (BSL)	No
Other	No

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

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I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddevis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddevis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Ym Min y Môr rydym yn canolbwyntio ar roi'r person sy'n cael gwasanaethau gofal yn y canol, gan eu gwneud yn rhan bwysig f y broses. Mae hyn yn golygu bod gofal yn cael ei bersonoli a'i deilwra i anghenion a hoffterau unigol pob person.

Rydym yn ymdrechu i sicrhau ein bod yn dal llais y preswylwyr, eu hoffterau, a'u barn ar ystod eang o agweddau sy'n ymwneud â'u lles corfforol a meddyliol o ddydd i ddydd ynghyd â'u hanghenion gofal a chymorth.

Defnyddir "Arwyddion Diogelwch," sef model sy'n seiliedig ar gr yfderau i helpu gweithwyr proffesiynol i feithrin perthnasoedd cryf ag unigolion a theuluoedd fel y gall staff ganolbwyntio ar 'yr h yn sy'n gweithio' mewn unrhyw sefyllfa benodol.

Cynhelir diweddariadau ac adolygiadau rheolaidd o gynlluniau gofal a chymorth, ac rydym yn annog y preswylwyr i gymryd rhan weithredol. Gall preswylwyr hefyd ofyn i aelod o'r teulu neu ffri nd ymuno â nhw yn yr adolygiad os dymunant.

Mae proffiliau un dudalen yn cael eu gweithredu ar gyfer yr holl breswylwyr sy'n amlgu eu hoffterau, eu cas bethau, a'r hyn sy'n bwysig iddynt. Mae'r proffil syml hwn yn crynhoi'r hyn sy'n bwysig i unigolyn ac yn egluro sut mae am gael ei gefnogi. Gall preswylwyr ddefnyddio'r proffil un dudalen i gofnodi sut yr hoffent gael cymorth a nodi a oes angen gofal neu gymorth ychwanegol arnynt. Ym Min y Môr rydym yn ymdrechu i weithio gyda phreswylwyr a theuluoedd i gwblhau "Fy ngwaith bywyd" a byddwn yn parhau i ddatblygu'r rhain ar gyfer yr holl breswylwyr.

Yn dilyn yr hyfforddiant Cynllunio Gofal Ymlaen Llaw, mae staff yn gallu ymgysylltu â phreswylwyr a theuluoedd a chwblhau Cynlluniau Gofal Ymlaen Llaw unigol. Mae hyn yn rhoi cyfle i'r preswylwyr drafod a chynllunio gyda'u hanwyliaid yr hyn sy'n bwysig iddynt.

Cynhelir cyfarfodydd preswylwyr rheolaidd sy'n rhoi cyfle i breswylwyr wneud dewis, mynegi eu barn a'u hannog i godi pryderon a/neu gwynion. Fel arfer caiff y cyfarfodydd hyn eu cadeirio gan unigolyn annibynnol o'r gymuned. Mae'r cyfarfodydd yn cynnwys dewisiadau bwyd, gweithgareddau, triapiau a newidiadau i'r amgylchedd.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o breswylwyr, teuluoedd, staff a gweithwyr proffesiynol.

Ddwywaith y flwyddyn rhennir holiadur gyda phreswylwyr, teuluoedd, staff, a gweithwyr proffesiynol fel y gallwn gael eu barn ar y cartref gofal ac i nodi unrhyw welliannau y gallem eu cyflwyno i'r gwasanaeth. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu dros y 12 mis.

<p>The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.</p>	<p>The Active Offer is available to all residents and their families can choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English. At Min y Mor we focus on putting the person who is in receipt of care services at the centre, making them the most important part of the process. This means that care is personalised and tailored to each person's individual needs and preference.</p> <p>We strive to ensure that we capture the residents voice and views on a wide range of aspects relating to their day to day, physical and mental wellbeing along with their care and support needs.</p> <p>"Signs of Safety", which is strength-based model is used to help professionals build strong relationships with individuals so that staff can focus on 'what works' in any given situation. Regular updates and review of care and support plans take place and we encourage the residents to be actively involved in. Residents can also request a family member or friend to join them in the review if they wish.</p> <p>One-page profiles are being implemented for all residents highlighting their likes, dislikes and what matters to them. This simple profile summarises what is important to an individual and explains how they want to be supported. Residents can use the one-page profile to record how they would like to be helped and identify if they need additional care or support. At Min y Mor we strive to work with residents and families to complete "My life work" and we will continue to develop these for all residents.</p> <p>Following the Advanced Care Planning (ACP) training, staff are able to engage with residents and families and complete individualised ACP's. This provides the residents with the opportunity to discuss and plan with their loved ones what is important to them.</p> <p>Regular resident meetings take place which gives the residents an opportunity to make choice, express their views and actively encourages them to raise concerns and/or complaints. These meetings are usually chaired by an independent individual from within the community. The meetings cover food choices, activities, trips and changes to the environment.</p> <p>On a quarterly basis the Responsible Individual carry's out their visit and will speak to a range of residents, families, staff and professionals. Along with twice yearly a questionnaire is shared with residents, families, staff and professionals.</p>
<p>I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.</p>	<p>Mae gennym berthynas waith hygyrch a da gyda Meddygfa Tan yfron, Aberaeron. Maent yn darparu ymgynghoriadau rhithwir, ymweliadau â'r cartref a rhaglen frechu ar gyfer fflw COVID-19 ynghyd ag adolygiadau meddyginiaeth rheolaidd.</p> <p>Mae'r holl breswylwyr wedi cael y cyfle i gael eu brechlynnau COVID-19 a'u brechlynnau Fflw yng nghysur eu cartref eu hunain.</p> <p>Caiff presgripsiynau eu dosbarthu i'r cartref gan Fferyllfa Boots, Aberaeron.</p> <p>Mae nifer o wasanaethau a thimau Cymorth Iechyd Arbenigol yn ymwneud â darparu a chefnogi ein preswylwyr i gynnal iechyd a lles da. Bydd y timau yno bob amser i gynnig arweiniad, cymorth, addysg, a hyfforddiant i staff gan eu galluogi i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol. (Mae'r timau hyn yn cynnwys y Nyrsys Ardal Cymunedol, Timau Diabetig ac Iechyd Meddwl, staff arbenigol y Colon a'r Rhefr, dementia, lliniarol, lymffoedema, podiatreg a dietegwyr).</p> <p>Mae'r holl breswylwyr wedi'u cofrestru gyda deintydd ac optegwyr cymunedol, ac mae atgyweiriadau i gymhorthion clyw, sbectol a dannedd gosod wrth law trwy'r gwasanaethau post.</p> <p>Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm Iechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda thrafod â llaw, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleiddio eraill ar amgylchedd byw a gweithio'r cartref.</p> <p>Mae'r cartref yn parhau i gynnal a hybu ymdeimlad o gymuned gyda rhyngweithio rheolaidd ag amrywiaeth o grwpiau o fewn y gymuned e.e. ymweliadau gan grwpiau ffydd lleol.</p> <p>Fel rhan o weithgareddau rheolaidd, mae'r preswylwyr yn mwynhau hel atgofion, cyd-ganu, darllen, chwarae Bingo, peintio, jigsos, tyfu cynnyrch cartref a chystadlu mewn sioeau amaethyddol lleol.</p> <p>Mae'r preswylwyr yn mwynhau dathliadau blynyddol a themâu diwylliannol o bartïon pen-blwydd, Dydd Gŵyl Dewi, Santes Dwynwen, Dydd Sant Ffolant, Dathliadau'r Pasg a'r Nadolig i drefnu a chynnal eu Gwasanaeth Coffa eu hunain yn y cartref. Yn amlfe welwch y cartref cyfan, preswylwyr a staff wedi gwiso fyny a c yn mwynhau eu treftadaeth ddiwylliannol.</p>

<p>The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.</p>	<p>We have an accessible and good working relationship with Tan yfron Surgery, Aberaeron who provide virtual consultations, visits to the home and vaccination programme for influenza and COVID-19 along with regular medication reviews.</p> <p>All residents have had the opportunity to receive their COVID-19 and Influenza vaccines in the comfort of their own home. Prescriptions are delivered to the home by Boots Pharmacy, Aberaeron.</p> <p>A number of Specialist Health Support services and teams are involved in providing and supporting our residents in maintaining good health and wellbeing. The teams will always be there to offer guidance, support, education and training to staff enabling them to use preventative measures that support our residents in improving their overall wellbeing. (These teams include the Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietitian specialist staff).</p> <p>All residents are registered with a community dentist and opticians, and repairs to hearing aids, glasses and dentures are easily accessible via postal services.</p> <p>As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments, fire and any other regulatory aspects of the living and working environment of the home.</p> <p>The home continues to uphold and promote a feeling of community with regular interactions with a range of groups from within the community e.g., visits by school children from Aberaeron Primary School and local faith groups.</p> <p>As part of regular activities, the residents enjoy reminiscence, singing a long's, reading, playing Bingo, painting, jigsaws, growing home produce and trips out on the bus.</p> <p>The residents enjoy annual celebrations and cultural themes from Birthday parties, St David Day, Santes Dwynwen, Valentine's Day, Easter and Christmas Celebrations to arranging and holding their own Remembrance Service at the home. Often you will see the whole home, residents and staff dressed up and enjoying their cultural heritage.</p>
<p>I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.</p>	<p>Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a Recriwtio'r sefydliad. Mae gan yr holl staff wiriad cyfredol gan y Gwasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.</p> <p>Mae staff y mae'n ofynnol iddynt gofrestru gyda Gofal Cymdeithasol Cymru naill ai wedi cwblhau eu cofrestriad neu wrthi'n gwneud. Mae hyn yn ei gwneud yn ofynnol i'r holl staff cofrestredig barhau â'u datblygiad proffesiynol er mwyn sicrhau eu bod yn addas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw newidiadau deddfwriaethol neu sy'n benodol i'r rôl.</p> <p>Mae'r holl staff yn cwblhau Arfarniad Blynnyddol ac yn cael eu goruchwylio bob chwe wythnos gyda'u Rheolwr Llinell.</p> <p>Mae proses gynefino gorfforaethol ar waith ac mae angen cwblhau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar gyfer pob rôl yn y cartref gofal. Mae staff wedi'u hyfforddi'n briodol mewn diogelu oedolion a phlant ochr yn ochr â Chwythu'r Chwiban a hyfforddiant gorfodol arall.</p> <p>Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefnau i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afael ar Ap Gweithdrefnau Diogelu Cymru. Mae gwybodaeth yn y cartref sy'n amlinellu sut i gysylltu â'r Tîm Diogelu, yr Unigolyn Cyfrifol neu os yw'r preswlydd, teulu, staff neu ymwelydd yn dymuno mynegi canmoliaeth, cwyn neu bryder.</p> <p>Mae'r Unigolyn Cyfrifol a'r Rheolwyr yn asesu'r holl bryderon a chwynion fel rhan o ysgogi gwelliant yn y cartref ac i nodi methiannau mewn system, polisi neu arferion fel y gallwn fynd i'r afael â hwy i'w hatal rhag digwydd eto neu waethygu.</p> <p>Rhoddir Pecyn Croeso i breswylwyr pan fyddant yn cael eu derbyn a rhoddir manylion iddynt am sut y gallant hwy neu aelodau eu teulu/ffrindiau godi unrhyw bryder neu fater. Anogir aelodau'r teulu i ymweld â'r cartref er mwyn iddynt allu cyfarfod â'r staff, gweld pa wasanaethau sydd ar gael a bodloni eu hunain y byddai eu hanwyliaid yn hapus o fewn yr amgylchedd a gynigir.</p> <p>Mae ein protocol Atal a Rheoli Heintiau yn rhoi mecanwaith ar gyfer cefnogi glendid o ddydd i ddydd ar draws y cartref ac i sicrhau bod gan y staff yr offer a'r adnoddau priodol ar gyfer gweithredu mesurau cynyddol os oes angen.</p> <p>Mae cadw ein preswylwyr yn ddiogel a'u hamddiffyn rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n gwasanaeth. Rydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwyo i adolygu a dysgu, gan ein galluogi i wella.</p>

<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>All staff are recruited in accordance with the organisations Selection and Recruitment Policy. The staff all have an up-to-date Disclosure and Barring Service (DBS) relevant to their role and these are renewed on a 3 yearly basis.</p> <p>Staff required to register with Social Care Wales have either completed their registration or are in the process. This requires all registered staff to continue their professional development to ensure that they are fit for the role and are up to date with any role specific or legislative changes etc.</p> <p>All staff complete an Annual Appraisal and receive 6 weekly supervisions with their line Manager.</p> <p>There is a corporate induction process in place with role specific induction and competencies required to be completed for each role within the care home. Staff have been appropriately trained in adult and child safeguarding alongside Whistleblowing and other mandatory training.</p> <p>This ensures that all staff have been trained in relation to the signs of abuse and neglect and the procedures to follow if there is a need to raise concern. All staff have access to The Wales Safeguarding Procedures App. There is information within the home outlining how to contact the Safeguarding Team, the Responsible Individual or if the resident, family, staff or visitor wishes to raise a compliment, complaint or concern.</p> <p>The RI and Managers assess all concerns and complaints as part of driving improvement within the home and to identify failings in a system, policy or practice so that we can address them to prevent them from happening again or escalating.</p> <p>Residents are provided with a Welcome Pack on admission and are given details on how they or their family members/friends can raise any concern or issue. Family members are encouraged to visit the home so that they can meet the staff, see what services are available and to satisfy themselves that their loved ones would be happy within the environment being offered.</p> <p>Our Infection, Prevention and Controls (IP&amp;C) protocol provides a mechanism for supporting day to day cleanliness across the home and to ensure that the staff have the appropriate tools and resources for implementing increased measure if required.</p> <p>Keeping our residents safe and protecting them from harm, abuse and neglect is of paramount importance to our service. We offer an open and transparent service and welcome concerns and complaints as they assist us to review and learn, enabling us to improve.</p>
<p>I ba raddau y mae pobl yn byw mewn llefy sy'n cefnogi eu llesiant yn y ffordd orau ac yn eu helpu i gyflawni eu canlyniadau personol.</p>	<p>Mae'r cartref wedi'i leoli yn nhref Aberaeron ac mae'n cynnig mynediad i ystod o siopau, siopau trin gwallt, caffis, clwb bowls ac ystod o gyfleoedd crefyddol a diwylliannol.</p> <p>Mae nifer o ardaloedd o fewn y cartref lle gall preswylwyr dreulio amser yn cymdeithasu gyda'i gilydd (tair lolfa) neu le tawelach lle gallant dreulio amser yn gwneud y pethau sy'n bwysig iddynt (gan gynnwys heulfan fach).</p> <p>Mae'r holl ystafelloedd gwely yn feddiannaeth unigol, ac eithrio un ystafell wely sy'n rhoi cyfle i wŷr a gwragedd priod neu frodyr a chwiorydd aros gyda'i gilydd fel ystafell wely a rennir. Mae gwelyau proffilio a dodrefn addas ym mhob ystafell wely. Anogir preswylwyr i ddod ag eitemau personol gyda nhw, gan gynnwys lluniau y gellir eu rhoi ar y waliau.</p> <p>Mae system galw nyrsys ar waith, gyda'r gallu i ychwanegu synwryddion unigol pan fo'r anghenion yn codi. Ochr yn ochr â hyn mae amrywiaeth o offer gan gynnwys teclynnau codi, serasteady's, cadeiriau gogwyddo yn y gofod a chadeiriau gostwng, systemau troi ochrau ac offer arbenigol arall yn cael eu defnyddio yn ôl yr angen i gefnogi anghenion unigol y preswlydd.</p> <p>Darperir hyfforddiant gan ein Tîm Lechyd a Diogelwch mewnol ac mae'n caniatáu i'r staff ddysgu a datblygu ochr yn ochr â chydweithwyr mewn amgylchedd dysgu diogel.</p> <p>Ar hyn o bryd mae buddsoddiad cyfalaf sylweddol yn digwydd ym Min y Môr, gan gynnwys lloriau newydd, setiau drysau, manau bwyta gwell, manau cyffredin, manau gweithgareddau ac ystafelloedd gwely. Bydd y gwaith cyfalaf yn cael ei gwblhau fesul cam er mwyn ystyried diogelwch a lles defnyddwyr ein gwasaeth.</p> <p>Mae'r preswylwyr yn mwynhau eistedd y tu allan yn yr ardd a byddant yn mwynhau barbeciws yn yr haf. Ochr yn ochr â hyn mae'r cyfle i'r preswylwyr fwynhau'r tir yn yr awyr agored, ac mae'nifer yn hoffi cerdded yno gan gynnal a hybu eu lles.</p> <p>Mae gofal sy'n canolbwyntio ar yr unigolyn yn cydnabod bod bywyd yn ymestyn y tu hwnt i'r cartref gofal a bod ymgysylltu â'r gymuned yn fuddiol. Mae mynediad a chyfranogiad cymunedol wedi cynyddu gan roi ymdeimlad o berthyn i'r gymuned leol i bre-swylwyr.</p>

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

The home is set within the Town of Aberaeron and offers access to a range of shops, hairdressers, cafes, bowls club and a range of religious and cultural opportunities.

There are a number of areas within the home where residents can spend time socialising together (3 lounges) or quieter space where they can spend time doing the things that are important for them (including a small conservatory)

All the bedrooms are single occupancy, except for one bedroom that provides an opportunity for a husband and wife or siblings to remain together as a shared bedroom. All bedrooms are equipped with profiling beds, and suitable furniture. Residents are encouraged to bring personal items with them, including photos that can be fitted on the walls.

There is a nurse call system in place, with the ability to add individualised sensors where the needs arise. Alongside this is a range of equipment including hoists, steady's, tilt and space and recliner chairs, lateral turning systems and other specialist equipment is utilised as and when required to support with the individual needs of the resident.

Training is delivered by our in-house Health and Safety Team and allows the staff to learn and develop alongside colleagues in a safe learning environment.

Currently there is significant capital investment taking place at Min y Môr, this includes new flooring, door sets, improved dining areas, communal space, activity spaces and bedrooms. The capital work will be completed in a phased approach to take into account the safety and wellbeing of our service users.

The residents enjoy being able to sit outside in the garden area, and will enjoy barbeques in the summer. Alongside this is the opportunity for residents to enjoy the open space, where a number enjoy being able to walk outside maintaining and encompassing their wellbeing.

Person centred care recognises that life extends beyond the care home and engagement within the community is beneficial. Community access and involvement has increased allowing residents a sense of belonging in the local community.

The following section requires you to answer questions about the staff and volunteers working at the service.

#### Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March)	22
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The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type

Service Manager

Does your service structure include roles of this type?	Yes
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**Important:** All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	0
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 - Diploma mewn Arweinyddiaeth ar gyfer y Gwasanaethau Iechyd a Gofal Cymdeithasol ( Rheoli Preswyl Oedolion Cymru a NI)</p> <p>QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru Fframwaith Anwytho Cymru Gyfan</p> <p>Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>QCF Level 5 - Diploma in Leadership for Health and Social Care Services (Adults Residential Management Wales &amp; NI)</p> <p>QCF Level 3 Health and Social Care Wales</p> <p>All Wales Induction Framework</p> <p>Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
Contractual Arrangements	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0

Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
Deputy service manager	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<b>Filled and vacant posts</b>	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 - Ymarferydd Uwch mewn Gofal Cymdeithasol  QCF Lefel 5 - Plant ac Oedolion Iau  QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru  Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>



Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>QCF Level 5 - Advanced Practitioner in Social Care  QCF Level 5 - Children and Younger Adults  QCF Level 3 Health and Social Care Wales  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<b>Contractual Arrangements</b>	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
<b>Other supervisory staff</b>	
Does your service structure include roles of this type?	No
<b>Nursing care staff</b>	
Does your service structure include roles of this type?	No
<b>Registered nurses</b>	
Does your service structure include roles of this type?	No
<b>Senior social care workers providing direct care</b>	
Does your service structure include roles of this type?	Yes
<b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	

Filled and vacant posts	
No. of staff in post	4
No. of posts vacant	2
No. of joiners (during the last financial year)	4
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Infection, prevention & control	4
Manual Handling	4
Safeguarding	4
Medicine management	4
Dementia	4
Positive Behaviour Management	4
Food Hygiene	3
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>1 x Diploma Lefel 5 mewn Arweinyddiaeth ar gyfer l echedd a Gwasanaethau Gofal Cymdeithasol  1 x QCF Lefel 5 lechyd a Gofal Cymdeithasol Cymru - Rheoli Oedolion  4 x QCF Lefel 3 lechyd a Gofal Cymdeithasol Cymru  4 x Fframwaith Anwytho Cymru Gyfan / Fframwaith Anwytho Gofal Cymdeithasol Cymru (wedi ei gynnwys mae 1 aelod o staff yn cwblhau'r cymhwyster ar hyn o bryd)  Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>1 x QCF Level 5 Diploma in Leadership for Health and Social Care Service  1 x QCF Level 5 Health and Social Care Wales Management (Adults)  4 x QCF Level 3 Health and Social Care Wales  4 x All Wales Induction Framework / Social Care Wales Induction Framework (included is 1 member of staff currently completing the qualification)  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
Contractual Arrangements	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	6

Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	4
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Typical shift patterns in operation for employed staff	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	3 x 9pm - 8am (1 Lefel 3 & 2 Lefel 2) 6 x 8am - 2.30pm (1 Lefel 3 & 5 Lefel 2) 5 x 2.30pm - 9pm (1 Lefel 3 & 4 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	3 x 9pm - 8am (1 Level 3 & 2 Level 2) 6 x 8am - 2.30pm (1 Level 3 & 5 Level 2) 5 x 2.30pm - 9pm (1 Level 3 & 4 Level 2) Rolling 6 week rota.
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	4
No. of staff working towards the required/recommended qualification	0
Other social care workers providing direct care	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	19
No. of posts vacant	6
No. of joiners (during the last financial year)	6
No. of leavers (during the last financial year)	7
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	19
Health & Safety	18
Equality, Diversity & Human Rights	18
Infection, prevention & control	19
Manual Handling	19
Safeguarding	19
Medicine management	9

Dementia	14
Positive Behaviour Management	12
Food Hygiene	10
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	4 x QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru (mae 2 ychwanegol yn gweithio tuag at y lefel 3) 9 x QCF Lefel 2 Iechyd a Gofal Cymdeithasol Cymru (mae 1 ychwanegol yn gweithio tuag at y lefel 2) 19 x Fframwaith Anwytho Cymru Gyfan /Fframwaith Anwytho Gofal Cymdeithasol Cymru Hyfforddiant Gweinyddu Meddyginiaethau Uwch  Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	4 x QCF Level 3 Health and Social Care Wales (an additional 2 are working towards the level 3) 9 x QCF Level 2 Health and Social Care Wales (an additional 1 are working towards the level 2) 19 x All Wales Induction Framework / Social Care Wales Induction Framework Advanced Medication Administration training  All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	19
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	4
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	3
No. of part-time staff (17-34 hours per week)	15
No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes
<b>Typical shift patterns in operation for employed staff</b>	
Nodwch batrymau shift nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shift.	3 x 9pm - 8am (1 Lefel 3 & 2 Lefel 2) 6 x 8am - 2.30pm (1 Lefel 3 & 5 Lefel 2) 5 x 2.30pm - 9pm (1 Lefel 3 & 4 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	3 x 9pm - 8am (1 Level 3 & 2 Level 2) 6 x 8am - 2.30pm (1 Level 3 & 5 Level 2) 5 x 2.30pm - 9pm (1 Level 3 & 4 Level 2) Rolling 6 week rota.
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	18
No. of staff working towards the required/recommended qualification	1
Domestic staff	

Does your service structure include roles of this type?	Yes
<p><b>Important:</b> All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p><b>Filled and vacant posts</b></p>	
No. of staff in post	3
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p><b>Training undertaken during the last financial year for this role type.</b></p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	3
Health & Safety	3
Equality, Diversity & Human Rights	3
Infection, prevention & control	3
Manual Handling	1
Safeguarding	3
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	2
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<p><b>Contractual Arrangements</b></p>	
No. of permanent staff	3
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	1
No. of part-time staff (16 hours or under per week)	2

Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	3
No. of staff working toward required/recommended qualification	0
<b>Catering staff</b>	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<b>Filled and vacant posts</b>	
No. of staff in post	4
No. of posts vacant	1
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Infection, prevention & control	0
Manual Handling	0
Safeguarding	4
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	4
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>-Alergenau Lefel 2 -Ymwybyddiaeth o'r Feirws</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>-Allergens Level 2 -Virus Awareness</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>

Contractual Arrangements	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	3
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification	4
No. of staff working toward required/recommended qualification	0
Other types of staff	
Does your service structure include any additional role types other than those already listed?	No

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

#### Service Profile

#### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service

Targeted Care and Enablement

Is the registered service name correct?	Yes
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The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Address of regulated service	Ceredigion County Council, Unit 1 Aeron Valley Enterprise Park , Lampeter SA48 8AG
Additional addresses from which the service delivered from:	There are no additional addresses associated to this service
Telephone Number	01545574092
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	Yes
Service Email Address	enablement@ceredigion.gov.uk
Do you consent to CIW publishing this email address? By consenting this would make this email address visible to members of the public.	Yes
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both
Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's address, contact details, agreed consent and preferred language of communication correct?	Yes

#### Key People At The Service

List of the designated Responsible Individual(s) for this regulated service.

Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service

Service Managers	Margaretta James
Are the service managers correct?	Yes

#### Statement of Purpose



The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.

The most recent Statement of Purpose was submitted to CIW on	10/10/2022
Does CIW currently have your most up to date Statement of Purpose?	Yes

#### Service Provision

##### People Supported

How many people in total did the service provide care and support to during the last financial year?	243
How many people were being provided care and support by the service as at 31 March?	56

##### Fees Charged

The minimum hourly rate payable during the last financial year?	22.21
The maximum hourly rate payable during the last financial year?	22.21
How many hours of care and support was provided in the last week of the financial year?	452

##### Complaints

#### Service complaints and arrangements for consulting people who use the service

What was the total number of formal complaints made during the last financial year?	0
Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	<ul style="list-style-type: none"> <li>- Darperir holiaduron adborth ar ddiwedd y ddarpariaeth gwasanaeth ac mae'r wybodaeth hon yn cael ei bwydo i'r adroddiad Ansawdd Gofal (6 misol)</li> <li>- Arweinwyr Tîm yn ymweld â defnyddwyr gwasanaeth yn rheolaidd i adolygu ansawdd y gofal a ddarperir gan staff.</li> <li>- Unigolyn cyfrifol yn siarad â detholiad o ddefnyddwyr gwasanaeth ac aelodau o'r teulu bob chwarter.</li> <li>- Mae pob defnyddior yn derbyn gwybodaeth a'r sut y gallant godi pryder ynghyd â sut i wneud cwyn.</li> </ul>
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	<ul style="list-style-type: none"> <li>- Feedback questionnaires are provided at the end of the service provision and this information is fed into the Quality of Care report (6 monthly)</li> <li>- Team Leaders visit service users regularly to review the Quality of the care provided by staff.</li> <li>- Responsible Individual speaks to a selection of service users and family members on a quarterly basis.</li> <li>- All residents are made aware of how they can raise a concern along with how to make a complaint.</li> </ul>

Identify any non-verbal communication methods used in the provision of the service

Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped CHildren (TEACCH)	No
Makaton	No
British Sign Language (BSL)	No
Other	No

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddewis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddewis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Ar hyn o bryd mae tua 82% o'r tîm yn ddwyieithog ac mae llawer o aelodau staff yn mynychu gwersi Cymraeg ar hyn o bryd i gynyddu'r ffigwr hwn a fydd yn cynorthwyo defnyddwyr gwasanaeth a'u teuluoedd ymhellach i ddefnyddio eu dewis iaith yn ddyddiol.

Mae cynlluniau gofal a chymorth yn cael eu diweddarau a'u hadolygu'n rheolaidd ac rydym yn annog y defnyddwyr gwasanaeth i gymryd rhan weithredol a gallant hefyd ofyn i aelod o'r teulu neu ffrind ymuno â nhw yn yr adolygiad os ydynt yn dymuno.

Cynhelir diweddariadau ac adolygiadau rheolaidd o'r nodau a o sodwyd gyda defnyddwyr gwasanaeth, ac anogir eu teuluoedd i gymryd rhan weithredol gan alluogi defnyddwyr gwasanaeth i wneud dewisiadau a mynegi eu barn, ac fe'u hanogir i godi pryde ron neu gŵyn.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o ddefnyddwyr gwasanaeth, teuluoedd a staff.

Mae defnyddwyr gwasanaeth ac aelodau o'u teuluoedd yn cael cyfle i lenwi holiadur ar ddiwedd ein hymyrraeth i roi adborth ar y gwasanaeth a ddarparwyd iddynt. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu dros y 12 mis nesaf.

<p>The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.</p>	<p>The Active Offer is available to all service users and their families, and they can to choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English</p> <p>Currently approximately 82% of the team are bilingual and many staff members are attending Welsh lessons at present to increase this figure which will aid service users and their families further to use their language of choice daily.</p> <p>Regular updates and review of care and support plans take place and we encourage the Service users to be actively involved and can also request a family member or a friend to join them in the review if they wish.</p> <p>Regular updates and review of goals set with service users, and their family are encouraged to be actively involved enabling service users to make choices and express their views, and encouraged to raise concerns or complaint.</p> <p>On a quarterly basis the Responsible Individual carry's out their visit and will speak to a range of service users, families and staff.</p> <p>Service users and their family members have an opportunity to complete a questionnaire at the end of our intervention to provide feedback on the service they have been provided. This is an area of work we are currently reviewing with the aim of making improvements to the way we engage over the next 12 months.</p>
<p>I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.</p>	<p>Mae gennym berthynas waith hygyrch a da gyda chydweithwyr ar draws lechyd a Gofal Cymdeithasol.</p> <p>Mae nifer o dimau a gwasanaethau Cymorth lechyd Arbenigol yn ymwneud â darparu a chefnogi ein defnyddwyr gwasanaeth i gynnal iechyd a lles da.</p> <p>Ochr yn ochr â'u cefnogaeth bydd y timau yno bob amser i gynig arweiniad, cymorth, addysg a hyfforddiant i staff, gan alluog i staff i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol.</p> <p>Mae'r timau hyn yn cynnwys y Therapydd Galwedigaethol a ffisiotherapyddion sy'n darparu cyngor a chymorth gydag offer cymunedol a chymhorthion i gynnal annibyniaeth yn ogystal â Nyrsys Ardal Cymunedol, Timau lechyd Diabetig ac lechyd Meddwl, timau arbenigol y colon a'r rhefr, dementia, gofal lliniarol, lymffoedema, podiatreg a dietegwyr.</p> <p>Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm lechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda chodi a chario, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleiddio eraill ar amgylchedd byw a gweithio'r cartref.</p> <p>Cynhelir cyfarfodydd Tîm Amlddisgyblaethol yn wythnosol sy'n cynnwys cydweithwyr o lechyd, ac mae hyn yn rhoi cyfle i rannu problemau ac archwilio dulliau integredig o ddiwallu anghenion gofal a chymorth unigol defnyddwyr y gwasanaeth. Ffocws ein hymyriadau yw cynyddu potensial defnyddwyr y gwasanaeth i ddod yn annibynnol a chynnal eu hiechyd a'u lles.</p>
<p>The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.</p>	<p>We have an accessible and good working relationship with colleagues from across Health and Social Care.</p> <p>A number of Specialist Health Support services and teams are involved in providing and supporting our service users in maintaining good health and wellbeing.</p> <p>Alongside their support the teams will always be there to offer guidance, support, education and training to staff enabling staff to use preventative measures that support our residents in improving their overall wellbeing.</p> <p>These teams include the Ot, Physios, who provide advice and support with community equipment and Aids to maintain independence as well as Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietician specialist teams.</p> <p>As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments and any other regulatory aspects of working in the community.</p> <p>Weekly Multi-Disciplinary Team (MDT) meetings take place including colleagues from Health, this provides opportunity to problem share and explore integrated approaches in meeting the individual care and support needs of the service users. The focus of our interventions is to maximise on the service user's potential to become independent and maintain their health and wellbeing.</p>

I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.

Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a R ecriwtio'r sefydliad. Mae gan yr holl staff wriad cyfredol gan y G wasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.

Mae'r holl staff presennol wedi'u cofrestru gyda Gofal Cymdeith asol Cymru, ac mae staff newydd naill ai wedi cwblhau Fframwai th Sefydlu Cymru Gyfan (AWIF) neu yn y broses o'i gwblhau. P ob aelod o staff i barhau â'u datblygiad proffesiynol i sicrhau eu bod yn addas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw ne widiadau sy'n benodol i'r rôl neu newidiadau deddfwriaethol.

