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Cyngor Sir
CEREDIGION
County Council

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

20 September 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, 27 September 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 21 June 2023 and to consider any matters arising from those Minutes (Pages 3 - 10)**
5. **Governance and Audit Committee Meetings Actions Log (Pages 11 - 16)**
6. **Regulator & Inspectorate Reports and Updates (Pages 17 - 206)**
7. **Council Responses to Regulator & Inspectorate Reports (Pages 207 - 232)**
8. **Annual Governance Statement Update (Pages 233 - 334)**
9. **Self-Assessment of good practice and evaluating effectiveness of Governance and Audit Committee (Pages 335 - 342)**
10. **Internal Audit Progress Report Q1 2023/24 (Pages 343 - 354)**
11. **Internal Audit Self-Assessment 2022/23 (Pages 355 - 412)**
12. **Annual compliments, Complaints and Freedom of Information Report (Pages 413 - 454)**
13. **Ceredigion County Council Draft Self-Assessment (Pages 455 - 516)**
14. **Corporate Risk Register (Pages 517 - 532)**
15. **Draft Corporate Risk Management Policy, Strategy and Framework (Pages 533 - 584)**

16. Forward Work Programme (Pages 585 - 586)

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 Wednesday, 21 June 2023**

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

Also in attendance: Councillors Matthew Vaux

Audit Wales: Miss Non Jenkins & Mr Jason Blewitt

Officers in attendance: Ms Elin Prysor, Corporate Lead Officer-Legal and Governance & Monitoring Officer, Mr Alun Williams, Corporate Lead Officer – Policy & Performance, Mr Rob Starr, Performance and Research Manager, Mrs Alex Jenkins, Corporate Manager - Internal Audit, Mrs Alison Hodgson, Corporate Performance and Improvement Officer, Mr Harry Dimmack, Governance Officer and Mrs Dana Jones, Democratic Services and Standards Officer

(9:30am -12:00pm)

1 Apologies

Councillor Wyn Evans and Mr Duncan Hall, CLO Finance & Procurement apologised for their inability to attend the meeting.

2 Personal Matters

The Chair reported that this was the last meeting for Mr Harry Dimmack and wished him well in his new post.

3 Disclosures of Personal / Prejudicial interest

None.

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

It was AGREED to confirm as a true record the Minutes of the Meeting of the Committee held 09 March 2023

Matters Arising

Minute point 6.v) – The Governance Officer reported that this information would be ascertained following the meeting

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.

The Committee wished to be involved in the Risk Management Framework process.

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

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
- Audit Wales – Ceredigion County Council Outline Audit Plan 2023
- Audit Wales – Certification of Grant and Returns 2021-22 – Ceredigion County Council
- Audit Wales – Project Brief – Use of performance information – service user perspective and outcomes – Ceredigion Council
- Audit Wales – Annual Plan 2023-24
- Care Inspectorate Wales – Performance Evaluation Inspection of Ceredigion County Council
- Care Inspectorate Wales – Draft Action Plan

c) Audit Wales National Reports

- Audit Wales – Our work programme for 2023-26

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

- (i) to note the reports for information;
- (ii) that assurance was required that all possible grants had been applied for by the Council

7 Council Responses to Regulator & Inspectorate Reports Introduction

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

This Report had 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

o Council Management Response Forms 2022-2023 Update:

- Audit Wales – Time for Change – Poverty in Wales
- Audit Wales – A Missed Opportunity – Social Enterprises
- Audit Wales – Springing Forward – Review of Strategic Workforce Management
- Audit Wales – Springing Forward – Review of Strategic Asset Management

(b) Other Council related matters

- Audit Wales – Audit Enquiries Letter 2022-23 Ceredigion County Council

Following questions from the floor, it was AGREED to note the reports for information and that the responsible officer for any reports be inserted in the documents.

8 Care Inspectorate Wales Annual Report

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 10 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 2019.

The 2016 Act required Welsh Ministers to publish each AR submitted and this would 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 would be the 26th of May 2023. Under section 48 of the 2016 Act, it was 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 were 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 2019, 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 were:

- Bryntirion Residential Care Home, Tregaron
- Cartref Tregerddan Residential Care Home, Bow Street
- Min y Môr Residential Care Home, Aberaeron
- Hafan Deg Residential Care 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 was from the 1st of April, 2022 to the 31st of March, 2023. As a service provider, they had until midnight on 26th May to submit.

Currently, the AR was submitted successfully to CIW on the 26th of May, 2023. As part of the submission the organisations Responsible Individual was required to ensure the following;

- section of the AR relating to the service they were designated for had 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.

Due to the large content of the report and the small font of the information requested by CSSIW (as it had to be inserted online), it was AGREED that three to four key issues within the report would be reported next year. It was AGREED to note the report for information.

9 Governance and Audit Committee Annual Report 2022/23

The CIPFA Practical Guidance for Local Authorities & police (2022 edition) stated that it was important that the Governance and Audit Committee was held to account on the extent to which it had fulfilled its purpose. This would include whether the Governance and Committee had:

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

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

The Governance and Audit Committee Annual Report was 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.

It was AGREED to accept the content of the Committee's Annual Report 2022/23 and would be presented to Council by the Chair of the Governance and Audit Committee and subsequently published on the Council's website. All boxes on the Attendance table to be completed.

10 Internal Audit Progress Report Q4

Consideration was given to the report of the Corporate Manager-Internal Audit on The Internal Audit Progress Report Quarter 4. 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.

11 Management Actions Report

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 was 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.

It was AGREED

(i) to note the current work; and

(ii) that consideration be given to collating by service all their outstanding actions, to monitor accordingly

iii) that Leadership Group should receive the reports

12 Internal Audit Annual Report

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 provided 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.

It was AGREED to APPROVE the report and that data on the previous year's training for the Internal Audit service be included in future reports.

13 Internal Audit Counter Fraud Report 2022-23

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.

It was AGREED to APPROVE the report and that a paper be presented to Leadership Group to consider a Fraud Risk Assessment, as it had significant value; and could be integral in developing Counter Fraud assurances further.

14 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.

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.

The following were de-escalated from corporate to service

R004: Business Continuity – the overall risk score had reduced to 12 as processes and structures had been in place which have been tried and tested with significant incidents. There were 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 had been diverted to clear the backlog and mitigating actions have been successful.

R018: Covid-19 – the overall risk score had reduced to 9 as Covid-19 had been deescalated at a national level.

Escalated from service to corporate
None

The risk score for R009: Information Management & Cyber Security Resilience, had increased to 20. Previous mitigations were insufficient to prevent risks from increasing. Therefore, new mitigations had been put in place in order to reduce the risk. These were:

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 had 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 had been reviewed and include revised RAG status of mitigating actions and updated commentary.

Following question from the floor, it was AGREED

- (i) to note the updated register;
- (ii) that a column confirming the date the risks had been considered by the relevant Overview and Scrutiny Committee be inserted onto each risk; in order that the committee had assurance that the register had been considered through the democratic process; and
- (iii) the importance of the Chair of the Governance and Audit Committee to attend the Quarterly Performance Board meetings to be aware of the risks of services; and
- (iv) that queries raised by Mrs Caroline Whitby in relation to Risk 8 and 9 be addressed by the relevant CLO following the meeting
- v) The Chair to liaise with Chairs of Scrutiny Committees

14 Forward Work Programme

It was agreed to note the Forward Work Programme as presented subject to noting that Mrs Hannah Rees would be returning to present the reports instead of Mr Harry Dimmack.

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

Councillor Elizabeth Evans wished to thank the Corporate Manager, Democratic Services for her work in addressing the issues with the hybrid system as there had been no issues online, however, it was report by Councillor Gareth Lloyd that the system had issues in the Chamber on several occasions during the meeting.

**Confirmed at the Meeting of the Governance and Audit Committee held
on xxx**

Chairman: _____

Date: _____

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Ceredigion County Council Governance and Audit Committee Meeting Actions Log 2023-2024*

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: 15/09/2023

*Municipal Year

Actions marked Completed shall be removed from the subsequent Actions Log

Acronyms:

AW – Audit Wales

CE – Chief Executive

CLO – Corporate Lead Officer

DPO – Data Protection Officer

FWP – Forward Work Programme

GO – Governance Officer

MO – Monitoring Officer

CM – Corporate Manager

CMIA – Corporate Manager Internal Audit

DCC – Development Control Committee

GAC – Governance & Audit Committee

L&G – Legal & Governance

N/A – Not Applicable

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	15 Annual Report of Compliments, Complaints and FOI (2021-2022)	A request was made if it was possible to include in the report the number of complaints that had not been resolved in stage 1 that had gone to stage 2, and if these complaints had reference to communication or the lack of it.	(ii) Report of whether complaints reference communication or lack of it.	Marie-Neige Hadfield	(ii) Will be considered in the next report.	27/09/2023	In Progress	This is being looked at by the team over the year. Marie-Neige confirmed that this is being included in the report for 27/09/2023
2	27/09/2022	16 Corporate Risk Register Q1	(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	Governance Officer	This issue has been placed on the forward work plan of the Healthier Communities Overview and Scrutiny Committee		In Progress	Inspection of food outlets is noted on the forward work programme at the November meeting of Healthier Communities Overview & Scrutiny Committee.
3	09/03/2023	Minutes of previous meeting	Item 9 - Final paragraph - Budget Workshop required	Arrange finance workshop	Governance Officer / Duncan Hall		27/09/2023	Complete	A Workshop was considered-issue now historical as we are looking forward to 24/25 budget setting.

	21/06/2023		(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	Slides from Budget Workshop to be distributed to members The Chair of the Overview and Scrutiny Co-ordinating Committee is requested to consider the report upon the Equality Impact Assessments: More than a tick box exercise	Governance Officer / Duncan Hall Governance Officer	Updated MRF being presented to GAC 27/09/2023	27/09/2023 27/09/2023	Complete Complete	Slides not made available. MRF on Agenda for GAC 27/09/2023 and Chair of Overview & Scrutiny Co-ordinating Committee provided with Report and MRF.
4	09/03/2023	Risk Register Q3	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			In Progress	Workshop will be considered once the new Risk Assessment, Strategy & framework has been introduced.

	21/06/2023	Risk Register Q4	(ii) that the column confirming the date the risks had been considered by the relevant Overview and Scrutiny Committee be reinserted onto each risk; in order that the committee had assurance that the register had been considered through the democratic process;	Recommendation that the scrutiny dates are re-introduced into the Corporate Risk Register.	Alun Williams		27/09/2023	In Progress	Alun Williams confirmed dates will be reintroduced.
			(iv) that queries raised by Mrs Caroline Whitby in relation to risks R009, R019 & R20 be addressed by the relevant CLO following the meeting	CW comments on R009, R019 & R20 to be fed back to the relevant officers.	Harry Dimmack		27/09/2023	Complete	Alun Williams answered R019 via email - provided Clarification that the commentary had been updated.
5	21/06/2023	7 Council Responses to Regulator & Inspectorate Reports & Updates	Mrs Caroline Whitby queried whether the target date for item R002 was realistic?	Feed back comments from CW re the MRF A Missed Opportunity - Social Enterprises. Is this target date for R2 realistic?	Harry Dimmack		27/09/2023	Complete	Elin Prysor confirmed that the date is correct.
6	21/06/2023	11 Management Actions Report	(iii) that Leadership Group should receive the report.	Management Actions Report to be presented to LG	Alex Jenkins		27/09/2023	Complete	Most recent report has been considered by Chief Executive and Corporate Directors.

			(ii) that consideration be given to collating by service, all their outstanding actions, to monitor accordingly.	Addition of outstanding Management Actions by Service	Alex Jenkins		27/09/2023	Complete	<p>Arranged for future reports to be presented by CLO L&G/MO to LG on 6 monthly basis.</p> <p>Spreadsheet has been updated to collate the information for the next report in January 2024.</p>
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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	27th September 2023
LOCATION:	Remotely by Video Conference
TITLE:	Regulator & Inspectorate Reports & Updates
PURPOSE OF REPORT:	To provide the Governance and Audit Committee with updates on the progress with studies Audit Wales have undertaken or are undertaking
For:	Decision

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

- Appendix 1 Audit Wales – 23-24 Q1 Workplan and Timetable – Ceredigion County Council

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

- Appendix 2 Care Inspectorate Wales – Performance Evaluation Inspection of Ceredigion County Council
- Appendix 3 Care Inspectorate Wales - CIW Inspection Action Plan final
- Appendix 4 Audit Wales – Setting of Well-being Objectives – Ceredigion County Council
- Appendix 5 Audit Wales – Planning Service Follow-up review – Ceredigion County Council

c) Audit Wales National Reports

- Appendix 6 Audit Wales – Cracks in the Foundations – Building Safety in Wales
- Appendix 7 Audit Wales – Consultation on Fee Scales 2024-25
- Appendix 8 Audit Wales –Springing Forward - Lessons from our work on workforce and assets in local government

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 – 23-24 Q1 Workplan and Timetable – Ceredigion County Council
- Appendix 2** Care Inspectorate Wales – Performance Evaluation Inspection of Ceredigion County Council
- Appendix 3** Care Inspectorate Wales - CIW Inspection Action Plan final
- Appendix 4** Audit Wales – Setting of Well-being Objectives – Ceredigion County Council
- Appendix 5** Audit Wales – Planning Service Follow-up review – Ceredigion County Council
- Appendix 6** Audit Wales – Cracks in the Foundations – Building Safety in Wales
- Appendix 7** Audit Wales – Consultation on Fee Scales 2024-25
- Appendix 8** Audit Wales – Springing forward – Lessons from out work on workforce and assets in local government

Contact Name:

Elin Prysor

Designation:

Corporate Lead Officer: Legal & Governance & Monitoring Officer

Date of Report

27/09/2023

Audit Wales Work Programme and Timetable – Ceredigion County Council

Quarterly Update: 30 June 2023

Annual Audit Summary

Description	Timetable	Status
A report summarising completed audit work since the last Annual Audit Summary, which was issued in March 2023.	March 2023	Complete Ceredigion County Council – Annual Audit Summary 2022

Financial Audit work

Description	Scope	Timetable	Status
Audit of the Council’s 2022-23 statement of accounts	To confirm whether the statement of accounts provides a true and fair view.	Audit Opinion by 30 November 2023	In progress
Audit of the 2022-23 Annual Return for Ceredigion Harbour	To confirm that the return has been properly completed.	Audit Opinion by 30 November 2023	Not yet started
Audit of the 2022-23 Annual Returns for Growing Mid Wales and Mid Wales Corporate Joint Committee	To confirm that the returns have been properly completed.	Audit Opinion by 30 November 2023	Not yet started

Description	Scope	Timetable	Status
Audit of the Council's 2022-23 Grants and Returns	Audit of the grants and returns as required by their terms and conditions.	In line with the deadlines for each individual grant and return.	Not yet started

Performance Audit work

2022-23 Performance audit work	Scope	Timetable	Status
Assurance and Risk Assessment	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.		
	<ul style="list-style-type: none"> Financial position Capital programme management 	<p>Monitoring of financial position</p> <p>September – December 2023</p>	<p>Ongoing</p> <p>Scoped</p>

2022-23 Performance audit work	Scope	Timetable	Status
	<ul style="list-style-type: none"> Use of performance information – with a focus on service user feedback and outcomes <p>Setting of well-being objectives</p>	<p>February – September 2023</p> <p>Complete</p>	<p>In progress – fieldwork started July 2023</p> <p>Report to Council – 4 July 2023</p>
Thematic Review – Unscheduled Care	<p>A cross-sector review focusing on the flow of patients out of hospital. This review will consider how the Council is working with its partners to address the risks associated with the provision of social care to support hospital discharge, as well as prevent hospital admission. The work will also consider what steps are being taken to provide medium to longer-term solutions.</p>	<p>August 2022 – July 2023</p>	<p>Drafting report</p>
Thematic review – Digital	<p>A review of councils’ strategic approach to digital, and the extent to which this has been developed in accordance with the sustainable development principle; and that it will help to secure value for money in the use of councils’ resources.</p>	<p>January – September 2023</p>	<p>Drafting report</p>
Local risk work: Planning review – follow up	<p>To follow up the Council’s progress in relation to addressing the recommendations in our Planning review published in November 2021.</p> <p>Review of the Planning Service – Ceredigion County Council</p>	<p>Autumn 2022 – Summer 2023</p>	<p>Finalising report</p>

2023-24 Performance audit work	Scope	Timetable	Status
Assurance and Risk Assessment including any follow-up work	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.	Ongoing	In progress
Thematic review – Financial Sustainability	A review of councils' financial sustainability including a focus on the actions, plans and arrangements to bridge funding gaps and address financial pressures over the medium term.	To be confirmed	Scoping
Thematic review – Commissioning and contract management	A review focusing on how councils' arrangements for commissioning, and contract management apply value for money considerations and the sustainable development principle.	To be confirmed	Scoping

Local government national studies planned/in progress

Study	Scope	Timetable	Status	Fieldwork planned at Ceredigion County Council
Building safety	Review of how well local authorities are delivering their responsibilities for building safety	September 2022 – August 2023	Reporting – end of July 2023	Yes – interview with nominated officer at the Council and survey.
Planning for sustainable development – Brownfield regeneration	Review of how local authorities are promoting and enabling better use of vacant non-domestic dwellings and brownfield sites	October 2022 – September 2023	Reporting – September 2023	Yes – interview with nominated officer at seven councils and survey.
Governance of special purpose authorities – National Parks	Review of systems and effectiveness of governance	November 2022 – September 2023	Evidence gathering – fieldwork due to be completed end of June 2023	No

Study	Scope	Timetable	Status	Fieldwork planned at Ceredigion County Council
Corporate Joint Committees (CJCs)	Assessing CJCs' progress in developing their arrangements to meet their statutory obligations and the Welsh Government's aim of strengthening regional collaboration.	September 2022 – August 2023	Draft report has been issued to the four CJCs. Letters to the four individual CJCs will also be issued. Updated summary report due to be published August.	Yes – We explored the Council's perspective via our routine liaison meetings. Fieldwork included interviews with the chief executive, director of finance and chair of each of the four CJCs.

Estyn

Our link inspectors are continuing to work with Torfaen as part of our follow-up process for an authority causing significant concern. Wrexham local authority is still in a causing concern category, and we will convene a progress conference in July to evaluate progress against the recommendations from the core inspection. We also undertook a focused link work activity in Powys in May to consider aspects of their work on school improvement, the transformation agenda and financial management in schools. We will inspect Gwynedd in the week beginning 26 June and Carmarthenshire in the week beginning 10 July.

Field work being carried out across local authorities during the summer term includes a focus on how well local authorities are supporting the educational needs of asylum seekers and refugees. This work will be included in HMCI's annual report. Our aim is to describe, acknowledge, and evaluate the experiences of these groups as they engage with education and training in Wales.

Care Inspectorate Wales (CIW)

CIW planned work 2022-23	Scope	Timetable	Status
Programme 2022-23	<p>We have published our updated Code of Practice for our local authority inspection activity Care Inspectorate Wales</p> <p>How we inspect local authority services and CAFCASS Cymru</p>	May 2023	Published
Performance evaluation	<p>Review of the Council's performance in exercising its social services and functions in line with legislation.</p> <p>Report of performance evaluation inspection: Ceredigion County Council's social services Care Inspectorate Wales</p>	March 2023	Published

CIW planned work 2022-23	Scope	Timetable	Status
Joint work	We are finalising our thematic reviews programme of work for 2023-2026. Areas for consideration include, adult safeguarding, carers, CLDT and CAMHS.	Current	In progress
	We continue to work with partners, sharing information and intelligence including completing joint reviews.	Current	In progress
	We are working in collaboration with HIW for a national review of the stroke pathway. A national report will be published early summer.	Current	In progress
	We continue to work in collaboration with HIW in conducting CMHT inspections.	Current	In progress
	CIW is working with partners to complete a rapid review. The overarching objective of the rapid review is to determine to what extent the current structures and processes in Wales ensure children who are in need of care, support and protection are appropriately placed on, and removed from, the Child Protection Register, when sufficient evidence indicates it is safe to do so. This is a collaborative review.	Interim findings – Publish 22 June 2023 National report – September 2023	In progress

CIW planned work 2022-23	Scope	Timetable	Status
Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23	The 2020-21 report was published on 7 February 2021 The 2021-22 report is underway	Published To be confirmed	Published Preparing
National review of Care Planning for children and young people subject to the Public Law Outline pre-proceedings	Purpose of the review To provide external scrutiny, assurance and to promote improvement regarding the quality of practice in relation to the care planning for children and young people subject to the public law outline pre-proceedings. To consider the extent to which practice has progressed since the publication of both the CIW 'National Review of care planning for children and young people subject to public law outline pre-proceedings' and the publication of the PLO working group report 2021 including best practice guidance.	National report publication October 2023	In progress
Joint Inspection Child Protection Arrangements (JICPA)	Cross-inspectorate approach. Areas to be determined. We will complete a further four multi-agency joint inspections in total. Each local authority will have a published letter post inspection. We will publish a national report in late spring 2023.	April 2023 – April 2024	Delivery

Audit Wales national reports and other outputs published since June 2022

Report title	Publication date and link to report
Maximising EU funding – the Structural Funds Programme and the Rural Development Programme	June 2023
Digital inclusion in Wales (including key questions for public bodies)	March 2023
Orthopaedic Services in Wales – Tackling the Waiting List Backlog	March 2023
Betsi Cadwaladr University Health Board – Review of Board Effectiveness	February 2023
Welsh Government purchase of Gilestone Farm	January 2023
Together we can – Community resilience and self-reliance	January 2023
A Picture of Flood Risk Management	December 2022
'A missed opportunity' – Social Enterprises	December 2022
Poverty Data Tool	November 2022
'Time for change' – Poverty in Wales	November 2022
Learning from cyber-attacks	October 2022 (distributed privately to audited bodies)

Report title	Publication date and link to report
National Fraud Initiative 2020-21	October 2022
COVID-19 business support in 2020-21 – Memorandum for the Public Accounts and Public Administration Committee	October 2022
Payment to the Welsh Government's Former Permanent Secretary on Termination of Employment	September 2022
Equality Impact Assessments: More than a Tick Box Exercise?	September 2022
Welsh Government – setting of well-being objectives	September 2022
Welsh Government workforce planning and management	September 2022
NHS Wales Finances Data Tool – up to March 2022	August 2022
Public Sector Readiness for Net Zero Carbon by 2030: Evidence Report	August 2022
Public Sector Readiness for Net Zero Carbon by 2030	July 2022
Sustainable Tourism in Wales' National Parks	July 2022
Third Sector COVID-19 Response Fund – Memorandum for the Public Accounts and Public Administration Committee	July 2022
The Welsh Community Care Information System – update and data tool	July 2022

Audit Wales national reports and other outputs (work in progress/planned)^{1, 2}

Title	Indicative publication date
Local Government Financial Sustainability Data tool update	July 2023
NHS finances data tool – to 31 March 2023	July/August 2023
Springing Forward: Managing assets and workforce in local government	July/August 2023
Covering teachers' absence – follow-up	August 2023
NHS quality governance	August/September 2023
NHS workforce planning (data briefing)	August/September 2023
Net zero (pan UK overview)	September 2023
Ukrainian refugee services	October/November 2023

¹ 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. Follow up work could also lead to other outputs, as may other local audit work where we consider there is merit in a national summary output of some kind. For example, we have been tracking developments with completion of the A465 section 2 road improvement project following our [interim findings report](#) in February 2020.

² We have also published a paper on our website – [Our work programme for 2023-2026](#) – that provides additional detail about our national work (including local thematic reviews). In addition to new work that we will be taking forward in 2023-24, the paper includes details about indicative topics for work to start in 2024-24 or 2025-26.

Title	Indicative publication date
Local government digital strategy review – national summary	October 2023
Local government use of performance information, outcomes and service user perspective – national summary	October 2023
Affordable housing	January/February 2024
Local government capital programme management – national summary	To be confirmed
Active travel	To be confirmed
Cancer services	To be confirmed
Capital planning and programme management	To be confirmed (starting in 2023-24)
Challenges for the cultural sector	To be confirmed (starting in 2023-24)
Homelessness	To be confirmed (starting in 2023-24)
Addressing biodiversity decline (pan-public sector and at Natural Resources Wales)	To be confirmed (starting in 2023-24)
Rebalancing care and support	To be confirmed (starting in 2023-24)
Tackling NHS waiting lists	To be confirmed (starting in 2023-24)

Title	Indicative publication date
Access to education for children with Additional Learning Needs	To be confirmed (starting in 2023-24)
Further and higher education funding and oversight – Commission for Tertiary Education and Research	To be confirmed (starting in 2023-24)
Governance of Fire and Rescue Authorities	To be confirmed (starting in 2023-24)
The senior public service	To be confirmed (starting in 2023-24)

Good Practice Exchange events and resources

Title	Link to resource
<p>A Wales of vibrant culture and thriving Welsh language: Inspired by the Football Association of Wales journey over the past decade, this event will examine and discuss how going beyond expectations creates an inclusive and positive attitude that becomes self-fulfilling. Working in partnership with the Future Generations Commissioner and the Welsh Language Commissioner, this event will assist and inspire public bodies, and the third sector to embrace the cultural diversity of modern Wales and work beyond compliance and into excellence.</p>	<p>All resources are now available on our website.</p> <p>Link to blog</p>
<p>Together we can – creating the conditions to empower our communities to thrive: This shared learning event will bring people together from across public services to share ideas, learning and knowledge. We will share the findings of our reports on social enterprises and community resilience, including our recommendations going forward.</p>	<p>20 June 2023 – 10:00 – 12:00 – Online. The recording will be available on our website in one to two weeks.</p>
<p>Podcast: Poverty and Community Resilience Our latest podcast follows our recent reports and events on poverty, social enterprises, and community resilience.</p>	<p>Podcast</p>
<p>Digital Strategy: The Covid pandemic has demonstrated the importance of digital in delivering modern services at pace. We have seen digital acting as a major catalyst in adapting to the challenges we have faced. Public services need to continue with this agile and responsive mind set as the norm and not the exception. This event will help equip public services with the practical tools and knowledge they need to successfully implement a Digital Strategy within their organisations.</p>	<p>21 September 09:00 – 13:00 – Cardiff – To register for Cardiff: 27 September 09:00 – 13:00 – North Wales – To register for North Wales:</p>

Recent Audit Wales blogs

Title	Publication date
<u>Helping people to help themselves</u>	15 February 2023
<u>A perfect storm – the cost of living crisis and domestic abuse</u>	21 November 2022
<u>Tackling poverty means tackling poverty data</u>	11 November 2022
<u>Cost of living and putting away the bayonet</u>	21 September 2022
<u>Heat is on to tackle Climate Change</u>	18 August 2022
<u>Direct Payments in Wales</u>	15 June 2022
<u>Unscheduled Care in Wales – a system under real pressure</u>	21 April 2022
<u>Skills Competition Wales</u>	18 February 2022
<u>Cyber resilience – one year on</u>	9 February 2022
<u>Helping to tell the story through numbers</u> (Local government financial sustainability data tool)	3 February 2022
<u>Call for clearer information on climate change spending</u>	2 February 2022
<u>Actions speak louder than words</u> (Building social resilience and self-reliance in citizens and communities)	14 January 2022

Performance Evaluation Inspection of Ceredigion County Council

March 2023

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

Introduction

Care Inspectorate Wales (CIW) carried out a performance evaluation inspection of Ceredigion County Council's (the local authority) Social Services in March 2023. The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

We sought to answer the following questions aligned under the principles of the Social Services and Well-being (Wales) Act 2014 (The 2014 Act).

1. **People - voice and control**

How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?

Effective leadership is evident at all levels with a highly skilled, well qualified and supported workforce working towards a shared vision?

2. **Prevention**

How well is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

How well is the local authority promoting resilience within communities and people are supported to fulfil their potential by actively encouraging and supporting people who need care and support, including carers, to learn, develop and participate in society?

3. **Well-being**

How well is the local authority ensuring that people are protected and safeguarded from abuse, neglect and any other types of harm?

How well are people supported to actively manage their well-being and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible?

4. **Partnerships**

How well is the local authority able to assure itself effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

Are people encouraged to be involved in the design and delivery of their care and support as equal partners?

This inspection focused on the effectiveness of local authority services and arrangements to help and protect people. The scope of the inspection included:

- Evaluation of the experience of adults and children at the point of the performance evaluation inspection.
- Evaluation of the experience and outcomes people achieve through their contact with services.
- Evidence of the local authority and partners having learnt lessons from recent experiences and plans for service developments and improvement.
- Consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels.

1. **Summary**

- 1.1. The local authority is currently in the second of a five-year transformation strategy under its Through Age and Well-being programme (TAW). The model has a focus on early intervention, prevention and well-being, seeking to minimise the requirement for statutory services. The model is arranged around three 'Porths' - Porth Cymorth Cynnar (PCC) which is the early help and prevention services, Porth Gofal (PG) responsible for triage and assessment, short term intervention and safeguarding, and Porth Cynnal (PC) which incorporates the planned care and support element of social services. The programme forms a key part of one of the local authority's wider corporate objectives of creating caring and healthy communities, as outlined in its Corporate Plan 2022 – 2027.
- 1.2. The TAW model encompasses an 'all ages' approach. The vision is that teams will be able to look at the needs of the whole family and work across adult and children services, but with the recognition that some practitioners will need to retain specialisms.

- 1.3. In common with many local authorities in Wales, Ceredigion County Council is experiencing a challenging time in relation to the provision of social care. Many of the pressures experienced by the local authority reflect national issues including high levels of demand and increased complexity of people's needs, including the impact of the 'cost of living' crisis.
- 1.4. Critical workforce deficits in relation to social work and occupational therapy recruitment and retention, and staff absence had resulted in the loss of experienced staff and an over reliance on newly qualified and agency social workers. There is strong corporate and political support for social services in Ceredigion. The inspection was undertaken at a time when senior leaders, managers and politicians had recognised the significant action and resource needed to ensure the local authority's ability to deliver all statutory responsibilities in terms of safeguarding children. The local authority commissioned a Managed Care Team consisting of seven social workers, a team manager and administrator to provide additional capacity. Vacancies in adult teams are also covered by agency workers with occupational therapy assessments outsourced to ensure people are getting the right support at the right time.
- 1.5. Following the commissioning of a managed care team most children and young people now receive support and services from the local authority in a timely manner, in their preferred language, are supported to maintain their safety and well-being and their voices are heard.
- 1.6. There is strong senior leadership within social services. We were told by staff, stakeholders and partners that senior leaders are visible, accessible, supportive and approachable. Feedback we gathered indicates a culture which is focused on well-being, building and maintaining relationships and achieving safe outcomes for people.
- 1.7. There are plans to strengthen practice using Signs of Safety (SOS) as a model to underpin the TAW strategy. The aim of SOS training is to build a strong foundation to further develop, enhance and reflect on social work practice. Whilst the strategic vision is clear, and training had been completed before the pandemic, further work is required before full implementation is achieved. It is acknowledged that post-covid recovery, recruitment challenges, workforce fragility and increased demand have all impacted on implementing the TAW.
- 1.8. The local authority demonstrates a strong focus on working in partnership. We

heard about enthusiasm and readiness to work together at a strategic level and saw examples where this has benefitted people.

Key findings and evidence

Key findings and examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

2. People - Voice & Choice

Strengths:

- 2.1 For many people, their voices are heard, and their personal outcomes captured. There were examples of practitioners working collaboratively and consistently with people to support what matters to them. People we spoke with said they had been understood and their voice heard with effective and regular communication. 82% of people who responded to our people survey said they were treated with dignity and respect 'at all times' or 'most of the time' by the local authority.
- 2.2 People are able to communicate in their preferred language. There was evidence of the active offer being made and managers were confident of adequate numbers of Welsh speaking practitioners to implement the active offer.
- 2.3 We found advocacy is proactively considered and offered, particularly in the context of child protection conferences and reviews for children who are looked after by the local authority. It remains a strength from our previous assurance check in 2021 that these services are readily available. Advocates routinely attend decision making forums to represent children's views. Some children who are looked after told us of difficulties they had at times in accessing support and a lack of transparency about their rights and entitlements. Some of the children felt they were making decisions unaided at key points in their lives. This may be an area in need of further strengthening. In adults there was evidence of people being supported by informal advocates to participate in decisions that affect them. Practitioners in adult's services understand the importance of advocacy. The formal advocacy provider noted that perhaps, at times, they could have been involved at an earlier stage.
- 2.4 People are being provided with the opportunity to tailor and manage their own care and support using direct payments. However, in common with other local authorities across Wales recruitment of personal assistants to provide support via direct payments is a challenge. We heard how the service is actively trying

to recruit new personal assistants supported by a new website and software system.

- 2.5 Ceredigion has a committed workforce which is responding to an increasing workload both in terms of complexity and volume. 77% of the respondents to our anonymous staff survey reflected these challenges but said they were well supported by colleagues and managers. We also heard how staff valued the accessibility of senior leaders. 74% of staff said their workloads were manageable.
- 2.6 In response to the challenges faced by the local authority when recruiting qualified social workers there is a focus on 'growing our own' from internal staff. We heard how, positively, the local authority has been working closely with Aberystwyth University to try and establish a social work course to train the workforce required for the future. We further note the local authority is carefully considering employing overseas workers. They would want those workers to commit to learning the Welsh language and are mindful of supporting them to integrate into the local culture.
- 2.7 Managers we spoke with expressed confidence they are skilled and supported to lead. The Director of Social Services is currently a temporary appointment. A permanent person is being sought to give the senior leadership team improved stability.

Areas for Improvement:

- 2.8 Some people, including carers, told us their social workers took time to listen to them which supported them to build good working relationships. There was some very positive feedback from younger children we spoke with about their social workers, one child told us "*They are funny and they always talk with us*". Some children expressed the difficulties they have in building relationships when social workers change often. Only 67% of people who responded to our survey said they felt listened to. In addition, the voice of adults was not consistently captured in the proportionate assessments we reviewed. **The local authority must ensure people's voice is central to the work they undertake with people.**
- 2.9 The local authority must ensure carers are routinely informed of their rights to an assessment and this is understood, recorded and promoted by all staff. The physical, emotional, financial and psychological impact of caring could be better reflected in the records supported by an unequivocal offer of a carers assessment. We spoke with a group of adult carers who shared mixed experiences of accessing support. Most spoke positively of their relationship with their social worker, although we

could also see the impact of delays when accessing domiciliary care and occupational therapy adaptations. It is encouraging that there has been a notable increase in the number of carers who have joined the Carers Information Service. **The local authority must ensure practitioners consistently comply with the general duty to promote the well-being of the carer, by explicitly offering carers assessments to people to discuss what support they require, with reasons for refusal of an assessment routinely recorded.**

- 2.10 We heard how the lack of short break provision is adversely impacting people's outcomes across Ceredigion. Arranging short break provision in advance for adult carers to book a holiday is very difficult, with providers more inclined to fill vacancies permanently. We also heard repeatedly how the availability of respite is an issue in children's services, particularly for disabled children. **The local authority must increase short break provision across the county to help address the well-being needs of parents and carers.**
- 2.11 The Director of Social Services Annual Report is an important way of informing people living in Ceredigion about how well social care services are being delivered. We note the delays in the local authority publishing the Director of Social Services Annual report over the last two years. This is an area requiring improvement as Part 8 of the Codes of Practice for the 2014 Act state that the director of social services must prepare and publish an annual report about the exercise of the local authority's social services functions. **This annual report must be published as soon as reasonably practicable after the end of a financial year.**
- 2.12 During 2022 there were critical deficits in the numbers of social workers and occupational therapists because of recruitment and retention issues, and a highly competitive market. The local authority has taken significant action to address these challenges, as already mentioned above. This has resulted in a significant improvement in the performance of statutory responsibilities to children and families being met. Despite this the workforce position remains fragile and an exit plan is needed from this commissioned arrangement. **The local authority must carefully consider their future workforce strategy to prioritise a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities.**
- 2.13 Most practitioners reported receiving regular supervision from their managers. However, supervision files viewed varied in content and quality. The discussions largely reflected the challenges and pressures of providing support

to people in the current context. The need for improved supervision was a finding from our assurance check in 2021. We understand the local authority has recently developed a supervision policy. **The local authority should ensure robust management oversight of practice and reflective conversations are taking place with sufficient information noted to evidence decision making.**

- 2.14 Feedback from practitioners about the quality and availability of training was variable. People talked positively about the impact of core training, but that more specialist training is needed to support specific roles. We understand a training programme is being developed to support the TAW model which includes management training to support key posts. **The local authority must ensure it has a competent and confident workforce.**
- 2.15 Staff told how they benefited from the support of peers and would welcome more opportunities for face-to-face contact in offices. We heard how arranging in-person meetings for adult and children's services can be a challenge due to lack of suitable facilities. This included child protection conferences when face to face meeting is the family's preference. **This is something the local authority should consider.**
- 2.16 **The local authority must implement and embed a robust quality assurance framework.** This was identified as an area which required improvement at our 2021 assurance check and, following this inspection, it remains to be the case. We are aware that a quality assurance framework has been drafted. We also heard about investment in supporting the local authority's approach to quality assurance with newly appointed posts specifically to focus on this area. WCCIS, the local authority's records management system, is also under development to provide performance management information. These improvements are essential to enable scrutiny of data to drive forward service improvements and ensure managers have better oversight of front-line practice.
- 2.17 Responding to complaints within statutory timescales has become increasingly challenging for the local authority, due to pressures within the central complaints team who currently manage the process. **The local authority must ensure complaints are consistently responded to in accordance with the prescribed timescales in the "The Social Services Complaints Procedure (Wales) Regulations 2014", and lessons learned from responding to complaints drive improvements.**

3. Prevention

Strengths:

- 3.1 Senior managers fully understand access to early intervention and prevention is key to maintaining well-being and mitigating the demand on managed care services. An area of strength in Ceredigion is the shared strategic commitment to the preventative agenda as evidenced by the transformation to the TAW model. This ensures a focus on prompting people's independence and supporting families to stay together when safe to do so.
- 3.2 **We saw examples of assessments and child protection conference reports, which were child focused and written in a way the child or young person could engage with and understand.** The quality of most reviews for children remains a strength from our previous check in 2021. Minutes are written directly to the child, giving the feeling of a personalised letter. These minutes acknowledge the child's wishes and explain in child-friendly language the outcomes and decisions of their review.
- 3.3 Social workers clearly strive to establish meaningful relationships with children and families, with an emphasis on direct work with individual children. We saw examples of social workers playing games with children, colouring with them and playing football to build relationships. We found strong evidence of practitioner reflection, professional curiosity and clear decision making in respect of children and young people.
- 3.4 Under the TAW model a range of preventative services have been combined under the umbrella of PCC. The range and capacity of these services, including those provided by the third sector, is undoubtedly a strength which our staff survey indicated is appreciated by the workforce in Ceredigion. We observed well organised meetings to determine which services are best placed to support families. Well-being centres are planned as a 'one stop shop' for services including leisure, housing and youth services. The local authority is currently developing a directory of resources, services and facilities to make the early help offer clearer for staff and the public.
- 3.5 We heard, as a commitment to developing community links and supporting the preventative agenda, the local authority has increased the number of Community Connectors, working in a patch-based model, throughout the county, looking to connect people with services, activities and events happening in their locality with the aim of impacting positively on their well-being.
- 3.6 Despite the high demand and waiting list for occupational therapy assessments we saw some examples of the services ability to respond promptly. This included the provision of some equipment to promote people's independence enabling them to remain living at home for longer.

- 3.7 Assistive technology, including the provision of wrist watches to monitor people's vital health signs and falls, is a key strategy to support early intervention and prevention. We also heard about projects such as PCC giving 'Fitbits' to young people to encourage them to stay active even when they were not engaging directly with services. The local authority is also developing office space to be able to showcase the offer of assistive technology.
- 3.8 Like most local authorities across Wales there is substantial pressures on capacity within the domiciliary care market in Ceredigion. Despite this demand timely hospital discharge continues to be a priority. We saw a focus by the enablement team on effectively supporting people to regain their independence and enabling people to return home in accordance with their wishes.

Areas for Improvement:

- 3.9 People's experience of contacting the local authority is varied. Some people, including carers, told us of the difficulty they experienced in speaking to the appropriate person or receiving a timely response. **The local authority must review its current arrangement to ensure people consistently receive a timely response when they contact them.**
- 3.10 For many adults their assessments and annual review of their care and support plan, are delayed due to waiting lists across teams, including occupational therapy. This risks people's changing needs not being identified and addressed at the earliest stage. It also misses the opportunity for services to end when no longer required which would release capacity. Providers commented on how they are not regularly invited to take part in reviews. **The local authority must take the required action to ensure compliance with timescales for statutory reviews and ensure all relevant professionals are invited to contribute**, as it is missing the opportunity to assure itself resources are being used to best effect.
- 3.11 We heard from carers and practitioners about the negative impact of a lack of domiciliary care across the county. This included increased pressure on unpaid carers, people being placed on waiting lists or moving into care homes unnecessarily due to a lack of care at home. Whilst most people in Ceredigion are receiving some form of care this is impacting on the flow of other services, for example enablement. Whilst a shortage of care is a recognised national issue, there are specific challenges in terms of Ceredigion's geography and demographics which require a robust response. A new Domiciliary Care Commissioning Framework is being developed. The local authority is also

working with strategic partners to develop a 'patch based' approach to delivering local services and addressing the challenges.

The local authority should continue to work strategically and operationally with its partners to look for solutions to alleviate the situation.

- 3.12 The provision of services to people who have visual or hearing impairments must be improved. There is a waiting list to be seen by a Rehabilitation Officer for Visual Impairment and concerns around the availability of British Sign Language, with people telling us they are not aware of any available groups for people with a visual or hearing impairment. **The local authority should engage with people experiencing sensory loss to hear their voice to influence the development of services.**
- 3.13 The local authority is experiencing an increase in contacts and referrals. From records reviewed we mainly observed prompt responses to meet the needs of children. However, in one example we saw many re-referrals where further cumulative assessment of the information would have been beneficial. We are aware of a high re-referral rate (45%) for children who have been assessed as not requiring further statutory intervention. **The local authority must ensure it understands the high re-referral rate, so leaders can assure themselves about the appropriateness of closures/signposting and demonstrate clear evidence of management oversight.**
- 3.14 There has been a significant rise in the numbers of children looked after in Ceredigion over recent years. We were told the reason for this is a lack of focus on discharging care orders where situations are stable. Positively, additional legal support to discharge the orders has been commissioned. We also saw examples where children should have had legal protections, but these were not in place promptly due to staffing capacity. **The local authority must assure itself the discharge of care orders is prioritised.**
- 3.15 The availability of foster carers and suitable homes for children is an area of challenge given the increase in children becoming looked after by the local authority over recent years. We heard from senior managers about plans to increase the sufficiency of care homes for children and supported accommodation in Ceredigion. **Fostering recruitment should continue to be prioritised.**
- 3.16 There are mixed views from third sector providers about partnership working with some expressing the opinion that there could be more recognition of what services there are and more done to coordinate them at a strategic level. The local authority may benefit from carrying out a mapping exercise to understand

the variety of third sector services with the aim of facilitating greater collaboration.

- 3.17 We heard from practitioners, team managers and IROs that plans are central to monitoring interventions with children on the Child Protection Register (CPR). However, children who are looked after by the local authority do not receive the same approach. The number of children with an updated care and support plan and a pathway plan in place at the date of their first placement is far too low and requires improvement. This performance information reflects messages from young people we spoke to who told us they had not seen their plans. **The local authority must ensure plans are updated in line with statutory standards.**

4. Well-being

Strengths:

- 4.1 Safeguarding children and young people is prioritised across the TAW model. Social workers demonstrated a good understanding of the history and current situation of families. We found skilled and competent workers performing well in meeting children and young people's need to be safeguarded. Decision making in relation to significant harm is clear and results in appropriate action.
- 4.2 Children are seen by their social worker as often as needed in line with the levels of needs and risks. There is recognition of the impact of poverty on families and financial support regularly provided to support parents to attend contact. We saw practitioners increasing visits, including on weekends, and supporting intensively to proactively reduce safety risks. One parent powerfully described the approach as "*understanding, actually supporting me and letting me speak*". She also said the conference reports now recognise strengths as well as risks. This supports our findings that risks in child protection are appropriately considered and balanced with the families' strengths.
- 4.3 Family Group Conferences are routinely and effectively used to formalise support for parents/carers to safely care for their children. In these cases, good outcomes are often achieved for children. Significant work is being undertaken to maintain children with their parents and, although this was not always possible, we saw good outcomes where children remained with extended family. **Positively, we heard how Family Group Conferencing is now being extended to include work with adults, as a reflection of the TAW model.**
- 4.4 We saw excellent examples of practitioner analysis and rationale recorded which evidenced an understanding of what was required to help people meet outcomes. Children's views are considered as part of planning and informed social worker analysis on the risk of harm. Recordings highlight strengths as well as detailing the worries and the lived experiences of children. We saw

excellent examples of multi-agency risk assessments, using SOS methods and a range of other tools to facilitate direct work.

Areas for Improvement:

- 4.5 In relation to adult safeguarding, an area of strength previously, we saw some variation across the social care records reviewed, with most showing timely and effective safeguarding practices aligned with the Wales Safeguarding Procedures (WSP). However, records could be strengthened by consistently evidencing all reasonable steps have been taken to enable the person to participate in the safeguarding process.
- 4.6 Partner agencies reported a lack of feedback when reporting adult safeguarding concerns. We also heard that whilst strategy meetings are well attended, there is often a delay in distributing the minutes of these meetings. **The local authority should review current arrangements to ensure the outcome of referrals are shared with the reporter and that minutes are shared with attendees in a timely manner.**
- 4.7 We heard, at times, the capacity of the adult safeguarding team to undertake joint visits with the police and complete timely mental capacity assessments has been limited. We were told of plans to enhance adult safeguarding capacity. **The local authority must ensure there is robust oversight of safeguarding practice to assure itself of compliance with the WSP.**
- 4.8 As part of the new TAW model, strategy discussions are now undertaken by the central safeguarding team. At times we noted a wider group of professionals should have been invited to be involved in the strategy discussion regarding children, such as health or education. The social worker working with the family should also always be invited to contribute as they will inevitably have a wealth of information to inform decision making. The local authority initiates child protection processes in a timely way **but must assure itself multi-agency involvement is considered at the earliest opportunity.**
- 4.9 Our Assurance Check in 2021 found the quality of adult assessments and care and support plans and recording to be varied. This remains the case following this inspection. For many people their voices are heard, and the five areas of assessment are captured in the specialist social care assessment. However, this is not the case in many of the proportionate assessments. In our view many are simply a record of multi-agency triage, communication and decision making rather than an assessment of what matters to the person. **The local authority must review adult assessment documentation to ensure it**

follows all core statutory requirements as outlined in Part 3 Code of Practice (Assessing the Needs of Individuals).

- 4.10 When completing social care records, it is important practitioners capture the role of people involved in multi-agency discussion. Many of the proportionate assessments only contained the first names of practitioners. **The local authority must review its recording policy to include robust managerial oversight to ensure all records are maintained appropriately.**

5. Partnership and Integration

Strengths:

- 5.1 We heard consistently positive messages about partnership working from the people we spoke with during our inspection. At a strategic level, senior leaders work together to address cross cutting departmental challenges. One senior manager described their senior management structure as a '*powerhouse*' for getting things done. Externally, we heard about excellent working relationships with the strategic lead in community health services. We saw evidence of partnerships directly benefiting people such as the development of care homes for children in Ceredigion meaning they can remain in their own communities, and the Borth project, a multiagency meeting focusing on getting people the right help and support at the right time.
- 5.2 Operationally, effective integration and collaboration between professionals is evident across teams. Structures are in place which allow for coordinated consideration of requests for care and support in relation to prevention. Integrated working with health services in Porth Gofal Triage and Assessment ensures people can be directed towards the most relevant professional in a timely manner. This promotes holistic consideration of people's circumstances and risks to ensure well informed triage decisions. For example, effective and timely triage and referral for enablement input meant one person could be discharged promptly from hospital and regain independence at home without the need for formal care and support.
- 5.3 Decision making forums, including child protection conferences, are well attended by a range of professionals. Practitioners described engagement in these meetings as 'exceptional' with examples given of paediatricians routinely in attendance. We heard how conference reports are routinely shared, however the sharing of the conference minutes in a timely manner, post conference, needs to improvement. There was evidence of joint working with health in the small number of disabled children files viewed and healthy disagreements between professionals at times.

- 5.4 Schools have many positive partnership arrangements. For example, we saw a clear pathway enabling children who are looked after to access emotional health support through the Emotional Literacy Support Assistant (ELSA) and more general initiatives such as surveys to target specific groups of children and contextual risks around issues like vaping. There are clearly good partnerships benefiting children between schools and youth workers, school counsellors and inclusion officers.
- 5.5 Social work staff told us the timeliness and quality of partners contributions to assessments is good. We saw examples of effective multi agency partnership working and a commitment to supporting families and maintaining children within their families.
- 5.6 Providers gave positive feedback about their relationships with the commissioning team. They talked about how the tendering process can be challenging, but the local authority is supportive and hold workshops to simplify this and clarify expectations. Providers also said the commissioning team are willing to listen to their opinion and take action to improve issues.

Areas for Improvement:

- 5.7 There is evidence of practitioners developing professional working relationships with people built on co-operation and a shared understanding of what matters. However, working in partnership with people and carers on co-produced outcomes requires improvement in some service areas. As already mentioned earlier in the report the domains of assessments and principles of 2014 Act need further embedding in practice especially when completing proportionate assessments. At times the support is service led and functional rather than focussing on what matters and the outcomes the person wants to achieve.
- 5.8 Whilst we heard that the vision of the TAW model is understood by partners and stakeholders at the level of the Healthier Ceredigion Board and Regional Partnership Board, we also heard that wider than this communication needs to be improved. We heard how some members of the public had fed back to the local authority that they were unsure of what the Porth's meant or understand what services they represented. **The local authority should review its communication strategy to ensure that their model is understood and accessible.**
- 5.9 Overall providers feel the local authority has been clear about the vision

of the TAW model. However now that the restructure has taken place some are unclear of the current situation within some teams. The local authority should consider updating their partners on the current operational arrangements.

- 5.10 Some providers noted the number of agency workers in some teams, which can affect the quality of referrals and when the workers are not based in Ceredigion this has been a barrier to meeting. The local authority should ensure that employing agency staff working outside Ceredigion does not cause any barrier or delay to people receiving support.

6. Next Steps

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

7. Methodology

Fieldwork

Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed **32** social care records and tracked **10** of these to understand the person's experience in more depth.

Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and other professionals involved.

We also;

- interviewed local authority employees.
- interviewed a range of partner organisations, representing both statutory and third sector.
- held focus groups of children, young people and adults who use the services of the local authority.

all of the above resulting in CIW engaging with **114** individuals

In addition we;-

- reviewed staff supervision files
- reviewed compliments and complaints
- reviewed supporting documentation sent to CIW for the purpose of the inspection.
- administered surveys to staff, partner organisations and people

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8. Welsh Language

CIW's commitment to provide an active offer of conducting parts of the inspection in Welsh was met. The active offer was required during this inspection.

Acknowledgements

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Theme	CIW Ref	Strengths Identified
People - Voice & Choice	2.1	For many people, their voices are heard, and their personal outcomes captured. There were examples of practitioners working collaboratively and consistently with people to support what matters to them. People we spoke with said they had been understood and their voice heard with effective and regular communication. 82% of people who responded to our people survey said they were treated with dignity and respect 'at all times' or 'most of the time' by the local authority.
People - Voice & Choice	2.2	People are able to communicate in their preferred language. There was evidence of the active offer being made and managers were confident of adequate numbers of Welsh speaking practitioners to implement the active offer
People - Voice & Choice	2.3	We found advocacy is proactively considered and offered, particularly in the context of child protection conferences and reviews for children who are looked after by the local authority. It remains a strength from our previous assurance check in 2021 that these services are readily available. Advocates routinely attend decision making forums to represent children's views. Some children who are looked after told us of difficulties they had at times in accessing support and a lack of transparency about their rights and entitlements. Some of the children felt they were making decisions unaided at key points in their lives. This may be an area in need of further strengthening. In adults there was evidence of people being supported by informal advocates to participate in decisions that affect them. Practitioners in adult's services understand the importance of advocacy. The formal advocacy provider noted that perhaps, at times, they could have been involved at an earlier stage
People - Voice & Choice	2.4	People are being provided with the opportunity to tailor and manage their own care and support using direct payments. However, in common with other local authorities across Wales recruitment of personal assistants to provide support via direct payments is a challenge. We heard how the service is actively trying to recruit new personal assistants supported by a new website and software system
People - Voice & Choice	2.5	Ceredigion has a committed workforce which is responding to an increasing workload both in terms of complexity and volume. 77% of the respondents to our anonymous staff survey reflected these challenges but said they were well supported by colleagues and managers. We also heard how staff valued the accessibility of senior leaders. 74% of staff said their workloads were manageable
People - Voice & Choice	2.6	In response to the challenges faced by the local authority when recruiting qualified social workers there is a focus on 'growing our own' from internal staff. We heard how, positively, the local authority has been working closely with Aberystwyth University to try and establish a social work course to train the workforce required for the future. We further note the local authority is carefully considering employing overseas workers. They would want those workers to commit to learning the Welsh language and are mindful of supporting them to integrate into the local culture
People - Voice & Choice	2.7	Managers we spoke with expressed confidence they are skilled and supported to lead. The Director of Social Services is currently a temporary appointment. A permanent person is being sought to give the senior leadership team improved stability.
Prevention	3.1	Senior managers fully understand access to early intervention and prevention is key to maintaining well-being and mitigating the demand on managed care services. An area of strength in Ceredigion is the shared strategic commitment to the preventative agenda as evidenced by the transformation to the TAW model. This ensures a focus on prompting people's independence and supporting families to stay together when safe to do so
Prevention	3.2	We saw examples of assessments and child protection conference reports, which were child focused and written in a way the child or young person could engage with and understand. The quality of most reviews for children remains a strength from our previous check in 2021. Minutes are written directly to the child, giving the feeling of a personalised letter. These minutes acknowledge the child's wishes and explain in child-friendly language the outcomes and decisions of their review
Prevention	3.3	Social workers clearly strive to establish meaningful relationships with children and families, with an emphasis on direct work with individual children. We saw examples of social workers playing games with children, colouring with them and playing football to build relationships. We found strong evidence of practitioner reflection, professional curiosity and clear decision making in respect of children and young people
Prevention	3.4	Under the TAW model a range of preventative services have been combined under the umbrella of PCC. The range and capacity of these services, including those provided by the third sector, is undoubtedly a strength which our staff survey indicated is appreciated by the workforce in Ceredigion. We observed well organised meetings to determine which services are best placed to support families. Well-being centres are planned as a 'one stop shop' for services including leisure, housing and youth services. The local authority is currently developing a directory of resources, services and facilities to make the early help offer clearer for staff and the public
Prevention	3.5	We heard, as a commitment to developing community links and supporting the preventative agenda, the local authority has increased the number of Community Connectors, working in a patch-based model, throughout the county, looking to connect people with services, activities and events happening in their locality with the aim of impacting positively on their well being
Prevention	3.6	Despite the high demand and waiting list for occupational therapy assessments we saw some examples of the services ability to respond promptly. This included the provision of some equipment to promote people's independence enabling them to remain living at home for longer.
Prevention	3.7	Assistive technology, including the provision of wrist watches to monitor people's vital health signs and falls, is a key strategy to support early intervention and prevention. We also heard about projects such as PCC giving 'Fitbits' to young people to encourage them to stay active even when they were not engaging directly with services. The local authority is also developing office space to be able to showcase the offer of assistive technology

Prevention	3.8	Like most local authorities across Wales there is substantial pressures on capacity within the domiciliary care market in Ceredigion. Despite this demand timely hospital discharge continues to be a priority. We saw a focus by the enablement team on effectively supporting people to regain their independence and enabling people to return home in accordance with their wishes.
Well-being	4.1	Safeguarding children and young people is prioritised across the TAW model. Social workers demonstrated a good understanding of the history and current situation of families. We found skilled and competent workers performing well in meeting children and young people's need to be safeguarded. Decision making in relation to significant harm is clear and results in appropriate action
Well-being	4.2	Children are seen by their social worker as often as needed in line with the levels of needs and risks. There is recognition of the impact of poverty on families and financial support regularly provided to support parents to attend contact. We saw practitioners increasing visits, including on weekends, and supporting intensively to proactively reduce safety risks. One parent powerfully described the approach as "understanding, actually supporting me and letting me speak". She also said the conference reports now recognise strengths as well as risks. This supports our findings that risks in child protection are appropriately considered and balanced with the families' strengths
Well-being	4.3	Family Group Conferences are routinely and effectively used to formalise support for parents/carers to safely care for their children. In these cases, good outcomes are often achieved for children. Significant work is being undertaken to maintain children with their parents and, although this was not always possible, we saw good outcomes where children remained with extended family. Positively, we heard how Family Group Conferencing is now being extended to include work with adults, as a reflection of the TAW model.
Well-being	4.4	We saw excellent examples of practitioner analysis and rationale recorded which evidenced an understanding of what was required to help people meet outcomes. Children's views are considered as part of planning and informed social worker analysis on the risk of harm. Recordings highlight strengths as well as detailing the worries and the lived experiences of children. We saw excellent examples of multi-agency risk assessments, using SOS methods and a range of other tools to facilitate direct work.
Well-being	4.5	In relation to adult safeguarding, an area of strength previously, we saw some variation across the social care records reviewed, with most showing timely and effective safeguarding practices aligned with the Wales Safeguarding Procedures (WSP). However, records could be strengthened by consistently evidencing all reasonable steps have been taken to enable the person to participate in the safeguarding process.
Partnership	5.1	We heard consistently positive messages about partnership working from the people we spoke with during our inspection. At a strategic level, senior leaders work together to address cross cutting departmental challenges. One senior manager described their senior management structure as a 'powerhouse' for getting things done. Externally, we heard about excellent working relationships with the strategic lead in community health services. We saw evidence of partnerships directly benefiting people such as the development of care homes for children in Ceredigion meaning they can remain in their own communities, and the Borth project, a multiagency meeting focusing on getting people the right help and support at the right time
Partnership	5.2	Operationally, effective integration and collaboration between professionals is evident across teams. Structures are in place which allow for coordinated consideration of requests for care and support in relation to prevention. Integrated working with health services in Porth Gofal Triage and Assessment ensures people can be directed towards the most relevant professional in a timely manner. This promotes holistic consideration of people's circumstances and risks to ensure well informed triage decisions. For example, effective and timely triage and referral for enablement input meant one person could be discharged promptly from hospital and regain independence at home without the need for formal care and support
Partnership	5.3	Decision making forums, including child protection conferences, are well attended by a range of professionals. Practitioners described engagement in these meetings as 'exceptional' with examples given of paediatricians routinely in attendance. We heard how conference reports are routinely shared, however the sharing of the conference minutes in a timely manner, post conference, needs to improvement. There was evidence of joint working with health in the small number of disabled children files viewed and healthy disagreements between professionals at times.
Partnership	5.4	Schools have many positive partnership arrangements. For example, we saw a clear pathway enabling children who are looked after to access emotional health support through the Emotional Literacy Support Assistant (ELSA) and more general initiatives such as surveys to target specific groups of children and contextual risks around issues like vaping. There are clearly good partnerships benefiting children between schools and youth workers, school counsellors and inclusion officers
Partnership	5.5	Social work staff told us the timeliness and quality of partners contributions to assessments is good. We saw examples of effective multi agency partnership working and a commitment to supporting families and maintaining children within their families.
Partnership	5.6	Providers gave positive feedback about their relationships with the commissioning team. They talked about how the tendering process can be challenging, but the local authority is supportive and hold workshops to simplify this and clarify expectations. Providers also said the commissioning team are willing to listen to their opinion and take action to improve issues.

Theme	CIW Ref	Area for Improvement	Owner	Actions	Due Date	RAG	Scrutiny Review 1	RAG	Final Review and Completion	RAG	
People - Voice & Choice	2.8	The local authority must ensure people's voice is central to the work they undertake with people.	DP	*This will form part of the first year cycle of thematic reviews for the QA Officer, but will be highlighted as part of briefing to managers as part of the report feedback process.	30.09.2023		Healthier Communities Scrutiny 22 November 2023		Healthier Communities Scrutiny 11 March 2023		
				*Review of recording Policy will be revised to explicitly reference the to record the recognition of the need for a carers assessment and the offer being made.							
				*Establish a Care Experience forum - to co produce the Commissioning of services, Policy development, represented on Interviews for key roles.							
				*Adult Service User Engagement Group to be established							
			ASE/EJ	*Extended Support Through Age Engagement Group -sub groups for adults and children *Collaborate with schools to identify and support young carers in education.							
People - Voice & Choice	2.9	The local authority must ensure practitioners consistently comply with the general duty to promote the well-being of the carer, by explicitly offering carers assessments to people to discuss what support they require, with reasons for refusal of an assessment routinely recorded.	DP	*This will form part of the first year cycle of thematic reviews for the QA Officer, but will be highlighted as part of briefing to managers as part of the report feedback process.	30.09.2023						
				* Regular reporting on Cares Assessment compliance through the Performance Board by inclusion in Business Plans.							
				* Review all documentation to ensure they reflect the need for a Carers Assessment to be offered Donna Pritchard will be the designated Lead Officer whilst the carers development work is undertaken. This role will be handed to Porth Cymorth Cynnar when the Action Plan has progressed sufficiently.							
People - Voice & Choice	2.10	The local authority must increase short break provision across the county to help address the well-being needs of parents and carers.	SH/NL	*This work is being address as part of the Respite/Care Breaks within the Carers, Community and Ageing Well Steering Group	31.03.2024						
			NL	* Eliminating Profits project is focused on recruiting foster carers including short breaks and respite.							
			NL/ASE	Ensure that carers are appropriately represented in the approval of respite carer fostering, Supported Lodgings and Shared Lives placements to fully appreciate the needs for the carer. Representation on Panel will also offer reassurance that the child/relative will receive good quality care.							
People - Voice & Choice	2.11	The Director of Social Services Annual Report - This annual report must be published as soon as reasonably practicable after the end of a financial year.	ASE	* 2022/23 Report planning has commenced and has been timetabled with Scutiny, Cabinet and Council for publication in October 2023	31.10.2023		31/10/23	31/10/23			
People - Voice & Choice	2.12	The local authority must carefully consider their future workforce strategy to prioritise a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities.	ASE/GE	* This is being addressed as part of TAW Recruitment and Retention workstream and being monitored as part of the group in to TAW Programme Board	30.09.2023		Healthier Community Scrutiny Committee 22 November 2023				
				* Strategy will be reviewed as part of the revised Workforce Plan							
People - Voice & Choice	2.13	The local authority should ensure robust management oversight of practice and reflective conversations are taking place with sufficient information noted to evidence decision making.	ASE	*Comms has been put in place around updated supervision policy, and also highlighted within the QA Framework.	30.06.2023						
			QA Officer	* Thematic Audit required to allow for full picture to be understood * Recording Policy Needs to be updated							
People - Voice & Choice	2.14	The local authority must ensure it has a competent and confident workforce.		* TNA's are completed every year, and appraisals are also completed. Annual Appraisal will consider all training needs be it mandatory or specialist	30.09.2023						
People - Voice & Choice	2.15	Staff told how they benefited from the support of peers and would welcome more opportunities for face-to-face contact in offices. We heard how arranging in-person meetings for adult and children's services can be a challenge due to lack of suitable facilities. This included child protection conferences when face to face meeting is the family's preference. This is something the local authority should consider.		* Office are now open for staff face to face access.							
				* Locations for CP Conferences are limited but available. Team Manager Quality Assurance to complete an audit of available and suitable locations for CP Conferences and present the available options for consideration.							
People - Voice & Choice	2.16	The local authority must implement and embed a robust quality assurance framework.	ASE	* The QA Framework consultation has now concluded and the feedback received is being considered and amendments will be made to strengthen the approach where appropriate.	30.06.2023						
				* Quality Assurance Officer post out to advert							
				* Quality Assurance Support Officer out to advert * Development of a thematic audit workplan							

People - Voice & Choice	2.17	The local authority must ensure complaints are consistently responded to in accordance with the prescribed timescales in the "The Social Services Complaints Procedure (Wales) Regulations 2014", and lessons learned from responding to complaints drive improvements.	ASE	* Develop a tracker for all Social Service Complaints to be reviewed as part of regular CLO meetings with the Complaints Manager to review responses and ensure that there is adherence to timescales from all perspectives. The review meetings will take place on a fortnightly basis.	30.06.2023					
				* Ownership of the tracker will rest with the Statutory Director of Social Services in partnership with Complaints Manager.						
				* QA Officer will be in a position to gather and implement learning from complaints via lessons learned log linking with L&D, and Policy Review						
Prevention	3.9	The local authority must review its current arrangement to ensure people consistently receive a timely response when they contact them.		* Revisit protocol between Clic and Porth Gofal Triage and Social Work Teams to ensure access to case holder	30.09.2023					
				* Need to ensure feedback to referrers at point of decision						
				* Need to identify thematic QA for process.						
Prevention	3.10	The local authority must take the required action to ensure compliance with timescales for statutory reviews and ensure all relevant professionals are invited to contribute, as it is missing the opportunity to assure itself resources are being used to best effect.	ASE	* Develop a specific action plan and program of work to resolve backlog	30.06.2023					
Prevention	3.11	The local authority should continue to work strategically and operationally with its partners to look for solutions to alleviate the situation.	DP	* Working group already established and tendering process is being reviewed	30.06.2023					
Prevention	3.12	The local authority should engage with people experiencing sensory loss to hear their voice to influence the development of services.	HW	* Assistive Technology and Equipment workstream is focused on the Sensory Service with a view to redesigning service	31.03.2024					
Prevention	3.13	The local authority must ensure it understands the high re-referral rate, so leaders can assure themselves about the appropriateness of closures/signposting and demonstrate clear evidence of management oversight.	TJ	* This will form part of the first year cycle of thematic reviews for the QA Officer, but is also currently being analysed as part of the ongoing monitoring of the Children's Porth Gofal Triage and Assessment process. The re-referral statistic was identified prior to the inspection.	31.03.2024					
Prevention	3.14	The local authority must assure itself the discharge of care orders is prioritised.	ASE	* Already forms part of the CLA Strategy and incorporates a clear plan to support the reduction or prevention of children becoming accommodated by the local authority. Early Intervention services are key to prevention.	30.06.2023					
				* Currently 10 children being explored for revocation.						
Prevention	3.15	Fostering recruitment should continue to be prioritised.	NL	* Foster Care recruitment is being progressed as part of the Children's Steering Group and Eliminating Profit work. There has been further additional funding allocated to Ceredigion through Foster Wales (02.05.2023) to strengthen and develop the foster carer infrastructure. Work has already started on the Fostering integration with MyAccount which will support the recruitment process to help the wider daily report functionality to free up capacity.	30.06.2023					
				* Foster Carer Engagement Plan in place to allow for the sharing of innovative ideas between officers and foster carers.						
Prevention	3.16	There are mixed views from third sector providers about partnership working with some expressing the opinion that there could be more recognition of what services there are and more done to coordinate them at a strategic level. The local authority may benefit from carrying out a mapping exercise to understand the variety of third sector services with the aim of facilitating greater collaboration.		* Contracts Panel has been put in place to monitor the quality and effectiveness of contracts and determine whether value for money is being achieved.	30.06.2023					
				* This needs to form part of the 3rd sector grants review, with a view of rationalisation of funding. The work of the Contacts Panel will assist in gathering this information for rationalisation.						
Prevention	3.17	The local authority must ensure plans are updated in line with statutory standards.	ASE	* Clients Service Strategies should also determine the need for services	30.09.2023					
				* Need to understand the issues that are causing timescales to drift, what is contained in the IRO monitoring reports, is whether this still the case now that Innovate are in place. Will review following Q4 data reporting to analyse the performance.						
			ASE	* Protocol required for Personal Advisors to improve timescales for care leaver Pathway Plans.						
Well-being	4.5	In relation to adult safeguarding, an area of strength previously, we saw some variation across the social care records reviewed, with most showing timely and effective safeguarding practices aligned with the Wales Safeguarding Procedures (WSP). However, records could be strengthened by consistently evidencing all reasonable steps have been taken to enable the person to participate in the safeguarding process.	EU/ASE	An end to end review of current practice will take place to assess effectiveness of current practice and identify any areas that need to be strengthened to encourage participation of the person at risk.	30.06.2023					
Well-being	4.6	The local authority should review current arrangements to ensure the outcome of referrals are shared with the reporter and that minutes are shared with attendees in a timely manner.	TJ and all decision makers	Need to ensure referers are notified at point of decision within Porth Gofal Triage and feedback is recorded.	30.06.2023					

			ASE/EU	Need to ensure that minutes are approved in a timely manner and circulated as required within good practice guidelines.					
			TJ	Develop reporting suite, also need to focus on backlog of case closures					
Well-being	4.7	The local authority must ensure there is robust oversight of safeguarding practice to assure itself of compliance with the WSP.	ASE/EU	Needs to be reviewed					
Well-being	4.8	The local authority initiates child protection processes in a timely way but must assure itself multi-agency involvement is considered at the earliest opportunity.	All managers will input into the audit	Undertake a thematic audit of strategy discussions and meetings to understand attendance levels in line with statutory timescales.	30.06.2023				
Well-being	4.9	The local authority must review adult assessment documentation to ensure it follows all core statutory requirements as outlined in Part 3 Code of Practice (Assessing the Needs of Individuals).	EU/QA Officer	* This work will be addressed as part of the QA Framework and thematic audits. A document review is taking place under the Signs of Safety development programme.	30.09.2023				
Well-being	4.10	The local authority must review its recording policy to include robust managerial oversight to ensure all records are maintained appropriately.	EU/QA Officer	*Policy review is to form part of the role of the QA Officer *General comms to managers regards the outcome of the inspection and areas of learning via workshops	30.09.2023				
Partnership	5.7	There is evidence of practitioners developing professional working relationships with people built on co-operation and a shared understanding of what matters. However, working in partnership with people and carers on co-produced outcomes requires improvement in some service areas. As already mentioned earlier in the report the domains of assessments and principles of 2014 Act need further embedding in practice especially when completing proportionate assessments. At times the support is service led and functional rather than focussing on what matters and the outcomes the person wants to achieve.	All managers will input into the audit	Thematic audits will be conducted in order to measure input of families to their plans, and the proportionality of assessments.					
Partnership	5.8	The local authority should review its communication strategy to ensure that their model is understood and accessible.		Link to Comms Workstream - Website development	30.09.2023				
Partnership	5.9	Overall providers feel the local authority has been clear about the vision of the TAW model. However now that the restructure has taken place some are unclear of the current situation within some teams. The local authority should consider updating their partners on the current operational arrangements.		* Comms Plan to be updated, to ensure stakeholders are aware of new structure and the roles of teams and services within the model. The update of the website will assist in this area. We will give consideration to facilitating a workshop across the TAW for third sector providers.					
Partnership	5.10	Some providers noted the number of agency workers in some teams, which can affect the quality of referrals and when the workers are not based in Ceredigion this has been a barrier to meeting. The local authority should ensure that employing agency staff working outside Ceredigion does not cause any barrier or delay to people receiving support.	CM's	Terms of reference will be reviewed for all Through, Age, Care and Wellbeing meetings and agreeing to the ongoing approach to hybrid meetings.					

Carer assessment offer and support plans
Voice - young carers, adult victims of alleged abuse
Re-referrals

Setting of well-being objectives – Ceredigion County Council

Audit year: 2022-2023

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

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Background: Our examinations of the setting of well-being objectives

- 1 The Well-being of Future Generations (Wales) Act 2015 (the Act) places a ‘well-being duty’ on 48 public bodies. The duty requires those bodies to set and publish ‘well-being objectives’ that are designed to maximise their contribution to achieving each of the Act’s seven national well-being goals.¹ They must also take all reasonable steps, in exercising their functions, to meet those objectives.
- 2 The Auditor General must carry out examinations to assess the extent to which public bodies have acted in accordance with the sustainable development principle when setting their well-being objectives.² We are carrying out a rolling programme of these examinations, up to early 2025.³
- 3 To do something in accordance with the sustainable development principle means acting ‘in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs’. To achieve this, a public body must take account of the five ways of working: long term, integration, involvement, collaboration, and prevention.⁴
- 4 We designed an assessment framework to enable us to assess the extent to which public bodies have applied the sustainable development principle when setting their well-being objectives. **Appendix 1** sets out further information on our approach, including a set of ‘positive indicators’ that illustrate what good could look like.
- 5 In designing our approach, we considered what we could reasonably expect from public bodies at this point in time. Public bodies should now be familiar with the sustainable development principle and ways of working and be seeking to apply them in a meaningful way. At the same time, we appreciate that public bodies are still developing their experience in applying the sustainable development principle when setting well-being objectives. Therefore, the examinations include consideration of how public bodies are applying their learning and how they can improve in future.

¹ The seven national well-being goals are; a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and thriving Welsh language, and a globally responsible Wales.

² Section 15 (1) (a) Well-being of Future Generations (Wales) Act 2015

³ The Auditor General must carry out examinations over the period set out in the Act, which begins one year before a Senedd election and ends one year and one day before the following Senedd election.

⁴ Section 5 Well-being of Future Generations (Wales) Act 2015

Carrying out our examination at Ceredigion County Council

- 6 The aim of this examination was to:
 - explain how Ceredigion County Council (the Council) applied the sustainable development principle throughout in the process of setting its well-being objectives;
 - provide assurance on the extent that the Council applied the sustainable development principle when setting its well-being objectives; and
 - identify opportunities for the Council to further embed the sustainable development principle when setting well-being objectives in future.
- 7 We set out to answer the question ‘to what extent has the Council acted in accordance with the sustainable development principle when setting its new well-being objectives’. We did this by exploring the following questions:
 - Was the process the Council put in place to set its well-being objectives underpinned by the sustainable development principle?
 - Has the Council considered how it will make sure it can deliver its well-being objectives in line with the sustainable development principle?
 - Has the Council put in place arrangements to monitor progress and improve how it applies the sustainable development principle when setting its well-being objectives?
- 8 We discussed the timing of the examination with the Council, and we tailored the delivery to reflect its specific circumstances.
- 9 We gathered our evidence in the following ways:
 - reviewing key documents;
 - running a workshop with key officers and Members who were involved with setting the well-being objectives; and
 - carrying out a final clarification meeting on outstanding issues with key individuals in addition to the above.
- 10 We also provided some informal feedback to officers on the key findings from our work prior to sharing the first draft of this report.

How and when the Council set its well-being objectives

- 11 The Council adopted its new Corporate Strategy 2022-2027 (the Strategy) in November 2022. The Strategy has been structured around the Council’s new four Well-being Objectives (WBO), these being:
 - Boosting the Economy, Supporting Businesses and Enabling Employment
 - Creating Caring and Healthy Communities

- Providing the Best Start in Life and Enabling Learning at All Ages
 - Creating Sustainable, Green and Well-connected Communities
- 12 The Council's Strategy is also its well-being statement, which it is required to publish under the Act.' The Council has published the full Strategy on their website, as well as a Summary Strategy and an 'Easy Read' version.
- 13 In setting its new Well-being Objectives (WBO) the Council has applied lessons learned from its previous setting of WBO. These key lessons included:
- developing its new WBO and Corporate priorities to become one in the same, with the aim of ensuring that the Council is well placed to maximise its contribution to the National Goals.
 - being clearer about the rationale and evidence base for its WBO which has ensured that its WBO are focused on those areas that will make the biggest impact and address the most significant issues.
 - a focus on strengthening the links between its WBO and individual service plans. This has ensured that the way the Council delivers its services is better aligned to delivering its WBO.

What we found

The Council has applied the sustainable development principle in setting its well-being objectives however it could draw on more extensive citizen involvement and improve monitoring and reporting.

The process for setting well-being objectives

Evidence Base

- 14 The Council drew from a wide-ranging set of data and intelligence to understand both its current and future needs. For example:
- The regional Well-being Assessment
 - Its annual review of performance against its WBO
 - Its annual self-assessment
 - West Wales Care Partnership Population needs assessment 2022
 - West Wales Care Partnership Area plan
 - The future trends report (Wales) 2021
 - Evidence for the third UK Climate Change Risk Assessment (CCRA3): Summary for Wales 2021

- 15 This wide-ranging intelligence has helped the Council to provide a clear rationale for the setting of its WBO and the steps it is taking to deliver them.
- 16 The Council has used a robust set of evidence to develop a clear understanding of the root causes of the key issues. For example, challenges around local employment opportunities and the availability of affordable housing, being some of the root causes of the migration of young people out of the County. This understanding has then been used to determine which actions it considers will have the greatest positive impact.

Consultation and Involvement

- 17 The Council has recognised the importance of involving citizens, including hard to reach groups, and stakeholders in setting and delivering its WBO. It has consulted on its Corporate Strategy both directly and by drawing on the results of existing engagement exercises, for example, engagement around the Public Service Board Well-being Assessment. However, the Council has recognised that responses to these consultations were limited and didn't reflect the full diversity of citizens.
- 18 There are some good examples in the Council's Corporate Strategy of where engagement is working well, and citizens are involved in the delivery of the steps to deliver the WBO. These include work with service users in the development of the Through Age Well-Being Model (TAWBM) and involving young people and Housing Associations in the Council's affordable and lifetime housing programmes.
- 19 Developing and implementing innovative and different ways to engage citizens to inform the setting of its future WBO will be important if the Council is to improve the levels of engagement and reach the full diversity of the population. The Council's recently launched Participation and Engagement Strategy should assist it with this.
- 20 The narrative within the Council's Corporate Strategy highlights that delivering on the WBO can only be successfully achieved through collaboration with citizens. For example, its WBO "Creating Caring and Healthy Communities" will be underpinned by the delivery of the TAWBM which, in turn, is predicated on early engagement with citizens and citizen families to identify needs and reduce the risk for the provision of high intensity care packages in the future.

Planning to improve well-being

- 21 The Council has a good understanding of how its WBO support the delivery of the National Goals and undertook a specific mapping exercise to determine how its WBO, and the steps it is taking to deliver them best supported each Goal. The Council has also developed a clear correlation between the Public Service Board WBO and its own WBO and has a good understanding of shared regional issues and risks developed in part through the regional PSB well-being assessment.
- 22 When developing its WBO, the Council examined the strategic priorities of other regional organisations, including those in the Dyfed Powys Police and Crime Plan

2021-2025 and the West Wales Care Partnership (Regional Partnership Board) Area Plan, to enable and promote a joined-up approach to improving well-being in Ceredigion.

- 23 There are several examples, including the Growing Mid Wales Partnership and West Wales Care Partnership, which the Council has drawn upon to help inform the setting of its WBO and will also work with to help deliver them. There are also examples, including TAWBM, that show where and how the Council is promoting early intervention and prevention to deliver on improving well-being.
- 24 The Council's four new WBO use a narrative that helps to position them as being relevant to delivering both short term and long-term need. Areas within its Corporate Strategy where this was particularly strong included climate change and carbon reduction, in its focus on affordable housing, in its approach to economic regeneration and its TAWBM.

Delivering the well-being objectives

- 25 A key part of the current process to deliver the Council's WBO is through its Service Business Plans. These form a key part of the Council's 'golden thread' interconnecting individual staff plans through to the priorities within the Corporate Strategy. The Council is continuing to improve the way in which these Service Business Plans clearly demonstrate how individual services support the delivery of the WBO.
- 26 The Council has demonstrated how it has allocated resources to support the delivery of some areas of its WBO. Examples include specific resource allocation to TAWBM and the earmarking of over £9m of reserves to underpin key Mid Wales Growth Deal projects. The Council is developing a new Medium-Term Financial Strategy (MTFS) - that is scheduled for completion by the middle of 2023 - and has developed a multi-year Capital Strategy to improve the long-term alignment of resources to the WBO. The effective development and successful implementation of the new MTFS and Capital Strategies is clearly fundamental to delivering the WBO.
- 27 The Council has recognised that the long-term resourcing for some of the WBO, such as the WBO which incorporates decarbonisation, remains a risk. It will be important that the new version of its MTFS includes an assessment of where there might be future financial risk to the delivery of its WBO.

Monitoring the well-being objectives

- 28 The Council's current process for monitoring progress against its WBO is through a combination of its Quarterly Performance monitoring arrangements and through its annual reporting and self-assessment report. The Council has recognised that its current monitoring approach needs to be improved to ensure that it is able to monitor its WBO progress more effectively and on more regular basis.

- 29 Whilst the Corporate Strategy includes the activity that the Council will undertake to make progress on delivering its WBO and also includes the National Public Accountability Measures, it intends to include a more comprehensive set of measures to determine its progress within its individual Service Business Plans.
- 30 The Council also recognises that it needs to develop a greater range of high-level outcome-based measures to effectively monitor progress against its WBO. It intends to undertake work around both monitoring and measures as part of the ongoing improvements it is making to its performance management arrangements. Refining, regularly reporting and robustly scrutinising, the WBO measures will be a key step in enabling the Council to determine the progress it is making in delivering its WBO and how/whether they are impacting and improving the wellbeing of the citizens of Ceredigion as intended and planned.
- 31 There are some good examples of performance measures and steps, including those around poverty, such as “Create and implement a Rural Deprivation and Equity Action Plan to support schools, non-maintained settings and childcare and play providers to reduce the impact of poverty on all children” that consider the wide impact on wellbeing across the Council’s services.

Recommendations

- R1 The Council should build on the progress it has made in applying the sustainable development principle in the setting of its well-being objectives by:
- exploring new ways of drawing on the full diversity of its population to inform and deliver its WBO.
 - ensuring that its refreshed MTFS shows how it will resource the delivery of its new WBO over the short, medium and longer term and to reflect any potential future financial risks to deliver them.
 - ensuring its evolving performance management arrangements identify the most appropriate outcome measures and provide effective monitoring, reporting and scrutiny of the progress being made on delivering its WBO.

Appendix 1

Key questions and what we looked for

The table below sets out the question we sought to answer in carrying out this examination, along with some sub-questions to guide our evidence gathering. It also includes some 'positive indicators' that have been tailored to this examination, adapted from those we have previously used to inform our sustainable development principle examinations. This list is not a checklist, but rather an illustrative set of characteristics that describe what good could look like.

To what extent has the body acted in accordance with the sustainable development principle when setting its new well-being objectives?

Planning: Was the process the body put in place to set its well-being objectives underpinned by the sustainable development principle?

Has the body used data and other intelligence to understand need, risks and opportunities and how they might change over time?

Positive indicators

- The body has a clear and balanced assessment of progress against previous well-being objectives that has been used to inform the body's understanding of the 'as is'/ short-term need.
- The body has set well-being objectives based on a good understanding of current and future need, risk and opportunities, including analysis of future trends. This is likely to be drawn from a range of local and national sources, such as:
 - Public Services Boards' well-being assessments
 - Regional Partnership Boards' population assessments
 - The results of local involvement/ consultation exercises
 - Service monitoring and complaints
 - Future Trends report

<p>To what extent has the body acted in accordance with the sustainable development principle when setting its new well-being objectives?</p>	<ul style="list-style-type: none"> – Natural Resources Wales’ State of Natural Resources Report (SoNaRR) for Wales and Area Based Assessments • The body has sought to understand the root causes of problems so that it can address negative cycles and intergenerational challenges through its well-being objectives.
<p>Has the body involved others in developing its well-being objectives?</p>	<ul style="list-style-type: none"> • The body uses the results of involvement to help select its well-being objectives. That involvement – whether primary, secondary or a combination – reflects the full diversity of the population. • Involvement reflects good practice and advice from the Future Generations Commissioner.
<p>Has the body considered how the objectives can improve well-being and have a broad impact?</p>	<ul style="list-style-type: none"> • The well-being objectives have been designed to improve well-being in the broadest sense and make a contribution across the seven national well-being goals. • The well-being objectives have been designed to reflect and capitalise on the connections between different areas of work. • There is a well-developed understanding of how the well-being objectives impact on/ relate to what other public bodies are trying to achieve and opportunities to work together.
<p>Has the body designed the objectives to deliver longer-term benefits, balanced with meeting short-term needs?</p>	<ul style="list-style-type: none"> • The body has set objectives that are sufficiently ambitious and have been designed to drive activity across the organisation. • The objectives are designed to meet short and longer-term need. Where objectives are set over a short to medium timeframe, they are set in the context of longer-term considerations or ambitions.
<p>Resourcing and delivery: Has the body considered how it will make sure it can deliver its well-being objectives in line with the sustainable development principle?</p>	

To what extent has the body acted in accordance with the sustainable development principle when setting its new well-being objectives?	
Has the body considered how it can resource the well-being objectives?	<ul style="list-style-type: none"> Resources have been allocated to ensure the objectives can be delivered over the short and medium-term, but the body has also considered longer-term resources, risks and/or how it can resource longer-term objectives. The body has allocated resources to deliver preventative benefits, where these are described in its well-being objectives.
Has the body considered how it can work with others to deliver their objectives?	<ul style="list-style-type: none"> The body is drawing on its knowledge of partners objectives/ activity, its relationships and collaborative arrangements to make sure it can deliver on cross-cutting ambitions.
Monitor and review: Has the body put in place arrangements to monitor progress and improve how it applies the sustainable development principle when setting its well-being objectives?	
Has the body developed appropriate measures and monitoring arrangements?	<ul style="list-style-type: none"> Performance measures are designed to reflect the sustainable development principle, e.g., by focusing on outcomes that cut across departmental/ organisational boundaries and deliver multiple (including preventative) benefits over the longer term. There is a 'golden thread' that will allow the body to clearly and transparently report on progress to meeting the objectives.
Is the body seeking to learn from and improve how it has applied the sustainable development principle to setting its well-being objectives?	<ul style="list-style-type: none"> The body shows self-awareness and a commitment to improving how it applies the sustainable development principle so that it can do so in a meaningful and impactful way. The body has learnt from setting previous well-being objectives and from applying the sustainable development principle more generally and has improved the process for setting its new well-being objectives. The body has or plans to reflect on how it has applied the sustainable development principle in this round of setting well-being objectives.



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Summary report

Summary

Audit Criteria

- 1 The objective of this review was to assess the Council's progress against the ten recommendations made in our [Audit Wales Review of the Planning Service 2021 report](#). The recommendations in our original report form the audit criteria for this follow-up review.

What we reviewed and why

- 2 Council planning services are strategically important enablers underpinning many major and important developments, including new school builds, developing care homes, housing developments and tourist accommodation. These developments can help councils achieve their corporate objectives and ambitions.
- 3 Ceredigion County Council (the Council), as a Local Planning Authority (LPA) has an essential role to play in identifying development needs; what areas need protection or enhancement; and in assessing whether a proposed development is in line with local and national policies.
- 4 As part of our 2021-22 Ceredigion Council Audit Plan, we undertook a review of the Council's planning service to determine whether the service was effectively and sustainably meeting its objectives and contributing towards the achievement of the priorities in the Council's Corporate Strategy. In October 2021, we published our findings from that review¹ and concluded that whilst Council Members and senior officers viewed the planning service as strategically critical, significant longstanding weaknesses in the Development Control Committee's governance arrangements were not sustainably or cohesively supporting the Council to improve performance and achieve its strategic objectives and priorities. We issued ten recommendations in that 2021 report.
- 5 We undertook this subsequent planning service follow-up review between September 2022 and February 2023. We used a range of audit methods in conducting this review including interviews, document reviews and observations of the Council's Development Management Committee.
- 6 We focused on the Council's progress against our recommendations in our 2021 Planning Service report.
- 7 We have also made further recommendations as set out in **Exhibit 2** below. Some of these relate to our original 2021 recommendations, but others relate to new findings as part of our follow-up review to help the Council going forward.

¹ Audit Wales, [Ceredigion County Council – Review of the Planning Service](#), November 2021

What we found

- 8 As set out in **Appendix 1** below, we found: The Council has taken swift action to begin responding to the original recommendations in our 2021 Review of the Planning Service report. However, the Council now needs to further refine its Development Management Committee procedures and governance arrangements so that they are fully understood, applied and embedded in a way that is transparent and provides value for money for the Council as a whole.
- 9 Further detail on our assessment of the Council's progress in addressing each of our recommendations is set out in **Appendix 1**.
- 10 The detailed report provides an overview of our findings.

Detailed report

Overview of the Council's progress in addressing our original Planning Service review (October 2021) recommendations

- 11 We recognise that the scale of the operational, governance and cultural changes and improvements needed to address the historical longstanding Development Management Committee weaknesses we reported on in our 2021 report will take time for the Council to fully address and embed.
- 12 Our October 2021 Planning Service report included ten recommendations for the Council to address ranging from issues relating to governance arrangements, service planning and monitoring.
- 13 The Council quickly agreed new governance arrangements for the Development Management Committee and worked closely with the Members to do this.
- 14 The Council moved swiftly to approve, by March 2022, several constitutional changes to the arrangements supporting the Development Management Committee. The Council:
 - changed the committee's name from Development Control to Development Management.
 - reduced the number of Members on the committee from 21 to 15.
 - approved a new scheme of delegation. This ensures the committee considers all major and strategically important planning applications and planning applications submitted by the Council, planning officers and Elected Members.
 - developed a term of reference for the Development Management committee.
 - introduced data protection and GDPR guidance for Development Management Committee members when determining planning applications.
 - approved a Member's Protocol of Good Practice in Planning.
- 15 Following the Local Government elections in May 2022, the Council's Development Management Committee membership changed as newly Elected Members joined the Committee.
- 16 Officers delivered a broad range of training to assist all Members of the new Development Management Committee on the purpose of the committee, their role on the committee and important local and national planning policies.
- 17 The role the Development Management Committee plays in contributing to the Council's corporate objectives is continuing to develop. It is positive to see the Committee now considers major and strategically important applications and is making decisions in the public interest on sensitive and complex applications of strategic importance. However, some minor householder planning applications addressing individual concerns which do not meet local and national planning policies are still being called into Development Management Committee. These applications can be dealt with under officers' delegated authority and take up

Committee time and resources. Going forward, the Committee should focus on its strategic role by investing its time more on the strategically important applications it receives to have a more significant and wider impact on local communities and the Council and county.

- 18 The Development Management Committee has made significant improvement in adhering to data protection principles and the processing of personal information in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation. The Development Management Committee now rarely discusses applicants' personal information.
- 19 The Planning Service is making progress in addressing its planning application backlog with the help of external consultants. However, despite a similar arrangement with external consultants in relation to the enforcement case backlog, enforcement cases are not reducing in the same way, which impacts on the Council's performance. There remains a lack of specialist support within the Planning Service for enforcement officers to progress enforcement cases. The Council has not agreed its strategic direction for enforcement, and enforcement is an area of work that is a growing concern for staff and Members of the Council.
- 20 The Council currently has no intention to make its live broadcasts of its Development Management Committee available electronically to the public following the meetings. Ceredigion Council is the only Local Planning Authority (LPA) in Wales not to do this. The Council has no intentions to record its Development Management Committee meetings and make them electronically available after live broadcast until they are required to do so under further Welsh Government regulations. This is not in line with best practice and the Nolan principle of openness in public life². This results in a general lack of transparency and accessibility, particularly for those members of the public or planning service applicants wanting to observe the Council's Development Management Committee meetings at a time which is suitable to them.
- 21 The Council could do more to observe and adopt good practice from LPAs around Wales. The planning service has begun a review of other LPAs' governance arrangements. To date, it has contacted two neighbouring LPAs and there is opportunity for them to engage with more going forward. Following the Council's review of other LPAs and its subsequent report to Council in March 2022 with an extensive list of changes, the Council decided to retain its Site Inspection Panel (SIP) containing only one third of the Committee membership and introduced a Cooling Off group with only 50% of the Committee membership. Other LPAs do not have these arrangements that increase the propensity and risk to Members and officers of any legal challenges in relation to pre-determination of planning decisions, and as they involve a limited number of Members from the Development Management Committee. This suggests the Council could learn more from other LPAs going forward.

² gov.uk: [The Seven Principles of Public Life](#)

- 22 Along with continuing with the progress relating to our original 2021 Planning Service report recommendations, there are three key additional issues which the Council needs to address over the next few months to help it move further forward on its cultural change improvement journey.
- i. strengthening the arrangements for local ward Member call in of planning applications into Development Management Committee and the reasons and material planning considerations for doing so;
 - ii. the frequency, transparency, efficiency and membership of Site Inspection Panels (SIPs); and
 - iii. the way the Cooring Off Group is operating.
- 23 The strengthening of these three key areas will help the Council to better safeguard Members and officers when making decisions and improve the efficiency, effectiveness, economic outputs and sustainability of the Development Management Committee's governance arrangements and its wider impact on the Council and County as a whole.
- 24 To help the Council, we have summarised below our findings in relation to each of the three new key areas for improvement.

i) Reasons for calling planning applications into Development Management Committee

- 25 As in our previous report, not all the reasons provided by the Council's local ward Members for calling planning applications into the Development Management Committee are material planning considerations. There is guidance within the Council's current Scheme of Delegation which outlines how an application can be added to a committee agenda. The guidance requires consultation between the Corporate Lead Officer for Economy and Regeneration and the Local Ward Member to support a planning application going to the Development Management Committee. This is a single point of dependency on one officer to decide if the reasons meet the required standard. Should there be disagreement, this could potentially impact on working relationships and create a business continuity risk for the service in the event of the officer's sickness or absence.
- 26 To address this issue of a single point of dependency, there are opportunities for the Council to further improve safeguards to ensure Members and officers are more supported and protected when calling applications into Development Management Committee. Currently, planning applicants can repeatedly ask local ward Members to call an application into the Development Management Committee, even if the application does not have robust material planning reasons for call in, in line with the Council's procedures. This creates a difficult situation for a local ward Member and allows an environment for external pressure to exist. Ensuring and enforcing that all reasons for calling an application into Committee are relevant planning reasons, would safeguard and protect Members and officers when making difficult decisions regarding which applications should go to

Development Management Committee and which should not. It would also ensure consistency with the Development Management Committee Terms of Reference.

- 27 To address the above risks and issues and to assess which applications are suitable for Development Management Committee in line with relevant criteria, the Council could establish a small group of officers who consider local ward Members' call-in reasons and determine if the reasons proposed are robust material planning considerations. Whilst there is no one way to achieve this, it could be a mix of officers tasked with upholding governance and planning policy, for example, the Chief Officer, Head of Planning Policy, and an officer from the Council's legal team. This arrangement would help to focus the Committee's time on considering the more complex and strategically important applications, rather than minor applications. The impact of making such changes would help to better safeguard officers and Members, focus the Committee's attention on those applications which are more in line with the role of the Development Management Committees purpose and contribute to the Council's corporate objectives.

ii) Site Inspection Panels

- 28 The Council's Development Management Committee is increasingly deferring minor planning applications to a Site Inspection Panel (SIPs). This is not always an economic and efficient use of resources. Whilst the Council's arrangements for an SIP have been in place for some time, the Committee have been using SIPs more frequently since our October 2021 Planning Services report. The Council's current SIP guidance gives specific examples of when a SIP should be used and recognises that the use of SIPs can cause a delay in the planning process.
- 29 The Welsh Government's Development Management Manual states 'Site visits should only be held on an exceptional basis where the benefit is expected to be substantial. Where required they should be identified in advance of the committee meeting at which the application is due to be discussed and the site visit should occur no more than a week in advance³.' This ensures as little a delay as possible in determining a planning application.
- 30 If the Committee is missing visual perspectives from the officer report, which results in increased SIPs, the Council can explore alternate ways to address this, such as more site photos, video of the site and other such activity, which it used during the first wave of the pandemic. Regular SIPs for minor applications are not an efficient use of Committee member or professional officer time and Council resources at a time when planning and other services across the Council are already under significant financial and workforce pressures due to wider national and global pressures. It can also cause delays in the planning process.
- 31 Currently, only five of the Council's Development Management Committee Members receive an invite to a SIP. This arrangement does not give all Committee Members equal access to information. Each member of the Committee should

³ Welsh Government, [Development Management Manual](#)

have equal opportunity to visit and assess an application site and make their own judgements based on first-hand information to ensure transparent and informed decision making.

- 32 At the Development Management Committee meeting following a SIP, the five SIP Members address the Committee with their views of the site before the Committee debates the application. Currently this group of five Committee Members make recommendations to the Development Management Committee on their observations of the site and the merits of the application. This practice is not in line with the Council's SIP guidance and the Council's Members Planning Protocol of Good Practice in Planning. The Council's own guidance clearly states that SIPs are 'not a forum for debating the application' and the Council's own Protocol states Members must 'ensure that you treat the site visit only as an opportunity to seek information' and 'don't express opinions or views on the proposal to anyone'. In practice, SIP Members currently discuss the merits of an application as evidenced in the reports to the Committee. The reports contain the recommendation from the SIP Members as to whether to approve or refuse the planning application. Allowing the Committee's members to discuss the merits of any application, outside the formal Development Management Committee meeting arrangements, places those Members at risk of pre-determining the planning decision and the potential resulting legal consequences.

iii) Cooling Off Group

- 33 In March 2022, as part of its review of the Development Management Committee's governance arrangements, the Council approved establishing a Cooling Off Group.
- 34 Typically, deferring applications for a 'cooling-off period' is in accordance with the Welsh Government Development Management Manual. A cooling-off period allows LPAs to review the risks of a decision contrary to planning policies and for officers to provide Members with any additional information.
- 35 The difference in Ceredigion Council is that it has constituted a specific Cooling Off Group on which 7 of the 15 Members of the Development Management Committee sit and which is politically balanced.
- 36 We understand that the Council intended for the Cooling Off Group to act as an educational and learning forum for the Development Management Committee. It was intended that this group provide a pause and reflect opportunity for the Committee's Members to sense check and learn further about the related planning policies and impacts in relation to any potential decision.
- 37 What we found was the Cooling Off Group discussing individual planning applications. Upholding the Cooling Off Group as an educational forum would help to safeguard Members and officers against any perceived or actual pre-determination risks and any unintended consequences and legal recourse. As confirmed in the Council's constitution, pre-determination risks placing the Council at risk of a planning decision being vulnerable to legal challenge.

- 38 The Council's 'Member's Protocol of Good Practice in Planning' section 10a instructs that Members must come to Development Management meetings with an open mind and demonstrate that they are open minded. Also, in line with the Council's delegated authority and to ensure best practice, discussions on specific applications which have been called into Development Management Committee should take place within Development Management Committee meetings.
- 39 Repurposing the way the Cooling Off Group works in practice to be an educational forum only, as intended, will help safeguard officers and Members and mitigate against risks relating to predetermination and a lack of transparency. As such the Council should
- a. ensure the Cooling Off Group does not discuss the details of any individual planning applications;
 - b. ensure the Cooling Off Group does not make recommendations back to the full Development Management Committee on whether to approve or refuse planning applications; and
 - c. ensure the Cooling Off Group includes all Members of the Development Management Committee so that they all benefit from the wider learning and are in receipt of the same information relating to planning policies.
- 40 To support the above issues, and to facilitate further improvement. the Planning Service and the Legal Team should work more closely to ensure that related policies and governance arrangements are developed and implemented in a joined-up way both constitutionally and in practice.

Recommendations

Exhibit 1: recommendations.

The table below sets out the recommendations that we have identified following this review.

Recommendations	
R1	Progress the partially met and not met recommendations in our 2021 Planning Services report in order that they are fully addressed and culturally embedded within the Council.

Recommendations

R2 Develop and implement a formal arrangement to review and approve the material planning reasons provided by local ward Members when calling a planning application into the Development Management Committee to ensure Members and staff are safeguarded and that the Committee focusses its time on more strategically important applications.

R3 Review the Site Inspection Panel practices and procedures to safeguard against any perception of pre-determination by a small group of Committee Members to ensure:

- all Committee Members are invited to site visits;
- site visits are by exception, comply with Site Inspection Protocols and are used economically to ensure an efficient and proportionate use of resources; and
- site visits are identified in advance of Development Management Committee meetings in line with the Welsh Government Development Management Manual.

R4 Repurpose the way the Cooling Off Group works in practice so that it upholds its intended purpose as a learning and educational forum for Members to receive further information on local and national planning policies to support Development Management Committee decision-making. This will safeguard Members and officers against any perception of pre-determination by a small group of Committee Members.

Appendix 1

Audit Wales assessment of progress against the proposals for improvement in our 2021 report

Exhibit 2: assessment of the Council's progress in addressing our 2021 proposals for improvement.

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>R1 The Council should review its constitution to strengthen the governance of its development control arrangements. The review should:</p> <p>a) learn from the development control governance arrangements of other Local Planning Authorities (LPAs);</p>	<p>Recommendation partially met.</p> <p>The planning service has begun a review of other LPAs governance arrangements. To date – it has contacted two neighbouring LPAs and there is opportunity for them to engage with more going forward. Following the review and subsequent report to Council in March 2022 with an extensive list of changes, the Council decided to retain the Site Inspection Panel (SIP) containing only one third of the Committee membership and introduced a cooling-off group (COG) with only 50% of the Committee membership. Other LPAs do not have these arrangements due to the propensity for pre-determination and limited number of members involved. This suggests the Council could learn much more from other LPAs going forward.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>b) develop an agreed Terms of Reference for the Council's Development Control Committee, to clearly state its purpose, role, and responsibilities, and how it links to Corporate Priorities;</p>	<p>Recommendation met.</p> <p>The Council has amended its Terms of Reference to clearly state the role and purpose of the Development Management Committee. However, while the Committee's Terms of Reference state the Committee must 'consider and determine applications, so as to advance and contribute to the Council's Corporate Strategy and Priorities through thorough consideration of major developments county-wide', the Committee is uncertain as to how to consider these types of applications, as the Committee's questions are limited and no SIPs requested.</p> <p>Going forward, as these are new types of planning applications to the Committee, officers can provide further learning, development, and support to the Committee Members. As all the other LPAs in Wales record and make available their planning committees for view after committee meetings, there is an opportunity for the Development Management Committee to observe and learn from other committees as to how to actively consider major planning applications.</p>
<p>c) define what it deems as strategically important and 'major' planning applications;</p>	<p>Recommendation met.</p> <p>The Council's constitution includes a definition of major and strategically important planning applications and the Development Management Committee now routinely receives these applications.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>d) strengthen the Development Control Committee's scheme of delegation by considering raising the threshold for planning applications called into Committee to allow it to better focus on more strategically important and major applications;</p>	<p>Recommendation partially met.</p> <p>The Council's scheme of delegation describes circumstances when the Development Management Committee should have planning applications referred to them for decision. The Scheme of Delegation states – 'The determination of planning applications following a request of the Local Ward Member, in consultation with the Corporate Lead Officer-Economy & Regeneration, due to local interest and circumstances.'</p> <p>The Council strengthened its Scheme of Delegation and retained the ability for local ward Members to be able to call in planning applications but the reasons for calling in planning applications to Development Management Committee are not always based on material planning considerations and it is unclear what 'due to local interest and circumstances' means within the current Scheme of Delegation. We make an additional specific recommendation in this report to address this.</p>
<p>e) ensure planning applications submitted by or on behalf of the Council's officers and Members are considered by the Development Control Committee and not under officer delegated powers to safeguard against any perceived conflicts of interest and to promote independence and transparency;</p>	<p>Recommendation met.</p> <p>The Council amended its Constitution to address this recommendation, and its Development Management Committee now receives applications submitted by officers, applications on Council owned land and elected Members.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>f) review the balance of time Local Ward Members have to speak on planning applications at Committee meetings as compared to applicants and objectors;</p>	<p>Recommendation met.</p> <p>The Council's constitution includes changes to public speaking arrangements for the Development Management Committee. All speakers, including local ward Members have five minutes to address the Committee. This addresses the balance of time individuals have. We have observed that when Local Ward Members address the Development Management Committee, they are not informed of their five minutes. However, Local Ward Members rarely speak for longer. Any applicant, agent or objector addressing the Committee is informed of their five minutes to address the Committee.</p>
<p>g) review and include the Council's Planning Code of Practice in the constitution and ensure Members understand and act in accordance with it.</p>	<p>Recommendation met.</p> <p>The Council developed 'operational procedures' which, aside from the Site Inspection Panels, are being adhered to. However, as stated in this report, we have concerns with the operation of the Cooling Off Group and its current working practices.</p>
<p>R2 The Council should ensure that its Development Control Committee and Committee support arrangements comply with data protection principles and the processing of personal information in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation.</p>	<p>Recommendation met.</p> <p>There is significant improvement with Committee Members not discussing applicants' personal details when debating planning applications. The Council needs to ensure that any Local Ward Member addressing the Committee is also fully aware of their responsibilities to comply with data protection.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>R3 The Council's Development Control Committee Members need to ensure that any planning decisions are based on sound material planning considerations, and not applicants' personal circumstances.</p>	<p>Recommendation partially met.</p> <p>There has been much positive progress in relation to adherence with GDPR and the discussion of applicants' personal circumstances.</p> <p>Several the Committee's decisions on the minor and householder type planning applications are made following a deferral to a SIP where a small group of Members discuss and debate the merits of the application and some of these relate to applicants' personal circumstances, this is against the Council's SIP guidance and protocols.</p>
<p>R4 The Council needs to ensure that recordings of its 'in public' Development Control Committee meetings are made publicly available after Committee meetings to adhere to the future requirements of the Local Government and Elections (Wales) Act 2021.</p>	<p>Recommendation not met.</p> <p>Whilst the Council broadcasts all its committees live, it only makes the Cabinet and Council broadcasts available electronically afterwards. Ceredigion is the only LPA not to make the live broadcasts of its Development Management Committee available electronically after the meeting.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>R5 The Council should ensure that Development Control Committee decisions relating to 'affordable' homes in the open countryside are made and reported accurately in accordance with the Council's Affordable Housing supplementary guidance.</p>	<p>Recommendation met.</p> <p>The Council completed a review of its affordable dwellings to determine whether: large single affordable dwellings in the open countryside are having a significant effect on the numbers of affordable homes reported to the Welsh Government; and whether such decisions contrary to professional officer advice, in relation to large single affordable dwellings in the open countryside, give rise to the risk that the applicants of such dwellings could decide to legally challenge the 'affordable' status of their properties when selling them in the future.</p> <p>The Council identified the number of planning applications approved in 'other locations' since 2015. The Council also identified where the affordable homes are being built and the size of the dwellings. The Council's review concluded this equated to 17% of affordable homes permitted. To ensure more accurate reporting of affordable housing in future, the Council intends to review the floor areas and bedroom numbers of affordable dwellings and TAN6 dwellings with Full or Reserved Matters permission. It intends to add this information to its internal monitoring process and those dwellings that exceed the maximum size can be identified and discounted when reporting to the Welsh Government.</p>
<p>R6 The Council and Development Control Committee should assess the cumulative implications and long-term infrastructure impact of approving single affordable dwellings and TAN 6 planning applications in the open countryside to ensure they contribute sustainably and cohesively to the Council's wider corporate priorities.</p>	<p>Recommendation not met.</p> <p>As stated in response to R5, the Council completed a review of the size of permitted affordable dwellings in open countryside and 'other locations'. However, this review did not highlight the cumulative assessment on the impact to the infrastructure, for example, community health provision, waste collection, school transport and places etc, when approving dwellings in the open countryside or 'other locations'.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
Service Planning: The Council's Planning Service should:	
R7 More clearly present its performance information and targets in its business plans.	<p>Recommendation partially met.</p> <p>The Council's Development Management business plan 2022-23 includes a self-assessment looking at three key areas: what is working well, what the service is worried about and what needs to happen. This provides a clear picture of the service. However, the business plan shows no baseline data and a limited number of targets to support the service's objectives. Therefore, the business plan does not clearly present performance information or targets.</p> <p>The Planning Service is putting in place Service Standards to provide clarity on what applicants/agents can expect from the Service and the role of applicants/agents in contributing to a smooth planning application process. Once finalised, the Service Standards should provide details of the services on offer, the standards the service strives to meet, and measurable performance targets. This information is intended to be readily available for officers, Elected Members, local communities, developers, and other interested parties. The intention is for the finalised performance measures in the Service Standards to be included in the business plan.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>R8 Review the effectiveness and efficiency of combining the Development Management Officer and Enforcement roles including the impact on performance.</p>	<p>Recommendation not met.</p> <p>The Council has not undertaken this review. The Council has engaged consultants to assist with reducing the backlog of planning applications and enforcement cases. Despite a slow start, the consultants are improving the speed of their decision-making on planning applications but not for enforcement.</p> <p>The Council is considering the role of enforcement generally, including in other service areas such as waste and recycling and environmental health. During our fieldwork, we received a strong message that planning enforcement is a growing concern in the county, which needs addressing.</p>
<p>Monitoring</p> <p>R9 The Council should establish a framework to assure itself that the Development Control Committee contributes cohesively and sustainably to achieving the Council's corporate priorities.</p>	<p>Recommendation not met.</p> <p>The Planning Service intended to develop a 'Sustainability Checklist' for the Development Management Committee to assess the individual and cumulative impact of decision making. Officers would complete the checklist prior to committee meetings and include the checklist as part of the Committee report pack. However, we have not seen evidence of the service implementing this arrangement.</p>

2021 Proposals for Improvement	Audit Wales's assessment of the Council's progress
<p>Well-being of Future Generations R10 In making any changes to the planning service, the Council should take the opportunity to consider how it might act more closely in accordance with the sustainable development principle in contributing to the delivery of the Council's well-being objectives when making planning decisions.</p>	<p>Recommendation partially met.</p> <p>Officers included the Sustainable Development principle within the new Development Management Committee's training in May 2022. However, some Members' interpretation of 'sustainable development' differs from Planning Policy Wales Edition 11 definition of sustainable development. Contained in the Committee's Terms of Reference is for the Committee 'to take into account the sustainable development principle in determining planning applications'. To adhere to the Committee's purpose, further Member training is required so the Committee fully understands what sustainable development means in the planning context.</p>



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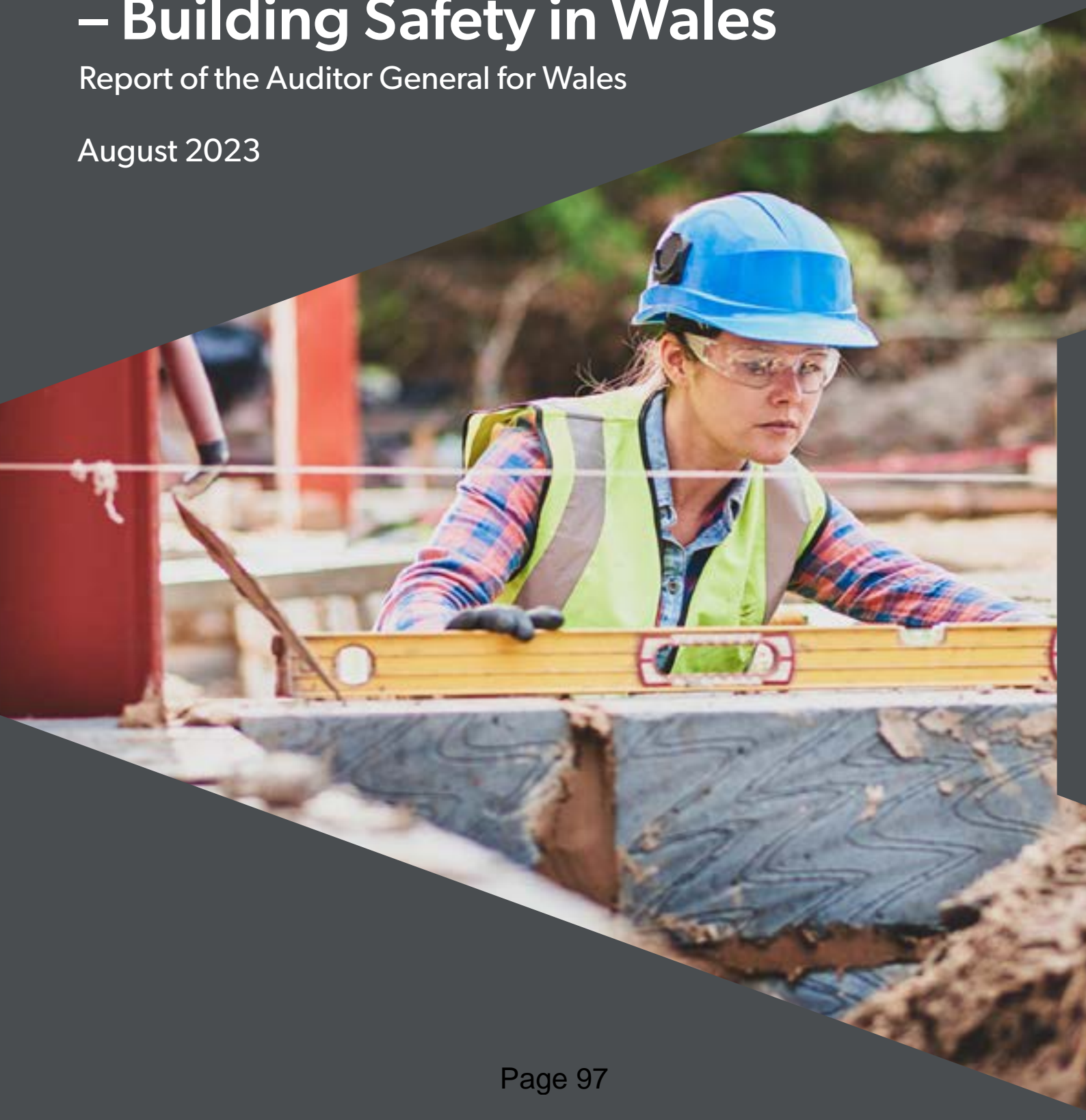
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'Cracks in the Foundations' – Building Safety in Wales

Report of the Auditor General for Wales

August 2023



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary report

Context

Building Control and Building Safety in Wales

- 1 Building Regulations are a set of legal requirements for the design and construction of new buildings, extensions, and material alterations to, and certain changes of use of, existing buildings. Building regulations help ensure that new buildings, conversions, renovations, and extensions (domestic or commercial) are safe, accessible and energy efficient.
- 2 The building regulations are defined by the Welsh Government and cover specific topics including structural integrity, fire protection, accessibility, energy performance, electrical and installation of combustion appliances. They also lay, for example, standards for drains, ventilation, protection against the ingress of water and protection against contamination including methane and radon gas. To help people to comply with them, the Welsh Government produces Approved Documents which offer detailed guidance and show ways of achieving compliance, expressed in simple functional statements – see **Appendix 2** for further information.
- 3 The primary responsibility for compliance with Building Regulations rests with designers, builders and building owners, and there are two routes open to them when seeking approval for their work¹. They can choose to pay for either:
 - a local authority inspector from the local council and run through Local Authority Building Control (LABC); or
 - an approved inspector from a government-approved private building control company.
- 4 In practical terms, if construction work is proposed, the work must comply with these Regulations. Although work on a new build or extension may proceed before any formal consent, nothing can proceed beyond the inspection stages without the approval of an inspector. When the building is completed to the satisfaction of an inspector, a Completion or Final Certificate is issued (depending on who has approved the work). This certificate is only provided when all work has been approved and a final site inspection has passed.

