



To: Members of the Corporate
Governance Committee

Date: 27 August 2013

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Dear Councillor

You are invited to attend a meeting of the **CORPORATE GOVERNANCE COMMITTEE** to be held at **9.00 am** on **WEDNESDAY, 4 SEPTEMBER 2013** in **CONFERENCE ROOM 1A, COUNTY HALL, RUTHIN.**

Yours sincerely

G. Williams
Head of Legal and Democratic Services

AGENDA

PART 1 - THE PRESS AND PUBLIC ARE INVITED TO ATTEND THIS PART OF THE MEETING

1 APOLOGIES

2 DECLARATION OF INTERESTS

Members to declare any personal or prejudicial interests in any business identified to be considered at this meeting.

3 URGENT MATTERS

Notice of items, which in the opinion of the Chair should be considered at the meeting as a matter of urgency pursuant to Section 100B(4) of the Local Government Act 1972.

4 MINUTES (Pages 5 - 12)

To receive the minutes of the Corporate Governance Committee meeting held on 3 July 2013.

5 CORPORATE GOVERNANCE COMMITTEE SELF ASSESSMENT (Pages 13 - 32)

To receive a presentation from the Head of Internal Audit (copy enclosed) on a self-assessment of the Corporate Governance Committee's knowledge, skills and experience to carry out its role effectively.

6 BUDGET UPDATE (Pages 33 - 34)

To consider a report by the Head of Finance and Assets (copy enclosed) which provides an update of the latest position with regard to the process of setting the Council's budget for 2014/15.

7 TREASURY MANAGEMENT REVIEW/UPDATE 2012/13 (Pages 35 - 54)

To consider a report by the Head of Finance and Assets (copy enclosed) on the Council's investment and borrowing activity during 2012/13, and provides details of the Council's Treasury Management activities during 2013/14.

8 ANNUAL COMPLAINTS REPORT (Pages 55 - 66)

To consider a report by the Head of Customers and Education (copy enclosed) which provided an overview of complaints, compliments and feedback received during the period 01.04.12 to 31.03.13.

9 PROPOSED CORPORATE SAFEGUARDING POLICY AND PANEL (Pages 67 - 72)

To consider a report by the Corporate Director: Modernisation and Wellbeing (copy enclosed) on the adoption of a Corporate Safeguarding Policy and establishment of a joint member/officer Corporate Safeguarding Panel.

10 CORPORATE GOVERNANCE FRAMEWORK ACTION PLAN (Pages 73 - 78)

To consider a report by the Head of Internal Audit (copy enclosed) on the new action plan resulting from the review of the Council's Governance Framework and the Annual Governance Statement (AGS) 2012/13.

11 STRATEGIC HUMAN RESOURCES INTERNAL AUDIT REPORT (Pages 79 - 90)

To consider a report by the Head of Internal Audit (copy enclosed) which provides an update on progress within Strategic Human Resources on the Action Plan included in the Internal Audit report from October, 2012.

12 INTERNAL AUDIT PROGRESS REPORT (Pages 91 - 132)

To consider a report by the Head of Internal Audit (copy enclosed) which provides an update on Internal Audit's latest progress in terms of its service delivery, assurance provision, reviews completed, performance and effectiveness in driving improvement.

13 YSGOL CLAWDD OFFA INTERNAL AUDIT REPORT (Pages 133 - 156)

To consider a report by the Head of Internal Audit (copy enclosed) which presented the recent Internal Audit report on Ysgol Clawdd Offa, Prestatyn.

14 CORPORATE EQUALITY MEETING FEEDBACK

To receive a verbal report on the Corporate Equality meeting.

15 CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME (Pages 157 - 160)

To consider the Committee's forward work programme (copy enclosed).

MEMBERSHIP

Councillors

Brian Blakeley
Stuart Davies
Peter Duffy

Martyn Holland
Gwyneth Kensler
Jason McLellan

Lay Member

Paul Whitham

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CORPORATE GOVERNANCE COMMITTEE

Minutes of a meeting of the Corporate Governance Committee held in Conference Room 1a, County Hall, Ruthin on Wednesday, 3 July 2013 at 9.30 am.

PRESENT

Councillors Brian Blakeley, Martyn Holland, Gwyneth Kensler (Vice-Chair) and Jason McLellan (Chair) together with Lay Member Paul Whitham.

Councillors Julian Thompson-Hill, Lead Member for Finance and Assets and Barbara Smith, Lead Member for Modernising and Performance were also in attendance.

ALSO PRESENT

Head of Legal and Democratic Services (GW); Head of Internal Audit Services (IB); Audit Manager (BS); Head of Strategic HR (LA); HR Services Manager (CR); Chief Accountant (RW); Corporate Improvement Team Manager (TW) and Committee Administrator (KEJ) together with Wales Audit Office Representatives (GB & AV)

POINT OF NOTICE

Due to the amount of business to be transacted and time constraints of committee members it was agreed to defer Agenda Item 5 'Committee Self-Assessment' to the next meeting and to vary the order of the agenda to accommodate that change.

1 APOLOGIES

Councillor Stuart Davies

2 DECLARATION OF INTERESTS

No declarations of personal or prejudicial interest had been raised.

3 URGENT MATTERS

No urgent matters had been raised.

4 MINUTES

The minutes of the Corporate Governance Committee held on 22 May 2013 were submitted.

Matters Arising – Page 8 Item No. 7 Annual Improvement Report – The Head of Legal and Democratic Services advised that the Scrutiny Chairs & Vice Chairs Group had agreed that the Corporate Risk Register be presented to this committee twice a year following review by the Corporate Executive Team in order to provide a strategic overview of the arrangements. Issues concerning individual risks requiring more detail would be dealt with by the appropriate scrutiny committee. The Chair

requested that the minutes of the Scrutiny Chairs and Vice Chairs Group be circulated to committee members for information. **[KEJ to action]**

Councillor Martyn Holland observed that references made within the minutes may not be easily understood by those who had not been present at the meeting.

RESOLVED that the minutes of the meeting held on 22 May 2013 be received and approved as a correct record.

5 COMMITTEE SELF ASSESSMENT

Due to the amount of business to be transacted and time constraints it was –

RESOLVED that the Committee's Self Assessment session be deferred to the committee's next meeting on 4 September 2013.

6 INTERNAL AUDIT PROGRESS REPORT

The Head of Internal Audit Services (HIAS) submitted a report (previously circulated) updating members on the latest progress of the Internal Audit Service. The HIAS highlighted particular areas of the report as follows –

- progress in delivering the Internal Audit Operational Plan 2013/14
- recent internal audit reports issued in respect of WG Free Breakfast Initiative; WG Higher Education Student Finance; Financial Systems – Ruthin 2012/13; Risk Management, and Ysgol Clawdd Offa, Prestatyn
- there were no outstanding concerns regarding management's response to issues raised with a separate agenda item on Strategic HR, and
- Internal Audit performance and key measures.