Mae'r holl staff yn cwblhau Arfarniad Blynyddol ac yn cael eu g oruchwylio bob 12 wythnos gyda'u Rheolwr Llinell.

Mae proses gynefino gorfforaethol ar waith ac mae angen cwbl hau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar g yfer pob rôl. Mae staff wedi'u hyfforddi'n briodol mewn diogelu o edolion a phlant ochr yn ochr â Chwythu'r Chwiban a hyfforddia nt gorfodol arall.

Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefn au i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afa el ar Ap Gweithdrefnau Diogelu Cymru.

Darperir pecyn gwybodaeth i ddefnyddwyr gwasanaeth sy'n rho i manylion ar sut y gallant hwy neu aelodau eu teulu/ffrindiau g odi mater. Cynhelir adolygiad o becynnau unigol gan y Gweithi wr Cymdeithasol a neilltuwyd yn ystod wythnos 1 ac wythnos 3 ac ar ddiwedd ein hymyriad sef wythnos 6 fel arfer, os nad oes unrhyw ofal a chymorth hirdymor parhaus wedi'i nodi.

Mae ein protocol Atal a Rheoli Heintiau yn darparu mecanwaith ar gyfer cefnogi a darparu'r adnoddau angenrheidiol i ddarparu gofal a chymorth yn y gymuned.

Mae cadw ein defnyddwyr gwasanaeth yn ddiogel a'u hamddiffy n rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n g wasanaeth. Rydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwy o i adolygu a dysgu, gan ein galluogi i wella.

The extent to which people feel safe and protected from abuse and neglect.

All staff are recruited in accordance with the organisations Sele ction and Recruitment Policy. The staff all have an up-to-date D isclosure and Barring Service (DBS) relevant to their role and t hese are renewed on a 3 yearly basis

All existing staff are registered with Social Care Wales, and new staff have either completed their Awif or are in the process. All staff to continue their professional development to ensure that t hey are fit for the role and are up to date with any role specific or legislative changes.

All staff complete an Annual Appraisal and receive 12 weekly s upervisions with their line Manager.

There is a corporate induction process in place with role specifi c induction and competencies required to be completed for eac h role Staff have been appropriately trained in adult and child s afeguarding alongside Whistleblowing and other mandatory trai ning.

This ensures that all staff have been trained in relation to the si gns of abuse and neglect and the procedures to follow if there i s a need to raise concern. All staff have access to The Wales S afeguarding Procedures App.

Service Users are provided with an information pack which give s details on how they or their family members/friends are able t o raise an issue. Review of individual packages is undertaken b y the allocated Social Worker at week1 and 3 and at the end of our intervention which is usually week 6, if there are no ongoing long-term care and support identified.

Our Infection, Prevention and Controls protocol provides a mec hanism for supporting and providing the necessary resources f or providing care and support in the community

Keeping our service safe and protecting them from harm, abus e and neglect is of paramount importance to our service. We of fer an open and transparent service and welcome concerns an d complaints as they assist us to review and learn, enabling us to improve.

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March) 38

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type

Service Manager	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Manual Handling	1
Safeguarding	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	ILM - Arweinyddiaeth a Rheolaeth Lefel Hyfforddiant Vanguard QCF Level 5
Please outline any additional training undertaken pertinent to this role which is not outlined above.	ILM - Level Leadership and Management Vanguard training QCF Level 5
Contractual Arrangements	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0

No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
Deputy service manager	
Does your service structure include roles of this type?	No
Other supervisory staff	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	4
No. of posts vacant	1
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Manual Handling	4
Safeguarding	4
Dementia	4
Positive Behaviour Management	4
Food Hygiene	4

Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	QCF Lefel 5
Please outline any additional training undertaken pertinent to this role which is not outlined above.	QCF Level 5
<b>Contractual Arrangements</b>	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	4
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	4
No. of staff working towards the required/recommended qualification	0
Senior social care workers providing direct care	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<b>Filled and vacant posts</b>	
No. of staff in post	33
No. of posts vacant	1
No. of joiners (during the last financial year)	3
No. of leavers (during the last financial year)	1
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	33
Health & Safety	33
Equality, Diversity & Human Rights	33

Manual Handling	33
Safeguarding	33
Dementia	33
Positive Behaviour Management	33
Food Hygiene	33
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Fframwaith Sefydlu Cymru Gyfan (AWIF) QCF Lefel 2 Mae'r staff hefyd yn cael hyfforddiant sy'n gysylltied ig ag anghenion gofal a chymorth defnyddwyr y gw asanaeth yn ôl yr angen.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All Wales Induction Framework (AWIF) QCF Level 2 Staff are also provided training linked to the care a nd support needs of the service users as and when required.
<b>Contractual Arrangements</b>	
No. of permanent staff	33
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	3
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	30
No. of part-time staff (17-34 hours per week)	3
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	31
No. of staff working towards the required/recommended qualification	2
<b>Other social care workers providing direct care</b>	
Does your service structure include roles of this type?	No
<b>Other types of staff</b>	
Does your service structure include any additional role types other than those already listed?	Yes
<b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a> .	
Rhestrwch deitl(au) y rôl a disgrifiad byr o gyfrifoldebau'r rôl.	2 x Arweinwyr Tîm (Wedi'i gofrestru gyda Gofal Cy mdeithasol Cymru) Cydgysylltu gwasanaethau a chymorth busnes.
List the role title(s) and a brief description of the role responsibilities.	2 x Team Leaders (Registered with Social Care Wa les) Service coordination and business support.



Filled and vacant posts	
No. of staff in post	2
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
Training undertaken during the last financial year for this role type.	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	2
Health & Safety	2
Equality, Diversity & Human Rights	2
Manual Handling	2
Safeguarding	2
Dementia	2
Positive Behaviour Management	2
Food Hygiene	2
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	QCF Level 2 & 5
Please outline any additional training undertaken pertinent to this role which is not outlined above.	QCF Level 2 & 5
Contractual Arrangements	
No. of permanent staff	1
No. of Fixed term contracted staff	1
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	2
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification	2
No. of staff working toward required/recommended qualification	0

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.



I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

## Service Profile

### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service	Tregerddan Residential Care Home
Is the registered service name correct?	Yes
The number of people you are registered to provide care and support for:	28
Is the number of people you are registered to provide care and support for correct?	Yes

Address of regulated service	Tregerddan, Bow Street SY24 5BW
Is the registered service address correct?	Yes

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Telephone Number	01970828657
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	No
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium

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leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both

Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's contact details, agreed consent and preferred language of communication correct?	Yes

#### Key People At The Service

List of the designated Responsible Individual(s) for this regulated service.	
Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service	
Service Managers	Jessica dANIELS Jessica dANIELS Jessica dANIELS
Are the service managers correct?	Yes

#### Statement of Purpose

The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.	
The most recent Statement of Purpose was submitted to CIW on	21/03/2023
Does CIW currently have your most up to date Statement of Purpose?	Yes

#### Service Provision

##### People Supported

How many people in total did the service provide care and support to during the last financial year?	57
How many people were resident at the service on 31 March?	24
How many registered places were unavailable for placement on 31 March?	4
How many registered places were available for placement on 31 March?	1
How many people resident at the service on 31 March were aged:	
0-17 years	0
18-64 years	0
65+ years	24
Is the age breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following sex?

This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.

Male	15
Female	9
Is the sex breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

White	23
Mixed/Multiple Ethnic Groups	0
Asian/Asian British	0
Black/Black British/Caribbean/African	0
Other ethnic group	1
Is the ethnic group breakdown shown above correct?	Yes

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published annual return.

Number of people assessed as requiring 24hr nursing care during the last financial year	0
The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31st March, where the authorisation has been granted?	8

#### Fees Charged

The minimum weekly fee payable during the last financial year?	760.00
The maximum weekly fee payable during the last financial year?	812.00

#### Complaints

Service complaints and arrangements for consulting people who use the service

What was the total number of formal complaints made during the last financial year?	0
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Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0

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Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	Yn ystod y 12 mis diwethaf, bu nifer o gyfleoedd i breswylwyr gael cyfle i leisio eu barn am y gofal a'r cymorth a ddarperir neu unrhyw elfen o'r gwasanaeth a ddarperir. Mae'r rhain yn cynnwys y canlynol; - Cyfarfodydd preswylwyr - Holiaduron oleuaf ddwywaith y flwyddyn fel rhan o gasglu barn a'r gyfer yr Adroddiad Ansawdd Gofal - Yn chwarterol drwy'r Ymweliad Unigol Cyfrifol. - Mae pob preswlydd yn derbyn gwybodaeth a'r sut y gallant god i pryder ynghyd â sut i wneud cwyn.
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	In the last 12 months, there have been a number of opportunities for residents to voice their views regarding the care and support of any element of the service. These include the following; - Resident's meetings - At least twice-yearly questionnaires as part of capturing views for the Quality-of-Care Report - On a quarterly basis through the Responsible Individual Visit. - All residents are made aware of how they can raise a concern along with how to make a complaint.

#### Service Environment

Provision of accommodation	
How many bedrooms at the service are single rooms?	28
How many single bedrooms are vacant?	4
How many bedrooms at the service are shared rooms?	0
Total number of bedrooms at the service is:	28
How many of the bedrooms have en-suite facilities?	0
How many bathrooms have assisted bathing facilities?	4
How many communal lounges at the service?	5
How many dining rooms at the service?	2
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Nodwch fanylion am unrhyw ardal yn yr awyr agored y gall y preswylwyr fynd iddynt	Mae nifer o ardaloedd y gall trigolion fanteisio arny'n nhw i fwynha u'r gofod y tu allan. Gan gynnwys ardaloedd cysgodol sydd yn medru galluogi'r preswylwyr i fwynhau'r awyr iach beth bynnag bo'r tywydd. Mae'r cartref yn cynnig golygfa hardd tuag at Glarach a hefyd tir Plas Gogerddan heb anghofio'r orsaf drên newydd.
Provide details of any outside space to which the residents have access	There are a number of areas that residents can access to enjoy the outside space. The home offers a beautiful scenic view towards Clarach, whilst bordering with the beautiful fields of Gogerddan. A recent addition which is popular with our train enthusiasts is the newly established Train Station which can be seen from the external areas of the home.
Nodwch fanylion am unrhyw gyfleusterau eraill y gall y preswylwyr eu defnyddio	Mae Cartref Tregerddan wedi'i leoli'n addas ym mhentref Bow Street, gyda phreswylwyr yn cael mynediad at amrywiaeth o siopau cyfleustra, addoldai a chysylltiadau trafniadaeth gyhoeddus (bysiau a threnau). Dim ond ychydig bellter i ffwrdd yw tref Aberystwyth ac mae'n cynnal Ysbyty Cyffredinol, Llyfrgell Genedlaethol Cymru ynghyd â sinema, theatr a llyfrgell.

Provide details of any other facilities to which the residents have access	Cartref Tregerddan is suitably situated in the village of Bow Street , with residents having access to a range of convenience shops, places of worship and public transport (bus and train station) links. Aberystwyth town is only a short distance away and hosts a General Hospital, National Library of Wales along with a cinema, theatre and library.
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Food hygiene provision. This information will not be included in the published annual return.

Do you provide food to people at your service?	Yes
Do you have a food safety management system/recording system in place?	Yes
Are you registered as a food business with your local authority?	Yes
Have you been inspected by the local authority during the last financial year?	Yes
Has your business received a food hygiene rating by the Food Standards Agency (FSA)?	Yes
What FSA rating has been obtained by the service?	5

#### Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service

Picture Exchange Communication System (PECS)	Yes
Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)	No
Makaton	Yes
British Sign Language (BSL)	No
Other	Yes

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Rhestrwch ffurfiau 'eraill' o gyfathrebu di-eiriau a ddefnyddir	Bwrdd Gwybodaeth Gwyn
List 'Other' forms of non-verbal communication used	Information White Board

#### Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddevis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddevis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Yn Nhregerddan rydym yn canolbwyntio ar roi'r person sy'n cae l gwasanaethau gofal yn y canol, gan eu gwneud yn rhan bwysig i broses. Mae hyn yn golygu bod gofal yn cael ei bersonoli a'i deilwra i anghenion a hoffterau unigol pob person.

Rydym yn ymdrechu i sicrhau ein bod yn dal llais y preswylwyr, eu hoffterau, a'u barn ar ystod eang o agweddau sy'n ymwneud â'u lles corfforol a meddyliol o ddydd i ddydd ynghyd â'u hanghenion gofal a chymorth.

Defnyddir "Arwyddion Diogelwch," sef model sy'n seiliedig ar gr yfderau i helpu gweithwyr proffesiynol i feithrin perthnasoedd cryf ag unigolion a theuluoedd fel y gall staff ganolbwyntio ar 'yr h yn sy'n gweithio' mewn unrhyw sefyllfa benodol.

Cynhelir diweddariadau ac adolygiadau rheolaidd o gynlluniau gofal a chymorth, ac rydym yn annog y preswylwyr i gymryd rhan weithredol. Gall preswylwyr hefyd ofyn i aelod o'r teulu neu ffri nd ymuno â nhw yn yr adolygiad os dymunant.

Mae proffiliau un dudalen yn cael eu gweithredu ar gyfer yr holl breswylwyr sy'n amlgu eu hoffterau, eu cas bethau, a'r hyn sy'n bwysig iddynt. Mae'r proffil syml hwn yn crynhoi'r hyn sy'n bwysig i unigolyn ac yn egluro sut mae am gael ei gefnogi. Gall preswylwyr ddefnyddio'r proffil un dudalen i gofnodi sut yr hoffent gael cymorth a nodi a oes angen gofal neu gymorth ychwanegol arnynt. Yn Nhregerddan rydym yn ymdrechu i weithio gyda phreswylwyr a theuluoedd i gwblhau "Fy ngwaith bywyd" a byddwn yn parhau i ddatblygu'r rhain ar gyfer yr holl breswylwyr.

Yn dilyn yr hyfforddiant Cynllunio Gofal Ymlaen Llaw, mae staff yn gallu ymgysylltu â phreswylwyr a theuluoedd a chwblhau Cynlluniau Gofal Ymlaen Llaw unigol. Mae hyn yn rhoi cyfle i'r preswylwyr drafod a chynllunio gyda'u hanwyliaid yr hyn sy'n bwysig iddynt.

Cynhelir cyfarfodydd preswylwyr rheolaidd sy'n rhoi cyfle i breswylwyr wneud dewis, mynegi eu barn a'u hannog i godi pryderon a/neu gwynion. Fel arfer caiff y cyfarfodydd hyn eu cadeirio gan unigolyn annibynnol o'r gymuned. Mae'r cyfarfodydd yn cynnwys dewisiadau bwyd, gweithgareddau, triapiau a newidiadau i'r amgylchedd.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o breswylwyr, teuluoedd, staff a gweithwyr proffesiynol. Ddwywaith y flwyddyn rhennir holiadur gyda phreswylwyr, teuluoedd, staff, a gweithwyr proffesiynol fel y gallwn gael eu barn ar y cartref gofal ac i nodi unrhyw welliannau y gallwn eu cyflwyno i'r gwasanaeth. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu dros y 12 mis

The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

The Active Offer is available to all residents and their families, and they can choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English. At Tregerddan we focus on putting the person who is in receipt of care services at the centre, making them the most important part of the process. This means that care is personalised and tailored to each person's individual needs and preference.

We strive to ensure that we capture the residents voice and views on a wide range of aspects relating to their day to day, physical and mental wellbeing along with their care and support needs.

"Signs of Safety", which is strength-based model is used to help professionals build strong relationships with individuals so that staff can focus on 'what works' in any given situation.

Regular updates and review of care and support plans take place and we encourage the residents to be actively involved. Residents can also request a family member or friend to join them in the review if they wish.

One-page profiles are being implemented for all residents highlighting their likes, dislikes and what matters to them. This simple profile summarises what is important to an individual and explains how they want to be supported. Residents can use the one-page profile to record how they would like to be helped and identify if they need additional care or support. At Tregerddan we strive to work with residents and families to complete "My life work" and we will continue to develop these for all residents.

Following the Advanced Care Planning (ACP) training, staff can engage with residents and families and complete individualised ACP's. This provides the residents with the opportunity to discuss and plan with their loved ones what is important to them.

Regular resident meetings take place which gives the residents an opportunity to make choice, express their views and actively encourages them to raise concerns and/or complaints. These meetings are usually chaired by an independent individual from within the community. The meetings cover food choices, activities, trips and changes to the environment.

On a quarterly basis the Responsible Individual carries out their visit and will speak to a range of residents, families, staff and professionals. Along with twice yearly a questionnaire is shared with residents, families, staff and professionals



I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.

Mae gennym berthynas waith hygyrch a da gyda meddygfeydd yn ardal Aberystwyth. Maent yn darparu ymgynghoriadau rhith wir, ymweliadau â'r cartref a rhaglen frechu ar gyfer fflw a COVI D-19 ynghyd ag adolygiadau meddyginiaeth rheolaidd. Mae'r holl breswylwyr wedi cael y cyfle i gael eu brechlynnau C OVID-19 a'u brechlynnau Fflw yng nghysur eu cartref eu hunain.

Caiff presgripsiynau eu dosbarthu i'r cartref gan Fferyllfa Boots, Aberystwyth.

Mae nifer o wasanaethau a thimau Cymorth Iechyd Arbenigol yn ymwneud â darparu a chefnogi ein preswylwyr i gynnal iechyd a lles da. Bydd y timau yno bob amser i gynnig arweiniad, cymorth, addysg, a hyfforddiant i staff gan eu galluogi i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol. (Mae'r timau hyn yn cynnwys y Nyrsys Ardal Cymunedol, Timau Diabetig ac Iechyd Meddwl, staff arbenigol y Colon a'r Rhefr, dementia, lliniarol, lymffoedema, podiatreg a dietegwyr).

Mae'r holl breswylwyr wedi'u cofrestru gyda deintydd ac optegwyr cymunedol, ac mae atgyweiriadau i gymhorthion clyw, sbectol a dannedd gosod wrth law trwy'r gwasanaethau post.

Mae Tregerddan yn cynnig 6 gwely cam-i-fyny/ cam-i-lawr/ cam ar draws. Mae'n cael ei oruchwylio gan Dîm Amlddisgyblaethol penodol sy'n cadw golwg parhaus i sicrhau yr aserir a rhyddheir yn amserol. Mae'r gwelyau hyn yn darparu arhosiad o chwe wythnos ar y mwyaf ac yn cefnogi unigolion i wella a symud ymlaen i'r lleoliad sydd fwyaf priodol i'w hanghenion gofal a chymorth. Mae'r prosiect hwn wedi bod yn rhedeg ers mis Ionawr 2023 ac mae'n parhau i fod mewn cyfnod peilot.

Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm Iechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda thrafod â llaw, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleidd eraill ar amgylchedd byw a gweithio'r cartref.

Mae'r cartref yn parhau i gynnal a hybu ymdeimlad o gymuned gyda rhyngweithio rheolaidd ag amrywiaeth o grwpiau o fewn y gymuned e.e. ymweliadau gan grwpiau ffydd lleol.

Fel rhan o weithgareddau rheolaidd, mae'r preswylwyr yn mwynhau hel atgofion, cyd-ganu, darllen, chwarae Bingo, peintio, jigsos, tyfu cynnyrch cartref a chystadlu mewn sioeau amaethyddol lleol.

Mae'r preswylwyr yn mwynhau dathliadau blynyddol a themâu diwylliannol o bartion pen-blwydd, Dydd Gŵyl Dewi, Santes Dwynwen, Dydd Sant Ffolant, Dathliadau'r Pasg a'r Nadolig i drefnu a chynnal eu Gwasanaeth Coffa eu hunain yn y cartref. Yn amlfe welch y cartref cyfan, preswylwyr a staff wedi gwisgo fyny ac yn mwynhau eu treftadaeth ddiwylliannol.

<p>The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.</p>	<p>We have an accessible and good working relationship with a range of general practices in the Aberystwyth area. They all provide virtual consultations, visits to the home and vaccination programme for influenza and COVID-19 along with regular medication reviews.</p> <p>All residents have had the opportunity to receive their COVID-19 and Influenza vaccines in the comfort of their own home. Prescriptions are delivered to the home by Boots Pharmacy, Aberystwyth.</p> <p>A number of Specialist Health Support services and teams are involved in providing and supporting our residents in maintaining good health and wellbeing. The teams will always be there to offer guidance, support, education and training to staff enabling them to use preventative measures that support our residents in improving their overall wellbeing. (These teams include the Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietician specialist staff).</p> <p>All residents are registered with a community dentist and opticians, and repairs to hearing aids, glasses and dentures are easily accessible via postal services.</p> <p>Tregerddan offers 6 Step Up/Step Down/Step Across beds. It is overseen by a specific Multi-Disciplinary Team that provides on-going oversight to ensure timely assessment and discharge. These beds provide a six-week maximum stay and support individuals to recover and advance in the most appropriate setting for their care and support needs. This project has been running since January 2023 and remains in a pilot phase.</p> <p>As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments, fire and any other regulatory aspects of the living and working environment of the home.</p> <p>The home continues to uphold and promote a feeling of community with regular interactions with a range of groups from within the community e.g., visits by local faith groups,</p> <p>As part of regular activities, the residents enjoy reminiscence, singing a long's, reading, playing Bingo, painting, jigsaws, growing home produce and trips out on the bus.</p> <p>They also enjoy annual celebrations and cultural themes from Birthday parties, St David Day, Santes Dwywnwen, Valentine's Day, Easter and Christmas Celebrations to arranging and holding their own Remembrance Service at the home.</p>
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I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.

Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a R ecriwtio'r sefydliad. Mae gan yr holl staff wiriad cyfredol gan y G wasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.

Mae staff y mae'n ofynnol iddynt gofrestru gyda Gofal Cymdeith asol Cymru naill ai wedi cwblhau eu cofrestriad neu wrthi'n gwn eud. Mae hyn yn ei gwneud yn ofynnol i'r holl staff cofrestredig barhau â'u datblygiad proffesiynol er mwyn sicrhau eu bod yn a ddas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw newidiadau deddfwriaethol neu sy'n benodol i'r rôl.

Mae'r holl staff yn cwblhau Arfarniad Blynyddol ac yn cael eu g oruchwylio bob chwe wythnos gyda'u Rheolwr Llinell.

Mae proses gynefino gorfforaethol ar waith ac mae angen cwbl hau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar g yfer pob rôl yn y cartref gofal. Mae staff wedi'u hyfforddi'n briod ol mewn diogelu oedolion a phlant ochr yn ochr â Chwythu'r Ch wiban a hyfforddiant gorfodol arall.

Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefn au i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afa el ar Ap Gweithdrefnau Diogelu Cymru. Mae gwybodaeth yn y c artref sy'n amlinellu sut i gysylltu â'r Tîm Diogelu, yr Unigolyn C yfrifol neu os yw'r preswlydd, teulu, staff neu ymwelydd yn dym uno mynegi canmoliaeth, cwyn neu bryder.

Mae'r Unigolyn Cyfrifol a'r Rheolwyr yn asesu'r holl bryderon a chwynion fel rhan o ysgogi gwelliant yn y cartref ac i nodi methi annau mewn system, polisi neu arferion fel y gallwn fynd i'r afae l â hwy i'w hatal rhag digwydd eto neu waethygu.

Rhoddir Pecyn Croeso i breswylwyr pan fyddant yn cael eu der byn a rhoddir manylion iddynt am sut y gallant hwy neu aelodau eu teulu/ffrindiau godi unrhyw bryder neu fater. Anogir aelodau' r teulu i ymweld â'r cartref er mwyn iddynt allu cyfarfod â'r staff, gweld pa wasanaethau sydd ar gael a bodloni eu hunain y byd dai eu hanwyliaid yn hapus o fewn yr amgylchedd a gynigir.

Mae ein protocol Atal a Rheoli Heintiau yn rhoi mecanwaith ar g yfer cefnogi glendid o ddydd i ddydd ar draws y cartref ac i sic rhau bod gan y staff yr offer a'r adnoddau priodol ar gyfer gweith hredu mesurau cynyddol os oes angen.

Mae cadw ein preswylwyr yn ddiogel a'u hamddiffyn rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n gwasanaeth. R ydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwyo i adolygu a dysgu, gan ein galluogi i wella.

<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>All staff are recruited in accordance with the organisations Selection and Recruitment Policy. The staff all have an up-to-date Disclosure and Barring Service (DBS) relevant to their role and these are renewed on a 3 yearly basis.</p> <p>Staff required to register with Social Care Wales have either completed their registration or are in the process. This requires all registered staff to continue their professional development to ensure that they are fit for the role and are up to date with any role specific or legislative changes etc.</p> <p>All staff complete an Annual Appraisal and receive 6 weekly supervisions with their line Manager.</p> <p>There is a corporate induction process in place with role specific induction and competencies required to be completed for each role within the care home. Staff have been appropriately trained in adult and child safeguarding alongside Whistleblowing and other mandatory training.</p> <p>This ensures that all staff have been trained in relation to the signs of abuse and neglect and the procedures to follow if there is a need to raise concern. All staff have access to The Wales Safeguarding Procedures App. There is information within the home outlining how to contact the Safeguarding Team, the Responsible Individual or if the resident, family, staff or visitor wishes to raise a compliment, complaint or concern.</p> <p>The RI and Managers assess all concerns and complaints as part of driving improvement within the home and to identify failings in a system, policy or practice so that we can address them to prevent them from happening again or escalating.</p> <p>Residents are provided with a Welcome Pack on admission and are given details on how they or their family members/friends can raise any concern or issue. Family members are encouraged to visit the home so that they can meet the staff, see what services are available and to satisfy themselves that their loved ones would be happy within the environment being offered.</p> <p>Our Infection, Prevention and Controls (IP&amp;C) protocol provides a mechanism for supporting day to day cleanliness across the home and to ensure that the staff have the appropriate tools and resources for implementing increased measure if required.</p> <p>Keeping our residents safe and protecting them from harm, abuse and neglect is of paramount importance to our service. We offer an open and transparent service and welcome concerns and complaints as they assist us to review and learn, enabling us to improve.</p>
<p>I ba raddau y mae pobl yn byw mewn llely sy'n cefnogi eu llesiant yn y ffordd orau ac yn eu helpu i gyflawni eu canlyniadau personol.</p>	<p>Mae'r cartref wedi'i leoli ym mhentref Bow Street ac mae'n cynnig mynediad i ystod o siopau cyfleustra bach.</p> <p>Mae nifer o ardaloedd o fewn y cartref lle gall preswylwyr dreulio amser yn cymdeithasu gyda'i gilydd (tair lolfa) neu le tawelach lle gallant dreulio amser yn gwneud y pethau sy'n bwysig iddynt (gan gynnwys eistedd yn yr heulfan glyd).</p> <p>Mae un lolfa yn cynnig cegin fach fel bod modd i'r preswylwyr baratoi diodydd neu fyrbrydau.</p> <p>Mae'r holl ystafelloedd gwely yn feddiannaeth unigol, ac eithrio un ystafell wely sy'n rhoi cyfle i wŷr a gwraedd priod neu frodyr a chworydd aros gyda'i gilydd fel ystafell wely a rennir. Mae gwelyau proffilio a dodrefn addas ym mhob ystafell wely. Anogir preswylwyr i ddod ag eitemau personol gyda nhw, gan gynnwys lluniau y gellir eu rhoi ar y waliau.</p> <p>Mae system galw nyrsys ar waith, gyda'r gallu i ychwanegu synwryddion unigol pan fo'r anghenion yn codi. Ochr yn ochr â hyn mae amrywiaeth o offer gan gynnwys teclynau codi, seras teady's, cadeiriau gogwyddo yn y gofod a chadeiriau gostwng, systemau troi ochrau ac offer arbenigol arall yn cael eu defnyddio yn ôl yr angen i gefnogi anghenion unigol y preswlydd.</p> <p>Darperir hyfforddiant gan ein Tîm Iechyd a Diogelwch mewnol ac mae'n caniatáu i'r staff ddysgu a datblygu ochr yn ochr â chydwethwyr mewn amgylchedd dysgu diogel.</p> <p>Ar hyn o bryd mae buddsoddiad cyfalaf sylweddol yn digwydd ym Nheregerddan, gan gynnwys lloriau newydd, setiau drysau, manau bwyta gwell, manau cyffredin, manau gweithgareddau ac ystafelloedd gwely. Bydd y gwaith cyfalaf yn cael ei gwblhau fesul cam er mwyn ystyried diogelwch a lles defnyddwyr ein gwasanaeth.</p> <p>Mae'r preswylwyr yn mwynhau eistedd y tu allan yn yr ardd a byddant yn mwynhau barbeciws yn yr haf. Ochr yn ochr â hyn mae'r cyfle i'r preswylwyr fwynhau'r tir yn yr awyr agored, ac mae'n ifer yn hoffi cerdded yno gan gynnal a hybu eu lles.</p> <p>Mae gofal sy'n canolbwyntio ar yr unigolyn yn cydnabod bod bywyd yn ymestyn y tu hwnt i'r cartref gofal a bod ymgysylltu â'r gymuned yn fuddiol. Mae mynediad a chyfranogiad gymunedol wrth eddy cynyddu gan roi ymdeimlad o berthyn i'r gymuned leol i breswylwyr.</p>

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

The home is set within the village of Bow Street and offers access to a range of small convenience shops.

There are a number of areas within the home where residents can spend time socialising together (3 lounges) or quieter space where they can spend time doing the things that are important for them (including sitting in the cosy conservatory).

One lounge provides a kitchenette that allows the residents to make their own drinks and / or snacks.

All the bedrooms are single occupancy, except for one bedroom that provides an opportunity for a husband and wife or siblings to remain together as a shared bedroom. All bedrooms are equipped with profiling beds, and suitable furniture. Residents are encouraged to bring personal items with them, including photos that can be fitted on the walls.

There is a nurse call system in place, with the ability to add individualised sensors where the needs arise. Alongside this is a range of equipment including hoists, steady's, tilt and space and recliner chairs, lateral turning systems and other specialist equipment is utilised as and when required to support with the individual needs of the resident.

Training is delivered by our in-house Health and Safety Team and allows the staff to learn and develop alongside colleagues in a safe learning environment.

Currently there is significant capital investment taking place at Tregerddan, this includes new flooring, door sets, improved dining areas, communal space, activity spaces and bedrooms. The capital work will be completed in a phased approach to take into account the safety and wellbeing of our service users.

The residents enjoy being able to sit outside in the garden area and will enjoy barbeques in the summer. Alongside this is the opportunity for residents to enjoy the open space, where a number enjoy being able to walk outside maintaining and encompassing their wellbeing.

Person centred care recognises that life extends beyond the care home and engagement within the community is beneficial. Community access and involvement has increased allowing residents a sense of belonging in the local community.

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March)	35
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The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type	Service Manager	
	Does your service structure include roles of this type?	Yes
	Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
	Please Note! When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a> .	

Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 - Rheoli Iechyd a Gofal Cymdeithasol Cymru (Preswyl Oedolion) Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>QCF Level 5 - Health and Social Care Residential Diploma in Nursing Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
Contractual Arrangements	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	

No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
Deputy service manager	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	1
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 - Rheoli lechyd a Gofal Cymdeithasol Cymru (Preswyl Oedolion)</p> <p>QCF Lefel 5 - Rheoli lechyd a Gofal Cymdeithasol Cymru (Ymarfer Uwch)</p> <p>Diploma mewn Nyrsio</p> <p>Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>

Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>Level 5 QCF - Management and Leadership in Social Care (Adults)  Level 5 QCF - Management and Leadership in Social Care (Advanced Practice)  Diploma in Nursing  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<b>Contractual Arrangements</b>	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
<b>Other supervisory staff</b>	
Does your service structure include roles of this type?	No
<b>Nursing care staff</b>	
Does your service structure include roles of this type?	No
<b>Registered nurses</b>	
Does your service structure include roles of this type?	No
<b>Senior social care workers providing direct care</b>	
Does your service structure include roles of this type?	Yes
<b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	



Filled and vacant posts	
No. of staff in post	4
No. of posts vacant	3
No. of joiners (during the last financial year)	4
No. of leavers (during the last financial year)	2
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Infection, prevention & control	4
Manual Handling	4
Safeguarding	4
Medicine management	4
Dementia	4
Positive Behaviour Management	4
Food Hygiene	4
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>3 x QCF Lefel 3 Iechyd a Gofal Cymdeithasol  4 x QCF Lefel 2 Iechyd a Gofal Cymdeithasol  Fframwaith Anwytho Cymru Gyfan / Fframwaith Anwytho Gofal Cymdeithasol Cymru  Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>3 x QCF Level 3 Health and Social Care (additional 1 in progress)  4 x QCF Level 2 Health and Social Care  All Wales Induction Framework / Social Care Wales Induction Framework  Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
Contractual Arrangements	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	4
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes

Typical shift patterns in operation for employed staff	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	3 x 9pm - 8am (1 Lefel 3 & 2 Lefel 2) 4 x 8am - 2.30pm (1 Lefel 3 & 3 Lefel 2) 4 x 2.30pm - 9pm (1 Lefel 3 & 3 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	3 x 9pm - 8am (1 Level 3 & 2 Level 2) 4 x 8am - 2.30pm (1 Level 3 & 3 Level 2) 4 x 2.30pm - 9pm (1 Level 3 & 3 Level 2) Rolling 6 week rota.
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	4
No. of staff working towards the required/recommended qualification	0
Other social care workers providing direct care	
Does your service structure include roles of this type?	Yes
Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	16
No. of posts vacant	8
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	8
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	16
Health & Safety	16
Equality, Diversity & Human Rights	16
Infection, prevention & control	16
Manual Handling	16
Safeguarding	16
Medicine management	16
Dementia	16
Positive Behaviour Management	16
Food Hygiene	16

<p>Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.</p>	<p>7 x QCF Lefel 2 Iechyd a Gofal Cymdeithasol ( 16 x Fframwaith Anwytho Cymru Gyfan / Fframwaith Anwytho Gofal Cymdeithasol Cymru Hyfforddiant Gweinyddu Meddyginiaethau Uwch</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.</p>
<p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p>	<p>9 x QCF Level 2 - Health and Social Care (8 additional currently completing their Level 2) 16 x All Wales Induction Framework / Social Care Wales Framework Advanced Medication Administration training</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal</p>
<p><b>Contractual Arrangements</b></p>	
<p>No. of permanent staff</p>	<p>5</p>
<p>No. of Fixed term contracted staff</p>	<p>0</p>
<p>No. of volunteers</p>	<p>0</p>
<p>No. of Agency/Bank staff</p>	<p>3</p>
<p>No. of Non-guaranteed hours contract (zero hours) staff</p>	<p>8</p>
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
<p>No. of full-time staff (35 hours or more per week)</p>	<p>0</p>
<p>No. of part-time staff (17-34 hours per week)</p>	<p>3</p>
<p>No. of part-time staff (16 hours or under per week)</p>	<p>2</p>
<p>Is the breakdown of full and part time shown above correct?</p>	<p>Yes</p>
<p><b>Typical shift patterns in operation for employed staff</b></p>	
<p>Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.</p>	<p>3 x 9pm - 8am (1 Lefel 3 &amp; 2 Lefel 2) 4 x 8am - 2.30pm (1 Lefel 3 &amp; 3 Lefel 2) 4 x 2.30pm - 9pm (1 Lefel 3 &amp; 3 Lefel 2) Rota rholio bob 6 wythnos.</p>
<p>Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.</p>	<p>3 x 9pm - 8am (1 Level 3 &amp; 2 Level 2) 4 x 8am - 2.30pm (1 Level 3 &amp; 3 Level 2) 4 x 2.30pm - 9pm (1 Level 3 &amp; 3 Level 2) Rolling 6 week rota.</p>
<p><b>Staff Qualifications</b></p>	
<p>No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker</p>	<p>16</p>
<p>No. of staff working towards the required/recommended qualification</p>	<p>0</p>
<p><b>Domestic staff</b></p>	
<p>Does your service structure include roles of this type?</p>	<p>Yes</p>
<p><b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b></p>	

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#### Filled and vacant posts

No. of staff in post	2
No. of posts vacant	0
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	0

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	2
Health & Safety	2
Equality, Diversity & Human Rights	1
Infection, prevention & control	2
Manual Handling	0
Safeguarding	1
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	0
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.

#### Contractual Arrangements

No. of permanent staff	2
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.

No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes

#### Staff Qualifications

No. of staff who have the required qualification	2
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No. of staff working toward required/recommended qualification	0
Catering staff	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	5
No. of posts vacant	0
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	2
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	5
Health & Safety	5
Equality, Diversity & Human Rights	5
Infection, prevention & control	0
Manual Handling	0
Safeguarding	5
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	5
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>-Alergenau Lefel 2 -Ymwybyddiaeth o'r Feirws</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>-Allergens Level 2 -Virus Awareness</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
Contractual Arrangements	
No. of permanent staff	5
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0

No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	4
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
Staff Qualifications	
No. of staff who have the required qualification	5
No. of staff working toward required/recommended qualification	0
Other types of staff	
Does your service structure include any additional role types other than those already listed?	Yes
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Rhestrwch deitl(au) y rôl a disgrifiad byr o gyfrifoldebau'r rôl.	Swydd cynnal a chadw amgylcheddol allanol y cartwr ef.
List the role title(s) and a brief description of the role responsibilities.	Grounds person - maintaining the external environment of the home.
Filled and vacant posts	
No. of staff in post	1
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
Manual Handling	0
Safeguarding	1
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	0
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.

Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	1
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	1
No. of staff working toward required/recommended qualification	0

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.



I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

#### Service Profile

#### Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

Name of Service	Yr Hafod Residential Care Home
Is the registered service name correct?	Yes

The number of people you are registered to provide care and support for:	28
Is the number of people you are registered to provide care and support for correct?	Yes

Address of regulated service	Yr Hafod Old Peoples Home, Rhos Y Dre, Cardigan SA43 1NT
Is the registered service address correct?	Yes

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

Telephone Number	01239612651
Do you consent to CIW displaying this number on our website Directory? By consenting this would make your telephone number visible to members of the public.	Yes
Do you want to share a service email address with CIW?	Yes
Service Email Address	Yrhafod@ceredigion.gov.uk
Do you consent to CIW publishing this email address? By consenting this would make this email address visible to members of the public.	Yes
Website address	www.ceredigion.gov.uk
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium

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leithoedd eraill a ddefnyddir i ddarparu'r gwasanaeth	Dim
Other languages used in the provision of the service	None
What is your preferred language of Inspection?	English
What is your preferred language for your published inspection report?	Both
Do you provide the Welsh language 'Active Offer'?	Yes
Are you working towards providing the Welsh language 'Active Offer'?	Yes
Are the service's contact details, agreed consent and preferred language of communication correct?	Yes

#### Key People At The Service

List of the designated Responsible Individual(s) for this regulated service.

Responsible Individual(s)	Nerys Lewis
Are the Responsible Individuals correct?	Yes

List of service manager(s) for this regulated service

Service Managers	Dawn Evans
Are the service managers correct?	Yes

#### Statement of Purpose



The following sets out the age range and service needs provided for as detailed in your Statement of Purpose. This information will not be included in the published annual return.

The most recent Statement of Purpose was submitted to CIW on	29/03/2023
Does CIW currently have your most up to date Statement of Purpose?	Yes

## Service Provision

### People Supported

How many people in total did the service provide care and support to during the last financial year?	56
How many people were resident at the service on 31 March?	21
How many registered places were unavailable for placement on 31 March?	3
How many registered places were available for placement on 31 March?	25
How many people resident at the service on 31 March were aged:	
0-17 years	0
18-64 years	0
65+ years	21
Is the age breakdown shown above correct?	Yes
How many people resident at the service on 31 March were of the following sex? This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.	
Male	9
Female	12
Is the sex breakdown shown above correct?	Yes

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

White	20
Mixed/Multiple Ethnic Groups	0
Asian/Asian British	0
Black/Black British/Caribbean/African	0
Other ethnic group	1
Is the ethnic group breakdown shown above correct?	Yes

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published annual return.

Number of people assessed as requiring 24hr nursing care during the last financial year	0
The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31st March, where the authorisation has been granted?	1

#### Fees Charged

The minimum weekly fee payable during the last financial year?	760.00
The maximum weekly fee payable during the last financial year?	812.00

#### Complaints

Service complaints and arrangements for consulting people who use the service

What was the total number of formal complaints made during the last financial year?	0
Number of active complaints outstanding	0
Number of complaints upheld	0
Number of complaints partially upheld	0
Number of complaints not upheld	0

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Pa drefniadau a wnaed ar gyfer ymgynghori â defnyddwyr y gwasanaeth ynglŷn â'r modd y cafodd y gwasanaeth ei redeg yn ystod y flwyddyn ariannol ddiwethaf?	Yn ystod y 12 mis diwethaf, bu nifer o gyfleoedd i breswylwyr gael cyfle i leisio eu barn am y gofal a'r cymorth a ddarperir neu unrhyw elfen o'r gwasanaeth a ddarperir. Mae'r rhain yn cynnwys y canlynol; - Cyfarfodydd preswylwyr - Holiaduron oleuaf ddwywaith y flwyddyn fel rhan o gasglu barn a'r gyfer yr Adroddiad Ansawdd Gofal - Yn chwarterol drwy'r Ymweliad Unigol Cyfrifol. - Mae pob preswlydd yn derbyn gwybodaeth a'r sut y gallant god i pryder ynghyd â sut i wneud cwyn.
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	In the last 12 months, there have been a number of opportunities for residents to be voice their views regarding the care and support or any element of the service. These include the following; - Resident's meetings - At least twice-yearly questionnaires as part of capturing views for the Quality-of-Care Report - On a quarterly basis through the Responsible Individual Visit. - All residents are made aware of how they can raise a concern along with how to make a complaint.

#### Service Environment

Provision of accommodation	
How many bedrooms at the service are single rooms?	28
How many single bedrooms are vacant?	7
How many bedrooms at the service are shared rooms?	0
Total number of bedrooms at the service is:	28
How many of the bedrooms have en-suite facilities?	0
How many bathrooms have assisted bathing facilities?	4
How many communal lounges at the service?	3
How many dining rooms at the service?	1
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Nodwch fanylion am unrhyw ardal yn yr awyr agored y gall y preswylwyr fynd iddynt	Mae gan Yr Hafod fynediad at ardd fawr ddiogel ac ardal patio. Mae yna hefyd dŷ Gwyrdd, ystafell Ardd a digon o le i drigolion gael mynediad i dir y cartref.
Provide details of any outside space to which the residents have access	Yr Hafod has access to a large secured garden and patio area. There is also a Green house, Garden room and ample space for residents to access the grounds of the home.
Nodwch fanylion am unrhyw gyfleusterau eraill y gall y preswylwyr eu defnyddio	Mae gan drigolion fynediad hawdd i'r gymuned ehangach a siopa ac addoldai cyfagos. Mae hyn yn rhoi cyfleoedd ar gyfer coginio, celf a chreffft a gweithgareddau ehangach sy'n canolbwyntio ar yr unigolyn.
Provide details of any other facilities to which the residents have access	Residents have easy access to the wider community and nearby shops and places of worship. There is access to additional facilities in Canolfan Meugan that is attached to the care home. This provides opportunities for cooking, arts and craft and wider personal activities.
Food hygiene provision. This information will not be included in the published annual return.	
Do you provide food to people at your service?	Yes
Do you have a food safety management system/recording system in place?	Yes
Are you registered as a food business with your local authority?	Yes

Have you been inspected by the local authority during the last financial year?	Yes
Has your business received a food hygiene rating by the Food Standards Agency (FSA)?	Yes
What FSA rating has been obtained by the service?	5

Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service	
Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)	No
Makaton	No
British Sign Language (BSL)	No
Other	No

Statement of Compliance

<p>The Responsible Individual must prepare the statement of compliance.</p> <p>CIW have published <a href="#">guidance</a> on completing the quality of care review which provides advice on what could be contained within the statement of compliance.</p> <p>Set out your statement of compliance in respect to the four well-being areas below.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
I ba raddau y mae pobl yn teimlo bod pobl yn gwranddo ar eu barn, bod ganddynt ddewis o ran eu gofal a'u cymorth a bod cyfleoedd ar gael iddynt.	x

The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

The Active Offer is available to all residents and their families and they can choose their language of choice for their care and support. Residents are able to complete all assessment and admission documents through the medium of Welsh and English. At Yr Hafod we focus on putting the person who is in receipt of care services at the centre, making them the most important part of the process. This means that care is personalised and tailored to each person's individual needs and preference.

We strive to ensure that we capture the residents voice and views on a wide range of aspects relating to their day to day, physical and mental wellbeing along with their care and support needs.

"Signs of Safety", which is strength-based model is used to help professionals build strong relationships with individuals so that staff can focus on 'what works' in any given situation.

Regular updates and review of care and support plans take place and we encourage the residents to be actively involved. Residents can also request a family member or friend to join them in the review if they wish.

One-page profiles are being implemented for all residents highlighting their likes, dislikes and what matters to them. This simple profile summarises what is important to an individual and explains how they want to be supported. Residents can use the one-page profile to record how they would like to be helped and identify if they need additional care or support. At Yr Hafod we strive to work with residents and families to complete "My life work" and we will continue to develop these for all residents.

Following the Advanced Care Planning (ACP) training, staff are able to engage with residents and families and complete individualised ACP's. This provides the residents with the opportunity to discuss and plan with their loved ones what is important to them.

Regular resident meetings take place which gives the residents an opportunity to make choice, express their views and actively encourages them to raise concerns and/or complaints. These meetings are usually chaired by an independent individual from within the community. The meetings cover food choices, activities, trips and changes to the environment.

On a quarterly basis the Responsible Individual carries out their visit and will speak to a range of residents, families, staff and professionals. Along with twice yearly a questionnaire is shared with residents, families, staff and professionals.

I ba raddau y mae pobl yn hapus ac yn cael eu cefnogi i gynnal eu hiechyd, eu datblygiad a'u llesiant cyffredinol yn barhaus. Ar gyfer plant, bydd hyn hefyd yn cynnwys datblygiad deallusol, cymdeithasol ac ymddygiadol.

Mae'r Cynnig Rhagweithiol ar gael i'r holl breswylwyr a'u teuluoedd, a gallant ddevis eu dewis iaith ar gyfer eu gofal a'u cymorth. Mae preswylwyr yn gallu cwblhau'r holl ddogfennau asesu a derbyn trwy gyfrwng y Gymraeg a'r Saesneg. Yn Yr Hafod rydym yn canolbwyntio ar roi'r person sy'n cael gwasaethau gofal yn y canol, gan eu gwneud yn rhan bwysicaf y broses. Mae hyn yn golygu bod gofal yn cael ei bersonoli a'i dailwra i anghenion a hoffterau unigol pob person.

Rydym yn ymdrechu i sicrhau ein bod yn dal llais y preswylwyr a'u barn ar ystod eang o agweddau sy'n ymwneud â'u lles corff orol a meddyliol o ddydd i ddydd ynghyd â'u hanghenion gofal a chymorth.

Defnyddir "Arwyddion Diogelwch," sef model sy'n seiliedig ar grŷfderau i helpu gweithwyr proffesiynol i feithrin perthnasoedd cryf ag unigolion fel y gall staff ganolbwyntio ar 'yr hyn sy'n gweithio' mewn unrhyw sefyllfa benodol.

Cynhelir diweddariadau ac adolygiadau rheolaidd o gynlluniau gofal a chymorth, ac rydym yn annog y preswylwyr i gymryd rhan weithredol. Gall preswylwyr hefyd ofyn i aelod o'r teulu neu ffriand ymuno â nhw yn yr adolygiad os dymunant.

Mae proffiliau un dudalen yn cael eu gweithredu ar gyfer yr holl breswylwyr sy'n amlgu eu hoffterau, eu cas bethau, a'r hyn sy'n bwysig iddynt. Mae'r proffil syml hwn yn crynhoi'r hyn sy'n bwysig i unigolyn ac yn egluro sut mae am gael ei gefnogi. Gall preswylwyr ddefnyddio'r proffil un dudalen i gofnodi sut yr hoffent gael cymorth a nodi a oes angen gofal neu gymorth ychwanegol arnynt. Yn Yr Hafod rydym yn ymdrechu i weithio gyda phreswylwyr a theuluoedd i gwblhau "Fy ngwaith bywyd" a byddwn yn parhau i ddatblygu'r rhain ar gyfer yr holl breswylwyr.

Yn dilyn yr hyfforddiant Cynllunio Gofal Ymlaen Llaw, mae staff yn gallu ymgysylltu â phreswylwyr a theuluoedd a chwblhau Cynlluniau Gofal Ymlaen Llaw unigol. Mae hyn yn rhoi cyfle i'r preswylwyr drafod a chynllunio gyda'u hanwyliaid yr hyn sy'n bwysig iddynt.

Cynhelir cyfarfodydd preswylwyr rheolaidd sy'n rhoi cyfle i breswylwyr wneud dewisiadau, mynegi eu barn a'u hannog i godi prŷderon a/neu gwynion. Fel arfer caiff y cyfarfodydd hyn eu cad eirio gan unigolyn annibynnol o'r gymuned. Mae'r cyfarfodydd yn cynnwys dewisiadau bywyd, gweithgareddau, triapiau a newidiau i'r amgylchedd.

Bob chwarter mae'r Unigolyn Cyfrifol yn cynnal ei ymweliad a bydd yn siarad ag amrywiaeth o breswylwyr, teuluoedd, staff a gweithwyr proffesiynol.

Ddwywaith y flwyddyn rhennir holiadur gyda phreswylwyr, teuluoedd, staff, a gweithwyr proffesiynol fel y gallwn gael eu barn ar y cartref gofal a nodi unrhyw welliannau y gallem eu cyflwyno i'r gwasanaeth. Mae hwn yn faes gwaith yr ydym yn ei adolygu ar hyn o bryd gyda'r nod o wneud gwelliannau i'r ffordd yr ydym yn ymgysylltu dros y 12 mis nesaf.

<p>The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development.</p>	<p>We have an accessible and good working relationship with Primary Care and are supported by two General Practices; Meddygfa a Emlyn and Cardigan Health Centre.</p> <p>Both practices provide virtual consultations, visits to the home and vaccination programme for influenza and COVID-19 along with regular medication reviews.</p> <p>All residents have had the opportunity to receive their COVID-19 and Influenza vaccines in the comfort of their own home.</p> <p>Prescriptions are delivered to the home by Boots Pharmacy, Haforddwest.</p> <p>A number of Specialist Health Support services and teams are involved in providing and supporting our residents in maintaining good health and wellbeing. The teams will always be there to offer guidance, support, education and training to staff enabling them to use preventative measures that support our residents in improving their overall wellbeing. (These teams include the Community District Nurses, Diabetic and Mental Health Teams, The Colorectal, dementia, palliative, lymphoedema, podiatry and dietitian specialist staff).</p> <p>All residents are registered with a community dentist and opticians, and repairs to hearing aids, glasses and dentures are easily accessible via postal services.</p> <p>As an organisation we have access to a range of specialisms within our Health and Safety team. They support the service users and staff with manual handling, mobility, behavioural, risk assessments, fire and any other regulatory aspects of the living and working environment of the home.</p> <p>The home continues to uphold and promote a feeling of community with regular interactions with a range of groups from within the community.</p> <p>As part of regular activities, the residents enjoy reminiscence, singing a long's, reading, playing Bingo, painting, jigsaws, growing home grown produce and competing in local agricultural shows. The residents enjoy annual celebrations and cultural themes from Birthday parties, St David Day, Santes Dwynwen, Valentine's Day, Easter and Christmas Celebrations to arranging and holding their own Remembrance Service at the home.</p> <p>Often you will see the whole home, residents and staff dressed up and enjoying their cultural heritage.</p>
<p>I ba raddau y mae pobl yn teimlo'n ddiogel a'u bod yn cael eu hamddiffyn rhag camdriniaeth ac esgeulustod.</p>	<p>Mae gennym berthynas waith hygyrch a da gyda Gofal Sylfaenol ac rydym yn cael ein cefnogi gan ddwy feddygfa; Meddygfa Emlyn a Chanolfan Iechyd Aberteifi.</p> <p>Mae'r ddwy feddygfa'n darparu ymgynghoriadau rhithwir, ymweliadau â'r cartref a rhaglen frechu ar gyfer fflw a COVID-19 yng hyd ag adolygiadau meddyginiaeth rheolaidd.</p> <p>Mae'r holl breswylwyr wedi cael y cyfle i gael eu brechlynnau COVID-19 a'u brechlynnau fflw yng nghysur eu cartref eu hunain.</p> <p>Caiiff presgripsiynau eu dosbarthu i'r cartref gan Fferyllfa Boots, Hwffordd.</p> <p>Mae nifer o wasanaethau a thimau Cymorth Iechyd Arbenigol yn ymwneud â darparu a chefnogi ein preswylwyr i gynnal iechyd a lles da. Bydd y timau yno bob amser i gynnig arweiniad, cymorth, addysg, a hyfforddiant i staff gan eu galluogi i ddefnyddio mesurau ataliol sy'n cefnogi ein preswylwyr i wella eu lles cyffredinol. (Mae'r timau hyn yn cynnwys y Nyrsys Ardal Cymunedol, Timau Diabetig ac Iechyd Meddwl, staff arbenigol y Colon a'r Rhefr, dementia, gofal lliniarol, lymfoedema, podiatreg a dietegwyr).</p> <p>Mae'r holl breswylwyr wedi'u cofrestru gyda deintydd ac optegwyr cymunedol, ac mae atgyweiriadau i gymhorthion clyw, sbectol a dannedd gosod wrth law trwy'r gwasanaethau post.</p> <p>Fel sefydliad mae gennym afael ar ystod o arbenigeddau o fewn ein tîm Iechyd a Diogelwch. Maent yn cefnogi defnyddwyr y gwasanaethau a'r staff gyda chodi a chario, symudedd, ymddygiad, asesiadau risg, tân ac unrhyw agweddau rheoleidd eraill ar amgylchedd byw a gweithio'r cartref.</p> <p>Mae'r cartref yn parhau i gynnal a hybu ymdeimlad o gymuned gyda rhyngweithio rheolaidd ag amrywiaeth o grwpiau o fewn y gymuned.</p> <p>Fel rhan o weithgareddau rheolaidd, mae'r preswylwyr yn mwynhau hel atgofion, cyd-ganu, darllen, chwarae Bingo, peintio, jigsos, tyfu cynnyrch cartref a chystadlu mewn sioeau amaethyddol lleol.</p> <p>Mae'r preswylwyr yn mwynhau dathliadau blynyddol a themâu diwylliannol o bartion pen-blwydd, Dydd Gŵyl Dewi, Santes Dwynwen, Dydd Sant Ffolant, Dathliadau'r Pasg a'r Nadolig i drefnu a chynnal eu Gwasanaeth Coffa eu hunain yn y cartref.</p> <p>Yn aml fe welwch y cartref cyfan, preswylwyr a staff wedi gwisgo ac yn mwynhau eu treftadaeth ddiwylliannol.</p>

The extent to which people feel safe and protected from abuse and neglect.

All staff are recruited in accordance with the organisations Selection and Recruitment Policy. The staff all have an up-to-date Disclosure and Barring Service (DBS) relevant to their role and these are renewed on a 3 yearly basis.

Staff required to register with Social Care Wales have either completed their registration or are in the process. This requires all registered staff to continue their professional development to ensure that they are fit for the role and are up to date with any role specific or legislative changes.

All staff complete an Annual Appraisal and receive 6 weekly supervisions with their line Manager.

There is a corporate induction process in place with role specific induction and competencies required to be completed for each role within the care home. Staff have been appropriately trained in adult and child safeguarding alongside Whistleblowing and other mandatory training.

This ensures that all staff have been trained in relation to the signs of abuse and neglect and the procedures to follow if there is a need to raise concern. All staff have access to The Wales Safeguarding Procedures App. There is information within the home outlining how to contact the Safeguarding Team, the Responsible Individual or if the resident, family, staff or visitor wishes to raise a compliment, complaint or concern.

The RI and Managers assess all concerns and complaints as part of driving improvement within the home and to identify failings in a system, policy or practice so that we can address them to prevent them from happening again or escalating.

Residents are provided with a Welcome Packs on admission and are given details on how they or their family members/friends can raise any concern or issue. Family members are encouraged to visit the home so that they can meet the staff, see what services are available and to satisfy themselves that their loved ones would be happy within the environment being offered.

Our Infection, Prevention and Controls (IP&C) protocol provides a mechanism for supporting day to day cleanliness across the home and to ensure that the staff have the appropriate tools and resources for implementing increased measure if required.

Keeping our residents safe and protecting them from harm, abuse and neglect is of paramount importance to our service. We offer an open and transparent service and welcome concerns and complaints as they assist us to review and learn, enabling us to improve.



<p>I ba raddau y mae pobl yn byw mewn llety sy'n cefnogi eu llesiant yn y ffordd orau ac yn eu helpu i gyflawni eu canlyniadau personol.</p>	<p>Mae'r holl staff yn cael eu recriwtio yn unol â Pholisi Dethol a Recriwtio'r sefydliad. Mae gan yr holl staff wiriad cyfredol gan y Gwasanaeth Datgelu a Gwahardd sy'n berthnasol i'w rôl a chaiff y rhain eu hadnewyddu bob tair blynedd.</p> <p>Mae staff y mae'n ofynnol iddynt gofrestru gyda Gofal Cymdeithasol Cymru naill ai wedi cwblhau eu cofrestrriad neu wrthi'n gwneud. Mae hyn yn ei gwneud yn ofynnol i'r holl staff cofrestredig barhau â'u datblygiad proffesiynol er mwyn sicrhau eu bod yn a ddas ar gyfer y rôl a'u bod yn ymwybodol o unrhyw newidiadau deddfwriaethol neu newidiadau sy'n benodol i'r rôl.</p> <p>Mae'r holl staff yn cwblhau Arfarniad Blynyddol ac yn cael eu goruchwyllo bob chwe wythnos gyda'u Rheolwr Llinell.</p> <p>Mae proses gynefino gorfforaethol ar waith ac mae angen cwblhau'r cyfnod cynefino a'r cymwyseddau sy'n benodol i'r rôl ar gyfer pob rôl yn y cartref gofal. Mae staff wedi'u hyfforddi'n briodol mewn diogelu oedolion a phlant ochr yn ochr â Chwythu'r Chwiban a hyfforddiant gorfodol arall.</p> <p>Mae hyn yn sicrhau bod yr holl staff wedi'u hyfforddi mewn pert hynas ag arwyddion o gam-drin ac esgeulustod a'r gweithdrefnau i'w dilyn os oes angen codi pryder. Mae gan yr holl staff afael ar Ap Gweithdrefnau Diogelu Cymru. Mae gwybodaeth yn y cartref sy'n amlinellu sut i gysylltu â'r Tîm Diogelu, yr Unigolyn Cyfrifol neu os yw'r preswlydd, teulu, staff neu ymwelydd yn dymuno mynegi canmoliaeth, cwyn neu bryder.</p> <p>Mae'r Unigolyn Cyfrifol a'r Rheolwyr yn asesu'r holl bryderon a chwynion er mwyn ysgogi gwelliant yn y cartref a nodi methiannau mewn system, polisi neu arferion fel y gallwn fynd i'r afael â hwy i'w hatal rhag digwydd eto neu waethygu.</p> <p>Rhoddir Pecyn Croeso i breswylwyr pan fyddant yn cael eu derbyn a rhoddir manylion iddynt am sut y gallant hwy neu aelodau eu teulu/ffrindiau godi unrhyw bryder neu fater. Anogir aelodau'r teulu i ymweld â'r cartref er mwyn iddynt allu cyfarfod â'r staff, gweld pa wasanaethau sydd ar gael a bodloni eu hunain y byd dai eu hanwyliaid yn hapus o fewn yr amgylchedd a gynigir.</p> <p>Mae ein protocol Atal a Rheoli Heintiau yn rhoi mecanwaith ar gyfer cefnogi glendid o ddydd i ddydd ar draws y cartref a sicrhau bod gan y staff yr offer a'r adnoddau priodol ar gyfer gweithredu mesurau cynyddol os oes angen.</p> <p>Mae cadw ein preswylwyr yn ddiogel a'u hamddiffyn rhag niwed, camdriniaeth ac esgeulustod o'r pwys mwyaf i'n gwasanaeth. Rydym yn cynnig gwasanaeth agored a thryloyw ac yn croesawu pryderon a chwynion gan eu bod yn ein cynorthwyo i adolygu a dysgu, gan ein galluogi i wella.</p>
<p>The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.</p>	<p>The home is set within the Town of Cardigan and offers access to a range of shops, hairdressers, cafes, bowls club and a range of religious and cultural opportunities.</p> <p>There are a number of areas within the home where residents can spend time socialising together (3 lounges) or quieter space where they can spend time doing the things that are important for them (including a small conservatory)</p> <p>All the bedrooms are single occupancy, except for one bedroom that provides an opportunity for a husband and wife or siblings to remain together as a shared bedroom. All bedrooms are equipped with profiling beds, and suitable furniture. Residents are encouraged to bring personal items with them, including photos that can be fitted on the walls.</p> <p>There is a nurse call system in place, with the ability to add individualised sensors where the needs arise. Alongside this is a range of equipment including hoists, sera steady's, tilt and space and recliner chairs, lateral turning systems and other specialist equipment is utilised as and when required to support with the individualised needs of the resident.</p> <p>Training is delivered by our in-house Health and Safety Team and allows the staff to learn and develop alongside colleagues in a safe learning environment.</p> <p>Currently there is significant capital investment taking place at Yr Hafod, this includes new flooring, door sets, improved dining areas, communal space, activity spaces and bedrooms. The capital work will be completed in a phased approach to take into account the safety and wellbeing of our service users.</p> <p>The residents enjoy being able to sit outside in the garden area and will enjoy barbeques in the summer. Alongside this is the opportunity for residents to enjoy the open space, where a number enjoy being able to walk outside maintaining and encompassing their wellbeing.</p> <p>Person centred care recognises that life extends beyond the care home and engagement within the community is beneficial. Community access and involvement has increased allowing residents a sense of belonging in the local community.</p>

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March) 21

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type	Service Manager	
	Does your service structure include roles of this type?	Yes
	<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
	<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
	Filled and vacant posts	
	No. of staff in post	1
	No. of posts vacant	0
	No. of joiners (during the last financial year)	0
	No. of leavers (during the last financial year)	0
	<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
	Induction	1
	Health & Safety	1
	Equality, Diversity & Human Rights	1
	Infection, prevention & control	1
Manual Handling	1	
Safeguarding	1	
Medicine management	1	
Dementia	1	
Positive Behaviour Management	1	
Food Hygiene	0	

<p>Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.</p>	<p>Diploma QCF Lefel 5 mewn Arweinyddiaeth ar gyfeir Gwasanaethau Iechyd a Gofal Cymdeithasol (Oedolion Uwch Cymru a NI) BA Wasanaethau Cymdeithasol (Cymru)</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.</p>
<p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p>	<p>QCF Level 5 Diploma in Leadership for Health and Social Care Services (Adults Advanced Practice Wales &amp; NI) BA Social Work (Wales)</p> <p>All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.</p>
<p><b>Contractual Arrangements</b></p>	
<p>No. of permanent staff</p>	<p>1</p>
<p>No. of Fixed term contracted staff</p>	<p>0</p>
<p>No. of volunteers</p>	<p>0</p>
<p>No. of Agency/Bank staff</p>	<p>0</p>
<p>No. of Non-guaranteed hours contract (zero hours) staff</p>	<p>0</p>
<p><b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b></p>	
<p>No. of full-time staff (35 hours or more per week)</p>	<p>1</p>
<p>No. of part-time staff (17-34 hours per week)</p>	<p>0</p>
<p>No. of part-time staff (16 hours or under per week)</p>	<p>0</p>
<p>Is the breakdown of full and part time shown above correct?</p>	<p>Yes</p>
<p><b>Staff Qualifications</b></p>	
<p>No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager</p>	<p>1</p>
<p>No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager</p>	<p>0</p>
<p><b>Deputy service manager</b></p>	
<p>Does your service structure include roles of this type?</p>	<p>Yes</p>
<p><b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b></p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p><b>Filled and vacant posts</b></p>	
<p>No. of staff in post</p>	<p>1</p>
<p>No. of posts vacant</p>	<p>0</p>
<p>No. of joiners (during the last financial year)</p>	<p>0</p>
<p>No. of leavers (during the last financial year)</p>	<p>0</p>

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	0
Positive Behaviour Management	1
Food Hygiene	1
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	<p>QCF Lefel 5 Rheoli lechyd a Gofal Cymdeithasol ( Oedolion)            QCF Lefel 5 Rheoli lechyd a Gofal Cymdeithasol (U wch Arfer)            Lefel 3 - lechyd a Gofal Cymdeithasol            Fframwaith Sefydlu Cymru Gyfan - Hyfforddi a Ment ora            ILM -Rheoli Gwirfoddolwyr</p> <p>Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.</p>
Please outline any additional training undertaken pertinent to this role which is not outlined above.	<p>QCF Level 5 Health and Social Care Management ( Adults)            QCF Level 5 Health and Social Care Management ( Advanced Practice)            Level 3 - Health and Social Care            All Wales Induction Framework - Coaching and Me ntoring            ILM - Volunteer Management</p> <p>All staff have additional training opportunities base d on the needs of the residents and wider service a nd organisational opportunities. Training is discuss ed at each supervision and annual appraisal.</p>

#### Contractual Arrangements

No. of permanent staff	1
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0

Outline below the number of permanent and fixed term contact staff by hours worked per week.