1 The system in Wales mirrors England and has largely been unchanged since the adoption of Part 2 of the Building Act 1984 which allowed for the introduction of approved inspectors as an alternative to obtaining building regulations approval from a local authority. In Scotland, all building control activities rest with local government and there are no private building approved inspectors.

- 5 They both work in the same way, checking plans prior to works commencing, physically inspecting work during the development, advising any changes as necessary to ensure compliance, before re-inspecting the job prior to signing the project off. However, only a local authority has powers of enforcement and prosecution where breaches of the Regulations occur. An approved inspector should hand the project over to the local authority if there are problems with the project that cannot be resolved informally. There can be heavy penalties, including fines and imprisonment, for breaches of the Regulations, although in practice this rarely happens.

The Grenfell disaster and the Hackitt Inquiry

- 6 The building regulation regime was unchanged for many years until the Grenfell Tower Fire of 2017, in which 72 people died. Following this tragedy, an independent review into Building Regulations and fire safety was commissioned by the UK (United Kingdom) Government. Chaired by Dame Judith Hackitt, the review's report² was published in May 2018 and exposed long standing and serious issues³ with the building safety system, including:
- **Ignorance** – regulations and guidance were not always read by those who needed to, and when they did the guidance was misunderstood and misinterpreted.
 - **Indifference** – the primary motivation of the system was to do things as quickly and cheaply as possible rather than to deliver quality homes which are safe for people to live in. When concerns were raised by others involved in building work or by residents, they were often ignored. Some of those undertaking building work failed to prioritise safety, using the ambiguity of regulations and guidance to 'game' the system.
 - **Lack of clarity on roles and responsibilities** – there was ambiguity over where responsibility lay, exacerbated by a level of fragmentation within the industry, and precluding robust ownership of accountability.
 - **Inadequate regulatory oversight and enforcement tools** – the size or complexity of a project did not seem to inform the way in which it was overseen by the regulator. Where enforcement was necessary, it was often not pursued. Where it was pursued, the penalties were so small as to be an ineffective deterrent.

2 Judith Hackitt, [Building a Safer Future](#), May 2018

3 Sir John Egan, [Rethinking Construction: Report of the Construction Task Force](#), November 1998

- 7 The report recommended a new framework to replace the complex system that had grown over decades, along with a need to change culture from one that prioritises structural integrity and design to one which has equal emphasis on fire safety quality controls. Following the Hackitt Inquiry, both the Welsh and UK governments prioritised work on addressing the review findings culminating in the Building Safety Act 2022 (the 'Act')⁴. The Act represents the biggest shake-up of building safety regulation since 1984 in England and Wales.
- 8 This report looks at how the Welsh Government, local authorities and their key partners are implementing the requirements of the Building Safety Act 2022. The focus of our review has been on assessing the preparedness of bodies to take on their new and enhanced responsibilities, the resilience of existing services, and the robustness of building safety assurance systems. **Appendix 1** sets out our audit approach and methods.

4 [Building Safety Act 2022](#).

Key Conclusions

- 9 Our overall conclusion is that responsible bodies – particularly local authorities and fire and rescue – are unable to effectively discharge their responsibilities and ensure buildings in Wales are safe.
- 10 In **Part 1** of the report, we consider the priorities set by the Welsh Government in respect of the Act and how well prepared local authorities are to deliver these. We found the Welsh Government prioritised responding to the Grenfell disaster, working with the UK Government. This resulted in the Building Safety Act 2022 which seeks to address longstanding problems in the regulation and oversight of building design and construction.
- 11 We found that the Welsh and UK governments are diverging in key policy areas, and some doubt remains on how the Act will be implemented in Wales, mainly because decisions in key areas are yet to be decided and agreed. This is creating uncertainty, with most local authorities who are responsible for delivering these changes and, by extension in terms of joint working, fire and rescue services, who are yet to develop comprehensive plans that set out how they intend to deliver their new and revised responsibilities.
- 12 In **Part 2** we consider the strength of local authority building control and enforcement services, the effectiveness of the fee-setting regime and how services are changing to strengthen resilience. We conclude that as a profession, building control and building safety face significant staffing challenges. An ageing workforce (see Key Facts below), poor succession planning, a wider lack of investment in services and training and development highlight that these services are neither resilient nor fit for the future.

- 13 We also have concerns with the financial management of building control, concluding that in some authorities current practices are potentially unlawful with services not operating in line with regulations and guidance. While the pandemic has helped local authorities modernise their services, utilising cloud-based IT (Information Technology) and remote working, their resilience nonetheless remains weak. Opportunities to strengthen services through collaboration and regionalisation are not being prioritised and little work has taken place in these areas.
- 14 Finally, in **Part 3** we examine building safety assurance arrangements. We found that the absence of a national framework for monitoring and evaluating building control and building safety means that local authorities and their partners are not working to agreed appropriate outcome measures, targets, or benchmarks. Coupled with limited scrutiny and evaluation of building control and building safety, and poor management of risk, we conclude that assurance systems are inadequate.



The Grenfell Tower fire was a national tragedy, the impact of which we continue to feel today. My report highlights major concerns with the implementation of the new system for Building Safety. Although it's heartening to see the passion and commitment from those working in the sector, I am concerned that not enough priority is being given to these services on the ground. The absence of robust plans, clear decision making, and adequate resources raises real fears that the new legislation will not be delivered and the problems it is seeking to address will remain.

Adrian Crompton

Auditor General for Wales

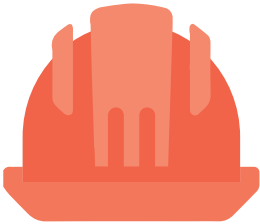


Key facts

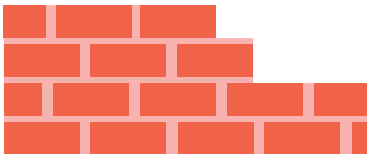


177 total number of staff in building control

11 total number of staff replaced in 2021-22



0 number of surveyors or managers who have a disability

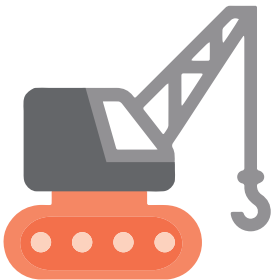


Of the of the **133** FTE surveyors and managers, **54.4%** are over the age of 50 and only **10%** under 30

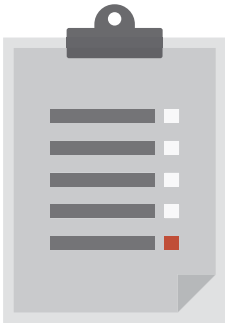
96% proportion of surveyors and managers that are white



21 total number of staff who left building control in 2021-22

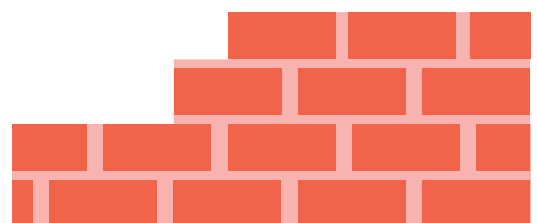
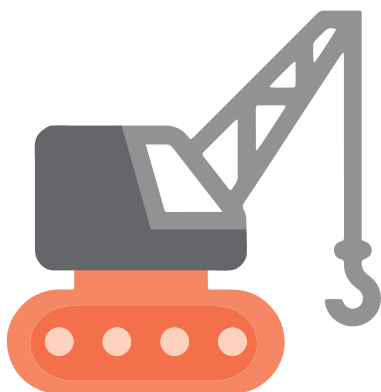
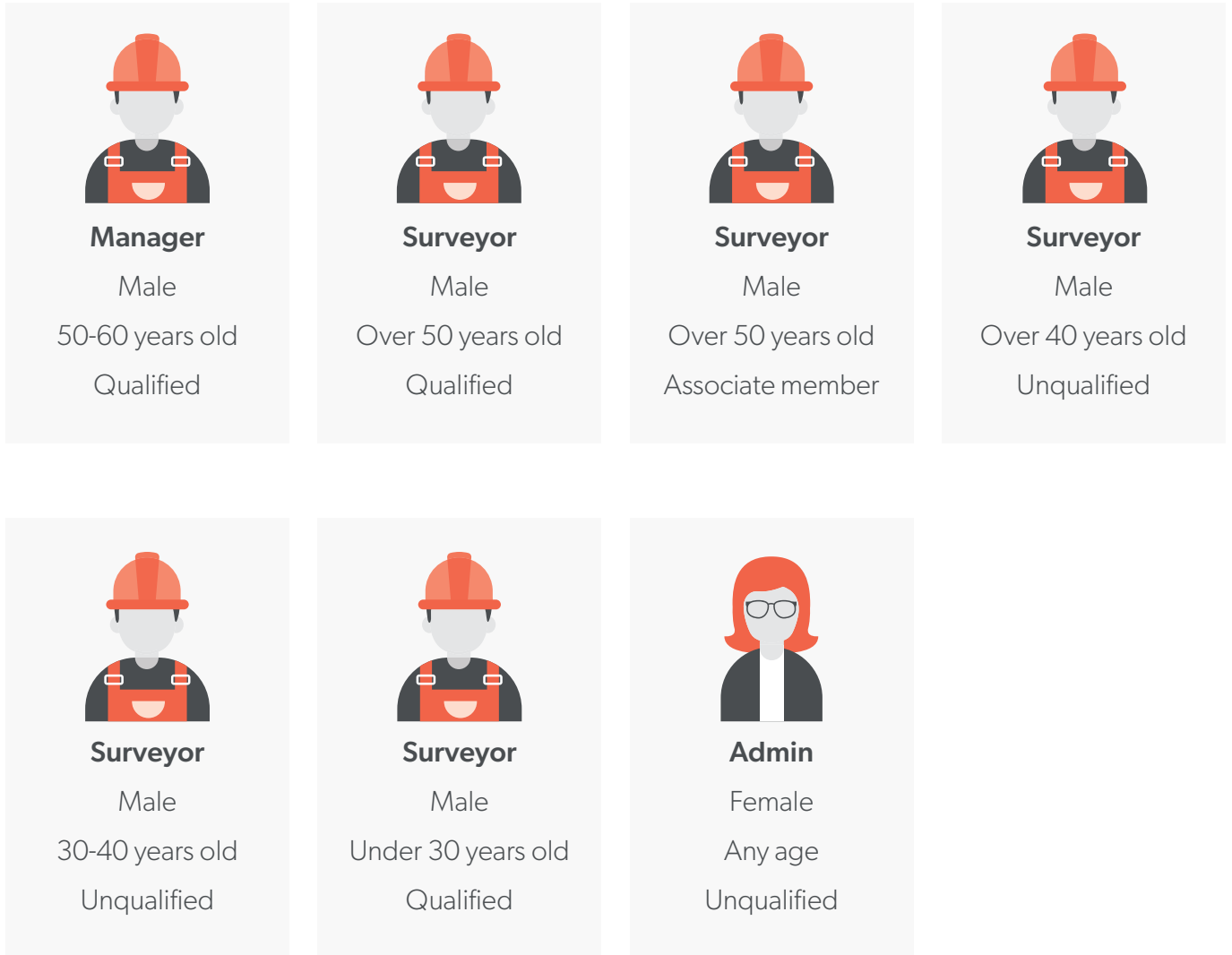


118 Average applications handled per surveyor/manager



100% proportion of admin staff that are white

The average local authority building control team is composed of:



Recommendations

- 15 Our recommendations are set out below. We expect the Welsh Government and individual local authorities to consider the findings of this review and our recommendations and to complete an organisational response form and publish this. We also expect each local authority governance and audit committee will receive the report and monitor their response to our recommendations in a timely way.

Exhibit 1: recommendations

Recommendations

- R1 The Welsh Government should provide greater clarity on the implementation and expectations of the Building Safety Act to ensure local authorities are able to deliver their new responsibilities and duties. This should include:
- clarifying the detailed requirements for competency and registration to enable local authorities to plan for these changes;
 - a specific timetable for development and adoption of Welsh guidance to ensure local authorities and others can deliver their duties; and
 - the Welsh Government should work with key stakeholders, such as LABC Cymru, to support understanding and implementation when guidance is issued.
- R2 The Welsh Government should ensure that it has sufficient resources to deliver the legislative and policy changes for Building Safety to reduce implementation risks.

Recommendations

- R3 The Welsh Government should review the mixed market approach to building control and conclude whether it continues to be appropriate and effective in keeping buildings in Wales safe. This should:
- assess the status quo against potential changes, such as the model of delivery in Scotland;
 - be framed around a SWOT analysis of costs, benefits, threats, and risks;
 - draw on existing research to identify good practice; and
 - be published and agree a way forward.
- R4 The Welsh Government should increase its oversight and management of the building control sector to ensure there is a robust assurance system in place for building control and safety by:
- creating a national performance framework with clear service standards to promote consistency of service. This should also include outcome measures to monitor performance and an evaluation and reporting framework for scrutiny.
 - developing a national building safety workforce plan to address the most significant risks facing the sector. This should include regular data collection and publication, as well as coverage of priorities, such as:
 - a greater focus on trainees to mitigate succession risks;
 - establishing aligned, national job roles matched to competency levels;
 - increasing the diversity of the sector to ensure it reflects modern Wales; and
 - specific funding to enable surveyors to obtain and maintain competence should also be considered.
 - the Welsh Government should explore with the further education sector how best to provide building control training in Wales to support succession planning, skills development, and competency.

Recommendations

- R5 Local authorities should develop local action plans that articulate a clear vision for building control to be able to plan effectively to implement the requirements of the Act. The Plans should:
- be based on an assessment of local risks and include mitigation actions;
 - set out how building control services will be resourced to deliver all their statutory responsibilities;
 - illustrate the key role of building control in ensuring safe buildings and be linked to well-being objectives and other corporate objectives; and
 - include outcome measures that are focused on all building control services, not just dangerous structures.
- R6 Local authorities should urgently review their financial management of building control and ensure they are fully complying with Regulations. This should include:
- establishing a timetable of regular fee reviews to ensure charges reflect the cost of services and comply with the Regulations;
 - annually reporting and publishing financial performance in line with the Regulations;
 - ensuring relevant staff are provided with training to ensure they apply the Regulations and interpret financial reporting correctly; and
 - revise fees to ensure services are charged for in accordance with the Regulations.
- R7 Local authorities should work with partners to make better use of limited resources by exploring the potential for collaboration and regionalisation to strengthen resilience through a cost benefit analysis of partnering with neighbouring authorities, establishing joint ventures and/or adopting a regional model where beneficial.

Recommendations

- R8 Local authorities should review risk management processes to ensure that risks are systematically identified, recorded, assessed, mitigated and subject to regular evaluation and scrutiny.



Responsible bodies are yet to develop comprehensive plans that set out how the new and revised responsibilities introduced by the Building Safety Act will be addressed

- 1.1 In this section of the report, we consider the Welsh Government's response to Grenfell and the changes introduced, and planned, in the Act. We identify how local authorities and their partners are preparing for these changes and provide an analysis of how well placed they are to deliver them.

The Welsh Government prioritised work on responding to the Grenfell disaster and elected to work with the UK Government on the Building Safety Act 2022

- 1.2 Following the Grenfell tragedy and the findings of Dame Judith Hackitt's inquiry, the Welsh Government established a Building Safety Expert Group. The view of the Expert Group was that while the flaws in the system are equally valid in Wales as they are in England, the context and therefore the solutions need to be different.
- 1.3 The scale of the high-rise landscape in Wales is not comparable to England where there are estimated to be over 11,000 high-rise buildings. At the time of the Expert Group work there were 147⁵ high-rise residential buildings in Wales with up to five additional high-rise buildings being built each year.
- 1.4 In March 2019, the Expert Group published a roadmap⁶ for making buildings in Wales safer, setting out both longer-term priorities but also shorter-term interventions that could be implemented immediately to ensure the failings of Grenfell were not replayed in the future. The Expert Group recommended:
- clarifying key roles and responsibilities;
 - ensuring the imbalance between building designers, contractors and regulators is tackled;
 - creating a single system with consistent standards by addressing the mixed economy of the two-tier system for building control with both public and private building control;
 - improving capacity and competence of building control officers;
 - creating an enforcement and sanctions regime which is delivering effective compliance and guaranteeing safety; and
 - raising standards with non-safe buildings being improved.

5 As of March 2023 there are 171 high-rise residential buildings.

6 Building Safety Expert Group, [A Road Map to safer buildings in Wales](#), March 2019.

- 1.5 In January 2021, following the work of the Expert Group, the Welsh Government published its 'Safer Buildings in Wales white paper'⁷. The White Paper proposed revisions to the building safety regime and the separation of roles between duty holders and residents. Following consultation, most respondents agreed with the proposed approach but wanted, as much as possible, the Welsh policy regime to be consistent with England. Consequently, the Welsh Government elected to proceed jointly on some aspects of the UK Government's planned legislation, to take advantage of economies of scale and ensure appropriate alignment across England and Wales.

There is uncertainty as to how key elements of the Building Safety Act 2022 are being implemented in Wales

- 1.6 The [Act](#) received Royal Assent on 28 April 2022 and focuses on the following key areas:
- the safety and standards of all buildings;
 - assuring the safety of higher-risk buildings, both in construction and occupation;
 - improving the competence of the people responsible for overseeing, managing, and delivering works to higher-risk buildings;
 - ensuring clearer standards and guidance; and
 - putting residents at the heart of a new system of building safety.
- 1.7 Alongside the Act, there have also been changes to fire safety law for buildings containing two or more sets of domestic premises in England and Wales. The Fire Safety Act 2021⁸ clarifies application of the Fire Safety Order on who is responsible for managing and reducing fire risks in different parts of multi-occupied residential buildings and the parts of the building it relates to – for instance, the external wall, and doors between domestic premises and common parts.

7 Welsh Government, [Safer Buildings in Wales: A Consultation: A Building Safety White Paper](#), 12 January 2021

8 [The Fire Safety Act 2021](#)

- 1.8 Through these changes, the Welsh Government wants to ensure there is absolute clarity about who has responsibility for the safety of a building at each different point in the process. The Construction (Design and Management) Regulations 2015 already set out who the key people are during a construction or refurbishment project. The Client, Principal Designer, Principal Contractor, designers, and contractors are all identified as 'dutyholders.'
- 1.9 Additional duties have now been placed on dutyholders in relation to building safety. Looking forward, they will be required to cooperate and share information with relevant regulatory bodies and will be responsible for ensuring compliance with building regulations. They will also need to ensure that they, and the people they employ, are competent to do the work they are undertaking. They will also have to comply with the regulatory requirements imposed on them.

The Building Safety Act 2022 came into force in April 2023. All aspects of the Act apply to England, but only Part 3 (with some minor exceptions) applies to Wales. Subsidiary legislation and guidance on Part 3 are currently being introduced by the Welsh Government, with full implementation and compliance set for April 2025. In addition, the Welsh Government is also developing legislation that will deal with the areas covered in Part 4 of the Building Safety Act 2022. This includes introducing a new Regulator for Wales (yet to be decided) and equivalent duty holder roles such as the Accountable Person.



1.10 These reforms apply to every eligible building project, whether it is building an extension, a block of flats or a shopping centre. The Welsh Government will therefore require that higher-risk buildings⁹ within the scope of the different changes taking place to the various Building Safety Regimes will pass through stop points or 'Gateway points' before they can pass to the next stage of works. On its current timetable, the Welsh Government anticipates the new design and construction (building control) regime that covers Gateways will come into force in April 2025. The three Gateways are:



1.11 When passing through a Gateway point, those designing and constructing the building will have to evidence that the design and construction meet, and continue to meet, regulatory requirements and ensure that adequate safety measures and building information are in place so that they can be appropriately managed, maintained, and improved. They will also have to think about how building safety will be managed when the building is occupied. Consequently, the Act and subordinate legislation are aimed at creating a universal change in responsibility and culture within the building industry through the introduction of clearer standards and guidance and the establishment of a more effective regulatory and responsibility framework for the construction industry.

9 The definition of 'Higher-risk building' differs between England and Wales. In early 2023, the Welsh Government consulted on their proposed definition of 'a building that is at least 18 metres in height or has at least seven storeys where it also contains at least one residential unit or is a hospital or a care home'. The outcome of the consultation has not yet been published. In England, a building requires at least two residential units.

- 1.12 Importantly, the Act clarifies who has responsibility for fire and building safety throughout the life cycle of a higher-risk building and establishes two new roles to make this ambition a reality – in England this will be the Building Safety Regulator and the Accountable Person. In respect of the Building Safety Regulator, the UK Government has elected to appoint the Health and Safety Executive to deliver this function (see **Appendix 4** for further detail).
- 1.13 At present, the Welsh Government is planning to make the Building Control functions of the regulator for high-risk buildings a role for local authorities, but is yet to set out how this element of the new regime will work or what its expectations of local authority services are. The Welsh Government's decision to make local authorities the Building Safety Regulator for oversight of high-risk buildings is viewed with unease by some we have interviewed. Several approved inspector bodies (who work across England and Wales) and some fire and rescue service staff raised concerns that local authorities are not sufficiently resourced or suitably experienced to deliver this role. Instead, they would prefer to see Wales adopt the Building Safety Regulator system planned in England.
- 1.14 Overwhelmingly, local authorities and fire and rescue services are concerned about the late development and/or notification of policy decisions and options in implementing changes to the building safety regime introduced by the Act. For instance, every local authority officer interviewed raised concerns over the lack of detail on the process for registration of the Building Control profession, one of the most significant features of the Act, and something which will affect all Welsh local authorities, not just those with tall residential buildings.
- 1.15 Everyone working in building control, in both the private and public sector, will soon have to register if they want to continue to practise. In addition, all local authority building control surveyors will need to complete a regular formal assessment of their competence. Building surveyors and managers will need to be suitably qualified before they can practice, although there may be some transition time for this to take place. If training is required before they can undertake work, then this will take resources out of already stretched teams and backfilling may be needed to cover for this.
- 1.16 Taken together, these changes will have a significant impact on local authorities. However, at the time of our audit the new system had not been set out in draft nor consulted on. The Welsh Government plans to introduce the registration of all Building Inspectors and Building Control Approvers from October 2023. This is creating uncertainty and ambiguity and is reducing buy-in from those with building safety responsibilities, especially given the ever-decreasing window of opportunity.

1.17 Welsh Government officials we interviewed acknowledge that they have not been able to resource policy work as quickly as they would like, and this has not been helped by the recent retirement of two key members of staff who have been central to driving the changes in Wales. Consequently, many local authority officers noted a growing unease that progress in Scotland is well ahead of England and Wales, and England is now advancing more rapidly than Wales. This uncertainty is adding to their already challenging operating environment.

Most local authorities and fire and rescue services have a good understanding of local building safety risks but are yet to set out how they plan to deliver the requirements of the Act

- 1.18 The implications of the Act are wide ranging and local government needs to be well advanced in its preparation for delivering these enhanced responsibilities. Even though key policy choices are yet to be finalised in Wales, we would still expect to find those who manage building control and safety teams to understand the impact of the Act, especially the consistent Welsh Government messaging on the increased level of expertise that will now be needed to achieve and demonstrate competence and compliance.
- 1.19 Through our fieldwork we found that in general, both local authority and fire and rescue building safety staff have a good understanding of the number and locations of high-risk buildings. However, many admit that the level of detail and knowledge of design, construction and maintenance of these buildings varies and not all those we interviewed felt confident that they had an accurate and up to date picture. Despite this, we found that there is limited action taking place or planned in terms of updating and improving knowledge of the potential high-risk buildings within each area.
- 1.20 Many interviewees also flagged a lack of understanding on the potential implications of the Act both at a corporate level but also directly in key areas of operational activity, such as housing services. While most officers noted that there was an increased awareness in building safety immediately following the Grenfell disaster, the overwhelming majority noted that over time attention has since waned. Indeed, most noted that building control as an area of work rarely features as a corporate priority, and there is poor knowledge and understanding of the implications of the Act.

- 1.21 Very few local authorities have developed a specific plan to implement the changes being made to the building safety regime. In addition, no one we interviewed in local government could articulate a clear vision on what their service will need to achieve in terms of the Act and their enhanced responsibilities, nor a route map for its achievement. This reflects the low corporate priority given to building control. This is something that was echoed in our interviews with fire and rescue service staff, several of whom raised concerns with both the Welsh Government's and local government's prioritisation of building control services.
- 1.22 For example, building control is not a standalone service in 21 of the 22 local authorities and is most usually located in planning services and overseen by the lead officer for planning. There are also no member champions for building control. This means that the service often lacks agency, profile, and recognition. This contributes to building control officers feeling powerless, with most left to get on with it and manage as best they can, focusing on addressing day-to-day issues, rather than being able to invest time in planning for the medium to long term.
- 1.23 Overall, managers are focussed on maintaining service delivery and are not preparing or planning for the Act's reform of services. This is partly a result of the significant uncertainties that remain about how the Act will be implemented in Wales. The result is that local authority building control services have little influence and no prioritisation and are working in a very uncertain environment.



Resourcing issues make it unlikely that local authorities can successfully implement the new building safety regime or that services are fit for purpose

- 2.1 In **Part 2** of the report, we set out how building control services are currently provided, primarily looking at the operating environment for local authorities but also considering the role of approved inspectors. We summarise the staffing and resource challenges facing the profession and how well positioned services are to overcome these.

Building control as a profession faces significant staffing challenges

- 2.2 To effectively implement the Act requires local authorities and others to have staff who are competent, appropriately qualified, and adequately supported to maintain and update their skills and knowledge. In addition, it is also important that staff have opportunities to develop their experience, particularly in more complex buildings and changing construction standards, to be able to provide efficient and effective services.

Building control is no longer seen as a good career choice and the challenging demographics are severely impacting the short and long-term resilience of services

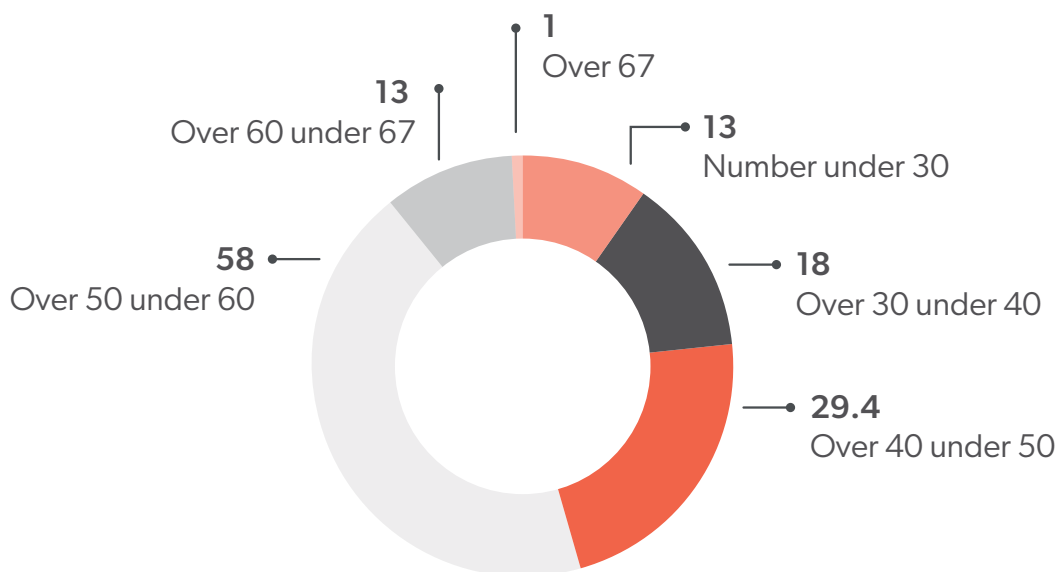
- 2.3 Historically, building control was seen as a positive career role. Many managers we interviewed noted that they had joined their local authority as a trainee and had benefitted from opportunities to progress their knowledge and responsibilities over time and had been supported to develop their careers within the organisation. However, in recent years this has changed. The impact of austerity has suppressed wages and reduced staff numbers to the extent that local authority building control roles are no longer seen as financially attractive and with less opportunity for career progression than in the past.
- 2.4 This is borne out by the ongoing recruitment challenge facing local authorities who struggle to fill vacant posts, even where market supplements are offered. For instance, at the end of March 2022, there were 18.5 Full-time Equivalent (FTE) vacant roles across Wales, including 14 building surveyors. Despite the detrimental impact on service delivery, only 2.2 FTE agency staff were appointed to bolster services and despite the increase in building control applications made during the pandemic and 2021-22.

2.5 Our survey of local authority building control services found that at the end of March 2022, there were 133 FTE building surveyors and managers and 44 admin staff working in these services. This translates to a surveyor or manager for every 23,361 residents in Wales. In comparison, the most recent published data in Scotland reported 498 building surveyors and managers and 134 admin staff¹⁰, which equates to one surveyor or manager for every 10,633 residents.

2.6 In addition to the ongoing recruitment and retention challenge, the age profile of local authority building surveyors is also concerning. **Exhibit 1** shows that of the 133 FTE surveyors and managers, 54.4% are over the age of 50 and only 10% under 30. This highlights operational and service continuity risks for local authorities which are likely to see a major loss of experience and knowledge when people retire in the next decade.

Exhibit 1: building control managers and surveyors by age March 2022

The ageing building control workforce represents a major risk for the implementation and delivery of the new building safety regime.



Source: Audit Wales survey

10 Data for 2021-22 not yet available. No comparative data for England exists. Scottish Government, [Building Standards Workforce Data Collection Analysis Report 2021](#), June 2022

- 2.7 In particular, the loss of experience in the manager cohort is a significant risk. Of all managers, 10 (46%) have worked in local authority building control services for over 30 years, while 15 are over the age of 50. There is a widespread expectation that significant numbers of managers and surveyors will retire due to the uncertainty surrounding the registration and competency requirements (see above **paragraphs 1.15 – 1.17**). This will lead to a further reduction in capacity, and a loss of experience and leadership during a critical time of change when expectations and demands on services are increasing.
- 2.8 At the other end of the career cycle, very few trainees are being recruited to bolster services and address looming resource and experience gaps. Just seven trainees were in place in 2022, with only four in permanent roles following the completion of their studies¹¹. Managers cited a lack of corporate support to take on trainees and the risk of losing newly qualified staff to approved inspectors as key barriers. This makes succession planning extremely challenging for all local authorities. More widely, the lack of fire engineers, a shortage of surveyors and assessors with sufficient knowledge of both high-rise structural safety and cladding systems, continue to be a concern.
- 2.9 The Local Government Association¹² in England has reported similar recruitment and retainment issues, noting that 43% of authorities struggle to recruit building control officers. Likewise in Scotland, similar demographic and succession issues were also identified but the earlier implementation of key changes has resulted in a more directive approach from the Scottish Government.
- 2.10 The Scottish Government developed a national workforce strategy¹³ and had a vision to establish a sustainable, skilled workforce that makes building control 'a profession for everyone'. To support this ambition in Scotland, a Professional Competency Framework was introduced in May 2021. The framework helps to ensure that building verifiers at each level can demonstrate being suitably competent and is embedded through the Competency Assessment System¹⁴. This drives improvement based on current skills and is supported by other developments in the sector, such as a local authority hub (see **Appendix 4** for further information).

11 Training for apprentices and new entrants is mainly provided under the National LABC programmes hosted by the University of Wolverhampton. The [Building Control Surveying Degree Apprenticeship](#) can train surveyors to different levels of competency related to their role. As a surveyor progresses through the levels, they can assess more complex buildings and obtain higher-level roles.

12 Local Government Association, [Local Government Workforce Survey 2022](#), May 2022

13 Scottish Government, [Building standards verification service: workforce strategy](#), October 2020

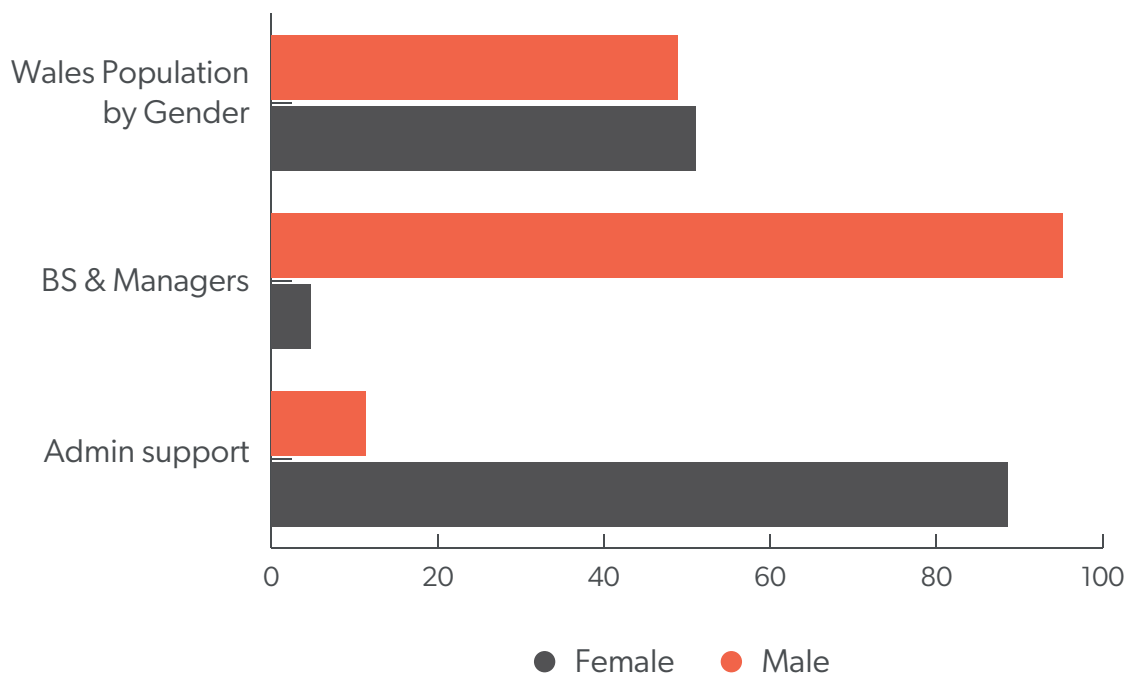
14 Scottish Government, [Building standards - verifiers: professional competency framework](#), May 2021

2.11 Scottish Government officials believe that the loss of experienced staff – 48 people (primarily building surveyors and managers) resigned from Scottish local authority building control services in 2021, following the quicker implementation of the new regulatory regime – is now being addressed. Through its workforce strategy and competency framework, local authorities are prioritising the upskilling of people and recruiting more apprentices. At this time, there are no mitigatory actions akin to the Scottish Government’s work planned in Wales.

2.12 The building control workforce also lacks diversity and is not representative of modern Wales. Our survey found that 100% of administrative staff and 96% of building surveyors and managers classify themselves as ethnically white Welsh or white British, and only 5% of administrative staff and no building surveyors or managers self-identify as having a disability. In addition, the roles within the workforce are clearly split along gender lines – **Exhibit 2**.

Exhibit 2: the gender of building surveyors, managers, and administrative staff in Welsh local authorities in March 2022

Professional building surveyor and manager roles are overwhelmingly occupied by men and lower-paid administrative roles by women.



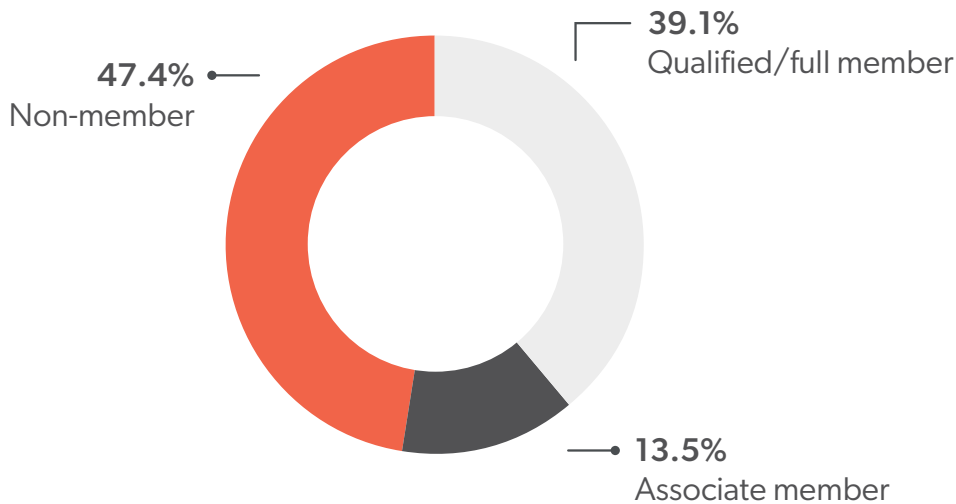
Source: Audit Wales survey and ONS (Office for National Statistics), [Population and household estimates, Wales: Census 2021](#)

Access to training is limited and staff are not being supported to enhance and maintain their skills and knowledge

2.13 To meet the registration requirements of the new building safety regime and ensure staff are competent to practise requires local authorities and their partners to invest in sufficient and timely training. Carefully planned and recorded continuing professional development and technical training are essential to keep abreast of modern technology and changing legislative requirements and their practical application. Importantly, professional accreditation such as membership of the Chartered Institute of Building, the Chartered Association of Building Engineers and Royal Institute of Chartered Surveyors is recognised as crucial to demonstrate competence. **Exhibit 3** shows that in March 2022 less than half of building surveyors and managers in Wales were full qualified members of a recognised and appropriate professional body.

Exhibit 3: the proportion of building surveyors and managers who are members of professional bodies and their grade at the end of March 2022

Less than 40% of building surveyors and managers are qualified and full members of professional bodies.



Source: Audit Wales survey

- 2.14 Additionally, some staff noted a growing problem of local authorities no longer paying for professional subscription fees because of pressures on finances. However, the need to demonstrate competence to meet the new registration standards is likely to place additional demands on local authority budgets to increase resources in professional training and qualifications to ensure they can deliver their statutory responsibilities. Most of the local authority officers we interviewed noted that this is not being factored into future budget setting.
- 2.15 The average number of training days taken by local authority staff in 2021-22 was five days for managers, six days for building surveyors and two days for administrative staff. Building Control officers we interviewed were clear that opportunities to train were, however, continuing to be limited by ongoing budget pressures and are often not actively promoted to avoid frontline staff being taken out of service delivery, even for short periods of time.
- 2.16 The building control fee setting guidance allows local authorities to increase their charges to pay for training and development to ensure they maintain a competent and skilled workforce. However, despite building control officers highlighting the importance of accruing money to fund training for staff, they noted that surpluses are often taken to fund other corporate priorities.
- 2.17 In March 2023, the UK Government provided a £16.5 million grant to the LABC to fund 110 new building control trainees for England to support the implementation of the Building Safety Act. No such funding has been provided by the Welsh Government. Despite a lack of investment, the LABC in England continues to make available training opportunities for Welsh local authority staff.
- 2.18 The resilience issues affecting Welsh local authority building control services are being felt in other parts of the industry. We found that the retention and recruitment issues facing local authorities are similarly being experienced by Welsh fire and rescue service. The lack of competitive reward packages and an ageing workforce with increasing numbers likely to take retirement in the short term is a growing challenge. Similarly, there are ongoing problems with the availability of qualified fire engineers and competition with the private sector, which offers better terms, conditions, and salaries, continues to encourage experienced fire and rescue service staff to leave.

2.19 Historically, where Welsh local authority staff have left, it has been most usually to join approved inspectors who offer more attractive salaries, terms of conditions of service, such as bonuses and company cars; have less responsibility for dangerous structures and enforcement cases; and are not dealing with the ongoing pressures created by austerity. However, in recent years the flow of staff from local authorities to approved inspectors has reduced and private sector building inspection services are also beginning to struggle to recruit sufficiently qualified and experienced staff. Representatives of several approved inspector bodies we interviewed noted that they have now begun to focus on growing their future workforce through trainee programmes due to a lack of available qualified staff in both England and Wales.

The pandemic has helped local authorities modernise their services, but enforcement remains a problem

2.20 Despite the resourcing pressures faced by local authority building control teams, most continue to deliver their work effectively. This continued throughout the pandemic, which helped to accelerate efficiency improvements with the switch to home based working and digitisation of services.

2.21 At the time of the pandemic most building control surveyors used to travel to sites, meeting people face to face and making decisions on the ground, but with COVID-19 most of these processes could not be continued. Instead, building control services focused on finding solutions to their traditional ways of working by updating and changing services. Whilst some authorities were fully digital, for others the pandemic created an opportunity to improve their use of technology and switch to cloud-based services to both optimise efficiency and performance, but also bring working practices into line with the private sector. Several interviewees noted that without the pandemic, these developments would not have happened as quickly, if at all.

2.22 Enforcement is an important part of ensuring that buildings are safe and compliant. Activity can range from persuasion and dialogue to encourage change, to more hard-edged measures such as prosecution or the refusing to issue a completion notice. Through our fieldwork we found that enforcement remains problematic, mainly because local authority building control has two potentially conflicting functions.

- 2.23 Firstly, they are the local regulator of all building work in their area ensuring issues raised in the design and construction of buildings that do not meet the required standard are addressed. However, they are also secondly in competition with approved inspectors for work and need to generate sufficient income to pay for all their services. This is an inherent weakness of the mixed market system introduced in the 1980s and reflects the conflicting role of local authorities which have both a responsibility for policing building control but are also in competition with approved inspectors to secure work.
- 2.24 Given approved inspectors are required to refer individual cases of non-compliance with building regulations to local authorities to take enforcement action, similar disincentives are also in play. As with local authorities, maintaining relationships is an important consideration in maximising income and can discourage approved inspectors from wanting to take enforcement action.
- 2.25 Capacity, resources and capability are also significant barriers that can limit enforcement action. Officers cited the demands and cost of taking developers, property owners or managers to court as a barrier to local authorities in the current financial climate. Several approved inspectors echoed these views, expressing scepticism that local authorities have the resources or capacity to effectively enforce standards and take quick and decisive action.
- 2.26 Overall, we found that the relationship between local authorities and approved inspectors, which is critical to ensuring buildings are safe, is at best limited and at worst epitomised by a lack of trust and scepticism about the actions of each other. Indeed, several fire and rescue service officers we interviewed raised concerns over the robustness of building enforcement regulation more generally, both within local authorities but also in respect of approved inspectors.

Some financial management practices in relation to building control appear to be unlawful

- 2.27 The Building (Local Authority Charges) Regulations 2010 (the 'Regulations') set the legal framework for the financial governance of local authority building control. The Regulations are intended to enable local authorities to be fair and transparent in how fees for services are charged.
- 2.28 The key principle of the Regulations is that authorities should recover their full costs and service users should only pay for the service they receive. Consequently, the Regulations split activities into chargeable, non-chargeable work and other building control services. Chargeable activity must be funded by fees, non-chargeable and other building control services are to be funded by the local authority general fund. **Exhibit 4** provides examples of activities.

Exhibit 4: examples of chargeable, non-chargeable, and other building control activities

Chargeable activity	Non-chargeable activity	Other building control services
Approving or rejecting plans	Liaison with other authorities, eg Fire and Rescue Services	Dangerous buildings
Site inspections	Enforcement on behalf of Approved Inspectors	Demolitions
Consideration of work referred from AIs (Approved Inspectors)	Identifying unauthorised building work	Advice to other departments
Consideration of a regularisation certificate	Functions to support disabled people	Administration of safety at sports grounds
More than 30 minutes of pre-application advice	First 30 minutes of pre-application advice	Street naming or numbering

Source: CIPFA (Chartered Institute of Public Finance and Accountancy), Local authority building control accounting, 2010

- 2.29 To aid local authorities in setting and properly accounting for their fees and charges, the Chartered Institute of Public Finance and Accountancy (CIPFA) developed detailed guidance¹⁵. Taken together, the Regulations and CIPFA guidance require local authorities to:
- set and publish standard fees and means of calculating bespoke fees;
 - set hourly rate fees for both officers and specific, set factors;
 - monitor the breakeven position of the service with the aim to break even over a 'reasonable period;'
 - revise fees to prevent surpluses or deficits;
 - publish an annual financial statement for building control; and
 - consider establishing an earmarked reserve in the event of a surplus or deficit.
- 2.30 Additionally, the CIPFA guidance refers to proposals for regular monitoring from 2010 by 'the Department/National Assembly' to assess the impact of the Regulations overall and particularly to see whether local authorities were meeting the breakeven principle. Given that the building control functions under the Regulations exercisable by the National Assembly were transferred to Welsh Ministers by the Government of Wales Act 2006¹⁶, and the reference to 'the Department' appears to be a reference to the then UK Department of Communities and Local Government, it would seem that the reference to 'National Assembly' is erroneous and should have been a reference to the Welsh Government. [We understand, however, that neither the National Assembly (now the Senedd) nor the Welsh Government have undertaken such monitoring.]

Fee-setting approaches vary significantly and many are not compliant with Regulations

- 2.31 Local authorities are required to review their fees each year to ensure that the income from chargeable activity is as close to the costs incurred in delivering services as possible. This makes ongoing monitoring of the breakeven position and regular recalculation of fees critical. It would be contrary to the Regulations for fees to be deliberately set above the estimated costs to be incurred (taking account of any estimated prior surplus or deficit) or knowingly allowed to fall below what it costs to deliver services.

15 CIPFA, [Local authority building control accounting](#), 2010

16 Government for Wales Act 2006, Schedule 11, paragraph 30

- 2.32 Factors that should be considered when setting fees are specified in the regulations. Apart from the principle of breaking even and staff costs, the factors include use of the building, floor size, and cost. However, other potential considerations such as the competitiveness of fees and comparing with others are not specified in the Regulations. Such other considerations therefore appear not to be relevant considerations that may be considered. The CIPFA guidance sets out the process for calculating the fees and provides examples on how to do this.
- 2.33 We found that the process for deciding fees by local authorities varies, often significantly, from the guidance and Regulations. Of the 12 authorities that responded to our data collection exercise and provided information describing their fee-setting process, nine were not compliant. Most usually because they applied fixed inflationary uplifts; copied neighbouring authority fee revisions; used average national schedules of rates to set their own charges; and/or did not show how they had factored in specific local circumstances that underpin charging such as their staffing structure, central recharges and local operating context.
- 2.34 At the time of our fieldwork, several authorities noted that they were not reviewing fees annually and a smaller number admitted that they had not adjusted fees to reflect the actual cost of services for many years. In one case, fees had not changed since 2012. In addition, despite the requirement to base fees on hourly rates, two authorities were unable to provide this information. We have concluded that many local authorities' building control services are not charging and setting fees in line with the Regulations and CIPFA guidance. We also note that the published fee scales show significant variations for individual activities – **Exhibit 5**.

Exhibit 5: example of fee differentials for Welsh local authority Building Control services 2022-23

Fee type	Lowest fee	Highest fee	Differential	Median
Single dwelling plan fee	£117	£288	145.6%	£210
Single dwelling inspection fee	£274	£510	86.4%	£414
Single dwelling notice fee	£391	£915	134.1%	£671
Composite single dwelling fee	£495	£1,830	269.7%	£1,155

Source: Audit Wales analysis of published fee scales

2.35 Awareness of this issue was mixed among officers. Some are unaware of the financial performance of their service primarily because management of finances sits outside the service with non-building control specialists. Others were aware of the requirements of the regulations but described pressure on budgets which encouraged raising fees or a lack of knowledge of the requirements of the regulations corporately. This is extremely concerning and poses significant risks to achieving value for money from the service.

Financial management of surpluses and deficits is unclear and potentially unlawful

2.36 Our survey of local authority officers found that of the 15 who provided a response, only five reported that their chargeable income is safeguarded (ie earmarked for application to building control services), one that only some is protected and nine reported that no income is safeguarded.

2.37 Where surpluses occur, authorities are encouraged, but not required, to create an earmarked reserve. Our review found that only four local authorities disclosed earmarked reserves for building control, although others may have deemed the sums involved financially immaterial and have not reported them. Regarding the financial performance of services, we found that 11 authorities were making a deficit at the end of 2021-22 and seven a surplus. Four were unable to provide this information.

2.38 The principles of the 2010 Regulations require that building control income, including surpluses, is to be used to provide building control activities. The CIPFA guidance notes that when calculating the total costs of the building control function, authorities are allowed to include training as an indirect employee cost when calculating fees. In addition, where surpluses are generated, these can be used to invest in service quality or to address regulatory changes.

2.39 We found that most building control officers were not uplifting fees to reflect the need to fund training and development for their staff due to wider corporate budget pressures. Indeed, some officers we interviewed anecdotally noted that building control fees were used to create surpluses to pay for other council services, although we saw no evidence of this in practice.

2.40 Overall, we have concluded that the implementation of the Regulations and the setting of building control charges more generally by local authorities fall short of legal and practical requirements. Our analysis highlights that most fees are not being set correctly and, where surpluses and deficits occur, these are not actively managed nor used for the purpose intended. This is particularly worrying because the Regulations were introduced to support good financial management and governance in building control services and correct implementation would help address some of the workforce, recruitment and training issues identified above.

In almost all cases, financial reporting does not meet regulatory requirements and this hinders scrutiny of Building Control fee setting, income, and expenditure

2.41 To demonstrate their financial governance of building control income and expenditure, the Regulations require local authorities to publish annual financial statements for these services. The Regulations require that, as a minimum, these Statements disclose the chargeable costs and income, any surplus or deficit, be published within six months of the financial year-end and signed off by the Section 151 officer. The CIPFA guidance includes a template that mirrors these requirements and a completed example to help local authorities demonstrate their compliance. As publishing a financial statement is a requirement of the regulations, failing to do so is unlawful.

2.42 From our review of local authority websites and financial statements, we found that only four have publicly available statements and only two of these met the reporting deadline. As noted at above, CIPFA guidance refers to proposals for scrutiny of whether authorities are meeting the breakeven principle. Welsh Government officials have, however, confirmed to us that this monitoring has not taken place in recent years and there remains a lack of oversight of building control financial performance and fee setting at both a national and local level.

Progress on collaboration and regionalisation has been slow

- 2.43 Overall, local authority building control has not significantly changed despite the pressure on resources, capacity, and skills. Some authorities have made some innovations, such as Monmouthshire which has partnered with an estate agent to find new clients. Most authorities also operate the Partnership Authority scheme. This allows professionals, such as architects, to use the local authority of their choice to approve plans and the local authority where the site is located to undertake on the on-site inspections. For example, a supermarket chain may be based in England and can elect to use their local LABC team to approve plans but then use a Welsh authority to inspect a new store in Wales.
- 2.44 While the work of LABC Cymru – the pan-Wales officer network – is seen as positive, offering support, learning and the opportunity to share information, this has not translated into more formal change to help improve efficiency and strengthen resilience. The group has proven successful at keeping teams informed and supported, and there are several positive one-off instances of 'collaboration in crises'. For example, neighbouring authorities helping to deliver inspections and plan approval activities in Blaenau Gwent to help address short-term resource pressures in that authority. While we acknowledge that these are positive steps in the right direction, they fall short of addressing the significant challenges facing the sector, and greater, more fundamental change is needed.
- 2.45 There are opportunities to improve efficiency and effectiveness of services through greater collaboration and regionalisation of services. This can help local authorities to compete more effectively, meet the challenge of the new building safety regime and provide solutions to address the sector's many serious resourcing issues. For example:
- pooling staff to ease capacity issues and to mitigate the retirement risks inherent in the sector's demographics;
 - increasing spending power and opportunities to make savings through the joint commissioning and procurement of goods, services, and establishment of uniform charges for activities that cost the same (for example, external training);
 - enabling staff to develop specialisms, such as fire safety, to better manage high-risk buildings; and
 - strengthening capacity in back-office functions.

- 2.46 Despite stakeholders across the building control and safety sectors recognising and articulating the benefits of collaboration and regionalisation, we found little progress has been made to drive this forward. While many building control staff we interviewed can identify the potential benefits of collaborating with other building control teams, this has not led to more formal partnerships such as joint investigation teams. We acknowledge that the demands currently being placed on building control managers as individuals, and their reduced capacity to prioritise these activities, is clearly limiting opportunities to drive change. But given the challenges facing building control services, change is needed to prevent an escalation of the issues already present in the sector.
- 2.47 In Scotland, by comparison, the Local Authority Building Standards Scotland (LABSS) have established a hub model for the 32 local authorities to collaborate and implement improvement recommendations (see **Appendix 4**). The Hub acts as a central collaborator to move the sector in the same direction in the response to improvement recommendations. This has the potential to set a consistent service and standard across Scotland, supported by Scottish Government operational and performance frameworks. It is also helping authorities experiencing a staffing issue to broker support from another.
- 2.48 In response to the similar challenges that they face, Fire and Rescue Services are changing how they provide services. For instance, South Wales Fire and Rescue Service has moved from a dedicated specialist team to a larger team of Business Fire Safety officers. This is allowing the service to better manage the impact of staff turnover and create a more resilient workforce, by widening out the pool of staff who are gaining experience in building fire safety design and construction. Similarly, North Wales Fire and Rescue Service has switched from a service of uniformed fire officers delivering fire safety work to a service which increasingly draws on corporate staff to bolster performance. This is helping to improve efficiency and increase capacity.



**There is little evaluation
of building control
services across Wales
and no national
comprehensive
system of building
safety assurance**

- 3.1 In this final Part of the report, we set out how management and evaluation of building control and building safety performance work and how risks are identified and mitigated.

There is limited understanding of how well services are performing

- 3.2 Performance management and reporting are an essential element of good governance. Having a good range of key data allows you to understand the services you manage and helps underpin evidence-based decisions by providing insight and knowledge. The right data is also a precursor to feed-forward plans and helps organisations to learn from the past to inform the future.

The lack of a national performance management framework for building control and building safety makes it difficult to evaluate the performance of services

- 3.3 At the time of our work there is no agreed national performance reporting framework for building control and building safety services in Wales. In the absence of a robust suite of national measures to manage and evaluate the performance of services, most local authorities focus on reporting against a narrow group of measures. We found that the key indicators most used relate to:
- timeliness measures such as the length of time taken to acknowledge and check applications, whether a site application is carried out on the agreed date, recording the site application notes within two days of an inspection and the number of completion certificates issued within a given period;
 - monitoring levels of customer satisfaction with the response of the service; and
 - market share – the proportion of the building control market a local authority covers.
- 3.4 While each of these are important and relevant, they do not provide sufficient detail to understand or judge the effectiveness of building control services. Whilst timeliness is a key factor in administering an efficient building control system, the measure places importance on dealing with large volumes of applications in the shortest time possible, without any consideration of the quality of the work carried out and does not provide any assurance that the work was carried out safely, risks were reduced and that the overall safety of a building's occupants was improved.

- 3.5 Because of these weaknesses, local authorities are unable to demonstrate that building control work is reducing risk and improving the built and natural environment and the quality of life in the area. For instance, we found that:
- no data is collected on the work of approved inspectors and fire and rescue services, and benchmarking to compare performance is not routinely undertaken. Consequently, performance reporting remains fragmented and does not provide adequate assurance – a major risk flagged in the Hackitt Report.
 - public reporting – notifying key stakeholders on the effectiveness of services and the service 'offer' – is similarly limited. This does not help to provide a comprehensive oversight of all building control and safety activity in an area, or nationally.
 - although there are some measures relating to risk, these are limited to buildings that have been recorded as dangerous structures. Risk, especially service resilience risk, is not something that is built into the performance framework as a central consideration of effectiveness.
 - little attention is given to actively managing financial performance and reporting against the requirements of the finance regulations, fee setting, comparison of costs, recharges, and deficits.
- 3.6 In addition, building control teams told us reporting was mainly responsive where concerns were raised rather than a routine part of their role. Where performance measures are recorded and monitored, this is often done on a team's own initiative, for their own purposes, and can be a lengthy manual process, due to poor integration between IT platforms. Where IT tools for automatic reporting do exist, we heard of examples where the system was underutilised or used inconsistently, due to weak processes or operating difficulties. In several cases, analysis is compiled on spreadsheets held locally by individuals, posing a risk to resilience and continuity when staff are absent.
- 3.7 The Scottish Government have a national framework to monitor and analyse performance. Measures were introduced in 2012 embedding learning from research that analysed previous performance reviews. Building safety is a ministerial responsibility in Scotland and providers are 'appointed' as verifiers (see **Appendix 4**). Although local authorities are typically selected, the appointment and reappointment process is driving consistency and standards, and provides a robust framework to assess performance.

Some local authorities work to the ISO 9001 quality management standard, but this does not provide sufficient assurance that services are working effectively

3.8 Several local authorities have accredited themselves with ISO 9001, the international standard for Quality Management. The standard uses seven quality management principles focussed on:

- customer focus;
- leadership;
- engagement of people;
- process approach;
- improvement;
- evidence-based decision making; and
- relationship management.

3.9 The measures aim to promote understanding and provide consistency, adding value, effective performance, and improvement of processes. The standard also encourages organisations to adopt a risk-based approach, ensuring that preventative measures are taken before risks arise. Once an organisation receives accreditation, they are required to evaluate their compliance with the standard annually.

3.10 While authorities have found ISO 9001 helpful for raising standards and levels of consistency, we found that some authorities have chosen to opt out of the standard due to cost and the challenge of ongoing evaluation to demonstrate compliance. It is also questionable how useful the standard is in judging the effectiveness, efficiency and robustness of services given the many challenges facing building control we have reported on.

Scrutiny and evaluation of building control and building safety are limited

3.11 Effective scrutiny is an essential element of good governance and helps provide assurance that things are working well or need to improve. Without a robust performance management system, scrutiny can only be as effective as the information and measures that are regularly scrutinised. We found that many local authorities' building control services do not formally report to a scrutiny committee on a regular basis to demonstrate the work, impact and risks facing the service.

- 3.12 For instance, we found that scrutiny is inconsistent across Wales, with many teams only being required to report their performance twice yearly and against a very narrow set of measures and information. In several authorities, there is no formal scrutiny of services. Several local authority officers we interviewed noted that from their experience, after the initial heightened interest in building control and building safety arising from the Grenfell disaster, member and senior officer contact is mostly limited and focussed on single issues of concern – a dangerous structure or a constituent's building control application. Several noted that member knowledge and understanding of building control are low and the risks and issues facing services mostly unknown.
- 3.13 In contrast, Scottish local authorities are required to annually report their performance against a series of key performance outcomes. These outcomes are then assessed alongside customer feedback and plans are developed to help drive improvement. Staff are encouraged to link these with improvement actions which can be used to monitor progress and identify key lines of enquiry for those charged with scrutiny. The assessment output is designed to be accessible to various levels of stakeholder, identifying strategic trends to government, promoting improvement operationally to verifiers, whilst also providing a transparent assessment for public consumption.

Risk management processes are inadequate

- 3.14 There is a mixed approach to assessing risk, with some teams having their own risk registers, some feeding into corporate registers, whilst some do not formally record risks or track how they are mitigating them. Indeed, several officers we interviewed noted that known risks are often noted informally within teams and these are considered in isolation from other corporate wide risks.
- 3.15 This siloed approach poses a threat to resilience as the system relies too much on a small number of individuals who hold substantial amounts of knowledge without formally being recorded, shared with colleagues for information, or escalated for action. Only a small minority of local authorities we spoke with could describe the formal procedure of escalating risks, with many acknowledging such protocols do not exist. Without proper identification and recording of emerging risks, authorities are unable to make longer-term plans and prepare for future scenarios.

- 3.16 As contextual information is not routinely integrated with other service areas, it is not clear that sufficient understanding is present amongst accountable officers at each level of escalation. Where risks are raised, they will rarely meet the threshold required to be considered a corporate risk. Poor audit trails mean risks are not proactively mitigated, in an environment where capacity to provide this mitigation is often limited.
- 3.17 With teams often left to operate in isolation, raising corporate and other significant risks is likely to be more challenging than for higher profile services which figure more prominently and are fully integrated into the corporate reporting structure. Consequently, local authorities at their highest level may not be sighted of the many risks facing building control – poor succession planning, an ageing workforce, lack of diversity, insufficient skill mix, along with the implications of the new Building Safety Act.



Appendices

- 1 Audit Approach and Methods**
- 2 Building Regulations Approved Documents**
- 3 The Building Safety Regulator and Accountable Person**
- 4 Scottish approach**

1 Audit Approach and Methods

Approach

For this work our approach has been to understand how well the Welsh Government, local authorities and their partners are strengthening and improving building control and building safety services following the Building Safety Act 2022. We have looked at the robustness of needs information, strategies, plans and policies; assessed the resilience of existing services and plans to strengthen these; and considered the robustness of assurance systems.

We examined all 22 principal local authorities in Wales at a high level, managing delivery to be mindful of the pressures local authority officers are under during post-pandemic recovery and the cost-of-living crisis. We ensured coverage was sufficient to draw a view on the whole sector but not to significantly detract from officers' service delivery responsibilities. Our approach was flexible to fit around officers when agreeing and delivering our fieldwork.

Methods

We completed our review between January 2023 and August 2023 and used a range of methods in delivering our work:

- **document review:** we reviewed documentation from the Welsh Government, local authorities, Fire and Rescue Services and other relevant organisations. This included, relevant committee minutes, corporate strategies, business plans and policy documentation. We also reviewed information published by the UK Government and the Scottish Government.
- **interviews** – we undertook a range of different interviews:
 - **officer interviews** – we interviewed Building Safety lead officers in all 22 Welsh principal local authorities and all three Fire and Rescue Authorities. These interviews took place between January and April 2023.
 - **national interviews** – we interviewed representatives of the Welsh Government, the Scottish Government, private sector approved building inspectors, think tanks, academic institutions, and research bodies. These took place between March and April 2023.
- **focus groups** – in line with our approach, some local authorities felt it was more appropriate for us to speak to a range of officers in focus groups to reduce our impact on service delivery.
- **data collection** – we undertook a data collection exercise with local authority officers. This ran from January to April 2023, and we received responses from all local authorities. Some local authorities were unable to provide the information we requested, and we note this in the body of the report where relevant.
- **survey** – working with Community Housing Cymru we surveyed all housing associations in Wales but only received two responses. Consequently, we have not used this information in drawing together our findings.
- **websites** – local authority and external resources, eg CICAIR (Construction Industry Council Approved Inspectors Register), LABC, etc.

2 Building Regulations Approved Documents

The approved documents address the following matters and were last updated on the date listed:

- Part A – Structural safety – last updated April 2017
- Part B – Fire Safety – last updated December 2021
- Part C – Resistance to contamination and moisture – last updated April 2017
- Part D – Toxic substances – last updated April 2017
- Part E – Resistance to passage of sound – last updated April 2022
- Part F – Ventilation – last updated October 2022
- Part G – Sanitation, hot water safety and water efficiency – last updated May 2023
- Part H – Drainage and waste disposal – last updated April 2017
- Part J – Heat producing appliances – last updated April 2017
- Part K – Protection from falling, collision and impact – last updated April 2017
- Part L – Conservation of Fuel and Power – last updated March 2023
- Part M – Access to land and use of buildings – last updated April 2017
- Part N – Glazing safety – last updated April 2017
- Part O – Overheating – last updated October 2022
- Part P – Electrical safety – last updated April 2017
- Part Q – Security – last updated May 2018
- Part R – Physical infrastructure for high-speed electronic communications networks – last updated April 2016

3 The Building Safety Regulator and Accountable Person

The Act introduces two new roles – the Building Safety Regulator and Accountable Person – which are due to come into force in October 2023.

The Building Safety Regulator

The Building Safety Regulator will have three core responsibilities: overseeing the safety and standards of all buildings; helping and encouraging the built environment industry and building control professionals to improve their competence; and leading implementation of the new regulatory framework for high-rise buildings in England. The Building Safety Regulator is also responsible for the performance of the building control sector to ensure standards are met, and for setting building standards.

The Building Safety Regulator (BSR) will be responsible for overseeing the safety and performance systems of all buildings. They will be given powers to enforce the rules and act against those that break them. And for high-risk properties, they will be able to implement more stringent rules, including how they are designed, constructed, and occupied. The three main functions of the BSR:

- oversee the safety and performance system for all buildings: this will be done through overseeing the performance of building control bodies across the public and private sectors, and by understanding and advising on existing and emerging building standards and safety risks;
- encourage increased competence by setting the direction of an industry-led competence committee and establishing competence requirements for registration of building control professionals; and
- lead the implementation of the new regulatory regime for higher-risk buildings, including having the powers to involve other teams, including the Fire Service, when making regulatory decisions regarding Building Safety.

The new BSR is under the control of the Health & Safety Executive (HSE) which is responsible for overseeing and driving improvements in the safety and performance of all buildings, and for enforcing a more stringent regime for higher-risk buildings.

Importantly, the provisions of the Act concerning the new Regulator only apply in part to Wales and the devolved government's exact position is still to be determined on this point.

Accountable Person

For all higher-risk buildings, the appointment of an identifiable 'Accountable Person', who is responsible for ensuring that the fire and structural safety is effectively managed for the whole building.

The Accountable Person (building owner, freeholder, or management company) will have an ongoing duty to assess Building Safety risks and provide a 'Safety Case Report' which demonstrates how Building Safety risks are being identified, mitigated, and managed on an ongoing basis. They will also have to demonstrate how they are ensuring residents' safety. In buildings where ownership structures are complex, there may be more than one Accountable Person, in which case there will be a Principal Accountable Person.

4 Scottish approach

Operating model

Within the Scottish system, building verifiers (surveyors) are appointed by the Minister for Local Government Empowerment and Planning under the Building (Scotland) Act 2003. This allows the Minister to appoint any building verifiers for a six-year term. Since the implementation of the Act in 2005, only local authorities have been appointed to undertake this role.

Prior to appointment, the Minister must consider the competence, qualifications, public accountability, and impartiality of the potential verifiers. To demonstrate these, an Operating Framework has been published to clarify how verifiers can demonstrate these behaviours.

After appointment, performance is monitored under a Performance Framework. There are seven key performance outcomes within the updated framework published in 2021:

- minimise time taken to issue a first report or to issue a building warrant or amendment to building warrant;
- increase quality of compliance assessment during the construction processes;
- commit to the building standards customer charter;
- understand and respond to the customer experience;
- maintain financial governance;
- commit to eBuilding Standards; and
- commit to objectives outlined in the annual verification performance report.

The Act also allows Scottish Ministers to set building regulations, the process for approval, enforcement, and set fees. Fees are set centrally and are determined by the Minister for all authorities. A calculator is provided within the online eBuildingStandards system to enable applicants to access the system and determine their fee.

Response to Grenfell

Following Grenfell, a ministerial working group was set up in July 2017 to oversee reviews into building and fire safety. Review panels were formed to cover different issues and made a series of recommendations for stakeholders. The Building Standards Futures Programme Board (BSFPB) was established to provide guidance and direction on the implementation of these recommendations.

Chaired by a local authority chief executive, the Board is comprised of:

- Local Authority Building Standards Scotland (LABSS);
- Homes for Scotland;
- Royal Institute of Chartered Surveyors;
- Construction Scotland;
- Convention of Scottish Local Authorities;
- Scottish Futures Trust;
- Chartered Institute of Buildings;
- Federation of Master Builders;
- Royal Incorporation of Architects in Scotland; and
- Scottish Government.

The Board has seven workstreams underway to support implementation – **Exhibit 6**.

Exhibit 6: Scotland's Building Standards Futures Programme Board workstreams

Workstream	Explanation
Workforce strategy	To support the adoption of the workforce strategy developed in response to the demographic challenges faced by the sector.
Compliance plan	To develop an approach for high-value and complex public buildings to ensure a planned approach to compliance throughout development.
Certification strategy	Development of a strategy for future appointment of verifiers.
Digital transformation	To support the implementation of the eBuildingStandards platform, launched in 2016.
Technical strategy	A review of how building standards are developed and communicated to promote compliance.
Verification standards	A review of the operating and performance frameworks to help verifier assessment against requirements and linking to skills.
Delivery models	A review to consider changes to business models within the 32 local authorities, including the hub project.

Source: [BSFPB](#)

Additionally, to ensure greater compliance and a response to recommendations, a Professional Competency Framework was introduced in May 2021. This established standardised job roles matched against educational awards and professional qualifications. It also provides examples of competencies based on experience to match existing staff, such as proven management and financial governance skills or specific niche training such as safety at sports grounds. The framework helps to ensure that building verifiers at each level can demonstrate being suitably competent.

To embed the Framework, a Competency Assessment System (CAS) was published. This enables individuals to identify their learning and experience gaps to better target training and development of the workforce.

Local hub model

From the BSFPB, a new delivery model was developed through the Delivery Model Development Group (DMDG), comprising the Scottish Government's Building Standards Division, Local Authority Building Standards Scotland (LABSS), the host local authority (Fife Council) and the Hub Directors, to foster collaboration and implement the recommendations for improving building safety and increasing compliance. This was launched in May 2022 and is being rolled out in a phased approach and is centred on six business units – **Exhibit 7**.

Exhibit 7: Scotland's Building Standards Futures Programme Board workstreams

Business unit	Function and services
Operational Partnership Unit	<ul style="list-style-type: none"> • Maintaining network of bodies • Workload sharing • Access to expert structure and fire hubs • Best practice facilitation
Scottish Type Approval Scheme Unit	<ul style="list-style-type: none"> • Scheme management • Marketing • Fee setting
Technical and Procedure Unit	<ul style="list-style-type: none"> • Technical research • Information paper production • Technical support to the hub
Digital Transformation Unit	<ul style="list-style-type: none"> • Support digital delivery group • Liaison and support roles with stakeholders, LABSS, and other stakeholders

Business unit	Function and services
Learning and Development Unit	<ul style="list-style-type: none">• Management and operation of a virtual learning environment• Management and operation of a learning management system• Assistance with apprentice schemes• Assistance with CPD (Continuing Professional Development)• Management of the verifier position in relation to the Competency Assessment Scheme (CAS)
Core Business Unit	<ul style="list-style-type: none">• Hub management• Business and admin support• Engagement with stakeholders

Source: BSFPB



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

Consultation on Fee Scales 2024-25

August 2023

How to respond

Please respond by 10 October 2023.

Responses can be sent to the following address:

Fee scales consultation
Audit Wales
1 Capital Quarter
Cardiff
CF10 4BZ

Or completed electronically and sent by email to: info@audit.wales

If you require this publication in an alternative format and/or language please contact us using the details provided above or by telephone on 029 2032 0500.

Publication of responses – confidentiality and data protection

Information provided in response to this consultation may be published or disclosed in accordance with access to information legislation (chiefly the Freedom of Information Act 2000, but also data protection legislation, including the General Data Protection Regulation, and the Environmental Information Regulations 2004).

If you want any information you provide to be treated as confidential, you should tell us why you regard the information you have provided as confidential. If we receive a request for disclosure of information we will take full account of your explanation, but we cannot give any assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Auditor General or Audit Wales.

Personal data will be processed in accordance with data protection legislation. Where such data falls within the scope of a request for information from another person, the provisions of data protection legislation and the Freedom of Information Act will need to be considered in the particular circumstances. While no situation can be prejudged, this is likely to mean that information concerning senior officials and public figures is likely to be disclosed while the names and addresses of ordinary members of the public are likely to be withheld.

Welsh language standards

Audit Wales is required to comply with Welsh Language Standards that provide for the Welsh language not to be treated less favourably than the English language. More information can be found on our Welsh language arrangements on our [website](#). When reviewing this consultation, we would welcome your views on whether you consider there to be anything in this consultation that undermines or supports this requirement. We would also welcome your thoughts on any revisions that could be made to support opportunities to use the Welsh language or ensure we do not treat the Welsh language less favourably than the English language.

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Foreword

You will be familiar with our annual consultation on fee scales. We are required by legislation to do this for local government bodies, but choose to consult more widely so that all stakeholders have an opportunity to respond to our fee proposals.

Responses to our 2022 consultation exercise suggested that the timescale for consultation (during August and early September) was challenging for some bodies. We are therefore consulting a little later this year and extending our consultation deadline until 10 October. Please note that for us to submit our draft Fee Scheme alongside our Estimate for 2024-25 to the Senedd Finance Committee by the end of October, we are unable to extend this any further.

We do not and cannot make profits on our work.

Legislation requires that the fees we charge **may not exceed** the full cost of exercising the function to which the fee relates. We set our audit fees based on our estimated cost base, the estimated skills mix for audit work and the estimated number of days required to complete the work. Audit Wales remains determined to minimise audit fees whilst ensuring that its audit quality continues to meet rigorous standards.

Like the rest of the public sector, we are facing significant staff cost pressures. For Audit Wales, those are exacerbated by a truly global shortage of audit and finance professionals, which we are seeing reflected in our ability to recruit and retain qualified staff. Staff costs account for over 80% of our cost base and for 2022-23 and 2023-24, we awarded our staff pay increases that were well below inflation and lower than the averages seen elsewhere in the public sector (3% and 4% respectively). We must start to address this shortfall in 2024-25, particularly given the challenges for recruitment and retention being felt across the audit profession.

To help offset increasing staff costs, we are taking difficult decisions to reduce our non-staff expenditure. We are moving to smaller, cheaper offices in both South and North Wales, have significantly reduced our travel and associated costs, and removed financial allowances previously paid to staff. Through our Financial Sustainability Review, we have an established mechanism to challenge our operating model and for identifying any further opportunities for savings and efficiencies.

Failures and poor performance in local public audit in England, and in the corporate sector, demonstrate the enormous cost and damage that can result from a failure to deliver high quality audit. The weaknesses of those sectors led to several UK-wide reviews¹ of audit and new professional standards, which increases expectations of audit and of the quality of that audit. To ensure that the public audit regime in Wales remains strong and effective, we continue to make significant investment in audit quality and it is central to all decisions we make.

To maintain this investment in 2024-25, and to respond to pay and price pressures, we will need to increase our fee rates by an average of 6.4% in 2024-25.

The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required. Last year, you will recall that we implemented a fundamentally different audit approach for our financial audit work, required by new international auditing standards. This required a richer, more costly skill mix that was reflected in higher fees. In the autumn, we will review the experience of the first year using the new approach so that we learn lessons and secure efficiencies wherever possible. Audit directors and teams will, of course, speak to all audited bodies to explain the combined impact of that exercise, and the fee rates described in this consultation, on the level of fee each body will be charged in 2024-25.

1 Competition and Markets Authority Review; Kingman Review; and Brydon Review

We know that audited bodies are concerned that we are increasing our fees at a time when there are delays to some of our audit work – some of which are attributable to the recruitment and retention issues described above. We are working hard to address this backlog. Audit directors are in contact with audited bodies to ensure a common understanding of delivery and expectation so that we can work together as effectively as possible.

We plan to continue to provide access to the National Fraud Initiative on a free-of-charge basis.

I hope that this consultation is helpful, and I look forward to hearing your views.

Many thanks



Adrian Crompton

Auditor General
for Wales



Consultation

Fee rates 2024-25

Our proposed fee rates for 2024-25 are set out in **Exhibit 1**.

Exhibit 1: proposed fee rates 2024-25

Grade	Rate (£ per hour) 2024-25	Rate (£ per hour) 2023-24
Audit Director	181	170
Audit Manager	138	130
Audit Lead	111	107
Senior Auditor	90	86
Auditor	64	62
Graduate trainee	59	54
Apprentice	46	40

The average increase of 6.4% referred to above is a weighted average based on our overall staff mix. Actual increases by grade vary as, to meet the 'no more than full cost' requirement, we calculate rates based on actual staff in post, and hence the rates allow for incremental progression where relevant as well as expected pay increases for the year.

The Senedd Finance Committee scrutinises us on our spending, performance and budget plans, and the assumptions in this consultation are subject to their approval of our Estimate in autumn 2023 and our Fee Scheme early in 2024.

Further information on our work and our expenditure is provided in our [Annual Report and Accounts 2022-23](#) and [Annual Plan for 2023-24](#).

Facilitating thematic and cross sector reviews

In our [consultation on fees for 2022-23](#), we set out proposals to switch the funding for some of our performance audit work in local government and health from audit fees to the Welsh Consolidated Fund (WCF).

In the event, the Welsh Government was unable to confirm, prior to submission of our Estimate for 2023-24, its support for making the adjustments in local authority and health body funding necessary to hold the WCF harmless. As a result, the Senedd Finance Committee asked that we defer this proposal until our 2024-25 Estimate. This consultation reflects the impact on our fees for 2024-25 of the proposed switch. As before, the switch will only take place if the Welsh Government confirms it is content to make consequential adjustments to funding so that there is no net cost to the WCF, and the Finance Committee and Senedd endorse the approach. We are consulting on the proposal in this consultation, subject to those caveats.

The switch would apply to the 22 principal councils and seven health boards but not to other Local Government bodies or NHS Trusts and Special Health Authorities.

The elements of our performance audit fee that we are seeking to switch to WCF relate to delivery of 'thematic' or topic-specific reviews that typically involve audit work across a number of audited bodies (on an all-Wales and/or regional level) and often with a cross-sector or whole-system focus.

We see such reviews as adding value to our audit regime with their ability to give a whole-system view, helping improve the quality of services provided to taxpayers, and providing insight on the Welsh Government's aspiration for '[One Welsh Public Service](#)'. We are therefore keen to make the delivery of these reviews as flexible and efficient as possible. The key constraints that we emphasised about the current funding model concerned:

- potential inflexibility in the way we disseminate findings – arising from any expectation from audited bodies paying fees that there would typically be an output specific to that body; and
- transactional complexity – given the need to balance time charging across multiple timesheet codes and with the 'charge no more than the full cost' requirements of the Public Audit (Wales) Act 2013, meaning we have to be careful that there is no cross-subsidisation from one body to another.

As for 2023-24, in determining how much funding we would look to switch to the WCF, we are looking to strike an appropriate balance between work funded locally and that funded through the WCF, and recognising that other existing WCF funding streams already provide opportunity for cross-cutting work. The key principles being:

- retaining sufficient local audit fee to support the delivery of work that is specifically focused on individual audited bodies, including risk assessment, examination of corporate governance and financial management issues (including sustainable principle examinations), and individual bespoke audit projects arising from our local assessment of risks;
- ensuring sufficient local audit fee is retained to support our routine local engagement with audited bodies, including regular meetings with senior leaders in audited bodies, and attendance at board, council and committee meetings as necessary; and
- applying the proposal to larger audited bodies (principal councils and health boards) to which our thematic work more typically applies.

We have taken on board the views of audited bodies, expressed in last year's consultation exercise, who value the insight from our local audit work whilst understanding the benefits of the proposals for more thematic studies. The proposed switch is therefore less than previously anticipated.

We anticipate that we will be reducing the fees charged for our local performance audit work by around 15% for Local Government and a quarter for Health bodies (around £0.9 million) and switching funding for this work to the WCF. To hold the WCF harmless for this change, we will be asking the Welsh Government to adjust funding allocations accordingly.

We would welcome your views on whether you support this proposed approach.

ISA315 and audit quality

Our audits for accounts ended 31 March 2023 and future years are being carried out under a revised auditing standard (ISA 315 Identifying and Assessing the Risks of Material Misstatement). This revised standard has significant and far-reaching impacts on how auditors undertake audit risk assessments and therefore on the overall audit.

Our initial assessment of the impact of this richer skills mix was a potential average increase in the fee scales for our financial audit work of between 12% and 18%. The actual increase in fees for Local Government bodies for the 2022-23 audit of accounts was an average of 15% – as compared to the significantly higher increases estimated by private sector audit firms. This overall increase included around 10% due to the implementation of ISA315, with the remainder being as a result of increased fee rates for the year.

Our draft fee scales for local government bodies

The remainder of this document provides the fee scales for local government bodies and for mandatory participants to the National Fraud Initiative. The scales show the range of fees we expect to charge for a typical audited body in that sector with actual fees being set in response to local circumstances. These scales are not required for any other sector.

I would very much welcome your response to this consultation by 10 October 2023, to inform the Senedd's review of our Estimate and Draft Fee Scheme for 2024-25.

Fee scales for work undertaken under the National Fraud Initiative (data matching)

- 1 We invite your views on continuing participation in the National Fraud Initiative (NFI) on a nil-fee basis.
- 2 We are required to consult on and prescribe scales of fees for data matching for mandatory participants in the NFI. The Auditor General conducts the NFI using his statutory data-matching powers under Part 3A of the Public Audit (Wales) Act 2004.
- 3 The NFI matches data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. The NFI has been a highly effective tool in detecting and preventing fraud and overpayments. Our last [biennial report](#) identified potential savings and over-payments of £6.5 million across Wales's public services, increasing cumulative savings to £49.4 million since 1996.
- 4 Since April 2015, the Senedd has met the costs of running the NFI through payment from the WCF. This is intended to encourage participation of organisations on a voluntary basis and to simplify arrangements for mandated participants. As required by legislation, the fees for mandatory participants are shown in **Exhibit 2**.

Exhibit 2: NFI fees

	Fee 2024-25
Unitary authority; police and crime commissioners and chief constables; fire and rescue authorities; NHS trusts; local health boards	Nil
Voluntary participants	Nil
All participants may also be provided with access to the NFI Application Checker (App Check)	Nil

Fee scales for Local Government bodies

- 5 We invite your views on the proposed fee scales which will apply to Local Government bodies for the audit of accounts 2023-24 and for 2024-25 performance audit work.
- 6 Our audit of accounts fee scale takes account of the average increase of fee rates as set out in **Exhibit 1**. As set out above, we are continuing to review the impact of ISA315 and will reflect the outcome in our Fee Scheme for 2024-25 which will be published early in 2024.

Unitary authorities

Exhibit 3: draft fee scale for the audit of 2023-24 accounts

Gross Expenditure £ million	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
100	145	170	196	159
200	174	205	236	191
300	194	228	262	213
400	209	246	283	230
500	222	261	301	244
600	233	274	316	257
700	243	286	329	267
800	252	296	341	277
900	260	306	352	286
1,000	267	314	362	294
1,100	274	323	371	302
1,200	281	330	380	309

- 7 Our proposed performance audit fee scale takes into account the proposed switch of funding for around 15% of our local performance work at Unitary Authorities to the WCF from April 2024.

Exhibit 4: draft fee scale for 2024-25 performance audit work

All unitary authorities	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
	90	96	109	112

Local Government Pension Funds

Exhibit 5: draft fee scale for audit of 2023-24 accounts

All pension funds	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
	45	56	60	48

Fire and Rescue Authorities

Exhibit 6: draft fee scale for audit of 2023-24 accounts

Gross Expenditure £ million	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
20	42	50	57	47
40	51	60	69	56
60	57	67	77	63
80	61	72	83	68
100	65	77	88	72

Exhibit 7: draft fee scale for 2024-25 performance audit work

All fire and rescue authorities	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
	18	18	18	17

National Park Authorities**Exhibit 8: draft fee scale for audit of 2023-24 accounts**

Gross Expenditure £ million	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
2	26	31	36	29
4	32	37	43	35
6	35	41	48	39
8	38	45	51	42
10	40	48	55	44

Exhibit 9: draft fee scale for 2024-25 performance audit work

All national park authorities	Fee range			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
	22	24	27	22

Police and Crime Commissioners

- 8 Auditors undertake audits of two statutory bodies in a police area – the Police and Crime Commissioners (PCCs) and the Chief Constables (CCs). The split of the total fee between the two bodies in a particular police area will be a matter for auditors to determine, based on accounting requirements and the operational arrangements put in place by each of the bodies.

Exhibit 10: draft fee scale for audit of 2023-24 accounts

Combined Gross Expenditure of PCC and CC £ million	Combined fee range for PCCs and CCs			Previous Year
	Minimum £'000	Median £'000	Maximum £'000	Median £'000
50	73	84	96	78
100	86	100	113	93
150	95	110	125	102
200	102	118	134	110
250	107	125	142	116
300	112	131	149	122
350	117	136	155	126

Town and community councils with annual income or expenditure under £2.5 million

- 9 Town and community councils in Wales are subject to a limited assurance audit regime.
- 10 In October 2020, the Auditor General published a [paper](#) setting out how these audits will be carried out on a three-year cycle as set out in **Exhibit 11**.

Exhibit 11: three-year audit cycle for town and community councils

	Group A	Group B	Group C
Year 1	Transaction testing	Limited procedures	Limited procedures
Year 2	Limited procedures	Transaction testing	Limited procedures
Year 3	Limited procedures	Limited procedures	Transaction testing

- 11 Charges for this work are based on time taken to complete the audit at fee rate charges as set out in **Exhibit 1** on **page 8**.
- 12 In circumstances where the auditor requires further evidence to properly discharge their responsibilities, including following publication of a related public interest report, additional testing will be undertaken to address the auditor's concerns.
- 13 It is emphasised that the actual charge made to any particular body will be dependent on the time actually worked on that particular audit. The range of fees provided in **Exhibit 12** is for indicative purposes only.

Exhibit 12: estimated time charges for the audit of 2023-24 accounts of town and community councils

	Band 1 (<£10k)	Band 2 (<£25k)	Band 3 (<£50k)	Band 4 (<£100k)	Band 5 (<£500k)	Band 6 (>£500k)
Transaction audit	£160 – £195	£181 – £213	£245 – £300	£379 – £463	£676 – £809	£899 – £1160
Limited procedures	£117 – £138	£145 – £172	£145 – £172	£223 – £266	£223 – £266	£223 – £266

Fee rates for other work in local government

- 14 Other than those types of bodies for which fee scales have been prescribed as shown above, there are a small number of other types of local government body where our prescription of the fee scale is a matter of converting the resource requirements into fees directly based on the costs of delivering the work or by applying the fee rates as set out in **Exhibit 1**. This will include audits of Corporate Joint Committees. It remains the case that for audits of these bodies we apply a zero-based approach to audit planning.
- 15 For all types of local government body, to meet his statutory responsibilities, it is sometimes necessary for the Auditor General to carry out work which goes beyond general duties (those set out in section 17 of the Public Audit (Wales) Act 2004 and in section 15 of the Well-being of Future Generations (Wales) Act 2015). Additional work can include reports in the public interest, extraordinary audit, special inspections, and further work in relation to elector challenge and the prevention of unlawful expenditure. Charges for this type of work will reflect the nature of the work required.
- 16 Auditors may also undertake grant certification work at local government bodies on behalf of the Auditor General. The amount of grant certification work undertaken in any year is dependent on the number of schemes subject to audit and the number of audited bodies participating in those schemes. Charges for this work are made on a per-hour basis and reflect the size, complexity and/or any issues in respect of the grant in question as set out in **Exhibit 13**.

Exhibit 13: estimates of the relative proportions of audit staff grades to be used for different types of grants work

Grade of staff	Complex grants staff mix	All other grants staff mix
	%	%
Engagement Director	1 to 2	0 to 1
Audit Manager	4 to 6	1 to 2
Audit Lead	18 to 21	12 to 16
Auditor/graduate trainee/apprentice	71 to 77	81 to 87

Complex grants include:

- BEN01 Housing and council tax benefits scheme
- LA01 National non-domestic rates return
- PEN05 Teachers' pensions return



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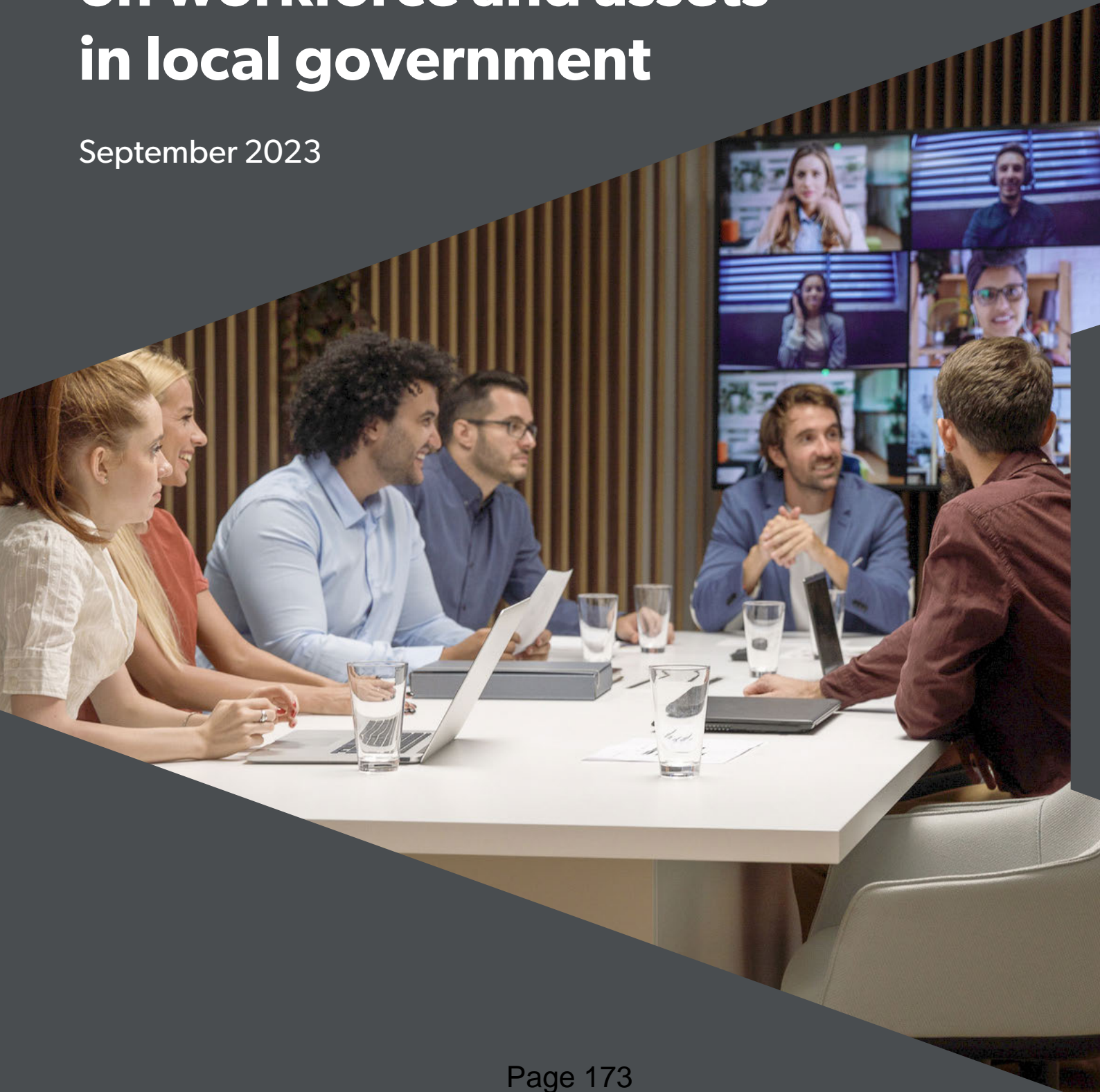
Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.

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

Springing Forward: Lessons from our work on workforce and assets in local government

September 2023



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

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We welcome correspondence and telephone calls in Welsh and English.

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Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Detailed report

What we did and why

- 1 All councils went through a period of rapid change in how and where their staff worked during the COVID-19 pandemic. This shift was characterised by a mass move to remote working, which happened virtually overnight. Now, those organisations are in a new phase, where the legacy of that time has had a lasting effect on working patterns and places. So, what is that new normal for councils, what does it mean for how and where they deliver and what are the opportunities for the future?
- 2 Between 2021 and 2023 we undertook work on asset management and workforce planning across all 22 councils. It looked at how they were using their experiences from the pandemic to strengthen their ability to transform, adapt and maintain the delivery of services, including those delivered in partnership with key stakeholders and communities. We titled this work ‘springing forward’.
- 3 This review had three main aims:
 - to gain assurance that councils are putting in place arrangements to transform, adapt and maintain the delivery of services;
 - to explain the actions that councils are taking both individually and collectively to strengthen their arrangements; and
 - to inspire councils and other organisations to further strengthen their arrangements through capturing and sharing notable practice examples and learning and making appropriate recommendations.
- 4 We designed this work to consider both the effectiveness of councils’ arrangements and the extent to which they were applying the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act 2015) in their approaches to workforce and assets.

Responding to change

- 5 The pandemic brought about a real-time experiment in how and where people worked. The extent to which these changes will remain and in what precise form is still emerging, but we can assume there will be broad-ranging implications for councils' staff, services and estate.
- 6 For some councils, the pandemic accelerated progress they were already looking to make and acted as 'proof of concept' for changes in location, flexible working and the technology to support it. This reflects the fact there were already a range of trends that were re-shaping the thinking on workplaces and patterns before the pandemic. The section below sets out some of these key trends, how they have changed over and since the pandemic, along with some of the implications for the future.
- 7 The list of trends set out here is not exhaustive and they are not explored comprehensively in this report. They simply aim to highlight some of the wider factors that have, and will continue to, influence councils' thinking on how and where their staff work.

Trend 1: Capacity pressures and skills gaps

- 8 Clearly, public services had been experiencing pressures on their capacity before the pandemic. Over the decade before, staffing numbers in councils fell and skills deficits emerged. Office for National Statistics data shows that the headcount in local government in Wales reduced by 19% from March 2010 to March 2020.¹
- 9 We have previously reported that staffing reductions mean councils do not have adequate numbers of staff with expertise in some key areas. We have identified gaps in cross-cutting policy and planning areas and highlighted that planning authorities lack staff with specialist skills, such as in design and infrastructure. Through Springing Forward, we heard about pressures in areas including social care, planning and environmental health, though the challenges are not limited to these areas. The impact of the pandemic is also likely to have exacerbated pressures in specific services. This is due to some staff being temporarily redeployed, the impact of restrictions on productivity and backlogs that may have emerged due to the reduction or temporary cessation of certain activities.²

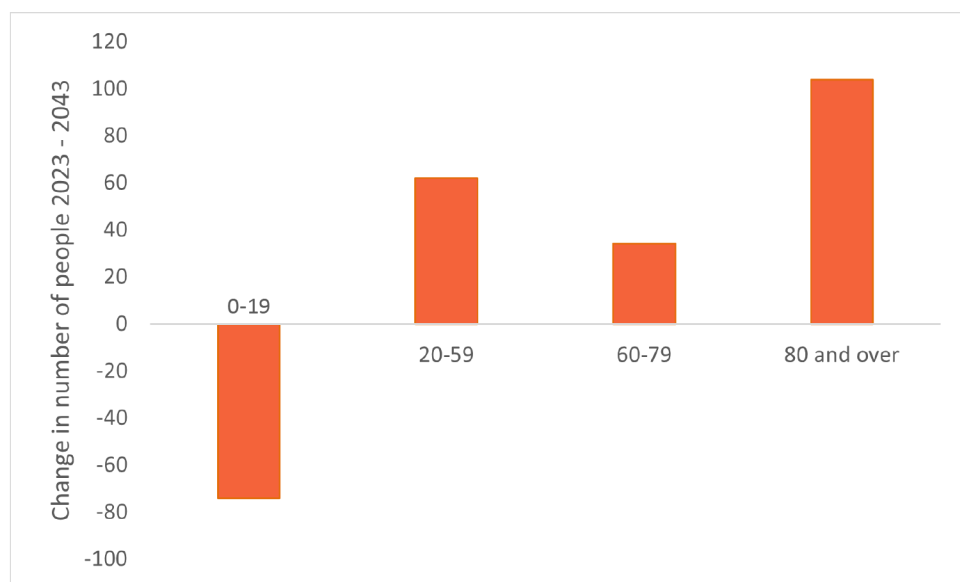


1 Auditor General for Wales, [A Picture of Public Services](#), September 2021

2 See also Auditor General, [A Picture of Public Services](#) (2021) for further information.

- 10 Councils across the UK have been experiencing longstanding difficulties in recruiting and retaining key staff and competition from the private sector in certain occupations, especially on pay.³ Competition for skilled staff also exists in the public sector and between councils. Notably, we heard reference to this in the field of social care.
- 11 These pressures are likely to continue growing. Wales’ population is expected to increase and changes in demand are likely to result in additional cost and capacity pressures. Across the UK, there are concerns that increases in labour supply will not keep pace with increasing demand for services. This suggests that recruiting additional staff will not, on its own, be sufficient to address the challenges.⁴

Exhibit 1: Wales population projections: Change in age groups from 2023 - 2043



Source: ONS 2020-based Interim National Population Projections (update 2022)

3 Local Government Information Unit, [Local government workforce and capability planning - LGiU](#)
4 House of Lords Public Services Committee, [Fit for the future? Rethinking the public services workforce](#), December 2022

Trend 2: Hybrid Working

- 12 Hybrid working is a form of flexible working where workers divide their time between working remotely (usually, but not necessarily, from home) and being in the employer's workspace. It is not new, but the percentage of the Welsh workforce working from home has increased considerably since the start of the pandemic. Work undertaken for the Senedd's Economy Infrastructure and Skills Committee highlighted that just 4% of the Welsh workforce worked exclusively at home at the start of 2020, but that this rose to 37% in April 2020 and was at 25% in November 2020.⁵
- 13 While hybrid working is now a significant consideration for employers, the figures showed that, even during a national lockdown, it was still a minority who worked remotely. It has been estimated that 56% of Welsh workers are unable to work at home, which is much higher than anywhere else in the UK. This is a result the different sectors people are in employed in, with comparatively fewer people employed in banking and finance where there has been a significant shift.⁶ Clearly, council employees cover a wide range of diverse roles and the extent to which they will be able to access hybrid working will vary. Councils will need to consider how this applies across their workforce and how the benefits of new ways of working can be distributed.
- 14 Importantly, hybrid is more than just the number of days in an office. It's about ways of working, organisational culture and technology. Organisations have the opportunity to define what hybrid means for them and how they want it to work for the longer term. This could, for example, mean hybrid with a balance towards either on-site or off-site, and it could mean different applications for different categories of staff.
- 15 Organisations will also need to understand the relationship between their hybrid model and productivity. Despite what many employers might have feared, the early days of enforced homeworking did not necessarily have a significant effect on productivity.⁷ The impact that hybrid working is having on productivity is likely to vary between sectors and roles. This underlines the importance of organisations continuing to monitor, review and adapt their arrangements and make sure it works for different parts of the business.



5 [Remote working – the new normal? \(senedd.wales\)](https://www.senedd.wales)

6 Ibid

7 Professor Alan Felstead, 'Outlining the contours of the 'great homeworking Experiment' and its implications for Wales', January 2021

- 16 Hybrid working is likely to widen recruitment pools, which would help councils to attract staff from further afield and help manage skills gaps. However, this will not apply to all roles and could also potentially result in increased competition for staff.

Trend 3: Flexibility in working patterns

- 17 Hybrid working has introduced flexibility in where work gets done, but staff also value flexibility in when work gets done and, potentially, to a greater extent.⁸ Councils may have offered some forms of flexible working before the pandemic, for example ‘flexitime’, compressed hours, reduced hours or job sharing. However, staff are likely to have been offered a higher degree of flexibility during the pandemic. This, in combination with hybrid (or homeworking when required during that time), will inevitably have impacted staff perceptions and expectations.
- 18 The Chartered Institute of Personal Development (CIPD) report that many organisations state that they will be more likely to grant requests for flexible working, besides working from home, compared with before the pandemic. They also believe that it is important to provide flexible working as an option when advertising jobs.⁹ As well as attracting staff, flexibility might also be helpful in retaining staff. For example, more flexible forms of working could be used to retain staff approaching retirement.¹⁰
- 19 The four-day working week is increasingly part of the debate on the future of work.^{11,12} A likely benefit for employees is increased work-life balance, but organisations could also benefit from productivity gains, lower running costs, a smaller carbon footprint and the ability to attract and keep top talent.¹³ While this model is typically considered in days, it can be adapted to reflect different roles and business requirements.



8 [Top Ten HR Trends For The 2023 Workplace \(forbes.com\)](https://www.forbes.com)

9 CIPD, [An Update on Flexible and Hybrid Working Practices](#), April 2022

10 House of Lords Public Services Committee, [Fit for the future? Rethinking the public services workforce](#), December 2022

11 Senedd Research, [The four-day week – a part of future Welsh working life? 2023](#)

12 ICAEW, [Four-day week: what happens after a successful trial? 2023](#)

13 CIPD [The compensation revolution: incentives to motivate and retain future talent 2023](#)

The UK's four days week pilot

The largest four-day week pilot study took place in the UK between June 2022 and December 2022. It involved 61 organisations and around 2900 employees. Each organisation tailored the four-day weeks to their needs, covering typical 'Friday off' models through to annualised hours. The trial was a 'resounding success'; with 92% of the organisations continuing with the model and 18 committing to a permanent change. There were clear benefits for employees, including improvements in mental and physical health and a balancing work with family and social commitments. The number of staff leaving dropped significantly during the period. Indeed, '15% of employees said that no amount of money would induce them to accept a five-day schedule over the four-day week to which they were now accustomed'. There were also improvements in key business metrics, including increases in revenue.¹⁴

- 20 Councils will need to consider how different forms of flexible working could strengthen their ability to attract and retain the staff they need to meet their prevailing pressures. They may also want to consider the wider impacts that these changes could bring about, for population health and gender equality, for example.
- 21 However, councils will also need to consider how they balance these benefits and respond to changing employee expectations while also meeting their business needs. This is particularly pertinent, given the new Employment Relations (Flexible Working) Act 2023 will grant employees further flexibility.¹⁵

14 Autonomy 'The results are in: The UK's four day week pilot' February 2023

15 The Employee Relations (Flexible Working) Act 2023 introduces new protections for workers, including requirements for employers to consult with the employee before rejecting their flexible working request and giving them permission to make two statutory requests in any 12-month period (rather than the current one request).

Trend 4: Culture and well-being

- 22 It has been suggested that employee priorities have shifted more towards health and well-being, with some research placing it above financial remuneration. There are also suggestions that this is becoming increasingly important for younger generations entering the workforce.¹⁶
- 23 As described above, hybrid and flexible working are important tools that councils can use to advance employee well-being. There is evidence that employees who have flexibility in their working arrangements are more likely to be satisfied at work.¹⁷ These gains in employee well-being can translate into improved productivity and competitiveness in the labour market. However, councils will also need to be mindful of the potential negative impacts that home and hybrid working can have on mental health and relationships with colleagues.¹⁸
- 24 Employee values, and their expectations of how employers create positive cultures, promote equality and build sustainable operating environments has also been identified as a growing trend. Once again, hybrid and flexible working are a means for employers to deliver on this. For example, these opportunities could promote diversity and inclusion by enabling people with health conditions or disabilities to work in ways that best suit them and making it easier for individuals to manage caring responsibilities.
- 25 However, there are risks that these new models could have some negative impacts or worsen inequality.¹⁹ For example, less time in the office could mean reduced visibility, which could in turn impact career progression. This may have a disproportionate on those who are already disadvantaged or are more likely to work from home, such as disabled people. Similarly, younger staff may miss out on development opportunities.²⁰ For parents and those with caring responsibilities, there is a risk that hybrid working can make it difficult to balance different demands.²¹ Councils would need to ensure they have a clear approach and supporting policies, consistent understanding and application by managers and an appropriate learning and development offer to mitigate these risks.



16 World Economic Forum, [How to energize workforce by focusing on employee wellbeing, 2022](#)

17 CIPD, [An Update on Flexible and Hybrid Working Practices](#), April 2022

18 Ibid

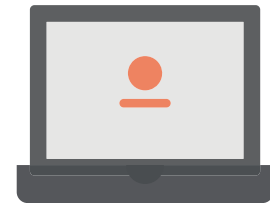
19 Senedd Research, [Remote working – the new normal? 2021](#)

20 Lancaster University, [Making hybrid inclusive- Key priorities for policy-makers](#) October 2021

21 Ibid

Trend 5: Technology

- 26 Use of technology will be key to addressing some of the identified challenges and realising the benefits described above. It is necessary to support the continuation of hybrid working and will be critical to decisions on the size and set-up of council buildings.
- 27 The pandemic accelerated councils' use of technology, both by supporting their staff to work remotely and shifting to digital service delivery. Developments in technology have the potential to continue transforming how services are delivered to the public and to reduce workloads and improve efficiency, including through automation. In this way, technology is likely to change the nature of certain jobs and future skills requirements.
- 28 We are conducting further 'Springing Forward' work on council's approaches to digital transformation and will report on this in due course.