Members discussed their reporting requirements for internal audit reports and noted that in some cases reports were issued following the agenda deadline and therefore not included for discussion at the next meeting. The audit report issued in respect of Ysgol Clawdd Offa fell into that category and was a cause for concern in view of the low assurance rating provided. It was agreed that members be provided with a full audit report at the time of issue and that those subject to an amber/red assurance rating be considered at the committee's next meeting. **[IB to action]** Members would also have the opportunity to raise issues regarding other audit reports directly with the HIAS or at the meeting. In view of members' concerns regarding Ysgol Clawdd Offa, the HIAS provided a verbal update and the committee agreed to receive a detailed report at their next meeting. **[IB to action]** In response to a question from Councillor Gwyneth Kensler, the Head of Legal and Democratic Services confirmed that the Lead Member could be invited to attend.

Members also considered the breakdown of internal audit work for 2013/14 and the HIAS clarified issues in response to questions thereon providing definitions for a number of work areas and the remit in terms of audit work to be carried out within those areas. With regard to School Fund Audits, the HIAS reported upon a number of school themed visits and advised that he had developed plain English guidance for schools which would be made available in September.

RESOLVED that –

- (a) *subject to implementation of the reporting requirements for the committee as detailed above, the progress report on the Internal Audit Service be received and noted, and*
- (b) *a progress report on Ysgol Clawdd Offa, Prestatyn be submitted to the next meeting of the committee on 4 September 2013 and the Lead Cabinet Member for Education also be invited to attend. [IB to action]*

7 STRATEGIC HR INTERNAL AUDIT REPORT

The HR Services Manager (HRSM) submitted a report (previously circulated) updating members on the actions identified as part of the Internal Audit report for Strategic HR. In view of the low assurance rating given for delivering the audit action plan which had been reported to the committee in February 2013, members had agreed to keep progress under review and requested an update at this meeting.

The HRSM reported upon progress with the action plan made since February and also detailed further work to be undertaken together with some revised timescales. She elaborated upon a number of outstanding areas of work which had been summarised within the report. Reference was also made to progress with the HR Improvement Plan which was referred to as a considerable undertaking.

Members sought clarification regarding a number of actions to be progressed, queried the reasons for the delay in their implementation and sought assurances regarding future progress. Officers responded as follows –

- reported upon the IT systems currently used for HR and work ongoing to match data from Payroll and Trent together with plans to integrate those systems to enable data to be inputted once
- elaborated upon the professional competency reviews for HR staff to measure performance and identify any development gaps
- a new recruitment framework had been introduced to address the problems relating to take up of references and validation of qualifications and safeguarding checks would be carried out to ensure compliance
- agreed that determination of competency gaps and succession planning was crucial in light of workforce pressures and advised that this process had been built into the workforce planning exercise undertaken annually with services
- confirmed that due to work pressures Payroll had been unable to attend meetings with HR but monthly meetings would likely restart in July
- acknowledged the reputational risk to the council arising from employment of ex-employees which had been included within the Pay Policy.

The committee also discussed with officers the need for accurate employee data and felt that more should be done to address that issue. Councillor Martyn Holland

felt that line managers should take some responsibility and suggested a process be introduced for managers to check the accuracy of staff data. **[LA/CR to action]**

The Head of Internal Audit Services (HIAS) verbally reported upon the follow up review carried out the previous week advising that he still had serious concerns regarding delivery of both the audit action plan and HR Improvement plan and felt that not enough progress had been made. He highlighted that only 21 of the 45 original actions had been completed and some deadlines had been extended more than once. It was felt that the plans were over ambitious in terms of timescale and may not be achievable. The final follow up report would be available shortly and a further follow up would likely take place in November. The Head of Strategic HR referred to the additional pressures on the service as a result of the current climate and changing priorities but provided some assurance regarding delivery of the action plans within timescales advising that additional dedicated resources had been provided specifically for that purpose. The HRSM agreed that the HR Improvement Plan was ambitious but she was confident that the December 2013 deadline for specific actions within the audit action plan would be met.

Members noted the audit opinion and confidence expressed by HR officers that deadlines could be met. The committee agreed to continue to monitor progress and receive a further update at their next meeting.

RESOLVED that the Strategic HR Internal Audit Report be received and noted and a further progress report be submitted to the committee's next meeting on 4 September 2013. **[IB/LA/CR to action]**

8 DRAFT STATEMENT OF ACCOUNTS 2012/13

The Chief Accountant (CA) submitted a report (previously circulated) providing an overview of the draft Statement of Accounts 2012/13 and the process underpinning it. The draft accounts had been appended to the report and would be made formally available for public inspection in August.

Members were provided with an update and overview of the draft accounts and would be receiving the final accounts for approval in September 2013. In providing details of the council's financial position the CA drew members' attention to the following areas within the accounts –

- the revenue position for the year and an explanation of the adjustments made
- the revenue outturn position on service and corporate budgets showing an underspend of £1.525m
- a higher than estimated Council Tax Yield of £265k
- contributions to and from earmarked reserves
- the balance sheet showing the value of assets and liabilities and the new methodology for calculating the value of council housing stock
- members' allowances and officers' remuneration
- related parties including elected members, officers and companies
- the Annual Governance Statement.

In light of the comprehensive and technical nature of the accounts members agreed to scrutinise the document outside the meeting and raise any questions directly with finance officers or at the meeting on 27 September when the final accounts were submitted. Mr. Anthony Veale, Wales Audit Office (WAO) reminded members that the accounts were subject to audit by the WAO but there were no obvious concerns.

Councillor Brian Blakeley queried the position regarding Clwyd Leisure Limited (CLL). The CA responded that audited accounts for 2012/13 were not yet available for any of the related companies and confirmed there were wider issues relating to CLL which were being discussed with them at senior level. In response to a question from Councillor Gwyneth Kenser the CA elaborated upon the council's process for dealing with termination and discretionary benefits and confirmed that any enhancement of pensions as a result would create an ongoing cost.

RESOLVED that the position as presented in the draft accounts be noted.

EXCLUSION OF PRESS AND PUBLIC

RESOLVED that under Section 100A of the Local Government Act 1972, the Press and Public be excluded from the meeting for the following item of business on the grounds that it would involve the likely disclosure of exempt information as defined in Paragraph 14 of Part 4 of Schedule 12A of the Act.

9 BUDGET/MEDIUM TERM FINANCIAL PLAN - UPDATE

Councillor Julian Thompson-Hill, Lead Member for Finance and Assets presented the confidential report (previously circulated) updating members on potential revenue budget settlements and the possible impact on the Council's financial planning.

In view of the uncertainty about future settlements it had been agreed to delay updating and publishing the 2013/16 version of the Medium Term Financial Plan until clarification had been provided by the Welsh Government. There would likely be significant financial impact across the council and a range of possible implications and scenarios modelled for the next three years had been detailed within the report. Council briefing scheduled on 15 July had been reserved for a budget workshop to brief members on the financial position going forward and provide opportunity for discussion. A further update would be presented to the committee on 4 September. In response to questions the CA –

- elaborated upon the likely impact of the 2011 Census on the council's revenue support grant funding
- explained the reasoning behind the estimated Council Tax collection rate with an assumption that any surplus would be used to deliver the Corporate Plan
- agreed that cost shunting in health services was an issue and mechanisms had been established to mitigate that risk
- funding would be sought from the Welsh Government to address the findings of the investigator's report into the November 2012 floods.