No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes

#### Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	0
Other supervisory staff	
Does your service structure include roles of this type?	No
Nursing care staff	
Does your service structure include roles of this type?	No
Registered nurses	
Does your service structure include roles of this type?	No
Senior social care workers providing direct care	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
Filled and vacant posts	
No. of staff in post	4
No. of posts vacant	2
No. of joiners (during the last financial year)	4
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	4
Health & Safety	4
Equality, Diversity & Human Rights	4
Infection, prevention & control	4
Manual Handling	4
Safeguarding	4
Medicine management	4
Dementia	4
Positive Behaviour Management	4
Food Hygiene	0

Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	4 x QCF Lefel 3 Iechyd a Gofal Cymdeithasol Cymru 4 x Fframwaith Anwytho Cymru Gyfan / Social Care Wales Induction Framework 1 x QCF Lefel 3 Dementia  Mae pob aelod o staff yn cael cyfleoedd hyfforddi ychwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	4 x QCF Level 3 Health and Social Care Wales 4 x All Wales Induction Framework / Social Care Wales Induction Framework 1 x QCF Level 3 Dementia  All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	4
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	7
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	3
No. of part-time staff (17-34 hours per week)	1
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Typical shift patterns in operation for employed staff</b>	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	2 x 9pm - 8am (1 Lefel 3 & 1 Lefel 2) 4 x 8am - 2.30pm (1 Lefel 3 & 3 Lefel 2) 4 x 2.30pm - 9pm (1 Lefel 3 & 3 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	2 x 9pm - 8am (1 Level 3 & 1 Level 2) 4 x 8am - 2.30pm (1 Level 3 & 3 Level 2) 4 x 2.30pm - 9pm (1 Level 3 & 3 Level 2) Rolling 6 week rota.
<b>Staff Qualifications</b>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	4
No. of staff working towards the required/recommended qualification	0
Other social care workers providing direct care	
Does your service structure include roles of this type?	Yes
<b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b>	

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the [Information Commissioner website](#).

#### Filled and vacant posts

No. of staff in post	16
No. of posts vacant	5
No. of joiners (during the last financial year)	2
No. of leavers (during the last financial year)	5

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

Induction	16
Health & Safety	16
Equality, Diversity & Human Rights	16
Infection, prevention & control	14
Manual Handling	16
Safeguarding	16
Medicine management	12
Dementia	13
Positive Behaviour Management	14
Food Hygiene	12
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	3 x QCF Lefel 3 - Iechyd a Gofal Cymdeithasol 13 x QCF Lefel 2 - Iechyd a Gofal Cymdeithasol 13 x Fframwaith Anwytho Cymru Gyfan /Fframwaith Anwytho Gofal Cymdeithasol Cymru 1 x QCF Lefel 3 - Dementia Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	3 x QCF Level 3 - Health and Social Care 13 x QCF Level 2 - Health and Social Care 13 x All Wales Induction Framework / Social Care Wales Induction Framework 1 x QCF Level 3 - Dementia All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.

#### Contractual Arrangements

No. of permanent staff	16
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	1

Outline below the number of permanent and fixed term contact staff by hours worked per week.

No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	14

No. of part-time staff (16 hours or under per week)	1
Is the breakdown of full and part time shown above correct?	Yes
<p>Typical shift patterns in operation for employed staff</p>	
Nodwch batrymau shifft nodweddiadol staff a gyflogir yn y gwasanaeth ar gyfer y math hwn o rôl. Dylech hefyd gynnwys nifer y staff ar gyfartaledd sy'n gweithio ar bob shifft.	2 x 9pm - 8am (1 Lefel 3 & 2 Lefel 2) 4 x 8am - 2.30pm (1 Lefel 3 & 3 Lefel 2) 4 x 2.30pm - 9pm (1 Lefel 3 & 3 Lefel 2) Rota rholio bob 6 wythnos.
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	2 x 9pm - 8am (1 Level 3 & 2 Level 2) 4 x 8am - 2.30pm (1 Level 3 & 3 Level 2) 4 x 2.30pm - 9pm (1 Level 3 & 3 Level 2)  Rolling 6 week rota.
<p>Staff Qualifications</p>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	16
No. of staff working towards the required/recommended qualification	0
<p>Domestic staff</p>	
Does your service structure include roles of this type?	Yes
<p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p>	
<p><b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a>.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	2
No. of posts vacant	0
No. of joiners (during the last financial year)	0
No. of leavers (during the last financial year)	0
<p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p>	
Induction	2
Health & Safety	2
Equality, Diversity & Human Rights	1
Infection, prevention & control	2
Manual Handling	1
Safeguarding	1
Medicine management	0
Dementia	1
Positive Behaviour Management	0
Food Hygiene	1



Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchw yliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	2
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	0
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	0
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	1
No. of staff working toward required/recommended qualification	1
<b>Catering staff</b>	
Does your service structure include roles of this type?	Yes
<b>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</b>	
<b>Please Note!</b> When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the <a href="#">Information Commissioner website</a> .	
<b>Filled and vacant posts</b>	
No. of staff in post	6
No. of posts vacant	0
No. of joiners (during the last financial year)	1
No. of leavers (during the last financial year)	1
<b>Training undertaken during the last financial year for this role type.</b>	
Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.	
Induction	6
Health & Safety	6

Equality, Diversity & Human Rights	6
Infection, prevention & control	0
Manual Handling	0
Safeguarding	6
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	6
Amlinellwch unrhyw hyfforddiant ychwanegol a gyflawnwyd sy'n berthnasol i'r rôl hon nad yw wedi'i amlinellu uchod.	-Alergenau Lefel 2 -Ymwybyddiaeth o'r Feirws  Mae pob aelod o staff yn cael cyfleoedd hyfforddi y chwanegol yn seiliedig ar anghenion y preswylwyr a chyfleoedd ehangach i wasanaethau a chyfleoedd sefydliadol. Trafodir hyfforddiant ym mhob goruchwyliaeth ac arfarniad blynyddol.
Please outline any additional training undertaken pertinent to this role which is not outlined above.	-Allergens Level 2 -Virus Awareness  All staff have additional training opportunities based on the needs of the residents and wider service and organisational opportunities. Training is discussed at each supervision and annual appraisal.
<b>Contractual Arrangements</b>	
No. of permanent staff	6
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	0
<b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>	
No. of full-time staff (35 hours or more per week)	2
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	2
Is the breakdown of full and part time shown above correct?	Yes
<b>Staff Qualifications</b>	
No. of staff who have the required qualification	6
No. of staff working toward required/recommended qualification	0
<b>Other types of staff</b>	
Does your service structure include any additional role types other than those already listed?	No

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

Any Responsible Individual (or another organisational officer not designated as the RI) within the Service Provider is permitted to complete the Service Provider Declaration and Submit the completed Annual Return to CIW

**Please Note!** If you are an online assistant you are unable to complete the declaration section

I declare the information provided within this Annual Return is true to the best of my knowledge.

**Please Note!** In completing this form, you agree that the publication of any information you provide in your responses is compliant with UK GDPR.

I confirm the information I have provided does not include any inflammatory language, personal data, or information by which an individual can be identified. I understand the information provided will be published by CIW and I am satisfied that any information I have provided is compliant with UK GDPR for this purpose.

Submitted on	26/05/2023 12:12:18
Submitted by	nerys.lewis2@ceredigion.gov.uk
Transaction Unique Reference Number	OTRAN-00255777-BSGW

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## Cyngor Sir CEREDIGION County Council

<b>REPORT TO:</b>	Governance and Audit Committee
<b>DATE:</b>	<b>21 June 2023</b>
<b>LOCATION:</b>	Hybrid
<b>TITLE:</b>	<b>Governance and Audit Committee Annual Report 2022-23</b>
<b>PURPOSE OF REPORT:</b>	To present the draft Governance and Audit Committee Annual Report for consideration, prior to presenting to Council

### **Background**

The CIPFA Practical Guidance for Local Authorities & police (2022 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 14<sup>th</sup> 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 2022/23 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.*

<b>WELLBEING OF FUTURE GENERATIONS:</b>	<b>Long term:</b>	N/A
	<b>Integration:</b>	N/A
	<b>Collaboration:</b>	N/A
	<b>Involvement:</b>	N/A
	<b>Prevention:</b>	N/A

**Recommendation(s):** That the Governance and Audit Committee

- 1) Provides its views on the draft Governance and Audit Committee Annual Report 2022-23 (at **Appendix 1**); and
- 2) Approves the draft Governance and Audit Committee Annual Report 2022-23 (**Appendix 1**), prior to presentation to Council.

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

**Appendices:** **Appendix 1:** Draft Governance and Audit Committee Annual Report 2022-23

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

**Reporting Officer:** Harry Dimmack

**Date:** 07/06/2023

# Governance and Audit Committee



Cyngor Sir  
**CEREDIGION**  
County Council

## Annual Report 2022/23

# **ANNUAL REPORT OF THE CHAIR OF THE GOVERNANCE AND AUDIT COMMITTEE ON THE ACTIVITY OF THE COMMITTEE FOR THE YEAR 2022/23**

## **1. Foreword by Alan Davies, Chair of the Governance and Audit Committee**

I am pleased to introduce the Annual Report of the Governance and Audit Committee for the 2022-23 municipal year, which provides a summary of the work undertaken during the year, the Committee's progress on current work and goals going forwards.

The committee was subject to a range of changes at the beginning of the year due to the 2022 Local Elections and as a result of the Local Government and Elections (Wales) Act 2021. Council appointed new members to the Committee at its Annual Meeting on the 27<sup>th</sup> of May 2022, including 6 Councillors and three new Lay Members, with a politically balanced structure.

This report provides an opportunity to introduce the new members of the Committee and thank them for the contributions they have made throughout the year. The broad range of experience they bring has enabled us to provide meaningful independent assurance of the adequacy of the Council's arrangements for governance, risk and assurance. The committee has had oversight of a broad range of matters, and in particular has:

- Reviewed and approved the Council's Annual Statement of Accounts and the findings of their external audit;
- Overseen the annual review of the Council's governance arrangements, including the Governance Framework Review, Local Code of Corporate Governance and Annual Governance Statement;
- Received regular updates from external regulators and inspectorates, and considered Council responses to their findings;
- Overseen the Council's Internal Audit work, including the approval of the Annual Report, Strategy & Plan, Charter and regular progress updates;
- Received regular updates on the Corporate Risk Register and recommended the consideration of adding Recruitment and Retention as a risk;
- Receive the Annual and Mid Year Reports for Compliments, Complaints and Freedom of Information; and
- Received reports on the Ceredigion County Council Self-Assessment Report.

The Committee continues to have a varied programme of work, including standing items for External Regulator and Inspectorate reports and the Council's responses, Internal Audit, the Annual Governance Statement, and the Corporate Risk Register. This ensures consistent oversight across the Committee's areas of responsibility.

The Committee has worked productively with Officers to deliver continued improvement on any issues which arise and will continue to do so going forwards.

**Alan Davies, Chair of the Governance and Audit Committee**



## 2. COMMITTEE MEMBERS



Alan Davies, Chair & Lay Member



Andrew Blackmore, Vice Chair & Lay Member



Caroline Whitby, Lay Member



Councillor Elizabeth Evans



Councillor Wyn Evans



Councillor Keith Henson



Councillor Maldwyn Lewis



Councillor Gareth Lloyd



Councillor Mark Strong

### 3. MEETINGS

The Committee scheduled five 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 and September (2022), and January (2 Meetings) and March (2023). The meeting agendas were full of items for consideration, discussion, and review, with one of the January 2023 Meetings dedicated to the Annual Statement of Accounts.

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.

#### Attendance at Meetings

Member	Meeting Attendance (P = Present / A = Apologies)				
	06/06/2022	27/09/2022	17/01/2023	19/01/2023	09/03/2023
Alan Davies (Chair)	P	P	P	P	P
Andrew Blackmore (Vice Chair)			P	P	P
Cllr. Endaf Edwards	P	A	A	P	A
Cllr. Elizabeth Evans	P	P	P	P	P
Cllr. Wyn Evans	P	P	P	P	P
Cllr. Gareth Lloyd	P	P	P	P	P
Cllr. Maldwyn Lewis		A	A	P	P
Cllr. Mark Strong	A	A	A	P	P
Caroline Whitby	P	P	P	P	P

### 4. ROLE UNDERTAKEN BY THE COMMITTEE

The Role of the Governance and Audit Committee is clearly set out in the Terms of Reference included in the Council's Constitution, which detail the various functions the Committee carries out. This is a key document of reference for the Committee in ensuring it delivers on its responsibilities.

The Terms of Reference position the Committee as a fundamental part of the Council's governance framework, stating:

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

The Terms of Reference go on to clearly set out the purpose of the Committee, stating:

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

In carrying out its work, the Committee takes note of guidance from various external bodies and institutes including CIPFA.

According to CIPFA's Position Statement 2022: *Audit committees in local authorities and police*, the purpose of the Governance and Audit Committee is:

*To provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. The committee's role in ensuring that there is sufficient assurance over governance risk and control gives greater confidence to all those charged with governance that those arrangements are effective.*

A summary of the work undertaken by the Committee during the year to achieve this is noted below. Meetings were all held on a hybrid basis, with Members and Officers attending either using a virtual platform or in person.

## **5. Summary of Work for 2022-23**

### **Internal Audit Activity**

- The Committee approved the Internal Audit Service's ('IA') Annual Report 2021/22 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 above Annual 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:
  - 2021-22 Quarter 4 (6 June 2022 Meeting);
  - 2022-23 Quarter 1 (27 September 2022 Meeting);
  - 2022-23 Quarter 2 (17 January 2023 Meeting); and
  - 2022-23 Quarter 3 (9 March 2023 Meeting).
- The Committee approved the Annual IA Counter Fraud Report 2021/22, 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 2023/24.
- An update of the IA Charter (2023-24) was approved by the Committee. The Charter has been re-structured and updated as per recommendations from the IA service's External Quality Assessment to include:
  - The Charter now includes an introduction to explain the purpose of an Audit Charter;
  - Internal Audit's main objectives and how they are accomplished;
  - The Governance & Audit Committee's responsibilities to Internal Audit;
  - The Chief Finance Officer's responsibilities to Internal Audit; and
  - The IA Service's resourcing and current staffing structure.
- On 6 June 2022, the Committee considered an IA Report on the Governance Framework Review 2021/2022 (the Framework supporting the Annual Governance Statement (AGS) for 2021/22) following a Report on the Governance Framework, AGS and Local Code of Corporate Governance being presented to the Committee in January 2022 (Members of the Committee were also involved in its review). 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 9 March 2023 the Committee also considered the IA Governance Framework Review 2021/22 and noted the review of the Framework.
- On 27 September 2022 the Committee considered the Internal Audit External Quality Assessment Report. A review team from the Isle of Anglesey County Council, consisting of the Head of Audit and Risk and the Principal Auditor, undertook an evaluation of Ceredigion County Council's self-assessment between May and July 2022. The Committee noted the contents of this report.
- The Committee also noted a report on the CMIA Response to the External Quality Assessment.

## **Regulatory & Inspectorate Reports & Updates**

During the 2022-23 year the Committee considered the following Regulatory and Inspectorate Reports and Updates:

### AW Quarterly Updates to GAC

- Audit Wales Work Programme and Timetable – Ceredigion County Council (Quarter 4 – 31 March 2022)
- Audit Wales 2022 Audit Plan – Ceredigion County Council (May 2022)
- Audit Wales Certification of Grants and Returns 2020-21 – Ceredigion County Council (March 2022)
- Audit Wales Work Programme and Timetable – Ceredigion Council (Quarter 1 – 30 June 2022)
- Audit Wales Work Programme and Timetable – Ceredigion Council (Quarter 2 – 30 September 2022)
- Audit Wales Work Programme and Timetable – Ceredigion Council (Quarter 3 – 31 December 2022)
- Audit Wales – Ceredigion Annual Audit Summary 2022 (March 2023)

### Local External Audit (AW) Reports

- Assurance and Risk Assessment progress update (May 2022)
- Audit Wales - Springing Forward – Strategic Asset Management – Ceredigion County Council (May 2022)
- Audit Wales - Springing Forward – Strategic Workforce Management – Ceredigion County Council (May 2022)
- Audit Wales - Project Brief: Planning Service follow-up review – Ceredigion County Council (September 2022)
- Audit Wales - Assurance and Risk Assessment 2021-22 Financial Position update (December 2022)
- Audit Wales – Assurance and Risk Assessment Progress Update – Carbon Reduction (November 2022)
- Audit Wales - Project Brief – the Setting of Well-being Objectives at Ceredigion County Council (February 2023)
- Audit Wales - Key questions and what we're looking for – Setting of well-being objectives (February 2023)

#### National AW Reports/Project Briefs

- Audit Wales Equality Report 2020-2021 (31 March 2022)
- Audit Wales Annual Plan 2022-23 (1 April 2022)
- Audit Wales – Direct Payments for Adult Social Care (6 April 2022)
- Audit Wales – The new Curriculum for Wales (May 2022)
- Audit Wales – WCCIS Letter to MS Chair PAPAC (1 July 2022)
- Audit Wales – Public Sector Readiness for Net Zero Carbon by 2030 (July 2022)
- Audit Wales – Unscheduled Care Project Brief (July 2022)
- Audit Wales – Consultation on Fee Scales 2023-24 (August 2022)
- Audit Wales – AC324 - Letter to Mid and West Wales CJC (1 September 2022)
- Audit Wales – Project Brief – Corporate Joint Committees (CJCs) commentary (August 2022)
- Audit Wales – Equality Impact Assessments: More than a tick box exercise? (September 2022)
- The National Fraud Initiative in Wales 2020-21 (October 2022)
- Audit Wales – Time for Change – Poverty in Wales (November 2022)
- Audit Wales – A Missed Opportunity – Social Enterprises (December 2022)
- Audit Wales – A Picture of Flood Risk Management (December 2022)

#### **Council Responses to Regulatory & Inspectorate Reports considered during the year**

##### MRFs considered (2020-21 & 2021-22):

- Direct Payments for Adult Social Care (April 2022)
- Welsh Community Care Information System – Progress Note (November 2020)
- Review of Planning Service (November 2021) – Update provided by way of Planning Task and Finish Group Action Plan Update 24.08.2022
- 'Raising our Game' Tackling Fraud in Wales Update (July 2020)

##### MRFs considered (2022-23):

- Springing Forward – Review of Strategic Asset Management (June 2022)

- Springing Forward – Review of Strategic Workforce Management (June 2022)
- The National Fraud Initiative in Wales 2020-21 (October 2022)
- Assurance and Risk Assessment Update – Carbon Reduction (November 2022)
- Equality Impact Assessments: More than a tick box exercise? (September 2022)

### Care Inspectorate Wales ('CIW')

Care Inspectorate Wales – Inspection Report on Targeted Care and Enablement (23 November 2022):

During the 17<sup>th</sup> of January 2023 meeting of the Committee, it was reported that the Care Inspectorate Wales Inspection Report on Targeted Care and Enablement was satisfactory, and no issues of non-compliance were raised.

### Estyn

The Committee considered a report on Estyn Inspections for the Summer Term of 2022 at its meeting on the 27<sup>th</sup> of September 2022. It was reported that pilot visits had taken place in the Spring Term of 2022 and the inspection regime had continued in its usual form from the Summer Term of 2022. Recent inspections for Ysgol Uwchradd Aberteifi, Ysgol Llangwryfon and Ysgol Penglais had taken place with no schools requiring a second visit. The recommendations raised by Estyn had been included in the School Development Plans of the respective schools. The committee noted that the reports were very positive and that the press had emphasised on one recommendation in the Ysgol Penglais report, and not the report as a whole which was positive.

### Investigatory Powers Commissioner's Office

IPCO Surveillance and CHIS Inspection – Ceredigion County Council 16 September 2022:

The IPCO Inspection report had been received following a recent routine inspection into the Council's use of Directed Surveillance and Covert Human Intelligence Sources. The report had been responded to and no further action was required.

### **Regulatory Framework Considerations**

The Corporate Risk Register is a regular agenda item and considered at each Meeting.

The Committee were informed that:

- R005 Medium Term Financial Plan – the risk score had increased to reflect the impact of rising inflationary pressures. Oil and prices of other goods were increasing above those budgeted. There was also a risk that pay awards would be higher than costed and inflation indices affecting contracts will impact on the next and the following year's budget.

- R016 Brexit – this was removed from the register as it became impossible to determine the impact of Brexit alone versus other global factors contributing to the economic situation.
- R018 Covid 19 – the risk score was reduced. The current Omicron variant proved to be more transmissible but less serious to health than some of its predecessors as the vaccination programme had been particularly effective. Both UK Government and Welsh Government rolled back regulation and nearly all restrictions had been lifted, resulting in Council services reintroduced, subject to risk assessments.
- R022 Recruitment and Retention – At the 27<sup>th</sup> of September 2022 meeting of the Committee, members requested that the Corporate Lead Officer – Policy, Performance and Public Protection convey the views of Members to the Leadership Group that Recruitment and Retention should be considered for inclusion on the risk register as several services were unable to recruit. The Leader stated he would also convey these views to the LG. The Council's Leadership Group agreed at a meeting held on the 1<sup>st</sup> of February 2023 to include Recruitment and Retention on the Corporate Risk Register and this was reported to the Committee on the 9<sup>th</sup> of March 2023.

Feedback by the Committee for Officers also included a need to readdress the high risk associated with food safety inspections. The committee raised its concerns that there was a backlog of work to be completed and a shortage of inspectors to reduce this.

### **Annual Governance Statement ('AGS')**

- The Committee considered a Report on the Draft Annual Governance Statement 2021-2022 and Governance Framework Document, and AGS Progress Update on 6 June 2022. 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 27 September 2022 the Committee noted a Report on progress of the Annual Governance Statement 2021-22 and Annual Governance Statement 2022-23. It was noted that the approved Draft Annual Governance Statement 2021-22 was being considered by Audit Wales prior to being presented again alongside the Annual Statement of Accounts. It was also noted that a workshop was to be held on the 28<sup>th</sup> of November 2022 for relevant Officers and Committee Members to consider progress on the actions set out in the 2021-22 Annual Governance Statement.
- The Governance Framework Document was reviewed at the 28 November 2022 Workshop and the results used to draft the 2022-23 Annual Governance Statement.
- On 17 January 2023 the Committee considered a report on the Governance Framework Document 2022-23, the Local Code of Corporate Governance 2023-24 and Annual Governance Statement 2022-23 Update. During this meeting, the Committee also agreed to approve a score increase for behaviour B3.1 due to the implementation of the Engagement and Participation Policy. The Committee also recommended that Council endorses the Local Code of Corporate Governance 2023-24.

- The Draft AGS 2022-23 and Local Code of Corporate Governance 2023-24 were approved by Council on 20 April 2023.
- The AGS Action Plan is considered as a standing agenda item.

## **Financial Reporting**

- The Committee reviewed the Council's Annual Statement of Accounts (to 31 March 2022) and Annual Return for Ceredigion Harbour Authority (to 31 March 2022), prior to their presentation to the Council for approval.
- The Committee received AW's annual Audit of Accounts Report (ISA260) for 2021-22 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 that an additional meeting would be arranged a month later to receive an update on the issues raised in relation to the Estates Service (Asset Valuations).
- On the 16th of February 2023 a workshop was held to receive an update on Asset Valuations in response to the issues raised in AW's ISA260 report. Following this workshop, a verbal update was provided by the Chair of the Committee and Officers from the Estates Service on progress made towards completing identified actions. The Committee were satisfied that a plan was in place to address the observations made by Audit Wales. Updates will continue to be provided by the Chair until the Committee is satisfied that the issues have been addressed.
- The Statement of Accounts was initially due to be considered by the Committee on 17 November 2022, prior to approval by Council on 24 November 2022. As a result of a UK wide issue in relation to the accounting treatment and associated disclosure note requirements concerning Infrastructure Assets, these meetings were postponed to 19 January 2023 and 26 January 2023 respectively. Welsh Government had also extended the deadline for approving the audited accounts from 30 November 2022 to 31 January 2023.

## **Other Work**

### Ceredigion County Council Self-Assessment Process

The Committee was delivered a presentation on the Ceredigion County Council Self-Assessment process at its 6<sup>th</sup> of June 2022 meeting. This was in response to the new self-assessment based performance regime introduced by Part 6 of the Local Government and Elections (Wales) Act 2021 This initial presentation outlined the following issues:

- Part 6 of the Local Government and Elections (Wales) Act 2021
- Key points of the Self- Assessment Process
- Key Lines of Enquiry
- Timeline
- Election Cycle 2022-27
- Integrating with the Performance Self-Assessment
- What does it mean for Governance and Audit?



At its meeting on the 27<sup>th</sup> of September 2022, the Committee considered the Ceredigion County Council Draft Self-Assessment Report 2021/22. The report noted that Part 6 of the Local Government and Elections (Wales) Act 2021 places a duty on the Governance and Audit Committee to review the draft Self-Assessment Report and make recommendations. The Committee agreed to endorse the Ceredigion County Council Draft Self-Assessment Report 2021/22 as presented.

The Committee received the Ceredigion County Council Final Self-Assessment report at its 17<sup>th</sup> of January 2023, including the Annual Review of Performance and Well-being Objectives. The Committee agreed to receive the report and to continue to scrutinise it in order to improve performance in future.

### Corporate Strategy 2022-27

The Committee received a report on the Ceredigion County Council Corporate Strategy 2022-27 at its 17<sup>th</sup> of January meeting. The purpose of the report was for the Committee to receive the new Corporate Strategy and Corporate Well-Being Objectives. It was reported that the Corporate Strategy would be delivered over the next five years and that progress will be reviewed annually in the Council's Self-Assessment report.

### Compliments, Complaints and Freedom of Information

- The Committee considered the Annual Report of Compliments, Complaints and Freedom of Information (2021-2022) at its 27<sup>th</sup> of September 2022 meeting. The report provided an overview of the Council's Complaints and FOI service between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022. The report included specific information on the number and type of compliments received, the different complaints stages, performance and outcomes relating to these and information on compliance with FOI and EIR legislation. Information was also provided on contact received by the Public Services Ombudsman for Wales during this period, with the Ombudsman's Annual Letter attached for information. The Committee requested that the number of complaints escalated from stage 1 to stage 2 be included in future reports, and whether complaints had reference to a lack of communication. The Committee agreed to endorse the Annual Report and note the Ombudsman's Annual Letter.
- The Half-Year Report of Compliments and Complaints was considered by the Committee at its 17<sup>th</sup> of January meeting. The Committee agreed to endorse the contents of the report and requested further detail on the complaints received and its impact on residents. In response, the Corporate Lead Officer, Policy and Performance, reported that this information could be collated but was concerned that there was currently not sufficient resource in the service to collate this information. The committee remain keen to receive the detail requested in due course.

### **All Wales Audit Committee Chairs' Network**

On 3 October 2022 the Chair attended the All Wales Governance & Audit Committee Chairs' Network meeting, 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.

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

1. CIPFA's Position Statement and guidance
2. Assessing Committee Effectiveness
3. New requirements for the Governance and Audit Committee from the Local Government and Elections (Wales) Act 2021

## **6. 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.

## **7. OUTCOMES AND/OR IMPACTS of the Committee's work**

### Annual Governance Statement

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

The Committee reviewed the 2021/22 AGS prior to including it with the Statement of Accounts in January 2023, to include minor amendments and to reflect that actions previously anticipated to be taken had now been taken.

Following approval by Council of the Draft AGS 2021-22 on 8 July 2022, several amendments were made in response to recommendations from Audit Wales prior to its consideration by the Committee in January 2023. These were largely updates to the various dates included for work carried out during the year as further progress had been made since the Draft was prepared in July 2022. In addition to these dates, the conclusion of the self-assessment review of the CIPFA Financial Management Code had been included as recommended by Audit Wales in accordance with CIPFA guidance.

The Committee reviewed the updated AGS on 19 January 2023 and agreed to recommend to Council it approves the amended 2021-22 AGS. The 2021-22 AGS was approved by Council on 26 January 2023 in accordance with the Committee's recommendation.

A review of the 2022/23 Governance Framework Review highlighted the need for:

- The MO to continue to advise Members further on the Code of Conduct.
- MO to continue to advise Chief Officers further on the need to declare close personal associations with other Officers or Members.
- Ongoing review on Chief Officers business declarations to include review of Members holding directorships, trusteeships, or memberships
- MO to consider member feedback and added value.
- Reviewed Code of Conduct for Officers to be issued once approved.
- Officers to complete a Mandatory Ethics/Fraud e-training module once completed & approved.
- Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.
- Discussions are currently taking place with Audit Wales to support their Planning Service Follow-Up Review. Any recommendations will be responded to.
- Leadership Group to be updated on e-learning with HR reporting to Leadership Group.
- Delegated Decisions Register to be published.
- Continued monitoring of the Mandatory e-learning take up of Whistleblowing module.
- Whistleblowing Policy has been reviewed and updated-to be presented to Overview and Scrutiny Committee and Cabinet for approval.
- Privacy notices for Councillors being developed and to be provided by Data Protection Officer.
- Corporate Manager – Internal Audit to complete professional qualification.
- Review of the FOI Publication Scheme in progress.
- A new Engagement and Participation Policy, 'Talking, Listening and Working Together' has been published. Implementation of this policy to be considered before action complete.
- To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.
- 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.
- Continued monitoring of progress of actions take in response to external audit recommendations.

The expected completion date for the actions listed above is March 2024 at the latest.

## **8. SELF-ASSESSMENT & ASSURANCE**

A workshop was held on the 28<sup>th</sup> of November 2022 to consider the 'Self-assessment of good practice' and 'Evaluating the impact and effectiveness of the

audit committee' templates included in the CIPFA Position Statement 2022. An additional workshop will be arranged soon to prepare final versions of these documents, which will be presented to the committee at its September 2023 meeting. This is to ensure that the entire year can be reflected upon during the workshop.

The CIPFA 'Position Statement 2022: Audit committees in local authorities and police' 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.**

**Alan Davies**

**Chair – Governance and Audit Committee - 2022/2023**

## CEREDIGION COUNTY COUNCIL

<b>Report to:</b>	<b>Governance and Audit Committee</b>
<b>Date of meeting:</b>	<b>21 June 2023</b>
<b>Title:</b>	<b>Internal Audit Progress Report 1/1/23 – 31/3/23</b>
<b>Purpose of the report:</b>	<b>To provide Members with an update on the work undertaken by internal audit during the above period</b>

The Committee considered the annual Internal Audit Strategy 2022/23 at its meeting in March 2022 which also identified the main areas of work for the 2022/23 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 2022/23, a risk assessment was undertaken in addition to information from the Council's Corporate Risk Register as new risks to the Council continue to emerge, 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.

<b>Recommendation(s):</b>	<b>To consider the work undertaken and current position of the Internal Audit Section</b>
<b>Reasons for decision:</b>	<b>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.</b>
<b>Appendices:</b>	Internal Audit Progress Report 1/1/23-31/3/23
<b>Corporate Lead Officer:</b>	Elin Prysor CLO-Legal and Governance / Monitoring Officer
<b>Reporting Officer:</b>	Alex Jenkins Corporate Manager – Internal Audit
<b>Date:</b>	27April 2023

# Gwasanaethau Cyfreithiol a Llywodraethu

## Legal and Governance Services

Gwasanaeth Archwilio Mewnol

Internal Audit Service

Page 306

Mae'r adroddiad yma ar gael yn Gymraeg.

This report is available in Welsh.