Applying the sustainable development principle

- 29 The Well-being of Future Generations Act places a well-being duty on public bodies in Wales. As part of this, they must act in accordance with the sustainable development principle. Acting in accordance with the sustainable development principle means 'acting in a manner that seeks to meet the needs of the present without compromising the ability of future generations to meet their own needs'. To do this, public bodies must apply the five ways of working: long term, prevention, integration, collaboration and involvement.
- 30 The Act's accompanying statutory guidance describes seven corporate functions where public bodies should apply this thinking to promote wider changes in how they deliver. Assets and workforce planning are included in the list. By applying the sustainable development principle in these areas, organisations can help advance their overall implementation of the Act.
- 31 We consider that applying the sustainable development principle is a feature of having proper arrangements in place to secure value for money. It can help councils deliver value for money, both now and over the longer term, and should be seen as a useful means of working through uncertainty and balancing competing demands. On that basis, it should be a tool that can help councils as they bring forward changes to how and where their staff work.

- 32 We expect that, eight years since the Act was passed, that public bodies understand what they need to do under this legislation. We expect their understanding to have matured and for them to be able to demonstrate that the Act is genuinely shaping what they do.²² These expectations are reflected in our findings and recommendations to each council.
- 33 We hope that our work at each council has provided some insight by highlighting the relevance and opportunity of applying the sustainable development principle. The next section of this report is designed to help inform that thinking further.
- 34 We have also developed a set of ‘positive indicators’ for both workforce and assets to show what good application of the sustainable development principle would look like. It sets out some characteristics that are relevant to different stages of planning and delivering work in these areas. We hope they are useful in developing a consistent and practical understanding, particularly those councils who are currently reshaping work in these areas. We will use them to inform any future work we undertake in this area.²³

What we found

What we saw and what we recommended

- 35 When we undertook our work, we found that most councils were working through what their ‘new normal’ should look like. They were considering what they had learned from the pandemic and what that meant for their workforce and assets in combination. Some told us the pandemic had rapidly accelerated an existing direction of travel.
- 36 As a result, many councils had reviewed or were in the process of reviewing their key strategic documents. This included HR Strategies, workforce plans, smarter working policies and corporate asset management plans. Others had not yet begun that work, but recognised they would need to in the short to medium term.

22 The Act’s Well-being Duty will be extended to additional public bodies from April 2024. Experience and understanding will therefore vary across bodies and this will be reflected in our examinations.

23 In developing these positive indicators we have sought the advice of the Future Generations Commissioner for Wales (the Commissioner) and considered guidance they have issued. This includes the recently published ‘maturity matrix’.

- 37 For this reason, many recommendations across our work focused on the development of councils' strategic approaches to workforce and assets. We recommended to all those councils that were revising or developing their strategies that they should use the sustainable development principle to shape their thinking and build on their experience of the pandemic.
- 38 We also made recommendations focused on improving delivery and monitoring arrangements. We found some weaknesses in supporting delivery arrangements, such as inconsistent workforce and asset planning across services and lack of integration between corporate and service planning processes. We identified opportunities to improve monitoring and oversight and the need to undertake benchmarking.
- 39 Councils are at a critical point. They have the opportunity to use this accelerated period of learning to set a new strategic direction. However, underlying weaknesses in their supporting arrangements could hamper their ability to develop and deliver effective strategies that help them meet current and future challenges.
- 40 We recognise that the pandemic has impacted councils' capacity to plan for the future and that, when we undertook this work, councils were still working through uncertainty. However, councils will probably now be better placed to define and deliver their plans for the future.
- 41 Through our work, we found that many councils had not yet considered how they could use the sustainable development principle to help them develop their approaches to workforce and assets. We have not carried out equivalent work across other corporate functions (though some is underway, and further is planned). However, we anticipate that councils may be less likely to consider applying the sustainable development principle to their various corporate functions than to their corporate planning and service delivery.

Using the sustainable development principle to spring forward

- 42 Councils will need to set a clear direction for their workforce and assets, informed by their learning from the pandemic and shaped by the sustainable development principle. Our work identified some key areas where councils need to develop their thinking and arrangements so that are able to do this. We found that councils needed to:
- develop their intelligence to manage key workforce and asset risks in the here and now so that they can plan for the long term;
 - identify how they can get maximum value from their approaches to assets and workforce;
 - involve their staff and work with partners; and
 - continue to review, learn and innovate.
- 43 We cover each of the bullet points above in more detail below. We also include some examples to show what practical application could look like.

Councils should develop their intelligence to manage risk in the here and now so that they can plan for the long term

- 44 Councils will need a good understanding of their current circumstances to inform their plans. For workforce, this is likely to include resource and skills requirements, where there are risks to these and how that might impact on delivery. For assets, this is likely to include the quality, condition and use of their buildings. We found some examples where councils do not have a good overview of relevant information and risk, which is likely to limit their ability to effectively manage their workforce and assets and plan for the future.
- 45 We identified that councils could do more to consider what future trends might mean for their workforce and assets. The trends we have identified in this report are relevant, as well as more specific and local trends relating to future skills needs and gaps, developments in technology and service changes. These could all have implications for choices councils make in the short to medium term.

Practice example

We reported that Ceredigion Council had a good understanding of key workforce risks. Notably, the council has implemented its 'Through Age Well-being Model', shifting to a more preventative approach to delivering adult and social care and is seeking to transform its workforce in these areas. However, it has identified high vacancy rates and has taken steps to mitigate this risk.

This included:

- working with Aberystwyth University to develop training for social care;
- increasing the number of social care apprenticeships it provides; and
- changing to job descriptions to allow greater flexibility for staff to move between roles.²⁴

This is a good example of a council taking a long-term view of how it needs to change a service and workforce, while also using its management information to mitigate current risks.

- 46 Councils also need to draw on performance information to help them learn and improve. We highlighted some weaknesses in performance and outcome measures that often did not reflect councils' ambitions for its workforce and assets, along with opportunities to strengthen corporate and elected member oversight.
- 47 We also found that there is a widespread lack of benchmarking for these functions. Without benchmarking councils will not be able to assure themselves that they are delivering effectively and achieving value for money. We appreciate that obtaining this information can be a challenge. However, comparative information should help councils assess the effectiveness of their approaches and inform their planning, decision-making and scrutiny.

Councils should identify how they can derive maximum value from their approaches to assets and workforce

- 48 Clearly, councils will need to consider how and where their staff work in combination. This means ensuring there is alignment between their workforce and asset management strategies, as well as other supporting strategies and policies relating to digital, hybrid or smarter working. Ultimately, workforce and assets need to support a council's vision and well-being objectives.
- 49 Councils could also consider the wider benefits to recruitment, retention, equality and diversity. As outlined earlier in this report, hybrid and flexible working options expand recruitment pools. This could enable councils to attract staff from outside typical catchment areas, which could in turn help to meet skills gaps and increase diversity in the workforce. Such policies can also promote well-being and equality in the workplace, with consequent impacts on resilience, staff well-being, recruitment and retention.
- 50 We saw some examples of councils considering how their approaches to assets and workforce could contribute to their environmental objectives. For example, helping to make progress towards net zero targets by reducing office accommodation and journeys to and from work.
- 51 We also saw some councils making the connection between their assets, workforce and digital agendas. Clearly, councils need to have the right digital infrastructure to support hybrid working models, but they also need to consider the longer term impacts that artificial intelligence (AI) and automation will have on service delivery.

Practice example

'Maximising digital capability' is a key feature of Cardiff Council's corporate plan and is vital to the continued modernisation of its estate and workforce. The Council has appointed consultants to identify further systems and processes that it could automate as part of its Digital First 'Automation and Artificial Intelligence' programme.²⁵

- 52 We also saw that some councils are considering how they can meet economic objectives, including moving forward with plans to dispose of main office buildings as part of wider regeneration plans.

Practice example

Carmarthenshire Council is looking to reduce its corporate office space in the region of 50%. Managers have considered how they can use their assets in a way that reflects how services operate post-pandemic. Within the context of this rationalisation, the Council continues to look for opportunities to support its economic regeneration agenda with the focus on sustaining town centres.²⁶

- 53 We found that some councils do not have a clear connection between their workforce and asset management strategies and their service planning arrangements. Having effective links between the two can help ensure that strategic ambitions translate into practice. It is also a key mechanism for gathering intelligence, identifying and aggregating risk across services. Furthermore, it can help organisations take a more integrated approach to delivering their priorities.

Practice example

At Newport Council, every directorate produces an annual service plan to support delivery of the council's corporate strategies. There is a dedicated section on workforce planning in each. The plans include specific activities the directorates will undertake to support staff recruitment and retention. Activities relate to succession planning, training and developing previously flat structures to provide clearer career pathways.²⁷

26 Audit Wales, [Carmarthenshire County Council – Springing Forward Asset Management | Audit Wales 2022](#)

27 Audit Wales, [Springing Forward – Workforce – Newport City Council 2022](#)

Councils should involve their staff and work with partners

- 54 Most councils had sought the views of their staff to understand the impact of home and hybrid working and their preferences at some point since making the transition. We emphasised the importance of staff engagement and recommended that councils ensure they draw on staff views to inform the ongoing development of their approaches to workforce and assets. It will be important for them to consider this information alongside performance information, to give a rounded view of the impact of changes.
- 55 We highlighted opportunities for councils to engage partners in discussions about the future of their workforce and assets. This could help them identify opportunities to meet service delivery objectives and achieve financial savings through shared posts or co-location, for example. We also reported that councils should seek to understand how, where and when users want to access services post-pandemic to help inform their thinking.
- 56 Councils could explore more opportunities to collaborate with each other to tackle common workforce risks. We heard about common risks in areas such as social care, environmental health and planning. In West Wales, councils are working together on the Joint Learning and Training Working Group under the West Wales Care Partnership. We also heard how Powys was working with partners to deliver its workforce plan (see below). There would appear to be further opportunities for councils across Wales to work together to manage strategic workforce risks, particularly where they are competing to recruit certain specialisms. The Public Services Boards and the associated plans could provide a mechanism for exploring these risks across a range of key partner organisations.

Practice example

In our report to Powys Council, we noted that collaboration was a clear feature of its 'strategic workforce plan'. Specifically, the council collaborates to deliver key elements of training, including:

- its apprenticeship programme, which it delivers in partnership with external training providers and funders, the Department of Work and Pensions and Neath Port Talbot College.
- the Health and Social Care Academy based in partnership with Powys Teaching Health Board and the University of Wales offering specialised training.

We reported that the council's approach means staff are being trained to fill future service gaps.

Councils should continue to review, learn and innovate

- 57 Things have moved on since the pandemic. Councils face ongoing challenges but should now be better placed to plan for the future. However, it is not possible to fully predict the impact that widespread changes will have on ways of working. This means it will be important to continue to monitor and review the impact on individuals, organisations and service delivery.
- 58 As part of this, it will be important to continue drawing on the views of staff, as well as benchmarking and horizon scanning. Benchmarking can involve comparison in the broadest sense, including comparing service delivery models and structures, and sharing practice. Such information will help them continue to strengthen their approaches.
- 59 Councils are experiencing similar workforce and asset management challenges. They are all in the process of developing new ways of working. Given this, there would be value in them sharing their approaches and learning points as they continue this process.

What have we learned?

- 60 This report draws out themes from across the reports to each council. Clearly each council is different, and these messages will apply differently across the 22 organisations. The points below provide a general summary of the key learning points from across this work:
- Councils do not appear to fully appreciate that the sustainable development principle is relevant to the design and delivery of assets and workforce. There are significant gains that could be made by applying this thinking when revising their strategies and delivery arrangements. This prompts a question as to whether this is common across corporate services and functions. Councils should reflect on this and take relevant opportunities to apply the framework set out in the Act. We will continue to test the application of the sustainable development principle through our audit work.

- Councils aren't effectively drawing on the breadth of intelligence that could help them manage the present or plan for the future. Some councils did not have a good understanding of current risks across their workforce, others did but could strengthen their understanding of the medium- and longer-term challenges that would impact them. Benchmarking appears to be seldom undertaken in these areas, meaning councils are not able to compare and really understand the extent to which they are achieving value for money. More generally, there are perhaps more opportunities for them to learn from each other as they develop new ways of working.
- Councils recognise the benefit of linking their assets and workforce with the delivery of wider corporate objectives. There are likely to be opportunities to take this further and systematically consider the full breadth of benefits that could be achieved. This will help councils maximise the value of work in these areas. Applying the sustainable development principle will help them achieve this. They also appear to be missing the opportunity to work together to address common challenges, particularly relating to workforce.
- Weaknesses or gaps in arrangements are likely to hamper progress towards strategic ambitions. Having sound core arrangement- such as a well-defined strategy, supporting service planning arrangements, and effective monitoring arrangements – provide a foundation for transformation. Without these arrangements it will be difficult for councils to apply the sustainable development principle. Where they are filling gaps or refreshing elements of these arrangements, councils should use the sustainable development principle to help them.

Appendices

- 1 Sustainable development principle positive indicators:
Asset management**
- 2 Sustainable development principle positive indicators:
Workforce planning**

1 Sustainable development principle positive indicators: Asset management

The table below sets out some positive indicators to help illustrate what good application of the sustainable development principle could look in relation to asset management. Councils could use these indicators to help them develop their strategic approach to assets, but it could also be helpful in relation to decisions on specific assets. They have been adapted from those we have previously used to inform our sustainable development principle examinations. This list is not designed to be used a checklist and is designed to be interpreted to fit with organisational arrangements and contexts. This is not an exhaustive list but covers elements that would help a council ensure it is applying the sustainable development principle. In developing these indicators, we have sought the advice of the Future Generations Commissioner and taken account of the ['Maturity Matrix for the Implementation of the Wellbeing of Future Generations Act'](#).

Positive indicator

Ways of working this relates to

The council used a range of information to develop a thorough understanding of its asset base and requirements, and how they are likely to change over time. This could, for example, relate to:

Long term, prevention, collaboration, involvement

- How its assets base is being used (including where its staff are located, which service users and partners use the assets) and the extent to which it is achieving value for money.
- The quality, value and risks across its assets
- How asset requirements could be impacted over the short, medium and longer term. This could include:
 - Changes in working practices, culture, staff expectations and preferences.
 - Future staffing and skills requirements.
 - Service changes
 - Technological changes that could influence how and where staff work or services are delivered
 - Financial pressures over the short and medium term.
- How its assets could be used in the future, including market value and commercial opportunities

The council may have used tools such as PESTLE analysis, horizon scanning or scenario planning to do this, involving relevant people from across and outside the council as appropriate.

Positive indicator

Ways of working this relates to

The council considered how its assets can deliver wider organisational priorities (linked to its well-being objectives and the national well-being goals) and **have a broader impact.**

Integration, prevention

This could include preventative benefits and relate to, for example:

- How its approach to assets could help deliver wider environmental objectives, such as decarbonisation and air quality.
- How its approach to assets could deliver its economic and regeneration objectives.
- How its approach to assets could deliver social and cultural objectives, related to equality and diversity objectives, health, well-being, community cohesion or the Welsh Language.
- How service changes could impact on asset requirements, including through changes in staff levels and skills requirements
- How its approach to assets could help deliver and mitigate the impact of financial savings.
- How developments in other parts of the business, such as the council’s approach to digital, could impact on workforce.

As part of this, the Council is likely to have involved colleagues from across the organisation to develop a shared understanding of priorities, pressures and opportunities.

The council may have used tools such as an ‘Integrated Impact Assessment’ (if it has one) to explore the interconnections between objectives, priorities, issues and impacts.

Positive indicator	Ways of working this relates to
<p>The council identified who it needed to involve in developing and delivering its approach to assets and it applied good practice when carrying out involvement. As part of this, it:</p> <ul style="list-style-type: none"> • Provided genuine opportunities for people to influence the development and delivery of its strategic approach and individual decisions from an early stage. • Sought the views of the full diversity of the population and ensured they were able to participate. This included seeking the views of different generations. • Considered how representative its involvement activity was and where there might be gaps. (see also ‘the council is seeking to learn and improve’ below). • Uses the results of involvement to shape planning and delivery. 	Involvement
<p>The council identified the partners it needed to work with to deliver its approach to assets (including the range of preventive/ wider benefits described above, such as service improvement, decarbonisation, economic regeneration) and how it would do so, it:</p> <ul style="list-style-type: none"> • Understands the challenges they face, their objectives/ priorities and the shared opportunities. • Developed good relationships with relevant partners, by for example, investing time in partnership working and sharing information in an open and transparent way. • Developed appropriate arrangements to support partnership working, as necessary (e.g. programme/ project governance, plans and project documentation, funding arrangements, performance measures). 	Collaboration, integration

Positive indicator

Ways of working this relates to

Drawing on this information, **the council developed a vision and approach, that is informed by short term and longer-term considerations, and supported by appropriate delivery arrangements.** The approach:

Long term, prevention, integration, collaboration and involvement

- Identified clear actions over the short and medium term, while also taking account of longer term aims/ considerations.
- Took account of the benefits of investing in long-term, preventative approaches and the cost (both financial and in terms of outcomes) of not doing so. This could include how it might prevent future problems, such as rising costs, carbon emissions, or reductions in service quality or staff well-being.
- Was designed to support delivery of its corporate plan and well-being objectives, as well as other key organisational strategies and priorities.
- Was supported by related strategies and appropriate delivery arrangements. There is alignment between strategic and service-based arrangements.
- Set out the resources required to deliver in the short to medium term and the longer-term risks and how these could be managed, as appropriate. This is reflected in the council's medium term financial planning.
- Identified short term measures and milestones/ progression steps where outcomes will be delivered over the medium or longer term.
- Considered how to minimise waste/ negative impact on resources throughout delivery, e.g. for capital projects in the use of materials, impact on the environment etc.

Positive indicator

Ways of working this relates to

The council learns and improves how it applies the sustainable development principle to its work on assets. This could include:

- Reviewing and strengthening how it involves and collaborates with stakeholders
- Reviewing and strengthening how it uses data to inform decision-making and value for money
- Responding to recommendations from Audit Wales, as well as relevant recommendations and advice of the Future Generations Commissioner, as appropriate.
- Learning from peers.

Long term, prevention, integration, collaboration and involvement

2 Sustainable development principle positive indicators: Workforce planning

The table below sets out some positive indicators to help illustrate what a good application of the sustainable development principle could look like in relation to workforce planning. Councils could use these indicators to help them develop their strategic approach to workforce, or specific elements of it. They have been adapted from those we have previously used to inform our sustainable development principle examinations. This list is not designed to be used as a checklist and is designed to be interpreted to fit with organisational arrangements and contexts. This is not an exhaustive list but covers elements that would help a council ensure it is applying the sustainable development principle. In developing these indicators, we have sought the advice of the Future Generations Commissioner and taken account of the [‘Maturity Matrix for the Implementation of the Wellbeing of Future Generations Act’](#).

Positive indicator

Ways of working this relates to

The council uses a range of information to develop a thorough understanding of its workforce, the risks and requirements, and how they are likely to change over time. This could, for example, relate to:

Long term, prevention, involvement

- The make-up of its workforce, including where there are skills and capacity gaps and how this is impacting delivery and value for money.
- How and where staff work
- Staff well-being
- Internal and external factors that could impact its workforce over the short, medium and longer term. This could include:
 - Changes in working practices, culture, staff expectations and preferences.
 - Future staffing and skills requirements.
 - Emerging/ continuing skills gaps in specialist areas
 - Technological changes that could influence how and where staff work or services are delivered
 - Financial pressures over the short and medium term.

The council may use tools such as PESTLE analysis, horizon scanning or scenario planning to do this, involving relevant people from across and outside the council as appropriate.

Positive indicator

Ways of working this relates to

The council considered how its approach to workforce planning could deliver wider organisational priorities (linked to its well-being objectives and the national well-being goals) and **have a broader impact**. This could include preventative benefits and relate to, for example;

Integration, prevention

- How its approach to workforce planning could impact on how and where staff work, which could in turn help deliver its asset management objectives and associated economic, social, cultural, and environmental benefits (see positive indicators 'asset management').
- How service changes could impact on staff levels and skills requirements and how the approach to workforce planning could help manage this successfully
- How the approach to workforce planning could help achieve equality and diversity objectives, the Welsh language and improve staff well-being
- How its approach to workforce could help deliver and mitigate the impact of financial savings.
- How developments in other parts of the business, such as the council's approach to digital, could impact on workforce.

As part of this, the council is likely to have involved colleagues from across the organisation to develop a shared understanding of priorities, pressures and opportunities.

The council may have used tools such as an 'Integrated Impact Assessment' (if it has one) to explore the interconnections between objectives, priorities, issues and impacts.

Positive indicator	Ways of working this relates to
<p>The Council involved staff and their representatives in developing and delivering its approach to workforce and applied good practice when carrying out involvement. As part of this, it:</p> <ul style="list-style-type: none"> • Provided genuine opportunities for people to influence its approach/ individual decisions from an early stage. • Sought the views of the full diversity of its staff and took steps to ensure they were able to participate. This included seeking the views of different generations. • Considered how representative its involvement activity was and where there might be gaps. (see also ‘the council is seeking to learn and improve’ below). • It then used the results of involvement to shape its planning and ongoing delivery. 	Involvement
<p>The Council identified the partners it needed to work with to deliver its approach to workforce (including preventive/ wider benefits described above, service improvement, equality and diversity), it:</p> <ul style="list-style-type: none"> • Understands the challenges they face, their objectives/ priorities and the shared opportunities. • Developed good relationships with relevant partners, by for example, investing time in partnership working and sharing information in an open and transparent way. • Developed appropriate arrangements to support partnership working as appropriate. (e.g. programme/ project governance, plans and project documentation, funding arrangements, performance measures). 	Collaboration, integration

Positive indicator

Ways of working this relates to

Drawing on this information, **the council developed a vision and approach, that is informed by short term and longer-term considerations, and supported by appropriate delivery arrangements.** The approach:

Long term, prevention, integration, collaboration and involvement

- Identified clear actions over the short and medium term, while also taking account of longer term aims/ considerations.
- Took account of the benefits of investing in long-term, preventative approaches and the cost (both financial and in terms of outcomes) of not doing so. This could include how it might prevent future problems, such as rising costs, carbon emissions, or reductions in service quality or staff well-being.
- Was designed to support delivery of its corporate plan and well-being objectives, as well as other key organisational strategies and priorities.
- Is supported by related strategies and appropriate delivery arrangements. There is alignment between strategic and service-based arrangements.
- Set out the resources required to deliver in the short to medium term and longer-term risks and how these could be managed, as appropriate. This is reflected in the council's medium term financial planning.
- Identified short term measures and milestones/ progression steps where outcomes will be delivered over the medium or longer term.

Positive indicator

Ways of working this relates to

The council is seeking to learn and improve how it applies the sustainable development principle to its workforce planning. This could include:

- Reviewing and strengthening how it involves and collaborates with stakeholders.
- Reviewing and strengthening how it uses data to inform decision-making and value for money.
- Responding to recommendations from Audit Wales, as well as relevant recommendations and advice of the Future Generations Commissioner, as appropriate.
- Learning from peers.

Long term, prevention, integration, collaboration and involvement



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

Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	27/09/2023
LOCATION:	Remotely by Video Conference
TITLE:	Ceredigion County Council Responses to Regulator & Inspectorate Reports
PURPOSE OF REPORT:	To provide the Governance and Audit Committee with the Council's responses to Regulator and Inspectorate Reports
For:	Decision

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 2020-2021 & 2021-2022 Update:
 - Appendix 1 - Audit Wales – Equality Impact Assessments: More than a tick box exercise?
 - Appendix 2 - Audit Wales – Springing Forward – Review of Strategic Workforce Management
 - Audit Wales – 'Raising our Game' Tackling Fraud in Wales – update due 2024
- Council Management Response Forms 2022-23:
 - Appendix 3 - Audit Wales – Cracks in the Foundations – Building Safety in Wales
 - Appendix 4 - Audit Wales - Planning Service follow up review
 - Appendix 5 - Setting of Well-being Objectives

b) Other Council related matters

RECOMMENDATIONS: To consider the Council's responses to Regulator and Inspectorate Reports

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

Appendices:

- Appendix 1** Audit Wales – Equality Impact Assessments: More than a tick box exercise?
- Appendix 2** Audit Wales – Springing Forward – Review of Strategic Workforce Management
- Appendix 3** Audit Wales – Cracks in the Foundations – Building Safety in Wales
- Appendix 4** Audit Wales - Planning Service follow up review
- Appendix 5** Setting of Well-being Objectives

Contact Name: Elin Prysor

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

Date of Report: 06/09/2023

Council Response Form

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

Council: Ceredigion County Council

Report title: Equality Impact Assessments: more than a tick box exercise?

Issue date: September 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>Clarifying the scope of the duty to impact assess policies and practices</p> <p>There is scope for confusion about which type of policies and practices must be subject to an assessment for their impact on the public sector equality duty. The Welsh Government should clarify its interpretation of the duty, including whether and how it expects public bodies to apply any</p>	Not applicable as this recommendation is for Welsh Government, not the Local Authority.		

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	test of proportionality and relevance.			
R2	<p>Building a picture of what good integrated impact assessment looks like</p> <p>Many public bodies carry out integrated impact assessments that include consideration of the PSED alongside other duties. But practice is inconsistent and often involved collating multiple assessments in one place, rather than being truly integrated, to help maximise the intended benefits of integrated impact assessments, the Welsh Government should work with key stakeholders with an interest in the areas commonly covered by integrated impact assessments and those with lived experiences, to share learning and work towards a shared understanding of what good looks like for an integrated impact assessment.</p>	Not applicable as this recommendation is for Welsh Government, not the Local Authority.		

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
R3	<p>Applying the equality duties to collaborative public bodies and partnerships</p> <p>The public sector landscape has changed since the introduction of the PSED and the Welsh specific duties, with an increasing focus on collaborative planning and delivery. The Welsh Government should review whether it needs to update the Wales specific regulations to cover a wider range of collaborative and partnership arrangements. These include public services boards, regional partnership boards and other service specific partnerships.</p>	Not applicable as this recommendation is for Welsh Government, not the Local Authority.		
R4	<p>Reviewing public bodies' current approach for conducting EIAs</p> <p>While there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. Public bodies</p>	<p>Our current IIA template is structured around the seven National Well-being goals. The equalities section is completed as part of the goal to create a 'more equal Wales'.</p> <p>We have reviewed our IIA tool and used the findings from the Audit Wales report and Welsh Government's review of their guidance to inform the process. As a result, the format of the template has been revised and</p>	March 2024	Alun Williams

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the EHRC and the Practice Hub. We recognise that developments in response to our other recommendations and the Welsh Government's review of the PSED Wales specific regulations may have implications for current guidance in due course.</p>	<p>additional guidance tips and background information have been included in order to ease the process of completing the IIA.</p> <p>The revised IIA tool will be presented for Scrutiny at the beginning of September before going to Cabinet in October.</p> <p>Ceredigion County Council has joined the Equality and Human Rights Exchange network and refers regularly to the Practice Hub to ensure continued improvement of our practice.</p>		

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>Workforce vision and planning</p> <p>The Council's workforce vision, planning and monitoring could be strengthened by:</p> <ul style="list-style-type: none"> refreshing its corporate workforce vision; having a clearer integration with its tier one annual Business Planning process; an annual review of its strategic workforce plans; 	<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"> Review of annual reporting mechanism of strategic workforce plans and integration with business planning process Review of Hybrid Working Strategy including the introduction of targets and timescales 	<p>September/October 2022 - Services to complete Strategic Workforce Planning Toolkit</p> <p>Completed October 2022</p> <p>December 2022 – Implement Hybrid Working Strategy targets and timescales</p> <p>Hybrid working review completed July 2023. Cabinet</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"> developing a more comprehensive picture of workforce skills and competencies; more clearly demonstrating how it consistently uses the sustainable development principle to support the delivery of its workforce planning; and developing specific targets and timescales for its Hybrid Working Strategy success measures. 	<ul style="list-style-type: none"> Research skills competency framework and development workforce assessment process 	<p>consideration in Sept 2023. Revised target date Dec 2023.</p> <p>March 2023 – drafting and approval of Strategic Workforce Plan 2022 – 2027 Workforce Plan 2023 -2028 completed July 2023. Cabinet consideration in Sept 2023.</p> <p>March 2023 – Skills competency framework development and assessment Included in Strategic Workforce Plan. Revised target date March 2024</p>	
R2	Benchmarking	<ul style="list-style-type: none"> The Council will review its current benchmarking measures and use of 	March 2023	Geraint Edwards

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	The Council should undertake more routine workforce benchmarking to strengthen its business planning and self-assessment arrangements	data to inform the preparation of plans and provide a framework for improving future self-assessment arrangements.	Working with regional LAs to identify sector-wide benchmarking. Revised target date December 2023.	

Council Response Form

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

Council: Ceredigion County Council

Report title: 'Cracks in the Foundations' – Building Safety in Wales

Issue date: August 2023

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>The Welsh Government should provide greater clarity on the implementation and expectations of the Building Safety Act to ensure local authorities are able to deliver their new responsibilities and duties. This should include:</p> <ul style="list-style-type: none"> • clarifying the detailed requirements for competency and registration to enable local authorities to plan for these changes; 	Not applicable as this recommendation is for Welsh Government, not the Local Authority.	N/A	N/A

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"> • a specific timetable for development and adoption of Welsh guidance to ensure local authorities and others can deliver their duties; and • the Welsh Government should work with key stakeholders, such as LABC Cymru, to support understanding and implementation when guidance is issued. 			
R2	The Welsh Government should ensure that it has sufficient resources to deliver the legislative and policy changes for Building Safety to reduce implementation risks.	Not applicable as this recommendation is for Welsh Government, not the Local Authority.	N/A	N/A
R3	The Welsh Government should review the mixed market approach to building control and conclude whether it	Not applicable as this recommendation is for Welsh Government, not the Local Authority.	N/A	N/A

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>continues to be appropriate and effective in keeping buildings in Wales safe. This should:</p> <ul style="list-style-type: none"> • assess the status quo against potential changes, such as the model of delivery in Scotland; • be framed around a SWOT analysis of costs, benefits, threats, and risks; • draw on existing research to identify good practice; <p>and</p> <ul style="list-style-type: none"> • be published and agree a way forward. 			
R4	<p>The Welsh Government should increase its oversight and management of the building control sector to ensure there is a robust assurance system in place for building control and safety by:</p> <ul style="list-style-type: none"> • creating a national performance framework with clear 	<p>Not applicable as this recommendation is for Welsh Government, not the Local Authority.</p>	N/A	N/A

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>service standards to promote consistency of service.</p> <p>This should also include outcome measures to monitor performance and an evaluation and reporting framework for scrutiny.</p> <ul style="list-style-type: none"> • developing a national building safety workforce plan to address the most significant risks facing the sector. This should include regular data collection and publication, as well as coverage of priorities, such as: <ul style="list-style-type: none"> - a greater focus on trainees to mitigate succession risks; - establishing aligned, national job roles matched to competency levels; - increasing the diversity of the sector to ensure it reflects modern Wales; and 			

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	<p>- specific funding to enable surveyors to obtain and maintain competence should also be considered.</p> <ul style="list-style-type: none"> • the Welsh Government should explore with the further education sector how best to provide building control training in Wales to support succession planning, skills development, and competency. 			
R5	<p>Local authorities should develop local action plans that articulate a clear vision for building control to be able to plan effectively to implement the requirements of the Act.</p> <p>The Plans should:</p> <ul style="list-style-type: none"> • be based on an assessment of local risks and include mitigation actions; • set out how building control services will be resourced to deliver all their statutory responsibilities; 			

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"> • illustrate the key role of building control in ensuring safe buildings and be linked to well-being objectives and other corporate objectives; and • include outcome measures that are focused on all building control services, not just dangerous structures. 			
R6	<p>Local authorities should urgently review their financial management of building control and ensure they are fully complying with Regulations. This should include:</p> <ul style="list-style-type: none"> • establishing a timetable of regular fee reviews to ensure charges reflect the cost of services and comply with the Regulations; • annually reporting and publishing financial performance in line with the Regulations; 			

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"> • ensuring relevant staff are provided with training to ensure they apply the Regulations and interpret financial reporting correctly; and • revise fees to ensure services are charged for in accordance with the Regulations. 			
R7	Local authorities should work with partners to make better use of limited resources by exploring the potential for collaboration and regionalisation to strengthen resilience through a cost benefit analysis of partnering with neighbouring authorities, establishing joint ventures and/or adopting a regional model where beneficial.			
R8	Local authorities should review risk management processes to ensure that risks are systematically	The Council conducts a 3-yearly review of its Risk Management Policy, Strategy and Framework to ensure they are up to date and reflect best practice. The latest review was	December 2023	Rob Starr

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
	identified, recorded, assessed, mitigated and subject to regular evaluation and scrutiny.	<p>recently conducted and the updated drafts of the Policy, Strategy and Framework are being consulted on with key stakeholders between July and August, before going through the democratic process in the autumn. The Risk Management Policy and Strategy provides a comprehensive framework and process designed to support Members and Officers in ensuring that the Council is able to discharge its risk management responsibilities fully. This includes a standard approach to identifying, assessing and responding to risks. The Corporate Risk Register is evaluated on an ongoing basis by Leadership Group and quarterly by the Governance and Audit Committee. The updated documents include strengthened monitoring of service risks, clarification of roles and responsibilities and further guidance on the escalation/de-escalation of risks. Ceredigion County Council recognises that a proactive approach to risk management is a vital aspect to achieving its vision and improving</p>		

Ref	Recommendation	Council action planned in response to recommendation issued by Audit Wales	Target date for completion of actions	Responsible officer
		<p>the well-being of its communities and residents.</p> <p>Action: Publish updated Risk Management Policy, Strategy and Framework.</p>		

Organisational response

Report title: Planning Service Follow-up Review – Ceredigion County Council

Completion date: June 2023

Document reference: 3660A2023

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Progress the partially met and not met recommendations in our 2021 Planning Services report in order that they are fully addressed and culturally embedded within the Council.	<p>The Council will re-establish a Task and Finish Group (T&F group) to review actions and new recommendations raised in the report.</p> <p>The T&F Group will be supported by officers from the Development Management team, the Planning Policy team, Legal & Governance Services and Democratic Services.</p>	End of March 2024	CLO Economy and Regeneration
R2	Develop and implement a formal arrangement to review and approve the material planning reasons provided by local ward Members when calling a planning application into the Development Management Committee to ensure Members and staff are safeguarded and that the Committee focusses its time on more strategically important applications.	<p>The T&F group to review the current arrangements for considering requests for applications to be reported to the Development Management Committee (DMC).</p> <p>The review will consider the number, type of applications and reasons given by Members for requesting applications are considered by the DMC and the subsequent nature of discussion at the DMC.</p> <p>The T&F Group will be supported by officers from the Development Management team, the Planning Policy team, Legal & Governance Services and Democratic Services.</p>	End of March 2024	CLO Economy and Regeneration

R3	<p>Review the Site Inspection Panel practices and procedures to safeguard against any perception of pre-determination by a small group of Committee</p> <p>Members to ensure:</p> <ul style="list-style-type: none"> • all Committee Members are invited to site visits; • site visits are by exception, comply with Site Inspection Protocols and are used economically to ensure an efficient and proportionate use of resources; and • site visits are identified in advance of Development Management Committee meetings in line with the Welsh Government Development Management Manual. 	<p>The T&F group) to review the Site Inspection Panel (SIP) arrangements.</p> <p>The review will consider the number and type of applications being referred to SIP, the nature of the visit and subsequent discussion at DMC.</p> <p>The T&F Group will be supported by officers from the Development Management team (DM), Legal & Governance Services (L&G) and Democratic Services (DS).</p>	End of March 2024	CLO Economy and Regeneration
R4	<p>Repurpose the way the Cooling Off Group works in practice so that it upholds its intended purpose as a learning and educational forum for Members to receive further information on local and national planning policies to support Development Management Committee decision-making. This will safeguard Members and officers against any perception of pre-determination by a small group of Committee Members.</p>	<p>The T&F group to review the current Cooling Off arrangement.</p> <p>The review will consider the number and type of applications referred to the cooling off group, the effectiveness of Cooling Off Group meetings and subsequent decision making.</p> <p>The T&F Group will be supported by officers from the Development Management team, the Planning Policy team, Legal & Governance Services and Democratic Services.</p>	End of March 2024	CLO Economy and Regeneration

Organisational response

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Report title: Setting of well-being objectives

Completion date: [TBC]

Document reference: [3624A2023](#)

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>The Council should build on the progress it has made in applying the sustainable development principle in the setting of its well-being objectives by:</p> <ul style="list-style-type: none"> exploring new ways of drawing on the full diversity of its population to inform and deliver its WBO. ensuring that its refreshed MTFS shows how it will resource the delivery of its new WBO over the short, medium and longer term and to reflect any potential future financial risks to deliver them. 	<p>Refresh of our stakeholder list that we use when arranging all engagement and consultation exercises.</p> <p>Targeted work with the Ceredigion Disability Forum, LGBTQ+ groups and BAME groups in order to improve relationships and regular communication. (Also included in the Draft Strategic Equality Plan 2024-2028).</p> <p>Run a Stakeholder Survey to gain the views of our population on how the Council is delivering its Corporate Well-being Objectives and how we measure our progress.</p> <p>The MTFS has been considered by Corporate Resources Scrutiny Committee and will be considered by Cabinet and Council in September 2023. The MTFS will <i>'outline the risks to the delivery of these Corporate Well-Being Objectives whilst also setting out how the Council's resources will be utilised to manage and mitigate these risks over the short to medium term.'</i></p>	<p>December 2023</p> <p>Ongoing</p> <p>September 2023</p> <p>September 2023</p>	<p>Diana Davies</p> <p>Diana Davies</p> <p>Diana Davies</p> <p>Duncan Hall</p>

- ensuring its evolving performance management arrangements identify the most appropriate outcome measures and provide effective monitoring, reporting and scrutiny of the progress being made on delivering its WBO.

Performance and Research Team to work with Corporate Lead Officers and Corporate Managers to develop and identify additional outcome focused measures to demonstrate progress in delivering the Corporate Well-being Objectives.

Develop a Corporate Well-being Objectives Dashboard to monitor, report and scrutinise the progress being made on delivering the objectives. The Dashboards to be presented, monitored, and scrutinised at Performance Board meetings.

Update Business Planning Guidance for 2024/25 to provide further support for setting performance measures, in particular outcome based measures

Ongoing/March 2024

Diana Davies

September 2023

Diana Davies

March 2024

Diana Davies

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	27 September 2023
LOCATION:	Hybrid
TITLE:	Report on progress of draft Annual Governance Statement 2022-23 and draft Annual Governance Statement 2023-24
PURPOSE OF REPORT:	To present the draft Annual Governance Statement 2022-23 and an update regarding progress with the 2023-24 Annual Governance Statement
For:	Information and Decision

Background:

A report on the Governance Framework Document and Annual Governance Statement 2022-23 was presented to the Governance and Audit Committee ('the Committee') on the 17th of January 2023 ([link](#)) and on the 9th of March 2023 ([link](#)).

Draft Governance Framework Document 2022-23

The Draft Governance Framework Document 2022-23 (**Appendix 1**) has been updated following the previous 9th of March 2023 report to ensure it remains up to date:

- Evidence/actions have been removed from the document where they are no longer relevant or have been completed;
- Minor grammatical changes have been made;
- Additional evidence has been added for A1.1, A1.3, A1.4, A2.2, A2.3, A3.5, B1.1, B1.4, B3.3, B3.4, C2.4, D1.1, D2.2, E1.1, E2.1, E2.4, E2.9, F2.3, F3.1, F3.2, F3.3, F3.4, F3.5, F4.1, F5.2, G1.1, G2.3 & G3.2.
- Actions have been updated to reflect the current position including:
 - A1.1 – removal of Code of Conduct work (now completed), and amended action regarding directorships, trusteeships and memberships;
 - A1.2 – update regarding Ethics/Fraud e-training and regarding Planning Service governance arrangements review following receipt of Audit Wales Planning Service Follow-up Review;
 - A1.4 – removal of action regarding Whistleblowing Policy (now complete); and
 - B1.1 – correction of status of FOI Publication Scheme review and amendment to Action regarding this, FOI policy and EIR policy work.
- Updating of relevant Lead Officer details including:
 - Replacement of Arwyn Morris with Alan Morris (A3.1, F4 and G1.1);
 - Addition of Alun Williams at B1.3;
 - Addition of Elin Prysor and Lowri Edwards at B2.3; and

- Addition of Lowri Edwards at E1.1 and E2.1.

All changes to the Framework since it was last presented to the Committee are shown using tracked changes in red.

Annual Governance Statement 2022-23

The Draft Annual Governance Statement 2022-23 (see **Appendix 2**) has been prepared in accordance with the framework. It includes:

- 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.

On the 9th of March 2023 the Committee agreed to recommend that Council endorses the Draft Annual Governance Statement 2022-23, subject to including the following sentence in the executive summary:

'The review confirmed that the Council's governance arrangements are effective and fit for purpose'.

This sentence has now been included (see p.5 of **Appendix 2**).

On the 20th of April 2023 Council agreed to approve the Draft Annual Governance Statement 2022-23 ([link](#)).

The Draft Annual Governance Statement 2022-23 (see **Appendix 2**) has also been updated following the previous 9th of March 2023 report to ensure it remains up to date:

- Minor grammatical changes have been made;
- Update regarding Audit Wales Planning Service Follow-Up Review (page 4);
- Removal of paragraph relating to Audit Wales review of Planning Service from Executive Summary, since this is referenced further down the document (see Sections 5 and 6);
- Updating of 2022-23 corporate governance achievements 2022-23 (to reflect changes to Governance Framework Document referenced above) (pages 7-30);
- Updating of Section 4 (*'Opinion on the level of assurance that the governance arrangements can provide'*).
- Updating of Outcome/Progress to Date (column 3) of Section 5 (Issues identified for last year (2022-2023)) (commencing page 33) as follows:
 - A1.1 – update regarding outstanding member feedback and added value (directorships, trusteeships and memberships), update regarding Code of Conduct work, ethics/fraud training and regarding Planning Service governance arrangements review following receipt of Audit Wales Planning Service Follow-up Review;
 - A1.2 – update regarding Audit Wales Planning Service Follow-Up Report;
 - A1.4 – update regarding Whistleblowing Policy work (complete); and
 - B1.1 – update regarding hybrid public meeting system and broadcasting of meetings, and update on progress regarding FOI Policy, EIR Policy and FOI Publication Scheme.

- Updating of Actions (column 2) of Section 6 (Agreed action plan for matters to be considered during 2023-24) as follows:
 - A1.1 – update that Code of Conduct for Officers has been updated, update regarding ethics/fraud e-learning training and regarding Audit Wales Planning Service Follow-Up Review, update regarding work regarding member feedback and added value outstanding (directorships, trusteeships and memberships);
 - A1.2 – update regarding Audit Wales Planning Service Follow-Up Review and addition of Audit Wales Setting of Well-Being Objectives Examination report work;
 - A1.4 – removal of Whistleblowing Policy work (complete); and
 - B1.1 - update on progress regarding FOI Policy, EIR Policy and FOI Publication Scheme.

All changes to the Draft Annual Governance Statement 2022-2023 since it was last presented to the Committee are shown using tracked changes in red.

The Committee is requested to recommend that Council endorses the updated Draft Annual Governance Statement 2022-23 (at **Appendix 2**).

Governance Framework 2023-24 and Current Year Action Plan

A workshop will be held on the 6th of December 2023 for relevant Officers and Committee Members to consider progress on the actions set out in the 2022-23 Annual Governance Statement.

During this workshop, the Governance Framework Document will be updated to reflect progress made towards completing these actions. The draft Governance Framework Document 2023-24, updated document will then be presented to this Committee at its 24th January 2024 meeting.

RECOMMENDATION(S):

The Committee is requested to:

- i) Note the contents of this report;
- ii) Note the Draft Governance Framework Document 2022-23 (**Appendix 1**); and
- iii) Recommend that Council endorses the Draft Annual Governance Statement 2022-23 (**Appendix 2**).

REASON FOR RECOMMENDATION(S): To progress the publication of the Annual Governance Statement 2022-2023.

Appendices:	Appendix 1: Draft Governance Framework Document 2022-2023 Appendix 2: Draft Annual Governance Statement 2022-23
Head of Service:	Elin Prysor, Corporate Lead Officer – Legal & Governance Services / Monitoring Officer Hannah Rees, Governance Officer
Reporting Officer:	14/8/2023
Date:	7/9/2023

CEREDIGION COUNTY COUNCIL



Governance Framework Review 2022 -2023

Scoring						
Note that each score used throughout this Governance Framework Document is a score out of 10 e.g. a score of 7/8 means a score of between 7 and 8 out of a total 10 marks.						
A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law						
Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
A1. Behaving with integrity	Elin Prysor / Lowri Edwards/ Duncan Hall / Alex Jenkins A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<ul style="list-style-type: none"> • <u>Code of Conduct for Members</u> (updated in 2016) available on the Council's website, intranet site (CeriNet) under Councillor Resources, and in the <u>Constitution</u>. • <u>Members Code of Conduct Flowchart</u> (updated in 2016). • <u>Code of Conduct for Officers*</u> (review undertaken and currently awaiting approval <u>new version published April 2023</u>) available along with all Corporate policies and strategies via Council website/<u>CeriNet and Staff News update for CeriNet published to inform Staff of changes.</u> • <u>Mandatory Induction and follow-up training on Code of Conduct and ethics provided to all Members.-</u> • <u>A comprehensive Induction programme for all Councillors undertaken following the Local Elections in 2022</u> • — • <u>Ethics/Fraud training provided in collaboration with Council's insurer at Corporate Managers' quarterly workshop 2021 forming a basis for e-learning module for all Staff.</u> • <u>-Internal Audit ('IA') & Governance Services working with Learning & Development –prepared scenarios for training. Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering).</u> • <u>Follow up Internal Audit of Council's arrangements regarding Ethics also in progress-(currently in review).</u> • <u>Day to day advice is provided by the Monitoring Officer ('MO') and Scrutiny Support Officer.</u> • <u>Disciplinary Policy (Nov 2017).</u> • Personal Development Review <u>Survey of members training and development needs carried out annually.</u> • <u>Register of Members interests, available from the Council's Democratic Services, reviewed by MO. <u>Register of Members' Interests also published on the Council website.</u></u> • <u>All Councillors have completed a Personal / Confidential Data Agreement.</u> • — • <u>Declaration of Interest and Hospitality forms for Officers and Members on CeriNet (review completed and new versions published July 2023).</u> 	Codes of Conduct	✓	7/8	Acceptable - Minor adjustments may be required. 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: <ul style="list-style-type: none"> • close personal associations with other Officers or Members, Ongoing review on Chief Officers business declarations Review Members holding directorships, trusteeships, or memberships <u>and consideration to be given to added value arising from member feedback.</u> MO to consider member feedback and added value. -Dispensations forms for Members updated. Appraisals recommenced. Reviewed Code of Conduct for Officers to be issued once approved. Officers to complete a Mandatory Ethics/Fraud e-training module once
			Individual Sign-off with regard to compliance with the code	✓		
			Induction for new Members and Staff on standard of behaviour expected	✓		
			Performance appraisals <u>for Officers otherwise known as Personal Development Reviews</u>	✓		
		Officer Declaration forms				

		<ul style="list-style-type: none"> Regular reminders and advice is sent by the MO to Staff via internal News update emails. Monitoring and review by MO of Chief Officers' declarations annually. MO advises Chief Officers and Members on need to declare close personal associations with other Officers or Members (MO News Email Update of 20.7.202428.6.22 on CeriNet and <u>MO News Email Update of 5.10.22 on CeriNet</u>) including advising Chief Officers at Leadership Group Meetings Declaration of interest process to be extended to include requirement regarding related-parties: that officers and Members declare if they are closely-related to other officers, Members or teachers. <u>Review of Declarations of Interest and Hospitality forms for Officers completed and new versions published July 2023.</u> Specific declaration/return required if this includes/does not include a Chief Officer (and to state relationship). Declaration of interest process to be extended to include requirement that Members specify Directorships- company name and number, (un)remunerated, private interest or Council appointment. MO to remind Members of the need to accurately disclose all Directorships (including dormant companies). Declaration of interest process to be extended to include requirement that Members specify role within memberships- observer, member, volunteer, Committee member, Board member or Trustee. Officers' declaration of interest to include requirement to declare if they or a close family member, or any person or organisation acting on their behalf, are on the Board, management committee or other controlling group of an organisation with which the Council has significant dealings. Update advice on Council Employees' Declarations and Registration of Interests news email updates published. MO advising of Officers re declarations of interest is ongoing. Regular reminders through News Updates on CeriNet system and at Leadership Group. Updates on Council Employees' Declarations of Interest and Hospitality were published on 3rd March 2022, 28th June 2022, and 5th October 2022 and <u>XX</u> on the Council's CeriNet Site, including links to the relevant forms and Code of Conduct for Local Government Employees (<u>review completed and new version published April 2023, with Staff News update for CeriNet published to inform Staff of changes</u>), along with a reminder that any queries or requests for advice should be made to the MO. Chief Officers informed through CeriNet system news update of MO email re declaring interests and Hospitality and reminder to Chief Officers sent. 				<p>completed & approved (e-learning training content completed, to be created into e-learning training module shortly).</p> <p>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p> <p>Discussions are currently taking place with Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the Audit Wales to support their Planning Service Follow-Up Review (received 18.7.2023). Any recommendations will be responded to.</p>
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		<ul style="list-style-type: none"> • MO meets with political group leaders quarterly to consider their new duties to uphold standards of conduct of Members in their group. • Political group leaders to cooperate with the Ethics and Standards Committee as required in pursuance of their new duties. • Political group leaders to complete template setting out actions undertaken to evidence compliance with their new duties. • Local Resolution Procedure for Members: ungrouped /unaffiliated Member receives Council Chair/Vice Chair' advice/support. • The Ethics and Standards Committee has received training on its new duties (from May 2022) under the Local Government and Elections (Wales) Act 2021 ('2021 Act'), • The Terms of Reference of the Development Management Committee (formerly Development Control Committee) have been revised. • The Operational Procedures document for the Development Management Committee has been revised. • The Scheme of Delegations contains criteria for applications, which must be referred to the Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer. • A Protocol for Good Practice for Councillors at Development Management Committee has been produced and included in the Constitution. 				
	<p>Elin Pryor A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and its Staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)</p>	<ul style="list-style-type: none"> • A good working relationship exists with all key regulators. • <u>The Corporate Strategy 2022-2027 includes Corporate Well-being Objectives</u> setting out the Council's priorities and high-level objectives with supporting actions on an annual basis. Council considered the draft Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report 2021-22 on 15.12.22. • <u>Code of Conduct for Members (2016).</u> • <u>Register of Members' interests available from the Council's Democratic Services</u> reviewed by MO. • Declarations of interest by Members and Officers at meetings. • Chief Officers' annual Declarations of Interest and continuing obligations to declare interests. • Member annual update of Register of Interests and continuing obligations to declare interests (including lay/independent members of the Ethics & Standards Committee and Governance and Audit Committee). • A Protocol for Good Practice for Councillors at Development Management Committee has been produced and included in the Constitution. 	<p>Standards reflect WG Public Service Values</p>	<p>✓</p>	<p>7/8</p>	<p>Acceptable - Minor adjustments may be required.</p>
			<p>Communicating shared values with Members, Staff, the community and partners</p>	<p>✓</p>		<p>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p> <p><u>Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the Audit Wales -Planning Service Follow-Up Review ongoing received 18.7.2023.</u></p>

						<p>Any recommendations will be responded to.</p> <p>Audit Wales – setting of well-being objectives examination received June 2023. The recommendations will be responded to.</p>
	<p>Elin Prysor / Lowri Edwards A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions</p>	<ul style="list-style-type: none"> • <u>Minutes for all committees</u> contain Declarations of Interest-Officers and Members. • <u>The Constitution</u> is subject to regular reviews, with ongoing updates as required, including presenting proposed changes to Cross Party Constitution Working Group, to make recommendations on changes to Constitution to Council. Further revision is ongoing, as the Constitution is a live document, to reflect legislative changes and according to need. Council approved amendments on 3.3.22, 8.7.22, and 20.10.22 and 13.7.23. • A comparison exercise was undertaken of the Current Constitution against the Model Constitution issued by WLGA, with changes made where necessary to ensure the Council's constitution remains up to date. • Politically Balanced Constitution Cross Party Working Group meets regularly to consider proposals for Constitution updates. Meetings held 20.6.22, and 12.9.22 and 25.4.23. • MO/Governance Officer report to Council to update delegations and Constitution. • Task and Finish Group (T&F group) to develop actions that will improve the Planning Service including decision making. • The Terms of Reference of the Development Management Committee have been revised to clearly state its purpose, role and responsibilities, and how it links to Corporate Priorities. • An Operational Procedures document for the Development Management Committee has been revised. • A Protocol for Good Practice for Councillors at Development Management Committee has been produced and included in the Constitution. • Development Management Committee Scheme of Delegations has been revised to allow it to better focus on more strategically important and major applications. • The Scheme of Delegations contains criteria for applications, which must be referred to the Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer. • A 'cooling-off' process has been established within the Development Management Committee Operational 	<p>Leadership values set out by WG are followed</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Decision making practices</p>	<p>✓</p>		
			<p>Declarations of interest made at meetings</p>	<p>✓</p>		
			<p>Conduct at meetings</p>	<p>✓</p>		
			<p>Shared values guide decision making</p>	<p>✓</p>		
			<p>Develop and maintain an effective standards committee</p>	<p>✓</p>		

		<p>Procedures in order to review planning applications, which may, if approved, be a significant departure from policy.</p> <ul style="list-style-type: none"> • Chief Officer annual Declarations of Interest. • <u>Corporate Strategy (2022-2027)</u> contains the priorities of the Council. • The Well-being and Improvement Objectives build on the priority areas identified in the <u>Corporate Strategy 2022-2027</u> and are reviewed annually These are developed in consultation with the public and Members. Council considered the draft Well-being and Improvement Objectives Annual Report 2020-21 and approved the Well-being Objectives for 2022-23 on 21.10.21, which are published on the Council's website. • A mandatory E-learning training module, on the Well-Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff • Members' standards and conduct matters considered by the Council's <u>Ethics and Standards Committee</u>. Public meetings held regularly, and chaired by an independent person-determine dispensations, and -consider strategic/policy issues and receive updates from PSOW Findings & APW cases. • <u>Code of Conduct Training</u> provided to all Members following the Local Elections 2022. • <u>A comprehensive Induction programme for all Councillors undertaken following the Local Elections in 2022.</u> • • Committee and Members are advised by the MO & Standards Officer. • Ethics and Standards Committee engage actively in the training of Members. • Standards Conference 2018 jointly hosted by Powys & Ceredigion County Council (held on 14 September 2018). A similar conference was to be hosted by North Wales Councils in 2021-postponed due to Covid-19. • Annual Ethics & Standards Committee Report reported to Council in October 2022. • Governance and Audit Committee carry out a benchmarking exercise annually to provide further assurance on the review of the <u>Annual Governance Statement ('AGS')</u> process. • IA review and report on the process annually. Governance & Audit Committee meets regularly to consider governance and external regulator reports. Chaired by non-executive member. 2024/22/23 IA review reported on 109.3.232 and an update to address changes made reported on 6.6.22. • Governance and Audit Committee Annual Report reported to Council on 2313.79.20234 and approved. • <u>Covid-19 Governance Structure</u> introduced by the Council, to include temporary delegated powers for the Council's Chief 				
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		<p>Executive and Leadership Group through use of Urgent Decisions for decisions relating to the Council's COVID-19 response), in accordance with Council's Constitution.</p> <ul style="list-style-type: none"> Record of Decisions, made by the Covid-19 Leadership Group ('Gold Command') published on the Council's Website. 				
<p>Elin Prysor/Alun Williams A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>		<ul style="list-style-type: none"> Effective 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17.6.21(minutes confirmed 23.9.21). Internal Audit Annual Report on Counter Fraud presented to Governance and Audit Committee at year-end. <u>2021/22 Last report presented 6.6.22 and 2022/23 report presented 21.6.23.-</u> Register of Members' interests available from the Council's Democratic Services. Declarations of interest/hospitality for Officers, as required <u>(review completed and new forms published July 2023).</u> MO circulates reminder re interest/hospitality declarations to Staff quarterly. NFI match highlights Staff who are directors of companies that have dealings with the Council – any non-declarations investigated by IA and reported to MO. Chief Officer Declarations of interest updated annually. Politically Restricted Post Register for Officers maintained and Political Restrictions on Local Government Employees Policy available to employees on CeriNet. Register of Politically Restricted Posts published on Council website. Ethics/Fraud training provided 2021 forming a basis for e-learning module for all Staff, and IA & Governance Services working with Learning & Development to prepare scenarios for training <u>(e-learning training content completed, to be created into e-learning training module shortly).</u> Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering). Ethics Audit undertaken during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics also in progress <u>(currently in review).</u> Whistleblowing Policy available to Employees and Contractors <u>has been reviewed, updated, presented to Overview and Scrutiny Co-ordinating Committee (recommended to approve), Cabinet (approved) and published on CeriNet 17.4.2023(updated 2018 – awaiting approval) on CeriNet and is updated as necessary.</u> MO is the Corporate Lead Officer ('CLO'), and advises Whistle-blowers, as appropriate. A mandatory E-learning training module on Whistleblowing must be completed by all Staff. <u>The MO keeps a register of</u> 	<p>Anti-fraud and corruption policies are working effectively</p> <p>Up-to-date register of interests (Members and Staff)</p> <p>Up-to-date register if gifts and hospitality</p> <p>Whistleblowing policies are in place and protect individuals raising concerns</p> <p>Whistleblowing policy has been made available to members of the public, employees, partners and contractors</p> <p>Complaints policy and examples of responding to complaints about behaviour</p> <p>Changes/improvements-, as a result of complaints received and acted upon</p> <p>Members and Officers code of conduct refers to a requirement to declare interests</p> <p>Minutes show declarations of interests were sought and appropriate declarations made</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required</p> <p>Delegated Decisions Register to be published.</p> <p>Continued monitoring of the Mandatory e-learning take up of Whistleblowing module.</p> <p>Whistleblowing Policy has been reviewed and updated – to be presented to Overview and Scrutiny Committee and Cabinet for approval. Revised Officer Code of Conduct and Declaration of Interest forms to be presented to Scrutiny Committee</p> <p>Report on generic whistleblowing activity to be presented to Overview and Scrutiny Co-ordinating Committee.</p>

		<p>referrals and reports 6 monthly to the Overview and Scrutiny Co-ordinating Committee.</p> <ul style="list-style-type: none"> • All complaints are dealt with in accordance with the corporate procedures which include informal and formal stages and these are communicated to Staff on a regular basis. • The complaints system is monitored by the Corporate Complaints and Freedom of Information Manager. • Revised Corporate Concerns and Complaints Policy published 1.10.2021. • Improvements are implemented as a result of complaints /recommendations received. • <u>Council Complaints and Freedom of Information Privacy Notice.</u> • Annual Complaints Report considered by the Governance and Audit Committee and Cabinet prior to approval by Council, presented to Council and noted. • Annual Complaints Report includes Lessons Learned from complaints received. • <u>Ethics and Standards Committee</u> and all other committee agendas/minutes contain disclosures of interests. • <u>Minutes for all committees</u> published on the Council's Website. • <u>Cabinet Decision Notices</u> published on the Council's Website. • Preparation for publication of delegated decisions register ongoing. Development Management Committee delegated decisions published for each Development Management Committee. • <u>Register of Contracts</u> published on Council Website. • Necessary changes to Constitution regarding Governance and Audit Committee per 2021 Act approved by Council 23.9.21, 3.3.22, 8.7.22 and 20.10.22. • The Terms of Reference of the Development Management Committee have been revised. • The Operational Procedures document for the Development Management Committee/Development Management Committee has been revised. • A Protocol for Good Practice for Councillors at Development Management Committee has been produced and included in the Constitution. • Decisions made contrary to officer advice and that do not fulfil the criteria of the checklist being developed for the Development Management Committee will be annually reviewed as part of the AMR process and reported to the internal audit procedures. 				
	Elin Prysor	<ul style="list-style-type: none"> • <u>Ethics and Standards Committee</u> championing ethical compliance to ensure that public have trust and confidence 	Scrutiny of ethical decision making	✓	9/10	Good - Overall governance considered compliant and

A2 Demonstrating strong commitment to ethical values	A2.1 Seeking to establish, monitor and maintain the organisation's ethical standards and performance	that Members and Officers work to highest ethical and moral standards.	Championing ethical compliance at governing body level	✓		meets best practice. No further action required.
	Elin Pryor A2.2 Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<ul style="list-style-type: none"> The <u>Ethics and Standards Committee</u> has been proactive, leading on training sessions and putting procedures in place for dispensation arrangements. The structure has recently been reviewed to improve efficiency and effectiveness. Officers such as Internal Auditors, sign an annual Code of Ethics affirmation. Internal Audit Charter approved by <u>Governance & Audit Committee</u> 17th January 2023. Carmarthen County Council undertook an independent audit of ethics within the Council during 2019. Follow up Internal Audit of Council's arrangements regarding Ethics in progress (<u>currently in review</u>). Training Needs Analysis Questionnaire has been circulated by Council newsletter to Staff requesting opinion on ethical culture of Council & training module planned in response to feedback. 	Provision of ethical awareness training	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required. All actions have commenced and are on-going
	Geraint Edwards A2.3 Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	<ul style="list-style-type: none"> Employee Handbook is reviewed annually, is available on <u>CeriNet</u>, sets out the expected Employee behaviour and includes the <u>Code of Conduct for Local Government Employees</u> (<u>review completed and new version published April 2023</u>). Training on equality and diversity and recruitment and selection including equal opportunities is <u>mandatory-provided</u> for all Ceredigion County Council Managers. All Staff must complete an e-learning module on Equality & Diversity. <u>Procurement Strategy 2018-2022</u> was approved by Council 19th June 2018. Procurement training also being rolled out to Staff. <u>Council Recruitment Policy and DBS Policy</u>. <u>All Group Leaders signed Diversity in Democracy Declaration in September 2021</u>. 	Appraisal processes take account of values and ethical behaviour Staff appointments policy Procurement policy	✓ ✓ ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Duncan Hall A2.4 Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation	<ul style="list-style-type: none"> <u>Standard Terms and Conditions</u> for all Suppliers of Goods and services include conditions relating to Equality and Diversity and are available on the Council's website. <u>Procurement Strategy 2018-2022</u> In-House software used to retrospectively check for suspected duplicate payments. Council has developed a Modern Slavery Policy (sent to contractors of the Council), Anti-Slavery Annual Statement 2019-2020 and Code of Practice Ethical Employment in Supply Chains. 	Agreed Values in partnership working -Statement of business ethics communicates commitment to ethical values to external suppliers -Ethical values feature in contracts with	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

			external service providers			
			Protocols for partnership working	✓		
A3. Respecting the rule of law	Elin Prysor/ Arwyn Morris Alan Morris A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<ul style="list-style-type: none"> • <u>Council Constitution</u>. Consideration is being given to the Data Protection Principles, and processing of personal information in the context of Council Committees and all Members. • Training for all Members on -Introduction for Council, including GDPR) following the May 2022 Elections. • Statutory powers and legal implications included in every decision-making Cabinet report. • Legal and Financial advice/implications is provided on all appropriate reports for decision. • The MO and Legal Services are available to advise as appropriate. • The IA Service is available to advise as appropriate. • The MO attends Leadership Group/Cabinet/Council meetings. • The MO routinely attends many public meetings, as required, subject to availability. • In the absence of the MO, the Deputy MO will attend Cabinet and Council meetings. • Gold Command Record of Decisions published on the Council's website). • The 2021 Act has an effect on corporate bodies, including the Council, and work to ensure compliance has taken place, including through the Cross-Party Constitution Working Group (Members of each political group in attendance), reports to the Governance and Audit Committee and Council, with a Council Action plan having been prepared and updated regularly, and meetings with relevant Officers and CLOs held, as appropriate. 	Statutory provisions	✓	7/8	Acceptable - Minor adjustments may be required. Training -provided to all Members regarding their responsibilities in relation to Data Protection Principles-. Privacy notices for Councillors being developed to be provided by Data Protection Officer
			Statutory guidance is followed	✓		
			Constitution	✓		
	Elin Prysor / Duncan Hall / Alex Jenkins A3.2 Creating the conditions to ensure that the statutory Officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	<ul style="list-style-type: none"> • Job descriptions & person specifications clearly define the roles and responsibilities required of posts. • Members' Role descriptions set out their respective responsibilities. • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, published 13 April 2016). • Compliance with CIPFA's Statement on the Role of the Head of Internal Audit in Public Service Organisations (CIPFA, published 9 April 2019) & contribution published in CIPFA's accompanying Putting Principles into Practice document (2019)). • Terms of reference are included in the Constitution. • Reporting to Governance and <u>Audit Committee</u>. • <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u>. 	Job descriptions/specific ations	✓	9/10	Good - Overall governance considered compliant and meets best practice. CMA to complete professional qualification
			Compliance with CIPF's statement on the role of the Chief Financial Officer in local government (CIPFA 2016)	✓		
			Terms of reference	✓		
			Committee support	✓		

	<ul style="list-style-type: none"> • <u>Contract Procedure Rules</u> (Document G in the Council's <u>Constitution</u>). • Codes of Conduct (see above). • Compliance with Specific Codes e.g. <u>Internal Auditors' Public Sector Internal Audit Standards</u> ('PSIAS', March 2017) • Members of Governance and Audit Committee updated on fraud including IA annual counter fraud report. • Statutory Officers accountable to the Chief Executive ('CE') and the Council. • Regular meetings between CE, S.151 Officer & MO. • Corporate Manager – Internal Audit ('CMIA') has free & unfettered access to Members and Officers at all levels, and right of access as per Council's <u>Constitution</u> and Internal Audit Charter. • Register of Members' Interests published on the <u>Council Website</u>. • . 					
Elin Pryor / Duncan Hall A3.3 Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<ul style="list-style-type: none"> • Chief Officers provide support and advice to Members. Reporting requires financial and legal advice/implications to be included in reports/decisions which are published as appropriate. 	Record of legal advice provided by Officers	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
Elin Pryor A3.4 Dealing with breaches of legal and regulatory provisions effectively	<ul style="list-style-type: none"> • The MO has direct access to the CE and reports to Council generally and as part of statutory duty. • The MO or a nominated representative attends all Cabinet meetings and Council Meetings. The MO operates an 'open' door policy for Members wishing to receive 'conduct' and 'governance' advice. • The MO & S.151 Officer have monthly meetings with the CE. • The MO & S.151 Officer are key members of Leadership Group. • Items reported to Members for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report. • Statutory powers and legal implications included in every decision-making Cabinet report. • Legal and Financial advice/implications is provided on all appropriate reports for decision. • The MO and Legal Service are available to advise in advance and at meetings. 	MO provisions & 151 Officer provisions	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
		Record of legal advice provided by Officers	✓			
		Statutory provisions	✓			
Elin Pryor / Alex Jenkins A3.5 Ensuring corruption and misuse of power are dealt with effectively	<ul style="list-style-type: none"> • Effective '<u>Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)</u>' updated and approved by Council 17 June 2021 (minutes confirmed 23 September 2021). • Effective External Audit, Internal investigations. 	Effective Counter-fraud and corruption policies and procedures	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
		Local test of assurance (where appropriate)	✓			

		<ul style="list-style-type: none"> • <u>Whistleblowing Policy</u> (in process of review updated, approved by Cabinet and updated version published on CeriNet 17.4.2023) and Disciplinary Policy. • Two An-Officers in the IA team isare an accredited Counter Fraud Technicians, a second officer is now also undertaking the qualification. • An Officer in the IA team holds a CIPFA Certificate in Investigative Practices ('CCIP'). • Council complies with Audit Wales's annual <u>National Fraud Initiative</u> requirements, currently co-ordinated by Internal Audit. • IA annual report on Counter Fraud presented to Governance and Audit Committee at year-end (last presented 21.6.23). • Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc). • Membership and active participation in professional networks and groups (Tisonline, KHub, etc). • IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained. • Nominated Council Officers undertake various fraud training to maintain knowledge and expertise. • Where appropriate, successful prosecutions publicised on Council website (and in local press). • Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it). • Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home. • IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. 				
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B. Ensuring openness and comprehensive stakeholder engagement						
Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
B1 Openness	Alun Williams B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<ul style="list-style-type: none"> All statutory <u>Annual reports</u> are available on the Council's Website. <u>Freedom of Information Act publication scheme</u>. A host of service areas are available online including <u>council tax self-service and information</u>. The Council's goals and values are set out in the <u>Corporate Strategy 2022-2027</u>. <u>Ceredigion County Council Website</u>. Council and Cabinet meetings are broadcasted. MO and Ethics & Standards generic email addresses created. Regular and timely responses to the press and other enquiries to Management and members as well as comprehensive FOI responses. Review of the FOI Publication scheme in-progress <u>to be undertaken</u>. <u>Freedom of Information Policy (March 2018)</u>. Corporate Complaints and Freedom of Information Manager in post. <u>Complaints and Freedom of Information Privacy Notice</u>. 	Annual Report	✓	7/8	Acceptable - Minor adjustments may be required FOI policy and EIR policy both <u>to be further updated under current business plan</u> . Review of the FOI Publication Scheme <u>to be undertaken, is in progress</u> .
			FOI publication scheme			
			Online Council Tax information	✓		
			Authorities Goals & Values	✓		
			Authority website	✓		
	Lowri Edwards B1.2 Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	<ul style="list-style-type: none"> All Council, Cabinet and Committee meetings open to the public and agendas and papers published on the Council website (with the exception of exempt reports). An Overview and Scrutiny <u>Public Engagement Protocol (2018) (Document N Constitution)</u> has been approved by Council and has been used on several occasions Protocol for speaking at the Development Management Committee in place (Part 4 Document I <u>Constitution</u>). Protocol for access by Cabinet Members to Overview and Scrutiny Committee approved by Council (<u>Part 5 Document M2 Constitution</u>). In accordance with the requirements of the LGEW Act 2021, arrangements have been <u>were</u> made to enable hybrid meetings to be held from May 2022. New equipment has been installed in the Chamber. Council and Cabinet meetings are being broadcasted on the Council's Facebook pages. Members of the public can attend to view meetings remotely or in person. 	Record of decision making and supporting materials	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Lowri Edwards/ Alun Williams B1.3 Providing clear reasoning and evidence for decisions in both		Decision making protocols	✓	9/10	Good - Overall governance considered compliant and
			Report pro-forma	✓		

	<p>public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear</p>	<ul style="list-style-type: none"> • <u>Integrated Impact Assessment ('IIA') tool and guidance</u> to inform effective decision making have been developed and are being implemented. • Council / Cabinet report template updated to include reference to legal implications, staffing implications, property / asset implications and risks and to reflect the new Corporate Strategy 2022 - 2027. • <u>Standard templates and guidance</u> for reporting to Council, Cabinet and Overview and Scrutiny Committees are used and all include the IIA results. • Where appropriate, items reported for decisions through Cabinet, Council and Committees are subject to legal and financial advice which will be referenced within each report. • A Protocol is in place for working relationships between Members and Officers (e.g. Officer-Member Protocol). (The Constitution Part 5). • The Protocol of Good Practice has been created in order to support Members of the Development Management Committee in ensuring that determination of applications will be based on sound material planning considerations, and not applicants' personal circumstances. • A calendar of <u>dates of meetings</u> including forward work programmes of the Council, Cabinet and Committees are published on the Council's website. • Annual reports, Statements of accounts, Improvement progress reports are all published within timescales and are available on the <u>Council's website</u>. • Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision-making process, Wellbeing of Future Generations Act, Equalities, Welsh Language and the use of the IIAs. 	Record of professional advice in reaching decisions	✓		meets best practice. No further action required.		
			Meeting reports show details of advice given	✓				
			Discussion between members and Officers on the information needs of members to support decision making	✓				
			Agreement on the information that will be provided and timescales	✓				
			Calendar of dates for submitting, publishing and distributing timely reports adhered to.	✓				
Alun Williams	B1.4 Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action	<ul style="list-style-type: none"> • <u>The Engagement and Consultation Checklist</u> assists with decision making around whether or not to undertake a consultation regarding a proposed change and guidance on dissemination of consultation results is available to Officers. • IIA conclusions reported to Council, Cabinet and Overview and Scrutiny. 8-13 IIAs went to Cabinet from 01.04.2022 to 07.12.2022 (2022-23 part year) during <u>2022-23</u> • The Council, in collaboration with partners, has carried out significant engagement to produce the Public Service Board's ('PSB') Well-being Assessment and Local Well-being Plan. 	Well-being strategy (PSB) and statement (LA)	✓	7/8	Acceptable - Minor adjustments may be required		
			Use of consultation feedback	✓				
			Complaints policy and use of complaints	✓				<u>Engagement and Participation Policy completed 2022</u>
			Citizen survey	x				

		<ul style="list-style-type: none"> Well-being objectives for 2022-23 have been set in order to deliver the <u>Corporate Strategy 2022-2027</u>. <u>Corporate Complaints Policy</u> has been reviewed, new <u>Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and Complaints Policy and Procedures 2021, its implementation and publication approved by Council.</u> <u>Social Services Complaints Policy and Procedure</u> has been reviewed. <u>Consultation Decision making tool (Consultation Tree and flowchart)</u> have been developed and includes the use of feedback. Further consultation includes: <ul style="list-style-type: none"> A new Engagement and Equalities post has been created through the restructure of the Policy and Performance service; and All <u>current consultations</u> are available on the <u>Corporate section of the Council website</u>; and Consultations 2020-2021. Consultations are published on Corporate section of Council Website. Due to Covid-19, Council has consulted remotely via video conferences and electronic surveys. <u>Consultations</u> are promoted through Social Media Guidance has been issued on the Ceredigion Council intranet to all Staff to follow with regards to the dissemination of feedback to decision makers. Recent indications are that significant progress is being made in this area by Officers. 				
B2 Engaging comprehensively with institutional stakeholders	Alun Williams / Diana Davies B2.1 Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	<ul style="list-style-type: none"> <u>PSB Terms of Reference</u> available on the Council Website. PSB Project Groups Terms of Reference available Joint engagement and consultation exercises are held All <u>current consultations</u> are available on the Council Website. Collaborative projects are running with institutional stakeholders with clear governance arrangements in place. Scrutiny arrangements for the PSB have been put in place. The <u>IIA tool and guidance</u> have been approved for implementation. <u>Consultation Decision Tool (Consultation Decision Tree and flowchart)</u> have been developed and are available. 	Communication and engagement strategy	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Diana Davies B2.2 Developing formal and informal partnerships to allow for	<ul style="list-style-type: none"> <u>Engagement with Service Users List</u> including stakeholders with whom the authority should engage is in place and <u>Engagement and Participation Policy</u>. 	Database of stakeholders with whom the authority	✓	9/10	Good - Overall governance considered compliant and

	resources to be used more efficiently and outcomes achieved more effectively	<ul style="list-style-type: none"> • <u>Collaboration Standards for New Strategic Projects Guidance and Templates are available.</u> Partnerships Include: <ul style="list-style-type: none"> ○ <u>PSB</u>; ○ <u>West Wales Regional Partnership Board</u>; ○ <u>Community Safety Partnership</u>; ○ <u>Mid and West Wales Safeguarding Board</u>; and ○ <u>Growing Mid Wales</u>. • The formal review of partnerships that sit under the PSB has been completed. The new partnership structure has been operational since June 2018 and the partnerships will be reviewed on a periodic basis. • A review of the <u>Community Safety Partnership</u> was undertaken in 2019 and was subject to scrutiny. 	should engage and for what purpose and a record of an assessment of the effectiveness of any changes			meets best practice. No further action required.
	<p><u>Elin Pryor / Lowri Edwards / Alun Williams / Diana Davies</u> B2.3 Ensuring that partnerships are based on:</p> <ul style="list-style-type: none"> • trust • a shared commitment to change • a culture that promotes and accepts challenge among partners and • that the added value of partnership working is explicit 	<ul style="list-style-type: none"> • Advice provided to Members and Officers serving on outside bodies. • Regular reporting of partnership meetings and activity to Cabinet. • Partnerships such as <u>Growing Mid Wales</u> have been established with governance arrangements. • Regular reporting of partnership meetings and activity to Leadership Group and Cabinet. • Scrutiny arrangements in place for the PSB. • Partnership metrics are subject to internal review, where appropriate. • Legal Team is actively involved in drafting and reviewing Terms of Reference for Inter Authority Agreements ('IAAs') and formal committees. • A suite of documents have been developed that relate to strategic collaboration projects that the Authority is considering entering into. The <u>documents</u> include guidance, standards and numerous templates for varying stages of collaboration projects. • Executive Group Self-assessment carried out. • Growing Mid Wales Joint Overview and Scrutiny Committee has been established. 	Well-being strategy	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Partnership protocols	✓		
B3 Engaging stakeholders effectively, including individual citizens and service users	Alun Williams B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	<ul style="list-style-type: none"> • <u>Consultation Decision Tree and flowchart</u> for Staff and Members have been developed. • <u>The Engagement and Consultation Checklist</u> • <u>Engagement and Participation Policy 2022</u> • The newly adopted Engagement and Participation Policy outlines our approach of applying the best method of engagement according to the situation. We will use several different methods of engagement to ensure that we engage with all people in Ceredigion in the most suitable manner. Included in this is a commitment that our engagement exercises must consider how to engage with non-digital users as a 	Record of public consultations	✓	7/8	Acceptable Minor adjustments may be required
			Partnership framework	✓		A new Engagement and Participation Policy, 'Talking, Listening and Working Together' has been published. Implementation of this policy to be
			Public Service Boards Terms of Reference	✓		

		<p>matter of priority. Examples of this are in-person discussions, telephone discussions and provision of paper copies of relevant documents at Council Libraries and Well-being Centres.</p> <ul style="list-style-type: none"> • A <u>Community Engagement, Consultations and Partnerships Page</u> has been created on CeriNet, which includes links to Engagement and Participation Policy, Engagement and Consultation Checklist, <u>Engagement with Service Users</u> and Consultation Decision Making Tool. • A new <u>Engagement and Participation Policy</u> for Ceredigion County Council, 'Talking, Listening and Working Together,' has been prepared and was agreed through the democratic process in Autumn 2022. • All IIAs for Cabinet are assessed by the Equalities and Inclusion Manager, including whether effective engagement, involvement and consultation has taken place and informed strategic decision-making process. • <u>Public Engagement Tool Kit</u> • <u>Engagement with Service Users List</u>. • All school reorganisation proposals are required to have formally consulted with stakeholders through adhering to the Welsh Government's School Organisation Code. • All <u>current consultations</u> are available on the Council Website. • A monitoring partnership framework that reports on all key decisions made by existing partnerships is reported to Leadership Group. 				considered before action complete.
Alun Williams / Lowri Edwards B3.2 Ensuring that communication methods are effective and that Members and Officers are clear about their roles with regard to community engagement	<ul style="list-style-type: none"> • <u>The Engagement and Consultation Checklist</u> • <u>Corporate Strategy (2022-2027)</u>. • <u>Engagement and Participation Policy has been approved.</u> • <u>Public Engagement Tool Kit.</u> • <u>Engagement with Service Users List.</u> • <u>IJA Tool Kit.</u> • <u>Social Media Policy (revised Aug 2018).</u> • <u>Guidelines on Corporate Branding (May 2019).</u> • Minutes of structured engagement meetings and events. 	<p>Evidence of structured stakeholder discussions</p> <p>Communications strategy</p>	<p>✓</p> <p>✓</p>	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
B3.3 Alun Williams / Lowri Edwards Encouraging, collecting and evaluating the views and	<ul style="list-style-type: none"> • <u>Corporate Communications Protocol in place which is periodically reviewed.</u> 	Communications and engagement strategy	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	

<p>experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs</p>	<ul style="list-style-type: none"> • Corporate Communications Strategy 2019-2022 is currently under review and a new Strategy will be developed in 2023. • Overview and Scrutiny <u>Public Engagement Protocol (2016) (Document N Constitution)</u>. • Social media is being used to seek the public's views on matters being considered by Overview and Scrutiny Committees. • <u>IIA Tool Kit</u>. • Summary reports on consultation and engagement activities are reported back to Members and service users. • Minutes of engagement groups with people with protected characteristics. • Effective Community involvement carried out with the well-being assessment work. • Effective Community involvement carried out with service users from different backgrounds to inform the new Strategic Equality Plan. 	<p>Effective community involvement</p>	<p>✓</p>		
<p>Alun Williams/Lowri Edwards B3.4 Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account</p>	<ul style="list-style-type: none"> • Corporate Communications Strategy 2019-2022 is currently under review and a new Strategy will be developed in 2023. • <u>Corporate Communications Protocol in place which is periodically reviewed.</u> • Summary reports on consultation and engagement activities, which are reported back to Members and service users. • Dissemination of <u>consultation results</u> and reports on completed consultations and engagement exercises are posted on the Council's <u>public consultations</u> webpage in order to provide feedback to the public. • Processes have been introduced to monitor feedback e.g. any consultation/engagement reports are presented to Scrutiny and Cabinet to inform their decision-making. • Feedback from engagement and how people's views have been taken into account is recorded in the IIAs. 	<p>Communications and engagement strategy</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice.</p>
<p>Alun Williams B3.5 Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity</p>	<ul style="list-style-type: none"> • We have worked in partnership with Local Authorities and Public Services across Mid and West Wales on the review of our Strategic Equality Plans. A joint question set and engagement and consultation framework was produced and as a result, feedback was obtained from people with protected characteristics. 	<p>Processes for dealing with competing demands within the community for example consultation</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
<p>Diana Davies B3.6 Taking account of the interests of future generations of tax payers and service users</p>	<ul style="list-style-type: none"> • A <u>Well-being assessment (PSB)</u> has been carried out that will inform the development of the PSB's <u>Local Well-being Plan</u>, which <u>was approved by Council (Ceredigion Local Well-being Plan 2023-28) on 20.4.2023</u> will be published in May 2023. 	<p>Reports</p> <p>Well-being assessment</p>	<p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

		<ul style="list-style-type: none"> • <u>The Corporate Well-being Objectives</u> are included in the Council's <u>Corporate Strategy 2022-2027</u> and are reviewed each year. • An <u>annual report</u> on progress made against the Council's Well-being objectives and Corporate priorities is published on the Council Website. • UNCRC – United Nations Convention on the Rights of the Child have been adopted by the Council. • Participation Standards have been adopted by Council. 	Well-being Objectives and statement	✓		
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C. Defining outcomes in terms of sustainable economic, social, and environmental benefits						
The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the authority's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
C1 Defining outcomes	Alun Williams C1.1 Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions	<ul style="list-style-type: none"> The Council's <u>Corporate Well-being Objectives</u> are included in the Council's <u>Corporate Strategy 2022-2027</u> and are reviewed each year and reported in the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report published on the Ceredigion County Council website. The purpose and the vision of the Council have been determined by Council and is contained in the <u>Corporate Strategy 2022-2027</u>. This strategy illustrates how the authority will support and promote the well-being of the citizens of Ceredigion. All Planning arrangements reflect the Golden Thread and make the links to Corporate plans including; <ul style="list-style-type: none"> Business Plans; Strategic Plan; Corporate Performance Management Reporting; and Well-being and Improvement Objectives. 	Well-being statement and objectives	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Vision used as a basis for corporate and service planning	✓		
	Alun Williams / Diana Davies C1.2 Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	<ul style="list-style-type: none"> The IIA tool and guidance are available and training has been rolled out for Officers and Members. <u>Engagement and Participation Policy</u> is available. A <u>Public Engagement Toolkit 2014</u> has been developed in order to provide a user-friendly resource for Officers when developing and undertaking effective public engagement with their communities, in accordance with the National Principles of Public Engagement. Updates on the budget savings and the work of the Development Group are reported to the Cross Party Transformation and Efficiency Consultative Group. <u>The Corporate Strategy 2022-2027</u> incorporates the <u>Corporate Well-being Objectives</u>. The Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report included a review of the Corporate Well-being Objectives. 	Community engagement and involvement	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
		Corporate & service plans	✓			
		Well-being plan (PSB) and well-being statement (LA)	✓			
Alun Williams C1.3 Delivering defined outcomes on a sustainable basis within the resources that will be available	<ul style="list-style-type: none"> <u>Performance</u> information is outlined in the Council's Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report. Business Plans are prepared on an annual basis and are monitored quarterly by a Performance Board, which includes Cabinet members and the Chairs and Vice Chairs of the Overview and Scrutiny Committees and Chair of the Governance and Audit Committee. 	Regular reports on progress	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	

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

		<ul style="list-style-type: none"> • Capital Investment Strategy is contained within the <u>Medium Term Financial Strategy</u>. • The Authority has undertaken the following steps towards the implementation of the Well-being of Future Generations (Wales) Act 2015: <ul style="list-style-type: none"> ○ Prepared well-being objectives and statement; ○ Embedded the Well-being Goals and Sustainable; development principal into the business planning process ○ Developed a new <u>IIA tool and guidance</u>; ○ Established a Well-being of Future Generations Act group and action plan; ○ The Constitution is continually monitored and reviewed; ○ PSB <u>assessment of Local Well-being</u> published in March 2017; ○ Scrutiny arrangements agreed for PSB; ○ Cabinet Reports, to include the Social/economic/ environmental impact assessment; ○ A mandatory e-learning module on the Act has been developed and promoted to all Council Staff; ○ an Equality, community and Welsh language Impact Assessment must be undertaken on all school restructuring proposals as required under the Welsh Government School Organisation Code; and ○ Members have contributed to The Future Generations Officer Scrutiny Framework in relation to the WFGA. 	Legislative requirements – Well-being of Future Generations (Wales) Act 2015	✓		
	<p>C2.2 Duncan Hall Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation’s intended outcomes and short-term factors such as the political cycle or financial constraints</p>	<ul style="list-style-type: none"> • Wales procurement policy statement is aligned to the Council’s <u>Procurement Strategy 2018-2022</u>. • The <u>IIA tool and guidance</u> is available and used to support decision-making. • All reports and <u>minutes</u> are published in a timely manner and are open for inspection. All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act. • Pre-decision Scrutiny encouraged where possible. • <u>The Medium Term Financial Strategy</u>. • <u>The Corporate Strategy 2022-2027</u>. • The Transformation Programme. 	Application of Wales procurement policy statement	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Corporate plans take account of medium and long-term service plans	✓		
			Discussion between Members and Officers on the information needs of Members to support decision making	✓		
			Record of decision making and supporting materials	✓		

	<p>Alun Williams / Diana Davies. C2.3 Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs</p>	<ul style="list-style-type: none"> • Public Services Board Local Well-being Plan was published in May 2018Ceredigion Local Well-Being Plan 2023-2028 approved by Council 20.4.2023. • All reports and <u>minutes</u> are published in a timely manner and are open for inspection. All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act. Advice given by MO. • <u>Engagement and Consultation Checklists</u> are available on CeriNet. • The Council wide WFGA Group Action Plan. • IIA tool and guidance. 	<p>Well-being Plan (PSB)</p> <p>Record of decision making and supporting materials</p> <p>Protocols for consultation</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
	<p>Alun Williams/Lowri Edwards C2.4 Ensuring fair and equal access to services</p>	<ul style="list-style-type: none"> • <u>Strategic Equality Plan 2020-2024.</u> • <u>Annual Strategic Equality Plan monitoring report 2021-2022</u> has been approved and has been published on Council website. • <u>Welsh Language Standards in place and are monitored by the Welsh Language Policy Officer.</u> • <u>Annual Welsh Language Standards monitoring report presented to Cabinet and published on the Council website.</u> • Annual Complaints and Compliments Report 2021/22 presented to Governance and Audit Committee 21.9.22, Corporate Resources Scrutiny Committee <u>32.10.22, Cabinet 1.11.22</u> and approved by <u>Council 24.11.22.</u> • A mandatory E-learning training module on Welsh Language Awareness must be completed by all Staff. • Members provided with Welsh Language Awareness and Equalities Training as part of their Induction Programme. 	<p>Develop protocols to ensure fair access and that statutory guidance is followed</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

D. Determining the interventions necessary to optimise the achievement of the intended outcomes						
Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.						
Sub-principles	Behaviours	Evidence	Expected	✓/X	Score	Action
D1 Determining interventions	Lowri Edwards / Elin Prysor D1.1 Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options. Therefore ensuring best value is achieved however services are provided	<ul style="list-style-type: none"> The IIA tool and guidance is available and training has been rolled out for Officers and Members. Corporate project management group has been established to formalise project development and management. Standard reporting templates are used in decision making process. Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision-making process, Wellbeing of Future Generations, Equalities, Welsh Language and the use of the IIAs, Head of Democratic Services and MO (CLO-Legal & Governance) advise as necessary. Risk Management Policy, Strategy and Framework (approved by Cabinet 24.9.10 September 2019) with training programme for Members, Senior Management and Managers, published on CeriNet and available to all Members of Staff. Documents amended to reflect additional risks and background information to make informed decisions. Corporate Risk Register reported regularly to Governance and Audit Committee (027.9.2024 2022, 39.63.2024 2023, 21.6.2023 & 27.9.2023) 	Discussion between Members and Officers on the information needs of Members to support decision making Decision making protocols Option appraisals Agreement of information that will be provided and timescales	✓ ✓ ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Duncan Hall D1.2 Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	<ul style="list-style-type: none"> <u>Medium Term Financial Strategy</u> has been regularly updated the current version dated 20224/232 Onwards approved by Council 5.3.2021. <u>Consultation decision tree tool</u> includes a guidance section on dissemination of consultation results. Finance challenge regarding savings on Council Website. 	Financial Strategy	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
D2 Planning interventions	Alun Williams D2.1 Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	<ul style="list-style-type: none"> Corporate Performance Management arrangements include quarterly: <ul style="list-style-type: none"> Corporate Lead Officer Service Report; Performance Board; and Executive Panel meetings. A calendar is used to report deadlines and Board/Executive Panel dates are published with reports. 	Calendar of dates for developing and submitting plans and reports that are adhered to.	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

<p>Alun Williams / Diana Davies/Lowri Edwards D2.2 Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered</p>	<ul style="list-style-type: none"> Corporate Communications Strategy 2019-2022 currently being reviewed. A new strategy will be developed in 2023. <u>Corporate Communications Protocol in place, which is periodically reviewed.</u> The Ceredigion PSB has a <u>Local Well-being Plan</u> that has been developed and delivered jointly with external stakeholders and partners. An <u>Assessment of Local Well-being</u> has been undertaken by the PSB that has fed the <u>Local Well-being Plan</u> and the <u>Council Well-being Objectives</u> for future years. 	<p>Communication and engagement strategy</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
<p>Alun Williams D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks</p>	<ul style="list-style-type: none"> All major collaboration projects have established governance and management arrangements including risk management. All projects considered by Corporate Project Management Panel, which is also attended by IA and is an effective forum for advice/challenge and highlighting risks as Service areas develop projects, including collaboration projects. The Corporate Project Management Panel helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes. Account will be taken of legislative changes e.g. work is ongoing in relation to implementing legislative changes such as LGEW 2021 -Act changes and considering/monitoring risks facing each partner when working collaboratively, including shared risks. Meetings are being held and preparation being carried out, for example, regarding the 2021 Act's requirement for Corporate Joint Committees, including potential and shared risks (a CJC group has been established, with the first meeting held on 19th April 2021, to consider the requirement to establish the Mid Wales CJC in accordance with the 2021 Act). Appropriate Joint Scrutiny arrangements are in place in relation to the Growing Mid Wales Board. Similarly, the Mid Wales Corporate Joint Committee will have Sub appropriate arrangements in place (Joint Scrutiny, Standards and Governance and Audit Committee)- arrangements in compliance with legislation and its Standing Orders 	<p>Partnerships/collaboration framework</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p> <p>To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.</p> <p>To implement legislative changes, such as Local Government and Elections (Wales) Act 2021 changes and consider/monitor risks facing each partner when working collaboratively, including shared risks.</p>
<p>Russell Hughes-Pickering D2.4 Ensuring arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances</p>	<ul style="list-style-type: none"> Corporate Project Management Group has been established to formalise project development and management. Ensuring Staff with project management skills are available. This helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project 	<p>Planning protocols</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

		<p>arrangements prior to reporting to the Development Group and other authorisation processes.</p> <ul style="list-style-type: none"> Helps identify capital requirements for inclusion in future capital programmes. 				
	Alun Williams D2.5 Establishing appropriate local performance indicators (as well as relevant statutory or other national performance indicators) as part of the planning process in order to identify how the performance of services and projects is to be measured	<ul style="list-style-type: none"> Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly. The Business Planning process for 2022-23 is being implemented with Level 1 Business Plans shared with the Performance and Research Team. Performance measures have been identified within each Level 1 Business Plan that have in turn translate into the reporting Dashboard for each service. These measures have been closely scrutinised and have received final sign-off from senior leadership. Services report against these measures as part of the performance management process for the year. 	Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Alun Williams D2.6 Ensuring capacity exists to generate the information required to review service quality regularly	<ul style="list-style-type: none"> The Corporate Performance Management arrangements include <ul style="list-style-type: none"> Weekly leadership Group meetings; Quarterly reporting of progress against level 1 Business Plans; Quarterly Performance Board meetings; and Quarterly Executive Panel Meetings. 	Reports include detailed performance results and highlight areas where corrective action is necessary	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Duncan Hall D2.7 Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan	<ul style="list-style-type: none"> Business Plans include budget and finance information and form part of the quarterly Corporate Performance Management arrangements. Budget Framework. Service Accountancy – Budget monitoring. 	Evidence that budgets, plans and objectives are aligned	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Duncan Hall D2.8 Informing medium and long-term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	<ul style="list-style-type: none"> <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u> along with Budgetary Control Guidance are all up to date. Chief Officer Assurance Statements. The internal controls in place are subject to regular review by Internal Audit, in accordance with the annual risk-based audit plan. <u>Medium-term financial Strategy.</u> <u>Corporate Strategy 2022-2027.</u> Internal Audit Strategy & Plan 2022/2023 approved by Governance & Audit Committee 10 March 2022. 	Budget guidance and protocols MTFS Corporate Plans	✓ ✓ ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
D3 Optimising achievement of intended outcomes	Duncan Hall D3.1 Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<ul style="list-style-type: none"> Changes through the corporate savings plan have been through a robust governance process to ensure that all savings all link to the desired outcome. 	Feedback surveys and exit/decommissioning strategies Changes as a result	✓ ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

	<p>Duncan Hall D3.2 Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term</p>	<ul style="list-style-type: none"> • <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u> along with Budgetary Control Guidance are all up to date. Chief Officer Assurance Statements. • The internal controls in place are subject to regular review by IA, in accordance with the annual risk-based audit plan. • Internal Audit Strategy & Plan 2022/23 approved by Governance and Audit Committee 10/3/22. 	<p>Budget guidance and protocols</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
	<p>Duncan Hall D3.3 Ensuring the medium-term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage</p>	<ul style="list-style-type: none"> • <u>Medium Term Financial strategy</u> is in place • The corporate savings plan has been through a robust governance process to ensure that all savings link to the desired service outcomes. 	<p>Financial Strategy</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Long term trends are taken into account</p>	<p>✓</p>		
	<p>Duncan Hall D3.4 Ensuring the achievement of 'social value' through service planning and commissioning. The Public Services (Social Value) Act 2012 states that this is "the additional benefit to the community...over and above the direct purchasing of goods, services and outcomes"</p>	<ul style="list-style-type: none"> • Community Benefits is embedded in our Processes and Policies and has been regularly applied, monitored and reported upon. • Well-being of Future Generations (Wales) Act is integrated into our processes. 	<p>Service plans demonstrate consideration of social value</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Achievement of social value is monitored and reported upon</p>	<p>✓</p>		

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it						
Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership in local government entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.						
Sub-principles	Behaviour	Evidence	Expected	✓/X	Score	Action
E1 Developing the entity's capacity	Geraint Edwards/ <u>Lowri Edwards</u> E1.1 Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	<ul style="list-style-type: none"> Corporate and line management induction is now in place. Corporate induction and Corporate Manager Development plans were introduced in April 2018 and revised in October 2022. Corporate induction sessions are part of these requirements, all new Staff must attend an induction session. Senior Managers present within these face-to-face or virtual sessions. <u>CeriNet</u> (the HR intranet and resource to Staff and management) is continually reviewed and improved for effectiveness. Learning & Development isn't now managed via the Ceri system offering opportunities to all Staff. E-learning modules are being introduced to ensure training and development is cost effective wherever possible. Ongoing annual Personal Performance scheme – Performance Reviews link to Corporate and strategic objectives. The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for delivery of corporate improvements in performance review of Staff. These have been further strengthened with the introduction of annual appraisals for all Staff via the Ceri HR system. Induction programme is provided for new all Members following the Local Election 2022. Ongoing training is arranged for specific issues e.g. Treasury management. Members attend various events, seminars and conferences (see above). <u>Survey of members training and development needs carried out annually</u><u>Personal Development Review process in place for Members.</u> 	Regular reviews of activities, outputs and planned outcomes	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Geraint Edwards E1.2 Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes	<ul style="list-style-type: none"> Utilisation of research and benchmarking exercises. The Ceri HR payroll system has ensured that meaningful data on Staff is now available to Managers on a monthly basis in order to monitor costs turnover and absence. 	Utilisation of research and benchmarking exercises	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

	are achieved effectively and efficiently						
	Alun Williams / Diana Davies E1.3 Recognising the benefits of partnerships and collaborative working where added value can be achieved	<ul style="list-style-type: none"> Effective operation of partnerships which deliver agreed outcomes. Effective Partnerships have been developed in a number of areas and services including: <ul style="list-style-type: none"> School Improvement; Health & Social care; and Waste. Additional partnerships are included in the strategic Collaboration Projects List. 	Effective operation of partnerships which deliver agreed outcomes	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
	Geraint Edwards E1.4 Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<ul style="list-style-type: none"> Strategic workforce planning is undertaken utilising the Strategic workforce planning tool kit and is completed by all service areas. The Workforce Plan 2023-2027 is currently being developed and will be published once approved by Cabinet in <u>Autumn</u> 2023. Once in place, annual updates on progress of the workforce plan are reported to scrutiny. 	Workforce Plan	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
			Organisational development plan	✓			
E2 Developing the capability of the entity's leadership and other individuals	Elin Prysor / Geraint Edwards / <u>Lowri Edwards</u> E2.1 Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	<ul style="list-style-type: none"> The Leadership and Senior Officer structure has defined these roles, including how they integrate with each other. Joint meeting of senior Managers ensures that roles, responsibilities and accountabilities are clear. Job descriptions clearly define the roles and responsibilities required of posts. <u>Members' Role Descriptions and Person Specification approved by Council.</u> <u>The Constitution</u> sets out the roles and responsibilities of Members (<u>Part 3.4 Table 4</u>) and senior Officers (part 2 Article 2) The Strategic Planning Toolkit includes an element of succession planning and talent management. Learning and Development opportunities are offered to those within a Leadership role or who are aspiring leaders. 	Job descriptions	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
			CE and leader pairings have considered how best to establish and maintain effective communication	✓			
		Elin Prysor / Duncan Hall E2.2 Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	<ul style="list-style-type: none"> A Scheme of Delegation (The <u>Constitution</u> Part 3.5) exists and clearly sets out responsibilities for Members and Officers. Protocols are in place for working relationships between Members and Officers (e.g. Officer-Member Protocol). Codes of Conduct for Officers and Members are in place. Member Officer working groups in place and working effectively. <u>Contract Procedure Rules ('CPR') (Part 4 Document G Constitution)</u> and <u>Financial Regulations and accompanying financial procedures (Part 4 Document F Constitution)</u> are reviewed on a regular basis e.g. CPR updated March 2019. 	Scheme of delegation reviewed at least annual in the light of legal and organisational changes	✓	9/10	Good - Overall governance considered compliant and meets best practice. Delegated Decision Register to be published
				Standing orders and financial regulations which are reviewed on a regular basis	✓		
	Elin Prysor E2.3 Ensuring the leader and the chief executive have clearly defined and	<ul style="list-style-type: none"> The Council's <u>Constitution</u> sets out the functions and responsibilities. 	Clear statement of respective roles and responsibilities and	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	

	<p>distinctive leadership roles within a structure, whereby the chief executive leads the authority in implementing strategy and managing the delivery of services and other outputs set by Members and each provides a check and a balance for each other's authority</p>	<ul style="list-style-type: none"> • The Corporate structure of the Council has been established to ensure that the Statutory Officers are able to perform their roles effectively. • The CE is responsible for reviewing this structure, as necessary. • Democratic Services Committee agreed the revised set of Member Role Descriptions, designed to be used alongside Welsh member Development (Competency) Framework, of Welsh Local Government Association ('WLGA') Framework • Member Role Descriptions and Person Specifications presented to<u>approved by</u> Council 	<p>how they will be put into practice</p>			
	<p>Elin Prysor/Lowri Edwards/Geraint Edwards E2.4 Developing the capabilities of Members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:</p> <p>ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged –ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis –ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external</p>	<ul style="list-style-type: none"> • Comprehensive Induction Programme for Members (new and old) undertaken following the Local Elections 2022 • E-learning modules available to Members and are encouraged to complete. • Access to courses/information briefings on new legislation. • Provision of opportunities for ongoing skills and refresher training for Officers. • Members Workshops arranged, as necessary. • Personal reviews for Officers. • Provision and ongoing review of opportunities for skills and refresher training for Members (see above), including <u>survey of members training and development needs carried out annually</u>Personal Development Review Scheme. • Development/training done as part of person specifications for key finance and legal posts (mandatory qualification, job requirements). 	<p>Access to courses/information briefings on new legislation</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

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

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

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

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

	managing individual risks are clearly allocated					
F2 Managing performance	Alun Williams F2.1 Monitoring service delivery effectively including planning, specification, execution and independent post-implementation review	<ul style="list-style-type: none"> Corporate performance management is linked to the Well-being and Improvement Objectives, <u>Corporate Strategy 2022-2027</u> and the PSB's plans. The Council also has many local indicators which helps it determine whether it has achieved the priorities in its <u>Corporate Strategy 2022-2027</u>. Council approved the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report 2021-22. Benchmarking information carried out as part of service re-modelling. External & internal assessments by: <ul style="list-style-type: none"> Audit Wales; Estyn; Care Inspectorate Wales ('CSIW'); Investigatory Powers' Commissioner's Office ('IPCO'); and Information Commissioner's Office ('ICO'). Self-Assessment (Governance and Audit Committee) - self-assessment exercise discussed at 28.11.22 workshop and will be carried out in 2023. Individual Services carry out self-assessment through a performance matrix. IA undertake an annual self-assessment and have a 5-yearly independent external assessment / peer review as required by the PSIAS. EQA completed May 2022, report & resulting action plan presented to Governance & Audit Committee 27.9.22 along with the CMIA's Internal Audit Self Assessment. Cost performance (using inputs and outputs). A Corporate Performance Management Panel meets quarterly. All Corporate Lead Officers report to this Panel and the Dates for reporting are published in the report. The Chairs and Vice Chairs of the Overview and Scrutiny Committees attend with the principle that they can identify areas that require inclusion on their respective Forward Work Programmes. 	Performance map showing all key activities have performance measures ✓ Benchmarking information ✓ Cost performance (using inputs and outputs) ✓ Calendar of dates for submitting, publishing and distributing timely reports that are adhered to. ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	
	Alun Williams / Lowri Edwards/Elin Prysor F2.2 Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<ul style="list-style-type: none"> Chief Officers provide support and advice to Members. Reporting requires financial and legal advice/implications to be included in reports/decisions, which are published as appropriate. Council / Cabinet report template updated to include reference to legal implications, staffing implications, property/asset implications and risks. Advice provided by Chief Finance Officer. All reports and <u>minutes</u> are published in a timely manner and are open for inspection including: <ul style="list-style-type: none"> Options for recommendations. Scrutiny Chairs are invited to take issues back to Cabinet Governance and Audit Committee refer matters to Scrutiny and receive reports back. 	Discussion between Members and Officers on the information needs of Members to support decision making ✓ Publication of agendas and minutes of meetings ✓ Agreement on the information that will ✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.	