RESOLVED that the position as presented within the report and appendices be noted.

OPEN SESSION

Upon completion of the above business the meeting resumed in open session.

10 STRATEGIC RISK MANAGEMENT FRAMEWORK

The Corporate Improvement Team Manager (CITM) submitted a report (previously circulated) regarding the Strategic Risk Management Framework which governed how the Council managed risk at corporate and service level. Details of the systems in place in order to manage risk effectively had been included within the report. Members were asked to consider whether any further actions were required to provide assurance about the risk management framework.

Lay Member Paul Whitham sought assurances that processes were in place to identify risks at an early stage for inclusion within the Corporate Risk Register (CRR). The CITM explained the mechanisms for identifying emerging risks for consideration by the Corporate Executive Team (CET) together with the work of the Corporate Improvement Officers and individual services in that regard. He confirmed that officers considered the risks detailed within standard committee reports but most risks were identified during dialogue with individual services. The CITM referred to the responsibilities of CET as owners of the risk register and the role of the Corporate Improvement Team as facilitator within that process.

Councillor Barbara Smith, Lead Member for Modernising and Performance referred to the responsibilities of both officers and elected members in identifying risk, including the role of the Corporate Governance Committee in that regard. She referred to the recent Internal Audit report on the risk management process and recommendation to better engage elected members within that process. The CITM responded that Cabinet Members would be involved in reviewing the CRR in future alongside CET. Another issue arising from the audit report was the need for some services to further embed risk management and the CITM advised that the Corporate Directors were taking a lead role in that regard which was also reflected within the service challenge process. The Audit Manager added that a number of suggestions to facilitate the integration of risk management within services had been discussed with the Senior Leadership Team.

In light of the responsibilities of elected members within the risk management process the Chair highlighted the need for training and was keen for all members to participate. It was agreed that the CITM provide a risk briefing session for members at the next Council Briefing meeting to be held on 16 September.

RESOLVED that –

- (a) the report detailing the Strategic Risk Management Framework be received and noted, and*

- (b) *a Risk Briefing Session be provided by the Corporate Improvement Team Manager at the next Council Briefing to be held on 16 September, 2013. [TW to action]*

At this juncture (11.40 a.m.) the committee adjourned for a refreshment break.

11 WALES AUDIT OFFICE: 2013 - 14 PERFORMANCE AUDIT WORK AND FEES

A report by the Corporate Improvement Team Manager (previously circulated) was submitted presenting the programme of performance audit work to be carried out by the Wales Audit Office (WAO) at Denbighshire County Council during 2013 – 14 and the associated fee for that work. The WAO Representative, Mr. Gwilym Bury elaborated upon specific elements of work for Denbighshire covering –

- Corporate Assessment Update
- Improvement Plan Audit
- Assessment of Performance Audit
- Data Quality Review
- Local Review

In addition a programme of Improvement and Local Government National Studies would be undertaken in respect of –

- Improvement Study – Safeguarding
- Local Government National Studies – Welfare Reform & Delivering with less – the impact on services and citizens

Members were advised that Denbighshire had the second lowest performance fees for local authorities in Wales which reflected in part the council's lower risk compared to some years ago. Councillor Julian Thompson Hill added that this was due to the proactive work carried out by the council over the last few years.

In response to questions Mr. Bury provided some indicative time scales for each piece of work for Denbighshire. In terms of the national studies no decision had been made to date regarding which authorities would be selected for field work but the studies would be carried out in the current financial year. A national report into the all Wales position would be produced and it was likely that councils selected for the study would also receive individual feedback.

The committee looked forward to receiving the reports in future and it was –

RESOLVED *that the report on the Wales Audit Office 2013 – 14 Performance Work and Fees be received and noted.*

12 CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME

The Corporate Governance Committee's work programme (previously circulated) was presented for consideration.

During debate Councillor Martyn Holland highlighted the need for a mechanism for elected member representatives on outside bodies to report back to the council on their activities. The Head of Legal and Democratic Services (HLDS) agreed to prepare a draft protocol for that purpose for the committee's consideration. After further discussion the committee –

- reaffirmed that the following additional items be included for consideration at the next meeting on 4 September 2013 –
 - Corporate Self Assessment **[IB to action]**
 - Strategic HR Internal Audit Report Update **[IB/LA/CR to action]**
 - Ysgol Clawydd Offa Internal Audit Report **[IB to action]**
- agreed that in light of the additional items to be considered above, the next meeting of the committee be held at the earlier start time of 9.00 a.m. **[KEJ to action]**
- agreed to receive the Corporate Risk Register as a business item every six months **[TW to action]**, and
- requested that the HLDS prepare a draft protocol for representatives on outside bodies to report back on their activities for the November meeting. **[GW to action]**

RESOLVED that, subject to the amendments and agreements referred to above, the forward work programme be approved.

The meeting concluded at 12.10 p.m.

Report To: Corporate Governance Committee

Date of Meeting: 4 September 2013

Report Author: Head of Internal Audit Services

Title: Corporate Governance Committee Self-assessment

1. What is the report about?

This report accompanies the Head of Internal Audit's presentation of a self-assessment of the Corporate Governance Committee's knowledge, skills and experience to carry out its role effectively.

2. What is the reason for making this report?

It is recommended practice that local authority 'audit committees' carry out a self-assessment on an annual basis and identify any weaknesses and training and development needs. This is part of the Council's Corporate Governance Framework to make sure that it has an effective 'audit committee'.

The Head of Internal Audit's attempt to carry out the self-assessment by questionnaire was not a success; therefore, the presentation will cover the key requirements of an effective 'audit committee' and identify areas for an improvement action plan where necessary.

3. What are the Recommendations?

The Committee considers its skills, knowledge and experience in the key areas covered by the presentation and identifies any training and development needs to enable it to carry out its role effectively.