Cyngor Sir  
**CEREDIGION**  
County Council

## Adroddiad Cynnydd Archwilio Mewnol

### Internal Audit Progress Report

1 January – 31 March 2023

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

Date of Issue: 27 April 2023

Presented to Governance & Audit  
Committee 21 June 2023

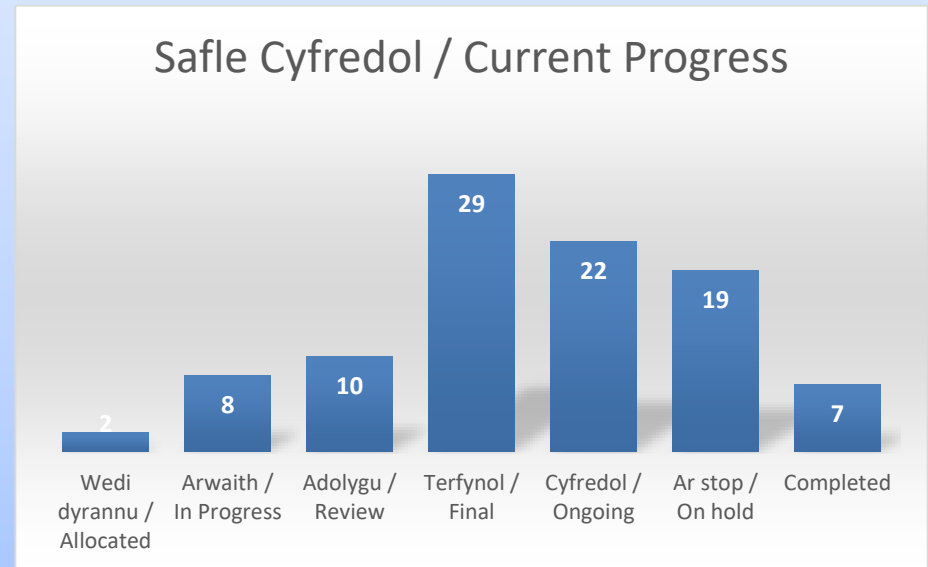
**ADRODDIAD CYNNYDD ARCHWILIO MEWNOL**  
**INTERNAL AUDIT PROGRESS REPORT**  
**01/1/2023 – 31/3/2023**

**1 INTRODUCTION**

- 1.1 The Internal Audit Strategy and Annual Plan for 2022/23 was approved by the Committee (GAC) on 10 March 2022.
- 1.2 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 2022/23 financial year and highlight any areas of concern that may have arisen during the completed audits.
- 1.3 As at 31/12/2022 a total of 97 items appear in the operational Interim Audit Plan. These are made-up of 69 'planned' pieces of work consisting of audits from the Annual Strategy & Plan. The remaining 28 items have been added during the first three quarters, ie reactive work. Further detail on these can be found in Section 3.

**2 AUDIT WORK UNDERTAKEN**

- 2.1 Audit Plan Progress:



2.2 Ten 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
<p><b>Non-Domestic Rates (NNDR) – Key Control</b>            Scope: Review considers arrangements for processing NNDR payments and amendments including separation of duties; reconciliations and monitoring.</p>	Key Control	Substantial
<p><b>Creditors - Key Control</b>            Scope: Review considers 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.</p>	Key Control	Substantial
<p><b>Sundry Debtors – Key Control</b>            Scope: Review considers arrangements for raising invoices and recovering debt owed to the Council; monitoring of collection and arrears recovery and reconciliation.</p>	Key Control	Substantial
<p><b>AGS Framework Review 2022/23</b>            Scope: Governance review which considers the effectiveness of the Governance Framework, especially in the areas specifically addressed in the AGS action plan.</p>	Governance	High
<p><b>GDPR in Schools</b>            Scope: 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.</p>	GDPR	Substantial
<p><b>Ceredigion Sports Council</b>            Scope: Historically, IA prepares and audits the body's annual accounts in time for its AGM. Following a pause due to the pandemic IA audited the accounts from the previous audit to the point of the previous account closure in preparation for new account.</p>	Honorary / Accounts	Honorary / Accounts
<p><b>Corporate Safeguarding Procedures</b>            Review of the overarching governance of safeguarding to include policies, procedures and guidance. Some testing not undertaken due to pandemic.</p>	Safeguarding	Moderate
<p><b>Data Matching - Ethics</b>            Scope: Review provides assurance against reputational damage and financial losses due to fraudulent activity. Checks staff members correctly report Declaration and Registration of Interests.</p>	Ethics	Advisory



Audit Area	Type of Audit	Assurance
<b>Childcare Scheme – Capital Grant</b> Scope: Service request to review grant return submissions for accuracy and completeness.	SI	Grant
<b>Management Response Form – NFI in Wales 20/21</b> Scope: Complete, monitor & update AW Management Response Form re NFI	MRF	N/A

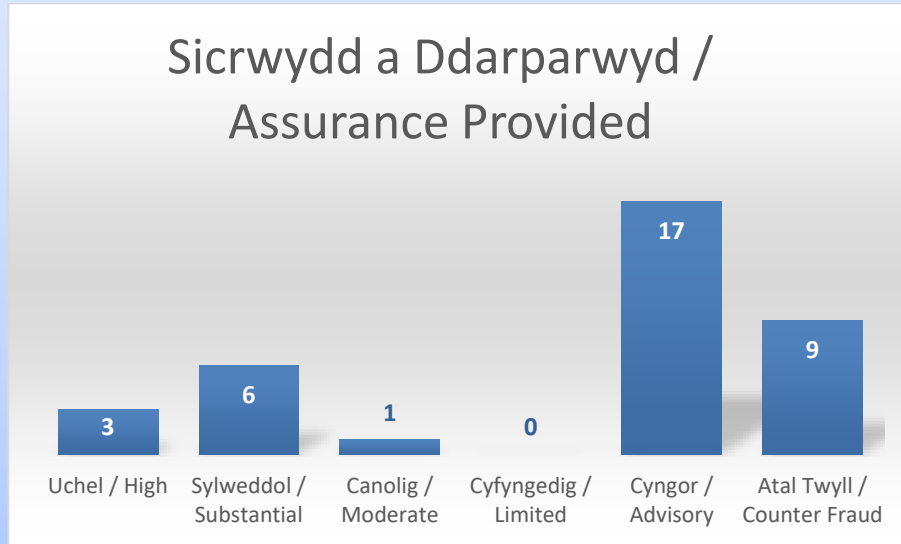
2.3 Examples of good practice noted from the finalised audits have been listed below, which also form part of the annual assurance process:

- **Non-Domestic Rates**
  - ✓ **Collection rates monitored and overdue payments followed-up promptly**
- **Creditors**
  - ✓ **Clear procedures in place for dealing with new creditors & amendments**
- **Sundry Debtors**
  - ✓ **Regular monitoring of debt**
  - ✓ **Separation of duty between raising an invoice and collection of debt**
- **Corporate Safeguarding Procedures**
  - ✓ **Council has a clear and effective incident response & referral process for safeguarding**
  - ✓ **Council has established Local Operating Groups**
  - ✓ **Mandatory eLearning for all staff**

2.4 A total of 22 items are on-going pieces of work, from which IA have extracted examples of good practice achieved during the quarter, which again will be considered in forming the IA annual opinion:

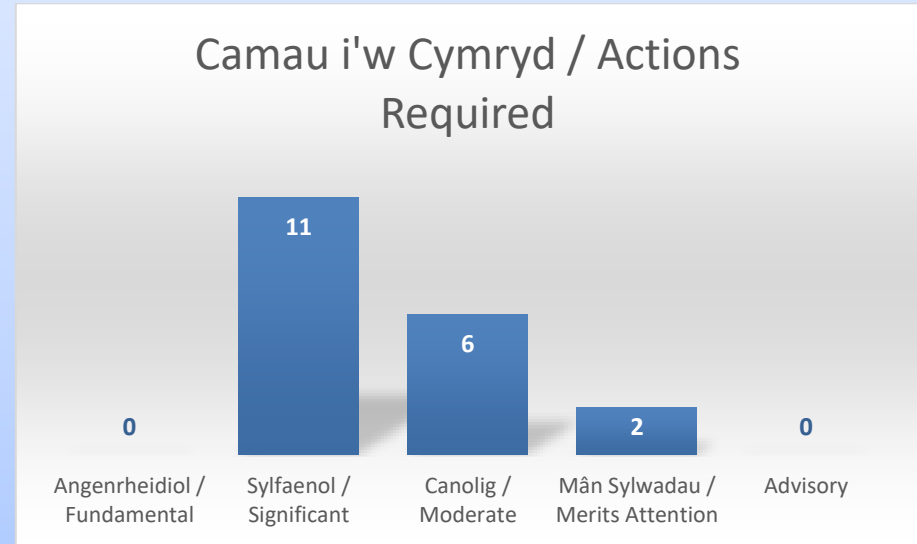
- **Emergency Planning & Business Continuity** – Corporate Business Continuity Plans being reviewed and updated by services & Civil Contingencies staff. Training was given to CMs in order to develop plans to respond to ransomware attacks.
- **Corporate Project Management Panel** – new project proposals put forward & actions requested by panel where appropriate.
- **Corporate Management Workshop** – updates to managers re ways of working, policies & procedures for information and role development.
- **Cyber Resilience & Information Governance Group** – the Group provides operational support, preparedness and direction to address and reduce cyber risks and improve the Council's cyber security, information security and governance.
- **NMWAG - 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.

2.5 The levels of assurance provided for the audits completed so far this year are as follows:



2.6 A guide to the criteria used to determine the overall assurance is shown in Appendix I.

2.7 A total of 19 'actions required' have been issued in the finalised reports during the quarter of which 11 were significant, 6 moderate and 2 merits attention:



2.8 The criteria used to determine the 'actions required' is outlined in Appendix II.

2.9 The 11 significant actions issued during the third quarter are detailed below:

**NNDR Key Control**

**R1**

Where Local Taxation staff both create and collect payments, an independent verification should be undertaken of payments made. Ideally, any officer with permission to create debit on Academy should not be able to collect payment on the same record.

**R2**

Ideally, a member of staff should not verify their own error/warning reports.

An independent verification officer should be nominated to verify a routine sample of staff transactions on the Paye.net system. These should be undertaken on a regular basis and fully documented.

This is especially important where there is an insufficient level of separation of duty within the systems.

**Creditors Key Control**

**R1**

Reconciliations should be signed off promptly after month end.

**Sundry Debtors Key Control**

**R1**

Reconciliations should be signed off promptly after month end.

**GDPR in Schools**

**R1**

One school has not registered with ICO for a number of years. Consideration should be given to a joint email from Data Protection Officer and Chief Internal Auditor.

**Corporate Safeguarding Procedures**

**R1**

The Safeguarding Policy should be reviewed and updated in line with the guidelines set out within the policy itself. The policy should:

- include reference to the new All Wales Safeguarding Procedures,
- update the terms of reference, positions and memberships of various boards and groups,
- clarify lines of accountability across the Council (e.g. the flow chart in the current version).
- Clarify the required report distribution for safeguarding matters.

**R2**

Overview and Scrutiny Coordinating Committee is responsible for scrutinising safeguarding matters. Responsible Officers must ensure that safeguarding reports/plans and any other relevant information are presented to the Overview and Scrutiny Coordinating Committee *before* it is presented to Cabinet or Council in order to provide effective challenge over safeguarding issues.

### R3

Due to the importance and sensitivity of safeguarding, consideration should be given to fully integrate safeguarding into the risk management process.

Starting with the Risk Management Framework, this would ensure that the welfare of children and vulnerable adults is taken into account throughout all services when considering risks and processes.

### R4

The Safe Recruitment / DBS Policy should be reviewed and updated to take into account any changes to regulations and procedures since its approval.

### R5

Performance indicators should be used consistently in safeguarding reports for both Adults & Children.

Adult safeguarding reports should contain sufficient detail to ensure that key issues are identified promptly and priorities and standards are met.

### R6

AW recommendations should be added to the Corporate Risk Register mitigating actions section in order to prioritise areas for improvement and track progress.

3. A total of 28 'unplanned' items appear in the Operational Internal Audit Plan as shown in table (below).

Audit Area	Type of Audit	Status
<b>Tenancy Hardship Grant</b> Scope; 2021 Grants – checking a sample of applications prior to payment; validating information and documentation.	Grant	Completed
<b>Cost of Living Payments</b> Scope: Assurance assessed re procedures to ensure payments are made effectively and accurately and controls are in place to reduce the risk of fraud.	Grant	Completed
<b>Unpaid Carers Payments</b> Scope: Grants – checking a sample of applications prior to payment; validating information and documentation.	Grant	Completed
<b>Housing Support Grant - Steering Group</b> Scope: Assurance assessed re procedures in place to ensure the Group is adequately supported and achieves its objectives.	Assurance	Ongoing
<b>Welsh Standards</b> Scope: Wellbeing of Future Generations Act review which considers arrangements in place for compliance with the Welsh Standards requirements.	WFGA	In Review
<b>Information Governance Health Check</b> Scope: Independent review of the adequacy of current information governance arrangements and information risk maturity levels	Risk / Assurance	Completed
<b>Change Floats &amp; Petty Cash - Year end reconciliations to ledger</b> Scope: Check end of year procedures re reconciliation of imprests to ledger, supported by service declaration returns.	System	Allocated
<b>Harbours Income</b> Scope: Testing undertaken to support Harbours account.	Support Account	Completed
<b>Lampeter Wellbeing Centre</b> Scope: Provide advice on cash security at Wellbeing Centres.	System	Ongoing
<b>Ceredigion Sports Council</b> - IA were requested to audit the accounts to the point of the previous account closure in preparation for new account.	Honorary	In Review
<b>Coroners - Comparison - Revised Report</b> Scope: Requested to undertake a further comparison of CCC Funeral Director fees compared to other Welsh LA's.	Advisory	Completed
<b>Coroners – Tender</b> Scope: requested to provide advice on scenarios within tender.	Advisory	Ongoing
<b>Coroners – Additional</b> Scope: Requested to undertake a further comparison of CCC FD fees against FD fees of other Welsh LA's	Advisory	Completed
<b>Climate Change, Coastal Erosion &amp; Flooding</b> Scope: Assurance on effectiveness of CCC's work carried out in this area. Review carried out by Zurich Municipal.	Risk / Assurance	Allocated
<b>Childcare Scheme</b> Scope: Assess provider compliance to T&C's of Childcare Offer scheme.	SI	In Progress

Audit Area	Type of Audit	Status
<b>Emergency Welcome Centre</b> Scope: Advise on risk, governance & controls on cash security.	Advisory	Completed
<b>Emergency Welcome Centre - Cash Fund</b> Scope: Provide an independent verification of cash issued from Emergency Cash Fund.	Assurance	Completed
<b>Effectiveness of Gold Command</b> Scope to be determined	Governance	Unallocated
<b>Lampeter Wellbeing Centre</b> Scope: Provide advice on risks and controls required in the event of a gap between the provision of systems due to the transfer of IT software providers.	Advisory	Completed
<b>LDO Provision</b> Scope: Provide advice on cash security at temporary LDO locations.	Advisory	Completed
<b>LUF - Risk Assessment</b> Scope: To provide advice on the completion of the LUF Deep Dive Audit Risk Assessment surrounding the Council's policies & procedures surrounding governance & ethics.	Advisory	Completed
<b>LUF - Declarations of Interest &amp; Hospitality Register</b> Scope: To provide assurance to the Monitoring Officer on the Declarations of Interest checked for the UK Gov deep-dive audit surrounding Employee Declarations of Interest and Hospitality	Advisory	Completed
<b>LUF - Declarations of Interest &amp; Hospitality Register</b> Scope: Provide assurance for the UK Gov deep-dive audit on the policies and procedures in place surrounding Employee Declarations of Interest and Hospitality	Advisory	Completed
<b>SI – Governance – Project</b> Scope: Review of internal governance processes within a project after concerns were raised by Leadership Group	SI	Completed
<b>SI - Missing Purchase</b> Scope: Investigation into location of missing items.	SI	Completed
<b>SI - Missing Purchases - Additional report</b> Scope: Review of processes involved in purchasing items via procurement team and investigations into location of additional missing item	SI	In Review
<b>SI - Vehicle Purchase</b> Scope: Investigation into authorisation procedures.	SI	In Progress
<b>Childcare Capital Grant</b> Scope: Review grant returns are in accordance with terms & conditions.	Grant	Completed

## 4 RESOURCES

4.1 Internal Audit has been fully resourced during the fourth quarter of 2022/23.

4.2 A total of 199 days have been dedicated to audit work during the period 1 January 2023 to 31 March 2023, representing 108% of the assessed days estimated as required to complete the audit plan to year-end.

4.3 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 continue to be held using 'Teams'.

4.4 The NMWCAG run a Counter Fraud Sub-Group, which dedicates more time to the subject. This Sub-Group is attended by the Audit Manager (via Teams).

4.5 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, the e-learning system has been redeveloped and several members of audit staff have completed refresher e-learning modules.
- The CMIA has completed all training on the Council's Ceredigion Manager's Programme.
- The CMIA along with other IA staff where relevant, have 'attended' regular webinars hosted by the Institute of Internal Auditors (IIA), CIPFA, Data Cymru.
- Three members of staff are pursuing their Institute of Internal Auditors' qualification.
- The Senior Auditor has completed her qualification as an Accredited Counter Fraud Technician.

4.6 Arrangements are also in place to develop IA staff's awareness of counter fraud and ICT/Digital risks and controls via training and subscribing to information sources such as CIPFA's Better Governance Forum.

## 5 PERFORMANCE INDICATORS

5.1 The current Performance Indicator's (PI's) used by the Internal Audit service are set out below along with performance figures for Q4 (YTD).

Indicator	Measure	Target	Q4 (YTD)
Number of audits completed	Number	-	36
Percent of planned time spent on audits	%	80	108
Percentage of Quality Control Questionnaire's (QCQ) returned	%	50	89
Percentage of clients responses at least 'satisfied'	%	95	100
Percentage of actions accepted versus made	%	95	100
Av no of days from end of audit to issue of draft report	Days	10	1
Av no of days from exit meeting to final report	Days	5	0.5



**6 IMPROVEMENT PLAN 2022/23**

PSIAS Ref.	Conformance with Standard	Action Required	Target Date	Progress
1000	Does the internal audit charter:  d) Establish the responsibility of the board and also the role of the statutory officers (such as the CFO, the monitoring officer and the head of paid service) with regards to internal audit?	Update and seek approval of Internal Audit Charter to include responsibilities of the Governance and Audit Committee and Statutory Officers in respect of Internal Audit.	Next annual IA Charter review	Completed. IA Charter has been updated and was approved by GAC 17.1.23.
1210	Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent?	The Council should significantly support the CMIA in achieving, at the earliest opportunity, the Chartered Institute of Internal Auditors professional qualification (CMIIA).	As soon as possible, within 3 years of appointment	CMIA's qualification is in progress.
1311	Does ongoing performance monitoring include obtaining stakeholder feedback?	QCQs to be issued to auditees. Upcoming audits will have QCQ's issued to auditees via Pentana.	During 2022/23	Completed. QCQ's issued for all audit reports issued.
2010	Has the CAE determined the priorities of the internal audit activity in a risk-based plan and are these priorities consistent with the organisation's goals?  Does the risk-based plan set out the: a) Audit work to be carried out? b) Respective priorities of those pieces of audit work?  Estimated resources needed for the work?	The new CMIA should continue to develop the risk assessment process to inform the annual plan of internal audit activity, and outline the priority of works to be undertaken in the plan.  This is an ideal opportunity to ensure the annual audit plan is fully aligned with the Council's risk management framework and focused on the key risks to its strategic objectives.	Within 12 months	Completed. CMIA has developed the risk assessment process to incorporate the Council's Corporate Risk Register into the IA Plan. The 2023/24 IA Strategy & Plan was approved by GAC 10 March 2023.

PSIAS Ref.	Conformance with Standard	Action Required	Target Date	Progress
2050	Does the risk-based plan include an adequately developed approach to using other sources of assurance and any work that may be required to place reliance upon those sources?	Continue to develop the process of mapping and categorising sources of assurance for the Council, using the 'Three Lines' model.  Once complete, integrate the assurance map into the annual audit planning process in respect of PSIAS standard '2050 Coordination'.	Within 12 months	Completed. Assurance Map uses the 'Three Lines Model' and includes a broad coverage of assurances from other sources, both on the Corporate Risk Register and other risks IA are aware of.
2220	For consulting engagements, have internal auditors established an understanding with the engagement clients about the following: a) Objectives? b) Scope? c) The respective responsibilities of the internal auditors and the client and other client expectations?	Introduce a process of documenting, issuing and agreeing formal audit scopes with management in advance of the audit work commencing.  The IA team are in the process of implementing a new internal audit software system (Pentana), which has audit scoping functionality and can therefore be utilised for this purpose.	Within 12 months	Completed. A Scoping Document has been created that will be issued to auditees as a formal engagement prior to the audit commencing to outline the scope and objectives of each audit.
2421	If a final communication has contained a significant error or omission, did the CAE communicate the corrected information to all parties who received the original communication?	Update Audit Manual to include provision that in the event of a final audit report containing a significant error or omission, the relevant auditor / CMIA etc. will re-issue the corrected information to all parties who received the original communication.	Within 3 months	Completed.

PSIAS Ref.	Conformance with Standard	Action Required	Target Date	Progress
2450	<p>Does the [Annual Internal Audit Opinion] communication identify the following:</p> <ul style="list-style-type: none"> <li>a) The scope of the opinion, including the time period to which the opinion relates?</li> <li>b) Any scope limitations?</li> <li>c) The consideration of all related projects including the reliance on other assurance providers?</li> <li>d) The risk or control framework or other criteria used as a basis for the overall opinion?</li> </ul>	<p>Include a section within the Annual Report to include any limitations of scope for the work undertaken by Internal Audit for the relevant year.</p>	<p>Next Annual Report (2022/23)</p>	<p>Completed. The Annual Report containing the Internal Audit Annual Opinion has been created in line with PSIAS ref 2450 and is due to be presented to GAC 21 June 2023.</p>
2500	<p>Has the CAE established a process to monitor and follow up management actions to ensure that agreed actions have been effectively implemented or that senior management have accepted the risk of not taking action?</p>	<p>Re-instate the follow up process. The Pentana system has action tracking functionality, so once implemented, can be utilised for this purpose.</p>	<p>Within 6 months</p>	<p>Completed. The follow-up process of recommended actions has been reinstated, these will be reported to GAC.</p>

## Guide to the assurance criteria used:

<b>Level:</b>	<b>High</b>	<b>Substantial</b>	<b>Moderate</b>	<b>Limited</b>
<b>Adequacy of Controls:</b>	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.
<b>Risks:</b>	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).
<b>Guide:</b>	No fundamental or significant actions required.	No fundamental actions required. Limited significant actions.	Number of significant actions.	Number of fundamental / significant actions.
<b>Follow-up required:</b>	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.

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## CEREDIGION COUNTY COUNCIL

<b>Report to:</b>	<b>Governance and Audit Committee</b>
<b>Date of meeting:</b>	<b>21 June 2023</b>
<b>Title:</b>	<b>Internal Audit Management Actions Report 1/10/22 – 31/3/23</b>
<b>Purpose of the report:</b>	<b>To provide Members with an update on the work undertaken by internal audit of the monitoring and updating Management Actions during the above period</b>

As stated in the Institute of Internal Auditor's International Professional Practices Framework, Performance Standard 2500 states that Internal Audit must establish a process to monitor and follow up management actions.

The Corporate Manager – Internal Audit is responsible for monitoring progress made against these actions and reporting to Governance & Audit Committee.

This report updates the Governance & Audit committee of progress made by management in addressing management actions issued in the action plan of Internal Audit reports.

<b>Recommendation(s):</b>	<b>To consider the work undertaken and current position of the Internal Audit Section</b>
<b>Reasons for decision:</b>	<b>That the Committee is satisfied that the Internal Audit Section is effectively monitoring progress made against management actions issued and reporting to Governance &amp; Audit Committee to provide a realistic assurance at year-end, whilst adding value and assisting the Council in achieving its objectives.</b>

<b>Appendices:</b>	Internal Audit Management Action Report 1/10/22-31/3/23
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<b>Corporate Lead Officer:</b>	Elin Prysor CLO-Legal and Governance / Monitoring Officer
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<b>Reporting Officer:</b>	Alex Jenkins Corporate Manager – Internal Audit
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<b>Date:</b>	25 May 2023
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**Gwasanaethau Cyfreithiol a  
Llywodraethu**

**Legal & Governance Services**

**Gwasanaeth Archwilio Mewnol**

**Internal Audit Service**

# Management Actions

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**Date of Issue: 25<sup>th</sup> May 2023**

**Report Created by: Stephanie Land, SA**

**Report Approved by: Alex Jenkins, CMIA**

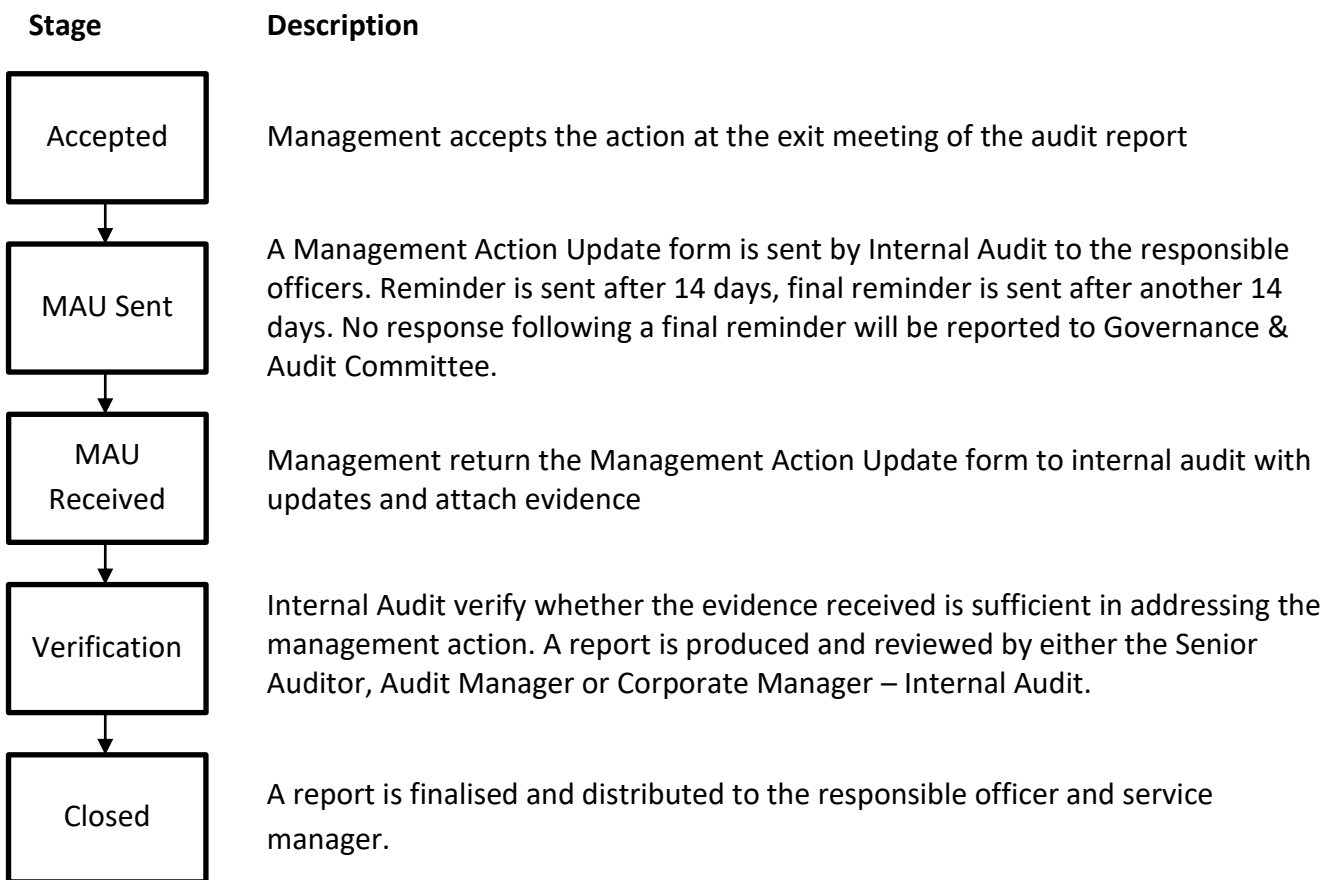


Cyngor Sir  
**CEREDIGION**  
County Council



# Introduction

1. As stated in the Institute of Internal Auditor’s International Professional Practices Framework, Performance Standard 2500 states that Internal Audit must establish a process to monitor and follow up management actions.
2. It is the responsibility of management to implement management actions. The Corporate Manager – Internal Audit (CMIA) is responsible for monitoring progress made against these actions and reporting to Governance & Audit Committee (GAC).
3. Management Action Update forms (MAUs) have been developed to distribute to agreed responsible officers to provide an update along with any supporting evidence.
4. Internal Audit’s process for following up management actions is as follows:



5. The progress of all significant and fundamental actions will be reported to GAC as part of this report on a six-monthly basis.
6. Internal Audit maintain a spreadsheet to allow a real-time snapshot of the current performance which enables effective tracking and reporting of this information.
7. Due to a backlog of management actions as a result of the Covid 19 pandemic, Internal Audit will prioritise fundamental and significant actions for reports issued 2020/2021 and older. From 2021/2022, all management actions will be followed up.

## Current Performance

8. The following charts show performance of Management Actions as at 31/03/2023.
9. The total outstanding actions are shown in figure 1. There is a total of 65 outstanding Management Actions. Management Actions are considered outstanding until they are at the 'Closed' stage.

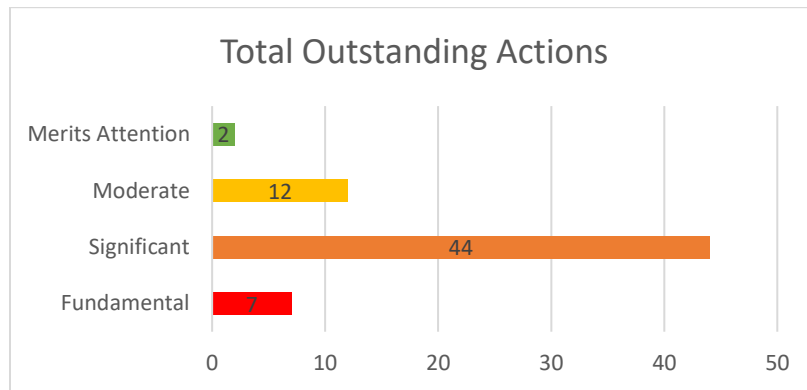


Figure 1

10. Outstanding Management Actions by year issued is shown in figure 2.

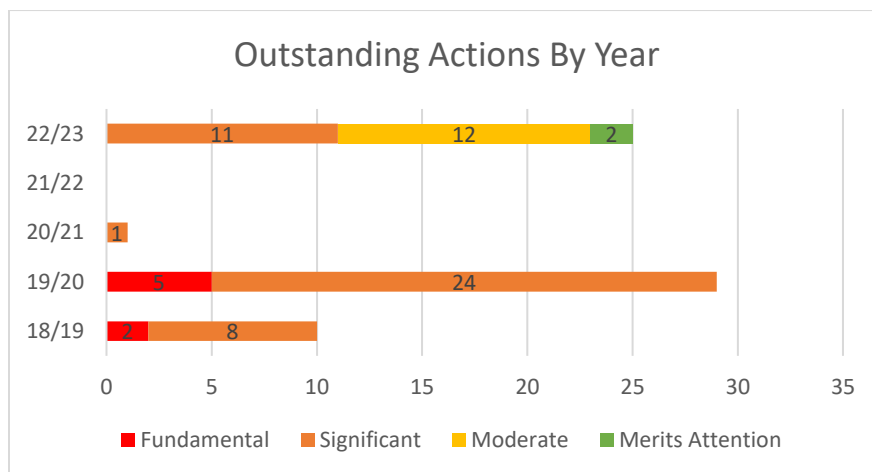


Figure 2

11. The total overdue actions are shown in figure 3. The overdue actions do not include Management Actions in the process of being followed up (i.e. in the MAU received, Verification, or Closed stages).

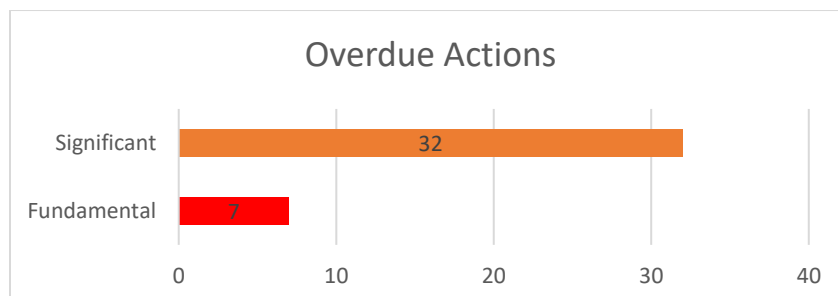


Figure 3

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12. The status of Management Actions is shown in figure 4. All outstanding actions monitored for the period are included in this chart regardless of whether they are overdue or not. Closed actions will then be removed from the monitoring spreadsheet for subsequent reports.