	<ul style="list-style-type: none"> All meetings are held in public, subject to the consideration of exempt information as defined by the 1972 Local Government Act and are hybrid meetings as per the Local Government and Elections Act 2021. Advice given by the MO. Agreement on the information that will be needed and timescales. 	be needed and timescales			
Lowri Edwards F2.3 Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made, thereby enhancing the organisation's performance and that of any organisation for which it is responsible	<ul style="list-style-type: none"> Scrutiny arrangements are in place, which provide opportunities to challenge decision making and review the provision of services. The scrutiny function's aim is to provide added value to the continuous improvement agenda in their role as "critical friend". In addition, Overview and Scrutiny Committees also provide opportunities to undertake pre-decision and policy development work, which is a function of scrutiny, which has developed over recent years. The Council's aim is to scrutinise, where possible, before decisions are made. <u>Overview and Scrutiny Committees can instigate Task and Finish Groups to investigate and research a matter further prior to reporting back to the relevant Committee.</u> An Overview and Scrutiny <u>Public Engagement Protocol</u> (2016) (<u>Document N Constitution</u>) has been approved by Council and has been used on several occasions. Arrangements in place to seek the views of the public which is gathered via social media and shared with Overview and Scrutiny Committees for consideration. All agendas and minutes are published on the Council's website. <u>Forward Work Programme</u> published on the Council's website. Terms of reference are published on the Council's website. Training for Members on the role of Scrutiny. Scrutiny Chair and Vice Chair training provided. <u>Membership details</u> for all Scrutiny Committees is available on the <u>website</u>. The Council's Overview and Scrutiny Co-ordinating Committee is responsible for taking an overview of the overall effectiveness of the <u>PSB</u>. Work undertaken with the <u>Future Generations Office</u> to develop a Scrutiny Framework in relation to the WFGA. Governance and Audit Committee. 	<p>The role and responsibility for scrutiny has been established and is clear</p> <p>Agenda and minutes of scrutiny meetings</p> <p>Evidence of improvements as a result of scrutiny</p> <p>Terms of reference</p> <p>Training for Members</p> <p>Membership</p> <p>Public Service boards are subject to effective scrutiny</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
Lowri Edwards/Alun Williams F2.4 Providing Members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	<ul style="list-style-type: none"> The Council revised its Corporate Performance Management arrangements in 2017 to improve monitoring of its business plans and performance indicators. These are also linked to the Corporate Well-being Objectives and the <u>Corporate Strategy 2022-2027</u>. A Corporate Performance Management Board meets each quarter, with Chairs of <u>the Overview and</u> Scrutiny Committees invited to attend. Reporting dates are set at beginning of each year. Transformation and Risks are all referred to joint Local Government meetings and Panels. 	Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

	<p>Duncan Hall F2.5 Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (e.g. financial statements)</p>	<ul style="list-style-type: none"> • Scrutiny Committees may request reports at any time. • Financial monitoring is regularly undertaken throughout the Council under a devolved accountancy arrangement and formal reporting is made to Cabinet. Monitoring is also incorporated in to the quarterly performance management reports. • Financial implications are a requirement for inclusion in all Cabinet Meeting reports. • <u>Financial Regulations and Financial Procedure Rules (Document F Constitution) and the Contract Procedure Rules (Document G Constitution) are all up to date. The current Procurement Strategy 2018-2022 was approved in 2018.</u> • Accounting practices - Codes of Practice are complied with. Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring. • Business/Service plans are monitored to ensure delivery outcomes are achieved. 	<p>Financial standards, guidance</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
			<p>Financial regulations and standing orders</p>	<p>✓</p>		
<p>F3 Robust internal control</p>	<p>Alun Williams / Alex Jenkins F3.1 Aligning the risk management strategy and policies on internal control with achieving objectives</p>	<ul style="list-style-type: none"> • Risk Management Policy and Strategy and the Risk Management Framework were approved by Cabinet on 24 September 2019. • Updates in relation to Business Continuity and Civil Contingencies arrangements submitted on a regular basis in line with the Corporate Risk Register, Risk CORP04. • Business Continuity and Civil Contingencies Group meet quarterly. • The annual Internal Audit Plan is risk-assessed and takes account of Council aims and objectives, and corporate policies and procedures; to include a review of the Risk Management corporate arrangements, and testing the mitigating controls in place for a sample of risks noted in the Corporate Risk Register- • Internal Audit Strategy & Annual Plan 2022-2023 approved by Governance and Audit Committee 10 March 2022, & continues to take account of additional risks presented by the pandemic. The IA Plan for 2023-24 was presented to and approved by GAC on the 9 March 2023. • Internal Audit Strategy & Annual Plan 2021-2022 approved by Governance and Audit Committee 10 March 2022, & continues to take account of additional risks presented by the pandemic. • IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. • Internal audit reports issued to Managers highlight the risks of not implementing any IA recommended actions. Fundamental & significant recommended actions are followed up <u>as part of IA's Management Action Programme</u> and reported to Governance and Audit Committee <u>on a 6-monthly basis</u>. If CMIA considers that any fundamental risks have not been addressed by a Manager this is reported to Governance and Audit Committee who has the 	<p>Risk management strategy</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required</p>
			<p>Audit Plan 2018/19</p>	<p>✓</p>		
			<p>Audit reports</p>	<p>✓</p>		

		<p>discretion of requesting that Manager to attend & explain reasoning for non-compliance.</p> <ul style="list-style-type: none"> The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness in his letter he has stated that the Council has complied with its responsibilities to the use of its resources. The Council Objectives are aligned to Strategies. 				
	<p>Alun Williams / Alex Jenkins F3.2 Evaluating and monitoring risk management and internal control on a regular basis</p>	<ul style="list-style-type: none"> The Council's Risk Management Framework was approved by Cabinet on the 24th September 2019 and the Council continues to form strategies and plans taking into account the risks caused by the Covid-19 pandemic. Regular meetings of the Emergency and Business Continuity Management Group take place to review Corporate and Service Area Emergency and Business Continuity Arrangements and Plans as well as recommendations arising from past incidents and exercises to evidence risk, identify emerging trends, and document any lessons learnt for follow up. Risk evaluation always appears on agendas. Internal Audit Strategy & Annual Plan 2022-2023 approved by Governance and Audit Committee 10 March 2022, & continues to take account of additional risks presented by the pandemic. The IA Plan for 2023-24 was presented to and approved by GAC on the 9 March 2023. IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. Regular Quarterly Internal Audit Progress Reports to Governance and Audit Committee for monitoring (e.g. Internal Audit Progress Report for period 1 July 2022 to 30 September 2022 presented to Governance & Audit Committee on 17 January 2023, period 1 October – 31 December presented to GAC 9 March 2023 and period 1 January – 31 March presented to GAC 21 June 2023). Summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year-end. IA Annual Report for 2021/22 -approved by Governance & Audit Committee 6 June 2022. IA Annual report for 2022/23 approved by GAC 21 June 2023. Follow-up IA reviews to monitor implementation of required actions as part of the Management Actions Programme. Internal controls, risk & governance processes are monitored according to the Internal Audit Charter (last version approved by Governance & Audit Committee 17/9/1/23) & the Annual Internal Audit Strategy and Plan. 	<p>Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis</p>	✓	9/10	<p>Good - Overall governance considered compliant and meets best practice. No further action required</p>
	<p>Alex Jenkins F3.3 Ensuring effective counter fraud and anti-corruption arrangements are in place</p>	<ul style="list-style-type: none"> Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption ('CIPFA', 2014). Internal Auditors have procedures in place if fraud discovered. 	<p>Compliance with the Code of Practice on Managing the Risk of Fraud and</p>	✓	9/10	<p>Good - Overall governance considered compliant and meets best practice. No further action required</p>

		<ul style="list-style-type: none"> • Two Officers in the IA team is aren accredited Counter Fraud Technicians, and a second officer is also currently undertaking the qualification. • An officer in the IA team holds a CIPFA Certificate in Investigative Practices ('CCIP'). • 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17 June 2021 -(minutes confirmed 23 September 2021) has been written with regard to the Code of Practice & updated to ensure all requirements are included. • IA undertakes counter fraud work where required (as well as dealing with the discovery of fraud as considered earlier). • Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by IA. • IA presents Counter-Fraud Report to Governance and Audit Committee annually (<u>2021/22 Counter-Fraud Report presented to Governance & Audit Committee on 6 June 2022</u>); <u>2022/23 Counter-Fraud Report presented to GAC on 21 June 2023.</u> • Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc); • Membership and active participation in professional networks and groups (Tisonline, KHub, etc); • IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained; • Nominated Council Officers undertake various fraud training to maintain knowledge and expertise; • Where appropriate, successful prosecutions publicised on Council website (and in local press) • Covid-19 grant payments audited prior to payment (as easier to stop a payment than recover it); • Key financial control audits added to audit plan, to check controls, governance & risks whilst staff working from home • IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council. 	Corruption (CIPFA, 2014)			
Alex Jenkins	F3.4 Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	<ul style="list-style-type: none"> • AGS 20210/224 approved by Council on 265 JanuaryNovember 20234 with the Statement of Accounts. The AGS contains the CMIA's annual opinion on assurance. • The IA function is headed by a CMIA who is currently -studying to gain an IIA qualification, they have considerable <u>audit &</u> local government experience, and are supported by a team with appropriate knowledge and skills. Regular reporting to Governance and Audit Committee on the activity of IA is undertaken. Robust risk-based forward work programme and business planning is in place. • IA evaluates and improves the effectiveness of risk management, control & governance processes in accordance with PSIAS, which is self-assessed and reported to Governance and Audit Committee 	Annual Governance Statement	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Effective Internal Audit service is resourced and maintained	✓		

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		<p>annually along with any improvements required. A peer review is undertaken every 5 years the most recent having been completed in May 2022. The report and resulting action plan was presented to Governance & Audit Committee on 27 September 2022.</p> <ul style="list-style-type: none"> • IA provides an individual assurance to Managers after each audit review – these are then used to provide an overall corporate level of assurance annually, which feeds in to the AGS. • A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resourced since 1 December 2020. • Three members of the team are currently pursuing the Institute of Internal Auditors' professional training qualification. 				
Elin Pryor F3.5 Ensuring a Governance and Audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon	<ul style="list-style-type: none"> • Governance and <u>Audit Committee</u> established that sets its own work plan. Committee is chaired by a Member of the opposition group (until May 2022 when Lay Person shall be Chair, per 2021 Act provisions). • Ongoing preparation and implementation of <u>Implemented</u> changes affecting the Governance and Audit Committee in light of the 2021 Act. The Governance and Audit Committee was informed, in a report on 24.2.2021 Meeting, of the changes to their role regarding self-assessment reports of the Council, and regarding panel performance assessments, as well as the change of name, and changes to the Chair/Vice Chair and composition. • Council approved changes to Tthe Governance and Audit Committee's Terms of Reference were updated on 6 December 2018 <u>regarding the new 2021 Act duties on 23 September 2021 and following report to:-</u> • Update report on 2021 Act presented to Governance and Audit Committee <u>on 3.6.2021 regarding Constitution</u>, to include updating Governance and Audit Committee regarding changes to Constitution affecting Committee, <u>further amendment to Governance and Audit Committee terms of reference approved by Council in July 2022 including:</u> <ul style="list-style-type: none"> — Recruitment of lay members and the Mid Wales CJC Governance and Audit Sub-Committee; and — Regarding the Committee's functions relating to: <ul style="list-style-type: none"> ○ reviewing and assessing the performance assessment of the Council; ○ considering the Council's draft annual Self-Assessment report; ○ considering any report from the Auditor General and Council's draft response; ○ review of the Council's complaints handling function; and — role regarding Panel Performance Assessments (from May 2022). <ul style="list-style-type: none"> • Changes made during 2021-2022 include preparations for: <ul style="list-style-type: none"> - terms of reference/remit/composition changes (including recommendations to Council from Cross-Party Constitution Working Group and changes to Constitution approved by Council at its 23.9.2021 Meeting); 	<p>9/10</p>	Good - Overall governance considered compliant and meets best practice. No further action required.			
		<p>Governance and Audit Committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013)</p>		✓		
		<p>Terms of reference</p>		✓		
		<p>Membership</p>		✓		
		<p>Training</p>	✓			

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		<p>-change of name to 'Governance and Audit Committee;</p> <ul style="list-style-type: none"> - Membership to be 2/3 Councillors and 1/3 Lay Persons (as defined in <u>2021 Act</u>) —recruitment completed (Council approved appointments 9.12.21); - Committee duty to appoint own Chair and Deputy Chair; -Chair must be lay person, <u>as required by 2021 Act</u>, —recruitment completed (Council approved appointments 9.12.21) and Chair/Deputy Chair shall be appointed from Lay Members; -Deputy Chair must not be <u>not a</u> member of Local Authority Executive (<u>par 2021 Act</u>); and - In absence of Chair & Deputy only non-executive Members can chair. <ul style="list-style-type: none"> • Size of Governance and Audit Committee review completed and change of size from May 2022 approved (9). • The Governance and Audit Committee has an effective 1/3 Lay Membership following successful recruitment process. Membership of Governance and Audit Committee considered in line with 2021 Act: Lay member recruitment completed, taking into account 2021 Act requirements and termination of term of office of current lay member. • Job Direction, Personal specification, and criteria approved by Council 10/12/20. • Governance and Audit Committee self-assessment - self-assessment exercise underway. • Reports and minutes are published on the Council's website. • Governance and Audit Committee Terms of Reference updated. • <u>Membership details</u> for Governance and Audit Committee and all Scrutiny Committees is available on the Council's website. • Regular meetings between CMIA and Chair of Governance and Audit Committee. • Meetings as necessary between MO & Chair of Governance and Audit Committee. • Regular meetings between MO & CMIA. • Regular meetings between MO and CMIA & Audit Wales when necessary. • Regular Meetings between Governance and Audit Committee Members and external regulator Audit Wales (with and without Officers) • Regular training / updates provided to Governance and Audit Committee. • Chair of Governance and Audit Committee attends Welsh Governance and Audit Committee Chair network group to develop and compare role within Local Authorities. 				
<p>F4 Managing data</p>	<p>Alan wynn Morris F4.1 Ensuring effective arrangements are in place for the safe</p>	<ul style="list-style-type: none"> • A New <u>ICT and Digital Strategy for 2018-2022</u> has been approved • All policies are up to date including; (all approved in February 2019). <ul style="list-style-type: none"> ○ <u>Data Protection & GDPR Policy;</u> 	<p>Data management framework and procedures</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

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

	making and performance monitoring	<ul style="list-style-type: none"> Retention Schedule –now <u>published</u> on intranet. 	Is there an example of Internal performance monitoring			
			Data validation procedures What data validation is carried out	✓		
F5 Strong public financial management	Duncan Hall F5.1 Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	<ul style="list-style-type: none"> The current <u>Medium Term Financial Strategy</u> ('MTFS') was established during the 2013-14 year and fundamentally updated and approved by Council on the 24th February 2016. The Current MTFS is that of 2018/2019 Onwards, but has now been amended to reflect the 2021/2022 provisional revenue settlement and updated to: <ul style="list-style-type: none"> Reflect the impact of Covid-19 Reflect 'Boosting Ceredigion's Economy – A Strategy for Action 2020-35' Amend the transformation savings plan Project forward cost pressures Reflect data changes, regulations, plans, policies and strategies and is being presented to Cabinet for approval 23.2.2021 for approval to then be presented to Council on 5.2.2021. This now includes a policy framework for setting the budgets annually as well as a three-year plan. The MTFS features as a corporate risk that is updated at least three times a year. The annual budget setting also included a risk assessment. The Council is responding to the proposal in the 2016 Wales Audit Office (now Audit Wales) Annual Improvement Report, and considering the report in light of the MTFS through ensuring that the Council's financial management arrangements are sufficiently robust to meet the significant challenges ahead. A Strategic Plan has been developed and has improved the programme of work necessary to consider service priorities whilst addressing financial constraints. An annual budget project plan/timetable is established to ensure that a balanced budget is approved within the statutory period in accordance with the Councils budget framework. Regular budget reports are taken to Cabinet and Leadership Group throughout the year and operational budgets are monitored on a monthly basis. 	Financial management supports the delivery of services and transformational change as well as securing good stewardship	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Duncan Hall F5.2 Ensuring well-developed financial management is integrated at all levels of planning and control, including management of	<ul style="list-style-type: none"> Budget monitoring is regular throughout the year, within services, to Cabinet and to Member Officer working groups e.g. Development Group and CMG and transformation programme savings to the Cross-Party Transformation and Efficiency Consultative Group. Quarterly Executive Panel meetings take place if required with Corporate Lead Officers together with the Leader of the Council, 	Budget monitoring reports	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.

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

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	provide and for users to understand	<ul style="list-style-type: none"> Democratic Services Annual Report available on the Council's Website. 				
G2 Implementing good practices in reporting	Alun Williams G2.1 Reporting at least annually on performance, value for money and the stewardship of its resources	<ul style="list-style-type: none"> The County Council's Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report is published on the Ceredigion County website to inform Ceredigion citizens what activities and actions the Council undertakes in support of its Well-being and Improvement Objectives. This also forms part of the Council's self-assessment. A summary plan is also available in public offices for our citizens. Annual financial statements are published on the Council's Website. 	Formal annual report which includes key points raised by external scrutineers and service users feedback on service delivery	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Annual finance statements	✓		
	Alun Williams G2.2 Ensuring Members and senior management own the results	<ul style="list-style-type: none"> Appropriate approvals. Corporate Performance Management arrangements. Ownership of planning and transformation. 	Appropriate approvals	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Elin Pryor G2.3 Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	<ul style="list-style-type: none"> Council's AGS evidences how it complies with the seven core Governance Framework Principles and sub-principles contained in the Framework and in the Local Code of Corporate Governance, including how it puts in place proper arrangements for the governance of its affairs, facilitates the effective exercise of its functions, and makes arrangements for risk management (the Governance Framework was developed in 2010 and has been revised in accordance with the CIFA/SOLACE Delivering Good Governance in Local Government Framework 2016). In compliance also with Local Government (Wales) Measure 2009 and The Well-being of Future Generations (Wales) Act 2015. Assessment of the framework for corporate governance carried out to ensure compliance e.g. updated to reflect changes necessary because of Covid-19 pandemic. Decision by Council whether AGS approved e.g. 2021/22 AGS approved by Council 26 January 2023 updated and approved by Council 25 November 2021 (with accounts). Council's Local Code of Corporate Governance demonstrates how it has the necessary corporate governance arrangements in place to perform effectively. The Local Code of Governance is a public statement that sets out the way the Council will meet that commitment. 2023-24 Local Code of Corporate Governance approved by Council 20.4.2023 and published on Council website. 	Annual Governance Statement	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
Elin Pryor G2.4 Ensuring that the Framework is applied to	<ul style="list-style-type: none"> AGS shared with accounts, reviewed and updated with Members and Officers providing a wider engagement process. 	Annual Governance Statement	✓	9/10	Good - Overall governance considered compliant and	

	jointly managed or shared service organisations as appropriate					meets best practice. No further action required.
	Duncan Hall G2.5 Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations	<ul style="list-style-type: none"> Financial implications are a requirement for inclusion in all Cabinet Meeting reports. <u>Financial Regulations and Financial Procedure Rules (Document F Constitution)</u>, <u>Contract Procedure Rules (Document G Constitution)</u> are all up to date. The current <u>Procurement Strategy 2018-2022</u> was approved in 2018. Accounting practices - Codes of Practice are complied with Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring. 	Format follows best practice	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
G3 Assurance and effective accountability	Elin Pryor G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	<ul style="list-style-type: none"> A good working relationship exists with external regulators, including Audit Wales, Estyn, CIW, Financial Services Authority ('FSA') and Food Standards Agency as key regulators. Audit Wales Protocol documented and procedures in place to ensure all 'Management Response Forms' from each Audit Wales report addressed and that Service responses are presented to Leadership Group, Governance and Audit Committee and Audit Wales. Regarding monitoring of progress of actions/recommendations, Governance Officer is Audit Wales point of contact for outstanding Management Response Forms ('MRFs') for 2019/20 & 2020/21, and ongoing governance-related MRFs/governance matters. Corporate Performance and Improvement Officer is point of contact for performance-related MRFs/performance matters. This system is set out in a Protocol, approved by Leadership Group and presented to Governance and Audit Committee, with updated version (to reflect that the Corporate Performance and Improvement Officer is in post) presented to Governance and Audit Committee 9.9.2021 Meeting. Monthly meetings are also being held between Performance officers & Audit Wales, and can be arranged with other officers as necessary. Regular dialogue is maintained with representatives from Audit Wales. Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements. All Audit Wales reports presented to Leadership group and Governance and Audit Committee, which monitors implementation of corrective actions required. Monitoring of progress of Actions process has been -developed. 	Recommendations have informed positive improvement	✓	9/10	Good - Overall governance considered compliant and meets best practice. Monitor progress of Actions/recommendations.

<p>Alex Jenkins G3.2 Ensuring an effective internal audit service with direct access to Members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon</p>	<ul style="list-style-type: none"> Chief Internal Auditor (CMIA) is currently studying to gain an IIA qualification, and has considerable local government experience, and is supported by a team with appropriate knowledge and skills. The Audit Manager & Senior Auditor isare undergoing an IIA qualification. and two auditors are developing ICT auditing skills. IA Officers are undergoing audit qualifications to enhance knowledge, skills and competency. A re-structure of IA was implemented in May 2019, and another in November 2020 and April 2022. The service has been fully resourced since 1 June 2022. A new CMIA has been in place from 1 January 2022, and has considerable experience in IA, and is supported by a knowledgeable & skilled Audit Manager. The role of CMIA has free and unfettered access to the Chair of the Governance & Audit Committee and both meet regularly during the year. Robust risk-based forward work programme and business planning is in place. Regular reporting to Governance & Audit Committee on the activity of IA is undertaken, i.e. quarterly Internal Audit Progress Reports to Governance & Audit Committee for monitoring progress performance and improvement and summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year end. Follow-up reviews undertaken to monitor corrective actions are implemented. Internal Audit Charter regularly reviewed and approved by Governance & Audit Committee (last version approved by Audit Committee 1917/1/223). CMIA provides annual objective opinion on assurance placed on Council's risk management, control and governance processes, based on the individual assurances given to Managers after each audit review, & feeds into the <u>AGS</u>. Compliance with PSIAS reported annually to Governance & Audit Committee with resultant improvement plan. Peer review of assessment every five years (latest review completed May 2022, report and resulting improvement plan were presented to Governance & Audit Committee on the 27 September 2022). IA's mission is to enhance & protect organisational value by providing risk-based & objective assurance, advice & insight. This is detailed in the internal Audit Charter, which also states IA's right of access (as per the Council's Financial Regulations/Constitution). 	<p>Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010) and CIPFA 2019 statement on role of Internal Audit</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>
		<p>Compliance with PSIAS</p>	<p>✓</p>		<p>Internal Audit now fully staffed. Training is in progress.</p> <p>QAIP updated following EQA, and all actions either completed or in progress.</p>
<p>Alex Jenkins G3.3 Welcoming peer challenge, reviews and inspections from regulatory</p>	<ul style="list-style-type: none"> A good working relationship exists with the Welsh Government as key regulator. Regular dialogue is maintained with representatives from Audit Wales. 	<p>Recommendations have informed positive improvement</p>	<p>✓</p>	<p>9/10</p>	<p>Good - Overall governance considered compliant and meets best practice. No further action required.</p>

	bodies and implementing recommendations	<ul style="list-style-type: none"> Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements. The Council is learning and continually works towards improvement. Five-yearly external assessment of IA is undertaken as required by PSIAS. The last Internal Audit External Assessment was undertaken in May 2022 by Anglesey County Council and was reported to Audit Committee, along with the resultant improvement Plan on 27 September 2022. IA progress, performance & improvement is reported to Audit Committee quarterly. 				QAIP updated following EQA, and all actions either completed or in progress.
	Elin Pryor G3.4 Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	<ul style="list-style-type: none"> <u>AGS</u>. Members and Officers carry out a review of the <u>AGS</u> annually. 	Annual governance statement	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
	Alun Williams / Diana Davies G3.5 Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met	<ul style="list-style-type: none"> <u>PSB</u>'s terms of reference and <u>Well-being Plan</u> Annual report from PSB. The Ceredigion County Council Overview and Scrutiny Co-ordinating Committee is responsible for taking an overview of the overall effectiveness of the Board. Partnership and Accountability agreements are established in collaborative projects. 	Public Service Boards terms of reference and well-being plans	✓	9/10	Good - Overall governance considered compliant and meets best practice. No further action required.
			Public service boards engage with scrutiny	✓		

Annual Governance Statement

2022-23



Approved by Council

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DRAFT

1 EXECUTIVE SUMMARY

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

The Council is also committed to improving the social, economic, environmental and cultural wellbeing of its citizens. This commitment is set out in the Council's Corporate Strategy 2022-2027 and describes how the council will meet the challenges ahead and make the most of opportunities. The Council's vision for this period is that the Council *'delivers value for money, sustainable bilingual public services, that support a strong economy and healthy environment, while promoting well-being in our people and our communities'* and is to be achieved by fulfilling the Corporate Priorities, which are:

1. Boosting the Economy, Supporting Businesses and Enabling Employment;
2. Creating Caring and Healthy Communities;
3. Providing the Best Start in Life and Enabling Learning at All Ages; and
4. Creating Sustainable, Greener and Well-Connected Communities.

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

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

The Council also has a duty under the Local Government (Wales) Measure 2009 to arrange to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. In discharging this overall responsibility, the Council must ensure proper arrangements for the governance of its affairs are in place, facilitating the effective exercise of its functions, and which includes the arrangements for the management of risk. The Local Government and Elections (Wales) Act 2021 is in force and the Council has taken the necessary steps to ensure compliance.

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

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

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

Following the review and in accordance with the requirements of the Framework a Local Code of Corporate Governance is in place and has been reviewed for 2023-24.

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

~~Following a review by Audit Wales of the Council's Planning Service undertaken during the period April to July 2021 (Report issued October 2021), the Council is working to support Audit Wales with their Planning Service Follow Up Review. Any recommendations will be responded to as reference in the action plan below.~~

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

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

The Council is required, each year, to produce an Annual Governance Statement ('AGS') (this document), which explains how the Council has complied with the seven core principles and sub-principles contained in its Governance Framework and the

Local Code of Corporate Governance, and also meets the requirement of The Accounts and Audit (Wales) Regulations 2014. This AGS gives assurances on compliance for the year ending 31 March 2023 and up to the date of approval of the Statement of Accounts. The review confirmed that the Council's governance arrangements are effective and fit for purpose.

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

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

Signed on behalf of **Ceredigion County Council**

Leader of the Council

Chief Executive

Date: xx/xx/xxxx

Date: xx/xx/xxxx

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

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

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

The Council has conducted an annual review of the effectiveness of its governance against the CIPFA/SOLACE Delivering Good Governance Framework (2016). The review involved a member/officer workshop in which the Council's Governance Framework Document was analysed and reviewed, with further changes made after the workshop reported to the Governance and Audit committee. Contributions were made to the review by the following Members: the Chair of the Governance and Audit Committee along with councillor and lay members of the committee. In addition, the Monitoring Officer, Corporate Manager - Internal Audit, Governance Officer, Corporate Lead Officer - Democratic Services, Corporate Manager – Democratic Services,

Corporate Lead Officer – People & Organisation and the Corporate Manager – Partnerships, Performance and Public Protection also took part.

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

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

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

The Governance Framework Document was also circulated to other officers, who have governance/management responsibilities within the Council. The review framework was presented to the Governance and Audit Committee on 17th January 2023.

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

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

In addition, the Corporate Manager - Internal Audit undertakes an independent review of the Governance Framework and the method of scoring and evidence, on an annual basis. The review of the 2022/23 Framework was completed in January 2023 and provided 'high' assurance that there was a sound system of scrutiny and robustness in place. This was reported to the Governance and Audit Committee in March 2023.

The Council has drawn together a Local Code for Corporate Governance which sets out the systems and processes, and cultures and values, by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the authority to monitor the achievement of its

strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

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

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

The CIPFA Financial Management code sets the standards of financial management for local authorities. It is designed to support effective practice in financial management and to assist local authorities in demonstrating their budgetary sustainability. The S151 Officer has undertaken a self-assessment review and is satisfied that the Council is compliant with the code.

3 Corporate Governance Achievements for 2022-23

The Local Code for Corporate Governance sets out the Local Authority's commitment to the principles of good governance. The following paragraphs outline the Corporate Governance achievements during 2022-23.

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

Behaving with integrity

- Code of Conduct for Members (updated in 2016) available on the Council's website, intranet site (CeriNet) under Councillor Resources, and in the Constitution.
- Members Code of Conduct Flowchart (updated in 2016).
- Code of Conduct for Officers* (review ~~undertaken and currently awaiting approval~~completed and updated Code published April 2023) available along with all Corporate policies and strategies via Council website/CeriNet and Staff News update for CeriNet being prepared to inform Staff of changes.
- Mandatory Induction and follow-up training on Code of Conduct and ethics provided to all Members.
- A comprehensive Induction programme for all Councillors undertaken following the Local Elections in 2022.
- Ethics/Fraud training provided in collaboration with Council's insurer at Corporate Managers' quarterly workshop 2021 forming a basis for e-learning module for all

Staff ([e-learning training content completed, to be created into e-learning training module shortly](#)).

- Internal Audit ('IA') & Governance Services working with Learning & Development have prepared scenarios for training. Training supported by recent review of Council's Strategy on Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering).
- Day to day advice is provided by the Monitoring Officer ('MO') and Scrutiny Support Officer.
- [Disciplinary Policy \(Nov 2017\)](#).
- [Survey of members training and development needs carried out annually](#).
- ~~[Personal Development Reviews carried out to review performance](#)~~.
- Register of Members interests, available from the Council's Democratic Services, reviewed by MO. [Register of Members' Interests also published on the Council website](#).
- [All Councillors completed Personal / Confidential Data Agreement](#).
- ~~—~~
- [Declaration of Interest and Hospitality forms for Officers and Members on CeriNet](#).
- Monitoring and review by MO of Chief Officers' declarations annually.
- MO advises Chief Officers and Members on need to declare close personal associations with other Officers or Members.
- MO advising of Officers regarding declarations of interest is ongoing. Regular reminders through News Updates on CeriNet system and at Leadership Group.
- NFI match highlights Staff who are directors of companies that have dealings with the Council – any non-declarations investigated by IA and reported to MO.
- Declaration of interest process to be extended to include requirement regarding related parties: that officers and Members declare if they are closely related to other Officers, Members or teachers. Specific declaration/return required stating whether this includes a Chief Officer (and to state relationship).
- Declaration of interest process to be extended to include requirement that Members specify Directorships - company name and number, (un)remunerated, private interest or Council appointment.
MO to remind Members of the need to accurately disclose all Directorships (including dormant companies).
- Declaration of interest process to be extended to include requirement that Members specify role within memberships - observer, member, volunteer, Committee member, Board member or Trustee.
- ~~[Officers' declaration of interest to include requirement to declare if they or a close family member, or any person or organisation acting on their behalf, are on the Board, management committee or other controlling group of an organisation with which the Council has significant dealings](#)~~.
- [Training to be provided on the role of Members on External Bodies](#).
- ~~—~~
- ~~[Review is currently being undertaken of the external bodies that have appointed Members, including added value, and updating of the Constitution](#)~~.
- MO to undertake enquiries with company secretaries as necessary to ascertain basis of Members trustee/Directorship interests within charitable organisations or companies, and rationale. To seek amendment of Articles of Association or resignation of Council directorships if necessary.
- Members required to update Register of Interests in accordance with the Code of Conduct, and in addition, annually, which is opportunity to reference any close

personal associates/roles etc. Additionally, declarations of interest made by members at meetings. This includes lay/independent members.

- Politically Restricted Post Register for Officers maintained and Political Restrictions on Local Government Employees Policy available to employees on CeriNet. Register of Politically Restricted Posts published on Council website.
- Dispensations forms for members updated in 2022.
- MO meets with political group leaders quarterly to consider their new duties to uphold standards of conduct of Members in their group.
- Political group leaders to cooperate with the Ethics and Standards Committee as required in pursuance of their new duties.
- Political group leaders to complete template setting out actions undertaken to evidence compliance with their new duties.
- Local Resolution Procedure for Members: ungrouped/unaffiliated Member receives Council Chair/Vice Chair' advice/support.
- The Ethics and Standards Committee has received training on its new duties (from May 2022) under the Local Government and Elections (Wales) Act 2021 ('2021 Act').
- The Terms of Reference of the Development Management Committee (formerly Development Control Committee) have been revised to clearly state its purpose, role and responsibilities, and how it links to Corporate Priorities.
- The Operational Procedures document for the Development Management Committee has been revised. A 'cooling-off' process has been established in order to review planning applications, which may, if approved, be a significant departure from policy.
- The Scheme of Delegations contains criteria for applications, which must be referred to the Development Management Committee, and those applications that can be delegated to the Corporate Lead Officer.
- A Protocol for Good Practice for Councillors at Development Management Committee has been produced and included in the Constitution.
- A good working relationship exists with all key regulators.
- The Constitution is subject to regular reviews, with ongoing updates as required, including presenting proposed changes to Cross Party Constitution Working Group, to make recommendations on changes to Constitution to Council. MO/Governance Officer report to Council to update delegations and Constitution.
- The Corporate Strategy 2022-2027 includes Corporate Well-being Objectives setting out the Council's priorities and high-level objectives with supporting actions on an annual basis.
- The Well-being and Improvement Objectives build on the priority areas identified in the Corporate Strategy 2022-2027 and are reviewed annually These are developed in consultation with the public and Members.
- ~~A mandatory E-learning training module, on the Well Being of Future Generations Act 2015 ('WFGA') must be completed by all Staff~~
- Members' standards and conduct matters considered by the Council's Ethics and Standards Committee. Public meetings held regularly, and chaired by an independent person-determine dispensations, and consider strategic/policy issues and receive updates from PSOW Findings & APW cases. Committee and Members are advised by the MO & Standards Officer.
- Annual Ethics & Standards Committee Report reported to Council in October 2022.

- Governance & Audit Committee meets regularly to consider governance and external regulator reports. Chaired by Lay Person, per 2021 Act provisions~~non-executive member~~.
- Governance and Audit Committee carry out a benchmarking exercise annually to provide further assurance on the review of the Annual Governance Statement ('AGS') process. IA review and report on the process annually.
- Effective 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' in place (updated June 2021).
- Internal Audit Annual Report on Counter Fraud presented to Governance and Audit Committee at year-end. 2021/22 report presented 6.6.22 and 2022/23 report presented 21.6.23.
- Ethics Audit undertaken during 2019. Follow up Internal Audit of Council's arrangements regarding ethics also in progress ~~(currently in review)~~.
- Whistleblowing Policy available to Employees and Contractors (has been reviewed, updated, presented to Overview and Scrutiny Co-ordinating Committee (recommended to approve), approved by Cabinet and published on CeriNet 17.4.2023 and is currently awaiting approval).
- A mandatory E-learning training module on Whistleblowing must be completed by all Staff. ~~The MO keeps a register of referrals and reports 6-monthly to the Overview and Scrutiny Co-ordinating Committee~~.
- Revised Corporate Concerns and Complaints Policy published 1.10.2021.
- All complaints are dealt with in accordance with the corporate procedures which include informal and formal stages and these are communicated to Staff on a regular basis.
- The complaints system is monitored by the Corporate Complaints and Freedom of Information Manager.
- Annual Complaints Report considered by the Governance and Audit Committee and Cabinet prior to approval by Council. Includes Lessons Learned from complaints received.
- Agenda/Minutes for all committees published on the Council's Website, including disclosures of interests.
- Cabinet Decision Notices published on the Council's Website.
- Preparation for publication of delegated decisions register ongoing.
- Register of Contracts published on Council Website.

Demonstrating strong commitment to ethical values

- Ethics and Standards Committee championing ethical compliance to ensure that public have trust and confidence that Members and Officers work to highest ethical and moral standards.
- The Ethics and Standards Committee has been proactive, leading on training sessions and putting procedures in place for dispensation arrangements. The structure has recently been reviewed to improve efficiency and effectiveness.
- Officers such as Internal Auditors, sign an annual Code of Ethics affirmation.
- Follow up Internal Audit of Council's arrangements regarding Ethics also in progress ~~(currently in review)~~.
- Carmarthen County Council undertook an independent audit of ethics within the Council during 2019. Follow up Internal Audit of Council's arrangements regarding ethics in progress ~~(currently in review)~~.

- Employee Handbook is reviewed annually, is available on CeriNet, sets out the expected Employee behaviour and includes the Code of Conduct for Local Government Employees.
- Training on equality and diversity and recruitment and selection including equal opportunities is ~~mandatory~~ provided for all Ceredigion County Council Managers.
- Training on equality and diversity is provided to all Councillors
- All Staff must complete an e-learning module on Equality & Diversity.
- Standard Terms and Conditions for all Suppliers of Goods and services include conditions relating to Equality and Diversity and are available on the Council's website.
- Procurement Strategy 2018-2022 was approved by Council 19th June 2018.
- Procurement training also being rolled out to Staff.
- Council Recruitment Policy and DBS Policy.
- Training Needs Analysis Questionnaire has been circulated by Council newsletter to Staff requesting opinion on ethical culture of Council & training module planned in response to feedback.
- All Group Leaders signed Diversity in Democracy Declaration in September 2021.

Respecting the rule of law

- Council Constitution.
- Terms of reference are included in the Constitution.
- Consideration is being given to the Data Protection Principles, -and processing of personal information in the context of Council Committees and all Members.
- Training for all Members on Introduction for Council, including GDPR.
- Statutory powers and legal implications included in every decision-making Cabinet report.
- Legal and Financial advice/implications is provided on all appropriate reports for decision.
- The MO and Legal Services and the IA Service are available to advise as appropriate.
- The MO attends Leadership Group/Cabinet/Council meetings and routinely attends many public meetings, as required, subject to availability. In the absence of the MO, the Deputy MO will attend Cabinet and Council meetings.
- The MO has direct access to the CE and reports to Council generally and as part of statutory duty.
- The MO operates an 'open' door policy for Members wishing to receive 'conduct' and 'governance' advice.
- Job descriptions & person specifications clearly define the roles and responsibilities required of posts.
- Members' Role descriptions set out their respective responsibilities.
- Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, published 13 April 2016).
- Compliance with CIPFA's Statement on the Role of the Head of Internal Audit in Public Service Organisations (CIPFA, published 9 April 2019) & contribution published in CIPFA's accompanying Putting Principles into Practice document (2019).

- Financial Regulations and Financial Procedure Rules (Document F Constitution).
- Contract Procedure Rules (Document G in the Council's Constitution).
- Compliance with Specific Codes e.g. Internal Auditors' Public Sector Internal Audit Standards ('PSIAS', March 2017)
- Members of Governance and Audit Committee updated on fraud including IA annual counter fraud report.
- Statutory Officers accountable to the Chief Executive ('CE') and the Council.
- Regular meetings between CE, S.151 Officer & MO.
- Corporate Manager – Internal Audit ('CMIA') has free & unfettered access to Members and Officers at all levels, and right of access as per Council's Constitution and Internal Audit Charter.
- ~~Two~~ An Officers in the IA team ~~is a~~ ren accredited Counter Fraud Technicians, ~~a second officer is now also undertaking the qualification.~~
- An Officer in the IA team holds a CIPFA Certificate in Investigative Practices ('CCIP').
- Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by Internal Audit.
- Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc).
- Membership and active participation in professional networks and groups (Tisonline, KHub, etc).
- Nominated Council Officers undertake various fraud training to maintain knowledge and expertise.
- Where appropriate, successful prosecutions publicised on Council website (and in local press).

B. Ensuring openness and comprehensive stakeholder engagement:

Openness

- All Council, Cabinet and Committee meetings open to the public and agendas and papers published on the Council website (with the exception of exempt reports exempt information as defined by the 1972 Local Government Act).
- Council and Cabinet meetings are broadcasted.
- In accordance with the requirements of the LGEW Act 2021, arrangements ~~have been~~ were made to enable hybrid meetings to be held from May 2022. New equipment has been installed in the Chamber. Council and Cabinet meetings are being broadcasted on the Council's Facebook pages. Members of the public can attend to view meetings remotely or in person.
- All Statutory Annual Reports, Statements of Accounts and Improvement Progress Reports are all published within timescales and are available on the Council's website.
- Freedom of Information Act publication scheme.
- A host of service areas are available online including council tax self-service and information.
- The Council's goals and values are set out in the Corporate Strategy 2022-2027.
- Ceredigion County Council Website.
- MO and Ethics & Standards generic email addresses created.
- Regular and timely responses to the press and other enquiries to Management and members as well as comprehensive FOI responses.

- Review of the FOI Publication scheme in progress.
- Freedom of Information Policy (March 2018).
- Corporate Complaints and Freedom of Information Manager in post.
- Complaints and Freedom of Information Privacy Notice.
- An Overview and Scrutiny Public Engagement Protocol (2018) (Document N Constitution) has been approved by Council and has been used on several occasions.
- Protocol for speaking at the Development Management Committee in place (Part 4 Document I Constitution).
- Protocol for access by Cabinet Members to Overview and Scrutiny Committee approved by Council (Part 5 Document M2 Constitution).
- Integrated Impact Assessment ('IIA') tool and guidance to inform effective decision making have been developed and are being implemented.
- Council / Cabinet report template updated to include reference to legal implications, staffing implications, property / asset implications and risks and to reflect the new Corporate Strategy 2022 - 2027.
- Standard templates and guidance for reporting to Council, Cabinet and Overview and Scrutiny Committees are used and all include the IIA results.
- A Protocol is in place for working relationships between Members and Officers (e.g. Officer-Member Protocol). (The Constitution Part 5).
- A calendar of dates of meetings including forward work programmes of the Council, Cabinet and Committees are published on the Council's website.
- Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision making process, Wellbeing of Future Generations Act, Equalities, Welsh Language and the use of the IIAs.
- The Engagement and Consultation Checklist assists with decision making around whether or not to undertake a consultation regarding a proposed change and guidance on dissemination of consultation results is available to Officers.
- IIA conclusions reported to Council, Cabinet and Overview and Scrutiny. 8-13 IIAs went to Cabinet from 01.04.2022 to 07.12.2022 (2022-23 part year) during 2022-23.
- The Council, in collaboration with partners, has carried out significant engagement to produce the Public Service Board's ('PSB') Well-being Assessment and Local Well-being Plan.
- Well-being objectives for 2022-23 have been set in order to deliver the Corporate Strategy 2022-2027.
- Corporate Complaints Policy has been reviewed, new Policy presented to Corporate Resources Overview & Scrutiny Committee 7.7.21 and to Council 23.9.2021, and Revised Concerns and Complaints Policy and Procedures 2021, its implementation and publication approved by Council.
- Social Services Complaints Policy and Procedure has been reviewed.
- Consultation Decision making tool (Consultation Tree and flowchart) have been developed and includes the use of feedback.
- Consultations are published on the Corporate section of the Council Website.
- Consultations are promoted through social media
- Guidance has been issued on the Ceredigion Council intranet to all Staff to follow with regards to the dissemination of feedback to decision makers. Recent indications are that significant progress is being made in this area by Officers.

Field Code Changed

Engaging comprehensively with institutional stakeholders

- [Public Services Board Terms of Reference](#) available on the Council Website and [PSB Project Groups Terms of Reference](#) available. Scrutiny arrangements for the PSB have been put in place.
 - Joint engagement and consultation exercises are held. Collaborative projects are running with institutional stakeholders with clear governance arrangements in place.
 - [Engagement with Service Users List](#) including stakeholders with whom the authority should engage is in place and [Engagement and Participation Policy](#).
 - [Collaboration Standards for New Strategic Projects Guidance and Templates are available](#).
- Partnerships Include:
- [PSB](#);
 - [West Wales Regional Partnership Board](#);
 - [Community Safety Partnership](#);
 - [Mid and West Wales Safeguarding Board](#); and
 - [Growing Mid Wales](#).
- Partnerships such as [Growing Mid Wales](#) have been established with governance arrangements. Growing Mid Wales Joint Overview and Scrutiny Committee has been established.
 - Regular reporting of partnership meetings and activity to Leadership Group and Cabinet.
 - Partnership metrics are subject to internal review, where appropriate.
 - Legal Team is actively involved in drafting and reviewing Terms of Reference for Inter Authority Agreements ('IAAs') and formal committees.
 - A suite of documents have been developed that relate to strategic collaboration projects that the Authority is considering entering into. The [documents](#) include guidance, standards and numerous templates for varying stages of collaboration projects.

Engaging stakeholders effectively, including individual citizens and service users

- A new [Engagement and Participation Policy](#) for Ceredigion County Council, 'Talking, Listening and Working Together,' has been prepared and was agreed through the democratic process in Autumn 2022.
- A [Community Engagement, Consultations and Partnerships Page](#) has been created on [CeriNet](#), which includes [links to Engagement and Participation Policy](#), [Engagement and Consultation Checklist](#), [Engagement with Service Users and Consultation Decision Making Tool](#).
- All IAAs for Cabinet are assessed by the Equalities and Inclusion Manager, including whether effective engagement, involvement and consultation has taken place and informed strategic decision making process.
- Public Engagement Tool Kit.
- [IIA Tool Kit](#).
- Summary reports on consultation and engagement activities are reported back to Members and service users.
- We have worked in partnership with Local Authorities and Public Services across Mid and West Wales on the review of our Strategic Equality Plans. A joint

question set and engagement and consultation framework was produced and as a result, feedback was obtained from people with protected characteristics.

- Minutes of engagement groups with people with protected characteristics.
- Effective Community involvement carried out with the well-being assessment work.
- Effective Community involvement carried out with service users from different backgrounds to inform the new Strategic Equality Plan.
- Corporate Communications Protocol in place which is periodically reviewed.
- ~~Corporate Communications Strategy 2019-2022 is currently under review and a new Strategy will be developed in 2023.~~
- Dissemination of consultation results and reports on completed consultations and engagement exercises are posted on the Council's public consultations webpage in order to provide feedback to the public.
- Processes have been introduced to monitor feedback e.g. any consultation/engagement reports are presented to Scrutiny and Cabinet to inform their decision-making.
- Feedback from engagement and how people's views have been taken into account is recorded in the IIAs.
- A Well-being assessment (PSB) has been carried out that will inform the development of the PSB's Local Well-being Plan, which will be published in May 2023 was approved by Council on 20.4.2023 (Ceredigion Local Well-being Plan 2023-2028).
- An annual report on progress made against the Council's Well-being objectives and Corporate priorities in published on the Council Website.
- UNCRC – United Nations Convention on the Rights of the Child have been adopted by the Council.
- Participation Standards have been adopted by Council.

Field Code Changed

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

Defining outcomes

- The Council's Corporate Well-being Objectives are included in the Council's Corporate Strategy 2022-2027 and are reviewed each year and reported in the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report published on the Ceredigion County Council website.
- The purpose and the vision of the Council have been determined by Council and is contained in the Corporate Strategy 2022-2027. This strategy illustrates how the authority will support and promote the well-being of the citizens of Ceredigion.
- All Planning arrangements reflect the Golden Thread and make the links to Corporate plans including;
 - Business Plans;
 - Strategic Plan;
 - Corporate Performance Management Reporting; and
 - Well-being and Improvement Objectives.
- Performance information is outlined in the Council's Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report .

- Business Plans are prepared on an annual basis and are monitored quarterly by a Performance Board, which includes Cabinet members and the Chairs and Vice Chairs of the Overview and Scrutiny Committees and Chair of the Governance and Audit Committee.
- Budget setting subject to detailed scrutiny by the five Overview and Scrutiny Committees.
- The Medium Term Financial Plan is in place.
- Quarterly performance arrangements provide a challenge protocol to ensure outcomes are delivered.
- Business planning process includes resource allocation.
- ~~Cross Party Transformation and efficiency Group monitors the budget savings and delivery of services within budgets.~~
- Corporate performance management arrangements include quarterly assessment of risks to the achievement of outcomes or service delivery.
- Risk management includes risk logs for;
 - Business Plans (Level 1); and
 - Service Plans (Level 2).
- Local performance measures are included in Business and service delivery plans.
- Capital Plans include;
 - Rights of Way;
 - Highways;
 - Annual Budget Plan; and
 - Transformation.
- The Risk Management Policy and Strategy and the Risk Management Framework was approved by Cabinet on 24 September 2019.
- Risk Management training to be rolled out to Members and Senior Managers.
- Risk management e-learning package has been developed for all other Staff and training took place in 2019, with workshop with insurers arranged for senior Managers.
- Publication of service performance, including costs and value for money data is routinely considered within service reports.

Sustainable economic, social and environmental benefits

- The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness. In his letter he has stated that the Council has complied with its responsibilities to the use of its resources.
- The most recent Audit of the Council's Improvement Plan (2020-2021) was issued in November 2020. The report concluded positively that the Council discharged its duties and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties.
- A capital appraisal form is completed for new capital projects, which covers the requirement for the project, and is used to assess value for money and the revenue implications of major projects.
- Capital Investment Strategy is contained within the Medium Term Financial Strategy.
- The Authority has undertaken the following steps towards the implementation of the Well-being of Future Generations (Wales) Act 2015:
 - Prepared well-being objectives and statement;

- Embedded the Well-being Goals and Sustainable; development principal into the business planning process
- Developed a new IIA tool and guidance;
- Established a Well-being of Future Generations Act group and action plan;
- The Constitution is continually monitored and reviewed;
- PSB assessment of Local Well-being published in March 2017;
- Scrutiny arrangements agreed for PSB;
- Cabinet Reports, to include the Social/economic/ environmental impact assessment;
- A mandatory e-learning module on the Act has been developed and promoted to all Council Staff;
- an Equality, community and Welsh language Impact Assessment must be undertaken on all school restructuring proposals as required under the Welsh Government School Organisation Code; and
- Members have contributed to The Future Generations Officer Scrutiny Framework in relation to the WFGA.
- Wales procurement policy statement is aligned to the Council's Procurement Strategy 2018-2022.
- The Council wide WFGA Group Action Plan.
- Strategic Equality Plan 2020-2024.
- Welsh Language Standards in place and are monitored by the Welsh Language Policy Officer.
- Annual Welsh Language Standards monitoring report presented to Cabinet and published on the Council website.
- A mandatory E-learning training module on Welsh Language Awareness must be completed by all Staff.
- Members provided with Welsh Language Awareness and Equalities Training as part of their Induction Programme.

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

Determining interventions

- The IIA tool and guidance is available and training has been rolled out for Officers and Members.
- Corporate project management group has been established to formalise project development and management.
- Standard reporting templates are used in decision making process.
- Organisational Awareness training available as an optional module of the Corporate Manager Programme, which includes information relating to the decision-making process, Wellbeing of Future Generations, Equalities, Welsh Language and the use of the IIAs, Head of Democratic Services and MO (CLO- Legal & Governance) advise as necessary.
- Risk Management Policy, Strategy and Framework with training programme for Members, Senior Management and Managers, published on CeriNet and available to all Members of Staff. Documents amended to reflect additional risks and background information to make informed decisions. Corporate Risk Register reported regularly to Governance and Audit Committee.
- Medium Term Financial Strategy has been regularly updated.

- Consultation decision tree tool includes a guidance section on dissemination of consultation results.
- Finance challenge regarding savings on Council Website.

Planning interventions

- Corporate Performance Management arrangements include quarterly:
 - Weekly leadership Group meetings;
 - Quarterly reporting of progress against level 1 Business Plans;
 - Quarterly Performance Board meetings; and
 - Quarterly Executive Panel Meetings.
- A calendar is used to report deadlines and Board/Executive Panel dates are published with reports.
- All major collaboration projects have established governance and management arrangements including risk management.
- All projects considered by Corporate Project Management Panel, which is also attended by IA and is an effective forum for advice/challenge and highlighting risks as Service areas develop projects, including collaboration projects.
- The Corporate Project Management Panel helps ensure projects give early consideration to: the Well Being and Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improve project arrangements prior to reporting to the Development Group and other authorisation processes. This also helps identify capital requirements for inclusion in future capital programmes.
- Ensuring Staff with project management skills are available.
- Account will be taken of legislative changes e.g. work is ongoing in relation to implementing legislative changes such as LGEW 2021 Act changes and considering/monitoring risks facing each partner when working collaboratively, including shared risks. Meetings are being held and preparation being carried out, for example, regarding the 2021 Act's requirement for Corporate Joint Committees, including potential and shared risks (a CJC group has been established, with the first meeting held on 19th April 2021, to consider the requirement to establish the Mid Wales CJC in accordance with the 2021 Act).
- Appropriate Joint Scrutiny arrangements are in place in relation to the Growing Mid Wales Board. Similarly, the Mid Wales Corporate Joint Committee will have Sub appropriate arrangements in place (Joint Scrutiny, Standards and Governance and Audit Committee)- arrangements in compliance with legislation and its Standing Orders.
- Local performance indicators have been established and approved for each service element and included in the service plan and are reported upon regularly.
- The Business Planning process for 2022-23 is being implemented with Level 1 Business Plans shared with the Performance and Research Team.
- Performance measures have been identified within each Level 1 Business Plan that have in turn translate into the reporting Dashboard for each service. These measures have been closely scrutinised and have received final sign-off from senior leadership. Services report against these measures as part of the performance management process for the year.
- Business Plans include budget and finance information and form part of the quarterly Corporate Performance Management arrangements.
- Budget Framework in place.
- Service Accountancy – Budget monitoring takes place.

- Financial Regulations and Financial Procedure Rules (Document F Constitution) along with Budgetary Control Guidance are all up to date. Chief Officer Assurance Statements. The internal controls in place are subject to regular review by Internal Audit, in accordance with the annual risk-based audit plan.
- Changes through the corporate savings plan have been through a robust governance process to ensure that all savings all link to the desired outcome.
- Community Benefits is embedded in our Processes and Policies and has been regularly applied, monitored and reported upon. Well-being of Future Generations (Wales) Act is integrated into our processes.

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

Developing the entity's capacity

- Corporate and line management induction is now in place. Corporate induction and Corporate Manager Development plans were introduced in April 2018 and revised in October 2022. Corporate induction sessions are part of these requirements, all new Staff must attend an induction session. Senior Managers present within these face-to-face or virtual sessions.
- CeriNet (the HR intranet and resource to Staff and management) is continually reviewed and improved for effectiveness.
- Learning & Development is now managed via the Ceri system offering opportunities to all Staff.
- Ongoing annual Personal Performance scheme – Performance Reviews link to Corporate and strategic objectives.
- The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for delivery of corporate improvements in performance review of Staff. These have been further strengthened with the introduction of annual appraisals for all Staff via the Ceri HR system.
- A comprehensive induction programme is provided for ~~new~~ all Members following the Local Elections in 2022. Ongoing training is arranged for specific issues e.g. Treasury management.
- Members attend various events, seminars and conferences (see above).
- Survey of members training and development needs carried out annually.
- ~~Personal Development Review process in place for Members.~~
- Utilisation of research and benchmarking exercises.
- The Ceri HR payroll system has ensured that meaningful data on Staff is now available to Managers on a monthly basis in order to monitor costs turnover and absence.
- Effective operation of partnerships which deliver agreed outcomes.
- Effective Partnerships have been developed in a number of areas and services including:
 - School Improvement;
 - Health & Social care; and
 - Waste.
- Additional partnerships are included in the strategic Collaboration Projects List.

- Strategic workforce planning is undertaken utilising the Strategic workforce planning tool kit and is completed by all service areas. The Workforce Plan 2023~~2~~-2027~~8~~ is currently being developed and will be published once approved by Cabinet in ~~Autumn~~^{early} 2023. Once in place, annual updates on progress of the workforce plan are reported to scrutiny.

Developing the capability of the entity's leadership and other individuals

- The Leadership and Senior Officer structure has defined these roles, including how they integrate with each other.
- Joint meeting of senior Managers ensures that roles, responsibilities and accountabilities are clear.
- Job descriptions clearly define the roles and responsibilities required of posts.
- The Constitution sets out the roles and responsibilities of Members (Part 3.4 Table 4) and senior Officers (part 2 Article 2)
- The Strategic Planning Toolkit includes an element of succession planning and talent management.
- Learning and Development opportunities are offered to those within a Leadership role or who are aspiring leaders.
- A Scheme of Delegation (The Constitution Part 3.5) exists and clearly sets out responsibilities for Members and Officers.
- Protocols are in place for working relationships between Members and Officers (e.g. Officer-Member Protocol).
- Codes of Conduct for Officers and Members are in place.
- Member Officer working groups in place and working effectively.
- Contract Procedure Rules ('CPR') (Part 4 Document G Constitution) and Financial Regulations and accompanying financial procedures (Part 4 Document F Constitution) are reviewed on a regular basis e.g. CPR updated March 2019.
- The Council's Constitution sets out the functions and responsibilities of the Leader and Chief Executive.
- The Corporate structure of the Council has been established to ensure that the Statutory Officers are able to perform their roles effectively.
- The CE is responsible for reviewing this structure, as necessary.
- Democratic Services Committee agreed the revised set of Member Role Descriptions, designed to be used alongside Welsh member Development (Competency) Framework, of Welsh Local Government Association ('WLGA') Framework.
- Member Role Descriptions and Person Specifications presented to Council.
- Comprehensive Induction Programme for all Members (~~new and old~~) undertaken following the Local Elections 2022.
- Access to courses/information briefings on new legislation.
- Provision of opportunities for ongoing skills and refresher training for Officers.
- Members Workshops arranged, as necessary.
- ~~Personal reviews for Officers.~~
- Survey of members training and development needs carried out annually.
- ~~Provision and ongoing review of opportunities for skills and refresher training for Members (see above), including Personal Development Review Scheme.~~
- Development/training done as part of person specifications for key finance and legal posts (mandatory qualification, job requirements).

- ~~The Council aims to achieve the standard level for the Wales Charter for Member Support and Development.~~
- ~~A process for Member Personal Development Reviews has been developed and the information used to develop a Members' Training Plan.~~
- Induction and Corporate Manager Development plans are in place.
- E-learning packages are regularly being developed and rolled out for mandatory and non-mandatory training for staff and Members.
- Performance Reviews are undertaken by all Staff as part of the Ceri system Performance Management module.
- The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter preparing action plans for delivery of corporate improvements in performance review of Staff.
- Induction programme is provided for new Members and new comprehensive induction programme has been provided post-election (from May 2022) with additional e-learning modules available. Ongoing training is arranged for specific issues. Members attend various events, seminars and conferences (see above).
- Scrutiny self-assessment undertaken annually.
- Succession planning is undertaken through discussions and actions within service areas and with partners this cannot always be evidenced. This will be further developed through the strategic workforce planning toolkit.
- Ceredigion Manager Programme offers personal development including governance arrangements and organisational knowledge.
- Members are encouraged and supported to complete Annual Reports, which are published on the Council's website.
- Chair of the Democratic Services Committee attends the National Network, facilitated by the WLGA.
- Chair of Governance and Audit Committee attends All Wales Governance and Audit Committee Chair's Networking Meetings to develop and compare role within Local Authorities.
- Staff development plans linked to appraisals have been strengthened with the introduction of the Performance Management module in Ceri.
- Implementing appropriate Human Resource policies and ensuring that they are working effectively.
- Smoke-Free Workplace Policy.
- Alcohol and Drug Misuse Policy.
- The Council has introduced a range of resources and options to enhance the health and well-being of Staff.
- Health and Well-being Strategy 2021-2026 has been introduced to support the improvement in the workforce health and well-being.
- The Council has appointed an Employee Health & Wellbeing Officer to coordinate and promote health and wellbeing within the workforce.
- A Care First employee assistance package has been introduced that offers:
- Counselling service; and
- Advice on financial, legal, consumer, eldercare, childcare and employment issues.
- Other support available for Staff includes:
 - Cognitive Behaviour Therapy Interactive health and wellbeing programme;
 - Eyecare scheme;
 - Childcare voucher scheme;
 - Iechyd Da; and

- Mindfulness training for Staff and Managers.
- Counselling service is also available to Members.

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

Managing risk

- The Corporate Risk Management Framework and the Risk Management Policy and Strategy were approved by Cabinet on the 24th of September 2019 and continue to be updated.
- The Corporate Risk Register is considered at all Leadership Group, Corporate Lead Officers, Corporate Performance Management meetings and by the Governance and Audit Committee as a standing item. The Committee refers matters to Scrutiny Committees, where appropriate. This provides ongoing information and assurance that risks continue to be managed.
- All Risks are allocated to a Corporate Lead Officer (Risk Owner).
- Specific Project Risk Monitoring is undertaken.
- ~~The Cross party Transformation and Efficiency Group regularly monitors Transformation Risks.~~
- Risk Management is integral to operational business planning Policy and Strategy setting.
- Project and transformation Risks are all logged.
- All Plans included Risk logs including:
 - The Medium term Financial Plan;
 - Business Plans (level 1); and
 - Service Plans (level 2).
- Corporate Risk Management arrangements are audited regularly.
- The management of risks is included in individual Services service/establishment audit programmes.
- 'Risks' form the basis of Internal Audit's audit programmes of work, as required by the Pentana audit management software system. Cabinet report template expanded to include risks and implications arising.

Managing performance

- Corporate performance management is linked to the Well-being and Improvement Objectives, Corporate Strategy 2022-2027 and the PSB's plans. The Council also has many local indicators which helps it determine whether it has achieved the priorities in its Corporate Strategy 2022-2027.
- Council approved the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report 2021-22.
- Benchmarking information carried out as part of service re-modelling.
- External & internal assessments by:
 - Audit Wales;
 - Estyn;
 - Care Inspectorate Wales ('CSIW'); Investigatory Powers' Commissioner's Office ('IPCO'); and
 - Information Commissioner's Office ('ICO').

- Self-Assessment (Governance and Audit Committee) - self-assessment exercise discussed at 28.11.22 workshop and will be carried out in 2023.
- Individual Services carry out self-assessment through a performance matrix.
- IA undertake an annual self-assessment and have a 5-yearly independent external assessment / peer review as required by the PSIAS. EQA completed May 2022, report & resulting action plan presented to Governance & Audit Committee 27.9.22 along with the CMIA's Internal Audit Self Assessment.
- Cost performance (using inputs and outputs).
- A Corporate Performance Management Panel meets quarterly. All Corporate Lead Officers report to this Panel and the Dates for reporting are published in the report. The Chairs and Vice Chairs of the Overview and Scrutiny Committees attend with the principle that they can identify areas that require inclusion on their respective Forward Work Programmes.
- Chief Officers provide support and advice to Members and advice provided by Chief Finance Officer and MO.
- Scrutiny arrangements are in place which provide opportunities to challenge decision making and review the provision of services. The scrutiny function's aim is to provide added value to the continuous improvement agenda in their role as "critical friend". In addition, Overview and Scrutiny Committees also provide opportunities to undertake pre-decision and policy development work, which is a function of scrutiny, which has developed over recent years. The Council's aim is to scrutinise, where possible, before decisions are made.
- Overview and Scrutiny Committees can instigate Task and Finish Groups to investigate and research a matter further prior to reporting back to the relevant Committee.
- Training for Members on the role of Scrutiny and Scrutiny Chair and Vice Chair training provided.
- The Council's Overview and Scrutiny Co-ordinating Committee is responsible for taking an overview of the overall effectiveness of the PSB.
- Work undertaken with the Future Generations Office to develop a Scrutiny Framework in relation to the WFGA.
- A Corporate Performance Management Board meets each quarter, with Chairs of the Overview and Scrutiny Committees invited to attend.
- Reporting dates are set at beginning of each year.
- Transformation and Risks are all referred to joint Local Government meetings and Panels.
- Financial monitoring is regularly undertaken throughout the Council under a devolved accountancy arrangement and formal reporting is made to Cabinet. Monitoring is also incorporated in to the quarterly performance management reports.
- Accounting practices - Codes of Practice are complied with. Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring.
- Business/Service plans are monitored to ensure delivery outcomes are achieved.

Robust internal control

- Risk Management Policy and Strategy and the Risk Management Framework were approved by Cabinet on 24 September 2019.
- Updates in relation to Business Continuity and Civil Contingencies arrangements submitted on a regular basis in line with the Corporate Risk Register, Risk CORP04.
- Business Continuity and Civil Contingencies Group meet quarterly.
- Regular meetings of the Emergency and Business Continuity Management Group take place to review Corporate and Service Area Emergency and Business Continuity Arrangements and Plans as well as recommendations arising from past incidents and exercises to evidence risk, identify emerging trends, and document any lessons learnt for follow up.
- The annual Internal Audit Plan is risk-assessed and takes account of Council aims and objectives, and corporate policies and procedures; to include a review of the Risk Management corporate arrangements, and testing the mitigating controls in place for a sample of risks noted in the Corporate Risk Register
- Internal Audit Strategy & Annual Plan 2022-2023 approved by Governance and Audit Committee 10 March 2022, & continues to take account of additional risks presented by the pandemic. The IA Plan for 2023-24 was presented to and approved by GAC on the 9 March 2023.
- ~~Internal Audit Strategy & Annual Plan 2021-2022 approved by Governance and Audit Committee 10 March 2022 & continues to take account of additional risks presented by the pandemic.~~
- IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council.
- Regular Quarterly Internal Audit Progress Reports to Governance and Audit Committee for monitoring (e.g. Internal Audit Progress Report for period 1 July 2022 to 30 September 2022 presented to Governance & Audit Committee on 17 January 2023, period 1 October – 31 December presented to GAC 9 March 2023 and period 1 January – 31 March presented to GAC 21 June 2023).
- Internal audit reports issued to Managers highlight the risks of not implementing any IA recommended actions. Fundamental & significant recommended actions are followed up as part of IA's Management Action Programme and reported to Governance and Audit Committee on a 6-monthly basis. If CMIA considers that any fundamental risks have not been addressed by a Manager this is reported to Governance and Audit Committee who has the discretion of requesting that Manager to attend & explain reasoning for non-compliance.
- Summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year-end. IA Annual Report for 2021/22 -approved by Governance & Audit Committee 6 June 2022. IA Annual report for 2022/23 approved by GAC 21 June 2023.
- Follow-up IA reviews to monitor implementation of required actions as part of the Management Actions Programme.
- Internal controls, risk & governance processes are monitored according to the Internal Audit Charter (last version approved by Governance & Audit Committee 17/9/1/2023) & the Annual Internal Audit Strategy and Plan.
- The appointed Auditor considers the Council's arrangements to secure economy, efficiency and effectiveness in his letter he has stated that the Council has complied with its responsibilities to the use of its resources.
- Risk evaluation always appears on agendas.
- Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption ('CIPFA', 2014).

- Internal Auditors have procedures in place if fraud discovered.
- ~~Two An-Officers~~ in the IA team ~~is a ren~~ accredited Counter Fraud Technician~~s~~, ~~and a second officer is also currently undertaking the qualification.~~
- An officer) in -the IA team holds a CIPFA Certificate in Investigative Practices ('CCIP').
- 'Strategy to Counter Fraud, Corruption and Bribery (to include Anti-Money Laundering)' updated and approved by Council 17 June 2021- (minutes confirmed 23 September 2021) has been written with regard to the Code of Practice & updated to ensure all requirements are included.
- IA undertakes counter fraud work where required (as well as dealing with the discovery of fraud as considered earlier).
- Council complies with Audit Wales's annual National Fraud Initiative requirements, currently co-ordinated by IA.
- IA presents Counter-Fraud Report to Governance and Audit Committee annually (2021/22 Counter-Fraud Report presented to Governance & Audit Committee on 6 June 2022 ~~6~~). 2022/23 Counter-Fraud Report presented to GAC on 21 June 2023.
- Monitoring and response to fraud alerts (NAFN, wider networks, peers, etc);
- Membership and active participation in professional networks and groups (Tisonline, KHub, etc);
- IA offer advice to services on implementation of new systems and processes to ensure effective internal controls maintained;
- Nominated Council Officers undertake various fraud training to maintain knowledge and expertise;
- Where appropriate, successful prosecutions publicised on Council website (and in local press)
- IA's annual audit plan can address any necessary re-prioritisation of work, allowing IA to be reactive to any changes in risk within the Council.
- The AGS contains the CMIA's annual opinion on assurance.
- The IA function is headed by a CMIA who is currently -studying to gain an IIA qualification, they have considerable audit & local government experience, and are supported by a team with appropriate knowledge and skills. Regular reporting to Governance and Audit Committee on the activity of IA is undertaken. Robust risk-based forward work programme and business planning is in place.
- IA evaluates and improves the effectiveness of risk management, control & governance processes in accordance with PSIAS, which is self-assessed and reported to Governance and Audit Committee annually along with any improvements required. A peer review is undertaken every 5 years the most recent having been completed in May 2022. The report and resulting action plan were presented to Governance & Audit Committee on 27 September 2022.
- IA provides an individual assurance to Managers after each audit review – these are then used to provide an overall corporate level of assurance annually, which feeds in to the AGS.
- A re-structure of IA was implemented in May 2019, and another in November 2020. The service has been fully resourced since 1 December 2020.
- ~~Threewo~~ members of the team are currently pursuing the Institute of Internal Auditors' professional training qualification.
- Governance and Audit Committee self-assessment - self-assessment exercise underway
- Regular meetings between CMIA and Chair of Governance and Audit Committee.

- Meetings as necessary between MO & Chair of Governance and Audit Committee.
- Regular meetings between MO & CMIA.
- Regular meetings between MO, CMIA & Audit Wales when necessary.
- Regular Meetings between Governance and Audit Committee Members and external regulator Audit Wales (with and without Officers).

Managing data

- ICT and Digital Strategy for 2018-2022 has been approved
- All policies are up to date including; (all approved in February 2019).
 - Data Protection & GDPR Policy;
 - Information Security Policy; and
 - Records Management Policy.
- A mandatory E-learning training module on Information Security must be completed by all Staff.
- A mandatory E-learning training module on Data Protection must be completed by all Staff.
- Designated Data Protection Officer.
- Corporate Lead Officer Customer Contact is the Senior Information Risk Owner ('SIRO') and has attended appropriate training for that role.
- The following responsible Officers are identified:
 - IT Security Officer ('ITSO'); and
 - Information and Records Management Officer ('IRMO')
- In addition the following groups/committees consider Information security:
 - Corporate Data Protection Group; and
 - Emergency & Business Continuity Meeting.
- External assessments to include compliance with Code of Conduct.
- Regular Internal Audit of data protection Registration requirements.
- Procedures following Audit Wales audit have been implemented.
- Officers are considering the introduction of privacy notices in relation to applications to all Members, including the Development Management Committee.
- Training ~~has been scheduled for~~ provided to Members on their obligations under the GDPR as part of the new Member training and a section on said legislation is now included in the protocol for Members in planning.
- Ceredigion County Council signed Wales Accord on the Sharing of Personal Information ('WASPI') and therefore uses WASPI framework for Information Sharing Agreements.

***The Accord is a common set of principles and standards under which partner organisations will share personal information. Organisations who adopt the Accord will show their commitment in meeting the agreed conditions, obligations and requirements within the framework.
- In most cases agreements are forwarded to the Data Protection Officer.
- There is also a public register on WASPI Website.
- Regular external Assessments e.g. Compliance with Code of Conduct.
- Internal performance monitoring and evidence.
- Cross matching data happens across the different services.
- Performance Indicator values are validated with evidence.
- Retention Schedule –now published on intranet.
- All Councillors signed Personal / Confidential Data Agreement.

Strong public financial management

- The current Medium Term Financial Strategy ('MTFS') ~~was established during the 2013-14 year and fundamentally updated and approved by Council on the 24th February 2016. The Current MTFS is that of 2018/2019 Onwards 2022/23 Onwards~~, but has now been amended to reflect the 2021/2022 provisional revenue settlement and updated to:
 - Reflect the impact of Covid-19
 - Reflect 'Boosting Ceredigion's Economy – A Strategy for Action 2020-35'
 - Amend the transformation savings plan
 - Project forward cost pressures
 - Reflect data changes, regulations, plans, policies and strategiesand is being presented to Cabinet for approval 23.2.2021 for approval to then be presented to Council on 5.2.2021.
- This now includes a policy framework for setting the budgets annually as well as a three-year plan. The MTFS features as a corporate risk that is updated at least three times a year. The annual budget setting also included a risk assessment. The Council is responding to the proposal in the 2016 Wales Audit Office (now Audit Wales) Annual Improvement Report, and considering the report in light of the MTFS through ensuring that the Council's financial management arrangements are sufficiently robust to meet the significant challenges ahead.
- A Strategic Plan has been developed and has improved the programme of work necessary to consider service priorities whilst addressing financial constraints.
- An annual budget project plan/timetable is established to ensure that a balanced budget is approved within the statutory period in accordance with the Councils budget framework.
- Regular budget reports are taken to Cabinet and Leadership Group throughout the year and operational budgets are monitored on a monthly basis.
- Budget monitoring is regular throughout the year, within services, to Cabinet and to Member Officer working groups e.g. Development Group and CMG ~~and transformation programme savings to the Cross Party Transformation and Efficiency Consultative Group.~~
- Quarterly Executive Panel meetings take place if required with Corporate Lead Officers together with the Leader of the Council, the CE, Corporate Lead Officer for Finance and Cabinet Member with Finance responsibility.
- Detailed scrutiny of the budgets prior to final decision by Council.
- Overview and Scrutiny Committees have the ability to scrutinise budgets at any time during the year.

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

Implementing good practice in transparency

- Council's Website.
- Council and Cabinet meetings are broadcasted.

- Standard templates for Cabinet, Scrutiny and Council.
- Compliance to the [Welsh language Standards and publication of the annual monitoring report](#).
- Use of Modern.Gov for publishing agendas and Councillor Information.
- Councillors' contact details, attendance records, Committee membership and Declarations of Interests available on the [Council's Website](#).
- Councillors' annual reports available on the Council's Website.
- Overview and Scrutiny Annual Report available on the [Council's Website](#).
- [Democratic Services Annual Report available on the Council's Website](#).
- Equipment has been installed in the Council Chamber to enable hybrid meetings to be held, as per the Local Government and Elections Act 2021. [Members of the public and press can attend in person or remotely where the meeting is not broadcast on the Council's Facebook page](#). The Council provides alternative ways for citizens to access information if they don't have access to digital services. ~~The Citizen can telephone the Council's Contact Centre or visit its Libraries where public access to computers are available or free 4G-Wi-Fi to allow anyone to use their own device.~~

Implementing good practices in reporting

- The County Council's Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report is published on the Ceredigion County website to inform Ceredigion citizens what activities and actions the Council undertakes in support of its Well-being and Improvement Objectives. This also forms part of the Council's self-assessment. A summary plan is also available in public offices for our citizens.
- [Annual financial statements](#) are published on the Council's Website.
- Council's AGS evidences how it complies with the seven core Governance Framework Principles and sub-principles contained in the Framework and in the Local Code of Corporate Governance, including how it puts in place proper arrangements for the governance of its affairs, facilitates the effective exercise of its functions, and makes arrangements for risk management (the Governance Framework was developed in 2010 and has been revised in accordance with the CIFA/SOLACE Delivering Good Governance in Local Government Framework 2016). In compliance also with Local Government (Wales) Measure 2009 and The Well-being of Future Generations (Wales) Act 2015.
- Assessment of the framework for corporate governance carried out to ensure compliance. Decision by Council whether [AGS](#) approved alongside Statement of Accounts.
- [AGS](#) shared with accounts, reviewed and updated with Members and Officers providing a wider engagement process.
- Council's [Local Code of Corporate Governance](#) demonstrates how it has the necessary corporate governance arrangements in place to perform effectively. The Local Code of Governance is a public statement that sets out the way the Council will meet that commitment. [2023-24 Local Code of Corporate Governance approved by Council 20.4.2023 and published on Council website](#).
- Financial implications are a requirement for inclusion in all Cabinet Meeting reports. [Financial Regulations and Financial Procedure Rules \(Document F Constitution\)](#), [Contract Procedure Rules \(Document G Constitution\)](#) are all up to date.

- Accounting practices - Codes of Practice are complied with Prudential Indicators are prepared and reported to Council and monitored throughout the year. Regular budget monitoring takes place throughout the year. IA also reviews controls over income collection and monitoring.

Assurance and effective accountability

- A good working relationship exists with Welsh Government and external regulators, including Audit Wales, Estyn, CIW, Financial Services Authority ('FSA') and Food Standards Agency as key regulators.
- Audit Wales Protocol documented and procedures in place to ensure all 'Management Response Forms' from each Audit Wales report addressed and that Service responses are presented to Leadership Group, Governance and Audit Committee and Audit Wales.
- Regarding monitoring of progress of actions/recommendations, Governance Officer is Audit Wales point of contact for ongoing governance related MRFs/governance matters. Corporate Performance and Improvement Officer is point of contact for performance related MRFs/performance matters. This system is set out in a Protocol, approved by Leadership Group and presented to Governance and Audit Committee, with updated version (to reflect that the Corporate Performance and Improvement Officer is in post) presented to Governance and Audit Committee 9.9.2021 Meeting.
- Monthly meetings are also being held between Performance Officers & Audit Wales and can be arranged with other officers as necessary. Regular dialogue is maintained with representatives from Audit Wales.
- Recommendations from Audit Wales are taken forward in the Corporate Performance Management arrangements.
- All Audit Wales reports presented to Leadership group and Governance and Audit Committee, which monitors implementation of corrective actions required.
- Monitoring of progress of Actions process has been developed.
- Chief Internal Auditor (CMIA) is currently studying to gain an IIA qualification, and has considerable local government experience, and is supported by a team with appropriate knowledge and skills.
- The Audit Manager & Senior Auditor areis undergoing an IIA qualification.
- and two auditors are developing ICT auditing skills.
- IA Officers are undergoing audit qualifications to enhance knowledge, skills and competency.
- A re-structure of IA was implemented in May 2019, and another in November 2020 and April 2022. The service has been fully resourced since 1 June 2022.
- A new CMIA has been in place from 1 January 2022, and has considerable experience in IA, and is supported by a knowledgeable & skilled Audit Manager.
- The role of CMIA has free and unfettered access to the Chair of the Governance & Audit Committee and both meet regularly during the year.
- Robust risk-based forward work programme and business planning is in place.
- Regular reporting to Governance & Audit Committee on the activity of IA is undertaken, i.e. quarterly Internal Audit Progress Reports to Governance & Audit Committee for monitoring progress performance and improvement and summary of work and audit opinion on assurance provided annually in Internal Audit Annual Report at year end. Follow-up reviews undertaken to monitor corrective actions are implemented.

- Internal Audit Charter regularly reviewed and approved by Governance & Audit Committee (last version approved by Audit Committee [4917/1/223](#)).
- CMIA provides annual objective opinion on assurance placed on Council's risk management, control and governance processes, based on the individual assurances given to Managers after each audit review, & feeds into the [AGS](#).
- Compliance with PSIAS reported annually to Governance & Audit Committee with resultant improvement plan. Peer review of assessment every five years (latest review completed May 2022 by Anglesey County Council, report and resulting improvement plan were presented to Governance & Audit Committee on the 27 September 2022).
- IA's mission is to enhance & protect organisational value by providing risk-based & objective assurance, advice & insight. This is detailed in the internal Audit Charter, which also states IA's right of access (as per the Council's Financial Regulations/[Constitution](#)).
- Partnership and Accountability agreements are established in collaborative projects.

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

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

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

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

A Report on the Annual Governance Statement 2022-2023 Progress and Current Year Action Plan was provided to the Governance and Audit Committee on 3 June 2021.

The Quarter 1 Internal Audit Progress Report 1/4/2022-30/6/2022 (presented to the Governance and Audit Committee on 27 September 2022 and subsequent periods expected on 17 January 2023, 9 March 2023 and 21 June 2023) include the actions taken to date to achieve the identified proposed improvements.

The Internal Audit staffing structure has been at full complement during the year 2022-2023.

On 10 March 2022, the CMIA also presented to the Governance and Audit Committee the Internal Audit Strategy and Plan for 2022/23. This is designed to ensure a sufficient area of coverage is undertaken to support the annual opinion on the effectiveness of the systems of governance, risk management and internal control across the Council. The Internal Audit Strategy and Plan for 2022/23 summarised the work areas the Internal Audit Section aimed to concentrate their time on during the year, taking account of the situation due to the pandemic.

The service ~~has been~~ provided on a ~~more~~ reactive basis ~~this year, this as with the previous year, due to the~~ addresses various risks introduced from ~~necessary~~ changes in the Council's working practices, such as the ~~issuing of one-off grants, interim hybrid working strategy, set up of groups to target specific areas of change, more staff working from home,~~ etc. Internal audit work has been assessed on an on-going basis with regular consideration given to the Council's changing ~~risks,~~ needs and priorities. In addition to this reactive work, assurance for 2022/23 is placed on planned reviews either carried forward or undertaken during the year to assess the annual level of assurance for the Council. ~~All actions taken have been consistent with the guidance note issued by the Internal Audit Standards Advisory Board.~~ In addition, more resources have been dedicated to developing the assurance mapping system to provide additional support to the assurance provided at year-end.

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

The CMIA concluded in her ~~2024~~2022/22-23 Annual Report presented to the Governance and Audit Committee on ~~2106/06/20223~~ that the Council has a satisfactory framework of governance, risk management and internal controls in place to manage the achievement of the organisation's objectives during the year, based on:

- the number, scope and assurances from internal and external sources during the year to 31 March 2022, and
- the acceptance of actions by management (where available).

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

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

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

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

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

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

Additionally:

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

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

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

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

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5 Issues identified for last year (2022-2023)

The following table records the actions that have been taken during 2022-23 to resolve the issues identified in the Annual Governance Statement for 2021-2022:

Note: Any actions not fully completed by the completion date will be carried forward into the 2023-2024 Action Plan

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

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<p>value and continue to update Code of Conduct for Officers and Members</p> <p>Update Dispensations forms for Members</p> <p>Appraisals were halted due to Covid-19 Pandemic but have now recommenced (undertaken in May 2021 and continue to be held virtually.)</p> <p>Reviewed Code of Conduct for Officers to be issued once updated & approved.</p> <p>Officers to complete a Mandatory Ethics/Fraud e-training module once completed & approved.</p> <p>Planning/Development Management Committee governance actions/documents established, training</p>	<p>MO to consider<u>Work regarding</u> member feedback and added value <u>outstanding. Code of Conduct for Officers has been updated.</u></p> <p>Dispensations form for members has been updated.</p> <p>Appraisals recommenced.</p> <p>Review of Code of Conduct for Officers to be issued once <u>approved, completed and published April 2023, and Staff News update for CeriNet published to inform Staff of changes.</u></p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	<p>to be provided and progress to be reviewed during 2022-2023.</p>	<p>Ethics/Fraud e-learning module still awaiting approval. <u>Ethics/Fraud E-learning training content completed, to be created into e-learning training module shortly.</u></p> <p>Discussions are currently taking place with Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the Audit Wales to support their Planning Service Follow-Up Review (received 18.7.2023).-Any recommendations will be responded to.</p>		

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
<p>A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and its Staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)</p>	<p>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p>	<p>Discussions are currently taking place with Audit Wales to support their Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the Planning Service Follow-Up Review (received 18.7.2023). Any recommendations will be responded to.</p>	<p>EP/LE/<u>RHP</u></p>	<p>March 2023</p>
<p>A1.3 Leading by example and using these standard operating principles or values as a framework for decision making and other actions</p>	<p>Leadership Group to be updated on e-learning with HR reporting to Leadership Group.</p>	<p>Complete</p> <p>Code of Conduct Training provided to all Members following the Local Elections 2022 <u>as part of a comprehensive induction programme for all Members. Refresher training provided on 18.5.2023.</u></p>	<p>GELE</p>	<p>March 2023 – Complete</p>

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
<p>A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<p>Delegated Decisions Register to be published.</p> <p>Continued monitoring of the Mandatory e-learning take up of Whistleblowing module. Currently lower than required.</p> <p>Whistleblowing Policy to be reviewed.</p>	<p>Work on publishing Delegated Decisions Register is still in progress.</p> <p>Continued monitoring of completion of mandatory Whistleblowing e-learning module.</p> <p>Whistleblowing policy has been reviewed, <u>updated</u>, presented to and is awaiting approval by Overview and Scrutiny Co-ordinating Committee (<u>recommended to approve</u>) and Cabinet (<u>approved</u>). <u>Updated Policy published on CeriNet 17.4.2023.</u></p>	<p>EP/ HR</p>	<p>March 2023</p>

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	Further training to be provided to all Members regarding their responsibilities in relation to Data Protection Principles and privacy notices. Privacy notices for Councillors being developed and to be provided.	<p>Training has been provided to all Members regarding their responsibilities in relation to Data Protection Principles.</p> <p>Privacy notices for Councillors being developed and to be provided by Data Protection Officer.</p>	EP/LE/AM	March 2023
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Completion of review of the FOI Publication Scheme, which is in progress.	<p>FOI Policy and EIR Policy both <u>to be further updated under current business plan.</u></p> <p>Review of the FOI Publication Scheme is in progress <u>to be undertaken.</u></p> <p><u>Hybrid system in place for Members and the public and press to attend public meetings.</u></p> <p><u>Council and Cabinet meetings broadcast live on</u></p>	LE/AW/MNH	March 2023

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
<p>B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes</p>	<p>Due to the Covid-19 pandemic, decisions have needed to be made by Gold Command for emergency reasons (under the temporary executive function transfer of power in place until 31.8.2021 and for operational procedures under the Civil Contingencies Act 2004 following that date), therefore it has been impossible to consult physically in the community at present for many services, and consequently the scoring has been amended to reflect this.</p> <p>To continue to progress the review of the Community Engagement Policy that will include provisions for how stakeholders are engaged in future.</p>	<p>the Council's Facebook pages.</p> <p>Gold Command is no longer meeting.</p> <p>A new Engagement and Participation Policy, 'Talking, Listening and Working Together' has been published. Implementation of this policy to be reviewed before action complete.</p>	AW	March 2023
<p>D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks</p>	<p>To continue to take into account legislative changes e.g. Local Government and Elections (Wales) Act 2021.</p>	<p>Work is ongoing to account for legislative changes.</p>	AW/EP	March 2023

Issue	Action	Outcome / Progress to Date	Lead Officer	Completion Date
	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.	Risks facing each partner when working collaboratively will continue to be considered/monitored.		
G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	Monitor progress of actions/recommendations.	Monitoring progress of actions/recommendations is ongoing.	EP/AW	March 2023

6 Agreed action plan for matters to be considered during 2023-2024

Following the implementation and review of the CIPFA/SOLACE Delivering good governance in Local Government Framework (2016) the following issues have been identified for resolution during 2023-2024:

Issue	Action	Outcome	Lead Officer	Completion Date
A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<p>MO to continue to advise Members further on the Code of Conduct.</p> <p>MO to continue to advise Chief Officers further on the need to declare:</p> <ul style="list-style-type: none"> close personal associations -with other Officers or Members, Ongoing review on Chief Officers business declarations <p>Review Members holding directorships, trusteeships, or memberships. MO to consider <u>Work regarding</u> member feedback and added value <u>outstanding</u>. <u>Code of Conduct for Officers has been updated. Reviewed Code of Conduct for Officers to be issued once approved.</u></p> <p>Officers to complete a Mandatory Ethics/Fraud e-training module once</p>	Further embedding of behaviour with integrity.	EP/LE	March 2024

Issue	Action	Outcome	Lead Officer	Completion Date
	<p>completed & approved <u>(e-learning training content completed, to be created into e-learning training module shortly).</u></p> <p>Planning/Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2022-2023.</p> <p>Discussions are currently taking place Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the with Audit Wales to support their Planning Service Follow-Up Review <u>(received 18.7.2023).</u> Any recommendations will be responded to.</p>			
A1.2 Ensuring Members take the lead in establishing specific standard operating principles or values for the Organisation and	Planning/Development Management Committee governance actions/documents established, training	Further embedment of Standard Operation Principles and values,	EP/LE	March 2024

Issue	Action	Outcome	Lead Officer	Completion Date
<p>its Staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)</p>	<p>to be provided and progress to be reviewed during 2022-2023.</p> <p>Discussions are currently taking place with Governance arrangements shall continue to be reviewed in relation to the Planning Service, including as part of the response to the recommendations from the -Audit Wales to support their Planning Service Follow-Up Review (received 18.7.2023). Any recommendations will be responded to.</p> <p>Audit Wales – setting of well-being objectives examination received June 2023. The recommendations will be responded to.</p>	<p>including their communication.</p>		
<p>A1.4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to</p>	<p>Delegated decision Decisions Register to be published – in progress.</p> <p>Continued monitoring of completion of mandatory Whistleblowing e-learning module.</p>	<p>Further embedment of Standard Operating principles and communication through publication of documents.</p>	<p>EP/ HR</p>	<p>March 2024</p>

Issue	Action	Outcome	Lead Officer	Completion Date
ensure that they are operating effectively	<p>Whistleblowing policy has been reviewed and is awaiting approval by Overview and Scrutiny Co-ordinating Committee and Cabinet.</p> <p>Revised Officer Code of Conduct and Declaration of Interest forms to be presented to Scrutiny Committee</p> <p>Report on generic whistleblowing activity to be presented to Overview and Scrutiny Co-ordinating Committee.</p>			
A3.1 Ensuring members and Staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	Privacy notices for Councillors being developed and to be provided by Data Protection Officer.	Demonstrating strong commitment to rule of law. and adherence to relevant laws and regulations	EP/LE/AM	March 2024
A3.2 Creating the conditions to ensure that the statutory Officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	CMIA to complete professional qualification	Ensuring key post holders are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	EP/AJ	March 2024

Issue	Action	Outcome	Lead Officer	Completion Date
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<u>FOI Policy and EIR Policy both to be further updated under current business plan.</u> Review of the FOI Publication Scheme <u>is in progress to be undertaken.</u>	Demonstrating commitment to openness.	LE/AW/MNH	March 2024
B3.1 Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	A new Engagement and Participation Policy, 'Talking, Listening and Working Together' has been published. Implementation of this policy to be considered before action complete.	Improving Community Engagement.	AW	March 2024
D2.3 Considering and monitoring risks facing each partner when working collaboratively including shared risks	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	Risk management and compliance with legislation to demonstrate commitment to rule of law.	AW/EP	March 2024

Issue	Action	Outcome	Lead Officer	Completion Date
	consider/monitor risks facing each partner when working collaboratively, including shared risks.			
E2.2 Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	Delegated Decision Register to be published.	Further clarity on which decisions are delegated through communication by way of publication.	EP	March 2024
G3.1 Ensuring that recommendations for corrective action made by external audit are acted upon	Monitor progress of actions/recommendations – ongoing action.	Assurances and managing risk.	EP/AW	March 2024

7 Conclusion

The annual governance framework review measured progress against the new CIPFA/SOLACE Delivering Good Governance Framework (2016) and overall governance arrangements were found to be acceptable or good. The review confirmed that the Council's governance arrangements are effective and fit for purpose.

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

The development of a Local Code of Corporate Governance bringing together all the local codes and documents together in one document provides assurance that there are clear governance arrangements in place.

The Council has identified a number of minor issues for resolution during 2023/24 and has set these out in an action plan for completion (as above). The actions taken as a direct result of the pandemic will be recorded, as appropriate.

8 Certification of Annual Governance Statement

We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness throughout the 2023/24 year and will monitor their implementation and operation as part of our next annual review. It is acknowledged that the pandemic may hinder some of these steps, which will be addressed and reported accordingly to Council in the 2023/24 AGS.

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	27 September 2023
LOCATION:	Hybrid
TITLE:	Governance and Audit Committee self-assessment 2022-2023
PURPOSE OF REPORT:	To consider the Governance and Audit Committee's ability to self-assess
For:	Recommendation
CABINET PORTFOLIO AND CABINET MEMBER:	Cllr. Matthew Vaux, Cabinet Member for Partnerships, Housing, Legal & Governance and Public Protection

Background

The Chartered Institute of Public Finance & Accountancy's ('CIPFA') *Audit Committees: Practical Guidance for Local Authorities and Police* (2018 Edition) sets out guidance on the function and operation of Audit committees.

In 2022 CIPFA produced the updated "Governance & Audit Committees: Practical Guidance for Local Authorities and Police" Guidance which sets out the function and operation of Governance & Audit committees (GACs) self-assessment requirements including self-assessment.

The Guidance aims to:

- help GACs members understand the purpose of the committee, its core (and possible wider) functions, their responsibilities as members, independence and accountability, and effectiveness.
- areas where audit committees can exert influence, add value, and support overall governance within the authority.

Self-assessment

The 2022 Guidance includes guidance on developing effectiveness and recommends that the GAC considers an assessment of whether:

- it operates in line with practices recommended in the 2022 Guidance,
- whether it is compliant with any relevant legislation.

- to should reflect on how/whether it has fulfilled its terms of reference/core functions,
- consider how it operates (e.g., training, support and development of experience/knowledge),
- its effectiveness (impact on governance quality, internal control, risk management and satisfactory audit arrangements) and
- any feedback from those who interact with it,
- there is a need to review members knowledge and skills,
- evaluates its impact and identify areas for improvement.

In addition, the following should be considered:

- the GAC contribution and positive impact on the work of the authority
- GAC impact
- identify areas for improvement
- training
- GAC Chair facilitating general feedback to individual GAC members

The 2022 Guidance recommends that GACs report on their effectiveness in the Chair's annual report.

Governance and Audit Committee self-assessment 2022-2023

Following the circulation of a survey and workshop, on 10th March 2022 a draft Self-assessment and Evaluation of Effectiveness Review was considered by the Governance and Audit Committee ('the Committee'). It was agreed that the document would be reconsidered in order that a final review document could be presented at the next Committee meeting.

At the Committee's 7th June 2022 meeting, it was confirmed that the draft Self-assessment and Evaluation of Effectiveness Review had been added to the Forward Work Programme under September's 2022's scheduled meeting as it was hoped that a Workshop would be scheduled for the new Committee in advance of this meeting in order to reconsider the document and discuss the skills of the new Committee. It was agreed that a workshop be held prior to the September meeting in order to collate skills of Committee Members.

A workshop was held in November 2022.

A further workshop was held on 13/6/23 for the Committee to consider the draft Self-assessment and Evaluation of Effectiveness Review. The '*Self-assessment of good practice*' document, as completed is attached (at **Appendix 1-"Appendix E"**).

The Committee did not complete the CIPFA tool '*Evaluating the impact and effectiveness of the audit committee*' tool ("Appendix F")

Current Position

The Committee now need to consider whether:

- the self-assessment exercise for 2022-23 is complete
- going forward it wishes to use CIPFA's '*Self-assessment of good practice*' and '*Evaluating the impact and effectiveness of the audit committee*' tools, or use an alternative method of self-assessment.

RECOMMENDATIONS: That the Governance and Audit Committee:

- 1) Notes the contents of the draft '*Self-assessment of good practice*' document (at **Appendix 1**);
- 2) Considers whether the self-assessment exercise for 2022-23 is complete; and
- 3) Considers whether the Committee it wishes to carry out a revised self-assessment procedure for the 2023-2024 self- assessment process.

REASONS FOR RECOMMENDATIONS: That the Governance and Audit Committee is satisfied that effective assurance arrangements are in place to manage the authority's financial affairs, risk management, internal control and corporate governance arrangements.

Appendices: Appendix 1 – CIPFA's '*Self-assessment of good practice*' tool, as completed by the Governance and Audit Committee (Appendix E)

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

Reporting Officer: Hannah Rees, Governance Officer

Date: 6/9/23

Self-assessment of good practice

This appendix provides a high-level review that incorporates the key principles set out in CIPFA's Position Statement and this publication. Where an audit committee has a high degree of performance against the good practice principles, it is an indicator that the committee is soundly based and has in place a knowledgeable membership. These are the essential factors in developing an effective audit committee.

A regular self-assessment should be used to support the planning of the audit committee work programme and training plans. It will also inform the annual report.

Good practice questions	Does not comply				Fully complies
	Partially complies and extent of improvement needed*				
	Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement
Weighting of answers	0	1	2	3	5

Audit committee purpose and governance

- 1 Does the authority have a dedicated audit committee that is not combined with other functions (eg standards, ethics, scrutiny)?
- 2 Does the audit committee report directly to the governing body (PCC and chief constable/full council/full fire authority, etc)?
- 3 Has the committee maintained its advisory role by not taking on any decision-making powers?
- 4 Do the terms of reference clearly set out the purpose of the committee in accordance with CIPFA's 2022 Position Statement?
- 5 Do all those charged with governance and in leadership roles have a good understanding of the role and purpose of the committee?
- 6 Does the audit committee escalate issues and concerns promptly to those in governance and leadership roles?
- 7 Does the governing body hold the audit committee to account for its performance at least annually?

* Where the committee does not fully comply with an element, three options are available to allow distinctions between aspects that require significant improvement and those only requiring minor changes.

Good practice questions	Does not comply					Partially complies and extent of improvement needed					Fully complies														
	Major improvement					Significant improvement					Moderate improvement					Minor improvement					No further improvement				
Weighting of answers	0					1					2					3					5				
8 Does the committee publish an annual report in accordance with the 2022 guidance, including:																									
<ul style="list-style-type: none"> compliance with the CIPFA Position Statement 2022 																									
<ul style="list-style-type: none"> results of the annual evaluation, development work undertaken and planned improvements 																									
<ul style="list-style-type: none"> how it has fulfilled its terms of reference and the key issues escalated in the year? 																									
Functions of the committee																									
9 Do the committee's terms of reference explicitly address all the core areas identified in CIPFA's Position Statement as follows?																									
Governance arrangements																									
Risk management arrangements																									
Internal control arrangements, including:																									
<ul style="list-style-type: none"> financial management value for money ethics and standards counter fraud and corruption 																									
Annual governance statement																									
Financial reporting																									
Assurance framework																									
Internal audit																									
External audit																									
10 Over the last year, has adequate consideration been given to all core areas?																									
11 Over the last year, has the committee only considered agenda items that align with its core functions or selected wider functions, as set out in the 2022 guidance?																									
12 Has the committee met privately with the external auditors and head of internal audit in the last year?																									

Good practice questions	Does not comply					Fully complies
	Partially complies and extent of improvement needed					
	Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement	
Weighting of answers	0	1	2	3	5	
24 Does the committee engage with a wide range of leaders and managers, including discussion of audit findings, risks and action plans with the responsible officers?						
25 Does the committee make recommendations for the improvement of governance, risk and control arrangements?						
26 Do audit committee recommendations have traction with those in leadership roles?						
27 Has the committee evaluated whether and how it is adding value to the organisation?						
28 Does the committee have an action plan to improve any areas of weakness?						
29 Has this assessment been undertaken collaboratively with the audit committee members?						
Subtotal score						
Total score						
Maximum possible score						200**

** 40 questions/sub-questions multiplied by five.

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CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	27 September 2023
Title:	Internal Audit Progress Report 1/4/23 – 30/6/23
Purpose of the report:	To provide Members with an update on the work undertaken by internal audit during the above period

The Committee considered the annual Internal Audit Strategy 2023/24 at its meeting in March 2023 which also identified the main areas of work for the 2023/24 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 2023/24, 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. Any reactive work added to the Operational Plan is reported within this report.

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

Recommendation(s):	To consider the work undertaken and current position of the Internal Audit Section
Reasons for decision:	That the Committee is satisfied that the Internal Audit Section is undertaking sufficient and appropriate work in order to provide a realistic assurance at year-end, whilst adding value and assisting the Council in achieving its objectives.
Appendices:	Internal Audit Progress Report 1/4/23-30/6/23
Corporate Lead Officer:	Elin Prysor CLO-Legal and Governance / Monitoring Officer
Reporting Officer:	Alex Jenkins Corporate Manager – Internal Audit
Date:	18 July 2023

Gwasanaethau Cyfreithiol a Llywodraethu

Legal and Governance Services

Gwasanaeth Archwilio Mewnol

Internal Audit Service

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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 April – 30 June 2023

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

Date of Issue: 18 July 2023

Presented to Governance & Audit
Committee 27 September 2023

ADRODDIAD CYNNYDD ARCHWILIO MEWNOL

INTERNAL AUDIT PROGRESS REPORT

01/4/2023 – 30/6/2023

1 INTRODUCTION

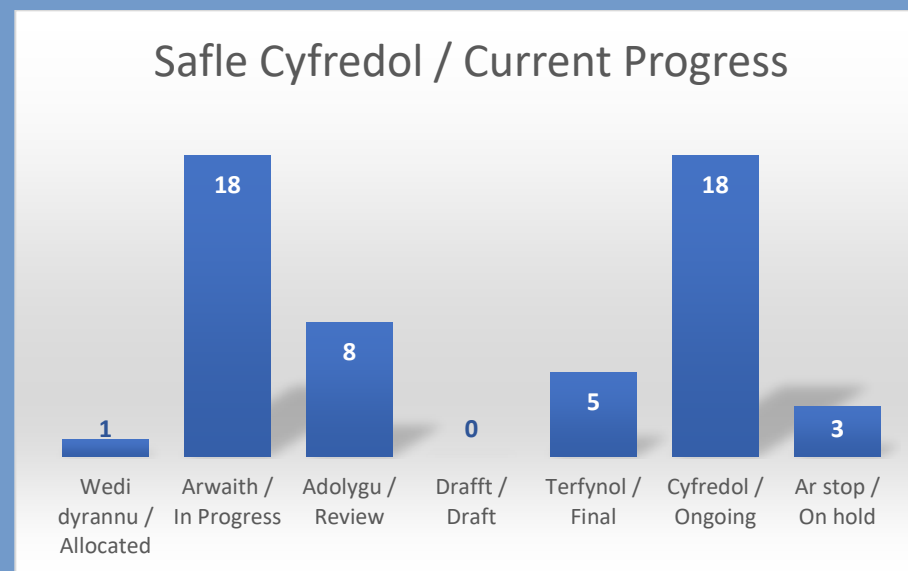
1.1 The Internal Audit Strategy and Annual Plan for 2023/24 was approved by the Committee (GAC) on 9 March 2023.

1.2 The purpose of this report is to update the GAC on the work undertaken by the Internal Audit (IA) service during the first quarter of the 2023/24 financial year and highlight any areas of concern that may have arisen during the completed audits.

1.3 As at 30/06/2023 a total of 85 items appear in the operational Interim Audit Plan. These are made-up of 77 'planned' pieces of work consisting of audits from the Annual Strategy & Plan. The remaining 8 items have been risk assessed and added during the first quarter, ie reactive work. Further detail on these can be found in Section 3.

2 AUDIT WORK UNDERTAKEN

2.1 Audit Plan Progress:



2.2 Five 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
Sustainable Drainage Systems Scope: Assess and obtain assurance that the Council has a system in place that is compliant with regulatory requirements.	System	Substantial
Museum Stock Scope: Independent Verification of stock due to discrepancies found in year-end stock take to the Cash Receiving System.	SI	Limited
Special Investigation Scope: Independent investigation requested by Human Resources, follow-on audit to 'Missing Purchase – SI'	SI	SI
Direct Payment Respite Break Protocol Scope: To review and provide advice on respite break protocol for Direct Payments.	Consultancy	N/A
Face to Face Provision Scope: To provide advice on procedures and planned controls on the reintroduced face to face customer service provision including: cash handling procedures, banking and security.	Advisory	Advisory

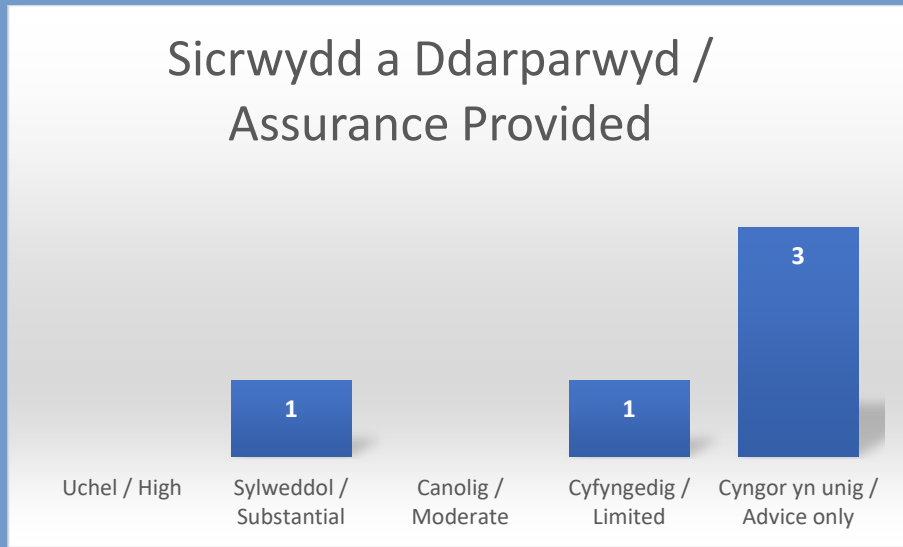
2.3 Examples of good practice noted from the finalised audits have been listed below, which also form part of the annual assurance process:

- **Sustainable Drainage Systems (SuDS)**
 - ✓ The Council has adequate documents and guidance that help to support the implementation of SuDS
 - ✓ The application form contains all relevant information as set out in the standards
 - ✓ The Council has published guidance for developers & applicants and provided links to relevant legislation, frameworks & external guidance
 - ✓ Flood risks included on Corporate Risk Register (SuDS previously included, mitigating actions completed)
- **Ceredigion Museum – Stocktake**
 - ✓ Annual Stocktakes undertaken
 - ✓ Interim stocktakes of individual suppliers are carried out periodically
- The advisory and consultancy work completed during the quarter were included on the plan following a request from the services. It is pleasing that Internal Audit advice is sought by services at an early stage in the development of policies and procedures.

2.4 A total of 18 items included in the plan 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:

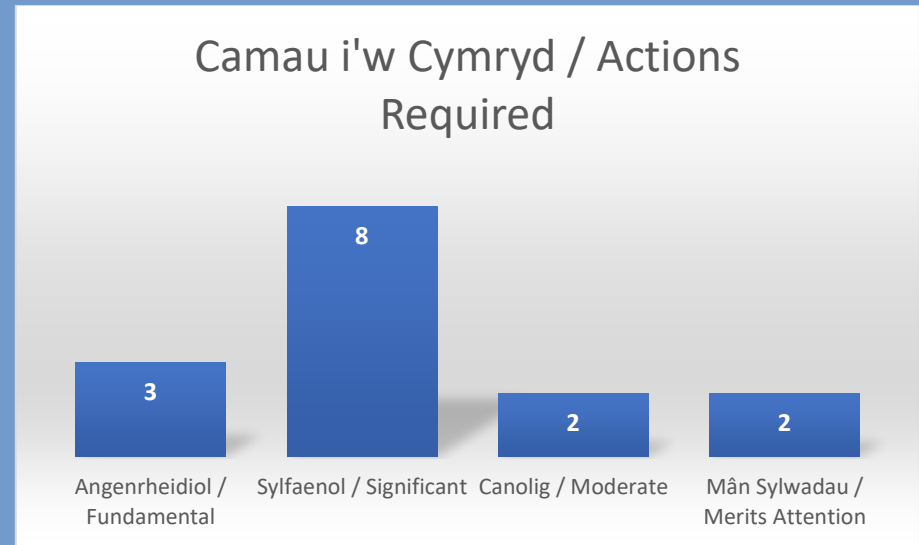
- **Emergency Planning & Business Continuity** – Corporate Business Continuity Plans being reviewed and updated by services & Civil Contingencies staff. Training was given to CMs in order to develop plans to respond to ransomware attacks.
- **Corporate Project Management Panel** – new project proposals 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 15 'actions required' have been issued in the finalised reports during the quarter of which 3 were fundamental, 8 significant, 2 moderate and 2 merits attention:



2.8 The criteria used to determine the 'actions required' is outlined in Appendix II.

2.9 The 3 fundamental and 8 significant actions issued during the first quarter are detailed below:

Sustainable Drainage Systems

R1

As Lead Local Flood Authority, the Council must ensure that an asset register of structures that may affect flood risk is created and maintained.
As the register must be available for inspection by the public, consideration should be given to including guidance on how to view the register or a link to the register of the Council's website.

Ceredigion Museum - Stock

R1

Procedures must be documented to ensure that stocktakes are carried out and recorded correctly, information is retained in accordance with the Corporate Retention Schedule and for business continuity purposes.

R2

An independent verification of an annual stocktake must be carried out to ensure accuracy of records. Where there are staff resource limitations, a sample of items from annual stocktakes should be verified by an independent officer.

R3

A complete record of the annual stocktake should be retained for the current year, plus one year (2 years) in accordance with the Council's Corporate Retention Schedule.

R4

Care should be taken to ensure that the retail price on the items in the museum shop are consistent to those listed on the EPOS system.

A sample of products should be checked periodically to ensure that price marks correspond to the EPOS system.

Price points of all items should be checked annually, this could be done as part of the annual stocktake.

R5

All discrepancies must be investigated. As a Public Authority, the Council has a duty to protect public funds and investigate any instances of potential loss.

Where stock quantities require amending on the EPOS system, these must be independently verified.

R6

Care must be taken to ensure that any recorded 'deadstock' is removed from the stock record on the EPOS system to ensure that stock records are accurate and up to date for stock control purposes.

All write-offs of 'dead-stock' must be authorised by a manager.

Recurring instances of damage/loss should be investigated by management to reduce the risk of loss of income.

R7

Consideration must be given to the performance and efficiencies of the current EPOS system and its ability to perform as required to provide effective and robust internal controls to mitigate identified risks.

Where reliance cannot be placed on the EPOS system to maintain accurate records, alternative stock records must be maintained to ensure accurate stock control, to reduce errors and loss and to protect public funds.

Special Investigation

R1

The service must document and share with staff agreed protocol on the acceptable process to be followed for securely storing service users' personal belongings.

R2

If the service decides to accept that, on occasions, service users' personal belongings may be stored at officers' private property; documented procedures must be created and communicated to all relevant officers to ensure that sufficient controls are in place to mitigate risks e.g. Corporate Manager approval, inventory list, service user/advocate declaration and authorisation.

R3

Officers should be reminded of the Council's key policies and procedures to include the Employee Code of Conduct and the expected minimum standards on officer behaviour and the Council's Financial Regulations as a minimum.

3. A total of 8 'reactive' items have been risk assessed and included in the Operational Internal Audit Plan as shown in table (below).

Audit Area	Type of Audit	Status
Ceredigion Museum – Independent Verification of Stock	SI	Completed
Special Investigation - CM	SI	Completed
Special Investigation - SS Motability	SI	In Progress
Special Investigation – Housing Grant	SI	In Progress
Special Investigation – Carers Fund Administration	SI	In Progress
Special Investigation - Aberaeron Leisure Centre Cash	SI	In Progress
Direct Payment Respite Protocol	Consultancy	Completed
Face to Face Provision	Advice	Completed

4 RESOURCES

4.1 Internal Audit has been fully resourced during the first quarter of 2023/24.

4.2 A total of 186 days have been dedicated to audit work during the period 1 April 2023 to 30 June 2023, representing 101% 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 updates to the 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 and Audit Manager attended the Council's Ceredigion Manager Update training.
- 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.

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 Q1 (YTD).

Indicator	Measure	Target	Q4 (YTD)
Number of audits completed	Number	-	5
Percent of planned time spent on audits	%	80	101
Percentage of Quality Control Questionnaire’s (QCQ) returned	%	50	75
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	1.3
Av no of days from exit meeting to final report	Days	5	0

6 IMPROVEMENT PLAN 2023/24

6.1 The Internal Audit Self-Assessment has been completed by the CMIA and is presented to Governance & Audit Committee as a separate agenda item along with the resulting improvement plan for 2023/24.

6.2 Progress made on the areas identified as requiring improvement in the Self-Assessment improvement plan will be presented to GAC as part of the CMIA Quarterly Internal Audit Progress Reports.

Guide to the assurance criteria used:

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

Guide to the classification of actions used:

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

CEREDIGION COUNTY COUNCIL

Report to:	Governance and Audit Committee
Date of meeting:	27 September 2023
Title:	Internal Audit Self-Assessment 2022-23
Purpose of the report:	To provide assurance to Members of the Audit Committee re: the Internal Audit Service's compliance with the Public Sector Internal Audit Standards (PSIAS)

The PSIAS and CIPFA's Local Government Application Note supersede the 2006 Code for Internal Audit and came into force from April 2013. The PSIAS and Application Note must be complied with in order to ensure proper internal audit practices are applied.

The Application Note contains a checklist which has been developed to satisfy the requirements set out in PSIAS 1311 and 1312 for periodic self-assessments as part of the Quality Assurance and Improvement Program (QAIP). It incorporates the requirements of the PSIAS as well as the Application Note in order to give comprehensive coverage of both documents.

The completed self-assessment is attached in full, along with resulting improvement plan.

To highlight the key areas of change within the Self-Assessment for 2022-23, the areas identified for improvement reported to you in the 2021-22 Self-Assessment have been addressed and marked as 'conforms'. The remaining area is Std 1210: 5.3.1 Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent?

As is regularly reported to GAC, the CMIA is currently studying for the IIA's Certificate in Internal Audit.