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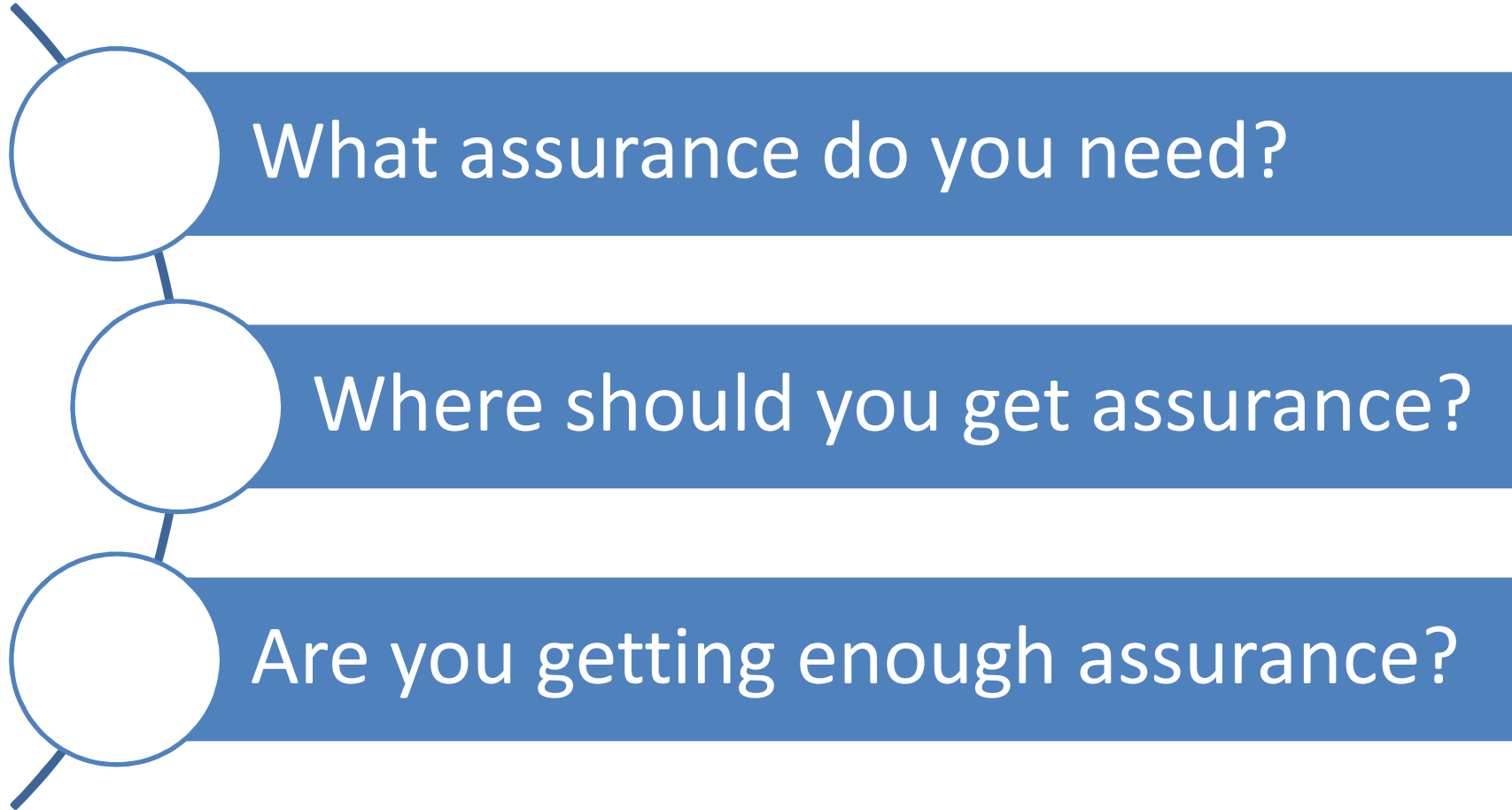


Corporate Governance Committee

Self-assessment

September 2013

Assurance



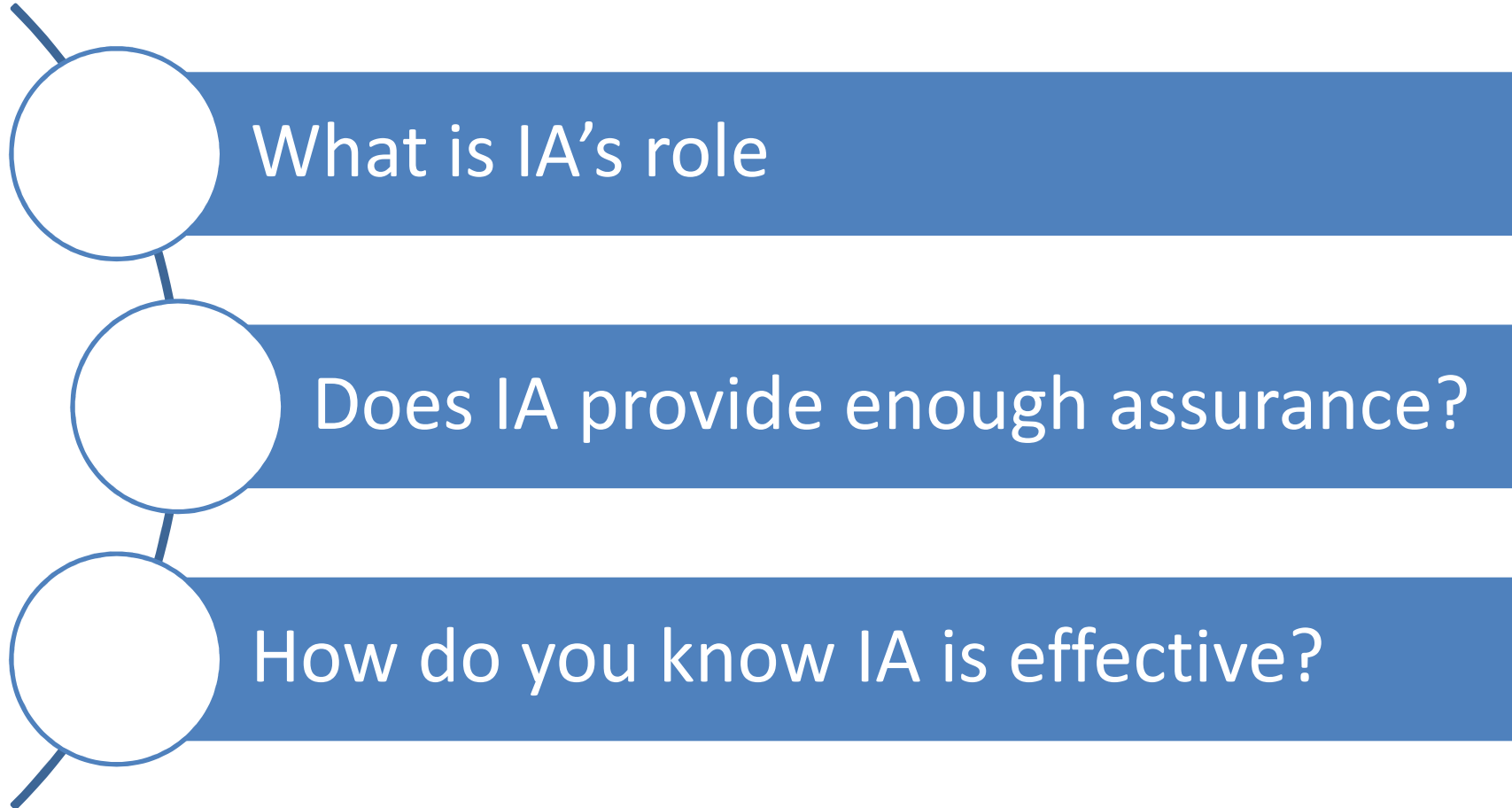
Governance Framework

- What is the governance framework?
- Are you involved enough in its development?
- Can you confidently challenge the content of the Annual Governance Statement?