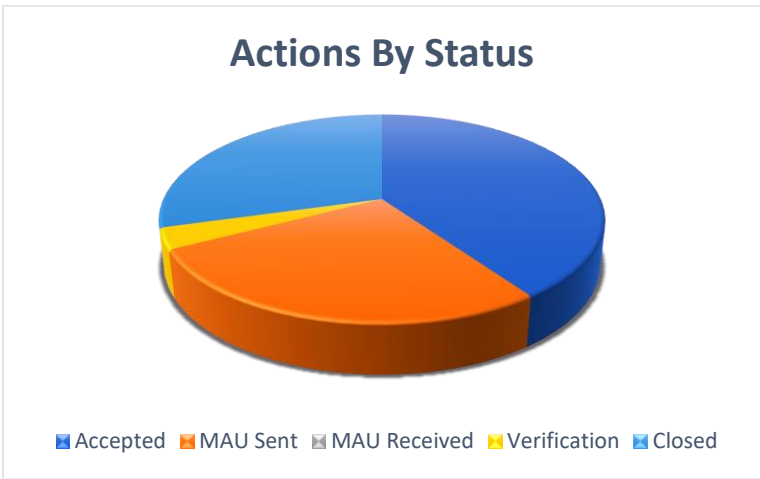


Figure 4

13. Internal Audit’s progress of revisiting fundamental and significant Management Actions is detailed in Appendix 1.


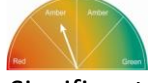



## Management Actions progress: up to 31/03/2023

### Management Action Reports issued:

#### DBS Licences (original audit date: 04/06/2021)

Assurance level:

Substantial

Management Action	Priority	Outcome	Updated Priority / Target Date	Status
Information regarding data handling should be included in policies	 Significant	Revised action: The Service should include information re data handling in its policies. Progress with the adoption of the new policy 'Guide to Harmonisation of Taxi and Private Hire Vehicle Licensing in Wales'.	 Significant 30 <sup>th</sup> September 2023	Accepted
The required DBS information should be recorded on the system for every application	 Significant	Revised Action: The service should implement a procedure to monitor DBS dates to ensure that Taxi Driver's do not operate without a current DBS check.  In the event that a licensed Taxi Driver does not have a current DBS check in place and the licence has not been surrendered, the licence should be revoked in line with policy in order to execute the Council's duty to safeguard the public.	 Moderate  Immediate and ongoing	Accepted
Any retained DBS certificates must be filed and locked away securely in non-removable storage facility for the appropriate retention period only.	 Significant	COMPLETED		Closed

## Closed Management Actions

The following Management Actions have been risk assessed by the CMIA and have been allocated as 'Closed' as part of the Management Actions Update programme (the reasons are outlined under each item below):

<b>Plascrug Leisure Centre including Vending (original audit date: 21/09/2018)</b>	Assurance level: Status	Moderate Closed
<u>6 Fundamental, 11 Significant</u> Due a significant number of changes in Leisure Services as a result of the New Ways of Working, Through Age & Wellbeing transformation and a new Management Software, the CMIA has included an audit of Plascrug Leisure Centre on the 23/24 Internal Audit plan. The Management Actions will be considered as part of the audit.		
<b>Child Performance Licences (original audit date: 21/02/2019)</b>	Assurance level: Status	Moderate Closed
<u>1 Fundamental, 3 Significant</u> Since the original audit, the Child Performance Licences service has moved from Legal & Governance to the Schools & Culture service. After a discussion with the Corporate Manager – ALN Inclusion & Wellbeing and the Team Leader - Education Inclusion Service, it was agreed that a follow-up audit of the service would provide greater assurance. Child Performance Licences has been included on the 23/24 Internal Audit plan.		
<b>GDPR in Schools (original audit date: 31/03/2020)</b>	Status	Closed
<u>1 Significant</u> This audit takes place annually and is therefore on the 23/24 Internal Audit plan.		
<b>SI – Missing Purchase (original audit date: 21/02/2019)</b>	Assurance level: Status	Substantial Closed
<u>3 Significant</u> Not suitable for follow up – actions issued are covered in other audits in the IA plan. Counter Fraud Investigation.		

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## CEREDIGION COUNTY COUNCIL

<b>Report to:</b>	<b>Governance and Audit Committee</b>
<b>Date of meeting:</b>	<b>21 June 2023</b>
<b>Title:</b>	<b>Internal Audit Annual Report 2022/23</b>
<b>Purpose of the report:</b>	<b>To provide an annual internal audit opinion of assurance to Members of the Committee</b>

The Committee considered the annual Internal Audit Plan 2022/23 at its meeting in March 2022. 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 2023 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 2022/23**

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

**Reporting Officer:** Alex Jenkins  
Corporate Manager - Internal Audit

**Date:** 16 May 2023

# GWASANAETHAU CYFREITHIOL A LLYWODRAETH LEGAL AND GOVERNANCE SERVICES

GWASANAETH ARCHWILIO MEWNOL

INTERNAL AUDIT SERVICE



Mae'r adroddiad yma ar gael yn Gymraeg.

This report is available in Welsh.



**Adroddiad Blynyddol y Rheolwr  
Cofforaethol – Archwilio Mewnol ar Waith yr  
Uned Archwilio Mewnol am 2022/23**

**Annual Report of the Corporate Manager –  
Internal Audit during 2022/23**

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

Date of Issue: 16 May 2023

Presented to Governance & Audit Committee: 21 June 2023

Page 332



# Annual Report of the Corporate Manager - Internal Audit on the Activity of Internal Audit during 2022/23

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## 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 (GAC) with an annual opinion of assurance on the Council's whole system of internal control, risk management and corporate governance arrangements.

According to the PSIAS, the annual opinion must include:

- An opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.
- Disclose any qualifications to that opinion, together with the reason for the qualification.
- Present a summary of the audit work from which the opinion is derived, including reliance placed on other assurance bodies.
- Draw attention to any issues the chief audit executive judges particularly relevant to the preparation of the Annual Governance Statement.
- Summarise the performance of the internal audit function against its performance measures.
- Comment on compliance with the PSIAS and communicate the results of the Internal Audit quality assurance programme.

## 2 INTERNAL AUDIT OPINION

### 2.1 Corporate Manager – Internal Audit Opinion 2022-23

**For the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 the Corporate Manager – Internal Audit's opinion is 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.**

**No areas of significant corporate concern have been noted through Internal Audit's work during the period, however some areas do require improvement action and monitoring to ensure the achievement of objectives.**

**There are no qualifications to this opinion.**

### 3 BASIS OF MY OPINION

#### SCOPE

- 3.1 I have reached my opinion by considering the work Internal Audit has carried out during the year. Including:
- the number, scope and assurances from internal and external reviews undertaken during the year to 31 March 2023, and
  - the acceptance of actions by management (where available)
- 3.2 The opinion does not imply that we have reviewed all risks and assurances relating to the Council.
- 3.3 My opinion has been reached by the completion of work from the risk-based Internal Audit Operational Plan, which was approved by GAC in March 2022.
- 3.4 The level of assurance provided is based on:
- The findings of all audits and consultations undertaken during 2022/23 (planned and unplanned),
  - Management responses to findings and actions required, and
  - Various assurances from other sources as collated and monitored in Internal Audit's Assurance Map.
- 3.5 The aim of the majority of audit 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.

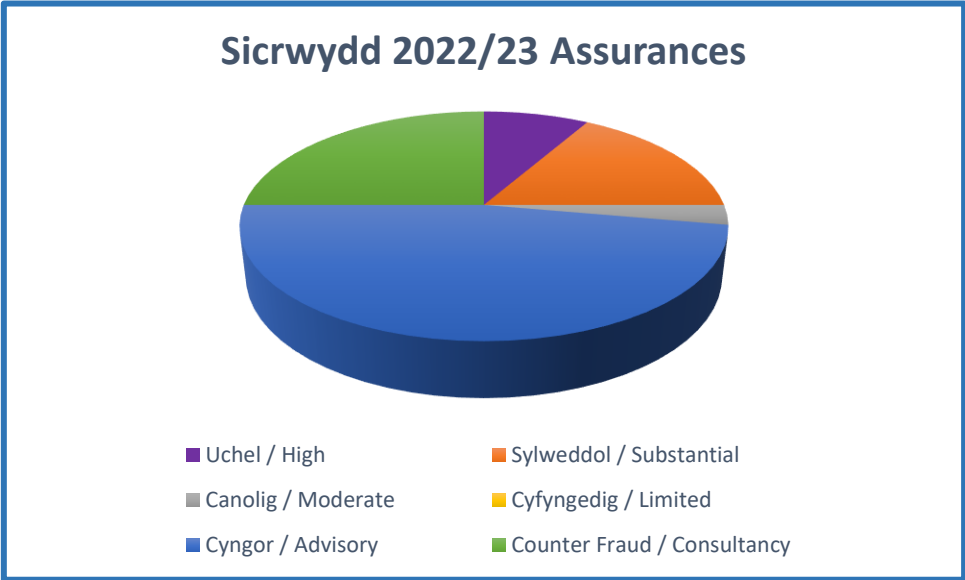
#### LIMITATIONS OF SCOPE

- 3.7 The findings and assurances in this report are only those that came to Internal Audit's attention during the course of our work within the Council throughout the year. They are not necessarily a comprehensive account of all strengths and weaknesses that exist or all improvements that might be made by services. Assurance cannot be absolute.
- 3.8 Internal Audit emphasise that the responsibility for internal control, risk management and governance procedures lies with management and our work should not be relied upon to identify all strengths and weaknesses that may exist.
- 3.9 Neither this report, nor Internal Audit's work, should be taken as a substitute for management's responsibilities of sound internal control practices.

4 ASSURANCES OBTAINED

- 4.1 This report sets out collective outcomes of the audit reviews undertaken from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. Individual outcomes are reported to GAC in Internal Audit’s quarterly Progress Reports.
- 4.2 The overall assurance provided also takes into account progress by management in implementing improvements, consideration of the risk register, and assurances provided in reports issued by external regulators.
- 4.3 Internal Audit assurance provided during 2022-23.

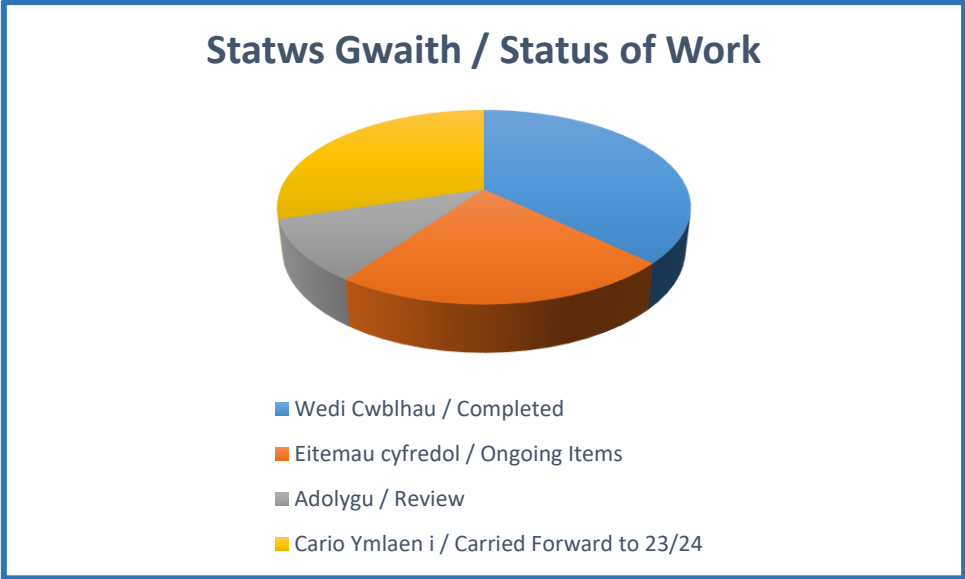
Overall, Internal Audit were able to provide ‘Moderate’ assurance or above to eleven pieces of work completed. There were no ‘Limited’ assurances reported. The rest of the assurance obtained was from consultancy or counter fraud work undertaken throughout the year.



- 4.4 The implementation of the operational plan was monitored by the CMIA on an on-going basis. A number of additions were made during the year on a risk assessed basis, necessitating the re-prioritisation of tasks, and revisions to the original work planned.

All reactive work added to the Internal Audit Operational Plan is reported to the GAC as part of the CMIA’s quarterly Progress Reports.

4.5 The status of IA's work as at 31<sup>st</sup> March 2023 is shown in the chart below:



- 4.6 A summary of the work completed from the operational plan and assurances provided during 2022/23 is provided in Appendix I.
- 4.7 The majority of reviews that provided an opinion on assurance, were allocated either high or substantial assurance based on the work undertaken.
- 4.8 No areas audited during the year were allocated limited assurance, however, one was given moderate assurance. As well as advising the services at the time of the audit of the corrective actions required, a further review will be undertaken to assess improvements as part of IA's Management Actions Programme, and IA will continue to work with the services to assist with embedding improvements into systems.
- 4.9 A separate report has been produced outlining the counter fraud work undertaken by the service during 2022/23, as requested by the Committee.

ANNUAL GOVERNANCE STATEMENT

4.11 Audit Wales review the Annual Governance Statement (AGS) 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 GAC.

The CMIA gave high assurance on procedures in place to ensure the AGS and its supporting documents are effective and are monitored throughout the year.

ASSURANCE MAPPING

- 4.12 Internal Audit's assurance mapping exercise has been reviewed and strengthened to incorporate the Institute of Internal Audit's 'Three Lines Model'.
- 4.13 Assurance mapping is a standard item on the agenda of weekly Internal Audit team meetings to regularly monitor the status of assurances already on the map and any new assurances to be added.

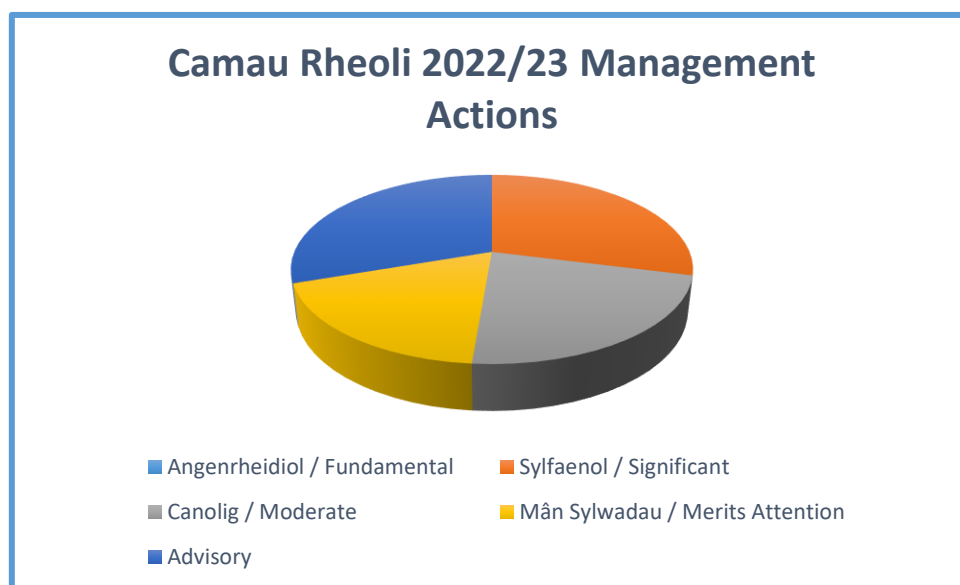
## CULTURE

- 4.14 The ethical culture within the Council is good, with employees and Members expected to comply with the Codes, policies and guidance issued. These are readily available on the Council's website and/or Ceri.
- 4.15 The Ceredigion Manager Programme, provided by HR, has been refreshed to include additional modules such as Managing Teams Remotely. Training covers various aspects of workforce planning, development and management. Managers also have the opportunity to enrol on an Institute of Leadership & Management qualification.
- 4.16 All Council staff must complete mandatory training modules on matters such as equality & diversity, health & safety, etc which is monitored on the Ceredigion Learning Pool by Line Managers and Leadership Group.

## 5 MANAGEMENT ACTIONS

### CURRENT ACTIONS

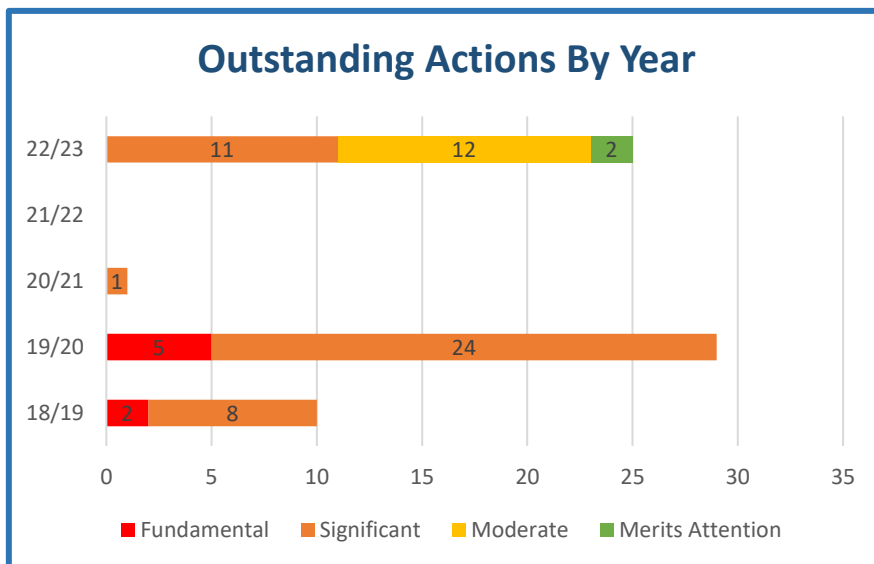
- 5.1 Internal Audit operates a formal follow up process to confirm that Management Actions issued in IA reports have been implemented by management.
- 5.2 A total of 76 'Management Actions' have been issued in final audit reports distributed during 2022/23, some of which were minor in nature or advisory, but merited consideration (as per chart below).



- 5.3 The significant actions have been reported regularly to the GAC in the quarterly IA Progress Reports and will be monitored on an ongoing basis as part of our Management Actions Update programme. No fundamental actions were issued in 2022/23.
- 5.4 Criteria used to assess each level of assurance is outlined in Appendix 2.

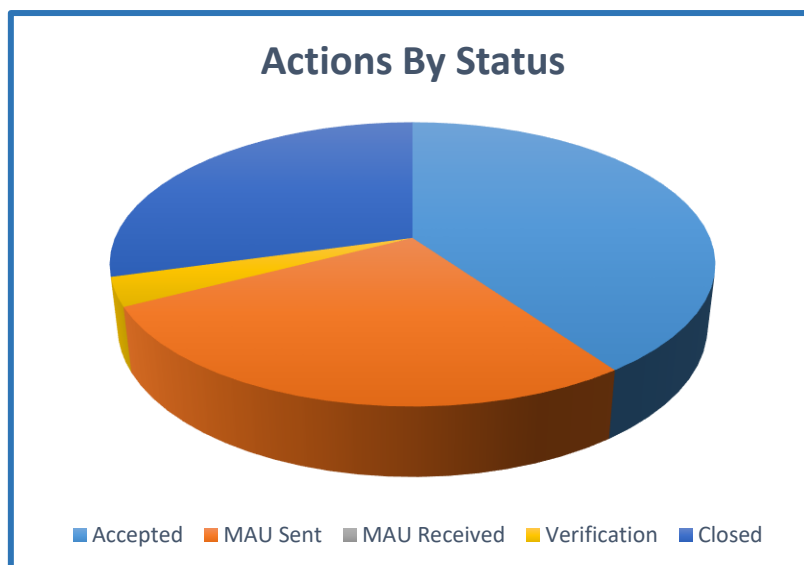
## PREVIOUS ACTIONS

- 5.5 Due to the pandemic, there is a backlog in revisiting previous management actions issued. IA are currently working through the backlog by prioritising 'fundamental' and 'significant' management actions from previous years.
- 5.6 As at 31<sup>st</sup> March 2023, we are monitoring 40 previously issued, outstanding actions as part of our Management Actions Update (MAU) programme.
- 5.7 The chart below outlines current outstanding actions by year.



Of these, 7 are 'fundamental' actions, 44 are 'significant', 12 'moderate' and 2 'merits attention'.

- 5.8 The status of outstanding actions as at 31<sup>st</sup> March 2023 is:



## 6 AVAILABLE RESOURCES

- 6.1 The current IA structure has been in place since the appointment of the Governance & Audit Assistant in May 2022, who provides support to both the IA service and the Governance Officer.
- 6.2 During the year a total of 735 days of audit activity were undertaken (equating to approximately 100% of required days).
- 6.3 The Audit Manager co-ordinates and works 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.
- 6.4 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.
- 6.5 Pembrokeshire CC notified us in April 2023 that they are to cease using the Pentana Audit Management software (for which we have shared use) in August 2023. The CMIA is currently arranging a procurement exercise to explore other software options. In the meantime, shared electronic folders will be used to record work completed.

### DECLARATION OF INDEPENDENCE

- 6.6 During the year, all Auditors have acted with integrity and objectivity and at no point has their independence been compromised. Auditors complete an annual Declaration of Interest and Affirmation to the PSIAS Code of Ethics. Where declarations are made, work is allocated to ensure no conflicts of interest take place.
- 6.7 Internal Audit is well positioned within the Council to ensure independence. The Corporate Manager – Internal Audit reports administratively to the Corporate Lead Officer, Legal & Governance (also the Council's Monitoring Officer) and has direct access to Leadership & Members.

## 7 INTERNAL AUDIT PERFORMANCE

- 7.1 The CMIA has made every effort to make best use of the IA resources available to deliver the risk-based plan by:
  - Focusing the scope of audits to obtain best value and accomplish objectives
  - Prioritising assurance work and advisory work on a risk basis
  - Developing communication with other services and making better use of technology available e.g. Teams, MS Forms, ActiveData
  - Streamlining reports to GAC
  - Reporting quarterly assurances to the Chief Executive and Strategic Directors



- Buying in expertise from subject matter experts e.g. Information Management health check by Zurich Municipal.

7.2 Internal Audit has added value to authority during 2022/23 through:

- Providing risk-based and objective assurance.
- Monitoring and reporting of progress made on agreed actions by management.
- Membership of key panels and groups such as Corporate Project Management Panel, Development Group, Steering Groups.
- Audit Manager coordinating the National Fraud Initiative exercise.
- Consulting and/or advising on development of key policies and procedures at an early stage.
- Providing training to the County's Headteachers on Internal Audit requirements in their roles as Headteachers.

7.3 The CMIA compiles a range of performance indicators as set by the GAC based on CIPFA's benchmarking indicators:

Indicator	Measure	Target	2021/22	2022/23
Number of audits completed	Number	-	26	36
Percent of planned time spent on audits	%	80	102	100
Percentage of QCQs returned	%	50	-	89
Percentage of client's responses at least 'satisfied'	%	95	-	100
Percentage of actions accepted versus made	%	95	96	100
Av no of days from end of audit to issue of draft report	Days	10	7.9	1.1
Av no of days from exit meeting to final report	Days	5	0	0.5

7.4 Internal Audit performed well against our targets in 2022/23. The average number of days between the end of the audit fieldwork 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).

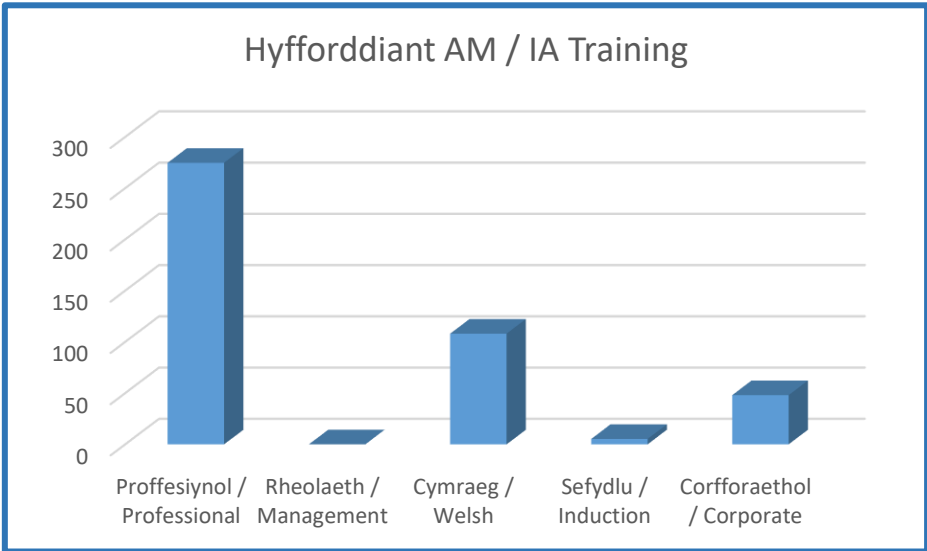
There is also a good turn-around between the audit exit meeting and the issue of the final report, with a number of reports being issued the same day as the exit meeting. This is mainly due to conducting exit meetings via Teams where documents can be updated in real time and sent to auditees immediately following the meeting.

## CONFORMANCE TO PSIAS

- 7.5 An annual self-assessment was carried out by the CMIA using CIPFA's checklist to assess IA's compliance with the Standards and LG Application Note.
- 7.6 An external review of the assessment was conducted during 2022/23 by the Head of Audit of Anglesey County Council. In accordance with the Standards, this assessment is required to be undertaken every five years by a qualified independent assessor.
- 7.7 Following both the internal self-assessment and the external assessment, Internal Audit continues to Generally Conform to the Standards. The relevant processes, policies and procedures for the service comply with the requirements of the Standards and of the Code of Ethics. General Conformance does not require complete / perfect conformance.
- 7.8 The 2021/22 self-assessment and the resulting improvement plan was reported to GAC in September 2022 along with the report from the external review. The summary of results from the 2021/22 self-assessment and EQA has been attached in Appendix 3.
- 7.9 Normally, we would participate in a performance benchmarking exercise with the 22 members of the Welsh Chief Auditors Group. However, this was paused during the pandemic and is now in the process of being reimplemented and collated.
- 7.10 Any instances of non-conformance to the Standards are reported to the GAC. Any significant deviations are noted in the Annual Governance Statement.
- 7.11 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).

## 8 TRAINING & DEVELOPMENT

- 8.1 In accordance with the standards, Internal Audit undertake regular training and continuous professional development (CPD). Annual records of training and CPD are submitted to the CMIA to monitor ongoing training needs and assign work to suitably trained and experienced auditors.
- 8.2 The Corporate Manager – Internal Audit and the Audit Manager are currently pursuing their Certified Internal Auditor qualifications with the Institute of Internal Auditors.
- 8.3 The Senior Auditor obtained the Accredited Counter Fraud Technician qualification during 2022/23. The CMIA is also an Accredited Counter Fraud Technician, whilst the Audit Manager holds the CIPFA Certificate in Investigative Practice.
- 8.4 Training hours completed during 2022/23 fall into the following categories:



2022/23 Audits Completed

Audit	Type	Assurance
Treasury Management	Key Control	High
Non-Domestic Rates (NNDR)	Key Control	Substantial
Creditors	Key Control	Substantial
Sundry Debtors	Key Control	Substantial
AGS Framework Review 2021/22 – Update	Governance	High
AGS Framework Review 2022/23	Governance	High
Business Continuity	Governance	Substantial
GDPR in schools	GDPR / DP	Substantial
Information Governance Health Check	Risk / Assurance	Advisory
Harbours account 2021/22	Account	Account
Harbours Income	Support Account	Substantial
Ceredigion Sports Council	Honorary	Honorary
Coroners – Comparison – Revised Report	Advisory	Advisory

Coroners - 'Additional'	Advisory	Advisory
Coroners – Tender	Advisory	Advisory
Corporate Safeguarding procedures	Safeguarding	Moderate
Active Data – Covid Grants vs Payroll bank details	Ethics / Counter Fraud	Advisory
Audit Wales MRF – Tackling Fraud	N/A	N/A
Audit Wales MRF – NFI in Wales 2020-21	N/A	N/A
Emergency Welcome Centre	Advisory/ Governance	Advisory
Emergency Welcome Centre - Cash Fund	Advisory/ Governance	Advisory
Lampeter Wellbeing Centre	Advisory/ Consultancy	Advisory
LDO Provision – security	Advisory	Advisory
Levelling-up Fund - Risk Assessment	Governance	Advisory
Levelling-up Fund – Declarations of Interest & Hospitality Register	Governance	Advisory
Levelling-up Fund – Declarations of Interest & Hospitality Register - UK Gov	Governance	Advisory
Governance – Projects – Special Investigation	SI	SI
Missing Purchase – Special Investigation	SI	SI
Childcare Scheme – Capital Grant	SI	Grant

Tenancy Hardship Grant – August 2021	Grant	N/A
Cost of Living Payments	Grant	N/A
Unpaid Carers Payments	Grant	N/A
Economic Adjustment – Silver Command	Assurance	N/A
Brexit Group	Risk / Governance	N/A
Direct Payments – Governance Task & Finish Group	Governance	N/A
Direct Payments Phase 2 – Steering Group	Governance	N/A

Guide to the assurance criteria used:

Level:	High	Substantial	Moderate	Limited
<b>Adequacy of Controls:</b>	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.
<b>Risks:</b>	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).
<b>Guide:</b>	No fundamental or significant actions required.	No fundamental actions required. Limited significant actions.	Number of significant actions.	Number of fundamental / significant actions.
<b>Follow-up required:</b>	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.

## CONFORMANCE WITH PSIAS

Ref	Standard, Action Proposed & Timescale	Action to Date (Q4)
Std 1210	<p>5.3.1 Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent?</p> <p><b>CMIA to achieve CMIIA professional qualification.</b></p> <p><b>Within 3 years of appointment.</b></p>	<p>The Corporate Manager – Internal Audit is progressing with her IIA qualification.</p>
Std 1311	<p>5.4.5 Does ongoing performance monitoring include obtaining stakeholder feedback?</p> <p><b>QCQs to be issued to auditees. Upcoming audits will have QCQ's issued to auditees via Pentana.</b></p> <p><b>During 2022/23</b></p>	<p>QCQ's are issued to all auditees and the results are reported to GAC and Performance Board on a quarterly basis.</p>
Std 2010	<p>6.1.1 Has the CAE determined the priorities of the internal audit activity in a risk-based plan and are these priorities consistent with the organisation's goals?</p> <p><b>Produce risk-based audit plan in accordance with services' road plans which clearly sets out the priorities of audits consistent to the Council's priorities.</b></p> <p><b>During 2022/23</b></p>	<p>The CMIA created the 2023-24 Internal Audit Strategy &amp; Plan by undertaking an annual risk assessment and assurance mapping exercise. The CMIA prioritised work to the Council's Corporate Risk Register, aligning to the priorities set out in the Council's Corporate Strategy.</p>
Std 2050	<p>6.1.15 Using other sources of assurance.</p> <p><b>Assurance mapping system to be updated and monitored at weekly Team meetings.</b></p> <p><b>Throughout 2022/23</b></p>	<p>The CMIA has developed the Assurance Mapping process to incorporate the 'Three Lines of Defence Model', obtaining assurances from management, IA and external sources of assurance e.g. regulators &amp; inspectorates. Assurance Mapping is discussed at weekly team meetings.</p>



Ref	Standard, Action Proposed & Timescale	Action to Date (Q4)
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><b>The follow-up audits due will be carried forward to 2022/23. Recommendation tracking for future audits will be monitored in Pentana.</b></p> <p><b>31 March 2023</b></p>	<p>The CMIA has created a management action monitoring spreadsheet. Outstanding management actions are being revisited and assessed. The CMIA has created a Management Action report that will be reported to GAC regularly.</p>
AJ	<p>Pentana (MKI) system not found as useful when working reactively.</p> <p><b>The system has been evaluated and IA team have undertaken training on the system. IA plan to be input for Q3&amp;Q4.</b></p> <p><b>Throughout 2022/23</b></p>	<p>The Pentana system was reintroduced to the IA team. The IA team undertook super-user training.</p>

#### IA Conformance with Standards 2021/22

Conformance with the Standards	Conformance 2021/22			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	9	1		10
1300 Quality Assurance and Improvement	14	1		15
6. Performance Standards				
2000 Managing the Internal Audit Activity	14	3		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
<b>Total</b>	<b>229</b> <b>97%</b>	<b>6</b> <b>3%</b>	<b>0</b> <b>-</b>	<b>235</b> <b>100%</b>

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## CEREDIGION COUNTY COUNCIL

<b>Report to:</b>	<b>Governance and Audit Committee</b>
<b>Date of meeting:</b>	<b>21 June 2023</b>
<b>Title:</b>	<b>Internal Audit Counter Fraud Report 2022/23</b>
<b>Purpose of the report:</b>	<b>To provide Members with a summary of the counter fraud work undertaken by internal audit during 2022/23</b>

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.