Recommendation(s):	The Governance & Audit Committee notes the contents of the self-assessment
Reasons for decision:	That the Governance & Audit Committee is satisfied that the Internal Audit Section is complying sufficiently with the PSIAS and Application Note in undertaking its duties in order to provide reliable assurance at year-end.
Appendices:	Appendix 1 Internal Audit Self-Assessment
Corporate Lead Officer:	Elin Prysor CLO-Legal and Governance / Monitoring Officer
Reporting Officer:	Alex Jenkins Corporate Manager – Internal Audit
Date:	15 August 2023

Internal Audit Self-Assessment 2022/23

Questions to Consider			Evidence / Comments
1 Mission of Internal Audit			
1.1 Based on your review of conformance with other requirements of the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN), does the internal audit activity aspire to accomplish the Mission of Internal Audit as set out in the PSIAS?			<p>The IA Charter & Annual Strategy states that the service aspires to accomplish the Mission of IA and sets out the IA service's position within the authority to ensure objectivity.</p> <p>The internal audit activity has regard to the Council's Corporate Strategy in its Business Plan which cascades down to the staff appraisal plans to ensure there is a focus on enhancing and protecting organisational value.</p> <p>The annual risk-based audit plan provides the activity's proposed work schedule for the year; the CMIA creates the plan by including areas to focus on risks identified in the Council's Corporate Risk Register (covering all red risks within a 2 year period), findings from Internal Audit's assurance map and an annual risk assessment. The plan also allows for a contingency where additional advice or consultancy is sought from services.</p>
<i>To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.</i>			
CONFORMS	PARTIAL	NOT CONFORMING	

Questions to Consider			Evidence / Comments
2 Definition of Internal Audit			
2.1 Based on your review of conformance with other requirements of the PSIAS and LGAN, is the internal audit activity independent and objective?			<p>The requirement for independence and objectivity is included in the Internal Audit Charter, which includes:</p> <ul style="list-style-type: none"> Staff's requirement to declare any interest that may impact upon their objectivity in an annual written statement (as well as in accordance with the Council's corporate policy on the declaration and registration of hospitality and interests) to enable the Corporate Manager – Internal Audit (CMIA) to plan the allocation of work to avoid the risk of any conflict of interest;

			<ul style="list-style-type: none"> Any internal auditors appointed from within the Council are not permitted to perform an audit which is in any way related to their previous post, for at least 1 year after appointment to ensure objectivity is not impaired; also, the assignment of routine audit work is subject to annual rotation, where necessary. <p>The CMIA reports functionally to GAC & administratively to the CLO Legal & Governance.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>2.2 Based on your review of conformance with other requirements of the PSIAS and LGAN, does the internal audit activity use a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes within the organisation?</p>			<p>Internal audits are undertaken by following a specific 'audit program' of work required of each assignment. The program covers all areas of work to be covered. The areas of risk, controls and governance are included in the audit programs as appropriate to each assignment (determined by the CMIA). All audits are reviewed upon their completion by the CMIA, Audit Manager (AM) or Senior Auditor (SA) to ensure all the work required by the program has been undertaken to a satisfactory quality & standard. Audit reports are issued in the CMIA's name.</p>
CONFORMS	PARTIAL	NOT CONFORMING	

Questions to Consider	Evidence / Comments
3 Core principles	
<p>The Core Principles, taken as a whole, articulate internal audit effectiveness, and provide a basis for considering whether the review of conformance with the attribute standards and performance standards reflects full conformance, partial conformance or non-conformance with the PSIAS and the Local Government Application Note. In making this assessment, the assessor should have regard to positive evidence of conformance or non-conformance and the lack of evidence of non-conformance where positive evidence is difficult to obtain.</p>	

<p>Where there are instances of partial conformance or non-conformance in particular areas, you may need to make a judgment having regard to materiality and other factors in order to form a view on whether the internal audit activity conforms with a particular Core Principle. Any such judgments should be highlighted and explained.</p>	
<p>Demonstrates integrity</p>	<p>Internal Audit (IA) staff have regard to the Council's Employee Code of Conduct which is underpinned by the seven principles of public life. The work undertaken by the IA section is subject to scrutiny by the CMIA, AM or SA for completeness, correctness and quality assurance. Clear and concise working papers are required, as noted in the Audit Manual (updated May 2022). All findings and conclusions must be sufficiently evidenced. Any weaknesses discovered during the reviews are highlighted and discussed with the service audited.</p> <p>Staff have regard to the Council's Strategy to Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering) ;and are aware of the procedures to be followed if they suspect any fraud or irregularities during the course of their work, as documented in the Audit Manual.</p> <p>IA staff sign an annual code of ethics affirmation to confirm they have read the PSIAS ethics requirements, have understood them, and agree to comply with them.</p> <p>Ethics & Counter Fraud training was presented to Managers in 2021 – this was also delivered by the CMIA to IA staff. New e-module has been completed and is now in development with Learning & Development to be released as a mandatory learning module for all staff.</p>
<p>3.1 Having regard to your review of conformance with the Code of Ethics (Integrity, Seven Principles of Public Life), do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by demonstrating integrity?</p>	

			The IA section has regard to and contributes to the Council's corporate objectives by enhancing and protecting organisational value by providing risk-based and objective assurance, advice & insight.
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Demonstrates competence and due professional care</p> <p>3.2 Having regard to your review of conformance with the Code of Ethics (Competence, Confidentiality, Seven Principles of Public Life) and any other evidence from the review of conformance with Standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by demonstrating competence and due professional care?</p>			<p>Each IA review is allocated to staff based on each auditor's knowledge, skills and experience. Every member of staff is aware of the PSIAS requirements, as well as the IA Charter and Audit Manual, updated May 2022 to ensure services are performed in accordance with set standards. All IA members of staff comply with the Council's Corporate Appraisal scheme, which requires the continuous enhancement of knowledge, skills and competencies (to incl mandatory training modules). In addition all auditor's must sign an annual affirmation that they are aware of and comply with the PSIAS Code of Ethics. New staff provided with IA induction as well as corporate induction & sent on CIPFA's 'Intro to Audit' training course to ensure awareness of requirements of PSIAS Code of Ethics & Seven Principles of Public Life. Those who are members of professional bodies also conform to those bodies' CPD requirements. Weekly team meetings are held to discuss IA workload and other issues, which are supported by periodic one-to-one meetings with the CMIA. Quality control questionnaires are sent to auditees to request feedback re the service provided. QCQ are circulated at the end of each quarter.</p> <p><u>Competency:</u> Where an audit requires specialist knowledge these are outsourced to ensure competency.</p> <p><u>Due professional care:</u> Review of audit engagements by CMIA, AM or SA.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Is objective and free from undue influence (independent)</p>			<p>The requirement for independence and objectivity is included in the Internal Audit Charter, which notes:</p>

<p>3.3 Having regard to your review of conformance with the Code of Ethics (Objectivity, Seven Principles of Public Life) and any other evidence from the review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by being objective and free from undue influence (independent)?</p>	<ul style="list-style-type: none"> • Staff's requirement to declare any interest that may impact upon their objectivity in an annual written statement (as well as in accordance with the Council's corporate policy on the declaration and registration of hospitality and interests) to enable the Corporate Manager – Internal Audit (CMIA) to plan the allocation of work to avoid the risk of any conflict of interest; • Any internal auditors appointed from within the Council are not permitted to perform an audit which is in any way related to their previous post, for at least 1 year after appointment to ensure objectivity is not impaired; also, the assignment of routine audit work is subject to annual rotation, where necessary. CMIA reports administratively to CLO L&G and functionally to GAC 	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>Aligns with the strategies, objectives, and risks of the organisation</p>		
<p>3.4 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by being aligned with the strategies, objectives, and risks of the organisation?</p>	<p>The internal audit activity has regard to the Council's Corporate Strategy in its Business Plan which cascades down to the staff appraisal plans to ensure there is a focus on enhancing and protecting organisational value.</p> <p>The annual risk-based audit plan provides the activity's proposed work schedule for the year; the CMIA creates the plan by including areas to focus on risks identified in the Council's Corporate Risk Register (covering all red risks within a 2 year period), findings from Internal Audit's assurance map and an annual risk assessment. The plan also allows for a contingency where additional advice or consultancy is sought from services.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>Is appropriately positioned and adequately resourced</p>		
<p>3.5 Based on your review of conformance with standards, do you</p>	<p>The CMIA's position in the Council allows her to have regular and open engagement across the Council, to include the Leadership Group (LG) and</p>	

consider that the internal audit activity fully conforms with the PSIAS and LGAN by being appropriately positioned and adequately resourced?			GAC; and individual members of each. (5.2.1) The annual audit strategy and plan is presented to GAC for approval, which includes the annual operational plan and its resource requirement. The service's structure was amended in 2022 to include a Governance & Audit Assistant Post in April 2022 (6.1.9) All posts were filled putting IA at full capacity from June 2022.
CONFORMS	PARTIAL	NOT CONFORMING	
Demonstrates quality and continuous improvement			
3.6 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by demonstrating quality and continuous improvement?			IA has a QAIP which is reported upon in the CMIA's Annual (end of year) Report to GAC. The QAIP covers all aspects of IA, to include annual self-assessments and 5-yearly external assessment to check conformance to PSIAS and LGAN. EQA was completed in 22/23 by Ynys Mon. The results from the QAIP form the basis of IA's improvement plan for the following year. Improvement plan is reported quarterly in the IA progress reports to GAC. KPIs are monitored and reported to GAC.
CONFORMS	PARTIAL	NOT CONFORMING	
Communicates effectively			
3.7 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by communicating effectively?			The CMIA has free and unfettered access to the Leadership Group, GAC, managers and Members. Engagements and results are communicated effectively to clients, either by report, memo or email. Quarterly progress reports are presented to GAC and provided to the Chief Executive and Strategic Directors. Progress reports highlight work completed by IA during the quarter, the assurance level provided for each, actions required and the associated priority levels to ensure that all levels of management are communicated on risks & assurances.
CONFORMS	PARTIAL	NOT CONFORMING	
Provides risk-based assurance			

<p>3.8 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by providing risk-based assurance, based on adequate risk assessment?</p>			<p>All assurance, advice & insight provided is risk-based, objective and evidenced. The internal audit plan is created by including risks from the Corporate Risk Register alongside an annual risk assessment undertaken by the CMIA. The IA service also maintains an assurance map which is reviewed and updated regularly to identify areas that require additional assurance. The Annual IA plan is flexible (includes contingency days) allowing for adaptation to changing risks.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Is insightful, proactive, and future-focused</p> <p>3.9 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by being insightful, proactive, and future-focused?</p>			<p>IA has regards to the Corporate Strategy during any planning which contains the Council's corporate vision, priorities and well-being objectives, in order to align them with the service provision.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Promotes organisational improvement</p> <p>3.10 Based on your review of conformance with standards, do you consider that the internal audit activity fully conforms with the PSIAS and LGAN by promoting organisational improvement?</p>			<p>Management actions are provided to an activity if any weaknesses are detected during a review in its governance, risk management and control processes. Any deemed fundamental or significant are reported to GAC, the Chief Executive & Strategic Directors. Management actions are monitored and a management action report is presented to GAC every 6 months. The internal audit plan includes consulting engagements and contingency days are included in the plan to accommodate management requests during the year.</p>
CONFORMS	PARTIAL	NOT CONFORMING	

Questions to Consider	Evidence / Comments
4 Code of Ethics	
Integrity	

<p>4.1 Based on your review of conformance with other requirements of the PSIAS and LGAN, do you consider that internal auditors display integrity by:</p> <ul style="list-style-type: none"> • Performing their work with honesty, diligence and responsibility/ • Observing the law and making disclosures expected by the law and the profession? • Not knowingly partaking in any illegal activity nor engaging in acts that are discreditable to the profession of internal auditing or to the organisation? • Respecting and contributing to the legitimate and ethical objectives of the organisation? 	<p>Internal Audit (IA) staff have regard to the Council's Employee Code of Conduct which is underpinned by the seven principles of public life. The work undertaken by the IA section is subject to scrutiny by the CMIA, AM or SA for completeness, correctness and quality assurance. Clear and concise working papers are required, as noted in the Audit Manual. All findings and conclusions have to be sufficiently evidenced. Any weaknesses discovered during the reviews are highlighted and discussed with the service being audited.</p> <p>Staff have regard to the Council's Strategy to Counter-Fraud, Corruption & Bribery (to include Anti-Money Laundering); and are aware of the procedures to be followed if they suspect any fraud or irregularities during the course of their work, as documented in the Audit Manual. IA staff sign an annual code of ethics affirmation to confirm they have read the PSIAS ethics requirements, have understood them, and agree to comply with them.</p> <p>The IA section has regard to and contributes to the Council's corporate objectives by enhancing and protecting organisational value by providing risk-based and objective assurance, advice & insight.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>Objectivity</p> <p>4.2 Based on your review of conformance with other requirements of the PSIAS and LGAN, do you consider that internal auditors display objectivity by:</p> <ul style="list-style-type: none"> • Not taking part in any activity or relationship that may impair or be presumed to impair their unbiased assessment? • Not accepting anything that may impair or be presumed to impair their professional judgement? • Disclosing all material facts known to them that, if not disclosed, may 	<p>The requirement for independence and objectivity is included in the Internal Audit Charter, which includes:</p> <ul style="list-style-type: none"> • Staff's requirement to declare any interest that may impact upon their objectivity in an annual written statement (as well as in accordance with the Council's corporate policy on the declaration and registration of hospitality and interests) to enable the CMIA to plan the allocation of work to avoid the risk of any conflict of interest; 	

<p>distort the reporting of activities under review?</p>			<ul style="list-style-type: none"> Any internal auditors appointed from within the Council are not permitted to perform an audit which is in any way related to their previous post, for at least 1 year after appointment to ensure objectivity is not impaired; also, the assignment of routine audit work is subject to annual rotation, where necessary. <p>All audits are independently reviewed prior to circulation to ensure work is undertaken to a satisfactory standard, to include the disclosure of all material facts known, as appropriate. These are supported by evidence.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Confidentiality</p> <p>4.3 Based on your review of conformance with other requirements of the PSIAS and LGAN, do you consider that internal auditors display due respect and care by:</p> <ul style="list-style-type: none"> Acting prudently when using information acquired in the course of their duties and protecting that information? Not using information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organisation? 			<p>Most information collected is electronic, which is saved in auditors' individual files.</p> <p>All members of IA staff now work remotely from their homes per the Council's Interim Hybrid Working Policy, have read the Council's guidance and have received training on Information Security, Data Protection and the General Data Protection Regulation.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>Competency</p> <p>4.4 Based on your review of conformance with other requirements of the PSIAS and LGAN, do you consider that internal auditors display competence by:</p> <ul style="list-style-type: none"> Only carrying out services for which they have the necessary knowledge, skills and experience? Performing services in accordance with the PSIAS? Continually improving their proficiency and effectiveness and 			<p>Each IA review is allocated to staff based on each auditor's knowledge, skills and experience. Every member of staff is aware of the PSIAS requirements, as well as the IA Charter and Audit Manual, to ensure services are performed in accordance with set standards.</p> <p>All IA members of staff comply with the Council's Corporate Appraisal scheme, which requires the continuous enhancement of knowledge, skills and competencies (to incl mandatory</p>

quality of their services, for example through CPD schemes?			training modules). Three members of staff are currently studying to achieve an IIA qualification. Those who are members of professional bodies also conform to those bodies' CPD requirements. Weekly team meetings are held to discuss IA workload and other issues, which are supported by periodic one-to-one meetings with the CMIA.
CONFORMS	PARTIAL	NOT CONFORMING	
Seven Principles of Public Life			All IA staff have regard to the Committee on Standards of Public Life's Seven Principles of Public Life as they underpin the Council's Employee Code of Conduct.
4.5 Based on your review of conformance with other requirements of the PSIAS and LGAN, do you consider that internal auditors, whether consciously or through conformance with organisational procedures and norms, have due regard to the Committee on Standards of Public Life's <i>Seven Principles of Public Life</i> ?			
CONFORMS	PARTIAL	NOT CONFORMING	

Questions to Consider	Evidence / Comments	
Standards		
5 Attribute Standards		
5.1 1000 Purpose, Authority and Responsibility		
The questions in this section seek to confirm that the purpose, authority and responsibility of the internal audit activity have been properly defined consistent with the PSIAS, formally approved in an internal audit charter and periodically reviewed.		
5.1.1 Does the internal audit charter conform with the PSIAS by including a formal definition of: <ul style="list-style-type: none"> The purpose The authority, and The responsibility Of the internal audit activity consistent with the Public Sector Internal Audit Standards (PSIAS)?	The IA Charter defines IA's purpose; its authority and right of access within the Council and with third parties; and the scope of its responsibilities. The right of access is also included as part of the Financial Regs in the Council's Constitution.	
CONFORMS	PARTIAL	NOT CONFORMING
5.1.2 Does the internal audit charter conform with the PSIAS by clearly and appropriately defining the terms 'board'	The IA Charter defines the GAC as the 'Board' for the purposes of IA activity and the LG as 'senior management'.	

<p>and 'senior management' for the purposes of the internal audit activity? Note that it is expected that the audit committee will fulfil the role of the board in the majority of instances.</p>		
CONFORMS	PARTIAL	NOT CONFORMING
<p>5.1.3 Does the internal audit charter also:</p> <ul style="list-style-type: none"> • Set out the internal audit activity's position within the organisation? • Establish the chief audit executive's (CAE) functional reporting relationship with the board? • Establish the accountability, reporting line and relationship between the CAE and those to whom the CAE may report administratively? Where applicable, this will need to encompass shared service or external providers of internal audit, and the role of the contract manager. • 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? • Establish internal audit's right of access to all records, assets, personnel and premises and its authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities? • Define the scope of internal audit activities? • Recognise that internal audit's remit extends to the entire control environment of the organisation? • Establish the organisational independence of internal audit? • Cover the arrangements for appropriate resourcing? • Define the role of internal audit in any fraud-related work? • Set out the existing arrangements within the organisation's anti-fraud and anti-corruption policies, requiring the CAE to be notified of all 	<p>The IA Charter:</p> <ul style="list-style-type: none"> • Notes IA's position within the Legal & Governance services; • Confirms the CMIA's functional reporting relationship with the GAC; • Confirms the CMIA's administrative reporting relationship with the Corporate Lead Officer – Legal & Governance / Monitoring Officer; • Notes the GAC's responsibility with regards to IA, (as per its Terms of Reference) and that the CMIA has unrestricted access to, and freedom to report without fear or favour to, all levels of management and elected Members; • Stipulates IA's authority and right of access as per the Council's Financial Regulations and Accompanying Financial procedures which form part of the Constitution; • Defines the scope of IA's assurance and consultancy work; • Confirms that IA's remit extends to the entire control environment of the Council; • Notes how IA achieves and maintains its independence; • States how resource requirements are measured to ensure effective achievement of the annual audit plan; • Notes IA's role when any fraud or irregularities are discovered, as per the Council's Strategy to Counter-Fraud, Bribery and Corruption Strategy (to include Anti-Money Laundering); including that staff should report their concerns or suspicions to IA, as per the Council's Strategy on Counter-Fraud, Bribery 	

<p>suspected or detected fraud, corruption or impropriety?</p> <ul style="list-style-type: none"> • Include arrangements for avoiding conflicts of interest if internal audit or the CAE undertakes non-audit activities? • Define the nature of assurance services provided to the organisation, as well as assurances provided to parties external to the organisation? • Define the nature of consulting services? • Recognise the mandatory nature of the PSIAS? 	<p>and Corruption Strategy (to include Anti-Money Laundering);</p> <ul style="list-style-type: none"> • Confirms IA staff avoid undertaking operational duties, to ensure impartial and effective professional judgements and decisions are made at all times; • Confirms IA provides independent, objective and reasonable assurance to management and Members that arrangements are in place and are operating effectively, and that the annual IA opinion on assurance is based upon IA's findings from all the audit reviews undertaken during each year. This opinion supports the Annual Governance Statement; • States that the IA section contributes to the achievement of the Council's objectives by providing an advice and consulting activity to services; and • Outlines the mandatory nature of the Standards. 	
CONFORMS	PARTIAL	NOT CONFORMING
<p>5.1.4 Does the CAE periodically review the internal audit charter and present it to senior management and the board for approval?</p>		
CONFORMS	PARTIAL	NOT CONFORMING
<p>The original IA Charter was approved by Audit Committee on 16/5/13. It is reviewed annually by the CMIA and the last update was approved in January 2023.</p>		
<p>5.2 1100 Independence and Objectivity</p>		
<p>The questions in this section seek to confirm that the internal audit activity is independent and internal auditors are objective in performing their work.</p>		
<p>5.2.1a) Does the CAE have direct and unrestricted access to senior management and the board? 5.2.1b) Does the CAE have free and unfettered access to, as well as communicate effectively with, the chief executive or equivalent and the chair of the audit committee?</p>		
CONFORMS	PARTIAL	NOT CONFORMING
<p>The CMIA has unrestricted access to, and freedom to report without fear or favour to, all levels of management and Members (to include the Chief Executive and the Chair of the Audit Committee), as per the IA Charter and as documented in CIPFA's 'Putting Principles into Practice' document.</p>		
<p>5.2.2a) Does the CAE attend audit committee meetings? 5.2.3b) Does the CAE contribute to audit committee agendas?</p>		
<p>The CMIA and/or a representative attends each meeting of the GAC (Hybrid meetings, can either attend online or in person.).</p>		

			The CMIA contributes the IA Charter and any reviews; Annual Audit Strategy and Plan; Quarterly Progress Reports; Annual (EOY) Reports which includes the results of the Annual Self-Assessments plus, Annual Counter Fraud Report, Management Action Reports any other appropriate documents; or reports that the Governance and Audit Committee has requested.
CONFORMS	PARTIAL	NOT CONFORMING	
<p>5.2.3 Are threats to objectivity identified and managed at the following levels:</p> <ul style="list-style-type: none"> • Individual auditor? • Engagement? • Functional? • Organisation? 			<ul style="list-style-type: none"> • All individual auditors are required to declare any interest that may impact upon their objectivity in an annual written statement; • The CMIA plans engagements to avoid any identified threats to objectivity by considering the annual declarations. • Functionally, any internal auditors appointed from within the Council are not permitted to perform an audit which is in any way related to their previous post, for at least 1 year after appointment to ensure objectivity is not impaired; also, the assignment of routine audit work is subject to annual rotation, where necessary; • All members of staff within the Council are required to comply with the corporate policy on the declaration and registration of hospitality and interests for which a quarterly reminder is circulated.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1110 Organisational Independence</i>			
This subsection seeks to confirm that reporting and management arrangements been put in place that preserve the CAE's independence and objectivity.			

This is of particular importance when the CAE is line-managed by another officer of the authority.			
<p>5.2.4a) Does the CAE report to an organisational level equal or higher to the corporate management team?</p> <p>5.2.4b) Does the CAE report to a level within the organisation that allows the internal audit activity to fulfil its responsibilities?</p>			<p>The CMIA reports organisationally to the CLO – Legal and Governance Services. The CLOs report to the Corporate Directors & CE. All form the LG.</p> <p>This does not impair on the CMIA’s independence as she has unrestricted access to, and freedom to report without fear or favour to, all levels of management and Members (to include the Chief Executive and the Chair of the Governance and Audit Committee), as per the IA Charter and as documented in CIPFA’s ‘Putting Principles into Practice’ document.</p> <p>Audit reports primarily communicate to management an independent and objective opinion on the governance, risk and controls on the area within their responsibility, and prompt implementation of corrective actions to strengthen / improve systems / controls within the service audited. The risk associated with each management action is identified in the action plan. If the CMIA decides that the service has accepted a level of risk that may be unacceptable to the Council, the CMIA will discuss this with senior management and may also bring it to the attention of the Governance and Audit Committee.</p> <p>The CMIA’s position in the Council therefore allows her to have regular and open engagement across the Council, to include the LG & GAC.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>5.2.5 Does the CAE’s position in the management structure:</p> <ul style="list-style-type: none"> • Provide the CAE with sufficient status to ensure that audit plans, reports and action plans are discussed effectively with the board? • Ensure that he or she is sufficiently senior and independent to be able to provide credibility constructive challenge to senior management? 			<p>The CMIA has unrestricted access to, and freedom to report without fear or favour to, all levels of management to include the Chief Executive; and is encouraged to provide reports and presentations to the LG meetings. This support is fundamental as a way of ensuring the role is undertaken effectively; and provides confidence to the CMIA when challenging managers that required actions and</p>

			recommendations will be addressed, and the knowledge that any escalated concerns will be dealt with, prior to the need to refer to GAC.
CONFORMS	PARTIAL	NOT CONFORMING	
5.2.6 Does the CAE confirm to the board, at least annually, that the internal audit activity is organisationally independent?			The CMIA sets-out how independence is achieved in the Annual (end of year) Report to GAC.
CONFORMS	PARTIAL	NOT CONFORMING	
5.2.7a) Is the organisational independence of internal audit realised by functional reporting by the CAE to the board?			IA is organisationally independent as the CMIA reports functionally to the GAC. Factors to support this include the Governance and Audit Committee:
5.2.7b) The 'Interpretation' to PSIAS 1110 provides examples of factors which may indicate that the CAE reports functionally to the Board, which include where the board: <ul style="list-style-type: none"> • Approves the internal audit charter • Approves the risk-based audit plan • Approves the internal audit budget and resource plan • Receives communications from the CAE on the activity's performance (in relation to the plan, for example) • Approves decisions relating to the appointment and removal of the CAE • Approves the remuneration of the CAE • Seeks reassurance from management and the CAE as to whether there are any in appropriate scope or resource limitations. 			<ul style="list-style-type: none"> • Approving the IA Charter; • Approving the annual risk-based audit strategy and plan; • Approving the resource plan (which forms part of the audit plan); • Reporting IA's activity, performance and improvement on a quarterly and annual basis; and • Providing assurance on scope and resource levels. <p>As is general practice in the UK public sector, the GAC does not approve the CMIA's remuneration.</p> <p>To ensure the CMIA is safeguarded and that her remuneration and/or performance is not inappropriately influenced by those subject to audit:</p> <ul style="list-style-type: none"> • The CMIA's position in the Council is noted in the IA Charter; • Any amendments to the CMIA's position is noted in the Annual (end of year) Report, and the IA Charter updated accordingly; and • The CMIA's performance appraisal is undertaken by the CLO – Legal & Governance / Monitoring Officer.
The Public Sector Interpretation to PSIAS 1110 notes that board approval of CAE remuneration does not generally happen in the UK public sector, and that the underlying principle is therefore that the independence of the CAE must be safeguarded by ensuring that their remuneration or performance assessment is not inappropriately influenced by those subject to audit. EQA assessors should therefore consider whether adequate steps are taken to safeguard the independence of the CAE by ensuring that remuneration or performance assessment is not			

inappropriately influenced by those subject to audit. This might for example reflect some involvement of the chief executive in the performance assessment process or feedback from the audit committee chair.			
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1111 Direct Interaction with the Board</i>			
5.2.8 Does the CAE communicate and interact directly with the board?			The CMIA has free and unfettered access to the Chief Executive and those sitting on the LG, and is encouraged to provide reports and presentations at the group's meetings. This support is fundamental as a way of ensuring the role is undertaken effectively. LG actively encourages lead officers to invite the CMIA to their managers' meetings and other events such as workshops and head teachers' training days to discuss how IA can add value to their services. CMIA has direct access to Chair of GAC and has quarterly meetings with the Chair and Deputy Chair.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1112 Chief Audit Executive Roles Beyond Internal Auditing</i>			
5.2.9a) Where the CAE has roles or responsibilities that fall outside of internal auditing, are adequate safeguards in place to limit impairments to independence or objectivity?			N/A – the CMIA does not have any roles or responsibilities that fall outside of internal auditing.
5.2.9b) Does the board periodically review these safeguards?			
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1120 Individual Objectivity</i>			
5.2.10 Do internal auditors have an impartial, unbiased attitude?			All audit decisions or opinions provided are impartial and unbiased and based on proven facts available. Evidence is collected to support all decisions and opinions.
CONFORMS	PARTIAL	NOT CONFORMING	

			Engagements are reviewed by either CMIA, AM or SA.
5.2.11 Do internal auditors avoid any conflict of interest, whether apparent or actual?			Staff are required to declare any potential conflict of interest in an annual declaration to the CMIA. The CMIA allocates work taking this into account as well as past duties performed within the Council and IA service. If anything arises during an audit, work can be re-allocated.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1130 Impairment to Independence or Objectivity</i>			
5.2.12 If there has been any real or apparent impairment of independence or objectivity, has this been disclosed to appropriate parties (depending on the nature of the impairment and the relationship between the CAE and senior management/the board as set out in the internal audit charter)?			N/A – no impairment identified.
CONFORMS	PARTIAL	NOT CONFORMING	
5.2.13 Does review indicate that work allocations have operated so that internal auditors have not assessed specific operations for which they have been responsible within the previous year?			As stated in the IA Charter, any internal auditors appointed from within the Council are not permitted to perform an audit which is in any way related to their previous post, for at least 1 year after appointment to ensure objectivity is not impaired.
CONFORMS	PARTIAL	NOT CONFORMING	
5.2.14 If there have been any assurance engagements in areas over which the CAE also has operational responsibility, have these engagements been overseen by someone outside of the internal audit activity?			N/A – the CMIA does not have any roles or responsibilities that fall outside of internal auditing. The CMIA is the Governance Officer's line manager, but only on an administrative basis. Operational work is provided, monitored and managed by the Monitoring Officer.
CONFORMS	PARTIAL	NOT CONFORMING	
5.2.15 Is the risk of over-familiarity or complacency managed effectively: for example by rotating assignments for ongoing assurance engagements and other audit responsibilities periodically within the internal audit team?			As stated in the IA Charter, the assignment of routine audit work is subject to annual rotation.
CONFORMS	PARTIAL	NOT CONFORMING	

5.2.16 Have internal auditors declared interests in accordance with organisational requirements?	As stated in the IA Charter, auditors are required to declare any interest that may impact upon their objectivity in an annual written statement (as well as in accordance with the Council's corporate policy on the declaration and registration of hospitality and interests).	
CONFORMS	PARTIAL	NOT CONFORMING
5.2.17 Where any internal auditor has accepted any gifts, hospitality, inducements or other benefits from employees, clients, suppliers or other third parties (other than as may be allowed by the organisation's own policies), has this been declared and investigated fully?	N/A – no gifts, hospitality, inducements or other benefits from employees, clients, suppliers or other third parties received (but staff are aware of Council policy if any items were offered).	
CONFORMS	PARTIAL	NOT CONFORMING
5.2.18 Does review indicate that no instances have been identified where an internal auditor has used information obtained during the course of duties for personal gain?	Confirmed – no instances have been identified where an internal auditor has used information obtained during the course of duties for personal gain.	
CONFORMS	PARTIAL	NOT CONFORMING
5.2.19 Have internal auditors disclosed all material facts known to them which, if not disclosed, could distort their reports or conceal unlawful practice, subject to any confidentiality agreements?	All audits are independently reviewed prior to circulation to ensure work is undertaken to a satisfactory standard, to include the disclosure of all material facts known, as appropriate.	
CONFORMS	PARTIAL	NOT CONFORMING
5.2.20 If there has been any real or apparent impairment of independence or objectivity relating to a proposed consulting services engagement, was this disclosed to the engagement client before the engagement was accepted?	N/A – no impairment identified.	
CONFORMS	PARTIAL	NOT CONFORMING
5.2.21 Where there have been significant additional consulting services agreed during the year that were not already included in the audit plan, was approval sought from the board before the engagement was accepted?	GAC acknowledges that the audit plan is flexible and have agreed that the CMIA is permitted to periodically review and amend the plan in response to any developments and initiatives which are deemed relevant. The annual operational audit plan contains contingency days for such work. Any amendments are included in regular progress reports to GAC.	
CONFORMS	PARTIAL	NOT CONFORMING

5.3 1200 Proficiency and Due professional Care

This section seeks to confirm that engagements are performed with proficiency and due professional care, having regard to the skills and qualifications of the CAE and their staff, and how they exercise their capability in practice.

1210 Proficiency

5.3.1 Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent?

CONFORMS PARTIAL NOT CONFORMING

The CMIA is currently studying for the IIA's Certificate in Internal Audit and is committed to progressing with further qualifications once obtained.

5.3.2 Is the CAE responsible for recruiting appropriate internal audit staff, in accordance with the organisation's human resources processes?
Does the CAE ensure that up-to-date job descriptions exist that reflect roles and responsibilities and that person specifications define the required qualifications, competencies, skills, experience and personal attributes?

CONFORMS PARTIAL NOT CONFORMING

The CMIA is responsible for recruiting appropriate staff, in accordance with the Council's HR policies and processes (using the Ceri system) who have the required knowledge, qualifications, competencies, skills, experience and personal attributes required to deliver the audit service.
As a result of a corporate restructure all job descriptions and person specifications were updated and job evaluated during 2018/19 or 2019/20. The CMIA post became effective from 1/1/19, whilst the remainder of the posts were in place from 4/5/19, 1/11/20 and 13/06/22.
All posts are independently job-evaluated.

5.3.3 Having regard to the answers to the other questions in this section and other matters, does the internal audit activity collectively possess or obtain the skills, knowledge and other competencies required to perform its responsibilities?
Where the internal audit activity does not possess the skills, knowledge and other competencies required to perform its responsibilities, does the CAE obtain competent advice and assistance?

CONFORMS PARTIAL NOT CONFORMING

Experience and qualifications are considered at recruitment by the compilation of skills matrices. Further training and development needs are considered during staff appraisals, to include professional bodies' CPD requirements where appropriate. Three members of staff are currently studying to achieve an IIA qualification. In the past, where specialist skills and knowledge such as ICT audit are not available in the section, this service has been obtained from other accountancy bodies or neighbouring LAs. The AM received training and development from Mindgrove to address this requirement during 2019/20.

5.3.4 Do internal auditors have sufficient knowledge to evaluate the risk of fraud and anti-fraud arrangements in the organisation?			All staff are familiar with the Council's Strategy on Counter-fraud, Bribery and Corruption (to include Anti-Money Laundering); and are aware of the actions to take if any irregularity is suspected. The CMIA and the Senior Auditor holds the Accredited Counter Fraud Technician qualification. The AM holds CIPFA's Certificate in Investigative Practices.
CONFORMS	PARTIAL	NOT CONFORMING	
5.3.5 Do internal auditors have sufficient knowledge of key information technology risks and controls?			IA staff have sufficient knowledge of key risks and controls regarding information, its security and the ICT environment; however, additional assistance has been obtained in the past where a more in-depth knowledge of computerised systems is needed. The AM received training and development from Mindgrove to address this requirement during 2019/20.
CONFORMS	PARTIAL	NOT CONFORMING	
5.3.6 Do internal auditors have sufficient knowledge of the appropriate computer-assisted audit techniques that are available to them to perform their work, including data analysis techniques?			Two members of staff received training in CAATS. The Section places reliance on the results of AW's annual NFI data-matching exercise. Active Data was also acquired during 2019/20 which is used for sampling as well as data matching audits.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1220 Due Professional Care</i>			
5.3.7 Do internal auditors exercise due professional care by considering the: <ul style="list-style-type: none"> • Extent of work needed to achieve the engagement's objectives? • Relative complexity, materiality or significance of matters to which assurance procedures are applied? • Adequacy and effectiveness of governance, risk management and control processes? • Probability of significant errors, fraud, or non-compliance? • Cost of assurance in relation to potential benefits? In doing the above, internal auditors must also consider how technology-based audit and other data analysis techniques can provide assurance.			<ul style="list-style-type: none"> • The scope of each audit is determined prior to its commencement. An audit program and scoping document is compiled for each review, which ensures the objective of the audit is achieved. • The CMIA ensures auditors have the necessary knowledge & skills when considering the allocation of work and complexity, etc of systems. • The audit programme includes the appropriate review of governance, risk management and control processes according to audit objective and Corporate Priorities. • The audit plan is risk-assessed which takes account of probability of significant errors, etc during its

	<p>compilation. These matters are also considered when new audits / consultations are requested during the year which would require the re-prioritisation of work. Staff are aware of the procedures to be followed if they suspect any fraud or irregularities, as documented in the IA Charter.</p> <ul style="list-style-type: none"> • Cost of assurance / benefit is considered according to its feasibility and any perceived risks. 	
CONFORMS	PARTIAL	NOT CONFORMING
<p>5.3.8 Do internal auditors exercise due professional care during a consulting engagement by considering the:</p> <ul style="list-style-type: none"> • Needs and expectations of clients, including the nature, timing and communication of engagement results? • Relative complexity and extent of work needed to achieve the engagement's objectives? • Cost to the consulting engagement in relation to potential benefits? 	<ul style="list-style-type: none"> • Consulting engagements are considered on a case-by-case basis. Work is undertaken in accordance with the brief agreed with a client to ensure maximum benefit of the review (unless any weaknesses and/or irregularities are discovered which would require further investigation). Results are provided in the most effective and efficient manner eg an email or memo may be more appropriate than a report for less significant advisory consultations. • The CMIA ensures auditors have the necessary knowledge & skills when considering the allocation of work and complexity, etc of systems, to ensure the best outcome. The scope of each review is agreed prior to its commencement which ensures the objective of the consultation is achieved. • Cost of assurance / benefit is considered according to its feasibility and any perceived risks. 	
CONFORMS	PARTIAL	NOT CONFORMING
<p><i>1230 Continuing Professional Development</i></p>		
<p>5.3.9 Has the CAE defined the skills and competencies for each level of auditor? And</p>	<p>The required skills and competencies are outlined upon recruitment by the job description and person specification</p>	

Does the CAE periodically assess individual auditors against the predetermined skills and competencies?	appropriate to each post. Each candidate is evaluated against a skills matrix. Skills are regularly formally monitored via the Council's corporate appraisal procedures; and informally during the year during the audit review process.	
CONFORMS	PARTIAL	NOT CONFORMING
5.3.10 Do internal auditors undertake a programme of continuing professional development? And Do internal auditors maintain a record of their professional development and training activities?	All auditors record their training and development needs and achievements on the Ceri system. This is considered during the annual appraisal process, where any further training and development needs are identified and addressed. Annual training logs are also submitted to the CMIA to ensure auditor's skills and knowledge is kept up to date.	
CONFORMS	PARTIAL	NOT CONFORMING
5.4 1300 Quality Assurance and Improvement Programme		
The questions in this section seek to confirm that the CAE has developed and maintained a Quality Assurance and Improvement Programme (QAIP) through which conformance with the PSIAS can be and is properly assessed.		
5.4.1 Has the CAE developed a QAIP that covers all aspects of the internal audit activity and enables conformance with all aspects of the PSIAS to be evaluated? Does the QAIP assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement? Does the CAE maintain the QAIP? Are any statutory requirements for review of the internal audit activity satisfied?	IA has a QAIP which is reported upon in the CMIA's Annual (end of year) Report. The QAIP covers all aspects of IA, to include the completion of an annual self-assessment (and 5-yearly external review) which evaluates IA's compliance with the PSIAS. The QAIP includes a suite of PIs determined by the GAC which assess IA's efficiency and effectiveness and also reported in the CMIA's Annual (end of year) Report. The Report also includes the IA's resultant improvement plan following the completion of the QAIP. The QAIP is monitored and maintained by the CMIA. The GAC reviews IA on a regular basis via IA's progress and end of year reports, and the Council's AGS. The IA service is assessed by the Council's external auditors annually, as	

			part of their review of controls for their ISA 260 report; and an independent external review of the IA self-assessment is undertaken 5-yearly as required by the PSIAS.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1310 Requirements of the Quality Assurance and Improvement Programme</i>			
5.4.2 Does the QAIP include both internal and external assessments?			The CMIA undertakes an annual internal self-assessment, which is supported by a 5-yearly external review, as required by PSIAS (last undertaken May 2022.).
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1311 Internal Assessments</i>			
5.4.3 Does the CAE ensure that audit work is allocated to staff with the appropriate skills, experience and competence?			(R3.2) Each IA review is allocated to staff based on each auditor's knowledge, skills and experience. Every member of staff is aware of the PSIAS requirements, as well as the IA Charter and Audit Manual, to ensure services are performed in accordance with set standards; and that advice and guidance is available, and should be sought if necessary from the CMIA, AM, SA, other Auditors, policies or procedures.
CONFORMS	PARTIAL	NOT CONFORMING	
5.4.4 Do internal assessments include ongoing monitoring of the internal audit activity, such as: <ul style="list-style-type: none"> • Routine quality monitoring processes? • Periodic assessments for evaluating conformance with the PSIAS? 			Each audit is reviewed by the CMIA, AM or SA for quality, correctness and completeness; quality control questionnaires are normally sent to clients for feedback on service provided; quarterly progress reports, the annual (end of year) report, the self-assessment results and QAIP are presented to GAC.
CONFORMS	PARTIAL	NOT CONFORMING	
5.4.5 Does ongoing performance monitoring contribute to quality improvement through the effective use of performance targets?			Performance is monitored via the IA's progress against the annual operational audit plan, update of the improvement plan and targets.

<ul style="list-style-type: none"> • Is there a set of comprehensive targets which between them encompass all significant internal audit activities? • Are the performance targets developed in consultation with appropriate parties and included in any service level agreement? • Does the CAE measure, monitor and report on progress against these targets? • Does ongoing performance monitoring include obtaining stakeholder feedback? 	<p>The PIs used are based on those used by CIPFA's audit benchmarking club and are compared to the all-wales average.</p> <p>The PIs are approved by the GAC as part of the QAIP.</p> <p>Progress, performance and targets are monitored on a regular basis by the CMIA and reported quarterly/annually to GAC.</p> <p>Quality control questionnaires are sent to auditees to request feedback re the service provided. QCQs have been circulated quarterly during 22/23.</p>			
<table border="1"> <tr> <td style="background-color: #92d050;">CONFORMS</td> <td>PARTIAL</td> <td>NOT CONFORMING</td> </tr> </table>	CONFORMS	PARTIAL	NOT CONFORMING	
CONFORMS	PARTIAL	NOT CONFORMING		
<p>5.4.6 Are the periodic self-assessments or assessments carried out by people external to the internal audit activity undertaken by those with a sufficient knowledge of internal audit practices?</p> <p>Sufficiency would require knowledge of the PSIAS and the wider guidance available such as the Local Government Application Note and/or IIA practice advisories, etc.</p>	<p>The annual self-assessment is undertaken by the CMIA and presented to GAC; the last external review was undertaken by Ynys Mon Head of Audit & Risk who is familiar with the PSIAS and LGAN requirements.</p>			
<table border="1"> <tr> <td style="background-color: #92d050;">CONFORMS</td> <td>PARTIAL</td> <td>NOT CONFORMING</td> </tr> </table>	CONFORMS	PARTIAL	NOT CONFORMING	
CONFORMS	PARTIAL	NOT CONFORMING		
<p>5.4.7 Does the periodic assessment include a review of the activity against the risk-based plan and the achievement of its aims and objectives?</p>	<p>The audit plan's progress 'to date' is noted in each quarterly progress report, as well as the scope / objective of each review, the assurance provided and number of actions required.</p> <p>KPIs are monitored and reported to GAC.</p>			
<table border="1"> <tr> <td style="background-color: #92d050;">CONFORMS</td> <td>PARTIAL</td> <td>NOT CONFORMING</td> </tr> </table>	CONFORMS	PARTIAL	NOT CONFORMING	
CONFORMS	PARTIAL	NOT CONFORMING		
<p><i>1312 External Assessments</i></p>				
<p>5.4.8 Has an external assessment been carried out, or is one planned to be carried out, at least once every five years?</p> <p>Has the CAE discussed the alternative approaches to external assessment with the board? This should reflect the relative costs of the different approaches, the potential advantages of an external viewpoint, and whether there are factors which might be</p>	<p>Last external review undertaken in May 2022.</p> <p>CMIA has discussed the alternative approaches to external assessment with the GAC prior to the last review. It was decided to opt for an independent validation of the CMIA's self-assessment (rather than a 'full' assessment) which would avoid the duplication of work, and cost less in time and money.</p>			

<p>considered to warrant a demonstrably independent assessment.</p>	<p>The actual assessor was chosen for the Council by the WCAG auditors administering the collaboration, to ensure independence.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>5.4.9 Has the CAE properly discussed the qualifications and independence of the assessor or assessment team with the board?</p> <p>In doing this, the CAE should consider whether the assessor or assessment team has demonstrated its competence in both the professional practice of internal auditing <i>and</i> the external assessment process. Competence can be demonstrated through both experience and theoretical learning. Experience of similar organisations or sectors is more valuable than less relevant experience. In the case of an assessment team, not all members need to have all the competencies – it is the team as a whole that is qualified.</p> <p>If the capability of the assessor or assessment team is not immediately obvious, the CAE should document how they used professional judgement to decide whether this is sufficient to carry out the external assessment.</p> <p>If the assessor or assessment team has any real or apparent conflicts of interest with the organisation, this should be clearly explained to the board, and safeguards should be put in place to minimise the effect of this on the conduct of the external assessment. Conflict of interest may include, but is not limited to, being a part of or under the control of the organisation to which the internal audit activity belongs.</p>	<p>The last external review was undertaken by Ynys Mon Head of Audit & Risk who is familiar with the PSIAS and LGAN requirements.</p> <p>The assessor has many years' experience of audit and management and attends the NMWAP / WCAG on behalf of Ynys Mon CC..</p> <p>The actual assessor was chosen for the Council by the WCAG auditors administering the collaboration, to ensure independence.</p> <p>Other than attending the WCAG and NMWAP, Ynys Mon and Ceredigion CCs do not have any other joint activities in respect of auditing.</p> <p>No conflict of interest was lodged in respect of this appointment.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>5.4.10 Has the CAE agreed the scope of the external assessment with an appropriate sponsor, such as the chair of the audit committee, the CFO or the chief executive?</p> <p>The CAE should also agree this scope with the external assessor or assessment team.</p>	<p>CMIA discussed the alternative approaches to external assessment with the GAC prior to the last review. It was decided to opt for an independent validation of the CMIA's self-assessment (rather than a 'full' assessment). This was communicated to the assessor prior to the commencement of the review.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>

<p><i>1320 Reporting on the Quality Assurance and Improvement Programme</i></p>			
<p>5.4.11 Has the CAE reported the results of the QAIP to senior management and the board? Note that:</p> <ul style="list-style-type: none"> • The results of both external and periodic internal assessments must be communicated upon completion • The results of ongoing monitoring must be communicated at least annually • The results must include the assessor's or assessment team's evaluation with regards to the degree of the internal audit activity's conformance with the PSIAS. 			<p>The results of the completed annual self-assessment, and annual (end of year) report (with QAIP) is presented to GAC annually. The 5-yearly external assessment is presented to GAC upon its completion. The most recent EQA was reported to GAC in September 2022. The report included the assessment results along with the improvement action plan.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>5.4.12 Has the CAE included the results of the QAIP and progress against any improvement plans in the annual report?</p>			<p>(R5.4.1) IA has a QAIP which is reported upon in the CMIA's Annual (end of year) Report. The QAIP covers all aspects of IA, to include the completion of an annual self-assessment (and 5-yearly external review) which evaluates IA's compliance with the PSIAS. The QAIP includes a suite of PIs determined by GAC which assess IA's efficiency and effectiveness and also reported in the CMIA's Annual (end of year) Report. The Report also includes the IA's resultant improvement plan following the completion of the QAIP. The QAIP is monitored and maintained by the CMIA, who reports progress to GAC quarterly.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>1321 Use of 'Conforms with the International Standards for the Professional Practice of Internal Auditing'</i></p>			
<p>5.4.13 Has the CAE stated that the internal audit activity conforms with the</p>			<p>N/A – statement not currently used in Audit Reports.</p>

PSIAS only if the results of the QAIP support this?			
CONFORMS	PARTIAL	NOT CONFORMING	
<i>1322 Disclosure of Non-conformance</i>			
5.4.14 Has the CAE reported any instances of non-conformance with the PSIAS to the board?			The results of the self-assessment is reported to the GAC. Any instances of non-conformance or partial will be highlighted and noted in the resultant improvement plan.
CONFORMS	PARTIAL	NOT CONFORMING	
5.4.15 If appropriate, has the CAE considered including any significant deviations from the PSIAS in the governance statement and has this been evidenced?			N/A – no significant deviations detected.
CONFORMS	PARTIAL	NOT CONFORMING	

Questions to Consider	Evidence / Comments
6 Performance Standards	
6.1 2000 Managing the Internal Audit Activity	
<p>The questions in this section seek to confirm that the internal audit activity's work achieves the purposes and responsibility of the activity, as set out in the internal audit charter, and that the internal audit activity adds value to the organisation and its stakeholders by:</p> <ul style="list-style-type: none"> • Providing objective and relevant assurance • Contributing to the effectiveness and efficiency of the governance, risk management and internal control processes. 	
<i>2010 Planning</i>	
<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? Does the risk-based plan take into account the requirement to produce an annual internal audit opinion? Does the risk-based plan incorporate or is it linked to a strategic or high-level statement of:</p> <ul style="list-style-type: none"> • How the internal audit service will be delivered? • How the internal audit service will be developed in accordance with the internal audit charter? • How the internal audit service links to organisational objectives and priorities? 	<p>The CMIA decides the priorities, scope and methods of the Council's audit activity by establishing a risk-based Internal Audit Strategy and Annual Audit plan, developed in accordance with the Council's Risk Management Framework and is aligned to the Corporate Strategy & Corporate Risk Register.</p> <p>Various corporate documents are referred to during the compilation of the audit plan, to include the Corporate Strategy which contains the Council's corporate vision, priorities and well-being objectives, in order to align them with the service provision.</p> <p>The Internal Audit Strategy & annual audit plan stipulates the 'type' of audit to be undertaken for each review and highlights that priority is given to assurance work and in particular assurance work based on 'red' corporate risks in the CRR and high-risks identified in the CMIA's annual risk assessment. The plan also states that this is to produce an annual internal audit opinion.</p> <p>The risk-based audit plan forms part of the Annual Audit Strategy, which notes:</p>

CONFORMS	PARTIAL	NOT CONFORMING	<ul style="list-style-type: none"> • How the IA service is delivered and developed in accordance with the IA charter, and • How the IA service links to the Council’s corporate vision, priorities and well-being objectives. <p>IA assesses its work on an on-going basis, considering the Council’s changing needs and priorities regularly. The CMIA has used both the risk assessment and input from the Corporate Risk Register when creating the IA plan for 2023/24, in addition to additional work planned such as grants and existing audits that have been rolled over from 2022/23.</p> <p>The plan states that priority will be given to provide assurance on all ‘Red’ rated risks within the Corporate Risk Register within a 2-year rolling period. The plan lists the risks that will be given priority.</p>
	6.1.2 Does the risk-based plan set out how internal audit’s work will identify and address local and national issues and risks? In developing the risk-based plan, has the CAE taken into account the organisation’s risk management framework and relative risk maturity of the organisation? If such a risk management framework does not exist, has the CAE used their judgement of risks after input from senior management and the board and evidenced this?		
CONFORMS	PARTIAL	NOT CONFORMING	<p>The CMIA maintains a map of assurances (local & national issues) that is discussed at weekly team meetings and the audit plan contains a contingency to be able to respond to areas requiring assurances that have</p>

			been identified through the assurance map throughout the year.
6.1.3 Does the risk-based plan set out the:			<p>The annual audit plan contains the initial risk-based operational plan of work to be performed for the Council, and the scope of each piece of work. The priority is placed on assurance work which is highlighted in the Strategy & Plan, although there are other considerations eg WG deadlines. The estimated number of days allocated to each piece of work is entered in the plan, as well as the total number of days required to complete the entire plan, in order to assess the required resources.</p> <p>The plan stipulates the 'type' of audit to be undertaken for each review, and other work to be undertaken, eg consultations.</p> <p>The CMIA reviews and adjusts the plan during the year, in response to internal and/or external influences, which is reported to the GAC.</p> <p>During 2022/23 the plan of work will be flexible in accordance with risk.</p>
<ul style="list-style-type: none"> • Audit work to be carried out? • Respective priorities of those pieces of audit work? • Estimated resources needed for the work? <p>Does the risk-based plan differentiate between audit and other types of work?</p> <p>Is the risk-based plan sufficiently flexible to reflect the changing risks and priorities of the organisation?</p>			
CONFORMS	PARTIAL	NOT CONFORMING	The plan states that priority will be given to provide assurance on all 'Red' rated risks within the Corporate Risk Register within a 2-year rolling period. The plan lists the risks that will be given priority.
6.1.4 Does the CAE review the plan on a regular basis and has he or she adjusted the plan when necessary in response to changes in the organisation's business, risks, operations, programmes, systems and controls?			<p>The plan's implementation is monitored by the CMIA on an on-going basis and, inevitably, a number of changes are required during the year for a variety of reasons, necessitating the re-prioritisation of tasks, and revisions to the original work planned, which is detailed in the quarterly Progress Reports to GAC.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
6.1.5 Is the internal audit activity's plan of engagements based on a documented risk assessment?			<p>The risk assessment used is documented in the Annual Audit Strategy as approved by GAC. The risk assessment of all Council services is undertaken annually by the CMIA.</p> <p>During 2022/23 the plan of work was flexible in accordance with risk.</p>
CONFORMS	PARTIAL	NOT CONFORMING	

<p>6.1.6 In developing the risk-based plan, has the CAE also given sufficient consideration to:</p> <ul style="list-style-type: none"> • Any declarations of interest (for the avoidance for conflicts of interest)? • The requirement to use specialists, eg IT or contract and procurement auditors? • Allowing contingency time to undertake ad hoc reviews or fraud investigations as necessary? • The time required to carry out the audit planning process effectively as well as regular reporting to and attendance of the board, the development of the annual report and the CAE opinion? 			<ul style="list-style-type: none"> • Staff are required to declare any interest that may impact upon their objectivity in an annual written statement to the CMIA who is therefore able to plan the allocation of work to avoid the risk of any conflict of interest. • Additional assistance is obtained where specialist skills are required eg complex ICT audits, such as the Financials ICT audit in 2018/19. The AM received training and development from Mindgrove to address this requirement during 2019/20. • Zurich information governance health check audit in 22/23 • The plan's resource requirements are calculated and any additional resources available are noted as a contingency for any unforeseen pieces of work. • The CMIA and AM time include allocations for planning and reporting activities, etc.
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>	
<p>6.1.7 In developing the risk-based plan, has the CAE consulted with senior management and the board to obtain an understanding of the organisation's strategies, key business objectives, associated risks and risk management processes? Does the CAE identify and consider the expectations of senior management, the board and other stakeholders for internal audit opinion and any other conclusions?</p>			<p>The CMIA periodically attends LG and has meetings with CLOs to discuss the audit plan and/or other pieces of work undertaken by the service, where necessary.</p> <p>The CMIA is familiar with the Council's Corporate Strategy which contains the Council's corporate vision, priorities and well-being objectives; and the Risk Management Framework. The corporate risk register is routinely reported to GAC and distributed to the CMIA.</p> <p>The objectives of the IA service include understanding and supporting the Council's needs and objectives as a whole, in the service's role in evaluating and reporting on the Council's activities.</p>
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>	
<p>6.1.8 Does the CAE take into consideration any proposed consulting engagement's potential to improve the management of risks, to add value and</p>			<p>The objectives of the IA service include adding value and assisting the Council in achieving its objectives, by providing appropriate and relevant advice and</p>

<p>to improve the organisation's operations before accepting them? Are consulting engagements that have been accepted included in the risk-based plan?</p>			<p>guidance when new systems and procedures are introduced. The plan is flexible, and is updated in response to any changes in the Council's priorities, business, risks, operations, programs, systems and controls, etc. Any consulting arrangements are included in the risk-based plan. The CMIA also attended CPMP to provide advice on projects brought to the panel at an early stage.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>2020 Communication and Approval</i></p>			
<p>6.1.9 Has the CAE communicated the internal audit activity's plans and resource requirements to senior management and the board for review and approval?</p>			<p>The CMIA periodically attends LG and has meetings with CLOs to discuss the audit plan and/or other pieces of work undertaken by the service, where necessary. The IA Strategy & Plan of work for 2023/24 was discussed with the Chief Executive & Statutory Directors prior to presenting to Leadership Group. The strategy and plan is presented to GAC for approval, which includes the annual plan and its resource requirement.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.1.10 Has the CAE communicated the impact of any resource limitations to senior management and the board?</p>			<p>Any known limitations are reported in the quarterly progress reports when it comes to the CMIA's attention. The resulting impact on the service is also documented eg the need for additional training. The CMIA Annual Report also has a section to report any limitations experienced during the year.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>2030 Resource Management</i></p>			
<p>6.1.11 Does the risk-based plan explain how internal audit's resource requirements have been assessed?</p>			<p>A breakdown of how the number of days required to complete the operational audit plan (and other functions) are calculated and total is included in the strategy.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.1.12 Has the CAE planned the deployment of resources, especially the</p>			<p>Auditors ensure engagements are planned in conjunction with</p>

<p>timing of engagements, in conjunction with management to minimise disruption to the functions being audited, subject to the requirement to obtain sufficient assurance?</p>			<p>management in order to minimise wasted work and time (other than where unannounced visits are necessary).</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.1.13 If the CAE believes that the level of agreed resources will impact adversely on the provision of the internal audit opinion, has he or she brought these consequences to the attention of the board? This may include an imbalance between the work plan and resource availability and/or other significant matters that jeopardise the delivery of the plan or require it to be changed.</p>			<p>If a deficiency in resources was highlighted during the compilation of the annual audit plan, it would have an impact on the audit opinion as insufficient reviews would be undertaken in order to provide the audit opinion on assurance. This would be reported to GAC by the CMIA.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>2040 Policies and Procedures</i></p>			
<p>6.1.14 Has the CAE developed and put into place policies and procedures to guide the internal audit activity? Examples include maintaining an audit manual and/or using electronic management systems to guide staff in performing their duties in a manner that conforms to the PSIAS. Are the policies and procedures regularly reviewed and updated to reflect changes in working practices and standards?</p>			<p>The IA Charter, annual audit strategy and plan, audit manual and audit programs provide guidance to the IA section. . Appropriate CIPFA policies and guidance are also circulated to members of staff. The policies and procedures are regularly reviewed and updated as necessary and are available to the IA team on the IA Teams site. The latest IA Charter was presented to Audit Committee in January 2023 & the Audit Manual was updated in May 2022.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>2050 Coordination</i></p>			
<p>6.1.15 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?</p>			<p>The objectives of the IA service include understanding its role alongside other sources of assurance within the Council, and to plan its work accordingly. Any direct assurance</p>

<p>The CAE should generally share information and coordinate activities with other internal and external providers of assurance and consulting services. They may also carry out an assurance mapping exercise, or make use of assurance mapping carried out by other assurance providers.</p> <p>They should also meet regularly with the nominated external audit representative to consult on and coordinate their respective audit plans.</p> <p>Where key organisational risks relate to work undertaken through partnerships, the auditor may be able to take assurance from work undertaken by others. Or by obtaining assurance directly.</p>	<p>placed on other sources is noted in the Annual Report. .</p> <p>Improvements were made on the assurance map during 2022/23. The assurance map is a live document that is regularly updated with assurances categorised based on the 'Three Lines' model. Assurance map is a standing item on the weekly IA team meeting agendas so that all staff are able to input on the assurance map.</p> <p>The CMIA meets periodically with the external auditors, and both parties present their respective plans to the Audit Committee to ensure no duplication of work.</p>			
<table border="1"> <tr> <td data-bbox="193 927 381 1279">CONFORMS</td> <td data-bbox="383 927 531 1279">PARTIAL</td> <td data-bbox="533 927 796 1279">NOT CONFORMING</td> </tr> </table>	CONFORMS	PARTIAL	NOT CONFORMING	
CONFORMS	PARTIAL	NOT CONFORMING		
<p><i>2060 Reporting to Senior Management and the Board</i></p>				
<p>6.1.16 Does the CAE report periodically to senior management and the board on the internal audit activity's purpose, authority, responsibility and performance relative to its plan?</p> <p>Does the periodic reporting also include significant risk exposures and control issues, including fraud risks, governance issues and other matters needed or requested by senior management and the board?</p> <p>Is the frequency and content of such reporting determined in discussion with senior management and the board and are they dependent on the importance of the information to be communicated and the</p>	<p>The CMIA reports regularly to GAC on internal audit activity's purpose, authority, responsibility and performance relative to its plan (quarterly progress reports).</p> <p>Quarterly reports on IA's finalised pieces of work are shared with the Chief Executive and Statutory Directors and include assurance levels of each piece of work, management actions issued and the associated priority level of the actions.</p> <p>Presentations are given to LG, management meetings, head teachers training days, transformation workshop,</p>			

urgency of the related actions to be taken by senior management of the board?			etc on an ad-hoc basis to inform staff across the Council of IA's purpose, authority and responsibility. The progress reports to GAC also include any additional reviews undertaken by IA during the period, to include those undertaken where fraud is suspected, etc. These are reported to LG on a case-by-case basis, where required, in accordance with the agreed remit.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2070 External Service Provider and Organisational Responsibility for Internal Auditing</i>			
6.1.17 Where an external internal audit service provider acts as the internal audit activity, does that provider ensure that the organisation is aware that the responsibility for maintaining and effective internal audit activity remains with the organisation?			N/A – internal audit provided internally.
CONFORMS	PARTIAL	NOT CONFORMING	
6.2 2100 Nature of Work			
The questions in this section seek to confirm that the internal audit activity evaluates and contributes to the improvement of the organisation's governance, risk management and internal control processes using a systematic and disciplined approach.			
<i>2110 Governance</i>			

<p>6.2.1 Does the internal audit activity assess and make appropriate recommendations to improve the organisation's governance processes for:</p> <ul style="list-style-type: none"> • Making strategic and operational decisions? • Overseeing risk management and control? • Promoting appropriate ethics and values within the organisation? • Ensuring effective organisational performance management and accountability? • Communicating risk and control information to appropriate areas of the organisation? • Coordinating the activities of and communicating information among the board, external and internal auditors and management? 	<p>IA evaluates the Council's services, systems and procedures; and recommends actions where weaknesses are identified.</p> <p>The areas audited each year are determined by the results of the risk-based audit plan, or on an on-going risk assessed basis.</p> <p>The AGS Framework is reviewed annually by IA to confirm efficiencies can be evidenced.</p> <p>The corporate risk management framework is regularly reviewed, however was not done during 2022/23 due to the Policy & Framework being updated and improved. A review of the Service Risks is included in the IA 2023/24 plan and a full review of the RM Framework has been included in the forward work programme..</p> <p>An audit of ethics was conducted during 2018/19 (but due to the IA resource situation during the year, this was undertaken by Carmarthenshire CC) A follow-up review is included in the IA forward work plan. IA input into a Ethics & Fraud elearning module which is currently under development by Learning & Development and will be mandatory for all CCC staff.</p> <p>Performance management has not been reviewed recently due to new appointments, but will be included in IA's forward work plan.</p> <p>An 'Audit Wales Protocol' has recently been approved by LG to facilitate the coordination of activities and communicating information among the board, external and internal auditors and management.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>6.2.2 Has the internal audit activity evaluated the design, implementation and effectiveness of the organisation's ethics-related objectives, programmes and activities? This is an area where the CAE may be able to use other sources of assurance.</p>	<p>An audit of ethics was conducted during 2018/19 (but due to the IA resource situation during the year, this was undertaken by Carmarthenshire CC). A follow-up has been included in IA's forward work plan. This, coupled with the knowledge of processes within the Council concerning ethics has provided</p>	

	<p>high assurance re the Council's ethics-related objectives, programmes and activities eg Ethics & Standards Committee; dedicated corporate complaints officer, mandatory staff training, gifts and hospitality register & reminders, suite of regularly updated policies, recent updating of Code of Conduct, etc.</p> <p>An ethics & counter-fraud training session was presented by Zurich to the Corporate managers workshop in 2021. IA has contributed to a mandatory ethics e-learning module which is now in development with Learning & Development.</p>
<p>CONFORMS PARTIAL NOT CONFORMING</p>	
<p>6.2.3 Has the internal audit activity assessed whether the organisation's information technology governance supports the organisation's strategies and objectives? This is an area where the CAE may be able to use other sources of assurance.</p>	<p>Reliance is placed on the external assessments required by ICT, as the service is subject to continuous monitoring by various bodies eg the Public Services Network's compliance with the Code of Connection (CoCo). Co-Co requires the Council to demonstrate that the infrastructure is sufficiently secure and would not present an unacceptable risk to the security of the network. It is also necessary to meet PSN's information assurance requirements and to make a number of commitments to ensure the ongoing security of the network. NTA Monitor Ltd (a leading provider of information security consultancy, auditing and penetration testing services) also completed an External Network Test on the Council's systems, and has performed an onsite PSN IT Health Check.</p> <p>A PCI-DSS compliance test is completed annually.</p> <p>Specialist auditors from Carmarthenshire CC undertook an ICT audit of the new Ceri Payroll ICT system during 2017/18, and returned in 2018/19 to audit the Council's Computerised Financials systems. This was complemented by IA's general ICT audits of compliance within key systems.</p>

			The AM received training and development from Mindgrove to address this requirement during 2019/20.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2120 Risk Management</i>			
<p>6.2.4 Has the internal audit activity evaluated the effectiveness of the organisation's risk management processes by determining that:</p> <ul style="list-style-type: none"> • Organisational objectives support and align with the organisation's mission? • Significant risks are identified and assessed? • Appropriate risk responses are selected that align risks with the organisation's risk appetite? • Relevant risk information is captured and communicated in a timely manner across the organisation, thus enabling the staff, management and the board to carry out their responsibilities? 			<p>The Council has clear strategic objectives which support its vision statement, which have been approved by Council (Corporate Strategy). Individual risks are identified and assessed by managers in their business plans which are monitored and reported upon quarterly, and reviewed annually. Significant risks are captured in the corporate risk register which is reviewed quarterly by LG and is a standard agenda item at GAC. Mitigation actions are noted to align risks with the organisation's risk appetite. The corporate risk management framework is regularly reviewed, however was not done during 2022/23 due to the Policy & Framework being updated and improved. A review of the Service Risks is included in the IA 2023/24 plan and a full review of the RM Framework has been included in the forward work programme.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.2.5 Has the internal audit activity evaluated the risks relating to the organisation's governance, operations and information systems regarding the:</p> <ul style="list-style-type: none"> • Achievement of the organisation's strategic objectives? • Reliability and integrity of financial and operational information? • Effectiveness and efficiency of operations and programmes? • Safeguarding of assets? • Compliance with laws, regulations, policies, procedures and contracts? 			<p>IA evaluates the Council's services in accordance with the annual risk-based audit plan, or on an on-going risk assessed basis, and provides appropriate and relevant advice and guidance when new systems and procedures are introduced. Governance, operations and information systems are included in the audit programs. The Governance Framework is reviewed annually which the CMIA contributes to.</p> <p>All reviews are undertaken bearing in mind the services' future aims and objectives. The main financial systems are subject to a 3-yearly rolling review</p>

			(more frequent during the pandemic due to additional risks eg wfh). IA assesses the adequacy of procedures to ensure the Council's assets are adequately safeguarded and that services comply with significant policies, plans, procedures, laws and regulations.
CONFORMS	PARTIAL	NOT CONFORMING	
6.2.6 Has the internal audit activity evaluated the potential for fraud and also how the organisation itself manages fraud risk? CIPFA has issued a <i>Code of Practice on Managing the Risk of Fraud and Corruption</i> , and strongly recommends that it is used as the basis for assessment of how an authority manages its fraud risk.			All auditors have an awareness of the possibility of finding errors, fraud or non-compliance within the Council's systems and procedures. The Council is determined to strive for a culture of honesty and integrity, opposing fraud, corruption and malpractice. It has a comprehensive Strategy on Counter-Fraud, Bribery and Corruption (to include Anti-Money Laundering) which includes a response plan, based on CIPFA guidance. This strategy was presented to the GAC for approval on 3/6/21. IA presents an annual counter-fraud report to GAC at year-end. An ethics & counter-fraud training session was presented by Zurich to the Corporate Managers workshop in 2021. IA have contributed to an Ethics & Fraud elearning module that is currently in development with L&D and will be mandatory to all employees.
CONFORMS	PARTIAL	NOT CONFORMING	
6.2.7 Do internal auditors address risk during consulting engagements consistently with the objectives of the engagement? Are internal auditors alert to other significant risks when undertaking consulting engagements? Do internal auditors incorporate knowledge of risks gained from consulting engagements into their evaluation of the organisation's risk management processes?			Risks form the basis of each audit program, to include consultations. All auditors have an awareness of the possibility of finding errors, fraud or non-compliance within the Council's systems and procedures. Any risks discovered during a consulting engagement is reported to management at that time, with recommended mitigating actions. These are reported further, in accordance with the risk management process, if no
CONFORMS	PARTIAL	NOT CONFORMING	

			action is taken and the risk exceeds the Council's risk appetite.
6.2.8 Do internal auditors successfully avoid managing risks themselves, which would in effect lead to taking on management responsibility, when assisting management in establishing or improving risk management processes?			Actions to mitigate perceived risks are noted in audit reports, with the name of the officer responsible for implementing the action and a target date for its completion. Auditors are mindful not to get operationally involved in the process (eg grants / direct payments).
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2130 Control</i>			
6.2.9 Has the internal audit activity evaluated the adequacy and effectiveness of controls in the organisation's governance, operations and information systems regarding the: <ul style="list-style-type: none"> • Achievement of the organisation's strategic objectives? • Reliability and integrity of financial and operational information? • Effectiveness and efficiency of operations and programmes? • Safeguarding of assets? • Compliance with laws, regulations, policies, procedures and contracts? 			(R6.2.5) IA evaluates the Council's services in accordance with the annual risk-based audit plan, or on an on-going risk assessed basis, and provides appropriate and relevant advice and guidance when new systems and procedures are introduced. Governance, operations and information systems are included in the audit programs. All reviews are undertaken bearing in mind the services' future aims and objectives. The main financial systems are subject to a 3-yearly rolling review. IA assesses the adequacy of procedures to ensure the Council's assets are adequately safeguarded and that services comply with significant policies, plans, procedures, laws and regulations.
CONFORMS	PARTIAL	NOT CONFORMING	
6.2.10 Do internal auditors utilise knowledge of controls gained during consulting engagements when evaluating the organisation's control processes?			Evaluation of controls form part of each audit program.
CONFORMS	PARTIAL	NOT CONFORMING	
6.3 2200 Engagement Planning			
6.3.1 Do internal auditors develop and document a plan for each engagement? Does the engagement plan include the engagements: <ul style="list-style-type: none"> • Objectives? 			An audit engagement scoping document is created by the auditor and is sent to auditees prior to commencing the audit engagement. The objectives and scope of an audit are contained in the audit plan (& report), audit program

<ul style="list-style-type: none"> • Scope? • Timing? • Resource allocations? 	<p>and scoping document whilst timing is agreed with the auditee and resource allocation is communicated to each auditor upon allocation of work.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.3.2 Do internal auditors consider the following in planning and engagement, and is this documented:</p> <ul style="list-style-type: none"> • The objectives of the activity being reviewed? • The means by which the activity controls its performance? • The significant risks to the activity being audited? • The activity's resources? • The activity's operations? • The means by which the potential impact of risk is kept to an acceptable level? • The adequacy and effectiveness of the activity's governance, risk management and control processes compared to a relevant framework or model? • The opportunities for making significant improvements to the activity's governance, risk management and control processes? 	<p>The activity's risks and resources are considered during the audit plan stage; the activity's objectives and operations are considered at the planning & engagement stage; whilst means of reducing any perceived risks, the adequacy of the activity's governance, risk management and control processes, and the opportunities for making improvements are evaluated during the review. The review is undertaken by following a set audit program, documenting the tests required and relevant governance, risk & control issues that apply. The means by which the activity monitors its performance is only considered where this forms a part of the audit objective. Management actions are provided to the activity if any weaknesses are detected in its governance, risk management and control processes.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.3.3 Where an engagement plan has been drawn up for an audit to a party outside of the organisation, have the internal auditors established a written understanding with that party about the following:</p> <ul style="list-style-type: none"> • Objectives? • Scope? • The respective responsibilities and other expectations of the internal auditors and the outside party (including restrictions on distribution of the results of the engagement and access to engagement records)? 	<p>The last external engagement accepted by the CMIA was the peer review of Flintshire CC, for which a clear written agreement was agreed between both parties. The CMIA is due to undertake an external peer review of Denbighshire CC's IA function. The objectives & scope have been clearly documented per the agreement set out in the Welsh Chief Auditor's Group.</p>	
CONFORMS	PARTIAL	NOT CONFORMING

<p>6.3.4 For consulting engagements, have internal auditors established an understanding with the engagement clients about the following:</p> <ul style="list-style-type: none"> • Objectives? • Scope? • The respective responsibilities of the internal auditors and the client and other client expectations? <p>For significant consulting engagements, has this understanding been documented?</p>			<p>Engagement details are usually received in writing in an email from the client; otherwise, the scope will be documented by IA in the scoping document.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p><i>2210 Engagement Objectives</i></p>			
<p>6.3.5 Have objectives been agreed for each engagement? Have internal auditors carried out a preliminary risk assessment of the activity under review? Do the engagement objectives reflect the results of the preliminary risk assessment that has been carried out? Have internal auditors considered the probability of the following when developing the engagement objectives:</p> <ul style="list-style-type: none"> • Significant errors? • Fraud? • Non-compliance? • Any other risks? 			<p>The objectives and scope of an audit are contained in the audit plan. The risk assessment of each activity is undertaken as part of the compilation of the annual risk-based audit plan. Unless the audit is eg a key control audit which is undertaken routinely on a 3-yearly rolling review basis, a reason for the activity's inclusion in the audit plan is documented. Various risks to include errors, fraud, or non-compliance are taken into account as part of the risk assessment in compiling the annual audit plan. The scoping document outlines the scope, objectives, fraud considerations and relevant corporate priorities.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.3.6 Have internal auditors ascertained whether management and/or the board have established adequate criteria to evaluate and determine whether organisational objectives and goals have been accomplished? If the criteria has been deemed adequate, have the internal auditors used the criteria in their evaluation of governance, risk management and controls?</p>			<p>The Council is subject to continuous reviews. The Governance framework is based on CIPFA guidance and is completed annually with input from management and Members (in a workshop) & approved by LG, GAC & Council as part of the Statement of Accounts. The framework is reviewed annually by IA to confirm efficiencies can be evidenced, and this forms part of IA's evaluation of the Council's governance, risk management and controls.</p>

<p>If the criteria has been deemed inadequate, have the internal auditors worked with management and/or the board to develop appropriate evaluation criteria?</p> <p>If the value for money criteria has been referred to, has the use of all the organisation's main types of resources been considered, including money, people and assets?</p>	<p>N/A – criteria based on CIPFA guidance.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>6.3.7 Do the objectives set for consulting engagements address governance, risk management and control processes as agreed with the client?</p> <p>Are the objectives set for consulting engagements consistent with the organisation's own values, strategies and objectives?</p>	<p>Engagement objectives are set on a case-by-case basis. The majority will cover one or all governance, risk management and control processes, and agreed with the client beforehand. All reviews are undertaken bearing in mind the services' future aims and objectives.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p><i>2220 Engagement Scope</i></p>		
<p>6.3.8 Is the scope that is established for each engagement generally sufficient to satisfy the engagement's objectives? Does the scope for each engagement include consideration of relevant systems, records, personnel and physical properties? Does this consideration include areas under the control of outside parties, where appropriate?</p>	<p>The scope of an engagement is based on its objectives, and is compiled on a case-by-case basis.</p> <p>The scoping document includes:</p> <ul style="list-style-type: none"> • The risk owner • scope and objectives, • fraud considerations • relevant corporate priorities. 	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>

<p>6.3.9 Where significant consulting opportunities have arisen during an assurance engagement, was a specific written understanding as to the objectives, scope, respective responsibilities and other expectations drawn up? Where significant consulting opportunities have arisen during an assurance engagement, were the results of the subsequent engagement communicated in accordance with the relevant consulting standards?</p>	<p>When consulting opportunities, or further audit scope, is identified during an engagement, the work is usually undertaken by IA alongside the original audit (especially where the additional work is due to a review of risk). This will be communicated in writing to the client. Results are usually communicated in an audit report (which may be a separate report to the one issued following the original assurance work). This is decided on a case-by-case basis, and the most appropriate means used.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p>6.3.10 For each consulting engagement, was the scope of the engagement generally sufficient to address any agreed-upon objectives? If the internal auditors developed any reservations about the scope of a consulting engagement while undertaking that engagement, did they discuss those reservations with the client and therefore determine whether or not to continue with the engagement? During consulting engagements, did internal auditors address the controls that are consistent with the objectives of those engagements?</p>	<p>The scope of an engagement is based on its objectives, and is compiled on a case-by-case basis. Auditors discuss any reservations with the CMIA/AM/SA. A decision is made as to how to continue with the work, and any major variances would be communicated to the client. IA considers the relevant governance, risk & control issues that apply to each engagement.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p><i>2230 Engagement Resource Allocation</i></p>		
<p>6.3.11 Have internal auditors decided upon the appropriate and sufficient level of resources required to achieve the objectives of each engagement based on: a) The nature and complexity of the individual engagement? b) Any time constraints? c) The resources available?</p>	<p>All three items: nature and complexity of the individual engagement, time constraints and resources available are taken into account when allocating resources to an engagement as part of the audit plan.</p>	
<p>CONFORMS</p>	<p>PARTIAL</p>	<p>NOT CONFORMING</p>
<p><i>2240 Engagement Work Programme</i></p>		

<p>6.3.12 Have internal auditors developed and documented work programmes that achieve the engagement objectives? Do the engagement work programmes include procedures for:</p> <ul style="list-style-type: none"> • Identifying information? • Analysing information? • Evaluating information? • Documenting information? <p>Were work programmes approved prior to implementation for each engagement? Were any adjustments required to work programmes approved promptly?</p>	<p>The IA Section has a suite of internal audit work programs which are continuously updated, in response to any required changes. The programmes note what information is required and how it should be analysed and/or evaluated. The auditors can then document the information collected. All work programmes require approval of the CMIA/AM/SA prior to use. Any adjustments deemed necessary will be made to work programmes promptly, during the approval stage.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.4 2300 Performing the Engagement</p>		
<p>The questions in this section seek to confirm that internal auditors analyse, evaluate and document sufficient, reliable, relevant and useful information to support engagement results and conclusions.</p>		
<p><i>2310 Identifying Information</i></p>		
<p>6.4.1 Do internal auditors generally identify (sufficient, reliable, relevant and useful) information which supports engagement results and conclusions? Sufficient information is factual, adequate and convincing so that a prudent, informed person would reach the same conclusions as the auditor. Reliable information is the best attainable information through the use of appropriate engagement techniques. Relevant information supports engagement observations and recommendations and is consistent with the objectives for the engagement. Useful information helps the organisation meet its goals.</p>	<p>Clear and concise working papers are required, as noted in the Audit Manual. All audit working papers are reviewed by the CMIA, AM or SA to ensure a consistent quality of work is upheld by the Section at all times and that the required standards are achieved. All findings and conclusions are evidenced by sufficient, reliable, relevant and useful information. If insufficient information is provided, a review sheet is forwarded to the auditor requesting the additional information / work to be undertaken. Unreliable information is discounted (unless it can be evidenced). Irrelevant information and that of no use is disregarded, and auditors are reminded of requirements.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p><i>2320 Analysis and Evaluation</i></p>		
<p>6.4.2 Have internal auditors generally based their conclusions and engagement results on appropriate analyses and evaluations?</p>	<p>The CMIA requires IA working papers to be sufficient, concise and adequately referenced to ensure all findings, recommendations and conclusions, and the overall audit opinion, are supported,</p>	

			and provide a clear record of the work performed. A review sheet is forwarded to the auditor requesting the additional information / work where this requirement is not achieved.
CONFORMS	PARTIAL	NOT CONFORMING	
6.4.3 Have internal auditors generally remained alert to the possibility of the following when performing their individual audits, and has this been documented: <ul style="list-style-type: none"> • Intentional wrongdoing? • Errors or omissions? • Poor value for money? • Failure to comply with management policy? • Conflicts of interest? 	Auditors exercise due professional care by having an awareness of the probability of significant errors, fraud or non-compliance. Any serious weaknesses or issues are reported to the CMIA or AM immediately to decide the best course of action; other issues are fully documented to ensure they are addressed as part of the audit. This requirement is noted in the audit manual.		
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2330 Documenting Information</i>			
6.4.4 Have internal auditors documented the relevant information required to support engagement conclusions and results? Are working papers sufficiently complete and detailed to enable another experienced internal auditor with no previous connection with the audit to ascertain what work was performed, to re-perform it if necessary and to support the conclusions reached?			(R6.4.2) The CMIA requires IA working papers to be sufficient, concise and adequately referenced to ensure all findings, recommendations and conclusions, and the overall audit opinion, are supported, and provide a clear record of the work performed. A review sheet is forwarded to the auditor requesting the additional information / work where this requirement is not achieved.
CONFORMS	PARTIAL	NOT CONFORMING	
6.4.5 Does the CAE control access to engagement records? Has the CAE obtained the approval of senior management and/or legal counsel as appropriate before releasing such records to external parties? Has the CAE developed and implemented retention requirements for all types of engagement records?			The IA Section has a shared electronic filing system; only the CMIA can access certain records. No such records have been released to external parties. This would be discussed with the Data Protection Officer / CLO-Legal & Governance / Monitoring Officer / Corporate Complaints and FOI Manager as appropriate if such a request was received. IA has a retention policy which is contained in the Audit Manual.
CONFORMS	PARTIAL	NOT CONFORMING	

6.4.6 Are the retention requirements for engagement records consistent with the organisation's own guidelines as well as any relevant regulatory or other requirements?			IA retention policy has been written in conjunction with the Council's corporate record management policy, and the Record Management Society's guidelines.
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2340 Engagement Supervision</i>			
6.4.7 Are all engagements properly supervised to ensure that objectives are achieved, quality is assured and that staff are developed? Is appropriate evidence of supervision documented and retained for each engagement?			Auditors are supervised by the CMIA, AM or SA throughout an audit. All work is subject to a quality review. All reports are checked by the CMIA prior to issue. Working papers are initialled by the reviewer . All final reports are signed by the CMIA (or deputy). Any performance issues are dealt with using the Council's Managing Employee Performance Policy – the CMIA and AM have attended the mandatory management training on Empowering Staff Performance.
CONFORMS	PARTIAL	NOT CONFORMING	
6.5 2400 Communicating Results			
The questions in this section seek to confirm that internal auditors communicate the results of engagements in an appropriate way.			
<i>2410 Criteria for Communicating</i>			
6.5.1 Do the communications of engagement results include the following: <ul style="list-style-type: none"> • The engagement's objectives? • The scope of the engagement? • Applicable conclusions? • Recommendations and action plans, if appropriate? 			An audit report normally outlines the review's objectives, the audit approach (ie scope), a summary of the findings (to include positive outcomes), an assurance opinion (conclusion) and an action plan to document the actions required to address any weaknesses found in the service / system (where required).
CONFORMS	PARTIAL	NOT CONFORMING	
6.5.2 Do internal auditors generally discuss the contents of the draft final reports with the appropriate levels of management to confirm factual			An exit meeting is arranged to discuss each draft audit report prior to its issue, to ensure it is factually correct and: that actions are agreed by management,

accuracy, seek comments and confirm the agreed management actions?	who takes responsibility for each action with target date for implementation, and whether they wish to include any further comments.	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.5.3 If recommendations and an action plan have been included, are recommendations prioritised according to risk?</p> <p>If recommendations and an action plan have been included, does the communication also state agreements already reached with management, together with appropriate timescales?</p> <p>If there are any areas of disagreement between the internal auditor and management, which cannot be resolved by discussion, are these recorded in the action plan and the residual risk highlighted?</p>	<p>Actions are ranked: merits attention, moderate, significant or fundamental (depending on the financial and operational risk to the service / Council). The action plan stipulates whether actions have been agreed with management (and any comments they wish to enter as relevant), who the responsible officer for implementing each action is, and the target date for implementation.</p> <p>Any disagreement is noted in the action plan, and if the action is deemed fundamental or significant it is highlighted as a risk to senior management and GAC.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.5.4 Subject to confidentiality requirements and other limitations on reporting, do communications disclose all material facts known to them in their audit reports which, if not disclosed, could distort their reports or conceal unlawful practice?</p> <p>When an opinion or conclusion is issued, are the expectations of senior management, the board and other stakeholders taken into account?</p>	<p>All material findings and conclusions are recorded in reports.</p> <p>Each audit report contains the auditor's opinion which is ranked: high, substantial, moderate or low (depending on the number of actions required and their risk ranking).</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.5.5 Opinions should be supported by sufficient, reliable, relevant and useful information (in line with responses to questions for PSIAS 2300).</p> <p>Where appropriate, do engagement communications acknowledge satisfactory performance of the activity in question?</p>	<p>See point 6.4.1</p> <p>A satisfactory review resulting in 'no actions required' is issued a memo providing a 'high' assurance opinion. It also contains the scope of work to highlight any limitations to the review.</p>	
CONFORMS	PARTIAL	NOT CONFORMING
<p>6.5.6 When engagement results have been released to parties outside of the organisation, does the communication include limitations on the distribution and use of the results?</p>	<p>N/A – reports are not released to external parties.</p>	
CONFORMS	PARTIAL	NOT CONFORMING

6.5.7 Where the CAE has been required to provide assurance to other partnership organisations, or arm's length bodies such as trading companies, have the risks of doing so been managed effectively, having regard to the CAE's primary responsibility to the management of the organisation for which they are engaged to provide internal audit services?	N/A – no such work undertaken. (Harbour a/c is part of Council's activities).		
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2420 Quality of Communications</i>			
6.5.8 Are internal audit communications generally accurate, objective, clear, concise, constructive, complete and timely?	Accuracy of reports are confirmed prior to issue; all findings have to be supported by evidence, and are therefore objective; reports are clear and concise as they do not contain any superfluous information; the action plan is meant to be constructive as it offers actions to improve any weaknesses discovered. It is aimed to issue reports within 10 days of the end of the audit field work. On average, this is achieved, as per PIs.		
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2421 Errors and Omissions</i>			
6.5.9 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?	If a draft audit report is amended, the updated version is issued to all recipients on the original distribution list.		
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2430 Use of 'Conducted in Conformance with the International Standards for the Professional Practice of Internal Auditing'</i>			
6.5.10 Do internal auditors report that engagements are 'conducted in conformance with the PSIAS' only if the results of the QAIP support such a statement?	N/A – statement is not currently used.		
CONFORMS	PARTIAL	NOT CONFORMING	
<i>2431 Engagement Disclosure of Non-conformance</i>			
6.5.11 Where any non-conformance with the PSIAS has impacted on a	N/A – no such incident recorded.		

<p>specific engagement, do the communication of the results disclose the following:</p> <ul style="list-style-type: none"> • The principle or rule of conduct of the Code of Ethics or Standard(s) with which full conformance was not achieved? • The reason(s) for non-conformance? • The impact of non-conformance on the engagement and the engagement results? 		
CONFORMS	PARTIAL	NOT CONFORMING
<i>2440 Disseminating Results</i>		
6.5.12 Has the CAE determined the circulation of audit reports within the organisation, bearing in mind confidentiality and legislative requirements?	Reports are usually restricted to the manager of the service audited (who is normally responsible for instigating the required actions), as well as the appropriate CLO. The CLO Policy, Performance & Public Protection is included in the distribution list for audits relating to risks within the CRR.	
CONFORMS	PARTIAL	NOT CONFORMING
6.5.13 Has the CAE communicated engagement results to all appropriate parties?	The distribution list is checked during the exit meeting, and entered in the report, so any omissions are usually detected.	
CONFORMS	PARTIAL	NOT CONFORMING
6.5.14 Before releasing engagement results to parties outside the organisation, did the CAE: <ul style="list-style-type: none"> • Assess the potential risk to the organisation • Consult with senior management and/or legal counsel as appropriate? • Control dissemination be restricting the use of the results? 	N/A – no reports released to external parties.	
CONFORMS	PARTIAL	NOT CONFORMING
6.5.15 Where any significant governance, risk management and control issues were identified during consulting engagements, were these communicated to senior management and the board?	Any fundamental and significant actions required are reported quarterly in the CMIA’s progress report to GAC, the Chief Executive & Statutory Directors.	
CONFORMS	PARTIAL	NOT CONFORMING

<i>2450 Overall Opinion</i>			
<p>6.5.16 Has the CAE delivered an annual internal audit opinion?</p> <p>Does the annual internal audit opinion conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control?</p> <p>Does the annual internal audit opinion take into account the expectations of senior management, the board and other stakeholders?</p> <p>Is the annual internal audit opinion supported by sufficient, reliable, relevant and useful information (having regard to the answers to questions on PSIAS 2300)?</p>			<p>The opinion is included in the CMIA's Annual Report to GAC.</p> <p>Opinion is based on the work undertaken and assurances provided during the year, on the Council's framework of governance, risk management and control. The opinion is supported by sufficient, reliable, relevant and useful information – see point 6.4.1.</p> <p>The Annual Report references the assurance map, noting other sources of assurances which support the opinion.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.5.17 Does the communication identify the following:</p> <ul style="list-style-type: none"> • The scope of the opinion, including the time period to which the opinion relates? • Any scope limitations? • The consideration of all related projects including the reliance on other assurance providers? • The risk or control framework or other criteria used as a basis for the overall opinion? <p>Where a qualified or unfavourable annual internal audit opinion is given, are the reasons for that opinion stated?</p> <p>Has the CAE delivered an annual report that can be used by the organisation to inform its governance statement?</p>			<p>The CMIA's Annual Report includes:</p> <ul style="list-style-type: none"> • the CMIA's annual opinion • any limitations of scope • any reliance made on other assurance providers • and the risk and control frameworks used as a basis of the annual opinion eg CRR, Corporate Risk Management Framework etc <p>The opinion is provided for each financial year, and is based on the number and scope of reviews and follow-ups undertaken, assurances provided (to include any other providers' assurance relied upon), and the acceptance of actions by management (especially those actions deemed fundamental and significant).</p> <p>The opinion informs the Council's AGS.</p>
CONFORMS	PARTIAL	NOT CONFORMING	

<p>6.5.18 Does the annual report incorporate the following:</p> <ul style="list-style-type: none"> • The annual internal audit opinion? • A summary of the work that supports the opinion? • A disclosure of any qualifications to the opinion? • The reasons for any qualifications to the opinion? • A disclosure of any impairments or restrictions in scope? • A comparison or work actually carried out with the work planned? • A statement on conformance with the PSIAS? • The results of the QAIP? • Progress against any improvement plans resulting from the QAIP? • A summary of the performance of the internal audit activity against its performance measures and targets? • Any other issues that the CAE judges is relevant to the preparation of the governance statement? 			<p>The annual IA opinion is included in the CMIA's Annual Report to GAC. A summary of the work undertaken during the year which supports the annual opinion is included in the quarterly progress reports and Annual Report to GAC. No qualification was provided during 2022/23. Any impairments or restrictions re scope are brought to the GAC's attention eg resource limitations. A comparison or work actually carried out against the original plan is included. The results of the self-assessment against PSIAS is included with resulting improvement plan. A summary of IA's performance for the year is included in the report, as used by CIPFA's audit benchmarking group, and other quality measures making-up the QAIP. Progress against the year's s/a improvement plan is noted quarterly & annually. Any other issues the CMIA deems relevant is noted.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
6.6 2500 Monitoring Progress			
<p>The questions in this section seek to confirm that a system is in place to monitor effectiveness of audit communications results to management, including appropriate follow up when no action is taken by management. 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>6.6.1 Where issues have arisen during the follow-up process (for example, where agreed actions have not been</p>			<p>IA have a management actions programme and monitoring</p>

<p>implemented), has the CAE considered revising the internal audit opinion? Do the results of monitoring management actions inform the risk-based planning of future audit work?</p>			<p>spreadsheet where progress on the implementation of agreed actions is monitored and updated A management action report is presented to GAC every 6 months.</p> <p>The Section also has a follow-up audit process and where possible, follow-up audits are undertaken once all target dates have been reached (otherwise, during the following financial year). The IA opinion is re-assessed in accordance with the results of follow-up audits.</p> <p>These results inform future risk-based audit plans.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.6.2 Does the internal audit activity monitor the results of consulting engagements as agreed with the client?</p>			<p>If IA is consulted upon eg the implementation of a new system, it is usually agreed with clients that an audit is later planned once the system is up and running.</p>
CONFORMS	PARTIAL	NOT CONFORMING	
<p>6.7 2600 Communicating the Acceptance of Risks</p>			
<p>This section considers the arrangements which apply if the CAE has concluded that management has accepted a level of risk that may be unacceptable to the organisation. Situations of this kind are expected to be rare. PSIAS 2600 sets out communication requirements for the CAE. It is not the responsibility of the CAE to resolve the risk.</p>			
<p>6.7.1 If the CAE has concluded that management has accepted a level of risk that may be unacceptable to the organisation, has he or she discussed the matter with senior management? If, after discussion with senior management, the CAE continues to conclude that the level of risk may be unacceptable to the organisation, has he or she communicated the situation to the board?</p>			<p>Any disagreement re the acceptance of risk between and auditor and management is noted in the report action plan; and if the recommended action is deemed fundamental or significant it is highlighted to senior management and GAC.</p>

CONFORMS	PARTIAL	NOT CONFORMING	
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Resulting Conformance with Standards:

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	15			15
6. Performance Standards				
2000 Managing the Internal Audit Activity	17			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	2			2
2600 Communicating the Acceptance of Risks	1			1
Total	134 99%	1 1%	0 -	135 100%

Resulting Improvement Plan (2022/23):

Ref	Conformance with Standard	Action Required	Target Date
Std 1210	5.3.1 Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent? The CMIA is currently studying for the IIA's Certificate in Internal Audit.	CMIA to achieve CMIIA professional qualification.	Within 3 years of appointment

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Cyngor Sir CEREDIGION County Council

REPORT TO:	Governance and Audit Committee
DATE:	27th September 2023
LOCATION:	Remotely via Video Conference
TITLE:	Annual Report of Compliments, Complaints and Freedom of Information (2022-2023)
PURPOSE OF REPORT:	<p>To provide the Governance and Audit Committee with a comprehensive overview of the Compliments, Complaints and Freedom of Information (FOI) activity (including Environmental Information Regulations - EIR) received by the Authority during 2022 - 2023. This report also provides information about complaints referred to the Public Services Ombudsman for Wales during the reporting period.</p> <p>The report is accompanied by relevant documents (listed as appendices below) which includes a copy of the Ombudsman's Annual Letter, dated 17th August 2023.</p>
For:	Information
CABINET PORTFOLIO AND CABINET MEMBER:	Councillor Bryan Davies, Leader

Introduction

This report provides information relating to the Council's Compliments, Complaints and FOI activity between 1st April 2022 and 31st March 2023. The report itself is listed as **Appendix 1** and includes 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.

A report detailing the compliments and complaints activity in relation to Social Services is included as **Appendix 2**, and information about the Lessons Learned as a consequence of (corporate) complaints is provided within **Appendix 3**. The main report consists of a section about the contact received from the Public Services Ombudsman for Wales ("the Ombudsman") during the reporting period. The Ombudsman's Annual Letter to the Council is included as **Appendix 4**, and this gives further details about all Ombudsman activity for Ceredigion, as well as for other Council's across Wales.

This is the fourth consecutive report where there have been no Ombudsman investigations commenced or formal reports issued in relation to complaints made against the Council. Whilst there were fewer Ombudsman referrals during this reporting year, the Council has a consistently high rate of Early Resolution/Voluntary Settlements.

It is therefore acknowledged that challenges remain in relation to the complexity of complaints received, a general increase in activity surrounding complaints, FOI, Ombudsman referrals and referrals to the Information Commissioner's Office (ICO), as well as the challenges associated with the delivery of the Complaints and FOI Team itself. These challenges have inevitably had an impact on the Council's ability to meet its performance objectives in relation to prescribed timescales.

Brief Overview:

- ↑ **465** Compliments were received
- ↑ **403** Enquiries were processed by the Complaints & FOI Service
- ↑ **144** Complaints were received: **Stage 1 = 96** **Stage 2 = 48**
- ↓ **35** 'Contacts' received via the Public Services Ombudsman for Wales
- ↑ **882** FOI & EIR requests processed by the Complaints & FOI Service

Summary

- There were significantly more Compliments received during this reporting period. Improving the way that compliments are captured remains a piece of work that the Complaints and FOI Team needs to undertake, but this is being delayed due to capacity constraints.
- The service received a greater number of enquiries – many of which were either allocated back to the service areas to resolve pro-actively, or formal responses were required in order to explain why such matters could not be dealt with under the complaints procedures.
- It is worth noting that the number of complaints received by the Council was the third lowest in Wales.
- A great deal of work is needed to prevent Stage 1 complaints from escalating to Stage 2 unnecessarily on account that it has not been possible to respond within the prescribed timescale of ten-working-days.
- Compliance with timescales under Stage 2 also requires attention, as do the shortcomings in complaints handling that were referred to the Ombudsman. The Complaints and FOI Team continues to face challenges in meeting the demands of rises in the numbers of compliments, complaints, and FOI activity.
- As acknowledged above, there were fewer Ombudsman referrals than last year, but the number of Early Resolution / Voluntary Settlements is the highest in Wales.
- Complaints about Refuse Collection and Planning matters continue to be the main reasons for complaints; however, these services are predisposed to attracting complaints and these must be taken in context with the level of activity undertaken by these two service areas.
- Compliance with Freedom of Information (FOI) and Environmental Information Regulations (EIR) timescales were at the lowest level reported, at 54% and 44% respectively. A great deal of work is being undertaken to improve on this.

Areas to focus on

- Improving adherence with timescales prescribed in complaints and FOI/EIR policies/legislation
- Increase the resilience within the Complaints and FOI Team
- Reinforce the principle that complaints are owned throughout the Council
- Deliver a comprehensive training programme on complaints handling
- Improving system for capturing compliments and data surrounding lessons learned
- Continuing with open, transparent, and citizen-centred approach to resolving concerns

Recommendation(s): To note the contents of the Annual Report of Compliments, Complaints and Freedom of Information 2022-2023, the supporting appendices, and to note the contents of the Ombudsman’s Annual Letter for 2022-2023.

Reason(s) for Recommendation(s): To inform the Governance and Audit Committee of the work being undertaken by the Complaints and FOI Team

Appendices:

Appendix 1
Annual Report for Compliments, Complaints and Freedom of Information 2022-2023

Appendix 2
Social Services Compliments and Complaints Report 2022-2023

Appendix 3
Information regarding Lessons Learned from complaints

Appendix 4
Ombudsman’s Annual Letter: 2022–2023

Appendix 5
Information regarding Early Resolution/Voluntary Settlements agreed with the Ombudsman.

Corporate Lead Officer: Alun Williams, Corporate Lead Officer for Policy, Performance & Public Protection

Reporting Officer: Marie-Neige Hadfield, Complaints & FOI Manager

Date: 7th September 2023

Compliments, Complaints and Freedom of Information Report



Cyngor Sir
CEREDIGION
County Council

2022 – 2023

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4. Complaints to the Public Services Ombudsman for Wales	Pages 10-11
5. Requests Received under the Freedom of Information (FOI) Act and the Environmental Information Regulations (EIR)	Pages 11-12
6. Appendices <ul style="list-style-type: none">- Appendix 2: Social Services Compliments & Complaints Report 2022-2023- Appendix 3: Identifying Lessons from Complaints- Appendix 4: Ombudsman’s Annual Letter- Appendix 5: Summaries of Ombudsman Early Resolution/Voluntary Settlements	

1. Introduction

- 1.1 This report will provide information regarding the number of **Compliments, Complaints** and information requests received under the **Freedom of Information Act (FOIA) 2000**, and the **Environmental Information Regulations (EIR) 2004** during the period between 1st April 2022 and 31st March 2023.
- 1.2 Each section of the report will focus on the Council's management and performance of each of its statutory and procedural obligations in respect of complaints management and access to information rights that are within the responsibility of the Complaints and FOI Team. The various legislation/policies are outlined below:
- * **Model Concerns and Complaints Policy (Corporate) 2020**
 - * **Social Services Complaints Procedure (Wales) Regulations 2014**
 - * **Freedom of Information Act 2000 (FOIA)**
 - * **Environmental Information Regulations 2004 (EIR)**
- 1.3 The Complaints and FOI Team is a small team, consisting of 3.8 staff members, and is responsible for the administrative function under the aforementioned legislation and policies, including any cases referred to the Public Services Ombudsman for Wales ("the Ombudsman"). The Complaints and FOI Team provides advice, assistance, and support to Council officers on a corporate level, as well as to schools – under a partnership agreement.
- 1.4 Following the formation of the **Complaints Standards Authority (CSA)** under the **Public Services Ombudsman (Wales) 2019 Act**, all public authorities across Wales are required to submit their complaints activity to the CSA on a quarterly basis. This information is freely available on the Ombudsman's [website](#).
- 1.5 The Council continues to work positively with the Ombudsman and Section 4 of this report will provide details of the **complaints that were referred to the Ombudsman** during this reporting year. It is worth noting that this is the fourth consecutive reporting period whereby there have been no formal investigations launched into a complaint against Ceredigion County Council. However, it is acknowledged that the Council has encountered the highest number of cases requiring Ombudsman intervention (compared with other Local Authorities). Such instances are referred to as Early Resolution/Voluntary Settlement decisions and will be addressed in greater detail below.
- 1.6 Pro-active resolution of any concerns received by citizens and service-users remains a high priority and every effort is made to achieve satisfactory outcomes when such instances are brought to our attention. Due to the continued efforts and positive collaboration between staff and managers across the Council, it is far more effective to resolve concerns when they are received as an 'enquiry', without needing to initiate the formal complaints procedure.

- 1.7 A total of **403 enquiries** were managed by the Complaints and FOI Team during this reporting period. However, the service does not yet have sufficient reporting capabilities that can identify how many of these enquiries subsequently required resolution via the (most appropriate) complaints procedure.
- 1.8 This report will provide some complaints information on a corporate level, i.e. data concerning complaints managed under the **corporate and the Social Services** policies. Both involve a **two-stage process**, but the requirements and timescales set out within each of these is different.
- 1.9 A report summarising the arrangements under the statutory Social Services complaints policy, which also provides analysis of all compliments and complaints that were received during 2022-2023, has been compiled for inclusion in the Statutory Director of Social Services' performance report. This document should be considered in conjunction with this report and is included as **Appendix 2**.
- 1.10 This report will therefore provide an overview of the corporate policy and additional detail surrounding the number, trends and outcomes of complaints registered for this reporting period (2022-2023).
- 1.11 The corporate Concerns and Complaints Policy consists of two stages;
- **Stage 1 is the informal stage and must be concluded within ten-working-days**
 - **Stage 2 requires a formal investigation, at a level deemed reasonable and proportionate to the issues being raised.**
- 1.12 The underpinning ethos for ensuring the effective resolution of complaints recommends as follows: '**Investigate once, investigate well**'. Formal investigations under Stage 2 may occasionally take longer than the **20-working-days** outlined within the policy. However, every effort will be made to keep the complainant informed as to any delays and when they should expect to receive the Council's formal response.
- 1.13 Information concerning the Council's performance in this regard is provided within this report, but the priority remains to ensure a robust and meaningful investigation is undertaken – even if this takes longer than the prescribed timescales. It is acknowledged however that significant challenges associated with service-continuity within the Complaints and FOI Team has once again impacted on the Service's ability to maintain effective communication with complainants in some instances.
- 1.14 The Corporate Lead Officer (CLO) for Policy, Performance & Public Protection is responsible for all complaints and FOI activity within the Council and will escalate matters of concern to the relevant member(s) of the Leadership Group. In addition, the CLO is the Council's nominated Senior Officer for the Ombudsman and the Information Commissioner's Office (ICO) in relation to complaints and FOI performance, respectively.

2. Compliments

- 2.1 All compliments received from service-users are recorded and monitored on a regular basis. Such positive feedback is used to **share and promote good practice** wherever possible. Compliments are a source of encouragement that Council staff are delivering a valuable and high standard of service to those on the receiving end.
- 2.2 Opportunities may also exist to share good practice beyond the service area(s) receiving the positive feedback, as this can aid in adopting tried and tested methods of effective service delivery on a broader level.
- 2.3 The table below shows the number of compliments that were received for each service area during 2022-2023, along with the data for the two reporting periods preceding this:

Service	2020 – 2021	2021 – 2022	2022 – 2023
Customer Contact & ICT	37	29	44
Democratic Services	-	2	3
Economy & Regeneration	11	14	12
Finance & Procurement	24	5	6
Highways & Environmental Services	26	25	33
Legal & Governance	-	1	3
People & Organisation	-	-	-
Policy, Performance & Public Protection	3	5	16
Porth Cymorth Cynnar	344	29	57
Porth Cynnal	72	27	78
Porth Gofal	169	77	139
Schools & Lifelong Learning	11	4	5
*Corporate	117	6	69
Total	814	224	465

**Positive feedback provided in general terms (towards the entire Council workforce) and towards the office of the Chief Executive and Corporate Directors*

- 2.4 It is worth noting that the Council **only** records compliments that are received from **external sources**. As a consequence, services that have very little, or no, direct contact with the public will naturally be less likely to receive any positive feedback that would qualify for inclusion within this report. The absence of data recorded against certain services, therefore, is not indicative of a lack of appreciation for their working practices or any reflection on their general performance.
- 2.5 Data can be influenced by events during a specific reporting period, e.g. a significant number of compliments were received for Porth Cymorth Cynnar and on a 'Corporate' level, during 2020 – 2021. This is consistent with the extraordinary efforts made by officers during the height of the coronavirus pandemic (issuing food-boxes, support for carers etc.).
- 2.6 A similar trend occurred during this reporting period whereby a number of compliments were recorded on a 'corporate' level; this was mainly attributed to the success of the National Eisteddfod, that was held in Tregaron during August 2022.

2.7 Snapshot of compliments received during 2022 – 2023

"I'd just like to say how much I thoroughly enjoyed the recent events held through Porth Cymorth Cynnar in the Bandstand and Penparcau Family Centre. I learnt a lot and particularly enjoyed sewing my bucket hat. I hope there will be more events like these in the future." - Porth Cymorth Cynnar -

"On our recent short holiday based at Tregaron, we travelled by car to all points of the compass. We were impressed by the excellent condition of all the roads whether main A roads or narrow winding lanes, as we toured about. Thank you very much for contributing to an enjoyable first visit to your country." - Highways & Environmental Services -

"Amazing! Spent a lot of time here. Bird boxes, glitter, smoothies, hair, flower-arranging, climbing wall – great. Children loved it. Plenty of activities of all varieties. Thank you!" - Corporate -

"I'd like to thank the officers who have made it possible for the lower path of Pen Dinas to be widened and resurfaced, as I noticed today whilst walking on the hill. This will make a big difference to people in the area as well as tourists, increasing access for people with mobility issues and contributing to their wellbeing." - Economy & Regeneration -

"As ever, I am so very grateful for the excellent way in which you have helped us and continue to provide support. Your efficiency is outstanding and your advice on all matters is friendly, thorough, and very reassuring to me." - Porth Cynnal -

"A short message to thank you for supporting the sessions over the past few weeks and for sharing the information. What you are doing with the [Ukrainian Refugee] Welcome Centres is special – thank you very much." - Policy, Performance & Public Protection -

"Thank you / Diolch from the bottom of our hearts for all of the care and love you showed and gave to X. He was so happy and loved all of you, you gave him the best years of his life." - Porth Gofal -

"I just wanted to say a massive thank you for the ceremony yesterday: it was perfect! We wanted an intimate wedding with our little family unit and that's what we had. You've given us memories to treasure forever." - Customer Contact and ICT -

"Your support and advice have been incredibly valuable; I cannot thank you enough." - Corporate -

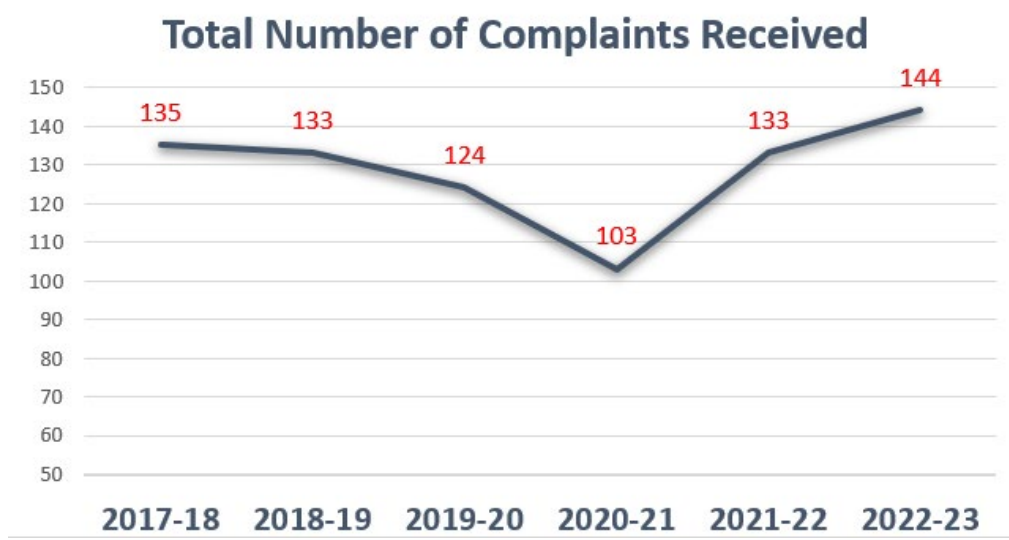
"Thank you to all the staff for arranging the Christmas Party in Hafan Deg. It was nice to see everyone today. Lovely food, music and presents for all." - Porth Cynnal -

"I would like to thank staff for all the work they do within Clic" - Customer Contact & ICT -

"I recently made a visit to mid-Wales visiting Rhayader, Devil's Bridge and then Aberystwyth via the mountain road. I had a wonderful time and wanted to express my satisfaction of the local services especially during these difficult times." - Corporate -

3. Complaints

3.1 The chart below shows the **total number of complaints** received by the Council each year. This does not include the number of service requests, enquiries or concerns that were able to be resolved by the relevant service(s) on a pro-active basis or those which did not fall within the remit of the complaints policies: e.g. instances whereby an alternative route of appeal was available, or if the issue being complained about was considered to be a *'properly made decision'*. This is when the Council takes a course of action that is entirely legitimate and is supported by legislation and/or policy.