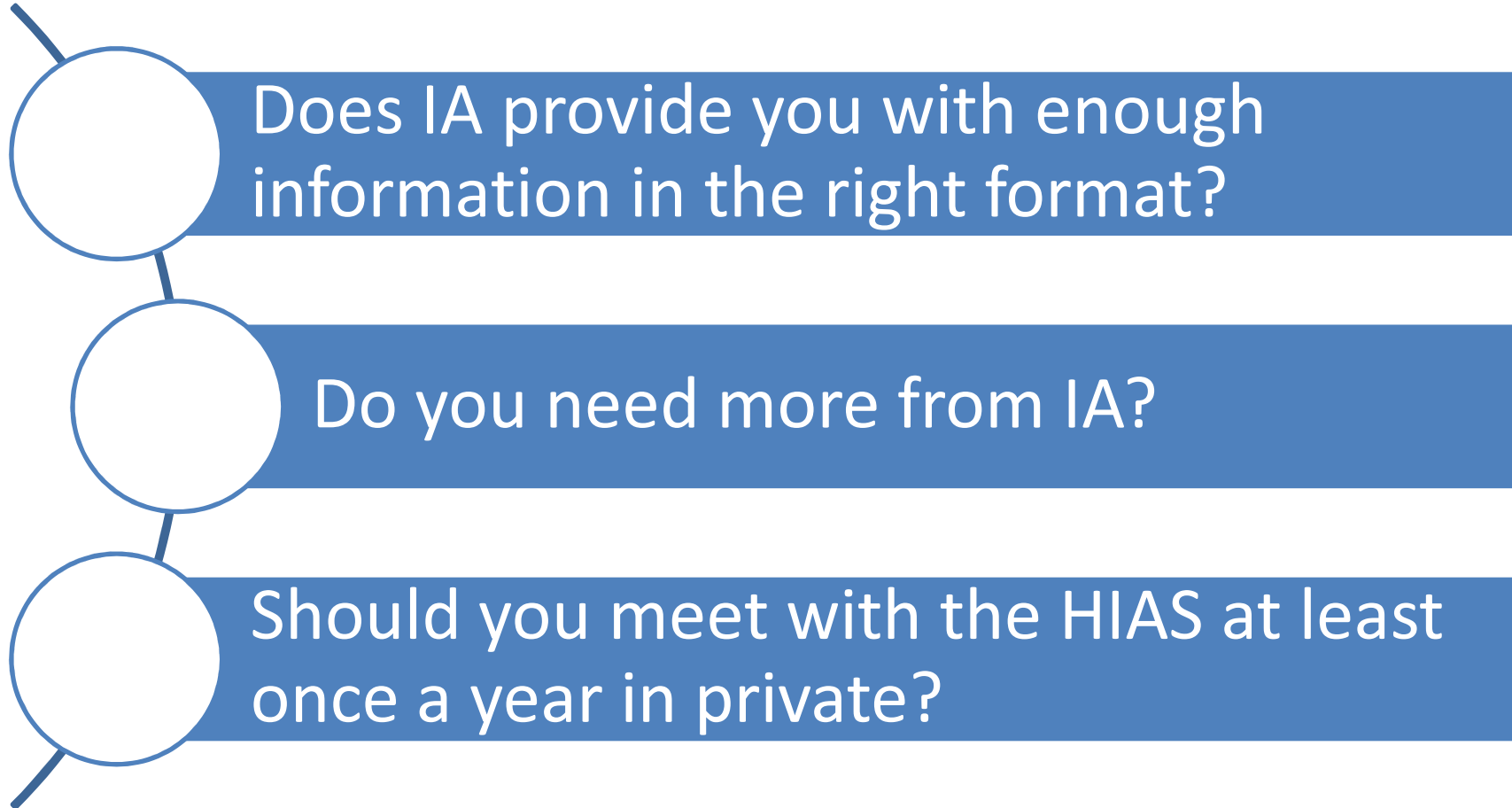
Partnerships

How do you know
how well our
partnerships are
governed?


Internal Audit



Internal Audit

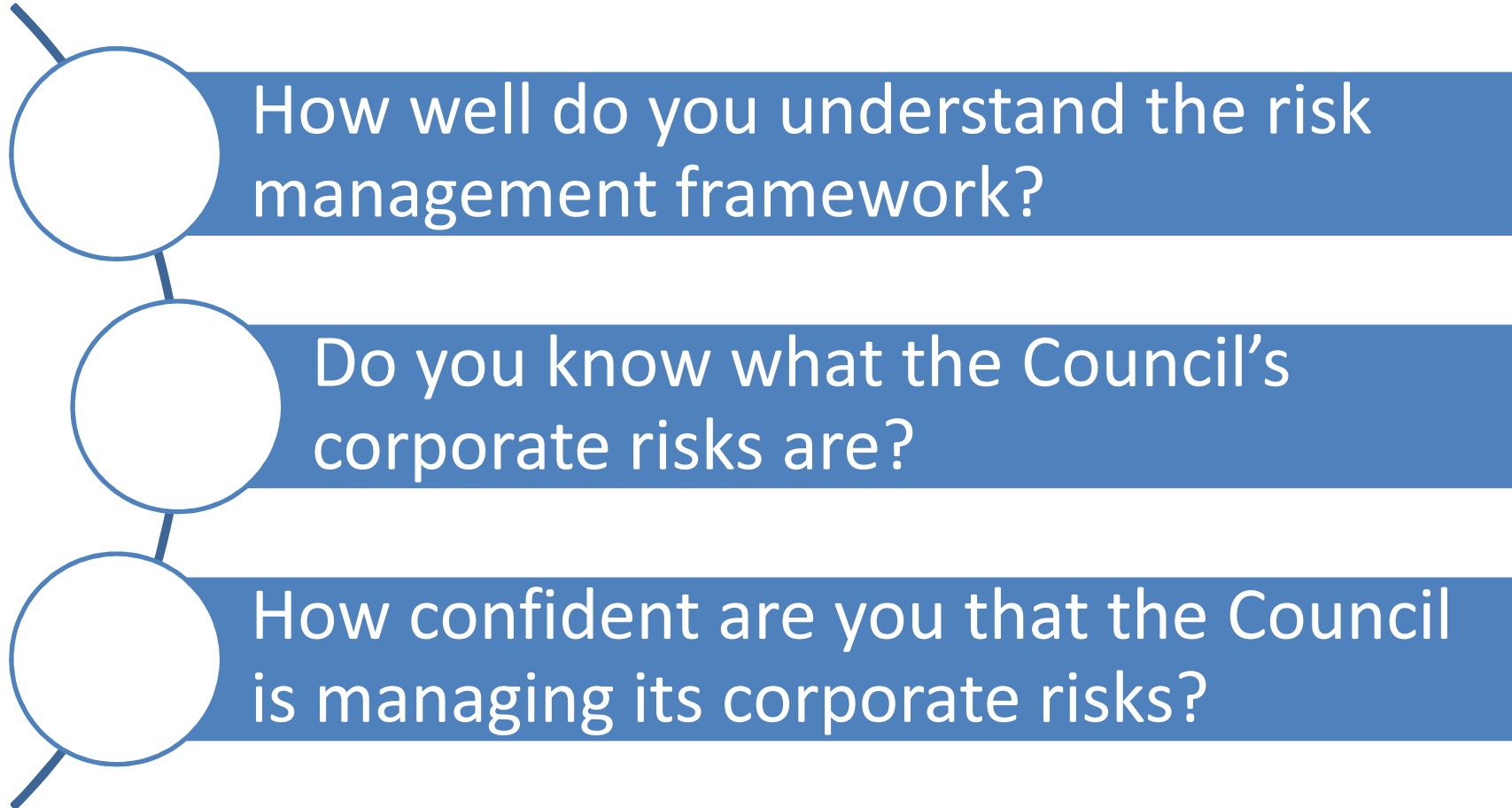
- 
- Does IA provide you with enough information in the right format?
 - Do you need more from IA?
 - Should you meet with the HIAS at least once a year in private?