**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 2022/23**

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

**Reporting Officer:** Alex Jenkins  
Corporate Manager – Internal Audit

**Date:** 24 May 2023

# GWASANAETHAU CYFREITHIOL A LLYWODRAETHU

## LEGAL & GOVERNANCE SERVICES

GWASANAETH ARCHWILIO MEWNOL

INTERNAL AUDIT SERVICE



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

### ADRODDIAD ARCHWILIO 2022/23 – ATAL TWYLL AUDIT REPORT 2022/23 – COUNTER FRAUD

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

Date of Issue: 24 May 2023

Presented to Governance & Audit Committee: 21 June 2023



Cyngor Sir  
**CEREDIGION**  
County Council

# ADRODDIAD ARCHWILIO 2022/23 – ATAL TWYLL

## AUDIT REPORT 2022/23 – COUNTER FRAUD

### 1. Introduction

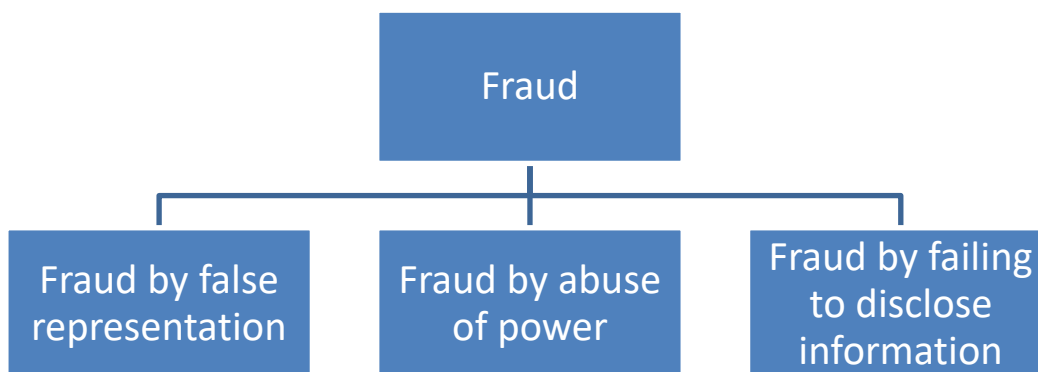
- 1.1 This report presents the work carried out by Internal Audit during 2022-23 to minimise the risk of fraud, bribery and corruption occurring within and against Ceredigion County Council.
- 1.2 Fraudulent behaviour threatens the Council, therefore there is a high degree of commitment to ensure an effective strategy exists which is designed to prevent, detect, and identify fraud, bribery and corruption, and any other malpractice to include money-laundering.
- 1.3 The Council has a Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering), which 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.

### 2. Why is Countering Fraud, Bribery and Corruption Important?

- 2.1 According to the National Fraud Initiative Report (December 2022)<sup>1</sup>, Fraud is estimated to account for 40% of all crime committed across the UK and is a long-standing threat to public services. CIPFA's Public Sector Internal Audit Standards defines fraud in its Glossary as:

“Any illegal act characterised by deceit, concealment or violation of trust. These acts are not dependent upon the threat of violence or physical force. Frauds are perpetrated by parties and organisations to obtain money, property or services; to avoid payment or loss of services; or to secure personal or business advantage”.

- 2.2 The Fraud Act 2006 has set out three ways in which fraud can be committed:



<sup>1</sup> National Fraud Initiative Report December 2022

- 2.3 The Council has a duty to safeguard money that should be used in the public interest. Fraud can affect the Council's reputation and takes funding from key public services, affecting the public's trust, financial sustainability and efficiencies within the organisation.
- 2.4 The Council's aims and objectives in its Strategy to Counter Fraud, Corruption and Bribery are to prevent, detect and investigate occurrences of fraud and corruption.
- 2.5 The methods of reporting of any suspected fraud, theft, irregularity, improper use or misappropriation of the Council's property or resources are contained in the Council's Strategy to Counter Fraud.
- 2.6 Effective counter fraud measures taken by the Council can rebuild public trust and ensure that public funds are used in the public interest.
- 2.7 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.

### 3. Internal Audit's Role in Countering Fraud

- 3.1 Following the transfer of fraud investigators from local government to the Department for Works and Pensions, Ceredigion County Council along with many other Welsh Local Authorities, no longer have a dedicated council-wide counter-fraud resource, Internal Audit have instead been designated the counter-fraud role in the Council.
- 3.2 The Corporate Manager - Internal Audit (CMIA) and the Senior Auditor are both Accredited Counter Fraud Technicians (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.
- 3.3 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.

- 3.4 The CMIA regularly meets with the Chief Finance Officer (Section 151) and the Monitoring Officer to discuss instances of fraud.

- 3.5 The CMIA is in contact with the heads of audit from all the Welsh local authorities (WCAG), 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 and Mid Wales Audit Partnership (NMWAP) heads of audit also meet and share this information.
- 3.6 The NMWAP has established a sub-group to share and drive good practice in relation to counter fraud. This group meets on a quarterly basis and the Audit Manager represents Ceredigion's Internal Audit team. The group collaborates to develop a baseline for counter-fraud arrangements across seven local authorities in north and mid Wales.
- 3.7 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.
- 3.8 However, it must be stressed that assurances regarding fraud can never be absolute.

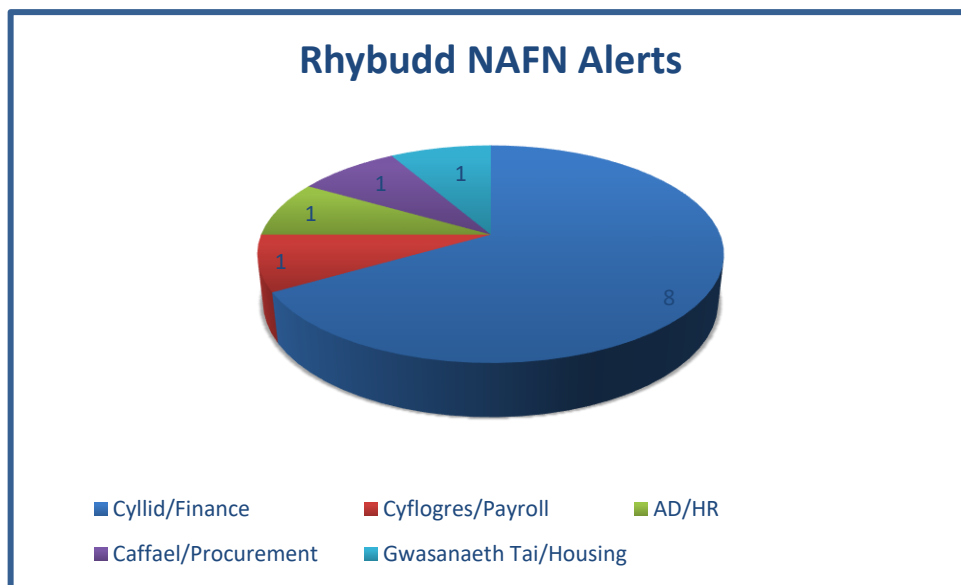
#### 4. Counter Fraud Work Undertaken by Internal Audit

- 4.1 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 procurement and payments section to reduce order / invoice anomalies.
- 4.2 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 Audit Manager.
- 4.3 The NFI testing is complemented by further data analysis exercises, where possible. IA uses the Active Data software to analyse data, which works as an Excel add-in. The software can perform different audit-relevant tasks using data matching techniques, sampling and features to help detect anomalies.
- 4.4 Internal Audit carried out an ActiveData data matching exercise in 2022/23 on Covid-19 support vs CCC Payroll. There is an additional ActiveData Counter-Fraud exercise planned for 2023/24 as detailed in the IA Strategy & Plan that was approved by GAC on 9 March 2023.
- 4.5 External influences which may have a bearing on Council services may also

trigger a special investigation eg there continues 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.

- 4.6 This ensures issues are brought to IA's attention promptly and can be dealt with by reinforcing appropriate controls beforehand.
- 4.7 Audit Wales requires authorities to report details of all frauds to their External Auditors, and to the Chair of GAC.
- 4.8 Due to the current Cost of Living crisis, support payments continue to be released by both UK Government and Welsh Government. IA will support the Finance team with Counter Fraud measures by running duplicate checks on reference numbers, names, addresses, bank details and email addresses.
- 4.9 The CMIA receives regular NAFN Alerts and where relevant instructs further investigation by the IA team and/or shares the alert with relevant services for awareness or investigation.

The chart below shows the number of NAFN Alerts shared by IA with services:



- 4.10 The Council's ICT service arranged a '2-hour exercise in a box' with Cybershare in January 2022, a cyber security training provider, to arrange training for staff on awareness of Cyber Attacks.

## 5. National Fraud Initiative

- 5.1 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.
- 5.2 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

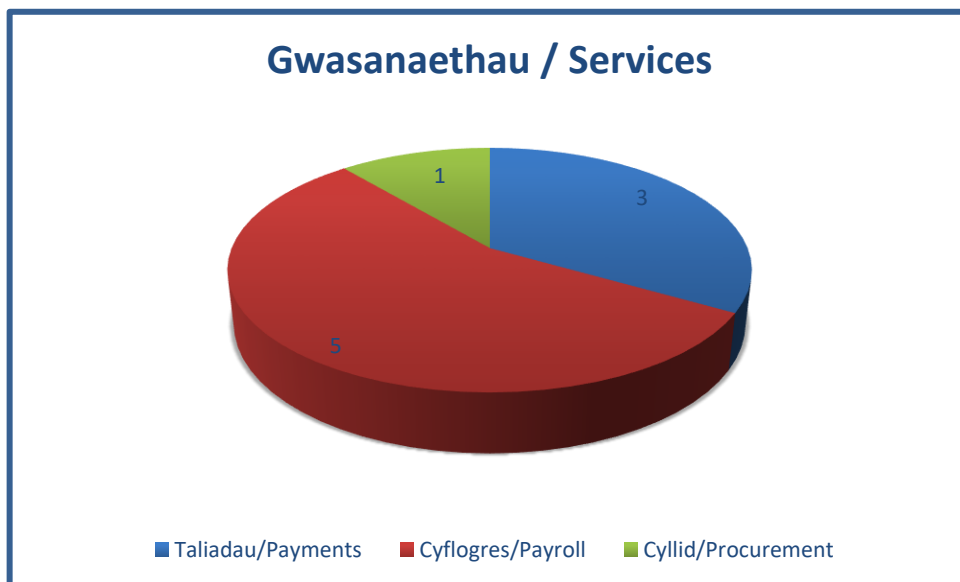


1996, NFI exercises have resulted in the detection and prevention of more than £49.4 million of fraud and overpayments in Wales and £2.4 billion across the UK.

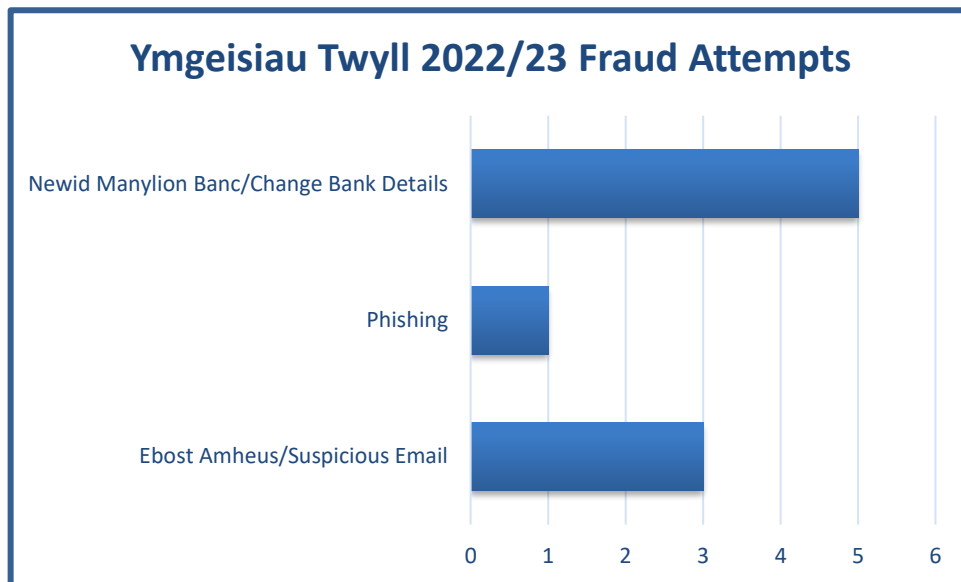
- 5.3 The NFI is constantly developing in order to continue to prove an effective tool for detecting and preventing fraud and error across the UK. It acknowledges that fraudsters are always looking for new areas to exploit and make money at others' expense. NFI tries to counter this threat by continually 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 and new emerging fraud problems.
- 5.4 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.
- 5.5 Staff at Ceredigion have uploaded data and are currently undertaking work on the 2022/23 reports. 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.

## 6. Attempted Fraud 2022/23

- 6.1 Services regularly report instances of attempted fraud to IA and IT (where appropriate e.g. phishing or suspicious emails, cyber fraud etc). The following chart shows the volume of reports per service received by IA during 2022/23:



- 6.2 Five incidents of payroll mandate were discovered by Payroll staff during the year. All of these were reported to Internal Audit. There was one instance of a phishing email being received by the Payments team and a further 3 instances of suspicious emails received by the Payments team and Procurement.



## 7. Current & Emerging Fraud Risks

- 7.1 Since the Covid-19 pandemic, most of the Council's services were forced to work online, the same was true for criminals. While the Council continues to develop its new ways of working, and the potential for weaker internal controls there is a greater risk of 'insider threat' fraud in addition to external threats.
- 7.2 According to CIPFA's 2020 National Report, the main areas for fraud (by volume) in Local Government Authorities are Council Tax, Disabled Parking (Blue Badges), Housing & Tenancy Fraud and Business Rates. Other types of fraud commonly seen in Local Government Authorities are Adult Social Care, Insurance, Procurement, Payroll & HR and mandate or grant fraud.
- 7.3 With the current cost of living crisis and record inflation rates, other business critical risks such as staff retention, and cyber threats, the opportunities for fraud have increased. Fraudsters will take advantage of the situation using increasingly sophisticated tools to commit crime.

## 8. Conclusion

- 8.1 IA will continue to look for counter fraud measures when undertaking all audits and advise managers and services of ways to strengthen controls, risk and governance processes where appropriate.
- 8.2 The CMIA will continue to discuss fraud and internal controls with the Chief Finance Officer, Monitoring Officer and Senior Management to improve the culture surrounding fraud and to improve services' counter fraud measures and internal controls, reducing the risk of fraud.
- 8.3 IA are planning a Council-wide fraud risk assessment to obtain further assurance on counter fraud measures throughout the Council and plan IA work more effectively.

## Cyngor Sir CEREDIGION County Council

<b>Report to:</b>	<b>Governance and Audit Committee</b>
<b>Date of meeting:</b>	<b>21<sup>st</sup> June 2023</b>
<b>Title:</b>	<b>Corporate Risk Register</b>
<b>Purpose of the report:</b>	<b>To update the Governance and Audit Committee on the Corporate Risk Register</b>
<b>Cabinet Portfolio and Cabinet Member</b>	<b>Councillor Bryan Davies, Leader of the Council and Cabinet Member for Policy, Performance, Partnerships and Democratic Services</b>

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.

A review of the latest risk status was conducted at the LG meeting of 24.5.23 where candidates for promotion / demotion to the Corporate Risk Register were discussed and agreed.

### **De-escalated from corporate to service**

R004: Business Continuity – the overall risk score has reduced to 12 as processes and structures have been in place which have been tried and tested with significant incidents. There are contingency plans and business arrangements in place that provide assurance that it does not need to be on the Corporate Risk Register.

R015: Supporting Local Food Businesses, Maintain Safety – the overall risk score has reduced to 9 as Public protection resources have been diverted to clear the backlog and mitigating actions have been successful.

R018: Covid-19 – the overall risk score has reduced to 9 as Covid-19 has been deescalated at a national level.

### **Escalated from service to corporate**

None

Appendix A contains the latest Corporate Risk Register.

The risk score for R009: Information Management & Cyber Security Resilience, has increased to 20. Previous mitigations were insufficient to prevent risks from increasing. Therefore, new mitigations have been put in place in order to reduce the risk. These are:

1. Develop regular review and SIRO Annual Report
2. Restructure to better focus resources and expertise
3. Migrate data and content to more suitable locations
4. Implement encryption at rest

A new mitigating action has been added to R017: Safeguarding – to implement the revised TAW structure to enhance the QA and Strategic Safeguarding and Mental Wellbeing and Substance Misuse activity in Porth Cynnal.

All other risks have been reviewed and include revised RAG status of mitigating actions and updated commentary.

**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:** 24<sup>th</sup> May 2023

# Corporate Risk Register

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Cyngor Sir  
**CEREDIGION**  
County Council

## Governance and Audit Committee




Reviewed and updated by Leadership Group	24/05/2023
Last Monitored by Governance and Audit Committee	09/03/2022
To be presented to Governance and Audit Committee	21/06/2023

# Corporate Risk Register




## Contents and Summary

Risk Name	Owner	Risk Rating		
		Score	Status	Trend
R004: Business Continuity and Civil Contingency	Diana Davies	12		
R005: Medium Term Financial Plan	Duncan Hall	20		
R006: Through Age Well-being Programme	James Starbuck	15		
R009: Information Management & Cyber Security Resilience	Alan Morris	20		
R015: Supporting Local Food Businesses, Maintain Safety	Carwen Evans	9		
R017: Safeguarding	Audrey Somerton-Edwards	15		
R018: Covid-19	Alun Williams	9		
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		
R022: Recruitment and Retention	Geraint Edwards	15		

### Risk Key

	Red	High Risk
	Amber	Medium Risk
	Green	Low Risk

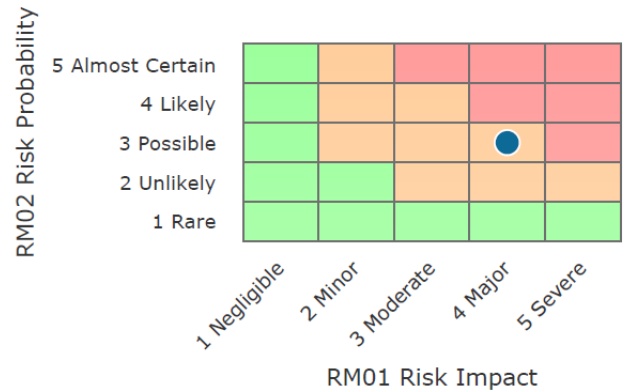
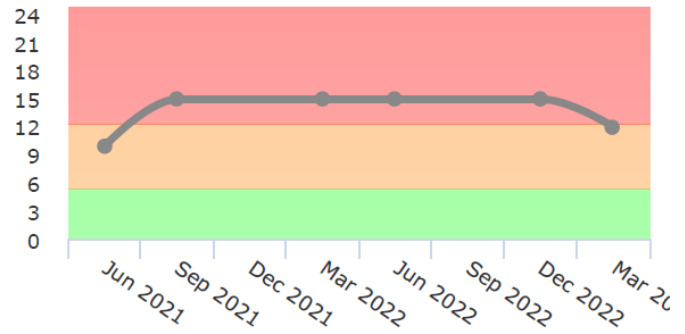
### Trend Key

	Risk score has increased
	No change to risk score
	Risk score has decreased

# Corporate Risk 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
R004T03: Ensure the internal authority wide business continuity planning meetings are effective	31 Mar 2024	★	★	★	★
R004T04: Develop, refine and test Business Continuity plans	31 Mar 2024	●	●	●	★
R004T05: Participate and contribute to Dyfed Powys LRF coordination groups & update Emergency Plans	31 Mar 2024	★	★	★	★
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)

Most of the mitigating actions have been successfully delivered during the reporting period thus the risk impact score has been reduced from 5 to 4. One mitigating action will be removed from reporting for the next period as it aligns with the actions contained within R009 Four of the mitigating actions will be continued in moving forward as they are key in ensuring that the risk score is kept as low as possible. The internal Emergency Business Continuity Management group (EBCMG) is meeting quarterly and is chaired by the Cabinet Portfolio holder and attended by the Council Leader. The most recent meeting's focus was on the threat of a National Power Outage (NPO) which followed DPLRF (Lemur) and UK (Mighty Oak) Exercises designed to explore the impacts and highlight the response and preparedness in the event of an NPO. The work and learnings from these exercises by Ceredigion CC officers will help form the basis for development of a Ceredigion NPO Plan. Following an internal audit review and recommendation, a revised version of the Business Continuity Plan template will be presented at the next EBCMG meeting which will include consideration of timing and duration of potential events. All services have current Business Continuity Plans which are continually revised in accordance with discussions and agreed actions from the EBCMG meetings. Another recommendation from the Internal Audit review was to create a document detailing how the Council is meeting its obligations in complying with the Civil Contingencies Act 2004. This has been prepared and will form the basis of a delivery plan which will include review cycles of regional and local emergency and business continuity plans and inform the work of the EBCMG. The Local Authority is fully involved in the numerous Dyfed Powys Local Resilience Forum (LRF) groups such as: Strategic Coordination Group, Coordination & Training Group, Business Continuity, Risk and Health Groups. LA Officers also Chair the Recovery and Cyber & Digital Infrastructure Groups. Two Dyfed Powys LRF plans currently under review are the Excess Deaths Continuity Plan and the Joint Major Incident Procedures Manual. 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.

# Corporate Risk R005 Medium Term Financial Plan

Owner: CLO Duncan Hall

## Description

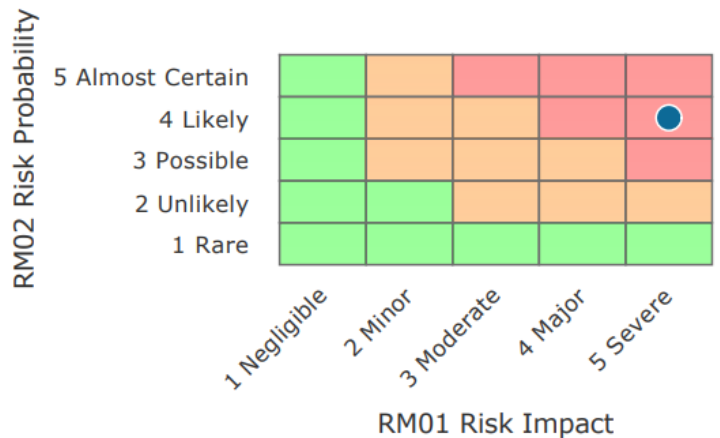
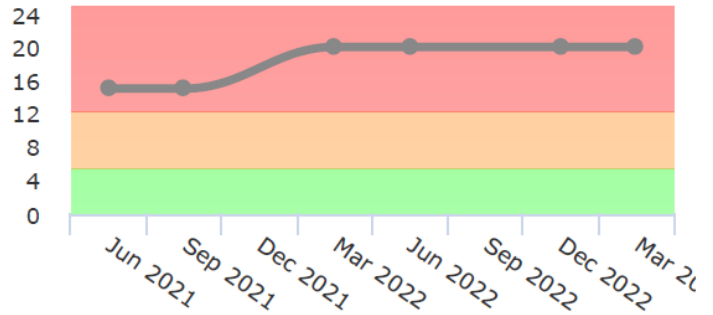
The reduction of core and external funding will lead to the reduction in service provision in some areas. Failure to adapt, implement identified savings and consider alternative models of service provision in line with the Medium-Term Financial Plan will affect future service delivery and the financial 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 current Medium Term Financial Strategy (MTFS – updated March 2022) indicated a potential requirement to save c£15m by March 2025.
- This is in the process of being updated, but with savings of £8.8m having been required for the 23/24 Budget and an indicative 3.1% all Wales increase for 24/25 (which would only provide a £4m funding increase), the level of savings is highly likely to exceed that of the current MTFS.
- The level of WG AEF funding has reduced over the years from c80% down to just above 70% of the revenue budget, placing a far greater burden on funding raised locally through Council Tax.
- Continued elevated levels of inflation are still being seen in a significant number of areas, not least of which is Employee Pay which is a significant component to the Budget as well as Energy, Food and Contractor / Provider inflation. Many of these were recognised and provided for in the 23/24 Budget, however the risk is inflation (and therefore cost pressures) remains elevated for longer.
- A new 'Doing Things Differently: A Corporate Approach' is now in place and starting to deliver for 23/24. The new Through Age and Wellbeing Strategy is also now in the early stages of its implementation journey and several major Economic funding streams are either reaching or close to reaching fruition. These will need all to deliver across the medium term, as well as continuing to take advantage of Invest to Save type opportunities as when they arise.
- A solid track record exists of delivering Budgets and a positive year end Outturn position with unqualified Wales Audit options within the last few years. The Council's Balance sheet at 31/03/2022 is strong which contributes towards strong financial resilience.
- There are examples of individual Service Risks that fall within this overall Corporate Risk e.g. Potential failure to maintain the Highway network to acceptable standards if insufficient funding is allocated, insufficient funding to enable a comprehensive Vehicle fleet replacement programme (including the transition to Net Zero) and a risk that savings required in Delegated School Budgets may have a major impact on provision in certain schools.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R005T01: Continue arrangements for financial management	31 Mar 2024	★	★	★	★
R005T03: Ensure that Transformation and service efficiency savings are developed and implemented	31 Mar 2024	★	●	★	★
R005T04: Update Medium Term Financial Plan to reflect WG 3.1% indicative level of funding for 24/25	30 Jun 2023			●	●



### Comments (e.g., Progress to Date)

The current in year position for the 22/23 financial year has been challenging due mainly to pay awards that were virtually double the level originally budgeted. In addition the impact of inflation has been seen in multiple services (e.g. Fuel, Transport contracts, Materials). Various mitigating actions were taken to manage the position, with the base budget being realigned as part of the 23/24 Budget setting process. The final controllable outturn position should be available by the end of May 2023 and a broadly balanced position is forecast, albeit using some earmarked reserves in specific areas to achieve this. The WG Local Government Finance Settlement provided an 8.1% funding increase (£9.6m) for 23/24. However with c£22m of Cost pressures (equivalent to an inflation rate of over 13%), that still lead to savings of c£9m being required for 23/24 and a Council Tax increase of 7.3%. A new approach to Budget Savings has been taken which included a review of Corporate budget headings (£2.9m), Reduced Pension Fund Employers Contribution Rate (£0.8m), a limit to the increase applied to Delegated School budgets (£2.1m) and a new multi-year Savings Programme called 'Doing things Differently: A Corporate approach' implemented (£3m for 23/24 and further initial proposals for the 2 years beyond that). WG have indicated an average 24/25 Local Government Finance Settlement funding of only 3.1% (which would provide an additional £4m). The General Staff Pay award for 23/24 is not agreed and Unions have rejected an offer that exceeds current Budget Provision by c£0.6m (after allowing for the Contingency sum set aside for Pay and Energy). These and other factors are being reflected in an updated Medium Term Financial Plan due for completion during Q1 2023/24. The outcome will result in a considerable medium term financial challenge.

# 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.

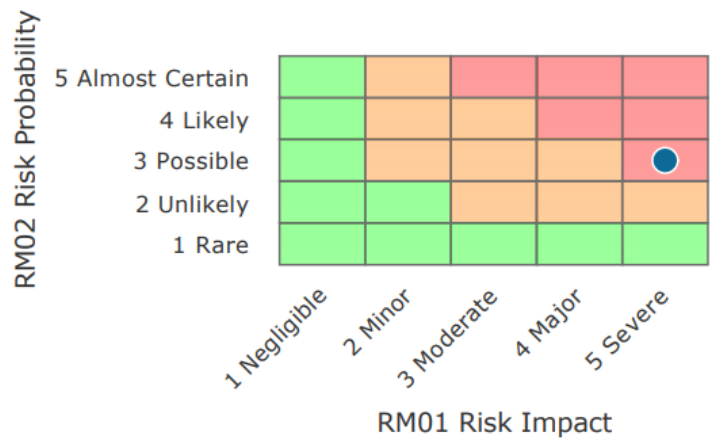
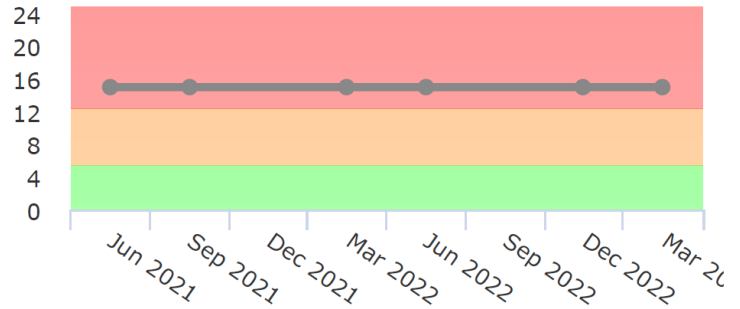
The Through Age Wellbeing Programme is now progressing to develop and implement service arrangements and staffing structure to support the emphasis on early intervention and prevention services. Risks and opportunities that may arise from the rebalancing of services will need to be managed.

## 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.	30 Sep 2023	★	★	★	★
R006T03: Ensure HR/workforce programs in place in line with managing change	30 Jun 2023	★	★	★	★
R006T05: Regular scrutiny of budgets and financial implications to implementation of the new model.	31 Mar 2023	★	★	★	★
R006T07: TAW Communications to be agreed and implemented	30 Sep 2023	★	★	★	★

## Comments (e.g., progress to

Continued progress with the TAW Action Plan and with the specific workstreams. Majority of restructuring is complete and is now embedded as part of the model. Final component (Direct Services) is progressing with consultation with service stakeholders due to take place in Q1 of 2023/24. Whilst the TAW model is reducing the likelihood of risk this is being countered by the demand upon services which continues to grow. Importantly, Officers continue to maintain a safe service. Recruitment across all staff teams is very challenging, reflecting the national picture in Wales and across the UK. Recruitment and retention therefore remains a key focus and we continue to train new social workers each year and are exploring opportunities to develop local educational courses with HE partners in the County. Senior Officers monitor progress through the TAW Programme Board monthly in addition to all key Officers meeting weekly. Recruitment, corporately, has been identified as a risk for the Council.

# Corporate Risk R009 Information Management & Cyber Security Resilience

Owner: CLO Alan Morris

## Description

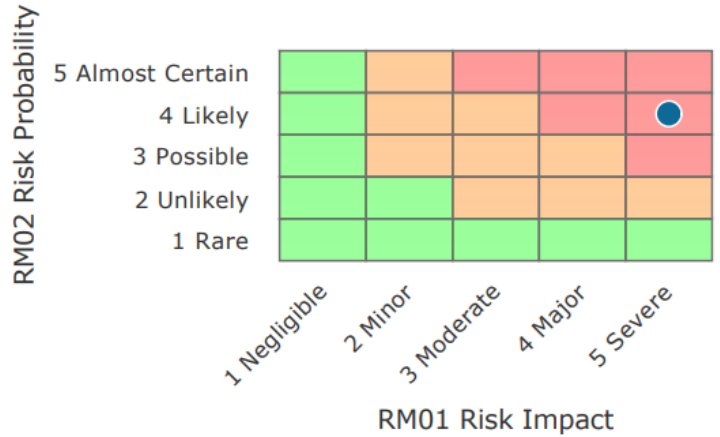
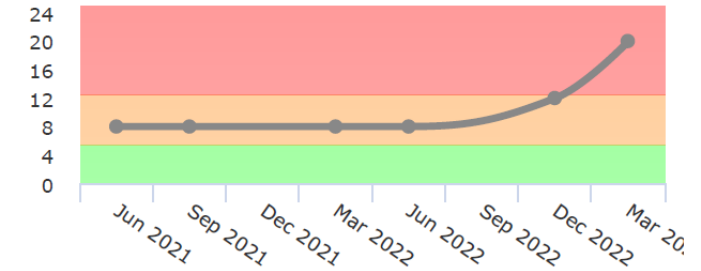
Failure to ensure that we have effective information and ICT, security and compliance in place, will impact on the Authorities ability to adapt to change, improve services and communicate effectively with citizens and other users of Council services.