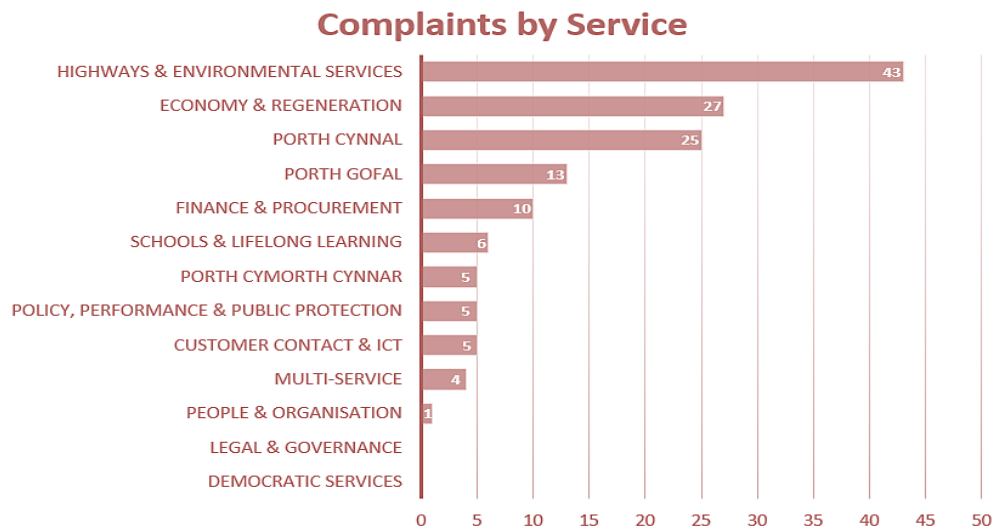
3.2 The table below separates **complaints by stage**, for each of the reporting years referred to above.

Year	Stage 1	Stage 2	Total
2017-18	96	39	135
2018-19	92	40	133
2019-20	85	39	124
2020-21	61	42	103
2021-22	73	60	133
2022-23	96	48	144

3.3 No complaints were received during 2022-2023 regarding the provision (or lack thereof) of **Welsh Language services** across the Council, and no referrals were received from the Welsh Language Commissioner.

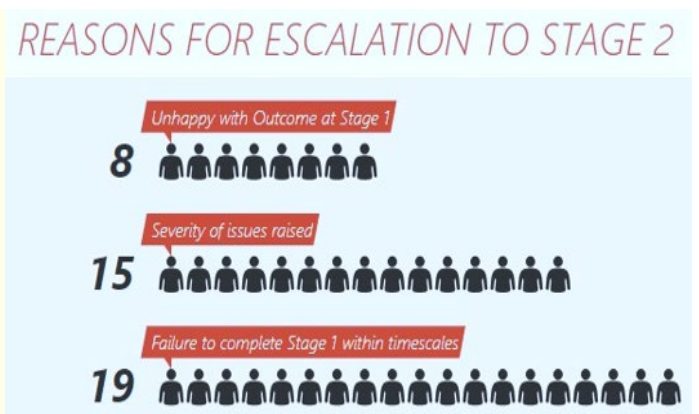
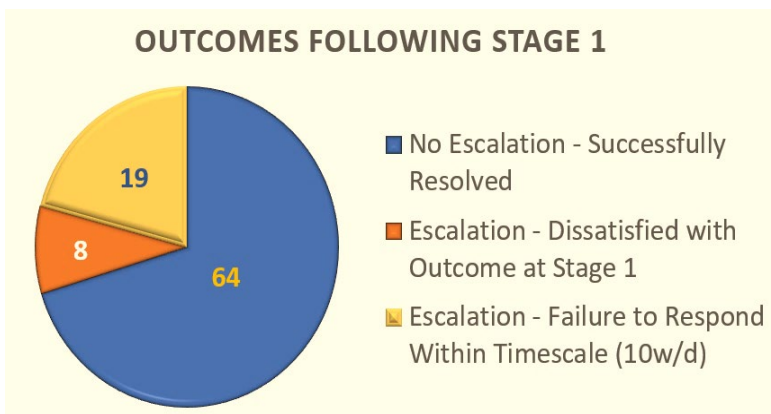
3.4 To put the above in context, it is worth noting that the Council logged **95,421** enquiries during 2022-2023.

3.5 This chart shows the **breakdown of complaints by Service** and also provides an additional **'multi-Service'** category, which is used when complaints span more than one service area.

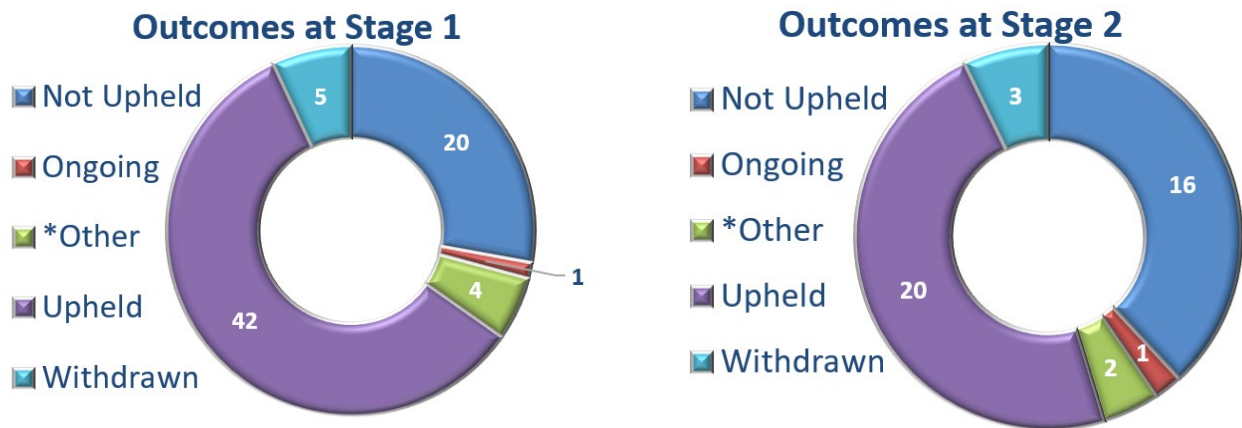


3.6 The following information refers to the number of complaints that were **closed** during this reporting year. Please note that there will be disparity between the number of complaints **received** and those that were **concluded** during 2022-2023, this is due to the time required to investigate and respond to complaints (e.g. a complaint received on 31st March 2022 will be recorded as having been received during 2021-2022, but unless the complaint is closed on the day of receipt, the **outcome** will be included within the annual report for 2022-2023).

3.7 Analysis of the **Stage 1** complaints that were concluded during 2022-2023 is provided below and shows the number of cases that were: **resolved successfully**, escalated to a **formal investigation** under Stage 2 (in the event the complainant was dissatisfied with the outcome), and the number of complaints that had to be escalated to Stage 2 due to the Council's **failure to respond** within the prescribed timescale for Stage 1 complaints (**ten-working-days**). The second chart shows the different **reasons** for why complaints were investigated at Stage 2. Of note, **15 complaints** were **immediately** considered at the formal stage, which is permitted under the policy and will usually occur when serious complaints are received, or those involving contact from the **Ombudsman**.



3.8 The outcomes of all **72 Stage 1 complaints** that were closed during 2022-2023 are shown below. The category referred to as **‘Other’** represents any complaints that were subsequently considered under a **different process** or were later deemed to be **outside of the scope of the complaints policy** (e.g. where an alternative policy should be followed or if it became apparent that the specific issue should not be considered as a ‘complaint’). The same applies to the **42 Stage 2 complaints** that were investigated under the corporate policy and were concluded during 2022-2023.



3.9 A total of **19 Stage 1** complaints were **escalated** to Stage 2 due to the **10-working-day timescale being exceeded**. This is consistent with the Model Complaints Policy issued by the Ombudsman in accordance with its Complaints Standards Authority (CSA) regulations. This represents **17%** of all Stage 1 complaints and demonstrates that improvements are needed to ensure compliance with the Stage 1 policy.

3.10 Of the **42 Stage 2** complaints that were investigated during this reporting period, **15** cases were closed **within the prescribed timescale of 20-working-days**. This represents only **36%** of all formal complaints having been closed within stipulated timescales. Again, **a great deal of improvement is needed** to ensure that complaints are investigated and responded to promptly. Such improvements will likely minimise the number of referrals to the Ombudsman.

3.11 Identifying lessons from complaints

3.12 Every effort has been made throughout this reporting period to capture more information on the **lessons that are identified as a consequence of complaints** and highlighting the **improvements and opportunities** arising from them. Unfortunately, the current recording system for complaints is incompatible for in-depth analysis on a case-by-case basis; however, all upheld complaints have been reviewed for the purposes of presenting information about lessons identified within this report.

3.13 Whilst there should always be opportunities to share good practice, more often than not improvements are identified when a complaint is **upheld**. Information is provided in **Appendix 3** which lists the various strategies, improvements and training opportunities that have all arisen as a consequence of a complaint.

- 3.14 Following consideration by various democratic committees when the Annual Compliments, Complaints and FOI Report was presented in 2022, a request was made for more information about complaints whereby '**communication**' was considered to be a significant factor. Analysis has therefore been undertaken in respect of this and, whilst **poor communication is a feature of most complaints**, information has been collated to determine the cases where this is the primary factor, or at least a significant aspect of the issue culminating in a complaint.
- 3.15 Of the **106** corporate complaints received during this reporting period, there were **56 cases** that directly referred to a **lack of communication** on the Council's part. Of these, **39 complaints** arose simply as a consequence of service's '**failure to respond**' to people. It must also be mentioned that the **Complaints and FOI Team** has experienced significant challenges in **maintaining communication** with those who contact the service (either during the course of the complaints process or when seeking to resolve the vast number of enquiries received).
- 3.16 The main reasons given for the communication shortcomings predominantly refers to a **lack of available resources** and problems encountered with the **allocation of service requests** and/or **enquiries**. This must be viewed in the context of the **increasing demands** from the public and the **additional complexity** of the issues arising.

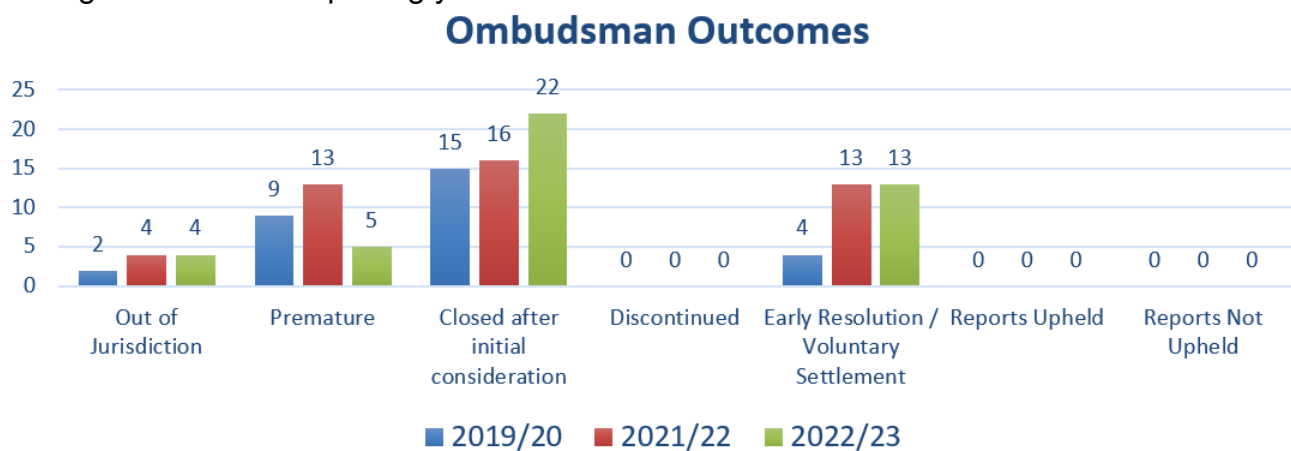
4. Complaints to the Public Services Ombudsman for Wales

- 4.1 Information regarding the number of complaints that were referred to the **Ombudsman** during the reporting year is detailed within the Ombudsman's **Annual Letter**, which is provided in **Appendix 4**. This document gives some detail surrounding the **service areas** that have been involved in referrals to the Ombudsman, as well as their **outcomes**.
- 4.2 Whilst the Council received **fewer referrals** to the Ombudsman during 2022-2023 – a total of **35**, compared with **52** contacts during 2021-2022, the number of cases resolved via **Early Resolution / Voluntary Settlement** is **consistent** with last year, totalling **13 cases**. Once again, the Ombudsman **did not conduct any investigations** into complaints referred to her office, though it is acknowledged that Ceredigion received the highest proportion of Ombudsman interventions compared with other Councils across Wales.
- 4.3 **Poor communication** remains a key theme in respect of complaints made to the Ombudsman. **Summaries** of the cases requiring Ombudsman intervention is provided in the **Appendix 5** (in relation to all Council services), and it is evident that the challenges that have faced the **Complaints and FOI Team** in particular, has had an **impact** on the ability to provide an **effective complaint handling service**. Again, this is as a consequence of the demands on the small team, that deals with complaints, FOI and EIR, and provides advice and assistance to schools under a designated Partnership Agreement.

4.4 The high volume of ‘enquiries’ (which in themselves may not be straightforward - as these will include cases whereby the complaints policy may not apply, but which require a comprehensive response nonetheless) is a **key factor** in the deployment of critical resources to an aspect of work that cannot be measured. This was further compounded by **staff absence** and the **recruitment and training** of a new staff member.

4.5 It is encouraging to note that of the **44 complaints closed** by the Ombudsman during 2022-2023, **31** were either **premature (5)**, **out of jurisdiction (4)** or, in the **majority** of cases (**22**) the Ombudsman **closed the complaint following their initial assessment**. This suggests that the **action** taken by the Council was **reasonable and proportionate**, and that nothing further could be achieved by the Ombudsman undertaking a review of the case.

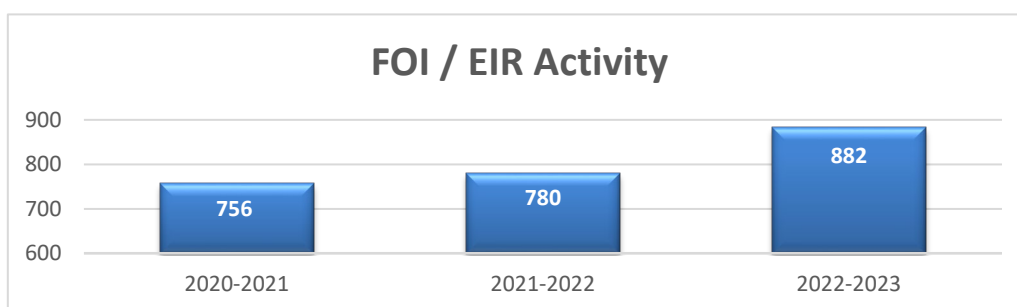
4.6 The graph provided below shows the outcomes of all complaints closed by the Ombudsman during the last three reporting years:



5. Requests Received under the Freedom of Information (FOI) Act and the Environmental Information Regulations (EIR)

5.1 During this reporting period the Council received a total of **882** requests for information under the Freedom of Information Act 2000 (FOIA) or Environmental Information Regulations 2004 (EIR). Of these, **13** cases were escalated to the Corporate Lead Officer (CLO) for Policy, Performance & Public Protection requiring Internal Review.

5.2 This demonstrates a slight increase compared with previous years, as shown below:



- 5.3 In addition, **9 complaints** were made to the **Information Commissioner's Office (ICO)**, all of which were resolved without further action. This remains consistent with the previous reporting year, which also recorded 9 referrals to the ICO.
- 5.4 The Council's **compliance** with meeting the timescales set out under FOI legislation and the EIR Regulations (**20-working-days**, with EIR's allowed to take up to **40-working-days** if the information requested is voluminous) was a cause for concern, which has prompted a significant amount of work to raise awareness of the Council's statutory obligations in this regard.
- 5.5 A **breakdown** of the number of FOI's and EIR's received according to **Service** is provided below.

Service	FOIs Received	EIRs Received
Customer Contact & ICT	68	-
Democratic Services	18	-
Economy & Regeneration	61	38
Finance & Procurement	172	-
Highways & Environmental Services	64	31
Legal & Governance Services	7	-
People & Organisation	58	-
Policy, Performance & Public Protection	123	10
Porth Cymorth Cynnar	12	1
Porth Cynnal	63	-
Porth Gofal	87	-
Schools & Lifelong Learning	60	-
Multi-Service	9	-
Total	802	80

Social Services Compliments & Complaints Report 2022-2023

Compliments

A total of **217 compliments** were received from service-users and/or their representatives during this reporting period. This is more than double the number of compliments that were recorded for Social Services during 2021-2022 (104 in total). Some examples of the compliments received are provided below.

Service	Compliments Received
Porth Cynnal	78
Porth Gofal	139
Total	217

“As ever, I am so very grateful for the excellent way in which you have helped us and continue to provide support. Your efficiency is outstanding and your advice on all matters is friendly, thorough, and very reassuring to me.”
– Mental Health / Wellbeing

“(Service user) was grateful for the afternoon and enjoyed meeting us all, knowing that the support was there should she need it.” – Early Intervention

“Thank you / Diolch from the bottom of our hearts for all of the care and love you showed and gave to X. He was so happy and loved all of you, you gave him the best years of his life.” – Porth Gofal

“Thank you for all your help and support during the last few months, my grandmother and the whole family appreciated it.”
– Direct Services

“The holistic manner that you work with, is outstanding and I so wish that others who are educating themselves in order to work in social care could have some of your insight in how things should be done and be allowed the time and resources to do so. Once again you are an absolutely fantastic social worker and there should be more like you.” – Mental Wellbeing

“We are very pleased with the quick response from the OT Service. They were clear in their communication, kept us updated throughout, and have provided valuable support to enable my mum, who is 93, to be much safer and more confident in her own home. This has been hugely beneficial to myself and the rest of the family, as we have been very worried about her. We are very thankful for the help and support.” –
Occupational Therapy Service

“Thank you for putting forward various options and many thanks for your kind assistance.” – Integrated Triage & Assessment Service

Complaints Report

Introduction

This report will refer specifically to all **Social Services compliments and complaints** received during 2022 – 2023. This data will also be included as part of the Council's Annual Compliments, Complaints and Freedom of Information (FOI) Report for 2022 – 2023, on a corporate level, which will be published later in the year.

The Council has fully implemented the requirements outlined in Welsh Government's statutory **Social Services Complaints Procedure (Wales) Regulations 2014** and the **Representations Procedure (Wales) Regulations 2014**. These regulations underpin the Council's own **Social Services Complaints Policy**, which is due to be reviewed during the forthcoming year. The current Policy was approved by the Council's Cabinet committee on 17th March 2020, and predominantly sets out the responsibilities placed upon staff within **Porth Cynnal** and **Porth Gofal** Services, as well as the corporate **Complaints and FOI Team**. This promotes accountability and ensures that effective arrangements are in place to resolve concerns at the earliest opportunity, and if this is not possible, to ensure complaints are managed in accordance with the Council's statutory obligations.

It is vital that the Social Services complaints process operates in accordance with the principles of the **Social Services and Well-being Act (Wales) 2014**, as well as ensuring that the process is accessible to all, and is fair and transparent.

Social Services Complaints Activity

Every effort is made to resolve complaints pro-actively and in many cases this is successful. In such instances the contact will be recorded as a concern. However, in some cases this is not possible, particularly when the issues being raised are of a serious or complex nature. These instances will be managed in accordance with the aforementioned complaints policy and procedures.

The Social Services complaints procedure consists of **two stages**, and Corporate Managers within Social Services (i.e. Porth Cynnal and Porth Gofal) are responsible for managing complaints against their respective service-areas, ensuring that the appropriate level of decision-making and accountability is in place. The Corporate Managers strive to achieve meaningful outcomes as a consequence of complaints and, where necessary, measures will be implemented to ensure lessons are learned and any service improvements are prioritised. The Complaints and FOI Team is independent from Social Services, managed within the Policy, Performance & Public Protection Service, and is responsible for overseeing the administration of the complaints process.

A total of **60 'concerns'** were received within the reporting period, with the majority having been resolved satisfactorily without requiring escalation under the formal complaints procedure. However, this report will focus on the **complaints** that were investigated under stages 1 and 2 during the course of the reporting year.

For information, Stage 1 is the only opportunity that is available for Corporate Managers to investigate and/or resolve a complaint. The statutory regulations stipulate that an Independent Investigating Officer (IIO) must be appointed to conduct investigations at Stage 2 and, in cases involving children, an Independent Person (IP) is also commissioned to oversee the investigation process. Once the Council’s own complaints process has been exhausted, complainants have the right to refer their complaint to the Public Services Ombudsman for Wales (PSOW) if they remain dissatisfied.

Total number of complaints received in 2022 – 2023

Service Area	Stage 1	Stage 2	Total
Porth Cynnal	19	6	25
Porth Gofal	12	1	13
	31	7	38

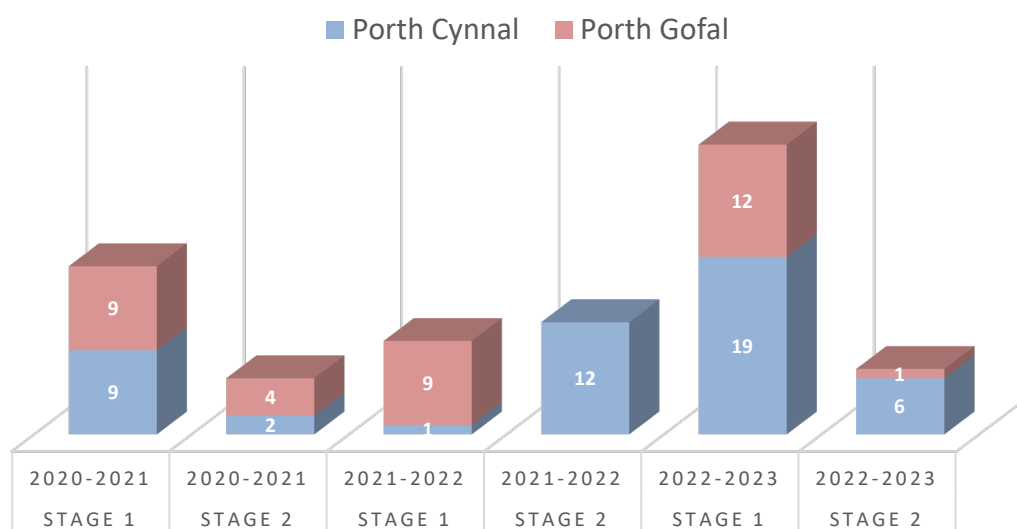
A total of **38 complaints** were received in relation to Social Services in 2022–2023, which demonstrates an increase when comparing these figures to the previous reporting period. During 2021–2022 there were **22** complaints in total which were addressed under the Social Services complaints policy.

Senior staff in Porth Gofal and Porth Cynnal continue to work closely with the Complaints and FOI Team by adopting an early-resolution approach when appropriate and this is proving to be an effective strategy. From the 60 concerns managed pro-actively, only eleven cases subsequently went on to be investigated at Stages 1 and/or 2; this equates to **82% of all concerns having been resolved satisfactorily** in the first instance.

Comparative data

Comparative data is provided below with regard to complaints received by Porth Cynnal and Porth Gofal, for the years 2020-2021 and 2021-2022 and the current reporting period – 2022-2023.

SOCIAL SERVICES COMPLAINTS



Complaint Outcomes by Service

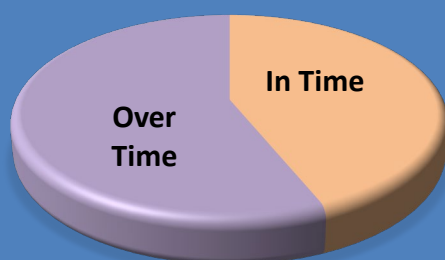
A breakdown of the number of complaints and their outcomes is provided below, in accordance with the relevant service areas:

Porth Cynnal	Not Upheld	Upheld	Ongoing / Suspended / Discontinued
Planned Care (Adults) (3)		1	2
Planned Care (Children) (6)	2	2	2
Safeguarding (Adults) (4)	1		3
Safeguarding (Children) (4)	1		3
Extended Support (Adults) (6)	1		5
Mental Wellbeing (Adults) (2)	2		
Total	7	3	15

Porth Gofal	Not Upheld	Upheld	Ongoing / Suspended / Discontinued
Integrated Triage & Assessment (Adults) (6)	2	1	2
Integrated Triage & Assessment (Children) (3)	1	2	
Targeted Intervention Service (3)			3
Direct Services (1)		1	
Total	3	5	5

Stage 1 Timescales

Of the **31** complaints which were recorded at Stage 1, only **16** were concluded (i.e. not suspended, withdrawn or discontinued – this will be explained in more detail in the analysis). **7** of these complaints were closed within the prescribed timescales. The remaining **9** exceeded the timescales.



Stage 2 Timescales

Only **5** of the **7** complaints that were recorded at Stage 2, progressed to the independent investigation stage, because two complainants decided to withdraw their complaints. All five of the complaints that were investigated took longer than prescribed timescale of 25-working-days.

However, the statutory requirements to obtain written approval from the Director of Social Services was fully complied with, and responses were issued at the earliest opportunity following completion of the investigation.

Analysis and Conclusions

Firstly, closer analysis of the **60 cases** that were initially recorded as '**concerns**' revealed that **only 11** of these **subsequently escalated to the formal complaints stage**. This predominantly supports the benefits associated with taking a '**pro-active resolution**' approach, where possible. The remaining 49 concerns (82%) were resolved successfully without further action required.

There has clearly been an **increase** in the number of complaints received in relation to Social Services during 2022-2023. Having received **31 Stage 1** complaints in the last year, this is the highest level since 2015-2016, when 32 Stage 1 complaints were received in a single year. There were **fewer Stage 2 investigations** conducted during this reporting period and in terms of outcomes, the ratio of upheld to not upheld complaints was fairly balanced.

However, the most striking factor within this year's report is that a total of **20 complaints** were not concluded. There are a variety of reasons behind these, which will be explained below.

A 'complaint' is usually recorded at the point of receipt when it is deemed to meet the criteria for instigating the policy immediately: i.e. it is not a 'first time request for a service' or the issues being raised are felt to be sufficiently serious that intervention at Corporate Manager level is necessary.

There are, however, other factors that need to be considered once a complaint is formally recorded, but before the process can actively commence:

- ensuring appropriate consent is obtained from the service-user (when others raise concerns on their behalf).
- consideration as to whether there are any 'concurrent investigations' underway (i.e. if there are any court proceedings or safeguarding investigations that could be compromised by a complaint investigation)
- ascertaining whether the complaints process can be followed at all (e.g. instances whereby the complainant is seeking to overturn a decision made by a Court)

In these instances, the complaint may not be able to progress until the necessary checks are completed and this can occasionally take some time, whilst engagement between the Service and the complainant ensues.

Analysis of the **20 complaints** that were not concluded during the reporting period showed that:

- **3 complaints** were **resolved immediately** following the intervention of the Corporate Manager for the relevant Service.
- Failure to supply the service-user's **consent** accounted for the discontinuation of **4 complaints**.
- In **5 cases**, the complainant **failed to engage** with the complaints process and the cases were subsequently closed.
- **4 complaints** were **ongoing** or **escalated to Stage 2** before completion of the Stage 1 complaint.
- **3 cases** were actively **withdrawn** by the complainant's.
- **1 complaint** was unable to be progressed due to **other investigations** taking priority.

Whilst this is an unprecedented number of complaints that were not concluded within the reporting year, the cases were managed in accordance with the statutory policies and procedures and, in the interests of openness and transparency these complaints were not removed from the system. Furthermore, all complaints were shared with the relevant service areas and the Corporate Managers responsible in each case sought to ensure that there were no underlying issues that required further intervention or investigation.

Response times at both stages of the complaints process requires improvement, though only one case exceeded the six-month timeframe. Complaints that take longer than the prescribed timescale to resolve is occasionally unavoidable, and the overarching priority is to ensure that complaints are investigated thoroughly, and careful consideration is given to the findings and recommendations which emerge from such investigations.

Porth Cynnal received a higher number of complaints which is largely due to the nature of the services they deliver, and their complexity.

Of the **18 complaints** that were fully investigated, **8** were upheld. Although this is an increase compared with the figures analysed during 2021-2022 (4 complaints upheld), this represents 44% of all complaints investigated, which is still an improvement on the statistics for 2020-2021, whereby 58% were upheld. Further, whilst almost half of all complaints investigated were upheld, acknowledgement must also be given to the number of concerns that were successfully resolved, and the complaints that were withdrawn earlier in the process because of the work undertaken by services to remedy the issues.

Themes and Trends

Poor communication remains a consistent factor in most complaints, and, in many cases, these are addressed promptly at service-level to prevent unnecessary escalation. This was evidently the case in respect of the 49 concerns resolved pro-actively, which far exceeds the number of cases that were subsequently investigated under the formal complaints process.

Timescales

As identified in previous reporting periods, improvements need to be made with regard to response times, particularly at Stage 1 of the complaints process. There is a requirement at Stage 1 to offer a 'discussion' between the complainant and the relevant Corporate Manager. Therefore, securing the availability of managers remains a challenge, as well as attempting to then co-ordinate their availability with that of the complainant. This will continue to be monitored in future reporting periods.

It has also become increasingly evident during the course of the reporting period that poor complaints handling has become a prominent feature in the failure to process cases expediently. Extensive efforts are being made to ensure better communication between Social Services and the Complaints and FOI Team, but some challenges have arisen as a consequence of increased complaints and FOI activity on a corporate level, as well as in the case of Social Services. This remains an ongoing concern which has been escalated as necessary.

Learning Lessons

In all cases whereby a complaint is deemed to be upheld (either in its entirety or specific elements) it is crucial that recommendations are put in place to learn lessons and prevent any recurrence in the future. Examples of some lessons learned from complaints received during 2022–2023 are summarised below:

- *It was agreed that the Service would commence a weekly log of all communication, which will be shared with the complainant and minutes of meetings will be shared promptly with the relevant parties. This should limit anxiety levels due to lack of communication and delays in receiving documentation from the service.*
- *Relevant staff will ensure that discussions are held with interested parties in advance of formal meetings, so that everybody is aware of the format of the meeting and how they are expected to contribute to this. These discussions will be recorded, and a formal record will be given to all attendees as part of the process. In addition, staff were reminded about the importance of making a brief log of any telephone conversations, in accordance with relevant Council policies.*
- *Completion of assessments / reviews and carer's assessments to be considered upon receipt of complaints, to ensure that level of care provision adequately meets the needs of the individual.*

Complaints referred to the Public Services Ombudsman for Wales (PSOW)

During 2022–2023 the Council received **eleven** new contacts from the office of the PSOW relating to Social Services complaints. These related to cases within the following services:

- Porth Cynnal (7)
- Porth Gofal (4)

There were a greater number of referrals received from the Ombudsman during 2022-2023, with only 9 having been received in 2021-2022.

Whilst no complaints referred to the PSOW resulted in a formal investigation, there were **eight complaints** that required intervention by the Ombudsman. These complaints were resolved by way of '**Early Resolution / Voluntary Settlement agreements**' reached with the Ombudsman's office, the details of which are provided in the table overleaf.

Cases requiring Ombudsman intervention by way of Early Resolution Agreements

Service(s) & Reference	Summary of Complaint	Agreed Actions
<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case ref: 202200812</p>	<p>Complaint had previously been investigated independently under Stage 2; however, the complainant remained dissatisfied with the outcome.</p> <p>The complainant’s main concerns were that the Service failed to undertake appropriate and necessary assessments to determine her relative’s degree of learning disabilities, and that it failed to consider vital information provided during a telephone consultation.</p>	<p>The Ombudsman advised that the Council should respond to the additional queries raised by the complainant, following the independent investigation at Stage 2.</p>
<p>Porth Cynnal; Safeguarding and Complaint Handling</p> <p>Case Ref: 202201388</p>	<p>Complaint had previously been investigated independently under Stage 2. This process was unnecessarily protracted, and clarification was sought by the complainant regarding information that was included within the independent investigation report.</p> <p>In particular, the complainant wished to receive further information regarding the case law that was referred to, which the Social Worker had based their decision upon when providing care to the complainant’s relative.</p>	<p>The Council agreed to provide additional information surrounding the case law that had been considered by the Social Worker at the time that decisions were made surrounding care provision.</p> <p>In addition, an earlier agreement to award a ‘Time and Trouble’ payment due to the lengthy complaints process, had been overlooked at the point that the formal response was issued. Therefore the Council honoured its earlier decision in this regard, and acknowledged the additional inconvenience caused by having to approach the Ombudsman to obtain the information requested.</p>
<p>Porth Cynnal; Extended Support</p> <p>Case Ref: 202200853</p>	<p>Complaint that the Council had failed to properly implement the terms of an Early Resolution agreement undertaken in September 2020. This included the Council’s failure to fully complete a Carer’s Assessment, and for the continuing uncertainty surrounding the terms and arrangements of Respite Care. The Complainant was also aggrieved that the Council appeared to take an inconsistent approach to Direct Payment uplift.</p>	<p>The Council agreed to follow up on the arrangements previously agreed in relation to conducting a Carer’s Assessment. An Independent Social Worker was commissioned to complete this task.</p> <p>The Council also agreed to write to the complainant within six weeks to provide a full explanation regarding the Council’s approach in respect of providing respite care.</p>

<p>Porth Gofal; Integrated Triage & Assessment and Complaint Handling</p> <p>Case Ref: 202205115</p>	<p>Complaint regarding the Council's failure to take seriously the concerns raised by the service-user about the care provider that was commissioned to assist her. The Complainant made a complaint directly to the care provider, but their response was incomplete and inaccurate.</p> <p>The Council declined to investigate the complaint because it was satisfied with the care provider's response and that no further action was needed. However, the Ombudsman disagreed – ruling that the Council did not fulfil its duty to accept the complaint in line with the Social Services Complaints Procedure (Wales) Regulations.</p>	<p>The Council agreed to contact the complainant to obtain her complaint and issue a response which was consistent with the statutory complaints procedure.</p>
<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case Ref: 202206613</p>	<p>Complainant contacted the Ombudsman because the Council had failed to investigate the complaints she had submitted in February 2022.</p>	<p>The Council accepted it had failed to investigate the complaints raised and agreed to commence Stage 1 of the complaints process immediately. An apology was also given for this failure in complaints handling and a redress payment was agreed in acknowledgement of the Time and Trouble the complaint went to in order to have her complaint considered.</p>
<p>Porth Gofal; Integrated Triage & Assessment Service & Complaint Handling</p> <p>Case Ref: 202202005</p>	<p>Complaint that the Council had failed to provide regular and meaningful updates regarding her complaint.</p>	<p>The Council agreed to issue a formal apology and an explanation for the delays she experienced during her complaint. It was also agreed that the formal response would be issued within four weeks of the Ombudsman's decision, and a payment of £100 would be given in recognition of the time and trouble the complainant went to in making her complaint to the Ombudsman.</p>

<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case Ref: 202107463</p>	<p>Following an independent investigation at Stage 2 of the Social Services Complaint Procedure, the complainant contacted the Ombudsman because the Council had failed to implement the recommendations made by the Independent Investigating Officer.</p> <p>In addition, the Council had failed to inform him that a full safeguarding investigation would not be taking place; though the issues identified during the complaint were considered during a Professional Concerns Meeting, under the All Wales Safeguarding Procedures.</p>	<p>By way of a Voluntary Settlement Agreement, the Ombudsman proposed that the Council and the Support Service that was involved in the original complaint, should meet with the complainant and his son (the service-user) formally to explain the safeguarding decision and to discuss any additional measures that would facilitate future learning.</p> <p>It was also agreed that a direct apology was warranted for the lack of communication following the conclusion of the Stage 2 investigation. The Council agreed with this proposal and the necessary actions were undertaken.</p>
<p>Porth Cynnal: Safeguarding Service and Complaint Handling</p> <p>Case Ref: 202107158</p>	<p>Complaint about the Council's failure to close down a safeguarding case promptly, which had repercussions on the complainant's ability to resume specific working responsibilities. The Complainant also stated that her complaint was not appropriately addressed once she had brought these matters to the Council's attention.</p>	<p>The Council accepted full responsibility for the delays the complainant experienced in respect of the safeguarding case, and that this was further compounded by the failure to manage her complaint effectively. Further, the Council accepted it had not fully appreciated the impact that these matters had on the complainant.</p> <p>The Council agreed to provide a corporate apology for the maladministration identified by the Ombudsman and provide financial redress in the sum of £725 in recognition of the injustice that prevented her from returning to her duties within a youth organisation, and for the poor complaints handling – including the time and trouble invested by her, having to pursue her complaint.</p>

Identifying Lessons from Complaints

Summary of Complaint	Lessons Learned
<p>Complaints regarding delayed disclosures under UK General Data Protection Regulations (UK GDPR) i.e. in respect of Subject Access Requests.</p> <p>NB: Whilst such complaints are recorded against the Customer Contact & ICT Service, as the lead service for Data Protection, delays mainly arose due to wider services failing to provide the information within the timescale allotted under SAR.</p>	<p>Delays in obtaining information from services – Data Protection Officer to remind Service of their statutory duties re SAR.</p>
<p>Complaint regarding delays in processing cases within the Planning Service.</p>	<p>Extensive efforts are being made to address capacity constraints within the service, including the appointment of external consultants to assist and provide a level of resilience moving forward.</p>
<p>Complaints re. missed waste collections.</p>	<p>Every effort is being made to avoid or minimise service disruption, though this may not be possible - depending on the cause of the disruption (i.e. staff absence or problems with the fleet).</p> <p>Moving forward, the team will review the way that assisted waste collections are provided and communicated within the team. A review of handover arrangements for supervisors will also be undertaken.</p> <p>Review carried out to find an alternative approach to waste collections scheduled for Bank Holiday Mondays being adopted during 2023. Elected Members are provided with twice daily updates on any disruptions.</p>

<p>Complaint regarding improvement work that was due to take place on a Council-adopted Road.</p>	<p>Apologies issued for failing to complete the work that had been agreed and the Corporate Lead Officer will act as the single point of contact for the complainant until the work is complete.</p>
<p>Complaint about delay in sending information to complainant.</p>	<p>Apologies given for delays, which were due to lack of capacity within the service(s) involved – every effort will be made to identify and implement improvements.</p>
<p>Multi-service complaint which included aspects about transport, though the primary failure arose as a consequence of poor complaints handling.</p>	<p>Transport arrangements will be reviewed as soon as possible; however it is acknowledged that the complaint should have been expedited due to the issues being raised. Further training will be provided to the relevant officers.</p>
<p>Complaint about the Council’s failure to assess information provided by the service-user, which led to additional problems arising for them.</p>	<p>Apology provided and identified that more timely intervention would have assisted the complainant.</p>
<p>Error made by service, which was rectified once complaint was received, and the service became aware of the issue.</p>	<p>Class C exemption should have been applied - records amended (inc. Bill) to reflect the error. Apologies given.</p>
<p>Complaint about the advice provided by the Housing Service and the delay in resolving the complainant’s case.</p>	<p>Apology given for delays and explanation for this - resource problems at the time, which have since been resolved.</p>
<p>Delay in responding to enquiry and subsequent failure to ensure the issue was managed in accordance with the most appropriate protocol.</p>	<p>Training provided re Customer Charter and Complaints Policy</p>



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Date: 17 August 2023

Cllr. Bryan Davies
Ceredigion County Council
By Email only: bryan.davies@ceredigion.go.uk

Annual Letter 2022/23

Dear Councillor Davies

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

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

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

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

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

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

Supporting improvement of public services

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

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

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

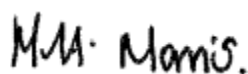
We continued our work to publish complaints statistics into a second year, with data now published twice a year. This data allows us to see information with greater context – for example, last year 25% of Ceredigion County Council's complaints were referred to PSOW.

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

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

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

Yours sincerely,



Michelle Morris
Public Services Ombudsman

cc. Eifion Evans, Chief Executive, Ceredigion County Council.
By Email only: Eifion.evans@ceredigion.gov.uk



Factsheet

Appendix A - Complaints Received

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



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Appendix B - Received by Subject

Ceredigion County Council	Complaints Received	% share
Adult Social Services	5	14%
Benefits Administration	0	0%
Children's Social Services	1	3%
Community Facilities, Recreation and Leisure	1	3%
Complaints Handling	14	40%
Covid19	0	0%
Education	1	3%
Environment and Environmental Health	2	6%
Finance and Taxation	0	0%
Housing	3	9%
Licensing	1	3%
Planning and Building Control	2	6%
Roads and Transport	1	3%
Various Other	4	11%
Total	35	

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Appendix C - Complaint Outcomes
(* denotes intervention)

Ceredigion County Council		% Share
Out of Jurisdiction	4	9%
Premature	5	11%
Other cases closed after initial consideration	22	50%
Early Resolution/ voluntary settlement*	13	30%
Discontinued	0	0%
Other Reports - Not Upheld	0	0%
Other Reports Upheld*	0	0%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
Total	44	



Appendix D - Cases with PSOW Intervention

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



Appendix E - Code of Conduct Complaints

Ceredigion County Council

Decision not to investigate	1
Discontinued	1
No evidence of breach	0
No action necessary	0
Refer to Adjudication Panel	0
Refer to Standards Committee	0
Total	2

Investigations

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Appendix F - Town/Community Council Code of Complaints

Town/Community Council	Decision not to investigate	Investigations				Total	
		Discontinued	No evidence of breach	No action necessary	Refer to Adjudication Panel		Refer to Standards Committee
Llandysul Community Council	1	0	0	0	0	0	1
Llanfair Clydogau Community Council	0	0	0	0	0	0	0
Llangoedmor Community Council	0	0	0	0	0	0	0
Llansantffraed Community Council	0	0	0	0	0	0	0
New Quay Town Council	0	0	0	0	0	0	0
Trefeurig Community Council	0	0	0	0	0	0	0



Information Sheet

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

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

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

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

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

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

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Summary of Ombudsman cases requiring Early Resolution / Voluntary Settlement

Service(s) & Reference	Summary of Complaint	Agreed Actions
<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case ref: 202200812</p>	<p>Complaint had previously been investigated independently under Stage 2; however, the complainant remained dissatisfied with the outcome.</p> <p>The complainant's main concerns were that the Service failed to undertake appropriate and necessary assessments to determine her relative's degree of learning disabilities, and that it failed to consider vital information provided during a telephone consultation.</p>	<p>The Ombudsman advised that the Council should respond to the additional queries raised by the complainant, following the independent investigation at Stage 2.</p>
<p>Porth Cynnal; Safeguarding and Complaint Handling</p> <p>Case Ref: 202201388</p>	<p>Complaint had previously been investigated independently under Stage 2. This process was unnecessarily protracted, and clarification was sought by the complainant regarding information that was included within the independent investigation report.</p> <p>In particular, the complainant wished to receive further information regarding the case law that was referred to, which the Social Worker had based their decision upon when providing care to the complainant's relative.</p>	<p>The Council agreed to provide additional information surrounding the case law that had been considered by the Social Worker at the time that decisions were made surrounding care provision.</p> <p>In addition, an earlier agreement to award a 'Time and Trouble' payment due to the lengthy complaints process, had been overlooked at the point that the formal response was issued. Therefore the Council honoured its earlier decision in this regard, and acknowledged the additional inconvenience caused by having to approach the Ombudsman to obtain the information requested.</p>
<p>Porth Cynnal; Extended Support</p> <p>Case Ref: 202200853</p>	<p>Complaint that the Council had failed to properly implement the terms of an Early Resolution agreement undertaken in September 2020. This included the Council's failure to fully complete a Carer's Assessment, and for the continuing uncertainty surrounding the terms and arrangements of Respite Care. The Complainant was also aggrieved that the Council appeared to take an inconsistent approach to Direct Payment uplift.</p>	<p>The Council agreed to follow up on the arrangements previously agreed in relation to conducting a Carer's Assessment. An Independent Social Worker was commissioned to complete this task.</p> <p>The Council also agreed to write to the complainant within six weeks to provide a full explanation regarding the Council's approach in respect of providing respite care.</p>

Service(s) & Reference	Summary of Complaint	Agreed Actions
<p>Porth Gofal; Integrated Triage & Assessment and Complaint Handling</p> <p>Case Ref: 202205115</p>	<p>Complaint regarding the Council’s failure to take seriously the concerns raised by the service-user about the care provider that was commissioned to assist her. The Complainant made a complaint directly to the care provider, but their response was incomplete and inaccurate.</p> <p>The Council declined to investigate the complaint because it was satisfied with the care provider's response and that no further action was needed. However, the Ombudsman disagreed – ruling that the Council did not fulfil its duty to accept the complaint in line with the Social Services Complaints Procedure (Wales) Regulations.</p>	<p>The Council agreed to contact the complainant to obtain her complaint and issue a response which was consistent with the statutory complaints procedure.</p>
<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case Ref: 202206613</p>	<p>Complainant contacted the Ombudsman because the Council had failed to investigate the complaints she had submitted in February 2022.</p>	<p>The Council accepted it had failed to investigate the complaints raised and agreed to commence Stage 1 of the complaints process immediately. An apology was also given for this failure in complaints handling and a redress payment was agreed in acknowledgement of the Time and Trouble the complaint went to in order to have her complaint considered.</p>
<p>Porth Gofal; Integrated Triage & Assessment Service & Complaint Handling</p> <p>Case Ref: 202202005</p>	<p>Complaint that the Council had failed to provide regular and meaningful updates regarding her complaint.</p>	<p>The Council agreed to issue a formal apology and an explanation for the delays she experienced during her complaint. It was also agreed that the formal response would be issued within four weeks of the Ombudsman’s decision, and a payment of £100 would be given in recognition of the time and trouble the complainant went to in making her complaint to the Ombudsman.</p>

Service(s) & Reference	Summary of Complaint	Agreed Actions
<p>Porth Cynnal; Extended Support and Complaint Handling</p> <p>Case Ref: 202107463</p>	<p>Following an independent investigation at Stage 2 of the Social Services Complaint Procedure, the complainant contacted the Ombudsman because the Council had failed to implement the recommendations made by the Independent Investigating Officer.</p> <p>In addition, the Council had failed to inform him that a full safeguarding investigation would not be taking place; though the issues identified during the complaint were considered during a Professional Concerns Meeting, under the All Wales Safeguarding Procedures.</p>	<p>By way of a Voluntary Settlement Agreement, the Ombudsman proposed that the Council and the Support Service that was involved in the original complaint, should meet with the complainant and his son (the service-user) formally to explain the safeguarding decision and to discuss any additional measures that would facilitate future learning.</p> <p>It was also agreed that a direct apology was warranted for the lack of communication following the conclusion of the Stage 2 investigation. The Council agreed with this proposal and the necessary actions were undertaken.</p>
<p>Policy, Performance & Public Protection: Complaint Handling</p> <p>Case Ref: 202201302</p>	<p>Complaint regarding the handling of a Freedom of Information request and a lack of response on the part of the Complaints and FOI Service.</p>	<p>Shortcomings in communication were as a consequence of capacity constraints within the Complaints and FOI Service. An apology and a full response was issued to the complainant as agreed by the Ombudsman.</p>
<p>Economy & Regeneration and Complaint Handling</p> <p>Case Ref: 202201085</p>	<p>Complaint regarding the Council's failure to respond to a complaint regarding noise nuisance.</p>	<p>The Council agreed to provide the complainant with an apology and an explanation for the delay in responding to her complaint and to open a new Planning Enforcement investigation file. The Council also agreed to commence an investigation by August 2022 and provide a response to the complainant outlining its findings.</p>
<p>Economy & Regeneration and Complaint Handling</p> <p>Case Ref: 202201596</p>	<p>Complaint regarding a lack of communication and Council's failure to update the complainant regarding her complaint about a retrospective planning application.</p>	<p>The Council acknowledged that it had not provided the complainant with updates on the progression of her complaint. The Council therefore agreed to the Ombudsman's Early Resolution proposal which outlined that it should apologise to the complainant for failing to provide regular and meaningful updates, provide an explanation for why this had happened and to provide the Stage 2 complaint response.</p>

Service(s) & Reference	Summary of Complaint	Agreed Actions
<p>Multi Service – including Complaints Handling</p> <p>Case Ref: 202108019</p>	<p>Complaint that the Council had failed to fully address all the issues referred to in her original complaint. Matters concerning Council Tax had been suitably addressed but her concerns about planning matters remained unanswered.</p>	<p>The Council agreed to provide a formal written response regarding the planning issues within a specific timeframe.</p>
<p>Porth Cynnal: Safeguarding Service and Complaint Handling</p> <p>Case Ref: 202107158</p>	<p>Complaint about the Council’s failure to close down a safeguarding case promptly, which had repercussions on the complainant’s ability to resume specific working responsibilities. The Complainant also stated that her complaint was not appropriately addressed once she had brought these matters to the Council’s attention.</p>	<p>The Council accepted full responsibility for the delays the complainant experienced in respect of the safeguarding case, and that this was further compounded by the failure to manage her complaint effectively. Further, the Council accepted it had not fully appreciated the impact that these matters had on the complainant.</p> <p>The Council agreed to provide a corporate apology for the maladministration identified by the Ombudsman and provide financial redress in the sum of £725 in recognition of the injustice that prevented her from returning to her duties within a youth organisation, and for the poor complaints handling – including the time and trouble invested by her, having to pursue her complaint.</p>
<p>Multi Service – including Complaints Handling</p> <p>Case Ref: 202108379</p>	<p>Complaint regarding the Council’s failure to adequately deal with a noise nuisance issue he had raised about a business operating from his neighbour’s home.</p>	<p>The Council accepted it had encountered delays in dealing with the complaint and agreed to the proposal outlined by the Ombudsman. This included issuing a formal apology and explanation for the complaint handling failures. Assurances were also given that processes were being reviewed to prevent such shortcomings in the future. It was also agreed that a formal Stage 2 response would be issued to the complainant within a specific timeframe.</p>

Cyngor Sir CEREDIGION County Council

Report to:	Governance and Audit Committee
Date of meeting:	27 September 2023
Location:	Council Chamber / Remotely Via Video Conference
Title:	Ceredigion County Council Draft Self-Assessment Report 2022/23
Purpose of the report:	To review and make recommendations on the Draft Self-Assessment Report
Cabinet Portfolio and Cabinet Member	Leader of the Council - Policy and Performance, Partnerships and Democratic Services

Background

Part 6 of the **Local Government and Elections (Wales) Act 2021** introduced a new Self-Assessment based performance regime for Principal Councils.

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

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

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

The Act sets also out the integral role that the **Governance and Audit Committee** play in the Self-Assessment Process. This role involves the Committee:

- Receiving the Council's draft Self-Assessment Report
- Reviewing the draft Self-Assessment Report and making recommendations on the conclusions or actions the Council intends to take

- Receiving the final Self-Assessment report when it is published, including commentary on why its recommendations are accepted or not accepted.

Current Position

The Draft Self-Assessment Report has now been produced and is attached as Appendix 1 for the Committee's consideration.

The Report has been developed by assessing a wide variety of evidence including internal reports and reviews, external regulatory and inspection reports and crucially engagement and consultation activities. The Council adopted a set of key questions or "Key Lines of Enquiry" to ensure the process is focused on outcomes, the organisation-wide view of performance and is evidence-based. Workshops were run during April and May with Members and Officers of the Council to evaluate current performance, the opportunities that exist for improvement and the specific actions we intend to take. The findings are recorded in our Self-Assessment Matrix document which is used to help produce the Self-Assessment Report and Action plan, and is available on request.

Although the Self-Assessment Report is the key output from the process the work on improving outcomes is an ongoing year-round activity. Throughout the year we conduct consultation in support of self-assessment, we collate evidence to inform the workshops, we deliver the actions in our Self-Assessment action plan and we monitor their progress towards completion.

It is important to note that the Report discharges the requirements of both:

- The Local Government and Elections (Wales) Act 2021 – the duty to report on performance
- The Well-being of Future Generations (Wales) Act 2015 – to set and review progress against our Corporate Well-being Objectives

Next Steps

The Draft Self-Assessment Report will be updated based on the recommendations of the Governance and Audit Committee, and the final version will be reported to its meeting on 24 January 2024.

Panel Performance Assessment Update

Part of the new Self-Assessment Performance Regime is the duty to undertake a Panel Performance Assessment once in every election cycle.

Panel Assessments are intended to provide an independent and external perspective of the extent to which the Council is meeting the performance requirements of the Local Government and Elections (Wales) Act 2021. The aim is to support Councils to achieve their aspirations through developing and understanding how it is operating and how it can ensure it is able to deliver effective services long-term.

The Council's first Panel Performance Assessment is being organised for the first quarter of 2024/25 and supported by the Welsh Local Government Association.

Preparatory work, such as appointing the Panel and scoping the Assessment will be conducted over the next several months.

Recommendations (s): That Governance and Audit Committee review the Draft Self-Assessment Report and make recommendations on the conclusions or actions the Council intends to take

Reason for decision: To ensure compliance with Part 6 of the Local Government and Elections (Wales) Act 2021

Appendices: Appendix 1 - Draft Self-Assessment Report 2022/23

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: 25 August 2023

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

2022/23

SELF-ASSESSMENT REPORT

Annual Review of Performance and
Well-being Objectives



Cyngor Sir
CEREDIGION
County Council



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INTRODUCTION

From the Leader of Ceredigion County Council

Welcome to Ceredigion County Council's latest Self-Assessment Report. This report reviews our overall performance and progress towards delivering our Corporate Well-being Objectives in 2022/23.

We conducted our most recent Self-Assessment in the summer of 2023, looking at a wide range of evidence, regulatory reports and extensive consultation feedback. It confirms that Ceredigion County Council continues to perform above its stature and makes good use of the resources it has available, despite the challenges faced in recent years such as extensive budget cuts, the COVID-19 pandemic and the cost of living crisis affecting many households in the County.

In the last year we have pushed ahead with delivering our new Corporate Well-being Objectives and good progress has been made. For example, the £110m Mid Wales Growth deal is a further step closer to unlocking the potential of the local economy after the positive portfolio assessment review. The Lampeter Well-being Centre is now open and offering a range of services to

support local people and plans are progressing for centres in the north and south of the county. We also underwent a Care Inspectorate Wales inspection of our social services in February/March 2023. The inspection reflected positively on our Through Age Well-being Programme that is transforming the delivery of social care in Ceredigion.

We are also investing in new ways of working and new technology to transform the way services are provided to our customers. This is to ensure they meet growing demand, are sustainable in the future, and provide an enhanced experience for our customers.

By adapting the way we work, we can enable the Council to deliver modern services that will enhance the social, economic, environmental and cultural wellbeing of the people of Ceredigion.

However, like all local authorities, there are challenges and opportunities ahead, and these are

reflected in this report. The principles of self-assessment are not new to Ceredigion. We have long been using self-assessment as a learning tool to reflect on how we are doing things now, and how we can deliver improvements or provide greater efficiency.

In the last year self-assessment has helped us identify key actions that will help to drive better outcomes for the county and its citizens. We will be conducting further consultation with citizens, businesses, council staff and Trade Unions over the coming months to capture further views on how we can improve performance and we look forward to hearing your thoughts.

We hope you find this report informative and a useful way to keep in touch on our performance improvement journey.



Councillor Bryan Davies

Leader of Ceredigion County Council



ABOUT CEREDIGION

Ceredigion covers an area of 1,900km² and is mostly made-up of agricultural land, moorland and forestry, with the upland areas to the east forming a significant portion of the Cambrian Mountains.

The County has a variety of natural landscapes and habitats: coastal cliffs and beaches, marshlands and open upland. The County's landscapes and natural environment are highly valued by local people and visitors alike.

Ceredigion has a high proportion of land recognised for its high environmental value through official designations, including two internationally important wetland areas (the Dyfi estuary and Cors Caron); 13 Special Areas of Conservation (SAC); around 100 Sites of Special Scientific Interest (SSSI's) seven National Nature Reserves and three Local Nature Reserves. The Cambrian Mountains uplands are important for wildlife as are the wet 'rhos pastures'.

The County is bordered by over 90km of coastline, with four sections (around 35km) designated as Heritage Coast. The Wales Coast Path follows a 60 mile (96km) route between the Teifi and Dyfi estuaries. The Coast Path links towns and villages dotted along the spectacular Cardigan Bay coastline.

The rivers in the Ceredigion catchment are the Rheidol, Ystwyth, Clarach, Aeron and Teifi rivers. Ceredigion's

river catchment is varied and distinctive, with each river flowing through a variety of landscapes, before reaching the sea. The Teifi River is one of the longest rivers in Southwest Wales, at 122km long.

The attractive landscapes and remote locations in Ceredigion form the basis of 'rural well-being' tourism, which draws in many visitors to the area. Overall, there are almost 3 million visitors to Ceredigion each year.

Although the environment has always been a valued feature of well-being, over the past few years protecting the environment has become much more important to people. The adverse effects of climate change on the environment and nature are far more recognised and people want to do more to protect our environment. In 2020 Ceredigion County Council declared a global climate emergency, prior to this the Council had also committed to being a net zero carbon council by 2030.

The economy of Ceredigion is fairly typical of that of many rural and coastal areas. A high proportion of jobs are in the tourism industry (12.9%), wholesale and retail (12.9%) and human health and social work activities (12.3%). Education is the largest sector in the county, employing around 4,300 people and accounting for around 13.9% of jobs in the county.

Unlike many rural areas, the County has two universities at Aberystwyth and the



Photo: Aberystwyth Promenade

University of Wales Trinity St. David's Campus at Lampeter. It is also home to national institutions such as the National Library of Wales. The knowledge economy is strong in Ceredigion and it has a growing 'green economy' focusing on low carbon emissions, efficient use of resources and being socially inclusive.

Self-employment is an important element in the local economy, and Ceredigion has one of the highest proportions of self-employed people nationally. Many are farmers with others working in a range of established small-scale enterprises such as building repair and maintenance.

The vast majority (99%) of enterprises in Ceredigion are 'micro' or 'small' sized (up to 49 employees). Only 1% of enterprises in Ceredigion have fifty or more employees. The survival rates of newly established businesses are consistently amongst the highest nationally, making Ceredigion a great place to start and grow a business

Ceredigion is one of the heartlands of the Welsh language, despite a substantial student population. The 2011 Census showed that 45.3% of Ceredigion's residents could speak Welsh, the third highest of all counties nationwide.

There are 43 schools in Ceredigion, a mixture of primary, secondary and through age schools. 37 are Welsh medium schools, meaning that the majority of our younger population are learning and using the Welsh language

from a young age.

Ceredigion's Welsh in Education Strategic Plan 2022-32 aims for all pupils in the Authority's schools to attend Welsh-medium immersion education until the age of seven and increase the pupils' opportunity to follow a fully bilingual path throughout their school career and in their future work and social life. It also contributes to the national well-being goal and Welsh Government's aim of increasing the number of Welsh speakers to 1 million by 2050.

Ceredigion is a County well known for its cultural and heritage sites. There are castles and museums situated across the County, which draw many tourists to the area throughout the year.

OUR COUNTY IN NUMBERS



71,468
people

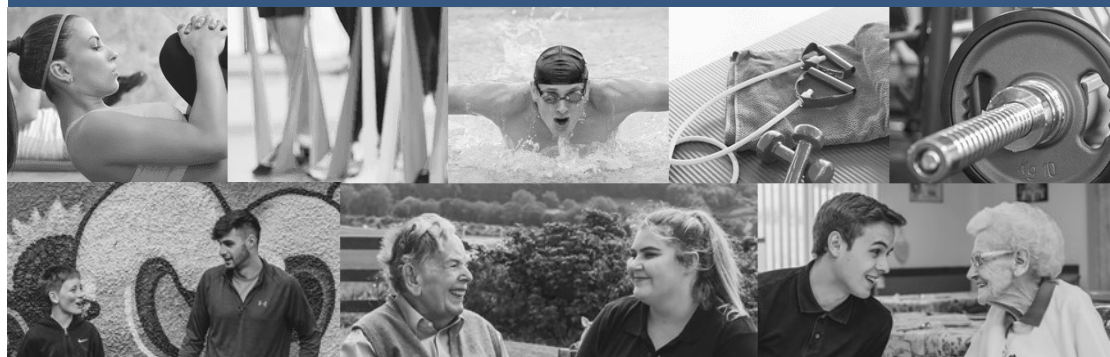
48 years
average age

4%
BAME population*

7,845
university students

22%
with a disability

30,893
households



43
schools and 9,560 pupils

6
leisure facilities

2,265km
of roads

2,500km
of bridleways and footpaths

2,810
active enterprises

45.3%
of residents are Welsh speakers

*BAME = Black, Asian and Minority Ethnic population



THE COUNCIL

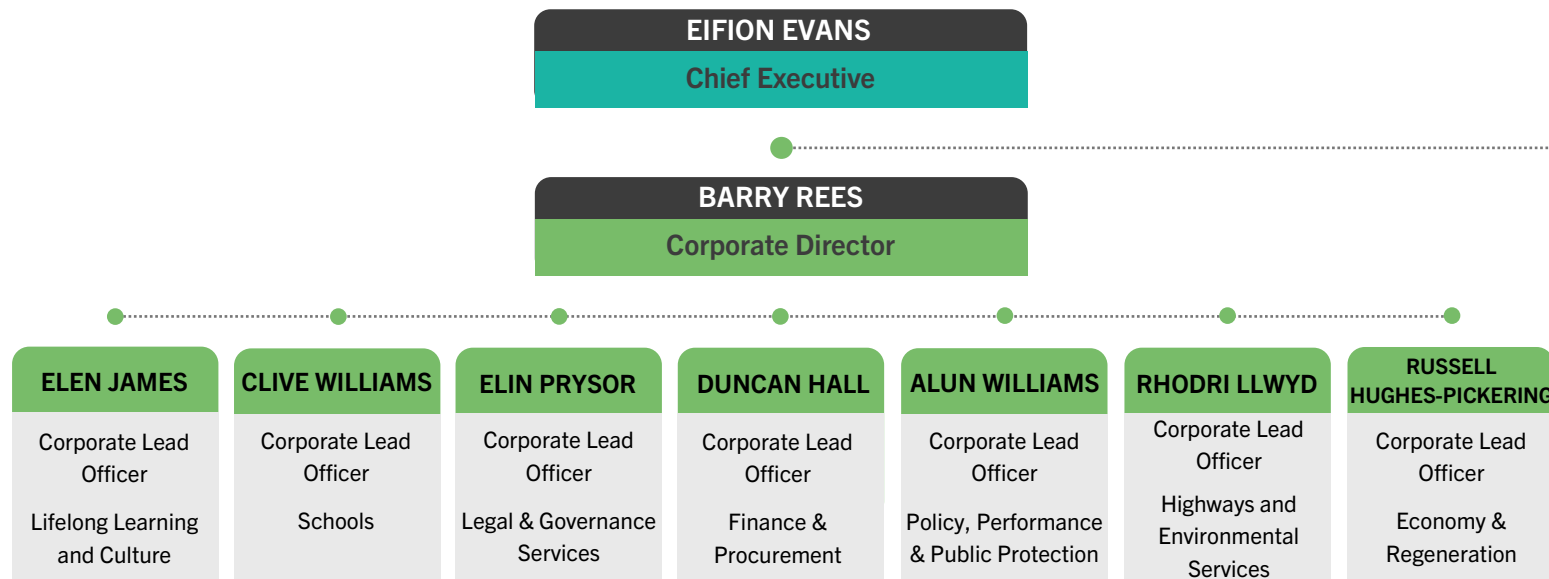
At the local elections in May 2022, Ceredigion residents returned 38 councillors in 34 wards across the County. As at March 2023, the new administration is a Plaid Cymru majority with 20 councillors, along with 9 independents, 7 Welsh Liberal Democrats and 2 un-grouped. The new Leader of the Council is Councillor Bryan Davies and Councillor Maldwyn Lewis is the current Chairman of the Council.

Ceredigion is investing in new technology to transform the way services are provided to our customers. This is to ensure they meet growing demands, are sustainable in the future, and also provide an enhanced experience for our customers.

The Through Age Well-being Programme that is transforming social care and the Customer Contact Centre called 'CLIC' are two good examples of this.

We are operating in a challenging environment with escalating budgetary pressures. To deliver our Corporate Well-being Objectives whilst maintaining effective and efficient services, our workforce's journey must be one of continuous review and change. It is critical we maintain an innovative and agile approach, are open and resilient to change, with the skills to support smarter ways of working in a digitised world.

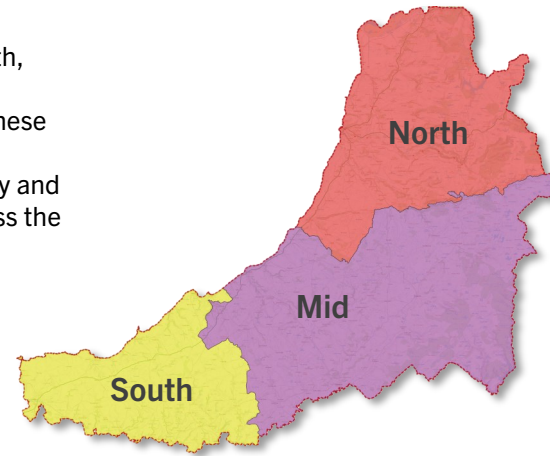
CEREDIGION COUNTY COUNCIL MANAGEMENT STRUCTURE:



Our aim is to enhance the efficiency of our internal processes and systems, enabling us to measure our performance effectively.

The Council employs 2,037 staff (1,567 full-time equivalent (FTE)). Our goal is to advocate for, and build upon, our 'Team Ceredigion' ethos. Promoting our sense of belonging, connection and shared purpose. We aspire for all Team Ceredigion members to be proud of the work that they do, and to recognise the

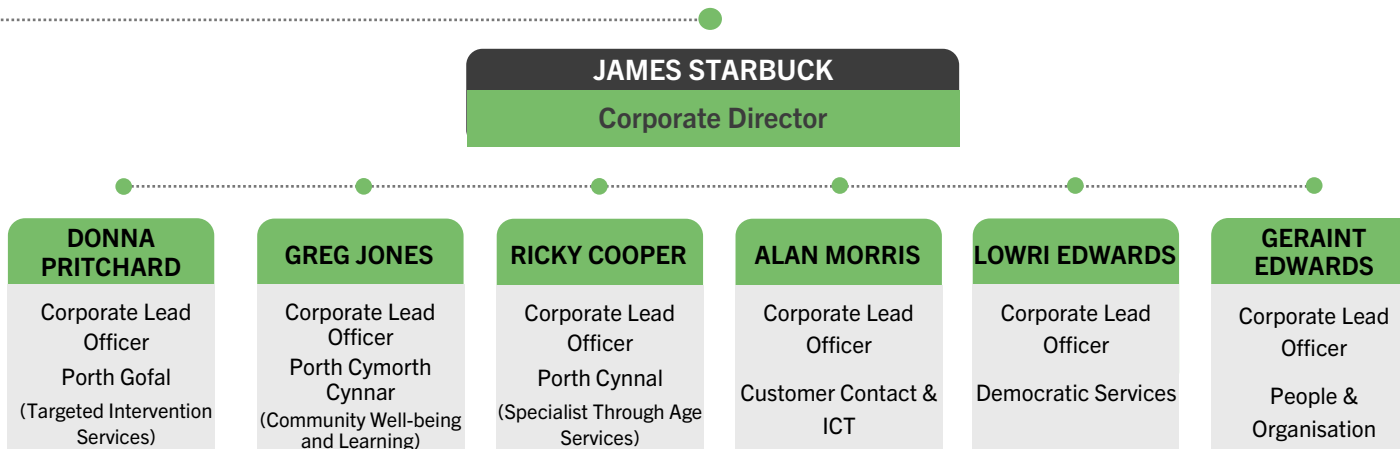
The County is made up of three geographical areas covering the north, mid and south of the County. The Council's services are aligned with these three areas to assist in workforce development and ensure consistency and equity in the delivery of service across the County ►



WE ARE ONE TEAM: TEAM CEREDIGION

The One Team approach is part of the Council's culture and is integral to its new ways of working

One Team supports Self-Assessment by facilitating collaborative working, joining-up thinking and cross-service support to deliver our Corporate Well-being Objectives and improve outcomes for local people and stakeholders



BACKGROUND TO 2022-23 SELF-ASSESSMENT

This is the second of Ceredigion County Council's Self-Assessment Reports. We have learnt a great deal since first implementing the new local government performance regime introduced by the Local Government and Elections (Wales) Act 2021.

During winter 2022 we reviewed our approach to self-assessment and made a number of minor adjustments to strengthen the process. This included allocating more time for the desktop review of evidence, adjusting the timescales to start the workshops earlier in the year and providing an additional workshop to review the scores prior to publication. The aim was to fine tune the process based on our experiences in the previous year. We will continue to review the way we conduct self-assessment annually.

In producing this year's Self-Assessment Report which reviews our progress during 2022/23, we have learnt a great deal. The exercise has brought together a wide variety of evidence to assess our performance and review our Corporate Well-being Objectives. It has also highlighted and focused our attention on the challenges we face. These are important because we need to continue to adapt to meet these challenges in order to ensure our services are sustainable and continue to identify opportunities to raise performance levels, identify efficiency savings, or both.

We have built on the first Self-Assessment Report by including further information on the consultation and engagement undertaken during the year, highlighting the outcomes achieved from our activities and providing links to other key strategies and policies that link to, or support, the Self-Assessment Report.

The exercise provides an organisation-wide






view of performance. There are seven themes that we assess ourselves against:

- Exercising our functions effectively
- Using our resources economically, efficiently and effectively
- Ensuring our governance is effective
- Innovation and creativity
- Collaboration
- Involvement
- Risk Management

These themes are derived from a combination of the Statutory Guidance on the Local Government and Elections (Wales) Act 2021 along with the Sustainable Development Principle. They reflect the seven core activities of public bodies as defined in the Well-being of Future Generations (Wales) Act 2015. For each theme we assess whether we have plans and objectives in place, whether those plans and objectives are being delivered and whether they are sustainable over the longer-term. These form our Key Lines of Enquiry and the way in which we assess our overall performance.

The following pages provide a summary of the findings and scores from each theme. The scoring system used is aligned to the Council's Annual Governance Statement for consistency. The Council's Governance Framework is based on the CIPFA/SOLACE Delivering Good Governance in Local Government framework. It provides a Red-Amber-Green scale to indicate where performance is good and where further action needs to be taken, see diagram to the right.

KEY TO ASSESSMENT

-  **GOOD**
Overall considered to be good and meets best practice no further action required
-  **ACCEPTABLE**
Minor adjustments may be required
-  **SATISFACTORY**
Action required (before end of year 9-12 months)
-  **BELOW SATISFACTORY**
Urgent action required (within 3-6 months)
-  **UNACCEPTABLE**
Immediate action required

SUMMARY OF 2022-23 PERFORMANCE

EXERCISING OUR FUNCTIONS EFFECTIVELY

The Council's new Corporate Strategy for the period 2022 to 2027 was published in November 2022, setting out its new Corporate Well-being Objectives. The Council has a suite of key strategies in place to support and help deliver the Objectives. These include the Medium-Term Financial Strategy, the Through Age Well-being Strategy, and the Economic Strategy. During 2022/23 we updated our Engagement and Participation Strategy and published new strategies on Equity and Deprivation in schools and adopted the new Welsh in Education Strategic Plan. We are currently reviewing and rewriting our Procurement, Asset Management and Welsh Language Strategies, while our new Workforce Plan has been drafted and is currently going through the democratic process.

Progress in delivering these key strategies continues to be good. The Growing Mid Wales and Regional Skills Partnerships are good examples of this. During 2022/23, the updated Strategic Portfolio Business case was formally submitted to Welsh and UK Governments, which means that we are moving closer to receiving the first tranche of the £110m funding as part of the Growth Deal for the region, which is expected during the 2023/24 year.

Priority setting is also considered to be strong and positive work with the Council's new administration took place during the year to develop the new Corporate Strategy and Corporate Well-being Objectives. The new objectives are based on extensive consultation and research including the Ceredigion Assessment of Local Well-being.

Some other examples are the Through Age Well-being Programme objectives which were endorsed and strengthened through the Care Inspectorate Wales (CIW) inspection.

Outcomes from the Through Age Strategy are being strengthened as the programme continues to be implemented.

The relaunched business planning process has been further embedded, along with strengthening the 'golden thread', which shows how everyone's activities help to deliver the Corporate Well-being Objectives and maximise our impact on the national well-being goals.

There is a recognition that the Council's Strategies are constructed in-line with 5 Ways of Working which increases their level of resilience and sustainability.

The Council has an ambitious vision for the future, and the overall assessment is that the strategies in place are sustainable and consider the short, medium and long-term context.

However, like all local authorities, there are challenges to delivering these ambitions. There is limited capacity and resources available whilst demand from customers continues to grow. Although the Council has a track record of innovation and creativity in service delivery and seeking new ways of working, it is recognised that managing expectations on services is also important as we move forward. Keeping these strategies up to date is a key way of helping us achieve that by putting in place strong foundations from which to invest in new technology, find new ways of delivering services and maintaining performance levels.

Although it has been a positive start to our performance journey post COVID-19, we recognise there is still a lot of work to do, in particular completing the refresh of key strategies. The Procurement Strategy, Asset Management Strategy, Housing Strategy, Performance Management Framework and Corporate Risk Policy are all in the process of review and due for completion in 2023/24.

SUMMARY OF SCORING BY THEME



Putting these plans in place provides a solid foundation from which to deliver an improved customer experience by working and delivering services in a different way.

During 2022/23 none of the 35 complaints made to the Public Services Ombudsman for Wales against the Council were upheld, however, the number of complaints per 1,000 residents referred to the Ombudsman was the highest across Wales. A half yearly report on complaints has been put in place along with the full annual report and are considered by the Council's Governance and Audit Committee.

Last year we reported on the challenges around obtaining regular benchmarking data. Since then, Data Cymru has developed a Self-Assessment Performance Tool which has been used in the production of this report. We

are working proactively with Data Cymru to help support the tool's ongoing development to strengthen the provision of nationally available benchmarking data. This longer-term action will be invaluable in helping to communicate the Council's performance and aligns with our long-term aim of becoming more performance and data-driven.

We recognise there is a lot of work to do around strengthening performance management and realising the benefits that it can bring. The first step is publishing the new Performance Framework that sets out the overall approach and standardised processes for managing performance in the Council, including the new Self-Assessment process. This work has been completed and the Framework is due to go through the democratic process in autumn 2023.

SUMMARY OF 2022-23 PERFORMANCE

There are a number challenges facing all local authorities at the current time, such as local authority funding, recruitment in areas such as social care, the cost of living crisis and our ongoing work to tackle poverty in the County. To help us mitigate these challenges we are continuing to monitoring their impacts and adjust our action plans accordingly.

USING OUR RESOURCES ECONOMICALLY, EFFICIENTLY AND EFFECTIVELY

The Council has strategies in place for its core activities of workforce planning, financial management, procurement and asset management. The overall position is assessed as being good, particularly in relation to financial management.

Regulatory reports are positive notwithstanding that there is further work to do to respond to Audit Wales' Planning service review report. This is evidence by the unqualified audit opinion on the Council's accounts and the positive feedback from regulators at the Joint Regulatory Workshop in January 2023. This places the Council in a strong position to deliver the new Corporate Strategy and Corporate Well-being Objectives. During the budget setting process for 2023/24 there was unanimous approval from Members for the budget, which demonstrates a coherent approach towards funding resources to deliver front-line services.

Furthermore, the Hybrid Working Policy and home working arrangements are working well overall, and the Council continues to monitor progress and staff feedback closely.

Over the longer term, £60m of cumulative savings have been made since 2013, which involved a major restructuring of all services.

The financial resilience of the Council is a strength, particularly when assessing the sustainability of services. However, we

recognise the ongoing budgetary challenges that exist and the impact that could have on the delivery of our ambitions. We also recognise that further work is required to maximise the expenditure and impact of the capital programme and we are addressing this through our self-assessment action plan.

Our learning has also shown that we need to ensure we update key strategies that will impact on our economy, efficiency and effectiveness. These include the Medium Term Financial Strategy which will be refreshed in the first quarter of 2023/24 and the revised Joint Procurement and Commissioning Strategy 2023-27 which is complete and will shortly go forward for approval. Work is also continuing on developing the new Asset Management Plan setting out how we will maintain our property portfolio and maximise the use of our assets.

In the last year the Council has made good and innovative use of its buildings to support new ways of working. Canolfan Rheidol in Aberystwyth for example, is now being used by Hywel Dda to provide outpatient physiotherapy services. The updated strategy will help in developing opportunities for those buildings no longer needed and in repurposing them for other uses or the delivery of improved services.

The other key challenge is the re-writing of our Workforce Plan. We recognise the challenges around recruitment and retention that are being experienced across the whole of Wales. This is important because recruitment to key posts is essential to delivering our ambitions. As a result, a new Workforce Plan has been developed to address these key challenges, including recruitment, retention and succession planning to ensure stable staffing levels, a sustainable workforce and

SUMMARY OF SCORING BY THEME



that vacant posts are filled with appropriately qualified staff.

ENSURING OUR GOVERNANCE IS EFFECTIVE

Overall, the evidence shows that the Council's governance arrangements are robust and supporting the work of the Council in delivering its Corporate Well-being Objectives and improving outcomes for residents. The Annual Governance Statement, Governance Framework and Code of Local Governance are all in place and relationships with regulators are productive.

Internal and external regulator reports evidence this. For example, the most recent Governance Review conducted in March 2023 provides high assurance that there is a sound system of scrutiny and robustness in

place. The 2022/23 Annual Governance Statement shows that good progress has been made during the year across the seven core principles of governance, and an action plan is in place to resolve a number of minor issues identified.

In the last twelve months, the robustness of the Governance and Audit Committee, in particular its role in challenging the Council, has been working well. It was also recognised that the Development Committee is also working well, although it is accepted that there is further work to do to respond to Audit Wales' Planning Service Review Report.

Ceredigion is also leading on complex work in relation to regional partnerships for Corporate Joint Committees (CJC) and Growing Mid Wales (GMW). The Mid Wales Corporate Joint Committee has been set up and governance

structures in place.

LONG-TERM INNOVATION AND CREATIVITY

One of the Council’s strengths is its long-term innovation and creativity. The Council has a track record of embracing new ways of working and identifying new ways of delivering services to provide an enhanced customer experience, efficiency savings, or both.

The COVID-19 pandemic created windows of opportunity to learn from, to transform services and to bring about sustainable change and improvements. In essence, it allowed us to reconsider the way we work and reorganize it in a way that benefits the customer, the workforce, and has much less impact on our environment.

There are many examples of this, including the new hybrid working model that maintains the high level of service delivery whilst also providing employees with greater flexibility in balancing their work and home lives. Our learning shows that hybrid working has resulted in increased productivity, improved collaboration and provided a more flexible working environment to help maintain the health and well-being of the workforce. The sustainability of the organisation is also supported through a reduction in costs and overall expenditure per employee.

The Through Age Well-being Programme is transforming social care in Ceredigion. This is in response to the changing demographics of the County which has seen increased demand and greater financial pressure on services. Providing support for all ages and needs is a significant challenge for the Council with limited resources.

Many of the individual elements of Through Age Well-being are working well, for example the investment in accommodation for children

in care. The programme improves outcomes by maximising people’s independence and enabling them to remain in their own home and in their own community wherever possible. We will continue to push forward with transforming how people’s health, wellbeing and safety are supported in Ceredigion.

The Council also worked with partners as part of a multi-agency delivery group to support 90 Ukrainian families fleeing their country. The The Urdd Gobaith Cymru Gwersyll site at Llangrannog was the first Welcome Centre of its kind in Wales and received national acclaim. Refugees were supported and offered unique ‘wrap-around’ services.

In addition was the improvement actions identified by the Thriving Communities Overview and Scrutiny Committee in response to waste collection issues during the winter of 2022. Ceredigion was the first authority in Wales to put in place the missed refuse collections reporting, which is now being adopted by other authorities.

Good feedback was also received from Eystyn and Welsh Government in supporting schools with digital innovation and collaboration across ICT. Ceredigion is also the only authority across the UK to have a full Lorawan rollout.

Other projects that demonstrate innovation are the setting up of the Well-being Centres across the County, the setting up of Warm Hubs and leading on the rollout of the Additional Learning Needs Code of Conduct systems in schools.

Looking ahead, the adoption of the Welsh in Education Strategic Plan (WESP) has the potential to be transformative for Welsh Language education in Ceredigion.

The investment in and nurturing the use of innovation and creativity in the organisation

SUMMARY OF SCORING BY THEME

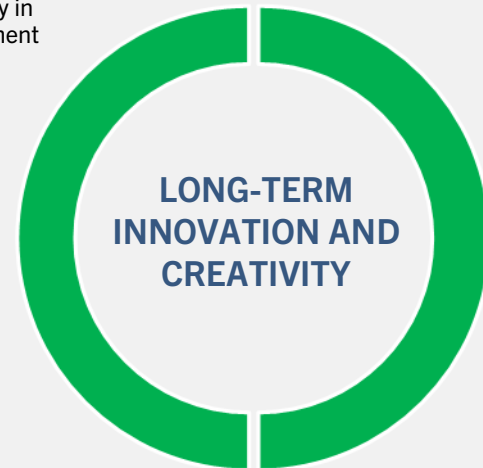
Does the Council work productively with its external regulators and demonstrate good compliance?



How effective is the code and governance framework applied and observed?

Does the Council have a comprehensive local code and governance framework in place for maintaining the corporate governance of the organisation?

Does the Council embrace innovation and creativity in its activities and implement transformation?



How effective has Council transformation projects been in identifying and implementing creativity and innovation across the organisation?

SUMMARY OF 2022-23 PERFORMANCE

cannot be overstated. We recognise that tapping into this creativity is essential to the Council's overall performance and its long term sustainability. The Medium Term Financial Strategy highlights the future funding challenges for the Council. The response to the COVID-19 pandemic was good but the Council will need to identify further areas for alternative service delivery to ensure sustainability of services.

COLLABORATION

The Council is proactive in engaging in local, regional and national partnerships. There are good examples of where this collaborative working is improving outcomes such as through Growing Mid Wales, the Mid Wales Regional Skills Partnership, and the Mid Wales Education Partnership.

During 2022/23, we have also worked jointly with Pembrokeshire County Council and Hywel Dda University Health Board in transforming the Contract Tracing Service set up to support the response to the COVID-19 pandemic to an All-Hazards approach to health protection. The Risk Share Oversight Group (RSOG) with Carmarthenshire and Pembrokeshire County Councils is also working well in supporting community cohesion and people with protected characteristics.

Nationally, the Council also led on, and completed, a project on behalf of Welsh Government to investigate using the Cyber Assessment Framework (CAF) for national critical infrastructure across all Welsh Local Authorities. The Cyber Assessment Framework provides a systematic and comprehensive approach to assessing the extent to which cyber risks to essential functions are being managed by the organisation responsible.

However, the Council focuses on engaging with partnerships which are beneficial for the

people and communities of Ceredigion, and where there are demonstrable benefits. The Council proactively engages in these partnerships and challenges the value of the arrangement if not, pursuing alternative arrangements where necessary. An example of this is in the decision to withdraw from Education through Regional Working (ERW) and instead pursue more effective arrangements through the Mid Wales Education Partnership. In these cases, a robust rationale is always provided to set why it is not in Ceredigion's interests to pursue the partnership arrangement. This proactive approach to assessing the value of collaborative working is recognised as essential to maximising the impact of collaboration and improving outcomes for local people.

INVOLVEMENT

In July 2022, the Council published its new Engagement and Participation Strategy to ensure compliance with new legislation and keep up to date with best practice.

The new Strategy puts plans in place to ensure the best methods are used to maximise engagement and deliver a consistent approach across the organisation. In doing so, the new Strategy will help ensure that all communities in Ceredigion have a voice, and that we actively seek the views and lived experiences of those groups whose voices are seldom heard. It also adds the new decision making and participation elements required by the Local Government and Elections (Wales) Act 2021.

Considerable work has been undertaken in embedding engagement and consultation best practice. This is particularly important following the COVID-19 pandemic period when our ability to engage and consult was compromised by the restrictions in place.

Some of this work includes a new

SUMMARY OF SCORING BY THEME

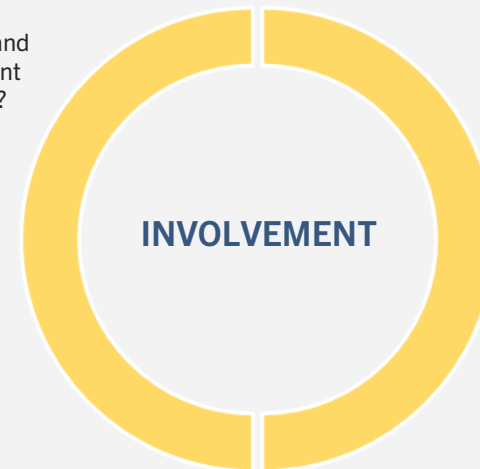
Does the Council proactively engage in local, regional and national partnerships?



How effective are the partnerships in which the Council is invested in delivering their aims and objectives?

COLLABORATION

Does the Council have a comprehensive strategy and action plan for engagement and consultation in place?



How effectively does the Council use engagement and consultation feedback to review and improve its services?

INVOLVEMENT

engagement and consultation register, and an annual report on progress. The Strategy itself includes a detailed action plan which the Council is currently delivering. The outcomes from the Plan have not been fully realised yet but there are some actions still to be delivered such as the relaunch of Integrated Impact Assessments and the introduction of a performance measure around consultation.

There are still some areas to strengthen in moving forward, such as ensuring that consultation feedback is more widely disseminated and in recording respondents' lived experiences to further involve people in, and support, decision making. There are also concerns that there are a low number of responses to some key consultations which need to be increased to ensure they are statistically significant. There are plans in place to achieve this, such as the new E-Newsletter which should help encourage people to respond and the wider use of the Engagement HQ platform that provides new ways of engaging with the Council.

There are some good examples of engagement during 2022/23 where the results are being used to drive improvements and shape services. These include the consultation on the Welsh in Education Strategic Plan (WESP) which included a pupil friendly version which received a 100% response, the consultation on the Equity and Deprivation Strategy for schools which involved consultation with particular groups who were disproportionately affected, and further engagement on Traffic Regulation Orders which is being used to inform decisions around the measures. Further plans are in place for the year ahead which include the introduction of the Corporate Stakeholder Survey and the consultation on the second Well-being Centre.

The combination of these actions will help us demonstrate that we have listened and

considered the feedback from engagement and consultation. Overall, engagement and consultation is considered to be good in some areas, but there are areas where further work is needed. Work will continue to deliver the Engagement and Participation Strategy action plan over the next twelve months.

RISK MANAGEMENT

The Council's management of risk has developed well over the last three years. The Corporate Risk Register has developed into a 'living' and evolving document as risks change and new risk emerge. The Register is updated regularly, consistently includes a full set of updates and is reviewed regularly by Leadership Group and quarterly by Governance and Audit Committee. The level of understanding of individual risks has increased over time and the quality of scrutiny by the Governance and Audit Committee increased as a result.

We review the risk management process every three years and are in the process of conducting the latest review. Overall, the process is working well, but the review has identified a number of specific improvements needed. In particular, is the need for greater consistency in the management of service risks along with strengthening the process of escalation/de-escalation of risks to the Corporate Risk Register.

We have updated the Risk Management Policy, Strategy and Framework with a more effective way of managing service risks. The review also highlighted a series other adjustments such as clarifying the role of Internal Audit and introducing the use of target risk scores. We are currently consulting on the updated Risk Management Policy, Strategy and Framework before seeking approval during autumn 2023. The updated Policy will aim to ensure our arrangements remain up to date and fit for purpose and

SUMMARY OF SCORING BY THEME



based on best practice.

As part of our drive to continually improve, we are also working with the Council's insurers, Zurich, to deliver workshops to support services in strengthening risk management. The Council has a good working relationship with Zurich and has regularly use them to provide training and an independent view on our approach to risk management.

THE SELF-ASSESSMENT ACTION PLAN

In response to these findings, we have identified a number of opportunities for improvement. Through consultation with Council services and elected Members, the actions we propose to take in response to this learning are contained in the action plan overleaf and are also reflected in services' business plans.

Most of the actions will be delivered over the next twelve months but some are longer term and will extend into the following year. The Action Plan retains previously completed actions as a log of progress on our self-assessment performance journey. The Plan builds on last year's action plan as our learning develops and as new opportunities are identified. All actions will continue to be monitored through to completion as part of our ongoing performance management arrangements and progress will be reported in the Self-Assessment Report.

We have prioritised the actions in order to lay the foundations for future work across the seven themes by ensuring the essential building blocks of our Key lines of Enquiry are met before developing further. We have already identified a list of emerging actions that we will reassess during the coming year and move into the live action plan if, and when, appropriate.

SELF-ASSESSMENT ACTION PLAN: OPPORTUNITIES FOR IMPROVEMENT

DESCRIPTION	TIMESCALES	LEAD OFFICER	OUTCOMES
PROVIDE A STANDARDISED AND EFFECTIVE METHOD OF ENGAGEMENT AND PARTICIPATION ACROSS THE COUNCIL AND ENSURE THE COUNCIL ENGAGES WITH THE PEOPLE OF CEREDIGION IN THE BEST AND MOST APPROPRIATE WAY			
Publish the new Engagement and Participation Strategy to improve engagement and participation opportunities for Ceredigion's citizens and stakeholders	January 2023 - March 2024	Alun Williams (CLO Partnerships, Performance and Public Protection)	<ul style="list-style-type: none"> • Provides a standardised and effective method of engagement and participation across the Council • Ensures the Council engages with the people of Ceredigion in the best and most appropriate way • Keeps the Council up to date with best practice in the field of engagement and consultation • Citizens and stakeholders are involved in the decision making process and in shaping Council services • Ensures Council resources are directed to priority areas, such as the current cost of living crisis, as identified through engagement and consultation. • Ensures that the voices of all those in Ceredigion are heard
<p>STATUS: In Progress ●</p> <p>Ceredigion County Council is committed to engaging with its residents, service users and other key stakeholders. The new Engagement and Participation Policy has been developed and was approved by Cabinet in October 2022. The new Policy provides corporate direction and guidance to the Council's elected members and officers in order to bring engagement into the heart of the Council's work and to ensure that engagement activities are of a consistently high standard. Further developments will be made over the next twelve months include launching an engagement toolkit and ensuring that all consultation results are shared with decision makers.</p>			
DELIVER WORKFORCE PLAN TO ENSURE THE COUNCIL HAS A SUSTAINABLE AND QUALIFIED WORKFORCE			
Update and deliver the Workforce Plan to address key issues including recruitment, retention and succession planning to ensure stable staffing levels, a sustainable workforce and that vacant posts are filled with appropriately qualified staff. The Workforce Plan to be aligned with the Council's new Corporate Strategy for 2022-27.	January 2023 - March 2027	Geraint Edwards (CLO People and Organisation)	<ul style="list-style-type: none"> • Ensures vacant roles are filled by appropriately qualified and experienced staff to provide a high quality customer experience and level of service • Ensures that capacity exists in services to provide quality services • Ensures the sustainability of services over the longer-term • Allows us to identify and respond to changing customer needs • Improves employee recruitment and retention • Improves productivity and quality of service
<p>STATUS: In Progress ●</p> <p>A draft of the updated Workforce Plan 2023-28 has been produced and sets out the Council's approach to managing its workforce to meet its current and future service delivery needs. The Plan has been updated to address key issues including recruitment, retention and succession planning to ensure stable staffing levels, a sustainable workforce and that vacant posts are filled with appropriately qualified staff. The draft Workforce Plan was considered by Scrutiny in July 2023 and is scheduled to go to Cabinet for approval in September 2023.</p>			

KEY:	COMPLETE (0) ●	IN PROGRESS (6) ●	NEW ACTIONS (2) ●
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DESCRIPTION	TIMESCALES	LEAD OFFICER	OUTCOMES
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DELIVER PHASE 2 OF THE THROUGH AGE WELL-BEING PROGRAMME TO TRANSFORM SOCIAL CARE IN CEREDIGION

Monitor and review progress of the Through Age Well-being Programme to ensure delivery of services that will deliver the outcomes of the programme and enhance the social, economic, environmental and cultural well-being of the people of Ceredigion	January 2023 - March 2027	Ricky Cooper (CLO Porth Cynnal and Statutory Director of Social Services)	<ul style="list-style-type: none"> Manages the increased demand and financial pressures on services to provide sustainable services in the future Ensures people get the right level and type of support at the right time Promotes positive health and well-being and supports people to self-support Strengthens families so that children and young people remain with their family Enables individuals to live independently in their own community Provides proportionate approaches to managed care and support Protects individuals and keeps them safe from abuse, harm and neglect
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STATUS: In Progress ●

Work is continuing to deliver the Through Age Well-being Programme. In November 2022 the governance structure of the Programme was reviewed, and as a result, refreshed workstreams commenced, new supervision arrangements have been published, the new Quality Assurance Model has been approved, the Quality Assurance Team is being recruited to progress with thematic and case file audits, the data sharing strategy is being developed and the longer term solution to the end of the contract for the Wales Community Care information System (WCCIS) is under review by the Steering Group. The CIW inspection in February/March 2023 reflected positively on the Through Age Well-being model.

DELIVER ASSET MANAGEMENT STRATEGY THAT IMPLEMENTS NEW WAYS OF WORKING FOR THE STAFF OF CEREDIGION COUNTY COUNCIL AND IMPROVES THE CUSTOMER EXPERIENCE

Update the Asset Management Strategy to reflect current issues, in particular supporting new ways of working and taking advantage of the opportunities that exist post COVID-19 to ensure sustainable and high quality services	January 2023 - March 2025	Russell-Hughes Pickering (CLO Economy & Regeneration)	<ul style="list-style-type: none"> Provides an updated and long-term strategy to manage the Council's physical assets Ensures efficient and effective use of council assets (funds, land, buildings, staff and information communication technology) Supports new ways of working post COVID-19 including the rationalisation of assets Provides a strategy to release efficiency savings and potential new income streams Ensures the Council's approach to asset management is fit for purpose and that services are sustainable Supports more joined-up and high quality services
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STATUS: In Progress ●

The updated Asset Management Strategy is currently in the process of being developed and will reflect the new ways of working, the investment to improve the customer experience and the opportunities that exist post COVID-19 pandemic. The Council's approach to developing its portfolio of assets is underpinned by the Council's Corporate Strategy.

SELF-ASSESSMENT ACTION PLAN: OPPORTUNITIES FOR IMPROVEMENT

DESCRIPTION	TIMESCALES	LEAD OFFICER	OUTCOMES
ENSURE CAPITAL EXPENDITURE IS MAXIMISED AND UTILISED			
Develop monitoring system to enable the Council to make full use of its capital resources and increase the proportion of capital expenditure in each year	January 2023 - March 2024	Duncan Hall (CLO Finance & Procurement and Section 151 Officer)	<ul style="list-style-type: none"> Ensures the Council's Capital Programme is delivered and spend maximised Supports partnership working with the Welsh Government on capital projects Supports the delivery of the Council's vision and Corporate Well-being Objectives Supports the reduction of long-term costs and increases in productivity Along with the revenue budget provides the resources to meet the delivery of the services' business plans
<p>STATUS: In Progress ●</p> <p>The Council continues to work to ensure that capital expenditure is maximised. Good use has been made in recent years of capital expenditure, including investment in key areas such as in county children's facilities, the establishment of Well-being Centres, Local Authority Care Homes and piloting for Technology-Enabled Care. A revised Multi Year Capital Programme for 2023/24 to 2025/26 was approved by Cabinet in July 2023. The Capital Programme continues to be reported to Cabinet detailing the outturn position and the amended programme for the next three years.</p>			
SUPPORT LOCAL BUSINESSES AND THE LOCAL ECONOMY THROUGH IMPLEMENTING THE UPDATED PROCUREMENT STRATEGY			
Update the Council's Procurement Strategy to support local businesses and the local economy, and to ensure the Council provides value for money in the use of its financial resources	January 2023 - March 2024	Russell Hughes-Pickering (CLO Economy & Regeneration)	<ul style="list-style-type: none"> Ensures procurement practices are up to date and fit for purpose Helps to achieve value for money by ensuring the Council spends its financial resources economically, efficiently and effectively Supports the identification of efficiency savings and eliminates waste Delivers savings by capitalising on the savings achievable through greater buying capacity of Local, Regional and National Frameworks Maintains high ethical standards of investment and purchasing Maximises the contribution towards sustainable development through the procurement of sustainable solutions Supports the delivery of the Council's vision and Corporate Well-being Objectives Supports local businesses, supply chains and development of the local economy
<p>STATUS: In Progress ●</p> <p>The revised and updated draft Joint Procurement and Commissioning Strategy 2023-27 is complete and will shortly be considered by the Council's Leadership Group before going to Cabinet in autumn 2023 for approval. The updated strategy is aligned to the Council's Corporate Strategy timescales and has been designed to specifically assist in the delivery of its new Corporate Well-being Objectives in accordance with the Well-being of Future Generations (Wales) Act 2015 through its procurement and commissioning. The Strategy builds on the Council's strengthened approach to procurement in recent years including the corporatisation of the procurement process, and reflects the situation post COVID-19 pandemic.</p>			

DESCRIPTION	TIMESCALES	LEAD OFFICER	OUTCOMES
DEVELOP THE USE OF CUSTOMER SATISFACTION SURVEYS			
Introduce regular customer satisfaction surveys such as the annual stakeholder survey	November 2023 - March 2025	All Corporate Lead Officers	<ul style="list-style-type: none"> Keeps the Council up to speed with customer perceptions of services and the organisation at large Helps to identify areas for improvement to help raise performance levels Strengthens and develops ongoing dialogue with customers and their perceptions Helps to strengthen local democracy through greater customer involvement in decision making and service design.
<p>STATUS: New action ●</p> <p>Introduced a new Corporate Stakeholder Survey in the summer of 2023, asking a series of questions about the Council's overall performance, how performance is monitored and the progress being made in delivering the new Corporate Well-being Objectives. The survey closes on 31st August 2023 and the results will be presented to Leadership Group in September 2023. Other activities are being developed such as the possibility of including satisfaction surveys as part of customer contacts via the contact centre (CLIC).</p>			
DELIVER THE RECOMMENDATIONS IN THE CIW INSPECTION OF SOCIAL SERVICES			
Implement the ten recommendations made in the CIW inspection report to help the Council deliver its vision for the delivery of social socials across Ceredigion according to the Through Age Well-being model	May 2023 - March 2025	Ricky Cooper (CLO Porth Cynnal and Statutory Director of Social Services)	<ul style="list-style-type: none"> Ensure that people's voices are central to the work we undertake Increases provision of respite for parents and carers and positively impacting on people's outcomes Ensures people are kept informed of how well social care services are being delivered in Ceredigion Prioritises a sufficient and sustainable workforce with the capacity and capability to consistently meet statutory responsibilities Ensures a standardised approach to supervision and oversight of practice Ensures a competent and confident workforce Provides a robust quality assurance framework Ensures complaints are consistently responded to in accordance with the prescribed timescales
<p>STATUS: New action ●</p> <p>An action plan has been formulated to respond to the recommended improvements outlined in the CIW report. The majority of these are already in progress as the issues identified were already being addressed before the inspection took place. The areas that the Council sought to improve were reflected in the evidence to the inspectors in advance of the inspection and the production of the final report. There were no areas of non-compliance identified during the inspection. The action plan was approved by the Council's Cabinet in June 2023 and progress will be monitored after six months through the Healthier Communities Overview and Scrutiny Committee for a period of one year to maintain progress and track through to completion.</p>			

WHAT IS SELF-ASSESSMENT?

The Local Government and Elections (Wales) Act 2021 introduced a new process for monitoring the performance of all local authorities, based on self-assessment.

The new performance regime defines principal councils as 'self-improving organisations' through a system based on self-assessment and panel performance assessment. The new approach is intended to build on, and support, a culture in which councils continuously challenge the status quo and ask questions about how they are operating and how they can learn from best practice. A transparent and open self-assessment of a council will form a fundamental part of this approach.

Effective self-assessment provides reliable assurance both internally and externally to regulators and inspectorates and above all helps councils to continually learn and achieve sustainable improvement and better outcomes for citizens, service users and their own workforce.

There are five specific duties introduced by the Act:

- 1. Duty to keep performance under review**
Ceredigion County Council has a duty to keep under review the extent to which it is fulfilling its 'performance requirements by determining the extent to which it is:
 - Exercising its functions effectively
 - Using its resources economically, efficiently and effectively
 - Ensuring its governance is effective for securing the above
- 2. Duty to consult on performance**
Councils must consult a range of people at least once in every financial year about the extent to which they are meeting their

performance requirements. The statutory consultees are:

- Local people
- Other persons carrying on a business in the County
- The staff of the Council
- Every Trade Union which is recognised by the Council

- 3. Duty to report on performance**
The Council must produce a self-assessment report each financial year. The report must set out its conclusions on the extent to which it met the performance requirements, and any actions it intends to take, or has already taken to further improve.
- 4. Duty to arrange a panel performance assessment**
At least once in each election period, the Council must arrange for an independent panel to undertake an assessment of the extent to which the council is meeting the performance requirements and report its results. The Council is currently making preparations to undertake its first Panel Performance Assessment during 2024/25.
- 5. Duty to respond to a panel performance assessment**
The Council must prepare a response to a Panel Assessment Report setting out
 - The extent to which it accepts the conclusions in the report
 - How it intends to follow any recommendations
 - Any further actions the Council intends to take to improve

performance

The purpose of the performance and governance provisions in the Act is to build on and support a developing culture in which councils actively seek and embrace challenge, whether presented from within the council, for example through scrutiny procedures, or externally. The provisions are designed to develop a framework which supports councils, through an ongoing process of review, to think about their performance and effectiveness now and for the future; to encourage more inquisitive organisations willing to challenge themselves to do more; and to be more innovative and more ambitious in what they do.

Reflective Practice

For Ceredigion, the principles of self-assessment already form an integral part of its ongoing strategic and corporate governance arrangements.

We recognise the opportunity for self-reflection and constructive challenge. For example, this form of reflective practice is already an integral part of the Council's Business Planning and Annual Governance Statement, and already well-established in the Council. Reflective practice is a core element of the Council's overall performance management process, and focuses on evaluating *how we do things* and not just *what we do*.

We have taken a similar approach with Self-Assessment - reflective practice forms a key part of our Self-Assessment Workshops where we reflect on how we are currently operating, the challenges we face in the future and how we build sustainability into our activities moving forward.

The Local Government and Elections (Wales) Act came into force in 2021

The Five Duties on Principal Councils are:

KEEP PERFORMANCE UNDER REVIEW

CONSULT ON PERFORMANCE

REPORT ON PERFORMANCE

ARRANGE A PANEL PERFORMANCE ASSESSMENT

RESPOND TO A PANEL PERFORMANCE ASSESSMENT

HOW WE CONDUCT SELF-ASSESSMENT

Our Approach to Self-Assessment

Our approach to Self-Assessment is based on assessing ourselves against a set of Key Lines of Enquiry. "KLOEs" as they are sometimes referred to, are a series of relevant key questions that we ask ourselves as we work through the Self-Assessment.

The Key Lines of Enquiry approach is a tried and tested approach to conducting self-assessments in Local Government and across the wider public sector. It ensures we remain focused on the corporate or 'holistic' view of the Council's performance as required by the Act. It also provides the clarity of self-evaluation needed to help us identify opportunities for improvement, and in doing so, provides a strong audit trail to explain the actions we have undertaken in response.

The findings are recorded in our Self-Assessment Matrix document. The Matrix records the evidence demonstrating how we are currently performing, our ambitions for the future and the actions we need to take in order to achieve those ambitions. This document is used to identify the opportunities that exist for improvement and is used to develop our Self-Assessment Action plan. The Self-Assessment Matrix is available on request.

Continuous Cycle

Self-Assessment is an ongoing process of improvement - throughout the year we conduct consultation in support of self-assessment, we collate evidence to inform our workshops, we deliver the actions in our Self-Assessment action plan and we monitor their progress towards completion. The Self-Assessment Report is the key output from the

process but the work on improving outcomes is an ongoing year round activity.

The diagram below summarises the main steps and timescales involved in conducting the Self-Assessment and the production of the Self-Assessment Report.

Evaluation, Reflection and Identifying Opportunities

During April each year we bring together a wide variety of evidence to help us in assessing our current performance. This includes internal performance monitoring such as performance dashboards and complaints reports, regulatory reports from inspections and the results from consultation and engagement activities.

We undertake an exercise of reviewing the evidence to identify key findings - where performance has improved, where there are opportunities for improvement and what the key themes are from our consultation.

The findings from this exercise are

presented to Self-Assessment Workshops with the Council's Leadership Group and Overview and Scrutiny Coordinating Committee to help in assessing our performance.

The workshops are where we re-assess ourselves against the Key Lines of Enquiry, updating our evidence for each question and using this to identify actions for improvement. They review the evidence available to them and add their own perspective to provide updated scores for each question.

The findings workshops are collated by the Performance and Research Team. They produce the draft Self-Assessment Report by drawing on the evidence matrix, scores and the improvement actions identified in the workshop, along with other key sources such as key strategies and inspection reports.

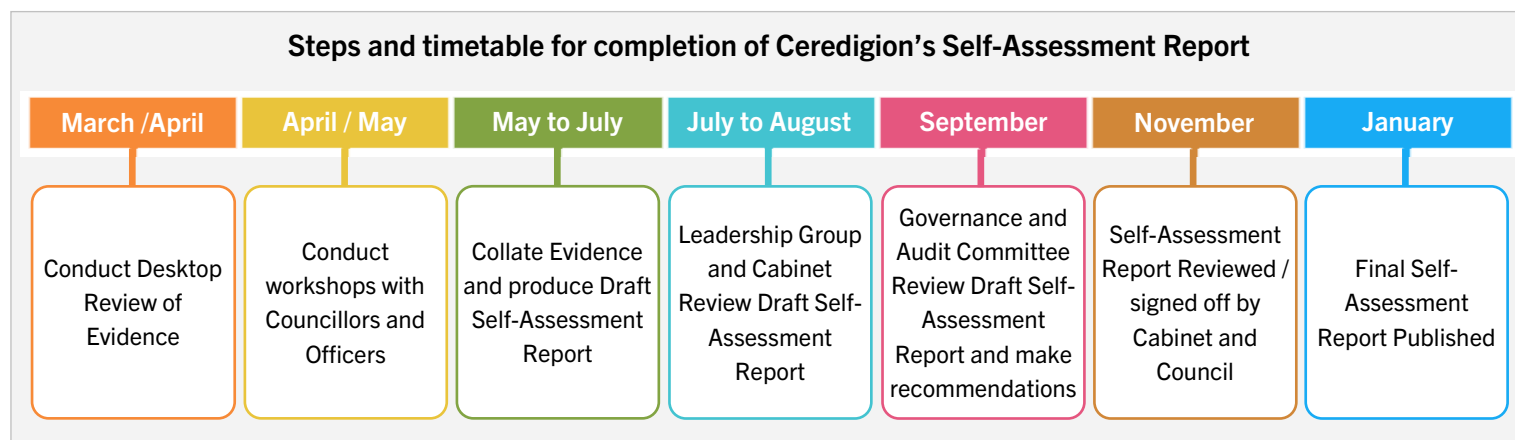
Part of the collation includes cross-checking the scoring with the evidence provided and seeking clarity on our conclusions where necessary. Gaps in evidence and understanding of our performance are also

highlighted, all of which is designed to ensure the process is robust.

By focusing on this, we can learn from our experiences and tap into the innovation and creativity that exists in the Council to identify opportunities to improve our performance, whether that's through raising performance levels, identifying efficiencies or improving customer satisfaction.

The Council's Governance and Audit Committee play a key role in the Self-Assessment process. They are responsible for reviewing the draft Self-Assessment Report and making recommendations for changes to the conclusions drawn or the actions the Council intends to take. The draft Report is reviewed by the Governance and Audit Committee in September.

The Self-Assessment Report is updated following the Committee's recommendations and the final report published in January and submitted to the statutory recipients.



SELF-ASSESSMENT IN OUR PERFORMANCE MANAGEMENT FRAMEWORK

Integration into the Council's Performance Framework

Self-assessment is not a standalone process, rather it is integrated as part of the Council's ongoing corporate planning and performance management arrangements. The diagram below demonstrates how self-assessment fits into our overall performance framework.

It is integral to driving Business Planning and Risk Management, and in turn draws on the outcomes from monitoring business plans and the corporate risk register to evaluate our current performance and complete the self-assessment. It is, in essence, a two-way communication between each pillar of the Performance Framework.

The timing of Self-Assessment is also important. It has been timed to transparently inform and influence the Council's strategic planning, financial management and budget process, risk management reviews, improvement planning and ongoing performance management. For example, the publication of the Self-Assessment Report in November ensures it is prepared in time to drive the annual business planning and target setting process in the final quarter of each year between January and March.



Self-Assessment in the Wider Performance Framework

Ceredigion has a long history of using self-assessment to good effect in identifying innovative ways of delivering services, most recently in the 'Through Age Well-being Programme' being implemented to transform the delivery of social care in the County over the next five years.

It is also an integral part of operational performance and used in the setting of annual business plans for each service. We all recognise that capacity is at a premium and demand is high, and as a result effective business planning has never been so important to ensure we are delivering 'the right services in the right way'. Having the opportunity to 'reflect' on past and current performance is crucial to understanding our strengths, weaknesses and opportunities. This form of reflective practice is critical in helping us determine our actions and priorities for the years ahead.

The Golden Thread

The Council uses a 'Golden Thread' diagram (shown right) to show the links between its key strategies and plans. It describes the flow of information from national and regional priorities for improvement contained in the Local Well-being Plan and Corporate Strategy, through to individual services, teams and members of staff in the Council responsible for delivering them.

A strong Golden Thread is important as it shows how each level of planning and action contributes to the next level, and how each role within the Council contributes towards achieving Ceredigion's Corporate Well-being Objectives.