Challenge



**How well do you
robustly challenge
senior management
when needed?**

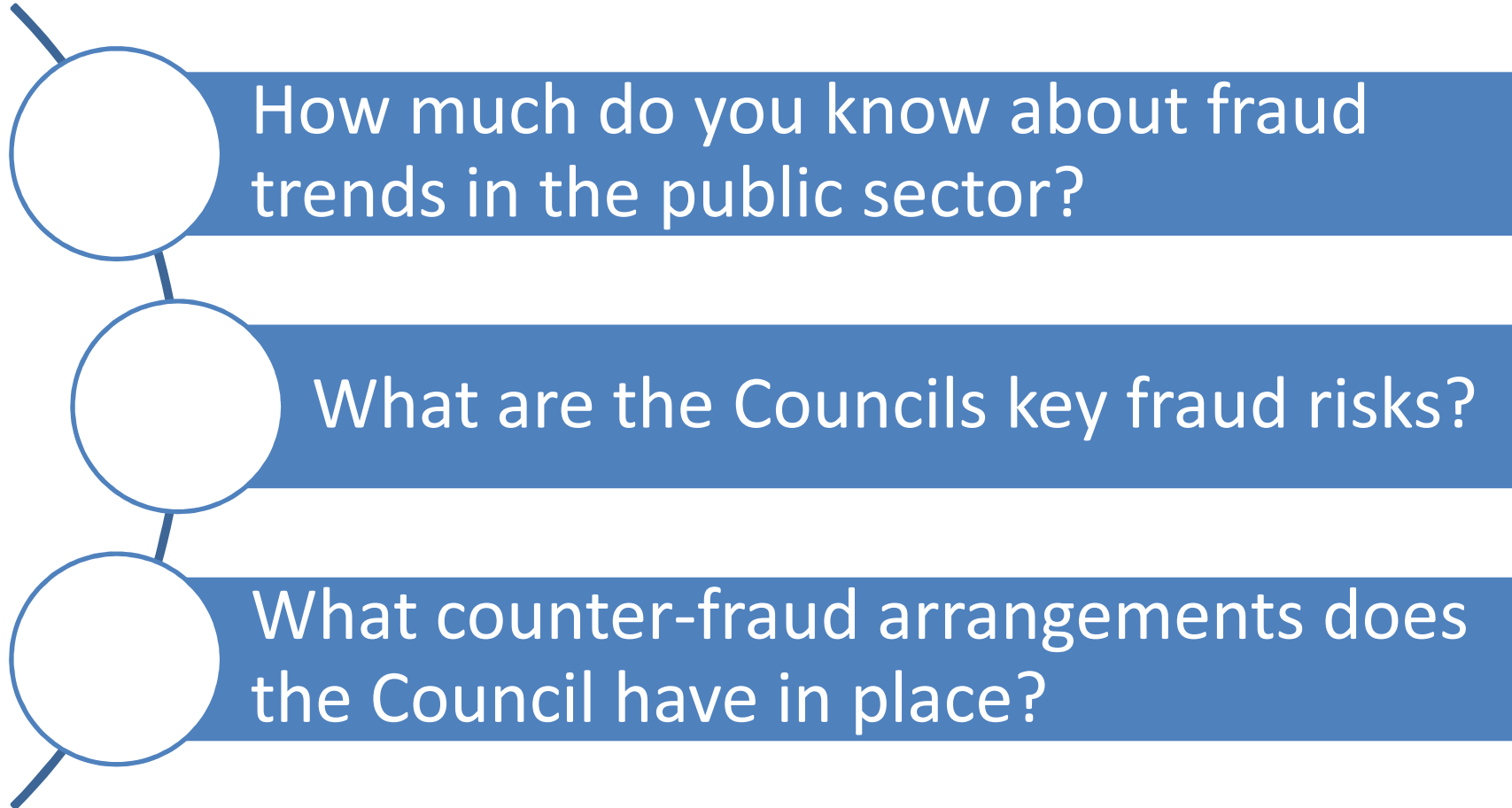
Risk management

- 
- How well do you understand the risk management framework?
 - Do you know what the Council's corporate risks are?
 - How confident are you that the Council is managing its corporate risks?