## 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 have 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
R009T04: Continue with Data Audit across all service areas	31 Mar 2024	★	★	★	★
R009T05: Implement approved record retention schedule	31 Mar 2024	★	★	★	★
R009T06: Support all Service areas in developing Cyber Security Business continuity plans	31 Mar 2023	★	★	★	✘
R009T08: Develop regular review and SIRO Annual report	31 Mar 2024				
R009T09: Restructure to better focus resources and expertise	31 Mar 2024				
R009T10: Migrate data and content to more suitable locations	31 Mar 2024				
R009T11: Implement encryption at rest	31 Mar 2024				

## Comments (e.g., progress to

Previous mitigations were insufficient to prevent risks from increasing. Therefore, new mitigations have been added in order to reduce risk. Several minor data breaches have occurred during the last quarter, mainly caused by human error. These have been investigated with recommendations and advice provided. No significant breach or data loss took place. Information Governance Work is nearing completion with upgrade to Microsoft licensing procured which will allow implementation of retention and labelling in the coming year. Recent improvements to patching systems is working well and mitigating many cyber security risks. However, the increased threat levels and warnings from the National Cyber Security Centre continue to raise concerns about multiple threats to the UK's IT infrastructure. Ceredigion IT is an active member of Welsh Government Cyber Security Resilience Group, set up to counter these threats and to share information amongst public service providers in Wales.

# Corporate Risk R015 Support Local Food Business, Maintain Safety

Owner: CM Carwen Evans

## Description

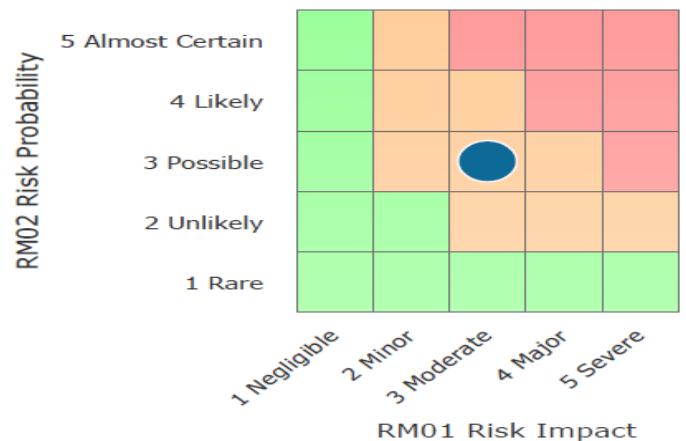
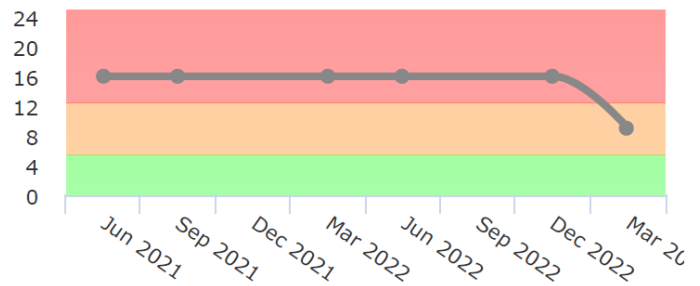
Failure to make adequate frequent high risk premises inspections and timely inspections of new premises may provide inadequate support for businesses leading to poorer standards, impact on the business itself and the local economy. There is also a reputational risk if the Council does not meet its statutory 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

Since the resumption of food premises inspections during the latter part of the pandemic, inspections have been undertaken in accordance with the milestones set out in the Food Standards Agency (FSA) Recovery Plan. The service has made enormous progress in tackling the backlog of inspections, and whilst not all have been completed, those that continue to require inspection will be prioritised in quarter 1 of 2023/24. The recruitment of food competent staff is a challenge, and the service is currently training and developing some of the existing staff to become competent to undertake food premises inspections. During the pandemic two experienced Environmental Health Officers were redeployed to undertake Covid-19 related duties. Whilst one officer continues to undertake these duties, which include infection, prevention, and control duties in high-risk settings such as care homes, the second officer has returned to the Public Protection team which will provide additional resource.



Mitigation	Due Date	Jun	Sep	Dec	Mar
R015T02: To prioritise food establishments that are deemed high risk and/or non-compliant	31 Mar 2024	★	★	★	★
R015T06: Upskill existing staff to become competent in undertaking food safety inspections	31 Mar 2024	●	●	★	★
R015T07: Undertake a procurement exercise to employ specialist contractors to provide extra resource	31 Mar 2024	●	●	★	★
R015T10: Inspect all high risk food establishments in accordance with the Food Law Code of Practice	31 Mar 2024	●	●	●	●

## Comments (e.g., progress to

The service has continued to inspect food establishments in accordance with the FSA Recovery Plan. A total of 151 high risk food hygiene inspections were undertaken in the last quarter. A further 12 statutory revisits were undertaken to those premises that were poorly compliant, to establish if the required improvements had been satisfactorily undertaken. Specialist food contractors were also employed to assist the service in tackling the backlog of inspections. The service has completed 92% of all programmed high-risk inspections during the year. Only 29 premises were not subject to a programmed inspection, and they have been prioritised for inspection during the first quarter of this financial year. Training continues to be provided for officers to undertake high risk food inspections. There are currently 9 food competent food officers within the team. This has contributed significantly to the authority's ability to comply with the requirements of the FSA recovery plan. A Public Protection Officer successfully completed the qualification, and assessment of competency in March 2023, and a further officer is sitting the qualification and is due to achieve the same around March 2024. The authority continues to invest in officers to build resilience in the service, and to meet the ongoing Continuing Professional Development (CPD) requirements of the Code of Practice. The service is in a far stronger position in relation to high-risk food inspections than it was last year.

# Corporate Risk R017 Safeguarding

Owner: Acting CLO Audrey Somerton-Edwards

## Description

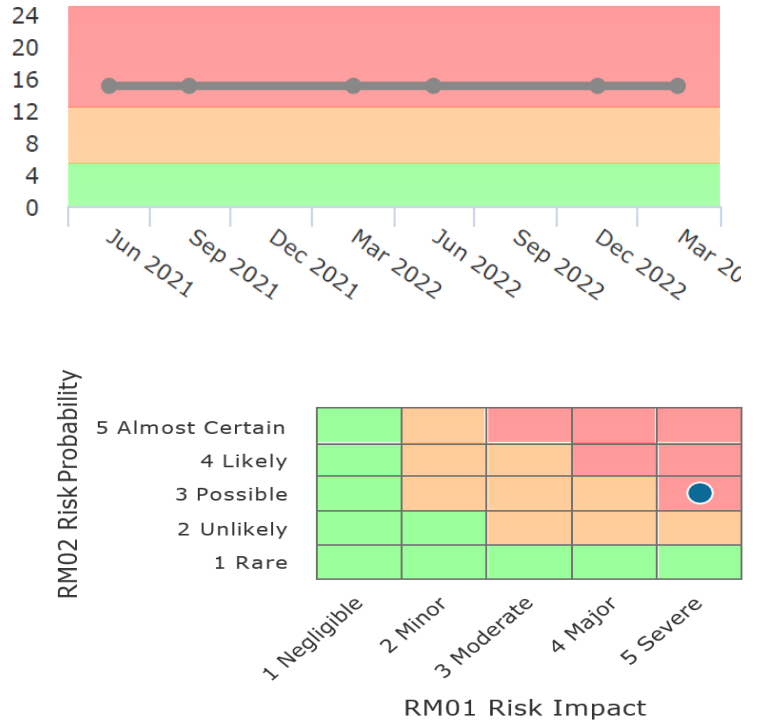
Risk of failure to maintain the organisation's statutory duties in relation to safeguarding children, young people and adults during the period of transition to the Integrated Service Delivery Model.

## 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



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R017T06: Maintain a fully Integrated Through Age Safeguarding Team	31 Mar 2024	●	●	●	●
R017T07: Ensure that safeguarding training and skills development is rolled out to all staff	31 Mar 2024	●	●	●	●
R017T08: Implement The Wales Safeguarding Procedures & Regional Practice Guidance across all teams	31 Mar 2024	●	●	●	●
R017T09: Regular monitoring/ reporting of safeguarding concerns/ activities to safeguarding forums	31 Mar 2023	★	★	★	★
R017T10: Active participation in Regional Safeguarding Board's activities from across the model	31 Mar 2023	★	★	★	★
R017T11: Implement revised TAW structure to enhance the QA, Strategic Safeguarding	30 Sep 2023				★

## Comments (e.g., progress to Date)

The Through Age Wellbeing Model continues to be embedded into practice. The early intervention approach is being recognised as an efficient and robust approach to prevention across all age needs. There have been remedial adjustments made to the structure to enhance capacity and ensure full utilisation of the TAW ethos across the service. In terms of delivering the statutory duties there has been a need to rely on agency cover to maintain a safe service that delivers all the statutory functions within timescales. There are strategies and plans in place to promote the recruitment and retention of a permanent workforce and break the reliance on agency provision. The Innovate Team is a commissioned service that has supplemented the short fall in the Planned Care Children's social work. There continues to be a high volume of referrals across Children's and Adult's safeguarding that are complex and requiring intense support. The higher demand for services is replicated across the whole TAW. Without the mitigating actions in place there is a possibility that there could be severe consequences for not appropriately discharging statutory duties.

# Corporate Risk R018 Covid-19

Owner: CLO Alun Williams

## Description

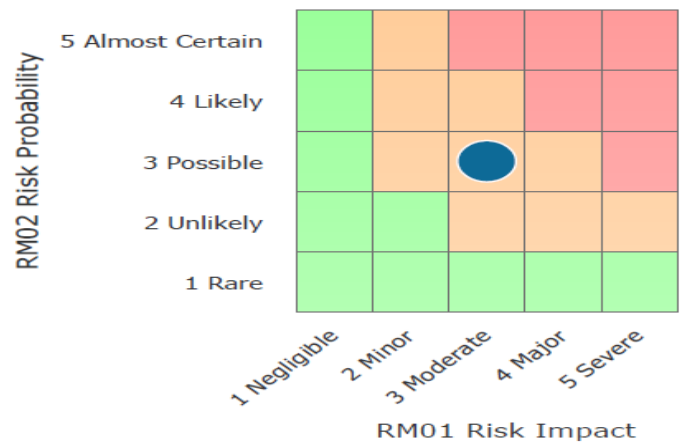
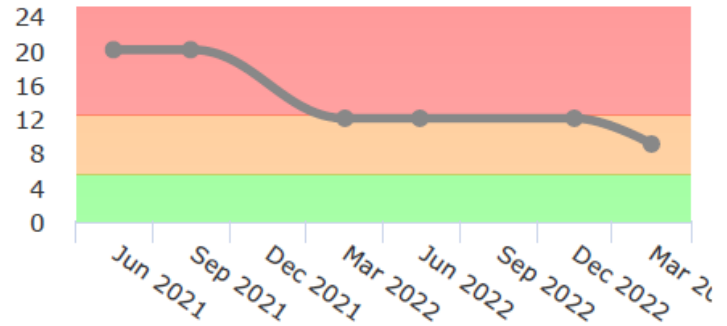
The effect of the spread of the Global Pandemic Covid-19 on the health of citizens including the increased demands on the Council's services, the effects of Lockdowns and relaxations as Government policy changes on a regular basis, the wider economy and the well-being of the County's citizens.

## 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. Impact to 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. Post pandemic, there is also the risk of public service backlogs, leading to increased health and social care difficulties and well-being issues for the population. There is a likelihood of increased conflict between different models of response to the pandemic.

## Evidence of Risk

The UK went into lockdown on the 23rd of March 2020 and twice thereafter. The Council shut down its offices, schools, and facilities. Services have restarted following the ending of restrictions. 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 school pupils faced significant disruption to their education. So far, Ceredigion has avoided a high level of fatalities. 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. WG reimbursed the great majority of costs up until March 2022 and provided a lesser amount of funding for 2022-23. No further funding is planned for the next year, apart from limited funding for Testing and Tracing. Whilst staff absences are relatively low due to some extent to staff working from home, there has been an inevitable increase in workloads as we are in the recovery phase. The high level of vaccination in Ceredigion appears to have mitigated the impact of serious ill health. At the moment, it appears that the omicron waves of infection are still occurring on a regular basis but is not resulting in high levels of debilitating health issues or fatalities. Wales is in a "stable state", which means that many services are back to business as usual, however, significant backlogs remain in certain services. Although the majority of restrictions have ended, the risk of further variants remains high.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R018T01: Comply and fully support National and Local Lockdown arrangements	31 Mar 2023		★	★	★
R018T03: To fully engage in regional emergency response and recovery arrangements	31 Mar 2023	★	★	★	★
R018T04: Effective communication with the Ceredigion public and stakeholders	31 Mar 2023		★	★	★
R018T07: Support the local economy and businesses through all phases of the pandemic	30 Sep 2023	★	★	★	★
R018T08: Work with others to implement testing, contact tracing and mass vaccinations	31 Mar 2023		★	★	★
R018T09: Implement an effective programme of staff well-being support and training	30 Sep 2023	★	★	★	★
R018T10: Transform contract tracing team to a health protection team	31 Mar 2024				★

## Comments (eg progress to date)

Although Covid remains a risk to the community and to the Authority, the Omicron virus is less serious than its predecessors and along with high rates of vaccination, the pandemic is increasingly under control. Along with Government policies, the mitigations taken by the Authority and its partners over the last twelve months have had a positive effect in lessening the impact of the pandemic within the County. Both UK Government and WG have rolled back regulations and restrictions have been lifted. The backlog of work is being tackled by the

Authority. Government intervention and funding has been significantly curtailed and our contact tracing team has been reduced from 80 members of staff twelve months ago to 4. Contact tracing has ended and testing has been suspended for the spring and summer. The contact tracing team is transforming into an "All-hazards" multi-agency health protection team, which will respond to numerous public health threats, including Covid, Mpox, TB, etc. Government policy has recognised that the Coronavirus has moved from a pandemic to an endemic. We have to live with the virus circulating in our community and workplace. Nevertheless, there remains a risk that a new variant will appear which could potentially 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

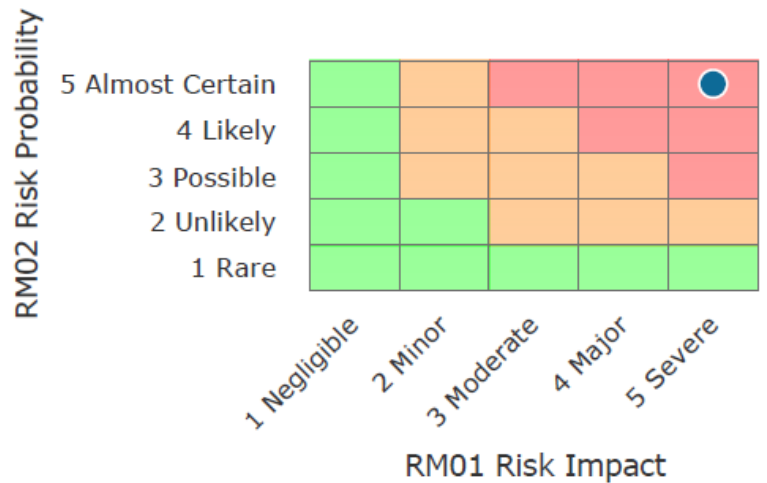
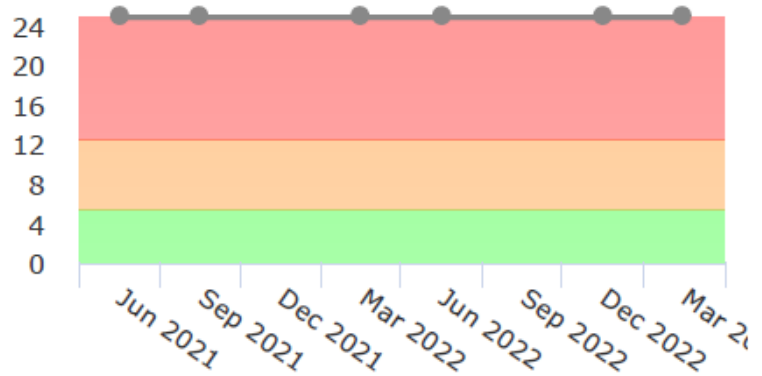
Climate change means we may face more frequent or severe weather events like flooding, droughts and storms. These events bring 'physical risks' that directly impact communities and have the potential to affect the economy. Parts of Ceredigion's coastline are susceptible to coastal erosion and flooding, 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 2024	●	●	●	■
R019T03: Increase the amount of energy generated from renewable sources.	31 Mar 2024	★	★	●	★
R019T04: Identify and manage the corporate estate	31 Mar 2024	★	★	●	■
R019T05: Develop Flood Alleviation Schemes	31 Mar 2024	●	●	●	●



R019T06: Monitor the coastline with the Wales Coastal Monitoring Centre, develop Coastal Defence	31 Mar 2024	★	★	★	★
R019T08: Apply for funding to implement projects which mitigate the effect of climate change	31 Mar 2024	●	●	●	●
R019T09: Develop a Corporate ULEV Strategy, Action Plan and capital delivery programme	31 Mar 2024	★	★	★	✘
R019T10: Review and publish Active Travel Network Maps and associated capital delivery programme	31 Mar 2024	★	★	★	✘

### Comments (e.g., progress to

A Corporate Climate Change Strategy has not yet been developed, but regional work on Mid Wales Energy Strategy and subsequent Action Plan has progressed. Also work to deliver a Local Area Energy Plan for Ceredigion has commenced and it would be beneficial if these pieces of work were completed in order to inform a potential climate change strategy.

Green Infrastructure Action Plans for each of the 6 towns have been developed and published bilingually as well as a countywide Green Infrastructure Assessment to support the change in PPW anticipated towards the end of 2023 and the focus on net gain for biodiversity. As and When LDP2 restarts a dedicated climate change strategic policy will be developed.

The Regional Energy Strategy Action Plan has been signed off by GMW Board, and work on a Local Area Energy Plan (LAEP) for Ceredigion has commenced, with a number of workshops now having taken place.

A Regional Energy Officer has been appointed and is now in post, she will help specifically with the LAEP process and may also be able to provide some additional support for other decarbonisation schemes. WG emission reporting templates have been released, and officers will be calculating the figures relevant to Ceredigion in the coming months for submission in September.

The Carbon Management Plan expired 31/03/23, and work is ongoing to develop a new plan to 2030 and aligns with the Net-Zero Action Plan.

Additional PV installed at Llwyn yr Eos school, also PV installed at Cardigan Secondary and Cardigan Primary Schools during 2022/23. Unfortunately, a breakdown of the biomass Plant in Aberystwyth meant that the connected sites were running on gas for a number of months, increasing our reliance on fossil fuels for a short period. This has now been repaired and heating and hot water is being provided via the biomass.

The ULEV Strategy has been adopted following approval by Cabinet and is available on Council's website.

Delivery of Phase 2 of public EV chargepoint programme is complete, and grant applications have been submitted for funding of Phase 3 public EV charging programme in FY2023/24 - Welsh Government ULEVTF (£350k) and UK Government OZEV for ORCS grant (£60k).

Quotations for the Depot grid connections have been received which will utilise the £300k grant made available from WG through the WLGA, and APSE have also been commissioned to deliver an assessment of the depot layouts to ensure that they meet the Council's future requirements in terms of EV charging infrastructure.

Flood and Coastal Erosion Risk Management (FCERM) schemes are being developed for Llandre Village Flood Alleviation Scheme – Business Justification Case; Borth Leat Flood Alleviation Scheme – Business Justification Case; Capel Bangor Outline Business Case; and Talybont Outline Business Case have been delayed slightly, as the Authority is waiting for essential data from third parties (including Network Rail and NRW). The completion date for all FCERM schemes has been extended to 30 June 2023.

The Marine Licence and planning permission have been received in relation to the Aberaeron CDS and planning permission and contractor appointment is expected in early 2023. Business cases are being developed for the potential schemes at Aberystwyth, Borth and Llangrannog.

The Wales Coastal Monitoring Centre (WCMC) continue to survey the defended coastline on behalf of CCC, and their use of technology is increasing the volume and accuracy of data that can be captured. WCMC is also looking to work in partnership with the Department of Architecture and Civil Engineering – University of Bath, who are looking to install a permanent laser scanner at Borth for a 12-month period as part of a submission for the recently announced £3m Natural Environment Research Council (NERC) Highlight Topic on Gravel Beaches which will assist with monitoring the movement of the gravel beach as part of the Borth Coastal Defence to establish a future operational and maintenance programme.

The Authority is in the process of reviewing the coastal performance of sea defences along Borth frontage, due to concerns regarding localised overtopping during storm events.

The approved Active Travel Network Maps (ATNMs) have been published on County Council website, and work has continued on the development and delivery of the Active Travel Fund programme in FY2022/23 and scheme development for Llanrhystud Safe Routes in the Community.

Applications prepared and submitted for Welsh government grant funding in FY2023/24 including: ATF Core Grant (£0.5M); Plas Gogerddan to Waunfawr Phase 1 (£1.5M); £50k SRICS for continued scheme development in Llanrhystud.

# 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.

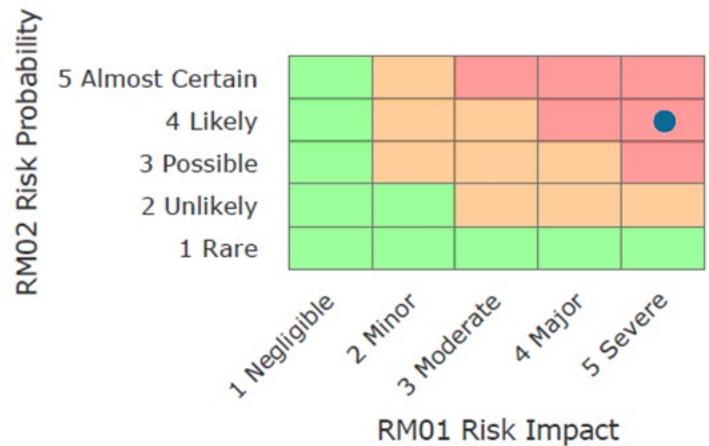
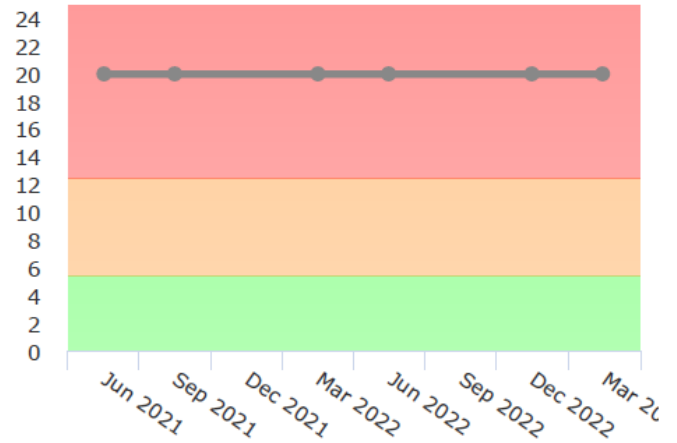
Ash Dieback is already having an impact on canopy cover across the county. It is estimated that there are 42,000 mature Ash trees along the county roads alone and a further 10,000 on the Council's Corporate Estate. Assuming a similar Ash tree density across all other public and private land including 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.



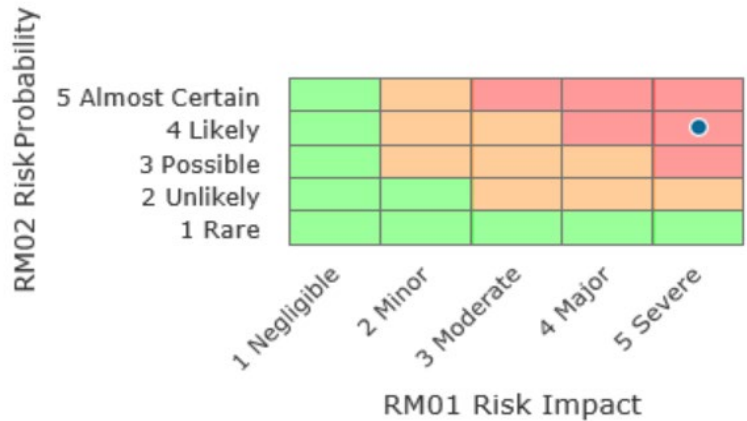
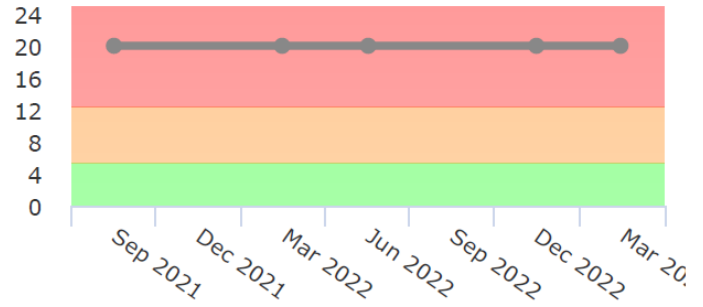
Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R020T04: Undertake prioritised scheme of work to prune / remove trees as required	31 Mar 2024	★	★	●	●
R020T05: Seek Welsh Government and other funding opportunities to address the risk posed by	31 Mar 2024	●	●	■	■
R020T06: Undertake initial program of works to ADB affected trees in schools	30 Sep 2022	★	✓	✓	✓
R020T07: Undertake in house surveying of prioritised areas for 2022 as set out in the ADAP	30 Sep 2022	★	✓	✓	✓
R020T08: Commission roads survey A, B, C & Unclassified roads as set out in ADAP	30 Nov 2022	★	★	✓	✓

The Summer 2022 survey of all highway trees has been completed and the data from that exercise has been imported into the Council's management system. Work to Council owned roadside trees continues and is being prioritized according to risk, with work to high priority trees and 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 154 of the Highways Act 1980 requiring the owner to address the issues within a stipulated period. 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. The same approach is being taken to trees which are brought to our attention by enquiries from members of the public and this work is being carried out in parallel to trees identified surveying. Urgent Ash Die Back tree cutting works in and in the vicinity of schools has been completed. The procurement of the new Tree Works Framework for Ash Die Back and all other tree work is imminent. Extensive efforts have been made to seek external funding options, though yet no such grant funding opportunities are available. Further work will be undertaken by the Ash Dieback Officer to identify opportunities to minimize costs and maximize the return from tree/branch removal works. A New scheme of works for Council owned trees on at the roadside and public open spaces will commence for 2023.

# 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 <sup>2</sup> / 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 2024	★	★	★	★
R021T02: Raise awareness locally and nationally and identify ways to refine the guidance	31 Mar 2024	★	★	★	★
R021T03: Work at a sub national and national level through the working groups to identify solutions	31 Mar 2024	★	★	★	★
R021T04: Seek local solutions, learning from best practice elsewhere, utilizing council owned assets	30 Sep 2023	★	★	★	●
R021T06: Appoint candidate to regional NMB programme officer role	31 Mar 2023	●	●	★	✓
R021T07: Continue to lobby for a 'Team Wales' approach including a national mitigation list and data	31 Mar 2024	●	●	★	★
R021T08: Consider local solutions such as Private Treatment Plants and working with DCWW	31 Mar 2024	●	●	★	★

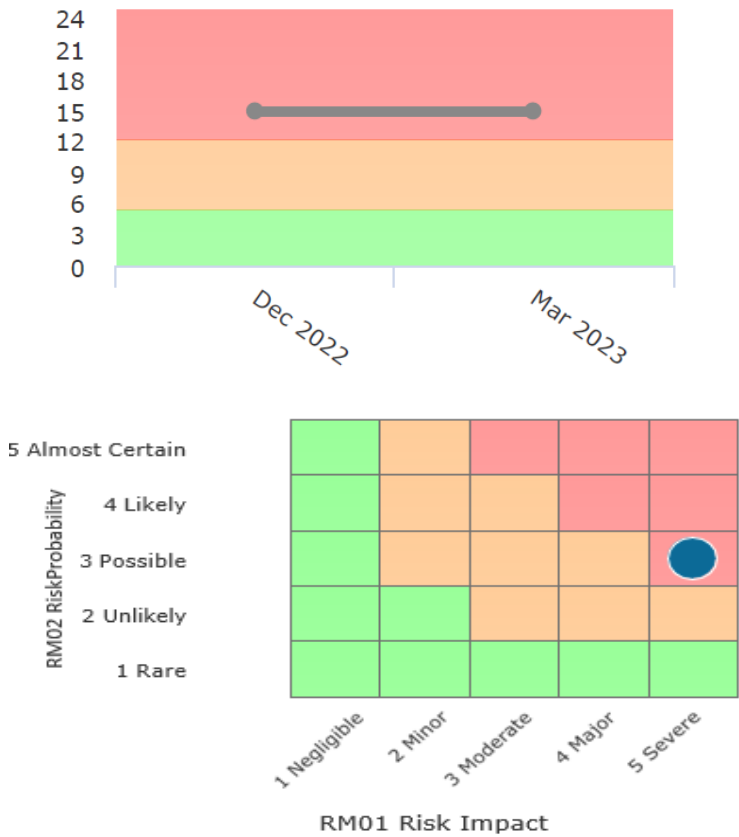
## Comments (e.g., progress to

An SPF bid has been submitted for a Nutrient Management Officer and Water quality monitors along the Teifi. The wetland feasibility study has been completed alongside the regional calculator and mitigation guidelines; 2 onsite wetland feasibility studies to planning stage are due to commence shortly. Policy has taken the lead on the PRAM project to move forward the deliverables. Developer checklists and HRA support is currently being prepared and the draft Nutrient Management Board Plan template is taking shape. A stakeholder engagement event is planned for the start of June. The Team Wales work is progressing with the region being a key player in influencing the First Ministers action plan design and implementation.

# Corporate Risk R022 Recruitment & Retention

Owner: CLO Geraint Edwards

Description
Failure to recruit staff to key roles will have an impact on the ability to sustain safe and effective services and the requirement of meeting statutory and legislative responsibilities.
Potential Consequence
The impact of failure to recruit in a timely manner can lead to an inability to meet statutory duties or legislative requirements; an inability to deliver safe and effective services; or making it challenging for services to respond to changing demands. This would result in an intervention from regulators and/or being placed in special measures, creating significant additional budget pressures and damaging the Council's reputation, which would further impact our employer brand and ability to recruit. In addition, failure to recruit could lead to a negative impact on remaining workforce as a result of having to share the additional workload.
Evidence of Risk
Challenging labour market evidenced by historic high number of vacancies across UK, lowest rate of unemployment since 1974 and increase in the number of economically inactive people. Failure to recruit in a number of professional roles despite multiple campaigns. Increased use of agency staff to cover key professionally qualified roles, in particular in social care and senior management.



Mitigation Action	Due Date	Jun	Sep	Dec	Mar
R022T01: Engage recruitment agency to recruit to permanent roles from domestic & international	03 Feb 2023			★	✔
R022T02: Undertake salary benchmark of all Welsh Local authorities	31 Jul 2023			●	●
R022T03: Review of application form and process	30 Jun 2023			●	★
R022T04: Consideration of multi-level apprenticeship scheme	30 Jun 2023			★	★
R022T05: Continue to lobby for Wales-wide pay scale for social workers	30 Sep 2023			■	★

**Comments (e.g. Progress to Date)**

The Workforce Plan 2023–2028 is in the final stages of drafting and will be submitted for Cabinet approval by the end of the summer. The Plan proposes four key priorities: Candidate Experience & Talent Attraction; Our Culture; New Ways of Working; and Realising Potential. Addressing the recruitment and retention challenges is at the centre of the plan with a focus on marketing, application process, employee voice, digital upskilling, succession planning, graduate scheme and apprenticeship programmes. The working relationship with a specialist recruitment agency to attract qualified social workers, both UK and international, has now been established and the first cohort of suitable candidates are currently being assessed.

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## 21<sup>st</sup> June 2023 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

21 <sup>st</sup> June 2023	Internal Audit Progress Report – Q4 Management Actions Report Internal Audit Annual Report Internal Audit Annual Counter Fraud Report 2022-2023 Corporate Risk Register – Q4	Alex Jenkins Alex Jenkins Alex Jenkins Alex Jenkins  Alun Williams
27 September 2023	Self-Assessment of good practice and evaluating effectiveness of Governance and Audit Committee Internal Audit Progress Report – Q1 Internal Audit Self-Assessment 2022-2023 Corporate Risk Register – Q1 Annual Compliments, Complaints and FOI Report	Harry Dimmack  Alex Jenkins Alex Jenkins Alun Williams Marie-Niege Hadfield
November 2023	Annual Financial Statement only (to include AGS)	Duncan Hall
January 2024	Internal Audit Progress Report – Q2 Management Actions Report Internal Audit Charter Internal Audit National Fraud Initiative Self-Appraisal Corporate Risk Register – Q2	Alex Jenkins Alex Jenkins Alex Jenkins Alex Jenkins  Alun Williams
March 2024	Internal Audit Progress Report – Q3 Internal Audit Strategy and Plan 2024-2025 Internal Audit Report – Governance Framework Review 2023/2024 Draft Annual Governance Statement 2023-2024 Corporate Risk Register – Q3	Alex Jenkins Alex Jenkins Alex Jenkins  Hannah Rees  Alun Williams

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