Self-Assessment occupies a key place in the Golden Thread as the way in which we measure success and drive performance improvements, along with Business Planning and management and risk.



MANAGING OUR PERFORMANCE

Our Performance Journey

Put simply, performance management is taking action in response to actual performance and predicted performance to make outcomes for the people of Ceredigion better than they would otherwise be.

Over the last four years, Ceredigion's approach to performance management has been revitalised and updated. Since then, good progress has been made in building a strong performance management culture across the organisation and preparing for the Self-Assessment performance regime introduced by the Local Government and Elections (Wales) Act 2021.

This is reflected in the new business planning process, the relaunched Performance Board and the positive feedback on the Council's approach to self-assessment. The new legislation emphasizes the importance of embedding a strong performance management culture and achieving this is the overriding principle of the Council's ongoing performance journey.

The learning during the COVID-19 pandemic has created the opportunity to bring about sustainable change and improvements through new ways of working and investing in new technologies to deliver high quality services in an efficient and environmentally friendly way.

The Council has a track record of innovation and over the next five years it will continue to develop this innovative approach and move to more agile and smarter ways of working. Performance management will play a key role

in this transformation.

Who is Responsible for Performance Management?

Performance management is everyone's responsibility – everyone has a role to play in delivering business plan objectives, tasks and measures which support the delivery of the Council's Corporate Well-being Objectives and its overall vision.

Performance Management Framework

To ensure we achieve this, we have a new Performance Management Framework in place which allows us to regularly review and track progress, check how we are performing and ensure we are delivering the Corporate Wellbeing Objectives and improving outcomes for the people and communities of Ceredigion.

The Performance Framework operates alongside the overall structure of Corporate Strategy, Medium Term Financial Strategy, Corporate Well-being Objectives, Annual Governance Statement and Programme/ Project Management.

It is part of the Council's corporate planning process and ensures a consistent understanding of the principles of performance management, and how they are applied in Ceredigion.

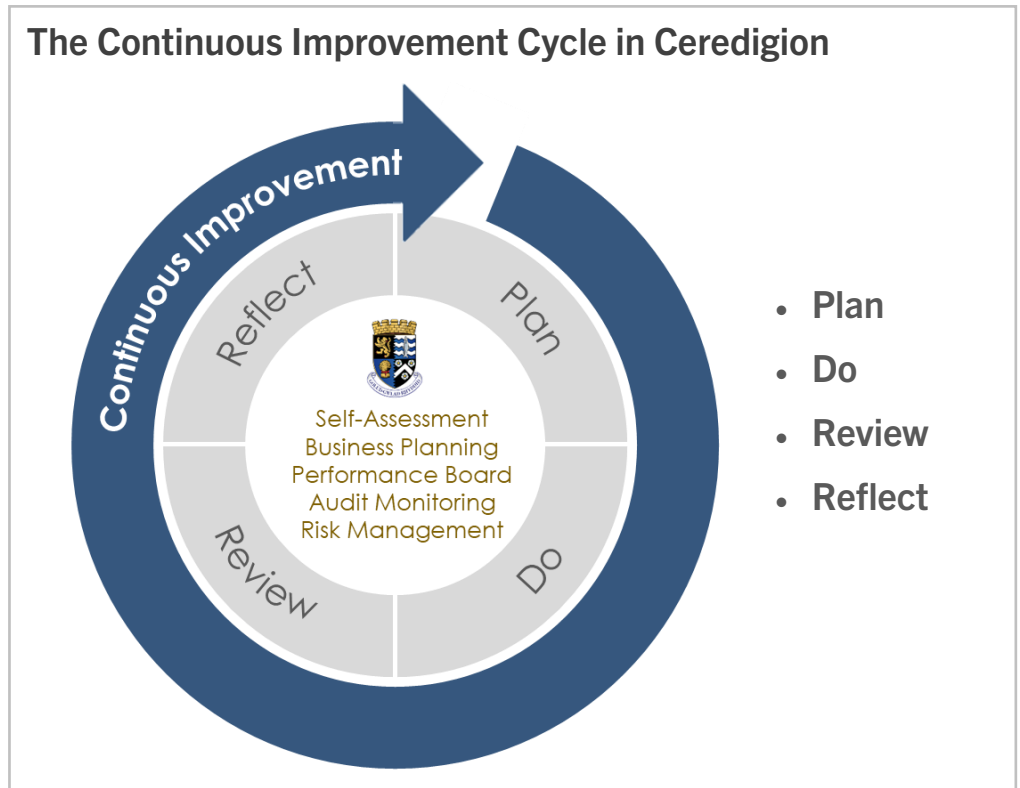
The Continuous Improvement Cycle

Our overall approach to performance management is based on a continuous cycle of improvement, following the industry recognised Plan-Do-Review cycle as shown in the diagram below. This cycle is underpinned by the following steps:

- **Plan** our activities to deliver our vision and Corporate Well-being Objectives
- **Do** or deliver the activities

- **Review** our progress regularly to assess whether we are delivering our objectives
- **Reflect** on how we are delivering our activities to identifying opportunities for improvement, efficiencies, or both

Performance Management is a high priority in Ceredigion. The Council is committed to continuous improvement, regularly seeks citizen's views and undertakes self-evaluation to identify opportunities for improvement.



EVIDENCE-BASED ASSESSMENT

Ceredigion strives to be an evidence and data driven organisation. A wide variety of evidence has been used in assessing our performance and in the production of this report.

These sources are split into three categories which help us check that our conclusions are correct and provide an accurate picture of our current performance.

The three categories are the **internal evidence** available to us through key strategies and internal monitoring, such as the Medium Term Financial Strategy, our Annual Governance Statement and complaints monitoring. This provides us with an internal view of how the organisation is performing.

We also draw on the extensive **regulatory and external evidence** that exists. This includes inspection reports from Estyn, Care Inspectorate Wales and the ongoing work conducted by Audit Wales. This provides us with the regulatory or external view of how we're performing from independent bodies.

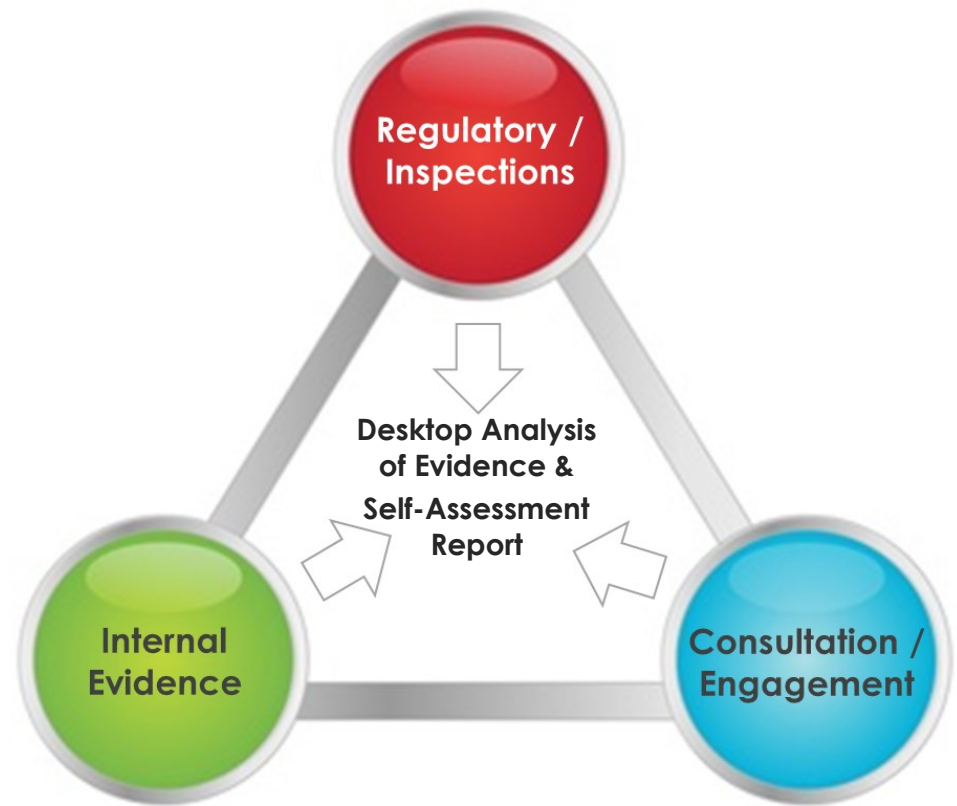
The third category of evidence is the **consultation and engagement** undertaken on an ongoing basis. This records the views of all stakeholders in Ceredigion, including citizens, businesses, council staff and Trade Unions, offering the perspective of those receiving services from the Council.

The Council has an ongoing process of

engagement and consultation in place throughout the year which is used to record residents' views on a variety of Council functions (see pages 22-27).

These three categories of evidence help us 'triangulate' or check that the conclusions we draw are robust by allowing us to compare the key findings from each and ensure they align before producing the Self-Assessment Report. This relationship is shown in the diagram opposite, where the evidence equally feeds into the desktop analysis and ultimately the self-assessment report.

Types of evidence used in conducting self-assessment



CATEGORIES OF EVIDENCE

Data Quality

Every stage of the self-assessment and wider performance management process relies on evidence and data to allow the Council to make judgements on what Ceredigion's needs are, what its customers' needs are, what it has achieved, and how it compares. It is therefore vital that all this information is based on high quality, reliable, and timely data to ensure that the judgements that based upon it are sound.

Our performance framework supports this by helping to ensure the provision of complete, accurate and timely data used in internal monitoring and published externally to communicate the Council's progress in delivering its vision and Corporate Well-being Objectives to the public and stakeholders.

The table opposite provides a list of the types of sources and data that are taken into account in Ceredigion's self-assessment, and split by category type. ►

Sources used in conducting the Self-Assessment and Review of Well-being Objectives

INTERNAL EVIDENCE



- Corporate Strategy
- Medium Term Financial Strategy
- Statement of Accounts
- Annual Governance Statement
- Overview and Scrutiny Committee Feedback and Reports
- Director of Social Services Annual Report
- Quarterly Performance Dashboards
- Business Plan Monitoring
- Corporate Strategy Dashboard
- Self-Assessment Dashboard
- Corporate Risk Register
- Internal Audit reports
- Compliments, Comments & Complaints Reports
- Performance Measures Results
- Previous Self-Assessment Reports
- National Survey for Wales Results
- Council Tax / Collection Rate
- Digital Skills Audit 2022
- Review of Hybrid Working Arrangements

REGULATORY & EXTERNAL EVIDENCE



- Audit Wales Annual Improvement Report
- Care Inspectorate Wales Annual Performance Report
- Audit Wales Review reports
- Care Inspectorate Wales (CIW) reports
- Estyn inspection reports
- Public Service Ombudsman Wales (PSOW)
- Panel Performance Assessment (PPA)
- Future Generations Commissioner Reports
- Ceredigion PSB Annual Report
- Ceredigion PSB Assessment of Local Well-being
- West Wales Population Assessment
- Data Cymru
- StatsWales
- National Well-being Indicators

CONSULTATION & ENGAGEMENT



- Consultation Feedback reports incl.
 - Annual Stakeholder Consultation
 - Childcare Sufficiency Assessment
 - Engagement and Participation policy
 - Maternity and Early Years Strategy
 - Ceredigion Corporate Strategy
 - Local Well-being Plan
- Engagement exercises including:
 - Development of Regional Investment Plan to deliver UK Shared Prosperity fund
 - Mid Wales Employment and Skills survey
 - Flooding at Llanybydder, Llandysul and Pont-Tyweli
 - Post-16 education
 - Crime and Disorder Strategic Assessment
 - Future uses in Council Buildings
- Regional Well-being Survey
- Engagement with stakeholder groups including Disability Forum, Older Persons Forum
- Ceredigion Budget Challenge
- Trade Unions monthly meetings
- Staff New Ways of Working surveys
- Staff Health and Well-being Surveys

LEARNING FROM CONSULTATION AND ENGAGEMENT

Consultation and engagement with stakeholders is a core theme throughout our self-assessment process and wider performance management approach.

It is an integral part of the evidence used in our performance management and will continue to play an even greater role as we explore opportunities for improvement with a variety of individuals and groups across the County.

It's important that we give residents and stakeholders the opportunity to tell the Council about their own vision for their communities and about what they want in terms of service provision.

Our new [Engagement and Participation Policy](#), that was approved in October 2022, sets out how we will talk and listen with all of those who live, work or study in Ceredigion, including people whose voices are seldom heard.

Our legal duty to consult is set out in various pieces of legislation, including:

- The Well-being of Future Generations (Wales) Act 2015 – the Council must involve people with an interest in achieving the National Well-being goals.
- The Local Government and Elections (Wales) Act 2021 – the Council must encourage public participation in our decision making.
- The Welsh Language Measure 2011 –

the Council must ask the public for their views on the impact that our decisions will have on the Welsh Language.

- The Equality Act 2010 – the Council must involve and engage with people who share Protected Characteristics.
- The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 – the Council must consult with organisations specified in the Regulations and must inform people that are likely to be affected by a traffic order.
- School Standards and Organisation (Wales) Act 2013 – the Council must comply with the School Organisation Code which outlines the principles that should be taken into account when proposing to make changes to school provision.

Where more feedback is needed from particular groups, we adjust our approach during the year to target those areas and ensure that all of Ceredigion's communities are involved. We engage with the many groups and organisations that represent specific groups in the county, and in particular to ensure that the voices of those seldom heard are indeed heard.

It's not just about our legal duty, however, as engaging and consulting

with the public gives us better information to help our decision making. This can lead to better outcomes for our residents.

There is no 'one size fits all' solution to engagement. We aim to use the best type of engagement for the right situation.

Continuous engagement is achieved through an ongoing conversation between the Council and our local communities. Sometimes a targeted engagement or consultation exercise is the best method. In other instances, the Council has a legal duty to follow a specific process to inform the public and provide opportunity for feedback.

A lot is being done to engage with residents and stakeholders, Feedback on our engagement and consultation campaigns is usually presented to Cabinet meetings

Discussion sessions, thematic workshops, meetings with key stakeholders and face to face drops ins are also offered, particularly where feedback is sought from a specific cohort, for example the Youth Council, or in a specific place, for example flooding in Llanybydder, Llandysul/Pont-Tyweli.

In 2022/23 we have benefitted from some important engagement events that provide a unique insight into the views of citizens and stakeholders.

These include the Corporate Strategy

during September to October 2022, in which residents told us their views on the new Corporate Well-being Objectives, and the Future Use of Council Offices consultation in December 2022 to January 2023 which asked about how best to use the main Council offices in the future. Both of these have been used in the production of this report.

Trade Unions

Monthly meetings are in place between the Council and recognised Trades Unions. These are chaired by the Corporate Lead Officer for People Organisation and provide a consultative forum to engage in and help steer direction for workforce matters and individual concerns around wellbeing and conduct. This ongoing dialogue is important to the Council through ensuring staff have a voice and to build on the intelligence gained from our staff surveys and consultations.

As part of the self-assessment, we met with the Trade Union representatives to outline the process and their role as statutory consultees. No specific issues have been raised by the Trade Unions at this point, although this is likely to develop as the process becomes increasingly embedded. Working in partnership with our Trade Unions is critical to the successful delivery of Workforce Plan, and feedback on the Council's performance can be provided at any time.

Staff Consultation

Ceredigion has a strong history of keeping staff informed and measuring staff sentiment, even before the COVID-19 pandemic and the adoption of the new ways of working initiative. In 2022/23 staff engagement took place in the form of the Interim Hybrid Working Policy to record views on the new working arrangements, the latest annual Health and Well-being Survey to record staff sentiment across a range of issues from their well-being to working arrangements, and the New Ways of Working Project Hybrid Working Review in March 2023 to record feedback on the effectiveness of the new hybrid working arrangements. Some of the regular surveys undertaken to ensure the Council engages with its staff are listed below. The findings from these exercises have been used in the self-assessment.

- IT Working From Home Survey (June 2020)
- Coronavirus Health and Well-being Survey (November 2020)
- The Way We Work Staff Survey (March 2021)
- Interim Hybrid Working Policy Staff Survey (July 2022)
- Health and Well-being Survey (February 2020)
- Employee Health and Well-being Pulse Survey (November 2021)
- Employee Health and Well-being Survey (December 2022)

- NWOW Project Hybrid Working Review

We welcome your views on our Self-Assessment Report, the Council's Corporate Well-being Objectives and our current performance. We would also like to know how you, your family and your community have been affected by our work to improve well-being for everyone in the county.

Public Engagements

Seven targeted engagement exercises were undertaken during 2022-23. Some were run by the Council alone and some were run in partnership with others as we try and reduce 'consultation fatigue'. Feedback from these exercises will contribute to the development of future plans and strategies. Details of these exercises are contained overleaf.

CORPORATE STAKEHOLDER CONSULTATION

During 2023 we ran our first in an ongoing series of 'Stakeholder Surveys' to support self-assessment and the council's ongoing performance journey.

It allowed us to check in with residents, businesses and other stakeholders such as community groups, on a variety of issues such as progress against our corporate well-being objectives, the priorities moving forward and the way in which we monitor and measure performance.

The first of these was run during the summer of 2023 and the results will be used to inform the next round of self-assessment.

Your views are important to us. We welcome your views on this report, our performance and the actions we are delivering at any time. Please use the contact details on the back cover of this report to get in touch or look out for the annual stakeholder surveys.



Have your say on Ceredigion's Wellbeing Objectives

Closing date: 31 August 2023

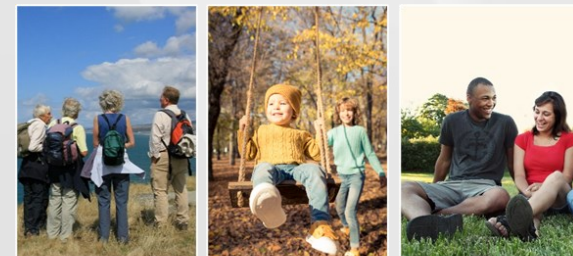


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ENGAGEMENT EXERCISES IN 2022/23

Title of Activity	Description	Response	What next
Development of Regional Investment Plan to deliver UK Shared Prosperity fund (May/June 2022)	Growing Mid Wales (Ceredigion County Council and Powys County Council) ran an internal and external engagement exercise to invite views on how the UK Shared Prosperity Fund should be used over the next 3 years.	176 responses to an online survey plus over 150 stakeholders who attended a webinar and 20 member organisations of the Growing Mid Wales Partnership.	Responses were used to help shape the high-level priorities of the Mid Wales Regional Investment Plan 2022-25. The Plan provides guidance to local businesses and organisations who wish to apply for funding from the UK Shared Prosperity Fund.
Flooding at Llanybydder, Llandysul and Pont-Tyweli (June - August 2022)	Highways and Environmental Services ran a 12-week engagement run in partnership with National Resources Wales and Carmarthenshire County Council to seek views of the public to get a better understanding of the impact that flooding has on the communities.	124 (58: Llanybydder and 66: Llandysul/Pont-Tyweli).	Responses will feed into the next stage of the work and form part of decision making that Natural Resources Wales and Welsh Government will undertake to design and implement any flood risk reduction scheme.
Mid Wales Employment and Skills survey (July - September 2022)	A 7-week engagement run by the Mid Wales Regional Skills Partnership (Ceredigion County Council and Powys County Council) to inform the Mid Wales Employment and Skills Plan 2022-25.	69 (73% from Powys / 27% from Ceredigion)	The Mid Wales Employment and Skills Plan 2022-25 was launched in March 2023. The Plan identifies key sectors and skills and priorities for regional investment to support jobs and growth in the Mid Wales region.
Post-16 education (October 2022)	Schools and Culture ran a 4-week engagement with businesses, parents, primary and secondary school pupils and university students. Respondents were asked for their views about the range of courses and type of provision needed for post-16 learners.	1,307 to the online survey.	Responses will feed into the review of post-16 provision in Ceredigion.
Future uses in Council Buildings (December 2022/ January 2023)	Economy and Regeneration ran an 8-week engagement with the public to ask for their views on how best to use the main Council offices in the future.	533 (508 to the online survey and 25 to a paper version). Additional responses also received via Clic	Feedback will be considered, alongside feedback from Council staff and data on the use of desks and meeting rooms in pilot hybrid office areas.
Crime and Disorder Strategic Assessment (January – March 2023)	Ceredigion Community Safety Partnership ran an 8-week engagement to gather views about crime and disorder in the county	89 responses to the online survey, 3 responses on a paper survey and 9 responses from a Ceredigion Youth Council event.	Responses will inform the Ceredigion Community Safety Delivery Plan which aims to protect local communities from crime and to help people feel safer.
Ceredigion Dementia Action Plan (Feb/March 2023)	Our Through Age Well-being programme ran a 6-week engagement with the public, with particular emphasis on older people, to establish how we are doing and what we can do to improve the lives of people living with dementia and those who care for them.	35 from the online survey plus 10 from drop-in sessions at 6 locations across the county. Additional responses were collected from face-to-face visits to 5 groups/care homes, focus sessions with service providers and 55 x one to one video calls.	Responses will feed into the development of a Ceredigion Dementia Action Plan.

CONSULTATION EXERCISES IN 2022/23

Five consultation exercises were undertaken to obtain public feedback on specific plans or proposals. Results of the consultation exercises were presented to Cabinet alongside the final plan or policy. All approved plans and policies are now

published on the Council website (apart from the Maternity and Early Years Strategy for Mid Wales which will be presented to Cabinet on 06/06/23).

Title of Activity	Description	Response	Impact of the Consultation
Childcare Sufficiency Assessment report (May/June 2022)	Schools and Culture ran a 4-week consultation to seek the views of interested parties on the draft Childcare Sufficiency Assessment report. The draft document was based on the results of an extensive assessment of the availability of childcare in Ceredigion.	17	People generally agreed with the content of the Childcare Sufficiency Assessment. This is probably due to the extensive consultation undertaken in 2021-22 to inform the assessment report. The action plan was developed in line with the original document.
Engagement and Participation policy (July-Sept 2022)	Policy, Performance and Public Protection ran an 8-week consultation to seek the views of interested parties on how the council should engage with the public and to ask for feedback on the draft Engagement and Participation policy.	112	The final policy was amended in response to the feedback received.
Maternity and Early Years Strategy for Mid Wales (July/August 2022)	A 13-week regional consultation was run by Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities and Hywel Dda University Health Board to seek the views of interested parties on this strategy which focusses on integrated support in the first 7 years of a child's life.	137	Amendments were made to the strategy based on feedback received.
Ceredigion Corporate Strategy 2022-27 (August/September 2022)	Policy, Performance and Public Protection ran a 5-week consultation to seek the views of Ceredigion residents on Ceredigion Council's draft Corporate Strategy and steps we'll take to achieve our proposed Corporate Well-being Objectives over the next 5 years.	51	Amendments made as a result of the consultation were incorporated into the final document.
Ceredigion Public Services Board Local Well-being Plan 2023-28 (October 2022-January 2023)	Ceredigion Public Services Board ran a 14-week consultation to seek feedback from the public on the content of the draft Local Well-being Plan for Ceredigion. The draft Plan was based on the results of an extensive assessment, including consultation, carried out in 2021-22 on the state of well-being in Ceredigion.	34 completed surveys, plus feedback from focus sessions with 16 schools and Ceredigion Youth Council. 7 detailed responses from local and national organisations and 15 responses on the ideas wall on 'Have your Say'.	Comments and feedback were incorporated into the final document and will also enhance the development of the detailed delivery plan.

INFORM EXERCISES IN 2022/23

In some instances, the Council has a duty to inform the public about a proposal and provide a way for interested parties to respond. Four 'inform' exercises took place during the period.

Title of Activity	Description	Response
Application for the Registration of Erw Goch Field	All correspondence, including minutes of Cabinet meetings relating to this matter, are listed on the Council website	2
Experimental Traffic Regulation Orders (ETRO)	Two ETRO's were made to retain and amend a number of traffic management measures that were previously introduced during the Covid -19 pandemic in Aberaeron, Aberystwyth, Cardigan & New Quay via	34, plus discussions with the Disability Forum
Architect Plans for Aeron Valley Community Area School	An open evening was held at Theatr Felinfach campus for people to view the architect plans which were also available on the Council website.	48
Aberaeron Secondary School Footpath closure	A copy of the Traffic Regulation Order, responses, and comments on responses from the Council are listed on the Council website. All respondents also receive a written response from the Council.	8

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CORPORATE STRATEGY CONSULTATION

One example of consultation undertaken was on the Council's new Corporate Strategy covering the period 2022 to 2027. This document is important because it sets out the Council's new Corporate Well-being Objectives (corporate priorities) in moving forward. Stakeholders were asked a series of questions about the Strategy between September and October 2022. Although we recognise that the consultation produced a low number of responses, the responses are crucial to understand what is and remains a priority for Ceredigion.

Overall, there was a high degree of support for the Corporate Well-being Objectives and the written comments where respondents highlighted themes relevant to them, align closely to the ambitions and the steps in the Strategy. The diagram opposite demonstrates this.

WHAT YOU TOLD US



78%

Agree or strongly agree with the Boosting the Economy Objective (6% disagree or strongly disagree)



75%

Agree or strongly agree with the Creating Caring and Healthy Communities objective (8% disagree or strongly disagree)



71%

Agree or strongly agree with the Providing the Best Start in Life objective (4% disagree or strongly disagree)



73%

Agree or strongly agree with the Creating Sustainable, Greener and Well-connected Communities objective (2% disagree or strongly disagree)

CORPORATE STRATEGY CONSULTATION

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WHAT YOU TOLD US	HOW OUR CORPORATE STRATEGY ALIGNS
Support for businesses, SME's and new start-ups	<ul style="list-style-type: none"> Continue to develop the £110m Mid Wales Growth Deal Supporting Ceredigion's UK Shared Prosperity Fund bid Support the development of the Smart Towns project in Cardigan in our other Ceredigion towns
Digital connectivity for all, not just a percentage	<ul style="list-style-type: none"> Support the roll-out of 4G Broadband
Environmental impact from development and economic growth	<ul style="list-style-type: none"> Enable initiatives and mitigation measures to help with the resolution to the phosphates and nutrient ecological issue in the Teifi Valley and other catchments Pursue the Ceredigion Local Development Plan Prioritise locally-sourced produce and supply chains in council business
Leisure facilities and opportunities for young people	<ul style="list-style-type: none"> All children and young people have opportunities to access after-school, evening and weekend activities, including opportunities for freely chosen self-directed Play and that these services are registered to enable parents to access financial support Support pupils and families to access local youth clubs, social groups and organised activities
Active travel opportunities particularly walking and cycling	<ul style="list-style-type: none"> Provide modern, accessible and inspiring leisure facilities across all three areas of Ceredigion (north, mid and south) Encouraging people to Get Physically Active so they can benefit from positive health and wellbeing Introducing an improved membership package for use of council operated leisure facilities Providing outreach physical activity opportunities outside of the county's towns
Challenges facing provision of social care	<ul style="list-style-type: none"> Pursue the building of a new nursing home in the Aberystwyth area and fully provide for the nursing care needs of our population Support the aspiration of creating a National Care Service for Wales Progress the Through Age Delivery Model providing 70% of services within universal and early help services, 20% in Assessment and short-term services and 10% in Specialist services

WHAT YOU TOLD US	HOW OUR CORPORATE STRATEGY ALIGNS
Learning opportunities for adults and older people	<ul style="list-style-type: none"> Develop through the Regional Skills Partnership, Economy and Regeneration, and LL&S a robust employer forum Develop online/ social connectivity and pop-up events to market roles/ sectors within Ceredigion Undertake a review of post-16 education and implement the approved recommendations Continue to develop the E-sgol provision Ensure that the UK Shared prosperity fund is utilised on identified projects to develop appropriate skills to support the local economy
Connecting communities via active travel routes	<ul style="list-style-type: none"> Securing increased funding for the delivery of a wide range of active travel improvements Campaigning for active travel routes alongside the whole length of our trunk roads Pushing for our smaller towns and rural areas to be included in Welsh Government's criteria for funding active travel routes.
Public transport improvements and high costs	<ul style="list-style-type: none"> Support the Bwcabus on-demand service in our rural communities subject to continued and increased Welsh Government funding opportunities Make the case strongly for any Welsh Government ambitions to franchise public transport routes to include small locally-based bus companies Working with stakeholders to support and sustain the public transport network, and identify funding/improvement where appropriate
Provision of childcare and recruitment of Welsh speakers	<ul style="list-style-type: none"> Promoting the Childcare Offer to working parents of 3 to 4 year-olds Parents/guardians who are in education or training and meet the eligibility criteria will be able to access the Childcare Offer Supporting childcare availability for 2-year-olds Raising awareness/promote Tax Free Childcare for working parents Supporting the development and sustainability of registered childcare provision
Rural deprivation	<ul style="list-style-type: none"> Developing a resource centre to support vulnerable / low-income families Household income above national average

REVIEW OF OUR WELL-BEING OBJECTIVES

The Council's new Corporate Strategy 2022-27 was published in November 2022 and the new Corporate Well-being Objectives agreed:

- Boosting the Economy, Supporting Businesses and Enabling Employment
- Creating Caring and Healthy Communities
- Providing the Best Start in Life and Enabling Learning at All Ages
- Creating Sustainable, Green and Well-connected Communities

The Council's Corporate Well-being Objectives enable the delivery of services that will enhance the social, economic, environmental and cultural well-being for the citizens and communities of Ceredigion. The Objectives were reviewed during 2022 and a new set agreed to coincide with the new Corporate Strategy. The new Objectives were identified through a wide variety of evidence, including public engagement, the Ceredigion Assessment of Local Well-being and the ambitions of the new political administration.

The process started with a desktop analysis of a variety of evidence, in order to identify the main issues affecting the well-being of Ceredigion's citizens. This included reviewing the Ceredigion Public Service's Board Assessment of Local Well-being, which provides a comprehensive picture of well-being in the county, and included extensive public engagement during 2021. This told us

about the concerns people had and the areas they would like to see improve.

A triangulation exercise was then conducted, looking at the new Administration's priorities for the next five years and comparing with the Assessment to identify any gaps. Workshops were run with Council services to provide a further check and to develop the individual steps to be taken to deliver the Objectives.

The Well-being of Future Generations (Wales) Act requires the Council to set and publish Well-being Objectives that are designed to maximise our contribution to the achievement of the seven Well-being Goals for Wales specified in the Act. At the same time we must publish a statement explaining why meeting the objectives will contribute to the achievement of the well-being goals and what actions we will take to meet the objectives

We review our Corporate Well-being Objectives and steps annually to ensure they remain the right Objectives for Ceredigion and ensure we are delivering them.

The following pages provide a summary of how our 2022/23 Well-being Objectives contribute to the national Well-being Goals, a review of progress against delivering the Objectives and how we have applied the Sustainable Development Principle.

Our Vision:

Ceredigion County Council delivers value for money, sustainable bilingual public services, that support a strong economy and healthy environment, while promoting well-being in our people and our communities

Our Corporate Well-being Objectives:



ASSESSING PROGRESS

Local authorities are required by the Well-being of Future Generations (Wales) Act 2015 to review progress in delivering their well-being objectives. Although we keep progress under continuous review, we publish our latest performance every year in our Self-Assessment Report.

This report combines the statutory reporting requirements of the Local Government and Elections (Wales) Act 2021 and the Well-being of Future Generations (Wales) Act 2015.

In assessing our overall progress, we use the Future Generations Journey Checker to assist in providing a standardised assessment of progress against each Corporate Well-being Objective.

The Journey Checker is useful tool that categorises progress according to five criteria, ranging from 'No Change' where no progress has been made to 'Leading the Way', where not only good progress has been made and our level of understanding of the issues affecting

well-being is comprehensive and where the needs of future generations are understood and considered by everyone. These categories are highlighted in the scoring system in the table below.

The Journey Checker provides a useful way of assessing not only the delivery of individual actions taken, but also provides an assessment of *how* we're delivering the objectives.

The following pages provide a review of our progress during the last year, including some recent highlights and key successes, along with some of the longer term achievements in the delivery of our Corporate Well-being Objectives.

Future Generations Journey Checker

NO CHANGE	SIMPLE CHANGE	MORE ADVENTUROUS	OWNING AMBITION	LEADING THE WAY
				



KEY ACHIEVEMENTS

During 2022/23 our customer contact centre (CLIC) handled the following enquiries:

130,908

Telephone calls received during the 2022/23 year

35,852

Emails responded to during the 2022/23 year

95,421

Enquiries logged during the 2022/23 year (an increase of 17,500 on the previous year)

16%

Of telephone calls (or 20,970) were in Welsh

BOOSTING THE ECONOMY, SUPPORTING BUSINESS AND ENABLING EMPLOYMENT

Progress Made

- The Mid Wales Growth Deal is making real progress since the signing of the Final Deal Agreement by the Welsh and UK Governments and regional delivery partners in January 2022.
- The Growth Deal, developed from the Vision for Growing Mid Wales, reached a significant milestone in 2022 when the Final Deal Agreement was signed by the Welsh Government, UK Government and Ceredigion and Powys Councils, based on the development and submission of the Portfolio Business Case. Both governments agreed to provide £55m totalling £110m over a period of up to 15 years. The updated Strategic Portfolio Business Case was formally submitted in March 2023 to the Welsh Government and the UK Government and release of the first tranche of Growth Deal funding is now expected during 2023/24 via a formal Grant Award.
- The Council has been successful in applying for £10.9m of Levelling Up funding for Aberystwyth from the UK Government. This is being used to deliver three regeneration projects that will help transform 'The Old College' in Aberystwyth, revitalise the promenade and create a 'Living harbour'.
- The Council has worked in partnership with Powys County Council and a range of local businesses to launch the Mid Wales Regional Skills Partnership Employment and Skill Plan 2022-25. The plan addresses the barriers and issues affecting businesses in Mid Wales. It identifies key sectors and skills, priorities for regional investment to support jobs and growth, and sets out the mechanism to create a more prosperous skills infrastructure for the region for the next 3 years and beyond.
- Ceredigion Workways+ has continued to help people that are not in employment to access funded face-to-face and online training, work experience, volunteering opportunities and jobs. The scheme is staffed by officers from Ceredigion County Council and is part funded through the Welsh Government. Support is available to help people affected by work-limiting health conditions or disabilities; carers; those with low or no qualifications; people with childcare responsibilities; the over 54's; people in a single adult or jobless household or anyone from a Black, Asian and Minority Ethnic group.
- Investments have led to Ceredigion being the first county to have a county-wide LoRaWAN network that is available to private and public sector partners to improve the use of technology as a business efficiency aid. Ceredigion County Council has completed the installation of 40 LoRaWAN Gateways on several Council assets in order to create the network. Ceredigion's is the most extensive network across any other local authority in Wales and the first to have coverage across much of the county. Crucially, as well as the Council having access, the network will also be available and accessible to all businesses, organisations and residents, with the freedom for the network to be used in the manner in which they feel most effective.
- £2.8m worth of investment has been secured from the UK Government's Community Renewal Fund, and is currently being delivered via 12 projects involving stakeholders supporting individuals and businesses directly linked to actions identified in the Economic Strategy.
- One project, led by Antur Cymru addresses increased numbers of people considering necessity-based entrepreneurship who face barriers to engaging with established business support services. The project I empowering individuals to acquire transferrable skills through participation in a project delivering basic business skills
- £379k of funding from Welsh Government has been secured to support a range of projects to bring town centre assets into economic use and to enhance green infrastructure in town centres. Investment includes the purchase of 10/11 Harford Square in Lampeter, and the development of a Green Infrastructure project in Market Street, Lampeter.
- The Council is the lead authority for the UK Shared Prosperity Fund (UKSPF) in the Mid Wales Region. The indicative funding for Ceredigion is £12.4m for the years 2022/23 to 2024/25. £2.9m is funding for capital projects with £9.5m for revenue projects. The UKSPF is part of a suite of funding from the UK Government as part of its Levelling Up Policy and is intended to build pride in local areas and empower local communities.
- Four projects in Ceredigion, along with five in Powys, have received funding totalling just over £1.3m from the Welsh Government Transforming Towns programme, which is anticipated will trigger potential investment worth just over £3m. These projects are part of the overarching Placemaking Grant scheme which sits under the Transforming Towns programme. The town centres in Ceredigion where the projects are taking place are in Aberystwyth, Cardigan and Llandysul. Transforming Towns is a Welsh Government programme providing a further £7million to town centre regeneration in mid Wales over three years.
- With the support of Leader funding through the Cynnal y Cardi programme, a Towns Development Officer is in place to engage with town representatives to help facilitate and support ideas to reinvigorate Ceredigion's rural towns.



- Over £250,000 has been secured to improve access to Ceredigion’s natural assets through Access Improvement Grants and the Local Places for Nature programme.
- In March 2023, Ceredigion County Council approved the adoption of the continuation of the Retail, Leisure and Hospitality Rates Relief Scheme for 2023/24, which allows an estimated 800 businesses in Ceredigion to take advantage of a 75% discount on non-domestic rates, with a total of £3.6m available to businesses under the scheme.
- Ceredigion County Council and its partners on the Ceredigion Public Services Board continue to work proactively in mitigating the causes and impacts of poverty in Ceredigion.
- Ceredigion County Council has provided food banks across the county with a share of £30,000 from the discretionary homeless prevention fund which is provided to local authorities by the Welsh Government. The boost comes as food banks have seen a large increase in demand due to the cost-of-living crisis.
- The ECO4 scheme, aimed at low income, vulnerable and fuel poor households living in energy inefficient properties, was launched in October 2022.
- Significant work has been undertaken to raise the profile of the Direct Payment Personal Assistant workforce through active recruitment with team members attending job fairs and drop-in events at job centres. 56 Personal Assistants have been recruited so far, which is a significant increase.
- Porth Cymorth Cynnar are leading on a project to work with regional partners in the development of social and micro enterprise opportunities. Shared Prosperity Funding has been secured and the Council has supported the planning for a specification for micro enterprises to go out to tender in the

second quarter of 2023/24. The Council is actively involved in establishing how Direct Payments can be one of the payment mechanisms when micro enterprises are established.

- To support a sustainable and resilient independent care sector, the new Domiciliary Care specification and tender programme has been completed with new contracts to be awarded in the second quarter of 2023/24.
- The Council supports the independent sector through collaborative working providing mutual aid, funding and resources, equipment as well as health and safety advice.
- Ceredigion County Council have been successful in receiving funding to progress a project to enable ‘SMART Towns’ in Ceredigion. The project will initially involve the installation of wi-fi access points in Aberaeron, Llandysul, Lampeter, New Quay and Tregaron, with Aberystwyth and Cardigan already having systems in place. As well as providing ‘Town wi-fi’ across each of the Towns, the equipment will provide the ability to collect anonymised data upon footfall, space usage and dwell time, and will enable Town Councils and the County Council to conduct analysis to assist towns and businesses to identify which approaches are best to improve efficiencies and the effectiveness of their business.
- The Planning Service follow-up review found that the Council has taken swift action to begin responding to the recommendations made by Audit Wales and good progress is being, including changes to the governance arrangements to support new Development Management Committee. We are continuing to work through the remaining recommendations as well as any additional recommendations made.

KEY ACHIEVEMENTS

£10.9m

of capital funding secured through the Levelling Up Fund 2022-25

£760,000

of external capital funding attracted

37

Businesses supported across Ceredigion

7,547

Winter Fuel Grant Recipients paid during the cost of living crisis, with a total value of £3.2m

21,363

£150 Cost of Living Support payments made to recipients with a total value of £1.51m

41

New jobs created during the year

703

Carers Grant Scheme recipients paid with a total value of £352,000

£42.4m

Mid Wales region’s application for the UK Shared Prosperity Fund approved

IMPROVING OUTCOMES



CREATING OPPORTUNITIES

The Mid Wales Growth deal has continued to progress during 2022/23 with some significant developments that bring the £110m investment into the region a step closer. The Final Deal Agreement was signed by the Welsh Government, UK Government and Ceredigion and Powys Councils in 2022. At the end of the year, in March 2023, the updated Strategic Portfolio Business case was formally submitted to Welsh and UK Governments and the first tranche of the funding is expected during the 2023/24 year.

The Growth Deal is a ground-breaking partnership to bring a combined investment of £110m from UK and Welsh Government, which is expected to lever in significant additional investment from other public and private sources. The programmes and projects supported by the Growth Deal are expected to produce wider social and economic benefits, such as **enhanced quality of life, creating business opportunities** following the impact of COVID-19, **decarbonisation** in industry and consideration of climate change impacts.

The outcomes that are achievable in Mid Wales through Growth Deal investment are:

- To create between 1,100 and 1,400 new jobs in Mid Wales by 2032.
- To support a net additional Gross Value Added (GVA) uplift of between £570m and £700 million for the Mid Wales Economy by 2032.
- To deliver a total investment of up to £400 million in the Mid Wales economy by 2032.



DEVELOPING SKILLS

Over the last year, the Council has worked in partnership with Powys County Council and a range of local businesses to launch the Mid Wales Regional Skills Partnership Employment and Skills Plan 2022-25.

The plan addresses the barriers and issues affecting businesses in Mid Wales. It identifies key sectors and skills, priorities for regional investment to support jobs and growth, and sets out the mechanism to create a more prosperous skills infrastructure for the region for the next 3 years and beyond.

Through engaging closely with businesses and **giving them a voice to influence priorities** for the region, the Plan addresses the importance of making **strong connections between the local learning system and the skills needed across the region**, so that we are **creating the right conditions for a thriving workforce**.

Launched at the Grow - Define - Deliver Together event, the Plan identifies key sectors and skills, priorities for **regional investment to support jobs and growth** in the Mid Wales region and sets out the mechanism to create **a more prosperous skills infrastructure** for the region for the next 3 years and beyond.

During 2023, the Partnership will be consulting with businesses and stakeholders about the challenges faced by businesses and, in particular, the recruitment of skills now and in the future, to help us inform the skills provision needed for the economy and the people across the region to thrive.



SHARING PROSPERITY

Ceredigion's fifteen year Economic Strategy sets out how we will work together towards achieving strong, sustainable and more resilient economic growth for Ceredigion, created and shared by all. The Strategy is focused on the areas of influence where the Council can make a difference to the economy, i.e. how it uses its capital, human and revenue assets to positively impact the economy in Ceredigion.

The strategy document sets out the actions that will address the challenges and opportunities that exist in the local economy. It focuses on four main priority areas – People, Enterprise, Place and Connectivity, with each section outlining some of the early interventions considered.

Many initiatives have already been developed and implemented under the strategic direction set by the Economic Strategy. A significant amount of external funding has been secured from a range of key stakeholder organisations, which will enable the building blocks for further economic growth to be put in place.

For example, a Welsh Government funded Small Capital Grant Scheme led to almost £500,000 of grant investment in local businesses, attracting a further £631,000 of private sector funding, which led to the creation of 146 new jobs and a further 408 jobs safeguarded in 81 businesses. A further funding package worth £173,000 was secured in 2022 leading to the level of £250,000 worth of private sector funding match funding across 10 businesses in

Ceredigion, creating 35 new jobs and safeguarding 86.

The investment and the delivery of these projects to date has supported the strategy's aims to **support businesses to get started and grow, promoting Ceredigion as a place to live, work and visit, leading to developing skills in the workforce**.

The Strategy will continue to guide the development of further projects to deliver the aims of the Strategy over the next fifteen years.



STRENGTHENING COMMUNITIES

In December 2022 the Mid Wales region's application for the UK Shared Prosperity Fund was approved, enabling access to £42.4 million which has been allocated to invest in the Mid Wales region up to March 2025, with Ceredigion entitled to nearly £15m worth of funding.

The Council is working hard to put the arrangements in place to enable local organisations to bring their ideas forward which require funding.

The funding will support Levelling Up objectives that seek to **boost productivity, pay, jobs and living standards** by growing the private sector, **improving public services, restoring a sense of community, local pride and belonging, empowering local leaders and communities and increasing levels of numeracy in the adult population**.

Overall assessment of the journey so far

Progress in delivering this objective is **good** and prospects for improvement are also **good**. The steps to *boost the economy, support businesses and enable employment* are progressing well. Of particular note is the move closer to drawing down the £110m growth deal for the region to unlock the local economy's potential and create a variety of opportunities for local businesses employment and skills development.

The Growing Mid Wales Partnership is an example of collaborative working to ensure that we strengthen the local and regional economy as part of a prosperous and resilient Wales post COVID-19.

OWNING OUR AMBITION

MAXIMISING OUR CONTRIBUTION TO THE NATIONAL WELL-BEING GOALS

The **Boosting the economy, supporting businesses and enabling employment** corporate well-being objective supports the following national well-being goals. ▶

Prosperous
Resilient
Healthier
More Equal
Cohesive
Culture
Global

DELIVERING SUSTAINABLE DEVELOPMENT



Long-Term

- The Economic Strategy plans for the long-term development of the economy up to 2035
- The Mid Wales Growth Deal and the Economic Strategy addresses structural weaknesses for long-term benefit
- The Growing Mid Wales Partnership sets the vision for 15+ year timeframe
- Future trend analysis has been used to develop the Growing Mid Wales vision



Prevention

- Increased economic opportunities will prevent further out-migration of skilled young people
- Economic growth will prevent the future negative impact of migration patterns on Welsh language and culture
- Interventions in the Economic Strategy will prevent further growth in the productivity gap
- Attracting and creating high paid job opportunities will help prevent households falling into poverty and hardship



Collaboration

- The Growing Mid Wales Partnership brings together public, private and academic sectors to achieve shared goals
- Working with Powys County Council and Welsh and UK Government to maximise use of resources and capitalise on opportunities through Growing Mid Wales
- The Mid Wales Regional Skills Partnership brings together business leaders and stakeholders across the region to understand skills provision and labour market needs, in order to drive investment that meets the requirements of both employers and the workforce



Involvement

- Private sector businesses, drivers of future economic growth are involved in identifying key priorities and strategies
- Private, public and third sectors involved in shaping the emerging Growth Deal programme
- Extensive engagement was undertaken in the development of the Economic Strategy
- The Regional Well-being Survey that is instrumental in driving all local strategies was based on extensive public and stakeholder engagement



Integration

- The Economic Strategy provides a shared vision and action for development of the local economy and the interventions contained within it will be delivered by a variety of partners and stakeholders over the next 15 years
- Economic growth strategies are integrated with other service provision, including education, skills, planning and infrastructure

CYNNAL Y CARDI

Cynnal y Cardi continues to support rural community regeneration through pilot projects, feasibility studies, facilitation, networking activities and training and mentoring.

Approximately 70 activities have been supported including:

- “**Ceredigion360**”, a feasibility to discover whether there is desire to create and maintain lively, sustainable local area websites across areas of Ceredigion.
- Feasibility work into the opportunities for developing “**Canolfan Tir Glas Centre**” on the Lampeter UWTSO campus.
- Piloting a **Community Fridge** scheme in Aberporth.
- Piloting **bilingual, digitised learning** in the outdoor environment through developing woodland-based courses.
- Supporting with engagement activities and exploring the feasibility of the Vale of Aeron Community Pub community venture

Cynnal y Cardi is a LEADER project, which has received funding through the Wales Rural Development Programme. The project aims to stimulate innovations that increase the value and variety of sustainable economic opportunity for the people of Ceredigion.

Progress Made

- Ceredigion has responded to the challenges in the provision of social care by moving towards combining the previously separate children and adults' service into a single Through-Age Well-Being Service. This eliminates departmental barriers, provides a more consistent, lifelong service for users and maintains the generic skills and flexibility of staff.
- The transformed social care service focusses on prevention, intervening at an early stage to help connect people to the communities and facilities around them, building individual and family resilience and preventing problems from escalating into a need for higher end services.
- The Council now operates a Through Age Wellbeing model (TAW) for the delivery of what would traditionally be considered Social Care services.
- Implementation and delivery of the Through Age Wellbeing Programme (TAW) continues as the transformation of services progresses well with the integration of Social Care and Lifelong Learning into 3 Services - Porth Cymorth Cynnar, Porth Gofal and Porth Cynnal who, along with Customer Contact, make up the 4 main areas that fall within the Through Age Wellbeing Programme of change.
- Social Care however continues to see increased demands on services driving significant cost pressures across the TAW model. These are particularly prevalent in areas such as Looked after Children (in county), Children's Out of County Placements, older persons' placements and Learning Disability placements. The Council is also seeing an increased complexity of cases across these services adding a further dynamic to the increased demand.
- Capital investment is being made into key areas such as In county Children's facilities, the establishment of Wellbeing Centres, Local Authority Care Homes and piloting for Technology-enabled Care.
- As part of its prevention work, the Council has invested in giving full recognition and support to the role of carers, in particular by providing opportunities for respite, allowing carers to take a rest from what can be a demanding 24/7 role.
- The Disabled Facility Grant and associated Welsh Government funding has been maximised to provide adaptations to homes, in order to enable people to remain within their communities.
- As the first Welsh local authority to volunteer to welcome refugees from Syria, Ceredigion has welcomed and integrated 74 Syrian refugees to the county and 90 Ukrainian families during 2022/23. The displaced people resettlement programmes are progressing well.
- Community Connectors assist residents of all ages in Ceredigion, by helping them access support opportunities in their area that could maintain and improve their wellbeing.
- **There are currently 46 warm spaces across the region, which allow anyone who wishes to attend to get out and socialise whilst staying warm during the winter months and therefore saving money on heating their homes due to the rising cost of energy. More than £40,000 of grant money has been shared across the county's spaces and an interactive map has been created to help residents locate their nearest warm space.**
- The "On your Bike" project funded by Cynnal y Cardi and managed by Rural Health and Care Wales installed 9 exercise bikes in three towns to encourage young people to take part in more outdoor physical activity, which is proven to improve both physical health and mental well-being. The towns covered by the project are Cardigan, Aberaeron and Lampeter.
- Ceredigion County Council approved the transfer of Hafan y Waun Care Home to Council ownership in September 2023 with a focus on ensuring continuity of home operations for residents and staff alike. The decision is an important step towards maintaining the future of this vital resource and providing certainty to residents and their families. Hafan y Waun is the County's main residential facility with capacity for 90 beds.
- Plans are progressing to create a Well-being Centre in Lampeter, and additional projects are developing to create Well-being Centres in the north and south of the county as well.
- The National Exercise Referral Service (NERS) is now very busy - 1,011 referrals were received in 2022-23 with 343 clients completing the 16-week programme during the year. The Service is one of a range of health intervention classes and activities, including Fit4Life and Wellbeing Walks. 424 classes and activities were offered each month in North, Mid and South of the County. The programmes are proving very popular amongst clients across Ceredigion.
- The Cylch Caron Integrated Health and Social Care project in partnership with Hywel Dda University Health Board continues to progress. The Project Board are developing the tender specification and working with Welsh Government in relation to develop the proposal.
- Ceredigion County Council supports the aspiration of creating a National Care Service for children, families and adults in Wales and how care could be made free at the point of need. This is a national



programme being following the cooperation agreement between the Welsh Government and Plaid Cymru.

- Work has commenced in relation to identifying the Council vision for Technology Enabled Care (TEC) services. This will inform the Development of our Technology enabled care strategy including digital improvements to the Local Authority estate.
- Our Through-Age approach to triage and assessment has now been embedded.
- The Review of Direct Services is continuing and is due to be complete at the end June 2023. An implementation plan will then be developed.
- The Family Group Meeting Coordination Service is now up to capacity and work is progressing to develop and maximise opportunities in relation to supporting prevention and early help.
- The Through Age respite model review is continuing and due to complete at the end June 2023. Implementation plan will then be developed.
- A new Domiciliary Care specification and tender programme has been completed with new contracts to be awarded during the second quarter of 2023/24
- Following the implementation of Ceredigion County Council's Hybrid Working Strategy and Interim Hybrid Policy, there are significant opportunities to reconfigure and make better use of the Council's office space to provide other public services by working with partner organisations. Part of Canolfan Rheidol in Aberystwyth is now being used by Hywel Dda to provide outpatient physiotherapy services. This move provides the opportunity to enable the health board to bring clinical services closer to home for residents in the north of Ceredigion to help them live active and healthy lives.

- Carers in Ceredigion can apply for £150 from the Carers Fund to improve their health and well-being. In total £98,528 has been awarded with 536 carers benefitting.
- 1,600 carers "Break in a Box" have been distributed to carers across the county. The boxes contain a variety of treats, cakes and teas for two to share.
- The Carers and Community Support Team worked alongside Arad Goch, Ceredigion's Youth Service and Action for Children to support a group of young carers from Ceredigion Youth Carers Service to create a short film that educates and raises awareness of what it means to be a young carer.
- The Carers Information Service membership has increased by 43% to 1,659 carers. The service provides support, useful information relating to services, and support in relation to legislation which is tailored to individual needs. Membership provides information relating to the Carers Forum which meets regularly to share support, information and friendship, information about events for carers, relevant training courses, and notification about consultations taking place on local and national issues. The service ensures that carers have a voice on issues affecting them.
- A 'More than Words' Action Plan is in place, to increase the use of Welsh within the Care Sector services.
- The Regional Community Cohesion Team lead on supporting this work in Ceredigion. Weekly Tension Monitoring meetings are held to horizon scan and consider operational matters in a timely manner.

KEY ACHIEVEMENTS

800+

Referrals to the Community Connectors for support received

1,600

Carers break in a box sent out to carers across the County

5,000

Carers magazines printed and distributed across Ceredigion

146

Refugees resettled across Ceredigion

46

Warm Spaces available across Ceredigion

531

People in receipt of a direct payment to support their own social care

1,150

Public protection enforcement actions taken to improve the well-being and public health of people and communities

1,567

People experiencing mental health issues receiving support in the community

453,000

People engaging in physical activity programmes supported / delivered by the Well-being Centre

15

Engagement exercises completed by the Council in 2022/23

IMPROVING OUTCOMES



SUPPORTING VULNERABLE PEOPLE

A new Refugee Resettlement team was established in response to the increase of refugees due to the Ukrainian conflict.

The Council has continued to provide ongoing support to 7 families that have fled the dangerous situations in Afghanistan and Syria, welcomed 1 new Afghan family and welcomed 114 new Ukrainian families to Ceredigion during the 2022-23 year.

Many of the Ukrainian families, particularly those who arrived to the Welcome Centre, have now moved out of Ceredigion to other locations in the UK and across the world. Preparations are being made to make sure that we're ready to welcome asylum seekers to Ceredigion as part of our contribution to the National Asylum Seeker Dispersal Plan.

Ceredigion has a history of supporting families fleeing from war, hunger and homelessness. Over the past few years the Council has successfully supported refugees from Syria to be welcomed into the community, and we will continue to play a leading role in helping refugees and resettling them into our communities. In doing so, we can **provide a safe place for them and their families**, a chance to have a **safe home**, to **rebuild their life** and to **contribute to society**. Not only does this support our ambition of creating caring communities, it also supports the national well-being goal of a Globally Responsible Wales.



ENHANCING WELL-BEING FOR ALL

Providing support for all ages and needs is a significant challenge for the Council with limited resources. The profile of society and demographics have changed considerably over the last decade with a significant increase in the prevalence and impact of substance misuse, poor mental health and domestic abuse and older age groups living in Ceredigion.

As a consequence, demand for certain services has increased placing a greater financial pressure on those service areas.

The Through Age Wellbeing strategy sets out the vision and approach that will be taken to transform how the wellbeing and safety of the people of Ceredigion is supported.

To achieve our vision we have developed a Through Age Wellbeing operating model that is designed to **ensure people get the right level and type of support**, at the right time, to **prevent, reduce or delay the need for ongoing support**, and to **maximise people's independence** and to be able to **remain in their own home in their own community wherever possible**.

We are in the third year of the Programme and progress is continuing in delivering the programme to enhance the social, economic, environmental and cultural well-being for the people of Ceredigion.

In February/March 2023 we underwent a Care Inspectorate Wales (CIW) inspection of our social services. The inspection reflected positively on our Through Age Well-being Model, highlighting several areas of good practice, and also providing us with

constructive recommendations to help us in delivering the programme and transforming the delivery of social care in the County.

In particular, the strong corporate and political support for social services in Ceredigion was noted, along with strong senior leadership within social services.

Feedback gathered by the inspectors demonstrated a culture which was focused on **well-being, building and maintaining relationships** and achieving **safe outcomes for people**.



INDEPENDENT AND FULFILLING LIVES

The first residents at Aberystwyth's new extra care scheme have spoken about how it has transformed their lives, from sparking new friendships to providing the platform for a fresh start in life.

Maes y Môr, provided by Wales & West Housing in partnership with Ceredigion County Council, is located at Pen yr Angor in Aberystwyth, overlooking the town and harbour. For many of its new residents, it has offered much more than just spectacular sea views.

Their new homes provide easy access to a range of facilities, 24-hour on-site care and support as well as a Wellbeing Officer, ensuring that residents **lead an independent, healthy, and fulfilling life**.



CONNECTING PEOPLE

Community Connectors support residents of all ages and their families to make connections, access advice and assistance opportunities as well as identify appropriate services and groups within their own communities, such as social groups that can have a **positive impact and improve their well-being**.

Community Connectors also look more widely at the opportunities that are available that can help **contribute to a fulfilled life**. This includes increasing the awareness of services and help to access them, such as provision of small home adaptations or assistance with shopping, an in doing so **building confidence**, improving **mental health**, creating **opportunities** and in doing so **building resilient communities**.

During the year 971 enquiries for support were logged through the Council's customer contact centre (CLIC), 845 referrals were received and 468 individuals and community groups were referred and signed posted to other council services, health services and third sector organisations.

Overall assessment of the journey so far

Progress in delivering this priority is **good** and prospects for improvement are also **good**.

Progress in supporting people to be healthy and in creating communities that are caring is good and improved outcomes are already visible such as the creation of well-being centres across the county, the ongoing delivery of the Through Age Well-being programme and the support to Ukrainian refugees to resettle in the County.

Despite the challenges that exist, such as the increasing demands and recruitment in social care, plans are in place to realise further benefits in the year ahead.


OWNING OUR AMBITION

MAXIMISING OUR CONTRIBUTION TO THE NATIONAL WELL-BEING GOALS

The **Creating Caring and Healthy** corporate well-being objective supports the following national well-being goals. ►

- Prosperous
- Resilient
- Healthier
- More Equal
- Cohesive
- Culture
- Global


DELIVERING SUSTAINABLE DEVELOPMENT

 **Long-Term**


- The Through Age Model involves long-term planning to ensure sustainable services for the next 15 years +
- Future Trends, such as demographic change have been utilised in the Model
- The Through Age Well-being Strategy covers a six year period from 2021 to 2027
- The recovery from the pandemic is projected to last for a number of years and our plans to improve physical and mental well-being take a long-term approach to support in response

 **Prevention**

- The Through Age Model provides a coordinated approach to social care in order to prevent, reduce or delay the need for ongoing support, and allow people to remain in their own home in their own community wherever possible
- Preventing homelessness and promoting independence remains a priority for the Council and is the most effective way of tackling homelessness
- Developing the Well-being Centres across the County supports the ambition to create healthy and resilient communities
- As part of its prevention work, the Council has invested in giving full recognition and support to carers by providing opportunities for respite from their demanding 24/7 role

 **Collaboration**

- Hywel Dda University Health Board, the Council and Third Sector partners work collaboratively to implement integrated health and social care programmes across West Wales
- Multi agency weekly tension monitoring meetings address early signs of community tensions through early intervention and prevention.
- The Council works proactively with partners through the Ceredigion Public Services Board Poverty Sub Group to tackle the causes and impacts of poverty across the County

 **Involvement**

- Supporting people’s physical and emotional well-being impacts on all of the national Well-being Goals and helps to build stronger and more resilient communities
- The Objective of creating caring and healthy communities included the findings of the Ceredigion Assessment of Local Well-being and extensive consultation

 **Integration**

- Public and private sectors working together to maximise contribution to healthier Wales and other goals
- Supporting people’s physical and emotional well-being impacts on all of the national Well-being Goals and helps to build stronger and more resilient communities

KEY ACHIEVEMENTS

3,171

Supported by the Carers and Community Support Team during 2022/23

83

Young carers and young adult carers supported jointly with Action for Children to have a life outside of their caring role

48

Respite sessions provided for children and young people

48

Respite sessions provided for adults

Progress Made

- The Council is continuing to modernise education establishments, for example, using Band B of 21st Century Schools programme funding to build an area school for the Aeron Valley as well as improvements to Cardigan Secondary School, Cardigan Primary School and Canolfan y Mor at Aberaeron Secondary School.
- The Council was awarded funding of £5.7m in 2022 towards a Language Immersion Centre which will be based at Ysgol Cymraeg and new classroom buildings at the school.
- Plans to build the new the new Aeron Valley Primary School at Felinfach are progressing. The £13m design and build scheme will provide 30 places in the nursery and 210 places in the primary school, (see overleaf).
- Schools developments already underway include the £100k of construction work at Penglais secondary school, providing the school with new and improved facilities, £160k of construction work at Ysgol Henry Richard School and £5.4m of work on the Cardigan Secondary School as part of the 21st Century Schools Programme.
- Professional consultants and contractors are being appointed to deliver the new £5.4m extension at Ysgol Gymraeg, Aberystwyth, which was the first Welsh-medium school in Wales.
- Consultants are also being appointed to scope works to Aberystwyth Museum totalling approximately £1m.
- Ceredigion Nursery, Plas Gogerddan Nursery, won Nursery of the Year Award in Wales in the National Day Nurseries Association (NDNA) Awards in June 2022. Plas Gogerddan is one of many nurseries in Ceredigion that delivers the Foundation Phase education funded by Ceredigion County Council within their Cylch Meithrin sessions.
- Porth Cymorth Cynnar delivered 88 workshops to young people aged 16+ providing support and prevention. The workshops included volunteering in the community, indoor bowling, gardening and Welsh culture and heritage discovery.
- 125 young people who worked with a youth worker demonstrated an improvement to their wellbeing and confidence. For example, one young person who was unwilling to leave their home went on a wellbeing walk with a youth worker.
- The mobile youth provision engaged with 10 communities and 176 young people. Free weekly football sessions were delivered with Dyfed-Powys Police and Swansea Football Foundation, and one young person has been nominated as a young ambassador due to his commitment.
- Jobs Growth Wales + (new traineeships) Hyfforddiant Ceredigion Training engaged with 51 learners of which 75% progressed onto either employment or further learning. Jobs Growth Wales+ is a training and development programme for 16–19 year olds who need the skills, qualifications, and experience to progress onto an apprenticeship, set up a business or gain a new job.
- Sgiliau Gwaith / Work Skills received 126 referrals last year with 69 learners gaining qualifications.
- Hyfforddiant Ceredigion Training is in the process of including Health and Social Care and Electrical apprenticeships that will be delivered in Ceredigion. The apprenticeship contract continues to grow every year as part of the ACT network, strengthening the pool of highly skilled and qualified candidates in the County by developing new apprenticeships, micro-enterprises and social enterprises.
- Ceredigion's Lifelong Learning and Skills service constantly reviews its curriculum offer. Dysgu Bro continues to offer courses in blended learning with the majority of courses returning to face to face. Employment Support Team are delivering C4W+ which offers volunteering and work experience opportunities.
- Dysgu Bro are delivering a number of courses through Ceredigion in community venues. The Welsh Government have funded an engagement grant which is being used to promote courses via videos on our social media pages as well as being able to offer free courses. The Council is currently advertising for Numeracy Training Advisors as part of the Multiply programme (Shared Prosperity Fund).
- Hyfforddiant Ceredigion Training JGW+ offers paid work experience through its Engagement strand.
- Ceredigion's Education system continues to be considered amongst the most successful in Wales. The percentage of working age adults qualified at level 2 is 91.7% in Ceredigion, higher than average (86.6%) and one of the highest nationally. Level 2 qualifications are GCSE grades A*-C or equivalent.
- The Council has worked with the third sector and private businesses to provide

PROVIDING THE BEST
START IN LIFE AND
ENABLING LEARNING AT
ALL AGES



work experience opportunities for individuals/vulnerable groups.

- Work has begun on developing an employer working group which will include key partners such as Department for Work and Pensions (DWP), Careers Wales, Business Wales and the Regional Skills Partnership.
- Lifelong Learning and Skills attend a number of agricultural shows to raise the profile of courses delivered. For example, the service has attended Aberystwyth show offering a number of tasters to the general public.
- Lifelong Learning and Skills have also attended Ysgol Bro Pedr and Ysgol Henry Richards promoting Jobs Growth Wales+ and apprenticeships.
- The Welsh language is integrated into Ceredigion County Council's new Corporate Strategy covering the period 2022 to 2027.
- The Council approved its new Welsh in Education Strategic Plan (WESP) 2022-32 Action Plan. The plan sets out the steps to deliver the actions within the WESP with the overall aim of increasing the number of Welsh speakers in the County by 2032.
- Cered, the Welsh language initiative, continues to support, influence and develop the use of the Welsh language in Ceredigion. They provide information, advice and leadership to ensure that the language thrives and continues to be a core language and has a central role in the communities of Ceredigion. Recent successes include the 'Start every conversation in Welsh' campaign, the 'Powerhouse Project' to improve the opportunities for communities to socialise

and contribute, and the Language Charter where over 26 organisations businesses and clubs have been awarded a gold, silver or bronze charter for their commitment to the Welsh language.

- The Council published a campaign, 'how to contact the Council by phone, online, face-to-face, and in your preferred language' to ensure customers are aware of their right to use their preferred language and the channels available to do that.
- The Council has provided a Welsh Language Awareness Session along with an overview of the requirements of the Welsh Language Standards for Councillors.
- We have also been working with the National Centre for Learning Welsh to pilot a Raising Confidence to Use Welsh residential course.
- The Council is committed to increasing recruitment of in-house Welsh speaking foster carers, and in response, recent recruitment campaigns have been supported and opportunities explored to achieve this.
- Following a £20,000 grant from Welsh Government's Transforming Towns programme, the former doctor's surgery in Aberaeron has been reopened as a gallery - Gallery Gwyn. The project was led by Ceredigion County Council and officially opened in April 2022, showcasing work from established artists as well as early career creative practitioners.

KEY ACHIEVEMENTS

907

Learners enrolled on all Lifelong Learning and Skills courses

189

People engaged with the Employment Support Team

53

People who engaged with the Employment Support Team were successful in acquiring a job

126

Referrals to Sgiliau Bwyd Sgiliau Gwaith

117

Apprentices attended Hyfforddiant Ceredigion Training in the last year

82%

Of apprentices attending Hyfforddiant Ceredigion Training completed their apprenticeships

87.5%

Of learners at the Pupil Referral Unit gained appropriate qualifications

98.65%

Children/young people reporting a positive benefit from extra curricular and holiday activities

8,620

Public access computer sessions used across all libraries

268,572

Loans by the Library Service (both physical and e-resource)

IMPROVING OUTCOMES



MODERN FACILITIES

Plans to build the new the new Aeron Valley Primary School at Felinfach are progressing. The £13m design and build scheme is for a single storey primary school with an Additional Learning Needs Unit, Canolfan Iaith, Meithrin, and infrastructure including new road access, parking and multiuse games area.

The project will bring together three primary schools - Ciliau Parc Primary, Dihewyd Primary and Felinfach Primary as well as Ysgol Feithrin and the language Immersion Centre at Felinfach.

The new 3-11 area school will cater for 30 nursery/wrap around places and 210 places in the primary school and approximately 56 teaching staff will be employed at the facilities.

The new facility will bring the learning accommodation within the Aeron Valley up to the Sustainable Communities Learning Programme standards (previously known as 21st Century Schools).

Apart from delivering **modern and improved teaching facilities**, the project will also deliver a **net zero carbon school with reduced running costs**, which supports the Council's carbon net zero ambition as well as provide more **opportunities for learning and physical activity** through the new sports pitch.



REDUCING INEQUALITY

A new Mid Wales Partnership Equity and Deprivation Strategy was approved by Cabinet in February 2023. The new strategy offers guidance for schools supporting disadvantaged young people.

The key message at the core of the strategy is that disadvantaged learners need more support, more often, in order to have the same opportunities as their peers.

The threshold for support to engage with the Educational Inclusion Officers has decreased for disadvantaged young people, meaning that they get support sooner than non-disadvantaged young people.

The life chances of children and young people are strongly influenced by their home and community. The strategy provides teachers with more support in addressing the issues some children and young people face.

Delivering the strategy ensures that the challenges faced by some of Ceredigion's children and young people are tackled and **fair and equal access to education and opportunities is provided**.

It also supports the Council's ongoing work to **tackle the impact of poverty**, including the **impact on educational attainment**, which **will help to achieve high standards and aspirations for all in the County**.



CREATING OPPORTUNITIES

Lifelong Learning and Skills, the Youth Service, Careers Wales and Job Centre Plus are all members of the NEET (Not in Employment, Education or Training) Panel. Taster sessions have been offered in placements such as carpentry, mechanics, hairdressing, beauty and plumbing. Apprenticeships have been promoted at Careers festivals, schools and events throughout the county. 64% of learners supported by Porth Cymorth Cynnar gained qualifications in traineeships and 70% of learners gained qualifications in apprenticeships. **Creating opportunities** supports the Council's ambition to **enhance the provision of skills and learning opportunities for people aged 16+**.



STRONG COMMUNITIES

Ceredigion Museum is delighted to have been awarded £115,894 development funding by the National Lottery Heritage Fund for the following project: Perthyn 'belonging to/ possessing': An exploration of how collections can **create community in Ceredigion**.

Perthyn is an ambitious project that aims to ensure that every Ceredigion resident can find something in the museum collection that resonates with their **sense of identity and values**, regardless of their age, gender, ethnicity, beliefs, sexuality, ability or other characteristics that they identify with.



SUPPORTING EMPLOYMENT

Gwaith has seen an increase in numbers and has received 126 referrals over the last year. These are year 10 and 11 learners who are disengaged and at risk of exclusion.

The service ensures vulnerable learners have **access to a tailored vocational curriculum** to meet their needs with a range of different courses being offered giving them the **best opportunity to achieve and reach their full potential**.

A total of 69 learners achieved qualifications this academic year.

This is part of the Council's ambition to support those furthest from the labour market, including disengaged learners, and **ensuring every pupil in Ceredigion has a destination**.

Overall assessment of the journey so far

Progress in meeting this objective is **good** and prospects for improvement are **good**.

Capital investments in schools are progressing the recently completed extension at educational attainment of Ceredigion's pupils remains amongst the highest nationally. Post 16 learning is continuing to provide training and support to open new opportunities for all of Ceredigion's learners.

Key strategies have been delivered in the last year to create the foundations for further improvements such as Welsh in Education Strategic Plan 2022-32 to increase the number of Welsh speakers in the County and the Equity and Deprivation Strategy for schools which will support pupils who are disproportionately affected.


OWNING OUR AMBITION

MAXIMISING OUR CONTRIBUTION TO THE NATIONAL WELL-BEING GOALS

The **Providing the best start in life and enabling learning at all ages** corporate well-being objective supports the following national well-being goals. ►

Prosperous
Resilient
Healthier
More Equal
Cohesive
Culture
Global


DELIVERING SUSTAINABLE DEVELOPMENT

 **Long-Term**

- Ceredigion's Welsh in Education Strategic Plan (WESP) is a 10-year strategy to strengthen Welsh language provision and work towards a million Welsh speakers Wales wide by 2050
- School improvements provide improved facilities for future generations of learners
- Developing leadership skills within our children and young people takes a long-term view of their learning and future careers

 **Prevention**


- Supporting learners at all ages helps to provide them with better learning and career opportunities
- Working to raise income levels across the County will help in the prevention of in-work poverty
- Developing children's and young people's skills and confidence to be physically active will help to improve the health and well-being of the County's population

 **Collaboration**

- Working with the Third Sector to provide mental health support to young people following the COVID-19 pandemic
- Working with partners to deliver the Maternity and Early Years Strategy for West Wales will help to deliver the best start in life for Ceredigion's young people
- Supporting the provision of Free School Meals for primary school pupils and the funded childcare for all two year olds

 **Involvement**

- Supporting the Ceredigion Youth Council as a forum for children and young people ensures the voices of young people across Ceredigion are heard

 **Integration**

- Providing the best start in life will have a positive effect on all of the Corporate Well-being Objectives and the National Well-being Goals
- Better skills and jobs increase income levels and therefore allow the local economy to grow
- The Arfor Programme to support and strengthen the links between economic growth and the Welsh language also strengthen each of the four pillars of well-being (economic, social, environmental and cultural)

FURTHER ACHIEVEMENTS

51

Jobs Growth Wales + Learners engaged with Hyfforddiant Ceredigion Training

75%

of people engaged with Hyfforddiant Ceredigion Training progressed onto either employment or further learning

91.7%

of Ceredigion's working age population qualified to Level 2 or higher, above average nationally

75.7%

Of Ceredigion's working age population qualified to Level 3 or higher, above average nationally

PROGRESS MADE

- The Council has continued to pursue funding and delivery of the coastal defence works at Aberaeron, Aberystwyth, Borth and Llangrannog, and the flood risk management works at Llandre, Aberaeron, Borth, Talybont and Capel Bangor.
- The Aberaeron Coastal Defence Scheme construction contract award is imminent. The Aberystwyth Outline Business Case will be completed during the 2023/24 year, while the business case for Llangrannog will be consulted upon during the autumn of 2023. In Talybont and Capel Bangor, the outline business cases are nearing completion, and discussions are ongoing with Natural Resources Wales. Llandre, Aberaeron and Borth are in development.
- Funding has been secured to develop the business case for solutions to flooding at both Llanybydder and Llandysul, with Natural Resources Wales anticipated to lead on construction delivery once the business case has been completed and agreed.
- The amenity grass cutting service has been reviewed and now incorporates 'No Mow May' to support wildlife and biodiversity in the County. The long-standing management of road verges to enable biodiversity and wildflowers to thrive is being reviewed to further enhance this provision.
- The Council is working with the local bus operators and other key stakeholders. The Highways and Environmental Service has been able to secure the best level of service that operators were able to provide.
- The highway network continues to be inspected, maintained and repaired subject to available funding and additional funding is being sought through the Welsh Local Government Association for highway refurbishment.
- Climate change and carbon reduction has been prioritised. Since 2007 the Council has implemented a series of three 5-year Carbon Management Plans.
- In 2019, the Council declared a Climate Emergency and committed the Council to achieving Net Zero Carbon by 2030.
- Our programme of installing energy-saving LED bulbs in street lights has been completed. This involved replacing hundreds of bulbs around the county, resulting in a saving of over £2 million.
- In the last five years Ceredigion has consistently achieved one of the highest recycling rates in both Wales and the UK and is currently at 70.3%, slightly higher than the previous years 70.2% and diverting waste away from landfill.
- The Council has delivered energy efficiency initiatives providing efficiency measures and advice in people's homes.
- Delivered public transport infrastructure improvements have been made along the TrawsCymru corridor through Local Transport Funding.
- A new Net Carbon Zero Action Plan for Ceredigion Council has been published setting out its response to the county-wide climate emergency, explaining why we need to take this action and why the 2030 target is so important to tackling climate change.
- The Council has had a longstanding recognition of the importance of climate change and its long-term impact on communities and on the environment. It has an ongoing commitment to reduce its carbon footprint, which will benefit both the Authority and the wider community through reduced carbon emissions and also energy cost savings.
- As part of this commitment the Council is currently developing a three-phase roadmap to move towards its goal of achieving net zero carbon emissions status by 2030. This is a key priority for the Council and is consistent with Welsh Government's stated goal of decarbonisation of the Welsh public sector by 2030.
- The Waste Service has faced operational challenges during last winter, but new approaches have already been trialled to overcome some of these (e.g. bringing forward Bank Holiday collections) and recycling performance remains strong. 89.33% of waste collection routes collected on the scheduled day of collection, and 96.56% of waste collection routes collected on the scheduled week of collection.
- A new Waste Management Strategy will be forthcoming which will be used to review the service and prioritise where best to allocate resources. The Highways and Environmental Service is in the process of commissioning consultants to assist with the holistic review of the waste service.
- Following the successful application for funding in 2021, a sum of £420,000 has been awarded from the "Ultra Low Emissions Vehicle Transformation Fund" (ULEVTF) which has been used for the development of a Ceredigion ULEV Strategy in alignment with the Growing Mid Wales Energy Strategy for the development of ULEV work programmes.
- Ceredigion County Council has partnered with Silverstone Green Energy Limited as its charge-point operator and have begun to install EV charge-points in 11 public Pay and Display off-street car parks in the county. A significant growth in demand for public and private Electric Vehicle (EV) charge-points is forecast during the next 10 years as the sales of EVs increase.
- To date Ceredigion County Council have installed almost 450kW of solar panels across a number of buildings, generating in excess of 400,000kWh of electricity. This has



KEY ACHIEVEMENTS

the potential to provide up to £113,000 of revenue savings per annum (at current prices).

- This Investment in carbon reduction equates to a cumulative 20.48% reduction in carbon emissions against a 15% target (2017/18 to 2021/22).
- Five of Ceredigion’s most popular beaches will be flying Blue Flags once again in 2023 after receiving the award from Keep Wales Tidy. The Blue Flag beaches are Borth, Aberystwyth South, Llangrannog, Tresaith and Aberporth.
- A further four beaches have achieved Seaside Award status which are Aberystwyth North, New Quay Harbour, Traeth y Dolau, New Quay and Clarach. Beaches achieving Blue Flag and Green Coast award status must meet the highest “excellent” water quality standard and are judged for the provision of facilities for beach users and for demonstrating good management and safety provision.
- New Quay Traeth Gwyn, Cilborth, Llanrhystud, Mwnt and Penbryn have all won the Green Coast Award. The Seaside Award recognises beaches that have an overall “Good” standard of water quality, public facilities, safety provision and management.
- As a local authority, we have worked closely with developers and landlords to provide a range of affordable housing within the county. 657 net affordable homes have been completed since 2017.
- Significant lobbying by Ceredigion County Council and others has resulted in 40.9% coverage of full Fibre broadband giving over 100 Mbps capability. Over the last two years, the provision of Fibre to the premises (FTTP) has increased from 28.3% to 40.9%.
- Following the completion of the Superfast Cymru Programme it is expected that 90% of Ceredigion will be able to receive +30Mbps.

Investment is taking place within the County with 4 differing alternative network providers proposing fibre projects across the County, with currently over 20 project areas being proposed and to be initiated in 2022 and 2023.

- The Council is currently developing a new Digital Strategy that will outline the high-level strategic direction and plans for its Information and Communications Technology (ICT) and digital delivery to customers.
- The Civil Contingencies Team prepare for and respond to civil contingency emergencies across the County. In order to achieve this, local exercising has been prioritised alongside regional exercising and training events. In addition, preparedness plans have been updated and reviewed over the past year along with updates to Business Continuity Plans.
- Air quality remained well within the legal limit for NO2 at all monitoring sites within the county. Monthly air quality monitoring is continuing along with annual reporting on trends.
- The Council is proactively working with Cadw (Welsh Government’s historic environment service) and the Royal Commission on the Ancient and Historical Monuments of Wales “Historic Place Names Task and Finish Group”.
- 67% of households supported by the Homelessness Team were successfully prevented from becoming homeless.
- Following extensive public engagement, Ceredigion County Council developed Active Travel Network Maps (ATNMs) which were approved by the Minister for Climate Change in August 2022. The maps include proposed future routes which demonstrate ambitions for more safe walking and cycling in Ceredigion.

70.3%

of waste recycled composted or reused

1.8m

Kilowatt hours of renewable energy generated by council assets

1.67

Days on average to clear fly-tips across the county

20.5%

Cumulative reduction in carbon emissions since 2017/18, above the target of 15%

14

Of Ceredigion’s beaches recognised in this year’s Wales Coast Awards

93.6%

Of category 1 highway defects repaired or made self by the end of the next working day

2

Regional Energy Efficiency awards to recognise the work in helping homeowners reduce their energy bills, tackle fuel poverty and reduce carbon emissions

40.9%

Provision of Fibre to the premises (FTTP) broadband, increased from 28.3%, due to investment in digital connectivity over the last two years

IMPROVING OUTCOMES



LOCAL AFFORDABLE HOUSING

A range of measures are used by the Housing service to maximise the availability of affordable housing in the county. This now includes a newly launched Community Housing Scheme using existing Council Tax Second Homes Premium monies.

In March 2022 the Council made a commitment to support the scheme which helps people meet their affordable housing needs in their local communities by creating a pathway to home ownership.

This is due to the increasing demand for rural properties and availability of affordable units in rural settlements. The scheme is designed to **prevent those eligible households from being priced out of the market, prevent further rural decline and depopulation, and provide new options for people to remain in their local community.** Schemes like this can lead to a greater sense of connection, leading to **long-term sustainability of a community.**

Funds raised from the Council Tax Second Homes Premium are ringfenced to fund the Community Housing scheme, to assist local residents purchase homes in the County by providing interest free shared equity loans. The scheme is due to be launched in September 2023.



RESPONSIBLE DEVELOPMENT

The new extension at Llwyn yr Eos School in Penparcau Aerystwyth, has become the Council's first net-zero building in operation.

Ground source heating and solar panels were installed as part of the scheme, and it is intended that this will set a benchmark for future building works undertaken by the Council in future.

Renewable energy is now also routinely being introduced as part of building refurbishment works and also as part of the 21st Century Schools programme. This demonstrates the Council's commitment to its carbon net zero target of 2030.

We know that children feel connected to their local natural environment and recognise the importance of protecting the environment for theirs and future generations. Climate change was recognised by children as the biggest challenge being faced currently in the Ceredigion Assessment of Local Well-being. Investing in renewable energy, reducing carbon emissions and proactively working with contractors to achieve the Council's net carbon zero ambitions will not only help to **protect the environment, but also reduce energy costs and lower its environment footprint.**



PROTECTING HISTORY AND CULTURE

The Street Naming and Numbering Policy has been updated to promote and facilitate the use of the Welsh language and to encourage homeowners to consider adopting Welsh house names, which may have linguistic origins, with reference to historical or cultural reference, within the geographical area.

This approach has received acknowledgement of good practice from Cymdeithas Enwau Lleoeedd Cymru, who has asked for permission to share this good practice with other local authorities nationwide.

When house names are registered in Ceredigion, each applicant is informed of the Welsh language and culture of the area to help encourage the use of Welsh or historic names. The majority of house name applications in Ceredigion are Welsh and / or have historic significance.

This approach encourages the **retention of historical Welsh place names for future generations** and supports the national well-being goal of a **Wales of Vibrant Culture and Thriving Welsh Language.**



INCREASING ENERGY EFFICIENCY

In June 2022 at the Wales Regional Energy Efficiency Awards, Ceredigion County Council's Energy Efficiency Schemes scooped 2 awards.

The Energy Efficiency Awards recognise the work being undertaken by the energy efficiency sector in Wales. The measures were introduced to help homeowners **reduce their energy bills, tackle fuel poverty and reduce carbon emissions.**

The Council has been delivering the ECO Local Authority Flexibility scheme along with the Warm Homes Cozy Ceredigion Scheme for a number of years. These schemes have seen a number of insulation measures and heating systems being installed in properties improving their **energy efficiency.**

To date, the Council has invested over £5 million in energy efficiency and carbon reduction projects, and this investment has saved £2.8m to date.

Overall assessment of the journey so far

Progress in meeting this objective is **good** and prospects for improvement are **very good**.

Ceredigion has taken a leading role in its ambitions to achieve net zero and protect its unique environment for future generations. Despite the challenges that exist in achieving net zero the steps to reduce our carbon footprint, improve active travel and connect communities are on track and further developments are planned in the year ahead.

The Council's Carbon Management Plan, Community Housing Scheme and continued high performance in recycling are examples of how Ceredigion is leading the way in delivering this objective.


LEADING THE WAY

MAXIMISING OUR CONTRIBUTION TO THE NATIONAL WELL-BEING GOALS

The **Creating sustainable, green and well-connected communities** corporate well-being objective supports the following national well-being goals. ▶

Prosperous
Resilient
Healthier
More Equal
Cohesive
Culture
Global

DELIVERING SUSTAINABLE DEVELOPMENT

 **LONG-TERM**

- Long-term planning to reduce carbon emissions will help protect our beautiful landscape for future generations
- Future trend analysis utilised in developing the Council's 5-Year Carbon Management Plan

 **PREVENTION**

- Creating sustainable, green and well-connected communities focuses on preventing further impact on the environment, particularly reducing carbon emissions, but also the impact on biodiversity across the County
- Active travel is a key part of Ceredigion's strategy to improve health and well-being, and thus preventing health related problems in the future
- Being connected has come to the fore since the COVID-19 pandemic, and investment in connectivity will help to create stronger and more resilient communities

 **COLLABORATION**

- Collaborative working with partners and stakeholders will help to ensure a coordinated approach to minimising the impact of climate change and that we all focus on more sustainable forms of energy in the future
- We are working on projects in partnership with colleagues on the Ceredigion Public Services Board, for example, in the development of the Penglais District Heating Project where all public sector organisations in the locality will be able to take advantage of green solutions to energy

 **INVOLVEMENT**

- Everyone is involved and encouraged to make choices that will reduce costs now and protect the environment for the future

 **INTEGRATION**

- Decarbonisation, improving the health of the County through encouraging active travel, and improving connectivity has clear benefits for maximising our contribution to all of the well-being goals

LONGER-TERM ACHIEVEMENTS

210

Units of Social Housing developed

£3.5m

Warm Homes Fund for heating and insulations / upgrades

£510,853

Spent on 35 Home Improvement Loans

56

Units of Extra Care accommodation at the new Maes y Mor site

CONTRIBUTION TO THE NATIONAL WELL-BEING GOALS

The Well-being of Future Generations Act (Wales) 2015 seeks to improve the social, economic, environmental and cultural well-being of Wales by requiring public bodies to work together to create a sustainable Wales. It is intended to help to create a Wales that we all want to live in, now and in the future. There are 7 national well-being goals that set out a shared vision for all public bodies to work towards (shown right).

We know that we face challenges in Ceredigion - the COVID-19 pandemic has been unprecedented in its impact on all walks of life, but more recently the cost of living crisis is impacting many households in the County. Some of these issues have been exacerbated by the pandemic and have come to the fore such as housing affordability, while others remain a consistent challenge such as tackling poverty.

There is also the need to grow the local economy and create opportunities for local people to stay and thrive in their local communities. The County's changing demographics towards an ageing population and out-migration of younger people will have far-reaching impacts across the four pillars of well-being.

Ceredigion County Council has worked collaboratively with its local and regional partners to tackle these complex issues to create the Ceredigion that we want. Some examples are the Mid Wales Growth Deal leveraging significant funding for regeneration across the region, the coordinated response to the COVID-19 pandemic with a variety of partners across the County, and the Public Services Board Poverty Sub Group in tackling the impact of Poverty across the County.

The Council's 2021/22 Well-being Objectives focused on the immediate response to the

COVID-19 pandemic and supported the longer-term recovery. They were set based on evidenced local needs and on the views of local people. A variety of sources were used to determine these needs including the last Ceredigion Assessment of Local Well-being and Local Well-being Plan.

The Well-being Objectives will help us improve outcomes for local people and also maximise our contribution to the national Well-being Goals.

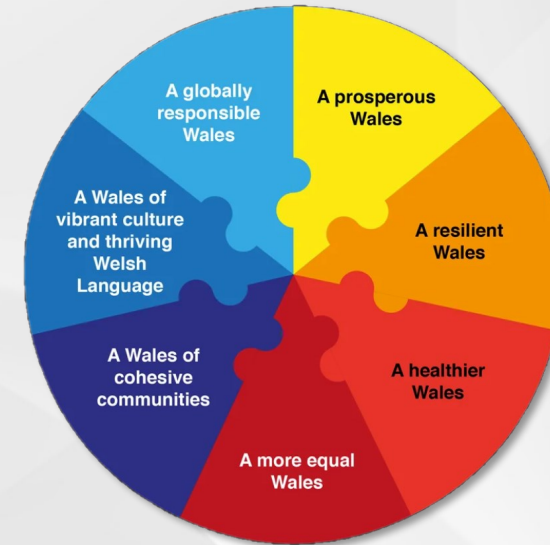
We monitor and review progress towards delivering the Objectives on a regular basis and produce an annual Self-Assessment Report in which we convey progress.

Ceredigion Public Services Board brings together the County's public service leadership and decision-makers, to improve the economic, social, environmental and cultural well-being of the County by strengthening joint working across the County's services.

Like the Council, its priorities were developed using the evidence and engagement feedback from key sources such as the Assessment of Local Well-being. This ensures that both Ceredigion County Council and Ceredigion Public Services Board's Well-being Objectives are aligned to focus on the priority needs of the County, and maximise the contribution to the national Well-being Goals.

Common themes such as tackling poverty, environmental responsibility, creating opportunities and providing the best start in life are all closely aligned and together allow us to provide a coordinated and shared response to improving well-being. The table overleaf demonstrates how Ceredigion's Well-being Objectives contribute to the 7 national Well-being Goals.

THE 7 NATIONAL WELL-BEING GOALS



The Well-being of Future Generations (Wales) Act 2015 puts in place 7 Well-Being Goals.

The Act gives us the ambition, permission and legal obligation to improve our social, cultural, environmental and economic well-being.

It requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

▼ Well-being Goal	How the Council's Well-being Objectives contribute to the national Well-being Goals ▼
A Prosperous Wales	All of our Well-being Objectives reflect the importance of developing the local economy in Ceredigion. Enabling employment, developing skills, providing affordable housing, protecting the environment, supporting businesses and investing in regeneration will contribute to the national goal of a prosperous Wales. Supporting businesses to respond to the impacts of Covid-19 helps both the immediate response and the longer-term future as we seek to increase economic growth, create more and better paid jobs and support the workforce through opportunities for learning.
A Resilient Wales	Delivering our carbon net zero ambition, increasing opportunities for active travel and ensuring communities are well-connected will help to protect our natural environment and create strong and resilient communities. This contributes to the national well-being goal of creating a resilient Wales by reducing our impact on the environment and enhancing our capacity to adapt to change.
A Healthier Wales	Supporting learners in education and training, and protecting people from poverty, and the promotion of healthier, more active lifestyles seeks to build a healthier Ceredigion and a healthier Wales. It also enables independent living and provides early intervention and prevention services for the most vulnerable. Supporting citizens who have been disproportionately impacted by COVID-19 to improve their physical and emotional wellbeing will support other initiatives to deliver a healthier Wales.
A more Equal Wales	All of our Well-being Objectives seek to establish a more Equal Wales by ensuring equal opportunities for all in employment, housing, education, healthier lifestyles and sustainable communities.
A Wales of Cohesive Communities	Building the strength of our communities is a key feature in our Well-being Objectives. Providing support for our communities to be strong and well connected so that they are able to thrive despite Covid-19 will enhance the Wales of cohesive communities.
A Wales of Vibrant culture and thriving Welsh language	The Council continues to promote the distinct and vibrant bilingual culture and identity of Ceredigion. The cultural pillar of Well-being was highlighted as being particularly important to Citizens in the Ceredigion Assessment of Local Well-being, and further measures to promote bilingualism and the Welsh Language are in place.
A Globally responsible Wales	In considering our Wellbeing Objectives we have taken into account the Ceredigion Assessment of Local Well-being and engagement activity to ensure we can make a positive contribution to global well-being. Support for active travel, other modes of transport and new ways of working that build on our zero-carbon ambition continues our work in this area.






THE SUSTAINABLE DEVELOPMENT PRINCIPLE

The Well-being of Future Generations (Wales) Act 2015 introduced the Sustainable Development Principle and outlines the 5 Ways of Working that all public bodies must adopt. Sustainable development is the central organising principle that shapes what we do and how we do it.

In essence, it means we must strive to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. This approach provides an opportunity for innovative thinking, reflecting the way we live our lives and what we expect of our public services

We have embedded the principle across the Council and adopt the principle in the planning and delivery of our Well-being Objectives.

Some of the ways in which we have used the Sustainable Development Principle are outlined right.












	Ways of Working	How the Council has demonstrated the Sustainable Development Principle
	<p><u>Long term</u></p> <p>Looking to the long term so that we do not compromise the ability of future generations to meet their own needs</p>	<ul style="list-style-type: none"> • Medium Term Financial Planning ensures that decisions consider the impact on future generations. • Workforce Planning ensures the development of workforce skills for the future and ensures services are sustainable over the longer term. • The Council's Corporate Strategy seeks to improve the social, economic, environmental and cultural well-being of Ceredigion over the next 5 years and beyond. • The recovery from the COVID-19 pandemic is projected to last for a number of years and our plans to tackle poverty and take a long-term approach to economic development reflect this.
	<p><u>Integrated</u></p> <p>Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their Wellbeing Objectives</p>	<ul style="list-style-type: none"> • The Well-being Objectives are aligned with those of the Ceredigion Public Services Board which promotes a shared understanding and coordinated response to the challenges Ceredigion faces to improve the well-being of citizens.
	<p><u>Involvement</u></p> <p>Involving a diversity of the population in the decisions that affect them</p>	<ul style="list-style-type: none"> • The Council's Corporate Strategy has taken into account the Public Services Board's Assessment of Local Well-being, which has been produced following extensive engagement with citizens, including those with protected characteristics. • The Council consults on an annual basis with citizens and its engagement groups on the review and setting of its annual Well-being Objectives. • The Council's Engagement and Participation Strategy will help to ensure the voices of all groups in Ceredigion are heard.
	<p><u>Collaborative</u></p> <p>Working with others in a collaborative way to find shared sustainable solutions</p>	<p>The Council actively supports, amongst others, the following partnerships:</p> <ul style="list-style-type: none"> • The Growing Mid Wales Partnership • The Ceredigion Public Services Board • The Community Safety Partnership <p>The Council worked alongside Hywel Dda University Health Board and other partners in responding to COVID-19, including the setting up of two temporary hospitals, mass vaccination centres and a multi-agency panel to ensure the safe re-opening of community venues.</p>
	<p><u>Prevention</u></p> <p>Understanding the root causes of issues to prevent them from occurring</p>	<ul style="list-style-type: none"> • The Council's Well-being Objectives have been set in order to prevent problems from occurring or getting worse. These include addressing the effects of poverty, the issues of rurality and improving the well-being of people of all ages, from early years through to older age. • The Through Age Model provides a coordinated approach to social care in order to prevent, reduce or delay the need for ongoing support, and allow people to remain in their own homes.

JOINING UP OUR PLANS - LINKS TO KEY RESOURCES

KEY RESOURCES

Our Self-Assessment Report discharges our duties under the Local Government and Elections (Wales) Act 2021 and the Well-being of Future Generations (Wales) 2015 in respect of the Council's performance and the setting and review of well-being objectives.

The requirements of Self-Assessment align with, and support, the duties outlined in other Acts. The following pages provide a summary of these duties and the Council's appropriate policy or strategy in place to respond to the duty.

-  Equalities
-  Welsh Language
-  Finance
-  Procurement
-  Governance
-  Asset Management
-  Human Resources
-  Through-Age Well-being
-  Economy
-  Tackling Hardship
-  Hybrid Working Strategy
-  Housing

EQUALITIES

The Council's [Strategic Equality Plan](#) (SEP), sets out how we, as Ceredigion County Council, will ensure that our actions are fair to all. Being treated fairly and with respect is relevant to all of us and to our families and friends. The five Equality Objectives of the Strategy are:

- An exemplar equal opportunities employer
- Fostering good relations and tackling prejudice
- Engagement and participation
- Dignity, respect and access to services
- Fair and inclusive education

The Equality Act 2010 brings together and replaces previous anti-discrimination laws within a single act. It simplifies and strengthens the law and makes it easier for people to understand and comply with it. The Act protects the rights of individuals and advances equality of opportunity for all. It includes a general duty on public sector organisations to have 'due regard' to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

Public sector bodies are required to review their Strategic Equality Objectives and action plan every four years. To do this, we carry out consultation and engagement with our local communities to inform the plan and the objectives. The Mid and West Wales Regional

Equality, Diversity and Inclusion Group, of which Ceredigion Council is a member, agreed to take a regional approach to this piece of work. The regional engagement and consultation plan was developed in Q4 of 2022-23 and will be implemented during 2023-24 in order that our updated Strategic Equality Plans are ready for publishing by 31st March 2024.

WELSH LANGUAGE

To sustain viable Welsh communities where Welsh is a natural language of communication in Ceredigion, the Council's [Language Strategy](#) recognises three key areas of priority; they are to:

- Increase the Welsh Language skills of the people of Ceredigion,
- To increase opportunities to use the Welsh Language, and
- To create favourable conditions that will enable the Welsh Language to thrive in Ceredigion.

It is acknowledged that the sustainability of the Welsh language depends on the process of strengthening Welsh communities through providing educational, cultural and social opportunities to use the language daily.

In accordance with the Welsh Language Standards, the strategy sets out how the Council will encourage the Welsh language and facilitate its use more broadly within the local area, through cooperating with organisations that are members of Ceredigion's Bilingual Futures Language Forum. The Strategy supports the Council's overall vision to deliver value for money, sustainable bilingual public services, and also the Welsh Government's vision to achieve a million of Welsh speakers in Wales by 2050.

- 62% of council staff have the ability to chat orally in Welsh (namely ALTE Level 3, 4 and 5). This is consistent with previous profiles of our workforce skills.
- 65 members of staff have had the opportunity to learn Welsh through the workplace Welsh Tutor scheme.
- 21 members of staff have completed an advanced Welsh Course through the workplace Welsh Tutor Scheme.

The Language Strategy and [Action Plan](#) will be reviewed during 2023 and an updated Strategy published in early 2024 covering the next five years.

FINANCE

The [Medium Term Financial Strategy](#) provides a financial governance framework to operate within by setting out the issues that are considered and taken into account for financial planning for the medium term.

By bringing together financial assumptions; standards of service delivery; demographic needs; and workforce planning issues into this document it is expected that the Council will be better able to consider overall management of its resources to meet its objectives.

The Council's financial objective is for the careful and responsible use of resources and to ensure that the financial resilience of the Council is maintained and strengthened.

Understanding the overall financial context is important in order to deliver a robust and balanced budget during the next few years as it is recognised that funding for the Public Sector will be limited. The financial forecast includes a three year budget forecast. Despite the challenges that exist, from this challenge there are opportunities arising by considering how services can be delivered differently and better,

JOINING UP OUR PLANS - LINKS TO KEY RESOURCES

and ensuring greater value for money for the taxpayer. A transformation savings plan has also been prepared and is being implemented, although Covid-19 has impacted on the timescales envisaged.

PROCUREMENT

The Council's vision for procurement, as published in its [Procurement Strategy](#), is to achieve value for money through the effective procurement of its service requirements, and to demonstrate continuous improvement in its procurement activity.

The Council incurs annual third party expenditure of more than £60m while delivering wide-ranging public services. Through careful strategic procurement planning, this expenditure is targeted to support the delivery of the Council's overall vision and Corporate Well-being Objectives. The Council's Procurement Strategy aims to:

- Provide value for money by basing procurement decisions on an appropriate combination of quality and price.
- Deliver outcome focused public services procured with the needs of service users in mind and in the language of their choice, through consultation and incorporating the Welsh Language (Wales) Measure (2011) into contracts.
- Support a healthy environment through procuring sustainable solutions and by pre-qualifying prospective suppliers on their sustainability records and values.
- Maximise the contribution towards sustainable development through embedding the Wellbeing of Future Generations (Wales) Act 2015 Sustainable Development Principles in Procurement processes.

During 2023/24, we will be reviewing and updating the Procurement Strategy as part of its standard five-year review to ensure it is up to date and fit for purpose. The aim of the review will be to ensure that the strategy continues to support local businesses and the wider local economy, and ensure the Council provides value for money in the use of its financial resources.

GOVERNANCE

In discharging its overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes the arrangements for the management of risk.

This means ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. Its governance arrangements support the delivery of its Corporate Well-being Objectives and its ongoing commitment to improving the social, economic, environmental and cultural wellbeing of the County.

The Council's [Local Code of Corporate Governance](#) ensures that the Council is doing the right things, in the right way, in line with its values. The Local Code is supported by a [Governance Assurance Framework](#) that sets out what assurances the Council seeks to obtain, and how this will be done.

The Local Code of Corporate Governance brings together in one document all the governance and accountability arrangements the Council has in place. It is based on best practice guidance set out in the CIPFA/SOLACE Framework Delivering Good Governance in Local Government 2016. The most recent 2022/23 Code has been reviewed

to take account of ongoing changes to governance due to the COVID-19 pandemic.

An annual review of the effectiveness of its governance against the CIPFA/SOLACE Delivering Good Governance Framework document has been conducted. This is the [Annual Governance Statement](#). The review process involves a member/officer workshop in which the Council's Governance Framework Document is analysed and reviewed. The review of the 2021/22 Framework was approved by Council in July 2022 and provided 'high' assurance that there was a sound system of scrutiny and robustness in place. All Council Officers must comply with the [Code of Conduct for local Government Employees](#), while the Council's Councillors must comply with the [Code of Conduct for Members](#).

ASSET MANAGEMENT

The purpose of the Council's [Asset Development Policy](#) is to set out Ceredigion County Council's approach to optimising its assets through leasing, disposals and acquisition in pursuit of its priorities and objectives. The key objectives of the Policy are:

- To set out key steps in the Asset Development review process.
- To set a strategic context to the management of vacant or underused land and buildings.
- To ensure that Ceredigion County Council has the most appropriate and effective asset portfolio in relation to its aims.
- To maximise revenue from assets owned by the Council.
- To identify assets that are surplus to requirements for original use and to maximise income through their development and / or disposal.

- To add to the asset portfolio where appropriate to achieve corporate aims.

The Council uses a range of different actions to deliver these objectives, including the disposal of land and buildings that are vacant or deemed to be surplus to requirements, investing in land and buildings to increase income through lease agreements and investing to develop land and buildings for alternative commercial or other uses in-line with the Council's Corporate Well-being Objectives.

Crucially, it also considers the Council's use of space. This is important because during 2023/24 we will be reviewing the Policy and publishing a new Asset Management Plan to reflect current issues. In particular, this will involve supporting the Council's new ways of working, investing in new technology and repurposing our assets to transform the way services are provided to our customers to ensure sustainable and high quality services for the long term.

HUMAN RESOURCES

Underpinning the success of the Council's Corporate Strategy is a high performing workforce, operating in a way that is innovative, digitally mature and sustainable. To achieve this, a [Workforce Plan](#) in place, that outlines the Council's approach to managing its workforce to meet its current and future service delivery needs. It involves analysing the organisation's workforce requirements, identifying any gaps, and focussing on the development plans to address them.

During 2023, the Workforce Plan is being updated to address key issues including recruitment, retention and succession planning to ensure stable staffing levels, a sustainable workforce and that vacant posts are filled with appropriately qualified staff. Following the

publication of the new Corporate Strategy 2022-27, the updated Workforce Plan will be aligned to the new Corporate Well-being Objectives. It will also support the Council's new ways of working and the realisation of the benefits including increased productivity, reduced travelling and improved work life balance.

The updated [Workforce Plan 2023-2028](#) recognises the achievements over the course of the previous plan, the link with other corporate strategies, our workforce profile and sets out four key themed priorities to meet the identified challenges.

The four themed priorities set out in the plan are:

1. Realising Potential
2. Candidate Experience and Talent Attraction
3. New Ways of Working
4. Our Culture

The Workforce Plan 2023-2028 sets out an overview of each theme before detailing the actions which will be taken to meet the requirements of the Plan. A set of proposed measures are included at end of the document to allow effective monitoring of progress over the course of the three-year plan. The updated Workforce Plan is scheduled to go through the democratic process for approval during the summer of 2023.

THROUGH AGE WELL-BEING

Providing support for all ages and needs is a significant challenge for the Council with limited resources. The profile of society and demographics have changed considerably over the last decade with a significant increase in the prevalence and impact of substance misuse, poor mental health and domestic abuse and older age groups living in Ceredigion. As a consequence, demand for certain services has

increased placing a greater financial pressure on those service areas.

The [Through Age Well-being Strategy](#) sets out the vision and approach that will be taken to transform how the well-being and safety of the people of Ceredigion is supported.

To achieve our vision we have developed a Through Age Well-being operating model that is designed to ensure people get the right level and type of support, at the right time, to prevent, reduce or delay the need for ongoing support, to maximise people's independence and to be able to remain in their own home in their own community wherever possible.

ECONOMY

Ceredigion's [Economic Strategy](#) was published in March 2021. It sets out a framework for action covering the fifteen year period to 2035, outlining out how we will work together towards achieving strong, sustainable and more resilient economic growth for Ceredigion, created and shared by all.

It highlights the actions that will address the challenges and opportunities that exist in the local economy, and focuses on four main priority areas of People, Enterprise, Place and Connectivity, with each section outlining some of the early interventions considered.

Work will continue on developing the detailed implementation plans during 2023/24. Many initiatives have already been developed and implemented under the strategic direction set by the Economic Strategy. A significant amount of external funding has been secured from a range of key stakeholder organisations, which will enable the building blocks for further economic growth to be put in place. The Strategy provides an exciting opportunity to build on Ceredigion's solid foundations and support an ambitious thriving economy for the

future.

TACKLING HARDSHIP & POVERTY

The Ceredigion [Local Well-being Plan 2023-28](#) contains four well-being objectives plus a cross-cutting theme on tackling hardship and poverty because it links to each of the objectives covering economic, social, environmental and cultural well-being.

The Ceredigion Public Services Board (PSB) will prioritise tackling hardship and poverty in response to the cost of living crisis, cross referencing with economic, social, environmental and cultural well-being pillars. The mechanism for implementing the tackling hardship and poverty theme is through the PSB's Poverty Sub-Group which consists of a network of partner organisations who scrutinise the work of the PSB to enhance the work undertaken to combat poverty across each of the four objectives.

HYBRID WORKING

The [Interim Hybrid Working Strategy](#) sets out the vision and approach that will be taken to ensure the Council has a workforce with the skills and ability to work in a way that is fit for the organisation's future.

Having responded well to the initial challenges posed by the pandemic, focus shifted to how the Council could learn and build from the experience. Using research findings and staff engagement, the Hybrid Working Strategy was developed setting out the principles and implementation process of a hybrid working model that maintains the required high level of service delivery whilst also providing employees with greater flexibility in balancing their work and home lives.

The interim policy will be in place for 12 months to allow for hybrid working to be trialled as the managers and our workforce identify an effective new way of working post-pandemic. As the interim period comes to an end during 2023, a review of the working arrangements will be conducted with a view to developing a permanent Hybrid Working Policy.

HOUSING

An updated [Housing Strategy 2023-28](#) has been developed during 2023 which sets out the Council's housing vision and ambitions for the period 2023 to 2028. We are currently consulting on the new strategy and will take it forward for adoption in October 2023.

The vision of the new strategy is: *there will be sufficient suitable and sustainable accommodation to meet residents' needs now and in the future.* We recognise the important role that housing plays together with the influence it has on the health and well-being of individuals, families and the wider community.

It responds to key challenges including the national picture of the economic recession, legislative changes, the recovery from the COVID-19 pandemic and the phosphates issues affecting development in the County, that all play their part in affecting housing Ceredigion.

The two main priorities of the new Strategy are:

- Increasing supply and improving housing conditions
- Supporting residents in their own homes and communities.

The existing [Housing Strategy](#), which ends in 2023 is available on the Council's website.

OUR PERFORMANCE

How We Benchmark Performance

The Council routinely monitors and benchmarks its performance as part of its ongoing performance management arrangements. Performance benchmarking contributes to our overall effectiveness and efficiency by allowing us to identify best practice and opportunities for improvement.

With the change in legislation concerning the performance regime for principal councils in 2021, the national set of Performance Accountability Measures (PAMs) used across all twenty-two councils in Wales were removed. Historically, Ceredigion had performed well against these measures. In the final full year of recording the PAMs in 2019/20, twenty-one measures were collected, with Ceredigion achieving 14 or

72% on target, with a further 3 or 14% slightly off target and 4 or 13% were significantly off-target.

Following the change in legislation, we now use four main forms of routine benchmarking; our Level 1 Business Plan measures, a set of key benchmarking measures, a set of community benchmarking measures and a periodic assessment of our individual performance against the national well-being indicators. The following pages provide a summary of these results.

Business Plan Performance

Our business plan performance is monitored through the Performance Board, and on an ongoing basis, by Leadership Group. At the end of 2022/23 our performance shows that 72% of measures were on target at the end

of the year, 16% were slightly off target by less than 15%, and 12% were significant off-target by more than 15%, see charts below left.

Value for Money

Value for Money can be defined as the relationship between Economy, Efficiency and Effectiveness. It is a term used to

assess whether the Council has obtained the maximum benefit from the goods and services it procures and provides within the constraint of the limited resources facing the Council.

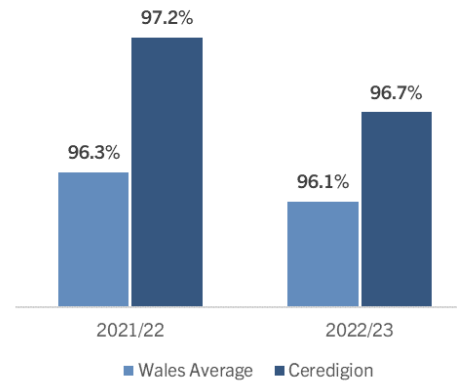
For example, two key measures of efficiency, the collection of Council Tax and Non-domestic (business) rates, both remain above average, although collection rates nationally were affected by the COVID-19 Pandemic.