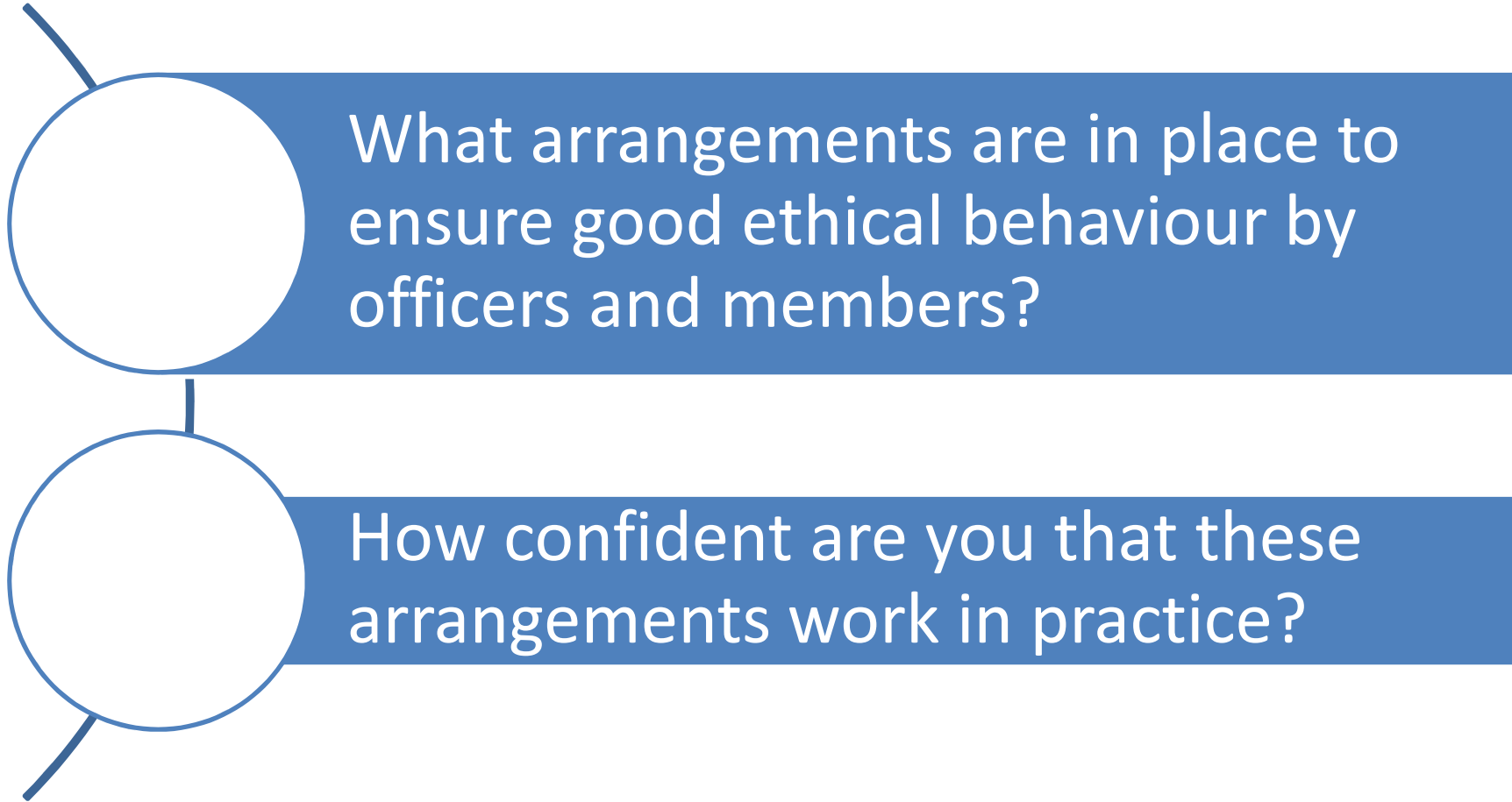
Risk management

What are this
Committee's/Performance
Scrutiny's roles relating to
risk management?

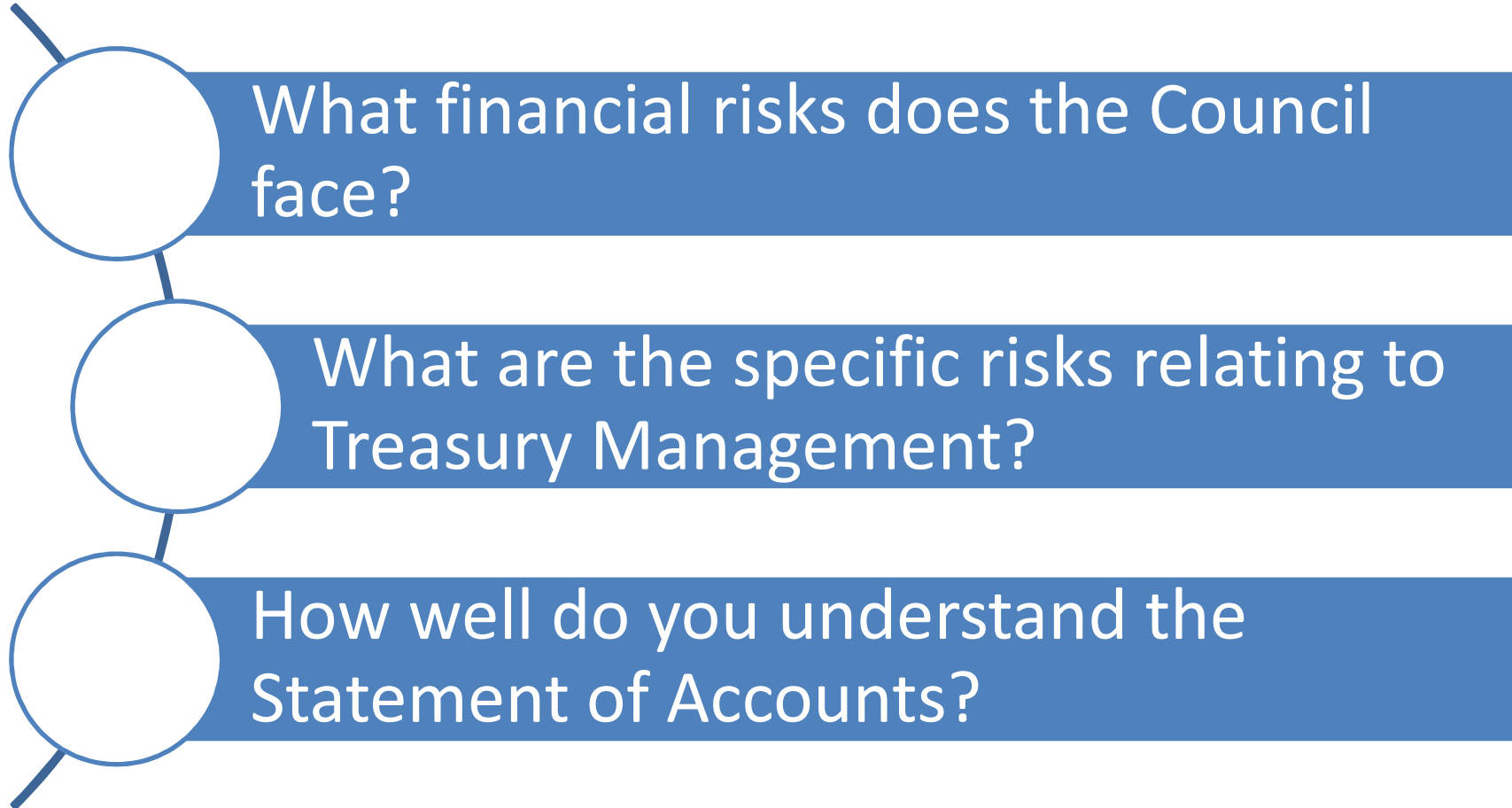
Fraud

- 
- How much do you know about fraud trends in the public sector?
 - What are the Councils key fraud risks?
 - What counter-fraud arrangements does the Council have in place?