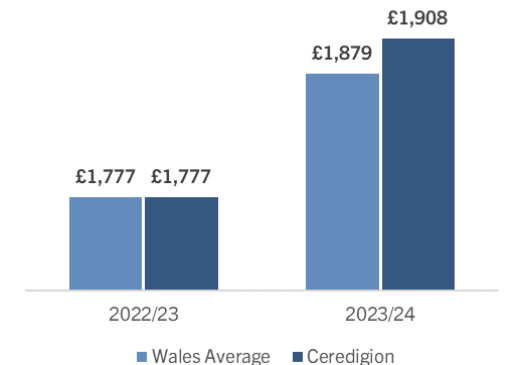
- On target: 117 (72%)
- Off target by less than 15%: 26 (16%)
- Off target by more than 15%: 20 (12%)

- On schedule / complete: 206 (71%)
- In progress but behind schedule: 75 (26%)
- Not started / not complete: 9 (3%)

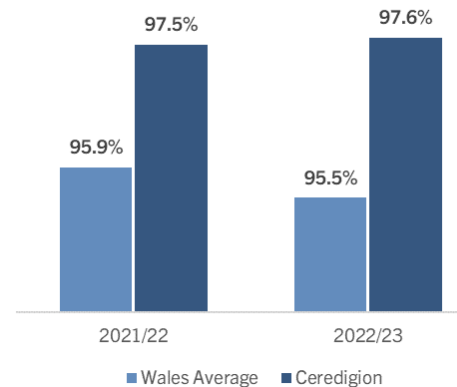
Council Tax Collection Rate



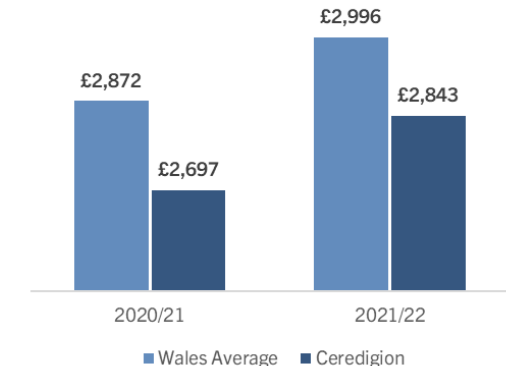
Band D Council Tax Rate



Non-Domestic Rates Collection



Revenue Outturn Expenditure Per Head

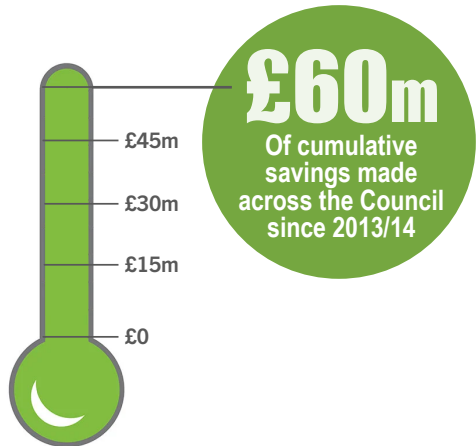


The average Band 'D' Council Tax, often used as a comparator between different Counties, shows that current rates are slightly higher than the national average across Wales at £1,908, while our cumulative savings made over the last ten years total £60m through restructuring, service-redesign and transformation projects. Revenue outturn expenditure per head was £2,843 for the last full year and budgeted expenditure for the current 2023/24 year in £3,173.

Key Performance Measures

The Council uses a variety of performance indicators to monitor how well our services are performing in meeting the needs of service users and to measure their efficiency and value for money.

They measure performance across a wide range of Council services including: financial management, education, housing, leisure services, waste management and street cleansing. The following pages (49-50)



provide a selection of these measures, showing the Council's performance compared to its nearest neighbours in the mid and south west Wales regions. Data is provided for the latest full year results and the time period covered is noted on the individual chart.

Well-being of Wales National Indicators

The 46 [national well-being indicators](#) are designed to represent the outcomes for Wales and its people that will help demonstrate progress towards the 7 National Well-being Goals.

They are not performance indicators specifically for the Council, they are county-wide results, to which the Council, along with other public bodies, contribute. We, do however, periodically review Ceredigion's contribution to these indicators. The last of these exercises was conducted in 2022 as [Appendix 9](#) to the [Ceredigion Assessment of Local Well-being 2022](#).

The annual 'Wellbeing of Wales' report provides an update on progress made in Wales towards the achievement of the 7 National Well-being Goals which draws on the latest national indicators results.

Future Plans

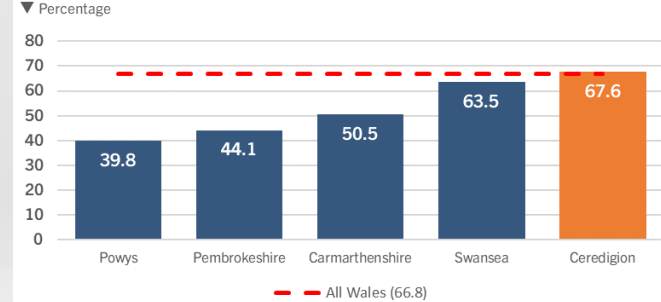
The Council is proactively working with Data Cymru and all 21 other councils nationwide to support the development of the new [Self-Assessment Data Tool](#). The Tool, developed by Data Cymru, provides access to a wide range of performance data across local government services.

Further work will take place during 2023 and 2024 to strengthen the measures and fill gaps in data such as in assessing value for money, asset management and consultation.

KEY PERFORMANCE MEASURES

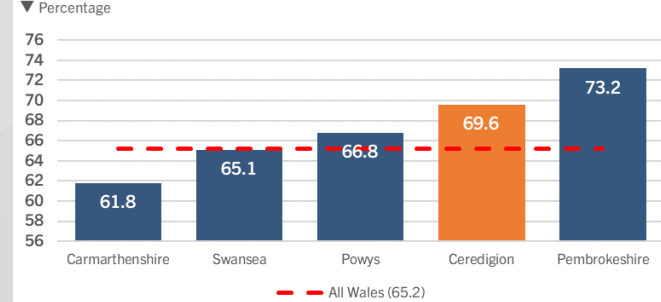
Homelessness Prevention

% of households successfully prevented from becoming homeless (2021/22)



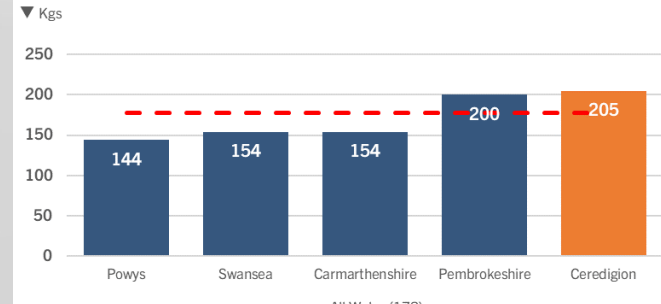
Recycling

Percentage of municipal waste resused, recycled or composted (2021/22)



Waste Collection

Kilograms of household waste generated per person (2021/22)

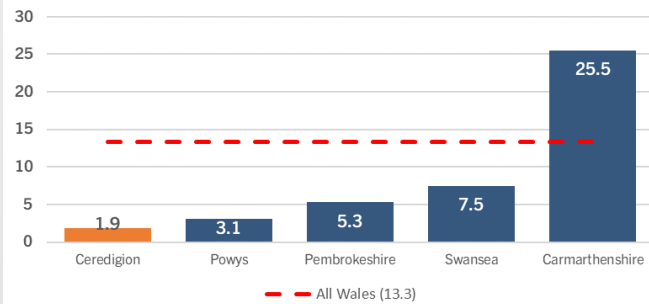


KEY PERFORMANCE MEASURES

Fly-tipping

Number of recorded fly-tipping incidents per 1,000 population (2021/22)

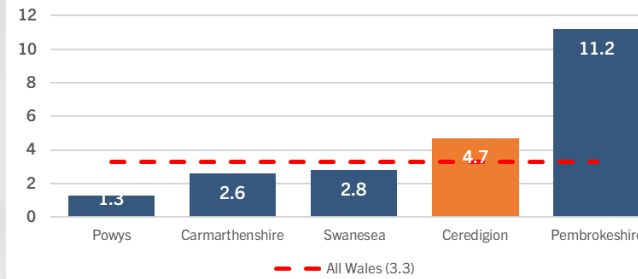
▼ Number



Community Learning

Number of learners enrolled in local authority community learning per 1,000 population (2021/22)

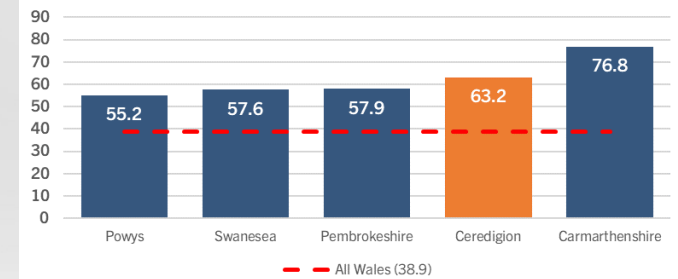
▼ Number



School Counselling

Number of children and young people who received counselling in Wales per 1,000 population aged 10-18 (2021/22)

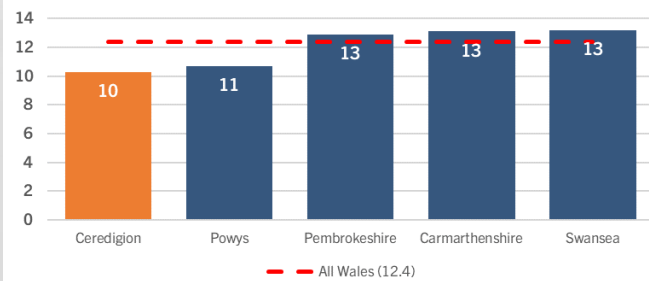
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Apprenticeships

Number of learners enrolled on apprenticeship programmes per 1,000 population (2021/22)

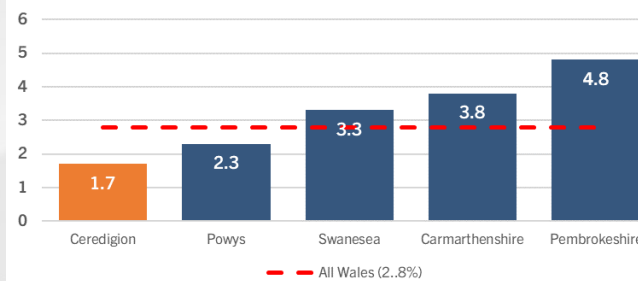
▼ Number



Not in Education Employment or Training (NEET)

Year 13 school leavers known not to be in Education, Training or Employment (2022)

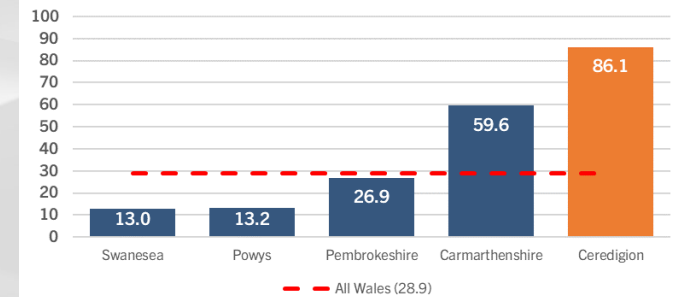
▼ Percentage



Welsh Medium Schools

Percentage of primary schools that are Welsh medium (2021-22)

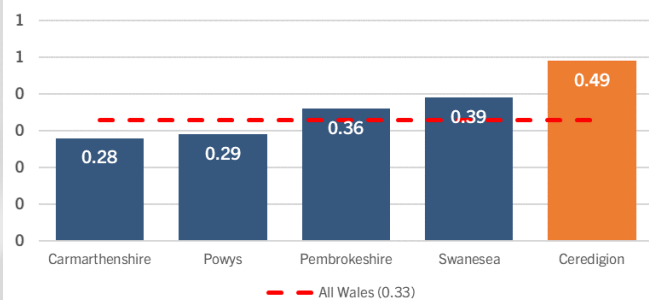
▼ Percentage



Complaints Received by the Local Authority

Number of complaints received per 1,000 residents (2022/23)

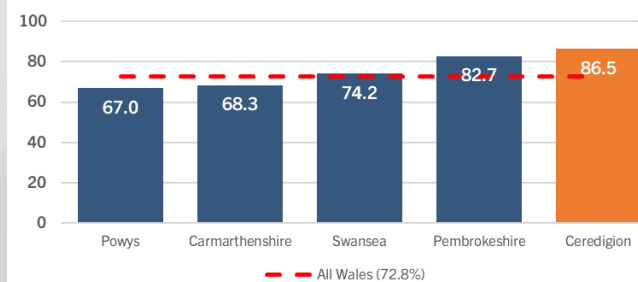
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Free School Meals

Percentage of eligible pupils who took up the offer of a free school meal (2021/22)

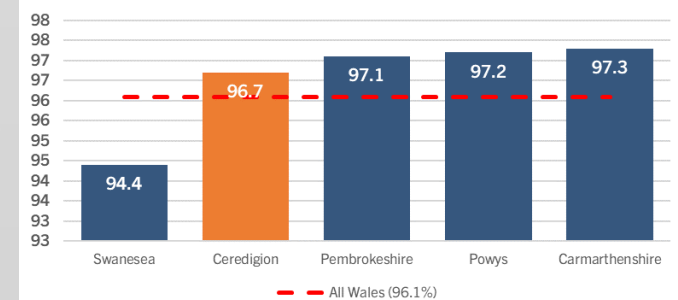
▼ Percentage



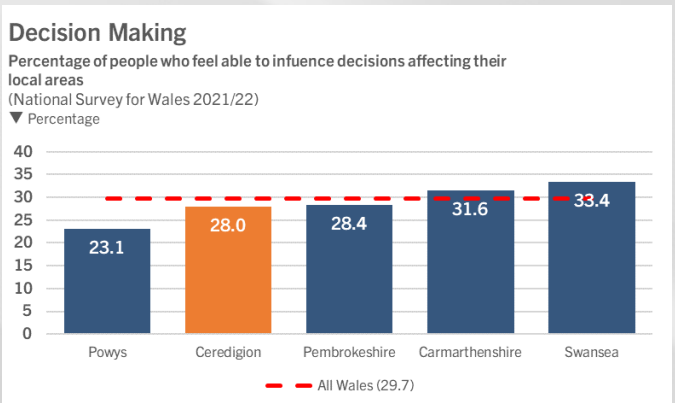
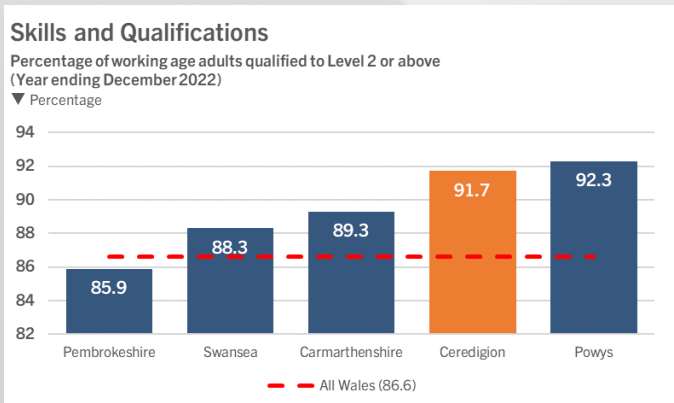
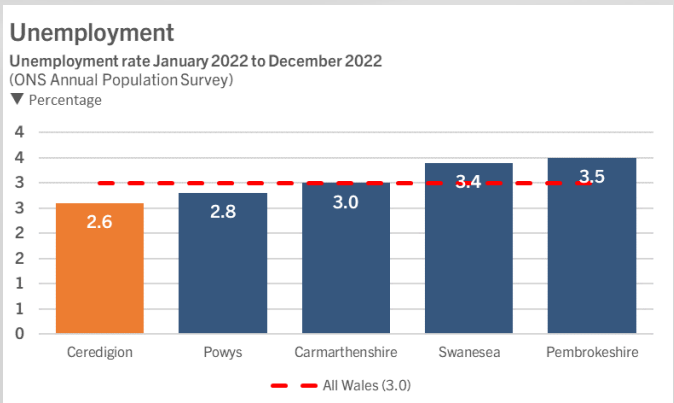
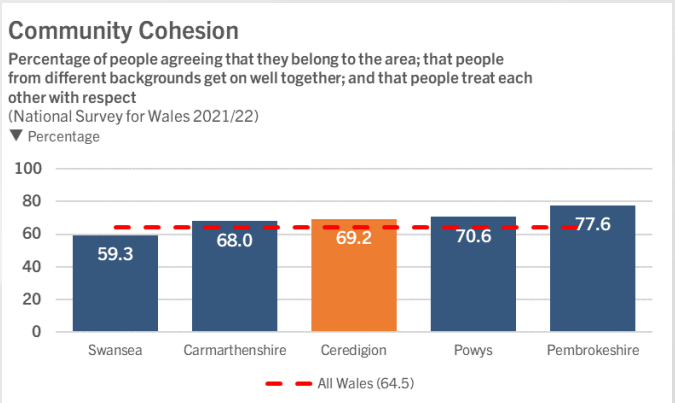
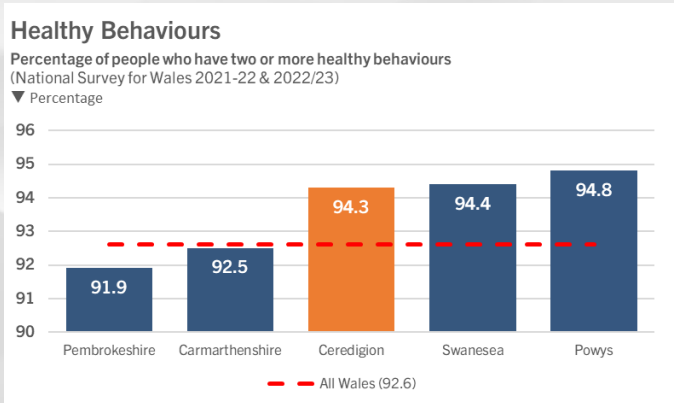
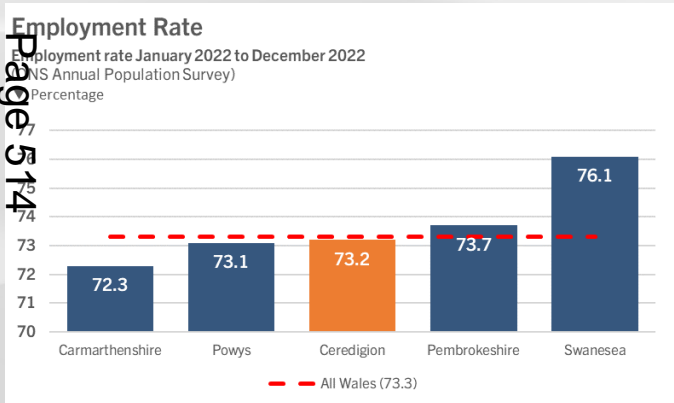
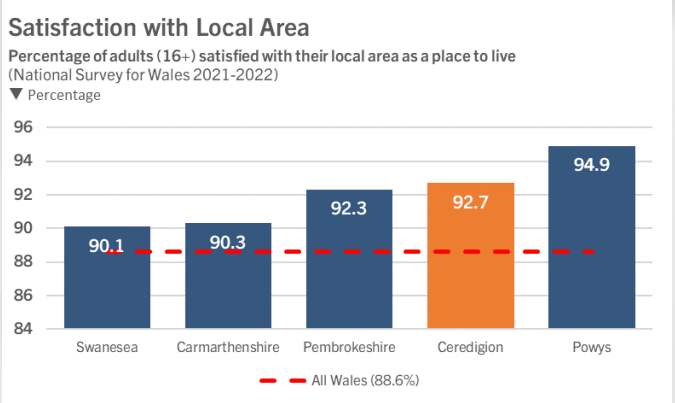
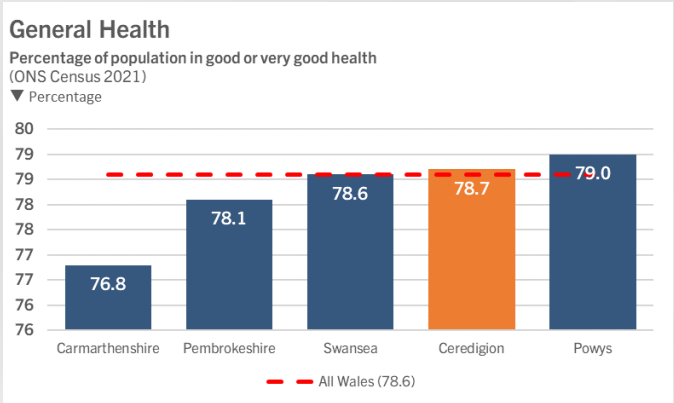
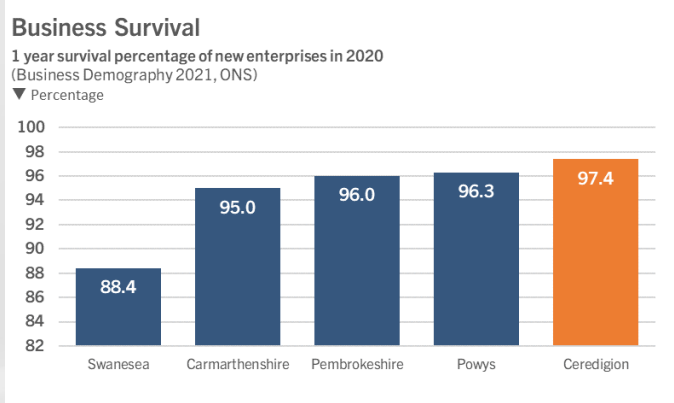
Council Tax Collection

Percentage of Council Tax collected (2022-2023)

▼ Percentage



WIDER COMMUNITY MEASURES



Have your say

We welcome your views on this report and the Council's performance. Please get in touch at any time.

Contact Us

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www.ceredigion.gov.uk

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Cyngor Sir CEREDIGION County Council

Report to:	Governance and Audit Committee
Date of meeting:	27th September 2023
Title:	Corporate Risk Register
Purpose of the report:	To update the Governance and Audit Committee on the Corporate Risk Register
Cabinet Portfolio and Cabinet Member	Councillor Bryan Davies, Leader of the Council and Cabinet Member for Policy, Performance, Partnerships and Democratic Services

Regular reports are provided to the Governance and Audit Committee regarding the Council's Corporate Risk Register to provide on-going information and assurance that risks identified by senior managers are managed appropriately. This reinforces the Governance and Audit Committee role of providing independent assurance to Council of the appropriate management of the Corporate Risk Register.

A review of the latest risk status was conducted at the LG meeting of 30.08.23 where candidates for promotion / demotion to the Corporate Risk Register were discussed and agreed.

The risk register has now been amended to include details of when and which committee last reviewed the risk, as requested at the previous Governance and Audit Committee meeting (21/06/2023).

De-escalated from corporate to service

R006: Through Age Well-being Programme. The risk score has decreased to 12 as the Through Age Well-being model is now more developed and consolidated. Staff, service-users and the community have a greater understanding and accept the model. The recent CIW inspection supports the model. The model has been reviewed and some revision made to enhance the effectiveness around Quality Assurance and Mental Wellbeing. The risks have been mitigated and the level of perceived risk has abated. Leadership Group agreed to de-escalate the risk to service level.

R017: Safeguarding. The risk score has decreased to 12 as the mitigating actions have been completed, and a corporate safeguarding group has been re-established. The service participates fully in all regional and appropriate national meetings and boards in the safeguarding arena. The safeguarding service is fully staffed following the appointment of the agency recruited Innovate team, this has resulted in a more responsive service with capacity to cope with demand. Safeguarding procedures are better embedded and have made the service more responsive. Overall, there are less

concerns about the safeguarding risks as risks are being managed appropriately. Leadership Group agreed to de-escalate the risk to service level.

Escalated from service to corporate

None

Appendix A contains the latest Corporate Risk Register.

The risk score for R006: Through Age Well-being Programme, has decreased to 12.
The risk score for R017: Safeguarding has decreased to 12.

All other risks have been reviewed and include the 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 current 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: 30th August 2023

Corporate Risk Register



















Cyngor Sir
CEREDIGION
County Council

Governance and Audit Committee




Reviewed and updated by Leadership Group	30/08/2023
Last Monitored by Governance and Audit Committee	21/06/2023
To be presented to Governance and Audit Committee	27/09/2023

Corporate Risk Register




Contents and Summary

Risk Name	Owner	Risk Rating			Review Status	
		Score	Status	Trend	By	When
R005: Medium Term Financial Plan	Duncan Hall	20			Corporate Resources Overview and Scrutiny Committee	19/07/2023
R006: Through Age Well-being Programme	Audrey Somerton-Edwards	12			Healthier Communities Overview and Scrutiny Committee	17/09/2021
R009: Information Management & Cyber Security Resilience	Alan Morris	20			Governance and Audit Committee	19/01/2022
R017: Safeguarding	Audrey Somerton-Edwards	12			Co-ordinating Overview and Scrutiny Committee	22/05/2023
R019: Climate Change and Coastal Erosion/Flooding	Russell Hughes Pickering / Rhodri Llwyd	25			Thriving Communities Overview and Scrutiny Committee	22/06/2023
R020: Ash Dieback	Rhodri Llwyd	20			Thriving Communities Overview and Scrutiny Committee	19/10/2022
R021: Phosphates	Russell Hughes-Pickering	20			Thriving Communities Overview and Scrutiny Committee	07/12/2022
R022: Recruitment and Retention	Geraint Edwards	15			Corporate Resources Overview and Scrutiny Committee	19/07/2023

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 R005 Medium Term Financial Plan

Owner: CLO Duncan Hall

Description

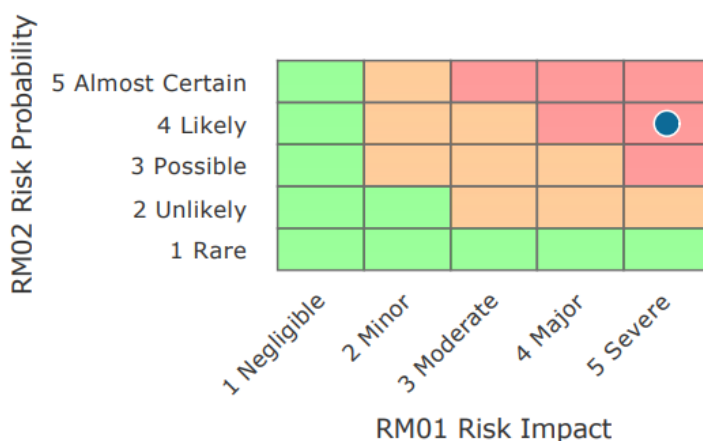
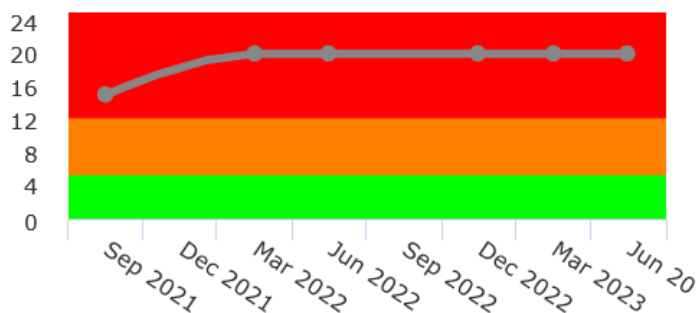
The reduction of core and external funding will lead to the reduction in service provision in some areas. Failure to adapt, implement identified savings and consider alternative models of service provision in line with the Medium-Term Financial Plan will affect future service delivery and the financial 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 Medium Term Financial Strategy (MTFS) endorsed by cabinet on 5.3.23 and to be considered by Full Council on 21.9.23 shows a budget gap of £15.9m for the financial years 24/25 to 26/27, including a potential budget shortfall of £6.4m for 24/25.
- Savings of £8.8m were required for the 23/24 budget and there is an indicative 3.1% all Wales increase for 24/25 (which would only provide a £4m funding increase)
- 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 the first year of funding for Growing Mid Wales of £4m has been agreed. 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 (pre-audit) as at 31/03/2023 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	Sep	Dec	Mar	Jun
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 Sep 2023		●	●	●

Comments (e.g., Progress to Date)

The controllable revenue outturn position for 22/23 was reported to Cabinet in July 2023 – there was a very

small overspend of £6k which was in line with forecasts. General Balances remained at £6.7m (3.7% of the 23/24 budget) and Earmarked Reserves were £48.8m (£53.9m 21/22, £38.3m 20/21).

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 reflected in the updated Medium Term Financial Plan. The MTFS outlines a considerable medium term financial challenge.

The Q1 budget monitoring report will be considered by Cabinet in September. The projected year-end position is currently being forecast of an overspend of £2.9m (being 1.6% of the 23/24 Revenue budget of £180.1m), which is after taking account of various mitigating actions totalling £4.2m). There are a number of challenges being seen across Services including:

- National Pay awards remaining elevated and unaffordable
- Significant increase in Home to School Learner Transport costs
- Significant increase in the volume of Out of County Children's placements (Some of this will be mitigated as the new in County provision becomes operational)
- Significant costs regarding agency staff in our Local Authority Residential Homes & the Enablement service
- Significant increase in the volume of Older Persons Social Care placements

A set of measures has been established, in order to protect against any further worsening of the financial position and to provide further mitigation against the current position. Leadership Group, with the input and advice of the Section 151 officer, have put a framework in place across all Services (with the exception of Delegated School Budgets which are the responsibility of individual Governing Bodies). The framework includes constraining expenditure where possible for the remainder of the current financial year. This will apply to non-staffing revenue expenditure and also external recruitment activity, but is being done in a managed and controlled way to recognise that core statutory, contractual and existing obligations will continue to need to be met and for example activity that underpins income or is funded by grant(s) can continue. The approach is intended to slow down, pause or temporary curtail non-essential / non-critical expenditure.

Work is also commencing on the 24/25 Budget Process, with the context of the updated MTFS and the Q1 position for 23/24 and a 1st Members Budget Workshop scheduled for 19/9/23.

Corporate Risk R006 Through Age Well-being Programme

Owner: CLO Audrey Somerton-Edwards

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.

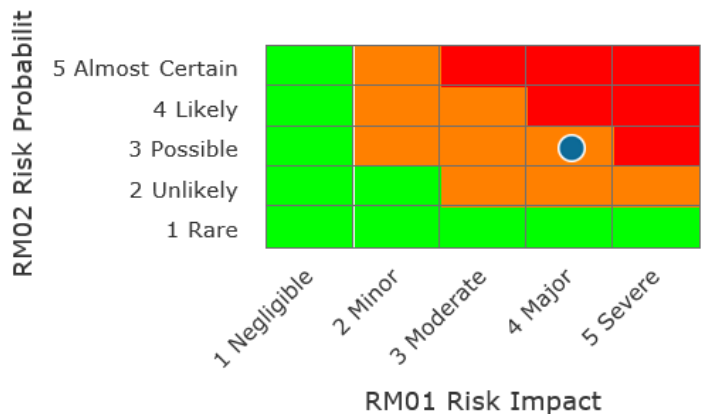
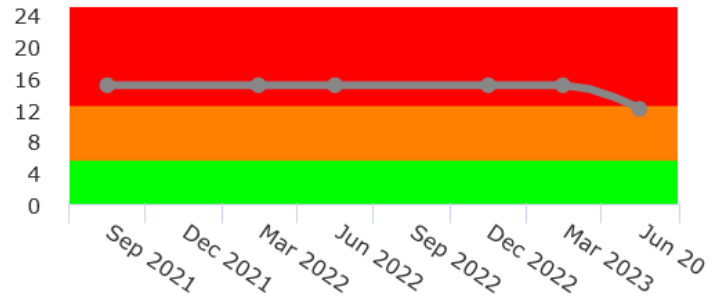
The Through Age Wellbeing Programme is now progressing to develop and implement service arrangements and staffing structure to support the emphasis on early intervention and prevention services. Risks and opportunities that may arise from the rebalancing of services will need to be managed.

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	Sep	Dec	Mar	Jun
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	★	★	★	★
R006T07: TAW Communications to be agreed and implemented	30 Sep 2023	★	★	★	★

Comments (e.g., progress to

The Through Age Wellbeing Programme is an accepted model across the social care workforce and partners. Furthermore, the Programme has received endorsement as a viable model of delivery as note by Care Inspectorate Wales in the recent Performance Evaluation Inspection.

Corporate Risk R009 Information Management & Cyber Security Resilience

Owner: CLO Alan Morris

Description

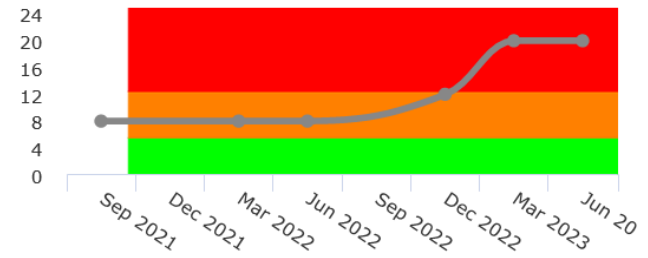
Failure to ensure that we have effective information and ICT, security and compliance in place, will impact on the Authorities ability to adapt to change, improve services and communicate effectively with citizens and other users of Council services.

Potential Consequence

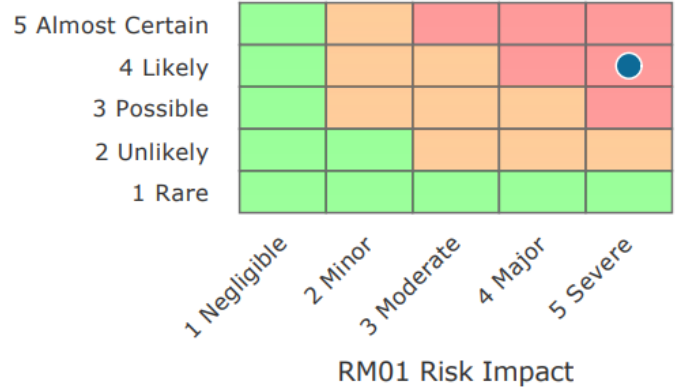
Not having robust Cyber Security will impact on all service delivery with limited or no access to information systems that are key for business delivery. Inadequate Information Management processes and staffing awareness to manage personal data could result in data misuse/loss that could result in not 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.



RM02 Risk Probability



RM01 Risk Impact

Mitigation Action	Due Date	Sep	Dec	Mar	Jun
R009T04: Continue with Data Audit across all service areas	31 Mar 2024	★	★	★	★
R009T05: Implement approved record retention schedule	31 Mar 2024	★	★	★	★
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

Cyber resilience group continuing to meet and proving to be very useful. Membership to be reviewed to ensure full take up.

Excellent progress on automated patching meaning device weaknesses are improved and allowing next phase of PSN internal cyber testing to be completed in Sept.

Work continuing to improve further. O365 backup procurement finalising and will allow full backups shortly.

This will allow migrations and retention activations to start soon. Working with suppliers to agree workplan on document migration to take advantage of new Cloud licensing options.

Change Advisory board procedures and processes tightened and formalised with integration with DPIA (data Protection Impact Assessments) and include Data Protection office to improve governance of changes and supplier overview.

Completed ongoing project piloting CAF (Cyber Assessment Framework) and Gov Assure across 16 LA's and Fire and Rescue services. Recommendations and findings shared with WG, NCSC and DHLUC. New funding provided to Ceredigion to support 23/24 project of Enabling CAF across Wales. Capacity to prioritise this work is continuing to be a challenge.

Corporate Risk R017 Safeguarding

Owner: Acting CLO Audrey Somerton-Edwards

Description

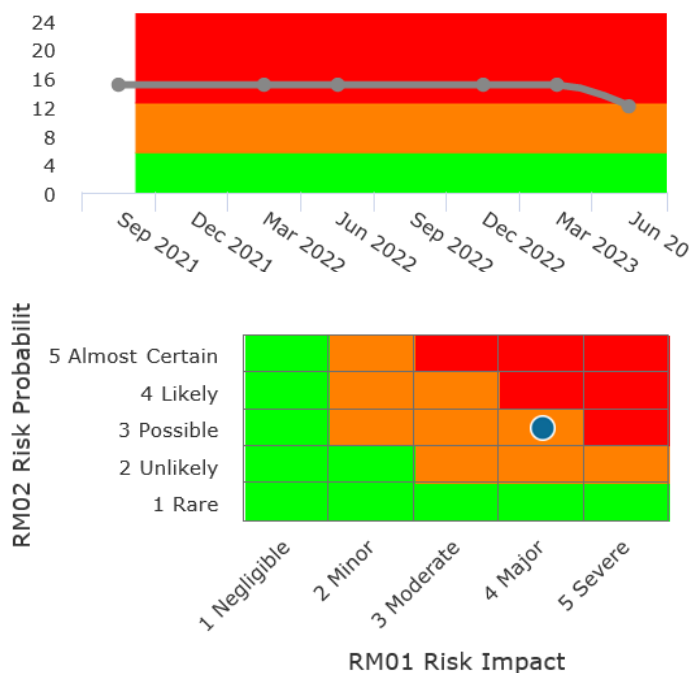
Risk of failure to maintain the organisation's statutory duties in relation to safeguarding children, young people and adults during the period of transition to the Integrated Service Delivery Model.

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	Sep	Dec	Mar	June
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	●	●	●	★
R017T11: Implement revised TAW structure to enhance the QA, Strategic Safeguarding	30 Sep 2023			★	★

Comments (e.g., progress to Date)

The re-establishment of the Corporate Safeguarding Group adds rigour to the organisational approach to safeguarding across the corporate services.

The capacity of Ceredigion County Council to effectively manage safeguarding services has been strengthened significantly through the commissioned Project Team to support Children and Young People.

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.

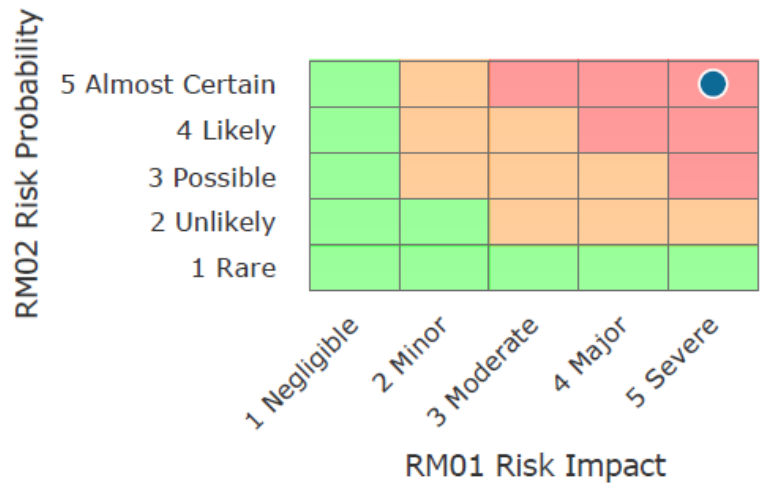
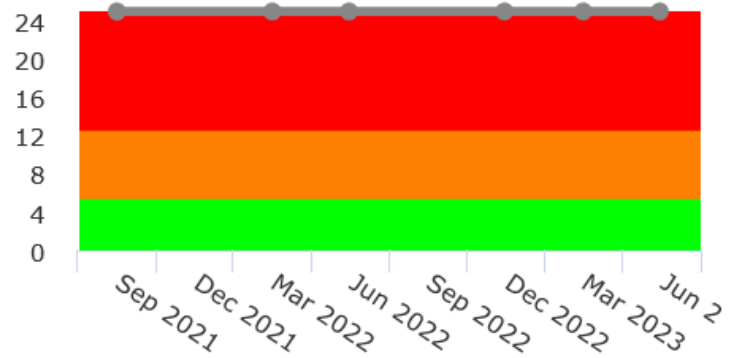
In addition, failure to reduce the effects of climate change could have reputational, financial and environmental consequences for the Council including in the form of financial penalties for failing to meet Welsh Government targets for carbon management and for biodiversity.

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	Sep	Dec	Mar	Jun
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	●	●	●	●

Comments (e.g., progress to

Regional Energy work and the Local Area Energy Plans (LAEPs) is progressing and is due to complete by end March 2024. Regional Energy Strategy Action Plan has been signed off by GMW Board, but still needs Cabinet approval, this will be arranged in the coming months. New Carbon Reduction Officer has been appointed and is due to commence in September and will assist with delivery of emission reduction schemes, which will contribute to the Council's Net-Zero ambition for 2030. Authorisation received to proceed with Re:fit, an Energy Efficiency Retrofit Framework, which will provide CCC with the means to deliver energy efficiency and renewable schemes on a larger scale and will be used to deliver renewable schemes, LED lighting upgrades, boiler replacements, thermal building improvements (insulation/glazing) etc. A number of renewable opportunities have also identified (e.g. solar canopies at Canolfan Rheidol), as well as some larger solar installations, which can be delivered by the Re:fit framework, all of which is backed by savings guarantees. Biomass issues experienced in the previous financial year have been mostly resolved. PV installed at Cardigan CP School as part of ongoing refurbishment works, also PV to be installed at new Aeron Valley School, currently under construction. Annual operational Carbon Footprint is being calculated and will be available by end of August, and the figures will also be used in the WG emissions reporting figures, due for submission by the end of September. The Carbon Management Plan expired 31/03/23, and work has started, looking at putting a new Plan in place, which aligns with the Net-Zero Action Plan and net-zero ambition for 2030. It is intended to re-visit the land asset review undertaken in 2019/20, which looked at potential sites for renewables (solar/wind), or carbon sequestration (tree planting). Phase 2 rollout of EV charging points across Ceredigion is complete, with all chargepoints now operational. EV provision has significantly increased over the last 18 months, with 76 EV spaces now available across 18 locations within the County. £295,0000 of funding secured from WG for Phase 3, which will be delivered in 2023/24 Financial Year. Borth Leat Flood Alleviation Scheme – Business Justification Case - the contract with the appointed consultant was terminated as they failed to deliver the expected level of service, and a tender invitation for the scheme to appoint a new consultant will be issued in July 2023, with the appointment of a new consultant by September 2023. Llandre Village FAS - a draft Business Justification Case has been produced. Since the development of the model, amendments have been made to the attenuation structures which will help mitigate flood risk. The shortlist generated only a single economically feasible option, which is technically viable and can be implemented with relative ease. Capel Bangor Outline Business Case - a draft OBC has been produced, and the findings of the new updated baseline model will be discussed with NRW which may lead to a revision of the current NRW flood maps to enable decision-making regarding stage 2 of this study. Talybont Outline Business Case - the consultant is in the process of completing a review of the baseline hydraulic model including the final economics prior to full completion of the OBC to ensure the most economically advantageous preferred option is included, following which there will be discussion with NRW and a community/Stakeholder Engagement event. 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. The Authority received a draft report of the coastal performance and ongoing management review for the Borth Coastal Protection Scheme which indicated that there was little change in the profile at the critical point over the period from 2020 to 2022, and that the general alignment of the bay between the rock groyne to the south and the breakwater to the north has reached a degree of stability.

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.

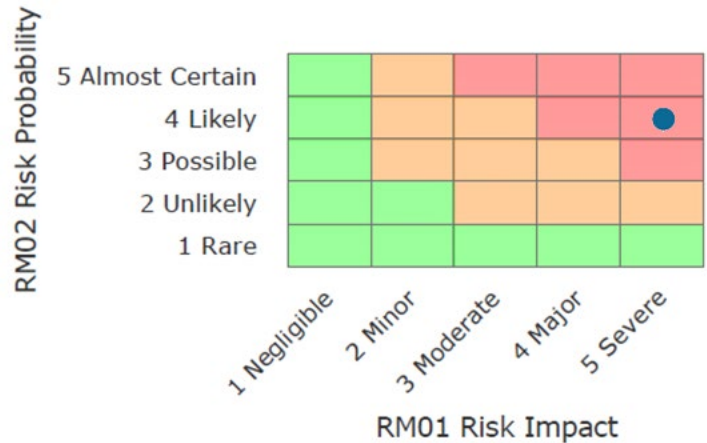
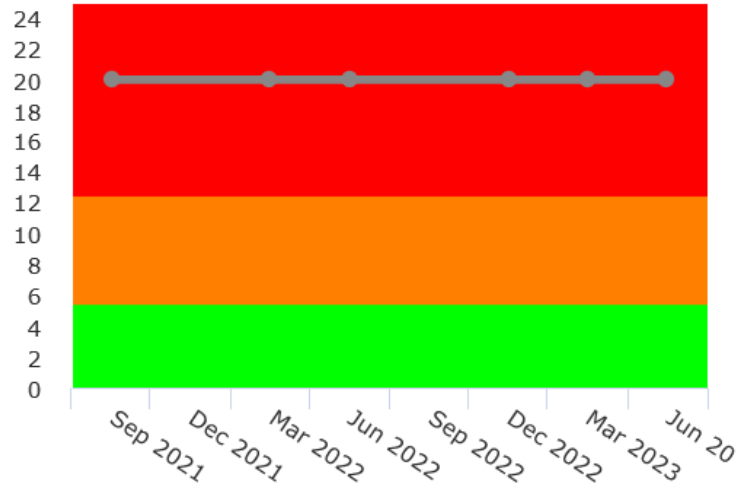
Ash Dieback is already having an impact on canopy cover across the county. It is estimated that there are 42,000 mature Ash trees along the county roads alone and a further 10,000 on the Council's Corporate Estate. Assuming a similar Ash tree density across all other public and private land including 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.



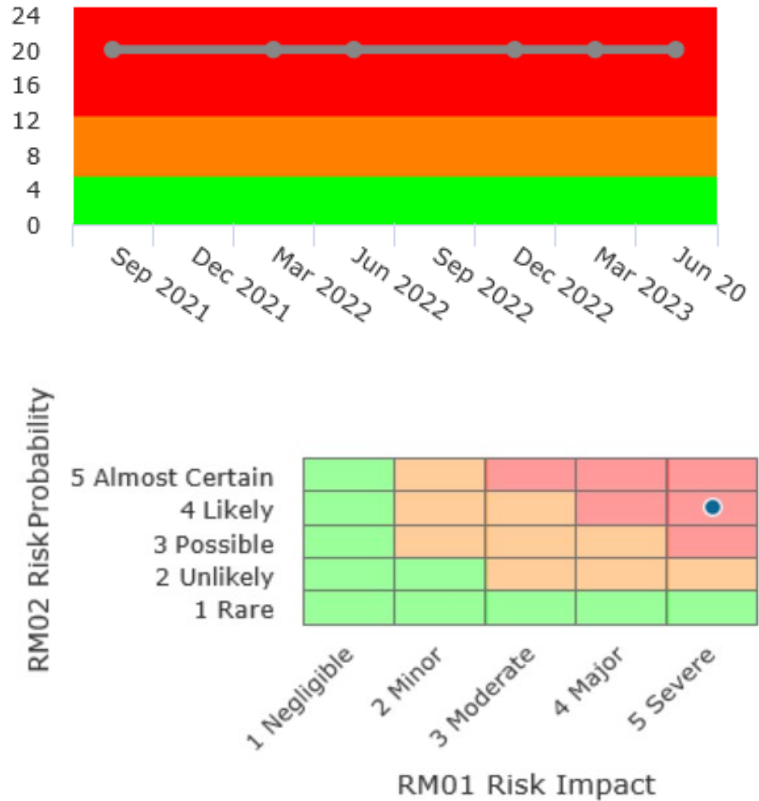
Mitigation Action	Due Date	Sep	Dec	Mar	Jun
R020T04: Undertake prioritised scheme of work to prune / remove trees as required	31 Mar 2024	★	●	★	★
R020T05: Seek Welsh Government and other funding opportunities to address the risk posed by	31 Mar 2024	●	■	■	■

The scheme of works (Schools) for 2022 has been completed, and a new scheme of works(schools) for trees 2023 that have deteriorated in the last year is imminent and will take place over the summer holidays and Autumn half term holidays. The roadside trees scheme is ongoing and is now based on updated survey of all roads conducted in the summer 2022 which was delivered in Q1 2023. Inspection for these and further schemes of works for Roadside trees and trees on Council owned land to include (but are not limited to): Allotments, Cemeteries, Parks, Schools, and other public open spaces have commenced, and any cutting works schemes required will follow in the Autumn. Funding for assisting with the inspection and/or cutting of trees is unavailable at this stage, this situation will be continually monitored for change. Funding may be available to assist with the mitigation replanting element of the ADB project. Clarification on whether potential grant schemes are open to local authorities is being sought from NRW/WG.

Corporate Risk R021 Phosphates

Owner: CLO Russell Hughes-Pickering

Description
<p>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).</p> <p>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 km² / 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.</p>
Potential Consequence
<p>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.</p>
Evidence of Risk
<p>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.</p>



Mitigation Action	Due Date	Sep	Dec	Mar	Jun
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	★	★	●	★
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	●	★	★	★

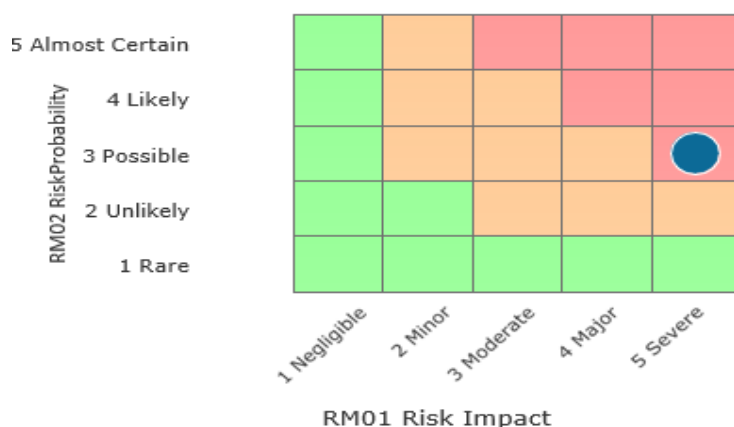
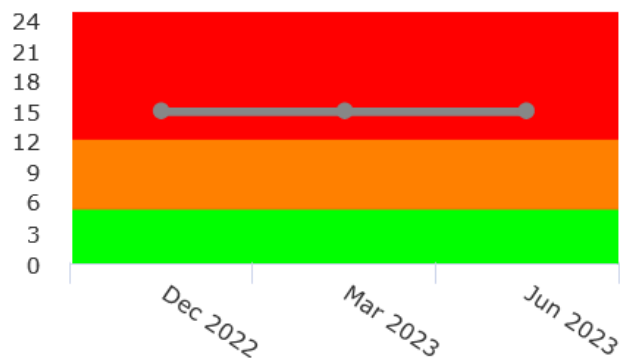
Comments (e.g., progress to

Progress to end of August 2023: A successful bid was submitted for UK SPF funding to appoint a Nutrient Management Officer and to place 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. An extension has been agreed to enable the delivery of the Phosphates Reduction and Mitigation (PRAM) project, and farms have been recruited in order to be able to complete mitigation works as agreed in the programme. Developer checklists and HRA support is currently being prepared and the draft Nutrient Management Board Plan template is taking shape. The Team Wales work is progressing with the region being a key player in influencing the First Minister's 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	Sep	Dec	Mar	Jun
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)

Final draft of Workforce Plan 2023-2028 completed, will be submitted to Scrutiny and Cabinet in Q2. Implementation of the Plan is key to addressing recruitment and retention challenges with a focus on employer branding, application process, employee voice, digital upskilling, succession planning, graduate scheme and apprenticeship programmes.

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Report to Governance and Audit Committee

Report of:	Alun Williams, Policy, Performance and Public Protection. Cabinet Member for Policy and Performance : Bryan Davies
Date:	27 th September 2023
Subject of the Report:	Draft Corporate Risk Management Policy, Strategy and Framework
Purpose of the Report:	To present the Draft Risk Management Policy, Strategy and Framework and to inform GAC of the process and next steps.

Background

The Council’s Risk Management Policy, Strategy and Framework are reviewed every three years to ensure they remain up to date and fit for purpose. The latest review was conducted between December 2022 to January 2023.

The findings from the review have already been considered by Leadership Group and resulted in a number of updates to the Draft Risk Management Policy, Strategy and Framework.

The Draft Risk Management Policy and Strategy is attached as an Appendix.
The Draft Risk Management Framework at attached as an Appendix.

Current Position

The Risk Management Policy, Strategy and Framework has been updated to reflect the findings of the review and current trends in best practice. The main updates are listed below and highlighted yellow in the appendices for easy access.

- **Strengthening the monitoring of service risks** – service risks scoring 15 or above will be assessed quarterly by Leadership Group for escalation to the Corporate Risk Register and vice versa.
- **Service risks will be added to the Teifi Performance Management System** so that they can be updated and managed through the system.
- Clarified that the **threshold for risks to be considered by Leadership Group to be escalated / de-escalated is 15.**
- Clarified that **Leadership Group are responsible for deciding if risks should be escalated or de-escalated**
- **Clarified the role of Internal Audit in the Policy and Framework**, which is to assess and evaluate the effectiveness of actions in place to mitigate risk and provide objective assurance that risks are being managed appropriately. Additionally, Internal Audit will also provide objective assurance to Leadership Group,

Governance & Audit Committee and Council on the robustness and effectiveness of the risk management procedures by including periodic reviews of the Corporate Risk Register, Service Risk Register and Corporate Risk Management procedures.

- Clarify that “**target risk**” **scores should be provided** to accompany the mitigating actions for risk, i.e. what score should the risk be reduced to by delivering the mitigating actions identified.

Consultation

Following approval of the draft Risk Management document, Leadership Group decided that a consultation exercise limited to key stakeholders would take place to include members of the Governance and Audit Committee (GAC) and Zurich Insurance. Following the consultation, the final documents would be taken through the democratic process for final approval.

A consultation letter was sent to all members of the Governance and Audit Committee on the 30th of June, inviting written comments by the 25th August. A detailed and useful response has been received from the Deputy Chair of GAC and is currently being considered. Zurich’s response has also been received and they offer no changes to the draft.

N.B. Zurich are currently undertaking work with the authority to assist services in the identification of Service risks.

Next steps

Following consideration of response/s, the risk management documents will be amended to include any required changes. The updated risk management documents will be shared with GAC at its next meeting and will then be taken through the Democratic process for approval. Any further feedback from GAC on the risk Management Policy, Strategy and Framework at that stage will be included in subsequent reports

Following discussion, Leadership Group do not consider that a workshop for GAC on this topic is necessary, as all members of GAC have had the opportunity to engage with the consultation over the summer.

Recommendation	<ol style="list-style-type: none"> 1. To note the draft Risk Management Policy, Strategy and Framework. 2. To note current progress and the next steps
Background papers and / or decisions:	<p>Appendix – Letter to GAC members dated 30th June</p> <p>Appendix 2: Risk Management Policy and Strategy</p> <p>Appendix 3: Risk Management Framework</p>
Policy implication:	To strengthen the Council’s Risk Management process to ensure it is up to date and fit for purpose.
Budgetary issues:	None, the recommendations in this report will not affect budgets.

Further Report to Cabinet and/or Council:	yes



30/06/2023

Dear All,

The Council's Risk Management Policy, Strategy and Framework are reviewed every three years to ensure they remain up to date and fit for purpose. We have been conducting this review in recent weeks, and I am pleased to announce that this work has now concluded.

The review identified improvements to strengthen the Risk Management process, reflect best practice and bring the Policy, Strategy and Framework up to date. The drafts were agreed by the Councils Leadership Group on the 28th of June for consultation with GAC and our insurers. The updated documents are attached in this mail and we welcome any feedback you may have.

For ease of reference, we have summarised the main updates below:

- Strengthened the monitoring of service risks – service risks scoring 15 or above will be assessed quarterly by Leadership Group for escalation to the Corporate Risk Register and vice versa.
- Service risks will be added to the Teifi Performance Management System so that they can be updated and managed through the system for easier and quicker access.
- Clarified that the threshold for risks to be considered by Leadership Group to be escalated / de-escalated is 15.
- Clarified that Leadership Group are responsible for deciding if risks should be escalated or de-escalated and that there will be some exceptions where risk scores can exceed 15 or more and remain as a service risk.
- Provided additional guidance in relation to instances where risk scores exceed 15 but remain a service risk, and conversely where they are lower than 15 but remain on the Corporate Risk Register.
- Expanded the role of Internal Audit in the Policy and Framework, which is to assess and evaluate the effectiveness of actions in place to mitigate risk and provide objective assurance that risks are being managed appropriately. Additionally, Internal Audit will also provide objective assurance to Leadership Group, Governance & Audit Committee and Council on the robustness and effectiveness of the risk management procedures by including periodic reviews of the Corporate Risk Register, Service Risk Register and Corporate Risk Management procedures.

Rydym yn croesawu gohebiaeth yn Gymraeg a Saesneg. Cewch ateb Cymraeg i bob gohebiaeth Gymraeg ac ateb Saesneg i bob gohebiaeth Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

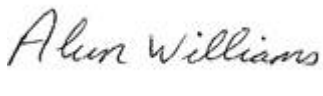
We welcome correspondence in Welsh and English. Correspondence received in Welsh will be answered in Welsh and correspondence in English will be answered in English. Corresponding in Welsh will not involve any delay.

- Clarify that “target risk” scores should be provided to accompany the mitigating actions for risk, i.e. what score should the risk be reduced to by delivering the mitigating actions identified.

The period of stakeholder consultation with Governance and Audit Committee Members and other key stakeholders in Risk Management will begin today and end on the 25th August. Please could we request any written feedback by the above date. Following the consultation, we intend to take the Risk Management Policy, Strategy and Framework through the democratic process in the Autumn.

In the meantime, I hope you find the updated Risk Management documents useful, and don't hesitate to get in touch if there are any queries.

Yours sincerely,



Alun Williams
Corporate Lead Officer – Policy, Performance and Public Protection

Cc: Elin Prysor
Alex Jenkins
Harry Dimmack
Rob Starr
Diana Davies
Alison Hodgson

Ceredigion County Council

Risk Management Policy & Strategy



Cyngor Sir
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County Council

Author:	Document Title:	Date:	Version:
Alun Williams Corporate Lead Officer Policy & Performance Alison Hodgson Corporate Performance & Improvement Officer	Risk Management Policy and Strategy	20 th June 2023	2.0 Final
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Foreword

Welcome to the Risk Management Policy and Risk Management Strategy document for Ceredigion County Council.

Effective risk management allows the Council to:

- have increased confidence in achieving our priorities and outcomes
- constrain threats to acceptable levels
- take informed decisions about exploiting opportunities
- ensure that we get the right balance between rewards and risks
- improve partnership working arrangements and corporate governance.
- Protect people, assets and council's reputation
- Maximise opportunities

Ultimately, effective risk management will help to ensure that the Council maximises its opportunities and minimises the impact of the risks it faces, thereby improving ability to deliver priorities, improve outcomes for residents and mitigating legal action and financial claims against the council and damage to its reputation.

The Risk Management Policy and Strategy document provides a comprehensive framework and process designed to support Members and Officers in ensuring that the Council is able to discharge its risk management responsibilities fully. The policy outlines the objectives and benefits of managing risk, describes the responsibilities for risk management, and provides an overview of the process that we have in place to manage risk successfully.

The Council will review the Policy and Strategy at least every three years and any variations from this policy will be reviewed by the Governance and Audit Committee, prior to approval by Cabinet.

This Policy and Strategy is underpinned by a complementary risk Management Framework document, which should be read in conjunction with this document.



Ceredigion County Council

Risk Management Policy

Risk Management Policy Statement

Ceredigion County Council recognises that a proactive approach to risk management is a vital aspect to achieving its vision of delivering value for money sustainable bilingual public services that support a strong economy and healthy environment while promoting well-being in our people and our communities.

The Council has established an effective Risk Management Strategy that is becoming embedded into the culture of the organisation and contributes to the achievement of the Corporate Strategy and in particular its organisational effectiveness.

The Council identifies, analyses, manages and applies cost-effective control of the risks it faces in order to:

1. Ensure that statutory obligations and policy objectives are met;
2. Ensure the Council achieves its Corporate Well-being Objectives and the National Well-being Objectives through improved service delivery.
3. Ensure the successful delivery of major and innovative projects.
4. Establish and maintain effective ways of working in partnership.
5. Preserve and promote the reputation of the Council;
6. Improve decision-making, planning, prioritisation and optimise operational efficiency.
7. Safeguard its elected Members, employees, service users, pupils and all other stakeholders to whom the Council has a duty of care.
8. Learn from previous opportunities or threats successes and failures to inform future management of risks.

The appraisal and management of risk is applied to all Ceredigion County Council processes and in particular forms part of our:-

- Policy making, audit and review
- Health & Safety policy and strategy
- Financial planning and control
- Strategic planning and objective setting
- Business and service planning and delivery,
- Reporting and decision making processes
- Performance management
- Project and Change management processes

It is acknowledged that some risks will always exist and will never be eliminated, however all employees must consider risk and accept responsibility for managing risks associated with their area of authority.

Risk Management Policy and Strategy

The Chief Executive has overall responsibility for securing adherence to the Council's policy on Risk Management

Risk Management Policies, Strategies and Processes will be reviewed for efficiency effectiveness and compliance as part of the management review cycle.



Ceredigion County Council

Risk Management Strategy

Purpose

The Risk Management Strategy sits alongside the policy statement, and sets the actions required to meet a series of risk management objectives.

Objectives

The objectives of this Strategy are:

- Embedding and integrating risk management into the culture of the Council;
- Assignment of roles, responsibilities and accountability for risk management activities within the Council;
- Raising the awareness of the need for risk management by all those connected with the Council's delivery of services;
- Prevention of injury, damage and losses to reduce the cost of risk;
- Enhanced realisation of opportunities and resulting benefits;
- Ensuring consistency throughout the Council in the management of risk.

These objectives will be achieved by the following actions

- Incorporating risk management considerations into all levels of business planning;
- Incorporating risk management considerations into all levels of programme, project and partnership arrangements;
- Skills training and development for all elected Members, managers and staff, in the effective management of risk;
- Regular monitoring and reporting of risk to identify trends and likely direction of risks for Members and Senior Managers to be aware of when making decisions.
- The Risk Management Framework will be available to all elected Members, staff, the public and other stakeholders on the Councils intranet and internet and will be communicated via management channels.
- All Members will receive training on risk so that they can consider the implications of risk in their work for the Council.
- Leadership Group and Senior Managers will receive risk management training with the aim of ensuring that they have the skills necessary to identify, appraise and control the risks associated with the services they provide.
- All managers and other identified officers will receive risk management and risk assessment training as required.

Definitions

Ceredigion County Council defines **Risk** as:

‘the possibility that something might happen that will have a detrimental impact on the achievement of the Council’s objectives, reputation, or service delivery’. Risk is measured in terms of impact and likelihood

Risk Management is the planned and systematic processes, by which key risks are identified, evaluated and managed enabling maximisation of benefits and minimisation of potentially negative consequences to the Council and its partners. Risks can be broken down and further defined as

Risk management allows the Council to:

- a. Identify risks in the context of Corporate objectives, including potential opportunities.
- b. Assess risks to determine the likelihood and impact of each risk.
- c. Determine the response to each risk individually.
- d. Develop the necessary actions, controls and processes to implement the chosen response to each risk.
- e. Communicate the approach to risk management and the results of risk management activity.
- f. Maximise opportunities.

Managing risks informs strategic and business planning and helps the Council to meet the Corporate Well-Being objectives set out in its Corporate Strategy 2017-2022, improve service delivery and enhance value for money.

Risk Culture

A strong business wide risk culture is an important aspect of strong corporate governance. Risk Culture is the shared values, attitudes and practices that characterise how the Council considers risk on a day-to-day basis by

- a. Raising awareness of risks faced by the Council.
- b. Understanding of the business and the relevance of risk.
- c. Clear ownership of risks.
- d. Clearly defined responsibilities for risk management activity.
- e. Effective monitoring and reporting of the effectiveness of risk.

Whilst the Council should not be risk averse, the principles contained within this policy ensure that the Council strikes the right balance in its approach to business opportunity and risk management.

Roles & Responsibilities

Responsibility for effective risk management rests with all Members and Officers of the Council. Given the diversity of Council services and the wide range of potential risks, it is essential that responsibility for identifying and taking action to address potential risks is clear.

The Governance and Audit Committee is responsible for monitoring the effective development and operation of corporate risk management in the Council.

The allocation of further roles and responsibilities are set out in [Appendix 1](#).

Resourcing Risk Management

Risk management is not a new issue and every Member and Officer is responsible for considering risk implications as they relate to their actions.

The Leader of Ceredigion County Council, supported by the Chief Executive is responsible for ensuring that a Risk Management Policy and Strategy is in place.

The designated Corporate Lead Officer for Risk at Leadership Group Level is the Corporate Lead Officer Policy, Performance & Public Protection

The Performance and Research team will act as a link between elected members, and Leadership Group for all aspects of risk management.

Corporate Governance

In accordance with the CIPFA / SOLACE Guidance on Corporate Governance, the County Council has adopted a Local Code of Corporate Governance setting out the framework through which it will carry out its responsibilities to deliver effective services.

Principle F of the above CIPFA guidance states: Managing Risks and performance through robust internal control and strong public financial management in the above framework recognises that 'Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities'.

This Risk Management Strategy ensures that the Council's Risk Management Policy is fully embedded into the Council's strategic and operational planning and monitoring processes

Involvement of other Related Groups

There are a number of other officer groups in existence, which will deal with specific areas of risk management. These include

- Health and Safety Forum
- Personal Safety Group
- Emergency Planning and Business Continuity Management Group
- Ceredigion Severe Weather group
- Information Technology (Strategy)
- Information Management Group
- SIRO – Information Risk Group

Risk Management Policy and Strategy

- Capital Monitoring Group
- Corporate Project Management Group
- Development Group
- Asset Management Group

Internal Audit

The Council's Internal Audit service will provide objective assurance to Leadership Group, Governance & Audit Committee and Council on the robustness and effectiveness of the risk management procedures. Internal Audit will periodically review the Corporate Risk Register and evaluate the Corporate Risk Management procedures including the reporting of risks.

The Annual Internal Audit Plan is risk-based and is aligned to the Corporate Risk Register to ensure resources are prioritised according to risk. Internal Audit will periodically evaluate the management of key risks included in Risk Registers. All red risks within the Corporate Risk Register will be included in the Internal Audit plan of work over a rolling two-year period and periodic reviews of Service Risk Registers will also be included in the Internal Audit plan.

Internal Audit will provide objective assurance that risks are being managed appropriately for each completed audit engagement. The auditor will identify risks and test the controls in place to mitigate these risks. Audit findings will be reported to the relevant Corporate Lead Officer and Corporate Managers together with a resulting action plan including risks identified, areas for improvement and management actions required to mitigate risks.

Checks will be undertaken by Internal Audit to ensure agreed actions are implemented by management.

Leadership Group will receive copies of all finalised external audit reports and internal audit progress reports to assess if implemented actions sufficiently address the identified risks and whether any changes are required to the Corporate Risk Register.

Partnerships

Collaboration projects and subsequent partnership working will adhere to the internal Collaboration Projects Protocol. The protocol establishes the process to be followed when entering into a new project/partnership, how to review and assess current projects/partnerships and how to end our involvement in a project/partnership. All templates that make up the protocol will include risk identification, assessment or monitoring.

External Contracts

The central procurement team maintains a contracts register.

The Council will consider all potential risks around supply and service delivery when preparing for the procurement, and mitigates these through due diligence questions in tenders and appropriate measures in contracts. Subsequent contract management, monitoring of key contracts and good relationships with suppliers will allow for early identification of risks arising during the lifetime of the contract, and for appropriate action to be taken when necessary.

Central Procurement will establish networks with other authorities and agencies, and share risk management information and raise awareness of potential risk issues that could impact on the Council from a procurement perspective.

Community Risks / Long Term Risks

The Dyfed Powys Local Resilience Forum Community Risk Register outlines specific risks that may cause a civil emergency in the Dyfed Powys Police region. Inclusion of a risk in the Community Risk Register, doesn't mean it will happen. It means it is recognised as a possibility and organisations have made arrangements to reduce its impact.

The top risks identified include:

- Impact of Brexit
 - Pandemic Flu,
 - Flooding,
 - other Severe Weather (such as storms, gales, low temperatures, heavy snow, heat waves and drought),
 - Loss of Infrastructure,
 - Pollution,
 - Animal Disease,
 - Industrial Incidents,
 - Transport Incidents.

Long Term Risks include

- Financial Resilience
- Workforce resilience capability and capacity
- Cyber Attack

Reviews

The Risk Management Policy and Strategy will be reviewed every three years (or more frequently if required by changes to statutory legislation) and both the Governance and Audit Committee and Leadership Group will be consulted prior to finalising and submitting the policy to Cabinet for approval:

The Corporate Risk Register will be reviewed by Leadership Group and the Governance and Audit Committee at each of their meetings and will be made available to all managers through the Teifi Performance System.

Other Risk Registers to be reviewed as part of the appropriate partnership and management arrangements.

Appendix 1: Roles and Responsibilities

Everyone has a role to play in an integrated risk management framework. Combining shared leadership with a team approach will help contribute to its ultimate success. Roles as identified at present are:

Group/Stakeholder	Role Description
CABINET MEMBERS	<ul style="list-style-type: none"> • To approve and review the Risk Management Policy and Strategy underpinned by the Risk Management Framework in order to protect its assets and as an integral part of its vision for Ceredigion
GOVERNANCE AND AUDIT COMMITTEE	<ul style="list-style-type: none"> • To monitor the effective development and operation of risk management in the Council. • To monitor progress in addressing risk-related issues reported to the Committee • To consider the Corporate Risk Register as an agenda item
CHIEF EXECUTIVE OFFICER	<ul style="list-style-type: none"> • Promote Risk Management and its benefits throughout the Council. • To take overall responsibility for securing adherence to the Council's Policy on Risk Management. • Appoint a Corporate Lead Officer to take responsibility for risk management.
LEADERSHIP GROUP (LG)	<ul style="list-style-type: none"> • Recommend the approval of Risk Management Policy and Strategy underpinned by the Risk Management Framework • To ensure Risk Management is implemented across the Council in line with the approved Risk Management Policy and Strategy • To oversee the establishment and maintenance of a Corporate Risk Register • To be responsible for the acceptance or removal of a Corporate Risk to or from the Corporate Risk Register • Allocate responsibility to Corporate Lead Officers to develop action plans for corporate strategic risks • To consider and approve Risk management plans and initiatives including action plans for the management of Critical Risks • Consider risks attached to proposals for new / changed policies and service delivery arrangements.

Group/Stakeholder	Role Description
CORPORATE LEAD OFFICER, POLICY PERFORMANCE & PUBLIC PROTECTION	<ul style="list-style-type: none"> • The Corporate Lead Officer Policy & Performance is responsible for risk management. • To appraise the effectiveness of mechanisms used to control identified risks.
CORPORATE LEAD OFFICER FINANCE & PROCUREMENT	<ul style="list-style-type: none"> • The Corporate Lead Officer Finance & Procurement is responsible for the insurance provision within the Authority
PERFORMANCE & RESEARCH MANAGER AND CORPORATE PERFORMANCE & IMPROVEMENT OFFICER	<ul style="list-style-type: none"> • Coordinate risk management activity across the Council • Report on risk management activity to Corporate Lead Officer - Policy Performance & Public Protection • Maintain a corporate risk register and liaise with Corporate Lead Officers relating to service risks. • Arrange risk management training for officers and Members, appropriate to their needs and responsibilities. • Provide advice and assistance as required. • Review the Risk Management Framework as required.
CORPORATE LEAD OFFICERS	<ul style="list-style-type: none"> • To be responsible for the management of risks within their control in order to safeguard their employees and clients, protect assets and to preserve and enhance service delivery to the citizens by ensuring the successful delivery of the Council's stated objectives • To ensure that risk management and business continuity are embedded at all levels within their area of responsibility. • To establish and maintain a Service Risk Register on Teifi • Develop action plans in relation to corporate strategic risks as they relate to their area and record these in the relevant Service Improvement Plan. • To review the suitability of Risk Management plans and initiatives and make recommendations on these to the Leadership Group • To ensure the timely escalations of risks identified as being of significance to the Council as a whole. • To encourage the availability and sharing of risk information Council-wide. • To share experience on risk, risk management and risk management strategy implementation across the Council. • Responsible for the acceptance of Risk from the Corporate Risk Register or from a Team Risk Register. • Responsible for recommending the escalation of a Risk to the Corporate Risk Register or de-escalation or approving the archiving of a risk

Group/Stakeholder	Role Description
CORPORATE LEAD OFFICERS (Continued)	<ul style="list-style-type: none"> Review service risks at Corporate Lead Officer Manager meetings on a regular basis. Notify the Director of Finance of any significant changes in service provision likely to arise if a risk materialises to enable him/her to ensure that appropriate and adequate insurance and financing measures are in place.
CORPORATE MANAGERS	<ul style="list-style-type: none"> To ensure that risk is managed effectively at all levels in each service area within their particular service areas. To continue to develop their Team Risk Registers and update them on a regular (at least quarterly) basis. To ensure the timely escalations of risks identified as being of significant to the Service/Council as a whole. To ensure that risk management is linked to Service Plans, projects etc. and apply risk management to those risks requiring further action, particularly new developments and "project" work Understand and maintain awareness of risk management principles and take responsibility for managing risk within their own working environment Be aware of existing risk assessments related to their area of work and relevant procedures or control measures for adoption in order to reduce identified risks.
EMPLOYEES	<ul style="list-style-type: none"> To bring to the attention of their line manager any matters that they believe to be a risk to the successful delivery of services or the meeting of the Council's objectives Contribute in the identification, assessment and control of risks wherever possible
INTERNAL AUDIT	<ul style="list-style-type: none"> The Head of Internal Audit provides objective assurance on the organisation's performance to the Risk Management Framework, the adequacy and effectiveness of risk management procedures and that risks are being managed appropriately
EXTERNAL AUDIT	<ul style="list-style-type: none"> Audit Wales are the Council's External Auditors and attend meetings of the Audit Committee and contribute to the assurances on Risk Management provided.

Ceredigion County Council

Risk Management Framework



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 County Council

Author:	Document Title:	Date:	Version:
Alison Hodgson -Corporate Performance & Improvement Officer	Risk Management Framework	20 th June 2023	3.0 Draft
Approved by:	Approval Date:	Publication Date:	Next Review Date:
Cabinet	Not yet approved		2025/26

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Risk Management Framework

Introduction

The Risk Management Framework underpins the Risk Management Policy and Strategy to ensure that the objectives of the Council's Risk Management Policy are realised.

Background

Good risk management is a key tool in assisting the organisation to manage uncertainty in order to enable the organisation to better achieve the outcome of its objectives. Risk management is intended to be a planned and systematic approach to the identification, assessment and management of the risks facing the organisation. It is essential that steps are taken to effectively manage those risks. Risk management supports innovative solutions as it carefully considers benefits, alongside the risks, that may occur.

The traditional means of protecting against the more obvious risks has been through insurance. However, there are many risks which cannot be insured against and which must be addressed in different ways. Even in the case of those risks which are insurable, action can be taken to reduce the potential risks with consequent savings of premiums and disruption of work.

The risk management framework aims to:-

- Clarify responsibilities for identifying and managing risks
- Ensure that an appropriate level of risk management is consistently applied across the Council
- Increase awareness and use of risk management as a normal element of service management and improvement
- Facilitate sharing of experience and good practice across the Council and with other bodies

Risk Management Approach

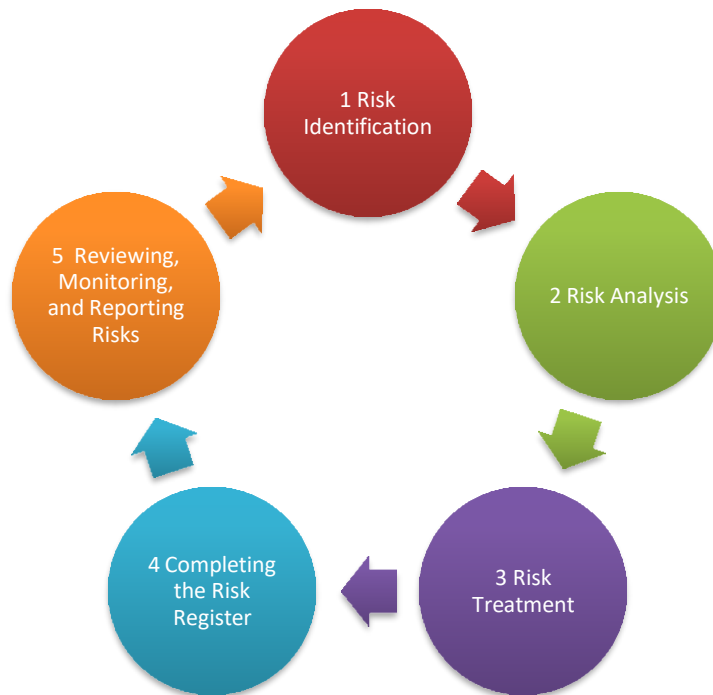
The development of a consistent, corporate approach to risk management needs to be done in a methodical and proportionate way in order to avoid the creation of a self-defeating bureaucratic burden.

To ensure that risk management is handled in the most efficient way within the Council, risk is included as

- part of the Business Planning and Service Planning process
- an agenda item on all departmental meetings to identify emerging risks and changes
- part of Corporate Project Management processes
- part of procurement processes
- As an agenda item at all Leadership Group meetings
- As an agenda item at Governance and Audit Committee meetings

Methodology

A methodology for identifying, assessing and managing risk within the Council has been developed. This methodology has the advantage of being relatively straightforward to use and can be applied to both the strategic risks of the Council and as part of the routine service, partnership arrangements, project planning and change management processes.



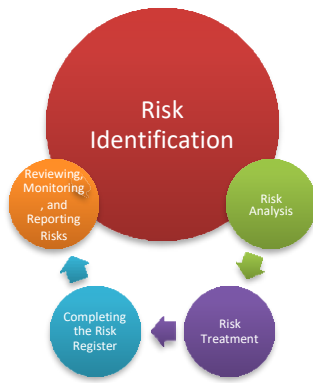
Risk Identification deals with the mechanisms for identifying risk by anyone within the organisation

Risk Analysis deals with how we assess risk

Risk Treatment deals with how we respond to the risk

Completing the Risk Register deals with recording the risk and risk ownership

Reviewing, Monitoring, and Reporting Risks sets out how we manage our risks



The first phase of the risk management cycle involves the identification of existing and emerging threats and opportunities.

This is carried out in all areas of the council's business, and are classified as Corporate, Service; Team, Partnership Project or Community.

Risk Identification

The objectives of the Authority or Service should always be a primary focus when identifying risks. Consideration should be given to; what could pose a potential threat, or opportunity, to the achievement of those objectives?

Risks and issues often get confused and a useful way of remembering the difference is;

- Risks are things that **might happen** and stop us achieving objectives, or otherwise impact on the success of the organisation.
- Issues are things that **have already happened** and require management action.

Risks can be identified by anyone and in a variety of ways including;

Internally through:

- Self-assessments
- Risk Assessment carried out annually jointly with Audit Wales
- Current performance
- User satisfaction
- Complaints
- Internal Audit reports
- Team Meetings / Staff suggestions and feedback

Externally through:

- Audit Wales reports
- Other Regulators' reports
- Our insurance provider Zurich
- The press / media
- Consultation and Citizen Engagement

Once identified, it is essential the risk is clearly described to ensure it is understood by all potential audiences.



Risk Analysis



Risk Analysis involves categorisation, assessing how likely it is that an incident might occur and what the impact will be if it does happen.

The Council's appetite for dealing with the risk is determined using the Council's Risk Rating matrix.

Category may be Strategic or Operational

How Likely is it that it will occur

What will be the **Impact** if it does happen



Categorisation

Risks can be categorised as Strategic or Operational

Strategic Risks will impact on the medium to long term goals and objectives of the Council and will often include external factors that could impact decisions made inside the Authority.

The following table identifies the external PESTLE categories that should be considered. [Appendix 1](#) provides further examples of the factors that could contribute to each category.

Strategic	Political:	Those associated with failure to deliver either local or central government policy, or meet the local administration's manifesto commitments.
	Economic:	Those affecting the ability of the Council to meet its financial commitments. These include internal budgetary pressures, the failure to purchase adequate insurance cover, external macro level economic changes or the consequences of proposed investment decisions.
	Social:	Those relating to the effect of changes in demographic, residential or socio-economic trends on the council's ability to deliver its objectives
	Technological:	Those associated with the capacity of the council to deal with the pace/scale of technological change, or its ability to use technology to address changing demands. They may also include the consequences of internal technological failures on the council's ability to deliver its objectives.
	Legislative:	Those associated with current or potential changes in Law (e.g. TUPE regulations).
	Environmental:	Those relating to the environmental consequences of progressing the Council's strategic objectives (e.g. in terms of energy efficiency, pollution, recycling, landfill requirements, emissions etc.)

Operational Risks are those that managers and staff will encounter in the daily course of their work. These may be considered as follows

Operational	Professional:	Those associated with the particular nature of each profession (e.g. housing service concerns, as to the welfare of tenants).
	Financial:	Those associated with financial planning and control and the adequacy of insurance cover.
	Legal:	Those related to possible breaches of legislation.
	Physical:	Those related to fire, security, accident prevention, and health and safety (e.g. hazards, risks associated with buildings, vehicles, plant and equipment, etc.).
	Contractual:	Those associated with the failure of contractors to deliver services or products to the agreed cost and specification
	ICT (Operational):	Those relating to reliance on operational equipment (e.g. IT systems or equipment and machinery
	Customer/Client	Those relating to the identification of customer/client needs and expectations.

Assessing Likelihood (probability)

This requires assessing the chance or likelihood that a risk will occur. Likelihood should as far as possible be based on an objective assessment of:

- a) the likelihood of their occurrence
- b) the strength of measures (such as contingency plans) to prevent or anticipate such an occurrence
- c) are there opportunities to make improvements and are there any barriers in the way?

The Likelihood or probability of an event occurring should be scored on a scale of one to five where one is rare and five is almost certain. [Appendix 2](#) sets out the criteria that should be applied in assessing how likely an event is to occur.

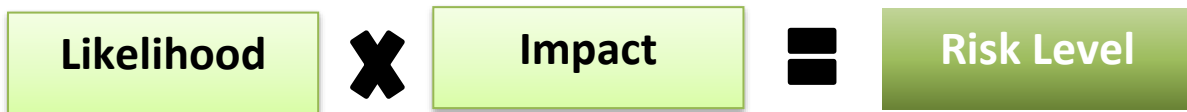
Assessing Impact

Assessing Impact looks at the consequences for the Authority, service-users and others, of such an occurrence if it were to happen.

The impact of any event if it occurs should be scored on a scale of one to five, where one is negligible and five is severe. [Appendix 3](#) provides the assessment criteria that should be applied to assess the impact that an event could have on the Authority.

Risk Level

The Risk Level is determined as follows.



The Risk Matrix below demonstrates Risk Level and determines the Council's appetite for responding to the risk.

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5 Medium Risk	10 Medium Risk	15 High Risk	20 High Risk	25 Critical Risk
Likely (4)	4 Low Risk	8 Medium Risk	12 Medium Risk	16 High Risk	20 High Risk
Possible (3)	3 Low Risk	6 Medium Risk	9 Medium Risk	12 Medium Risk	15 High Risk
Unlikely (2)	2 Low Risk	4 Low Risk	6 Medium Risk	8 Medium Risk	10 Medium Risk
Rare (1)	1 Low Risk	2 Low Risk	3 Low Risk	4 Low Risk	5 Medium Risk

Risk Appetite

The Council's appetite for responding to risk can be summarised as follows. A detailed description of the levels of Risk can be found at [Appendix 4](#)

Risk Level	Occurrence likelihood	Risk Type	Management
Low Risk (1-4)	Either remote or possible likelihood of occurrence	Team/Service/Project Risk	Accept or manage with routine procedures
Medium Risk (5-12)	Either remote, possible or likely chance of occurrence	Corporate/Service/Project Risk	Manage with specific monitoring or response procedures
High Risk (15-20)	Is Likely to occur	Corporate Risk	Escalated for further consideration/planning
Critical Risk (25)	Almost Certain to occur	Corporate Risk	Escalated with detailed contingency planning

Risk Treatment



Risk Treatment will require an assessment of the appetite for risk See previous section and determining the appropriate risk treatment.

Risk Treatment determines how the risk will be reacted to or managed

Risk Treatment

Risk treatment is the process of assessing how the risk is to be reacted to or managed.

This needs to include consideration of the most cost effective way to mitigate the risk and if the action taken will effectively reduce the risk to an acceptable level within a reasonable time span based on the severity of the risk.

Accept / tolerate	Manage the risk within existing management routines. Risks should only be accepted where officers believe that the residual risk is tolerable and have no material impact upon Objectives (i.e. where they are in the green zone of the matrix).
Retention (accept and budget)	The risk is accepted and appropriate budget is allocated to meet costs resulting from the risk occurring.
Reduction (optimise – mitigate)	Identify additional action(s) to be taken that will reduce the likelihood and / or impact if the event occurred. <ul style="list-style-type: none"> • A clear plan of action is required, stating what will be done, by whom and by when. • A target Risk Rating should be provided (i.e. what rating should the risk be reduced to by taking the actions identified). • Resources will need to be identified and a cost/benefit analysis included.
Sharing (transfer – outsource or insure)	Transferring risk by <ul style="list-style-type: none"> • using an insurer or other third party to cover the cost or losses should a risk materialise. However, care needs to be taken to accurately specify the risks to be covered. • Making arrangements with others such as joint working, partnerships or contracting out to provide services could also be used to transfer risks. However, other risks can arise from these arrangements and the responsibility of providing the service could remain with the Council. When transferring risks to other parties, ensure that risk registers give detail of where liability and accountability lie between parties involved.

Avoidance (eliminate, withdraw from or not become involved)	Ceasing to carry out the activity because modifying it or controlling it would not reduce the risk to an acceptable level. Consequences to the successful delivery of the Objectives affected should be documented and reported to the relevant Corporate Lead Officer and Leadership Group before implementing this action.
Exploiting	Where an opportunity is identified, actively take advantage of risk through realisation, enhancement and exploitation to gain benefit.

Completing the Risk Register



All risks must be recorded on a Risk Register.

The Corporate and Service level Risk Registers will be held on Teifi Performance, the Council's Corporate Performance Management System.

Team, contract and partnership risks will continue to be held and monitored at local level, but will promote to service level risks if deemed appropriate at the relevant monitoring review.

Responsibility for maintaining the risk registers lies at each appropriate level of the Authority.

Risk Registers

The Council will maintain a number of Risk Register Types. The following table provides a definition of the current risk types and the required ownership.

Risk Level	Definition	Owner
Corporate Risks	Risks that could have an effect on the successful achievement of our long term vision, priorities and outcomes. These are: <ul style="list-style-type: none"> Risks that could potentially have a council-wide impact and/or Risks that cannot be managed solely at a business unit level because higher level support is needed. 	Leadership Group
Service Risks	Risks at a service area level that could have an effect on the successful achievement of the group and business unit outcomes / objectives. Potentially these risks could have a significant financial, reputational and/or service delivery impact on the council as a whole if the risk is not well managed.	Corporate Lead Officer
Team Risks	Risks at a Team level that could have an effect on the successful achievement of the team's outcomes / objectives.	Corporate Manager
Contract risks	Risks that could have an effect on the successful achievement of the contract's outcomes / objectives in terms of delivery, outcomes and value for money. Contract risks are managed throughout the contracting process including contract management/business as usual.	Corporate Manager

Programme/Project/ Partnership risks	Risks that could have an effect on the successful achievement of the programme, project or partnership's outcomes / objectives in terms of service delivery, benefits realisation and engagement with key stakeholders (service users, third parties, partners etc.).	Project Manager
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

On identification and assessment of a risk and completion of a risk proposal, An owner must be assigned and the risk accepted before being recorded on the appropriate Risk Register.

On acceptance, a signed copy of the Risk Proposal ([Appendix 5](#)) must be sent to TeifiPerformanceSupport@ceredigion.gov.uk for it and the mitigating tasks to be uploaded to the Corporate Performance Management System, Teifi Performance.

Once uploaded to the risk register, the risk owner will be responsible for assessing and updating the risk rating at least every quarter in accordance with the Teifi Performance Guidance notes

Escalating a Risk

This is a key process by which risks identified and managed within one level of the Council can be raised to the next level should it be considered appropriate or necessary.

Risks should be escalated: either

- To the Corporate Risk Register if the risk is rated as 15 or higher and the prospects for immediate reduction are poor or
- To the Corporate Risk Register for a cross service risk or the appropriate Service Risk Register if the risk is rated as 5 or higher and the prospects for immediate reduction are poor

And/or if

- Control of the risk has failed/been lost (i.e. risk level continues to rise despite controls having been applied)
- The risk identified is beyond the scope/remit of the Service/Team
- An incident/number of incidents of the risk has occurred.

De-Escalating a Risk

A risk should be de-escalated either

- From the Corporate Risk Register if the Risk Rating has reduced to 14 or less and the risk is a single service risk or
- From the Service Risk Register if the Risk Rating has reduced to 4 or less

And/or if

- The Risk is no-longer considered as far-reaching as previously thought

Candidate Risks

Each quarter, once the risks have been updated on the Teifi Performance Management system, a report will be presented to Leadership Group highlighting any risks that require review to either escalate or de-escalate between the Corporate Risk Register and the Service Risk Register. These are known as 'Candidate Risks'.

Leadership Group are responsible for deciding if risks should be escalated or de-escalated.

There are instances where risk scores exceed 15 and remain a service risk, and conversely where scores are lower than 15 but remain on the Corporate Risk Register. In these instances, Leadership Group are responsible for making the final decision regarding escalation and de-escalation. Some examples of these instances include:

- A risk that scores 15 or above but is deemed to be best managed at service level because the risk is well understood, is resourced adequately and has strong mitigating actions in place which are being delivered.
- A risk that scores 15 or above that is clearly within the definition of operational risks, i.e. those risks that managers and staff will encounter in the daily course of their work.
- A risk that is considered to need a greater level of oversight may score below 15 but remain on the Corporate Risk Register. Once a risk is added to the Corporate Risk

Register it will receive greater scrutiny and monitoring from Leadership Group, Governance and Audit Committee, Internal Audit and Performance. For example, this might be where there are issues outside of the service's control which make it difficult for the service to mitigate the risk and reduce its impact and/or likelihood of occurring.

- A risk could also be escalated to the Corporate Risk Register to ensure the resources required are available to effectively respond to, and mitigate, the risk, such as financial resources or people.
- Some risks could remain on the Corporate Risk Register if they score lower than 15, such as a corporate risk that has recently been reduced in score, but where additional monitoring is required to ensure it remains below the threshold of 15.

Archiving a Risk

A risk may be archived if

- The Risk Rating has reduced to 4 or less
And
- The Risk is no longer considered to be a priority for the Council or service

An archived risk may be brought back to an appropriate risk register if the risk re-emerges as a priority in the future.

Again, each quarter, once the risks have been updated on the Teifi Performance Management system, service risks that are 4 or below will appear on the relevant CLO's Teifi desktop requesting them to either archive or retain the service risk.

Risk, Review, Monitoring and Reporting



Teifi Performance is used as the mechanism for:

- Recording all corporate and service risks
- Reviewing the identified corporate and service risks
- Review of the mitigating tasks
- Monitoring the impact of mitigating tasks on corporate and service risks
- Reporting corporate and service Risks to the appropriate forum

Reviewing Risk

Risk scores, controls and tasks should be reviewed regularly by risk owners, to ensure they are current and that there is full accountability.

If a risk is no longer current, it should be removed from the risk register.

Risk registers should be taken regularly to the Governance and Audit Committee, Leadership Group and Management Teams for review and to horizon scan for any new emerging risks.

Monitoring Risk

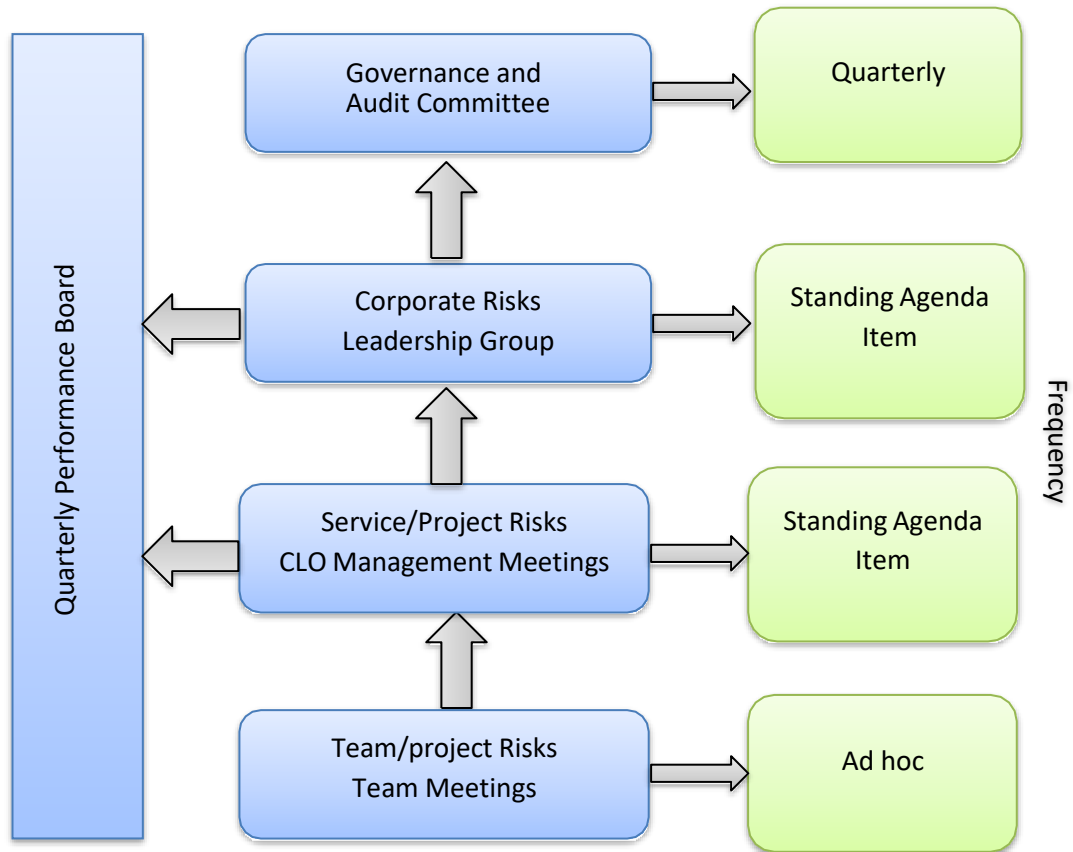
Monitoring of risk is a key stage of the risk management process. There needs to be a continual and regular assessment of the effectiveness of the tasks put in place to reduce the likelihood/impact of adverse risk events occurring.

Risks should be monitored at relevant team, service or group meetings.

Reporting Risk

Risk reporting should always be a two-way communication process, to ensure risk management becomes fully embedded as a day-to-day management tool.

The risk reporting structure is shown below.



Evaluation / Assurance

Internal Audit will assess and evaluate the effectiveness of actions in place to mitigate risk and provide objective assurance that risks are being managed appropriately. Additionally, Internal Audit will also provide objective assurance to Leadership Group, Governance & Audit Committee and Council on the robustness and effectiveness of the risk management procedures by including periodic reviews of the Corporate Risk Register, Service Risk Register and Corporate Risk Management procedures.

Risk Management Framework -Appendices

Appendix 1: Assessment Criteria for PESTLE Categories

Political	Economic	Social	Technological	Legal	Environmental
<ul style="list-style-type: none"> • Government stability. • Freedom of speech, corruption, party in control • Regulation trends. • Tax policy, and trade controls. • War • Government policy • Elections • Terrorism • Likely changes to the political environment. 	<ul style="list-style-type: none"> • Stage of business cycle. • Current and projected economic growth • International trends • Job growth • Inflation and interest rates. • Unemployment and labour supply. • Levels of disposable income across economy and income distribution. • Globalization. • Likely changes to the economic environment. 	<ul style="list-style-type: none"> • Population growth and demographics. • Health, education and social mobility of the population • Consumer attitudes • Advertising and media • National and regional culture • Lifestyle choices and attitudes to these. • Levels of health and education • Major events • Socio-cultural changes. 	<ul style="list-style-type: none"> • Impact of new technologies. • Inventions and innovations • The internet and how it affects working and business • Licensing and patents • Research funding and Development. 	<ul style="list-style-type: none"> • Home legislation • International legislation • Employment law • New laws • Regulatory bodies • Environmental regulation • Industry-specific regulations • Consumer protection. 	<ul style="list-style-type: none"> • Ecology • International environmental issues • National environmental issues • Local environmental issues • Environmental regulations • Organizational culture • Staff morale and attitudes.

Appendix 2: Risk Assessment Criteria for Likelihood of an event happening

Likelihood

Score 1	Score 2	Score 3	Score 4	Score 5
Rare	Unlikely	Possible	Likely	Almost Certain
<p>Previous experience at this and other similar councils makes this outcome highly unlikely to occur.</p> <p>Could occur at least once between 10-15 years</p>	<p>Previous experience discounts this risk as being likely to occur but other councils have experienced problems in this area.</p> <p>Could occur at least once between 5-10 years</p>	<p>The council has in the past experienced problems in this area but not in the last three years.</p> <p>Could occur at least once between 1-5 years</p>	<p>The council has experienced problems in this area in the last three years.</p> <p>Could occur at least once per year</p>	<p>The council is experiencing problems in this area or expects to in the next 12 months.</p> <p>Likely to occur more than once per year</p>
<p>There are effective, tested and verifiable controls in place that prevent occurrence of this risk.</p>	<p>There are controls in place that whilst not tested appear to be effective.</p>	<p>Some controls are in place and generally work but there have been occasions when they have failed and problems have arisen.</p>	<p>Controls may be in place but are generally ignored or ineffective.</p>	<p>No controls are in place.</p>

Where the probability and timing score differ, a judgement should be made as to the correct likelihood score.

Appendix 3: Risk Assessment Criteria for the impact that an event would have

Aspect	Score 1 Negligible	Score 2 Minor	Score 3 Moderate	Score 4 Major	Score 5 Severe
Financial	Little or no financial impact (less than £5,000)	The financial impact would be losses or lost income of no greater than £25,000	The financial impact would result in losses or lost income of no greater than £100,000.	The financial impact would result in losses or lost income of no greater than £500,000	The financial impact would be greater than £500,000.
Service	Council Services are not disrupted	Some temporary disruption to the activities of one council service but not beyond this.	Regular disruption to the activities for one or more council service.	Severe service disruption on a departmental level or regular disruption affecting more than one department.	Severe disruption to the activities of all council departments. Long term suspension of a service or statutory duties not delivered
Project	Projects experience minor delay (days)	A few project milestones missed	Significant project milestones missed / delayed	A major project milestone missed	Project does not achieve objectives and misses majority of milestones
Health and Safety	One Injury or illness requiring First Aid Treatment No lost time injury days	Injury or illness requiring medical treatment Lost time injury <10 days	Serious injury or illness Lost time injury >10 days	Significant / extensive injury or illness Permanent or partial disability	Multiple Loss of Life / Large scale major illness Permanent Total
Corporate Well-being Objective delivery	No impact on the delivery of the Council's Corporate Well-being Objectives.	It may cost more or there may be delay in delivering one of the Council's Corporate Well-Being Objectives	A number of Corporate Well-being objectives would be delayed or not delivered	Many corporate objectives delayed or not delivered.	Unable to deliver most objectives.
	Morale: No effect	Morale: Some hostile relationships and minor non-cooperation	Morale: Hostile relationships and major non-cooperation across the organisation	Morale: Industrial Action	Morale: Mass Staff leaving / unable to attract staff

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Aspect	Score 1 Negligible	Score 2 Minor	Score 3 Moderate	Score 4 Major	Score 5 Severe
Reputation	No media attention / minor letters	Adverse local media Leader	One off national media exposure	Reputation: Prolonged Adverse National exposure	Extensive coverage in National Press and on TV. Requires resignation of Senior Officer / Member
Government Objectives	No effect	Poor Assessments(s)	Service taken over temporarily	Service taken over temporarily	Service taken over permanently
Statutory / Legal Obligations	No impact / breach	Warning received	Breach Challenging Improvement Notice	Enforcement Action Improvement Notice	Prosecution Fine
Community Risk	Insignificant impact to health, persons displaced disruption to community services, economy and environment	Minor impact to health, persons displaced disruption to community services, economy and environment	Damage to specific location or number of locations, fatalities and some casualties, displacement of > 100 people for 1 – 3 days, Limited impact on	Significant damage, 100 to 500 people displaced for longer than 1 week, significant impact on community services and environment	Significant of fatalities and injuries, extensive damage to property, displacement of >500 people for prolonged duration, serious damage to
Confidence	No loss of confidence and trust in the council	Some loss of confidence and trust in the council felt by a certain group or within a small	A general loss of confidence and trust in the council within the local community.	A major loss of confidence and trust in the council within the local community.	A disastrous loss of confidence and trust in the council both locally and nationally.

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Identify the impact most relevant to the risk being evaluated (it is not necessary for all points in each category to apply).



Appendix 4: Levels of Risk

Low Risk (1-4)	<p>Either a remote or possible likelihood of occurrence</p> <ul style="list-style-type: none"> ▪ Slight inconvenience/difficulty in operational performance of function/activity area. ▪ Some accountability implications for the function/activity area, but would not affect the Authority/Service/Team ability to meet key reporting requirements. ▪ Recovery from such consequences would be handled quickly without the need to divert resources from core activity areas. ▪ Some minor effects on ability of stakeholders to pursue rights and entitlements. For example, other sources or avenues would be available to stakeholders. ▪ Public perceptions of the Authority/Service/Team would alter slightly, but no significant damage or disruption occurs. 	<p>Team / Service Risk Accept or manage by routine procedures</p>
Medium Risk (5-12)	<p>Either a remote likelihood, a possible likelihood of occurrence or is likely to occur</p> <ul style="list-style-type: none"> ▪ Operational performance of Authority/Service/Team would be compromised to the extent that revised planning would be required to overcome difficulties experienced by function/activity area ▪ The Authority/Service/Team would experience difficulty in complying with key reporting requirements, which would jeopardise some Council interests. ▪ Recovery would be more gradual and require detailed corporate planning with resources being diverted from core activity areas. ▪ Stakeholders would experience considerable difficulty in pursuing rights and entitlements. ▪ Considerable adverse public reaction would result in some damage and disruption to the Authority/Service/Team 	<p>Corporate or Service Risk Manage by specific monitoring or response procedures , with responsibilities identified</p>
High Risk (15-20)	<p>Is likely to occur</p> <ul style="list-style-type: none"> ▪ Operational performance would be compromised to the extent that the Authority/Service/Team is unable to meet obligations and liabilities in core activity areas. ▪ Severe accountability implications would result in the organisation being unable to meet key reporting requirements. ▪ The Authority/Service/Team would incur significant financial losses. ▪ Major adverse repercussions would affect large sectors of the Council and its clients, including the general public. ▪ Stakeholders could face life-threatening consequences. ▪ The Authority/Service/Team would have difficulty in recovering from such consequences. 	<p>Corporate Risk Must be considered for escalation for further review, planning and management</p>
Critical Risk (25)	<ul style="list-style-type: none"> ▪ The Authority/Service/Team would be unable to recover from such consequences. ▪ Stakeholders would face life-threatening consequences. ▪ Severe adverse repercussions would affect large sectors of the Council and its clients, including the general public ▪ The Authority/Service/Team would cease to operate. 	<p>Corporate Risk As above and Detailed contingency action plan required.</p>

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Appendix 5: Risk Proposal Template

CYFEIRNOD RISG: RISK ID:	<i>Cynhyrchwyd gan y System System Generated</i>	TEITL TITLE	<i>Teitl Byr Short Title</i>		
PERCHENNOG/SWYDDOG DIWEDDARU OWNER/UDATING OFFICER			SWYDDOG ARWEINIOL CORFFORAETHOL SY'N GYFRIFOL RESPONSIBLE CLO		
RHANDDEILIAID STAKEHOLDERS	<i>Enwch eraill a all fod â diddordeb/ a all gael effaith ar y risg Name others who may have an interest/impact on the risk</i>				
DISGRIFIAD O'R RISG RISK DESCRIPTION	<i>Beth yw'r Risg What is the Risk Mae yna risg o X, oherwydd Y, There's a risk of X, due to Y,</i>				
CANLYNIADAU POSIBL I'r Gwasanaeth ac I'r Cyngor POTENTIAL CONSEQUENCES To Service and To Council	<i>Gwnewch yn glir Make clear a allai arwain at Z ac a fydd yn effeithio ar y Gwasanaeth/Cyngor drwy... which may result in Z' and will impact on the Service/Council by...</i>				
TYSTIOLAETH O RISG Engheifftau o'r Risg yn digwydd dros amser EVIDENCE OF RISK Incidences of the Risk Occurring overtime	<i>Rhowch enghreifftiau a/neu wybodaeth i ddarlunio'r risg. Cyfeiriwch at y matrices tebygolrwydd Provide examples and/or information to illustrate the risk. Relate to the likelihood matrix</i>				
Dadansoddiad RISG RISK Analysis	Math o risg	Risk Type	Prif GATEGORI	Main CATEGORY	
	Dewiswch eitem.	Choose an item.	Dewiswch eitem.	Choose an item.	
Asesiad Risg Cychwynnol	Posibilirwydd Dewiswch eitem.	EFFAITH Dewiswch eitem.	SGÔR (TebygolrwyddxEffaith) Dewiswch eitem.		
Initial Risk Assessment	Probability Choose an item.	IMPACT Choose an item.	SCORE (Probability x Impact) Choose an item.		
Mesur Measure <i>Cofiwch gynnwys mesur ar gyfer y risg Include a measure for the risk</i>	Disgrifiad Description		Lefel Bresennol Current Level	Lefel Darged Target Level	
Sut y bwriedir trin y risg Risk Treatment	Dewiswch eitem.				
	Choose an item.				

Continued on next page

CAMAU I LINIARU'R RISG ACTIONS TO MITIGATE RISK <i>Teitl byr</i> <i>Brief Title</i>	CAM I'W GYMRYD ACTION <i>Disgrifiwch y cam a gymerir i liniaru'r risg</i>	EFFAITH DDISGWYLIEDIG Y CAM EXPECTED IMPACT OF THE ACTION <i>Sut bydd y cam gweithredu hwn yn lleihau/lliniaru'r risg</i> <i>How will this action reduce/mitigate the risk or exploit the risk.</i>	
1			
2			
ADNODDAU ANGENRHEIDIOL AR GYFER LLINIARU'R RISG RESOURCES REQUIRED TO MITIGATE THE RISK	<i>Amlinellwch yr adnoddau y mae eu hangen er mwyn cyflawni'r camau gweithredu uchod, gan gynnwys unrhyw adnoddau ariannol y bydd eu hangen</i> <i>Outline the resources that are required to deliver the actions above include any financial resources that may be required</i>		
ASESIAD RISG NEWYDD NEW RISK ASSESSMENT			
Asesiad Risg newydd gyda chamau gweithredu lliniarol yn eu lle	Posibilirwydd Dewiswch eitem.	EFFAITH Dewiswch eitem.	SGÔR (TebygolrwyddxEffaith) Dewiswch eitem.
New Risk Assessment with mitigating actions in place	Probability Choose an item.	IMPACT Choose an item.	SCORE (Probability x Impact) Choose an item.
DYDDIAD CYCHWYN START DATE		DYDDIAD GORFFEN END DATE	
Risg yn cael ei dderbyn gan Acceptance of Risk By	Reolwr y Tîm/Swyddog Arweiniol Corfforaethol/Grŵp Arweiniol/Gadeirydd y Bartneriaeth/Y Gymuned Team Manager / CLO / Leadership Group / Partnership Chair / Community		
Llofnodwyd Signed		Dyddiad Date	
Cyfeiriwyd at y Pwyllgor Craffu	Dyddiau Date	Pwyllgor Craffu Scrutiny Committee	
Referred to Scrutiny			

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27th September 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

30 November 2023	Annual Financial Statement only (to include AGS)	Duncan Hall
January 2024	Draft Annual Governance Statement 2023-24 Draft Code of Corporate Governance 2024-25 Internal Audit Progress Report – Q2 Management Actions Report Internal Audit Charter Internal Audit National Fraud Initiative Self-Appraisal Corporate Risk Register – Q2	Governance Officer Governance Officer Alex Jenkins Alex Jenkins Alex Jenkins Alex Jenkins Alun Williams
March 2024	Draft Annual Governance Statement 2023-24 Draft Code of Corporate Governance 2024-25 Internal Audit Progress Report – Q3 Internal Audit Strategy and Plan 2024-2025 Internal Audit Report – Governance Framework Review 2023/2024 Corporate Risk Register – Q3	Governance Officer Governance Officer Alex Jenkins Alex Jenkins Alex Jenkins Governance Officer Alun Williams
June 2024	Governance & Audit Committee Annual Report 2023-24 Internal Audit Progress Report – Q4 Management Actions Report Internal Audit Annual Report Internal Audit Annual Counter Fraud Report 2022-2023 Corporate Risk Register – Q4	Governance Officer Alex Jenkins Alex Jenkins Alex Jenkins Alex Jenkins Alun Williams
September 2024	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 Ceredigion County Council Draft Self-Assessment	Governance Officer Alex Jenkins Alex Jenkins Alun Williams Marie-Neige Hadfield Rob Starr

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