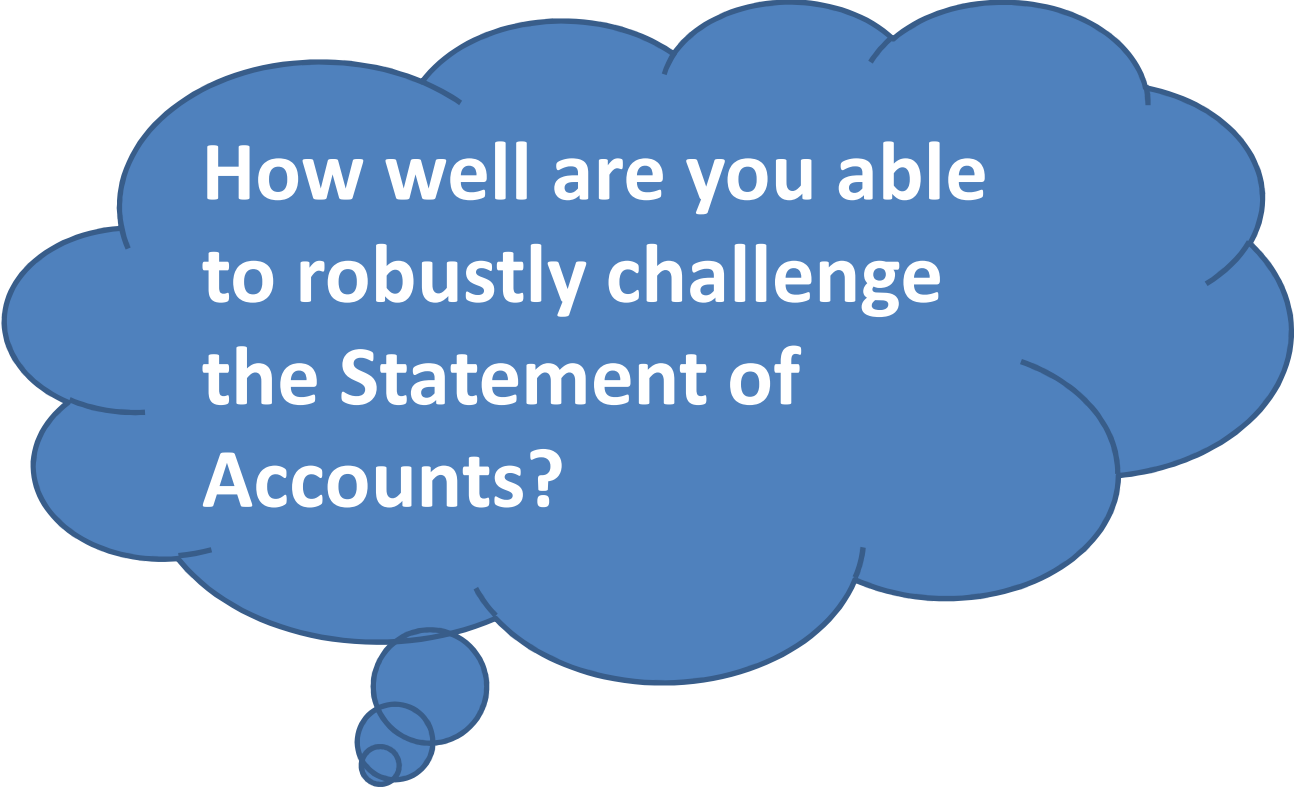
Ethics



Financial management

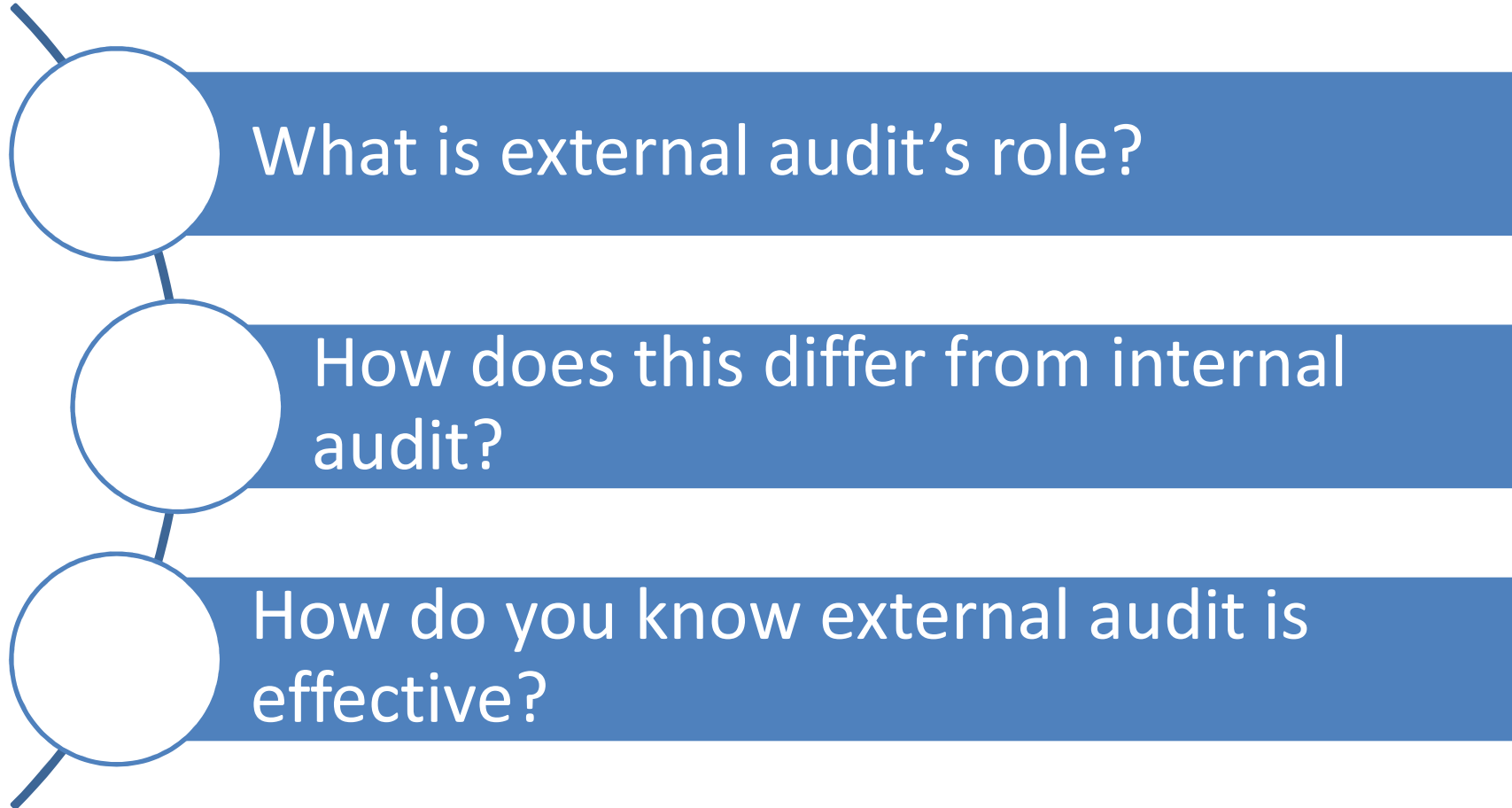


Financial management

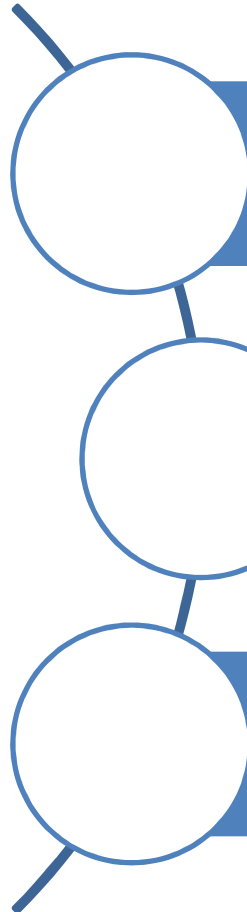


How well are you able
to robustly challenge
the Statement of
Accounts?

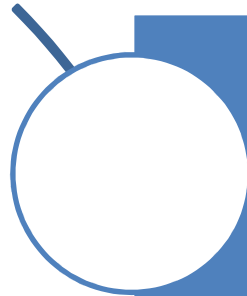
External audit



External audit

- 
- Does external audit provide you with enough information in the right format?
 - Do you need more from external audit?
 - Should you meet with the external auditor at least once a year in private?

Committee knowledge



Is the Chair confident in his knowledge of finance, risk management, audit and the Council's regulatory regime?



How well are you trained for your role?

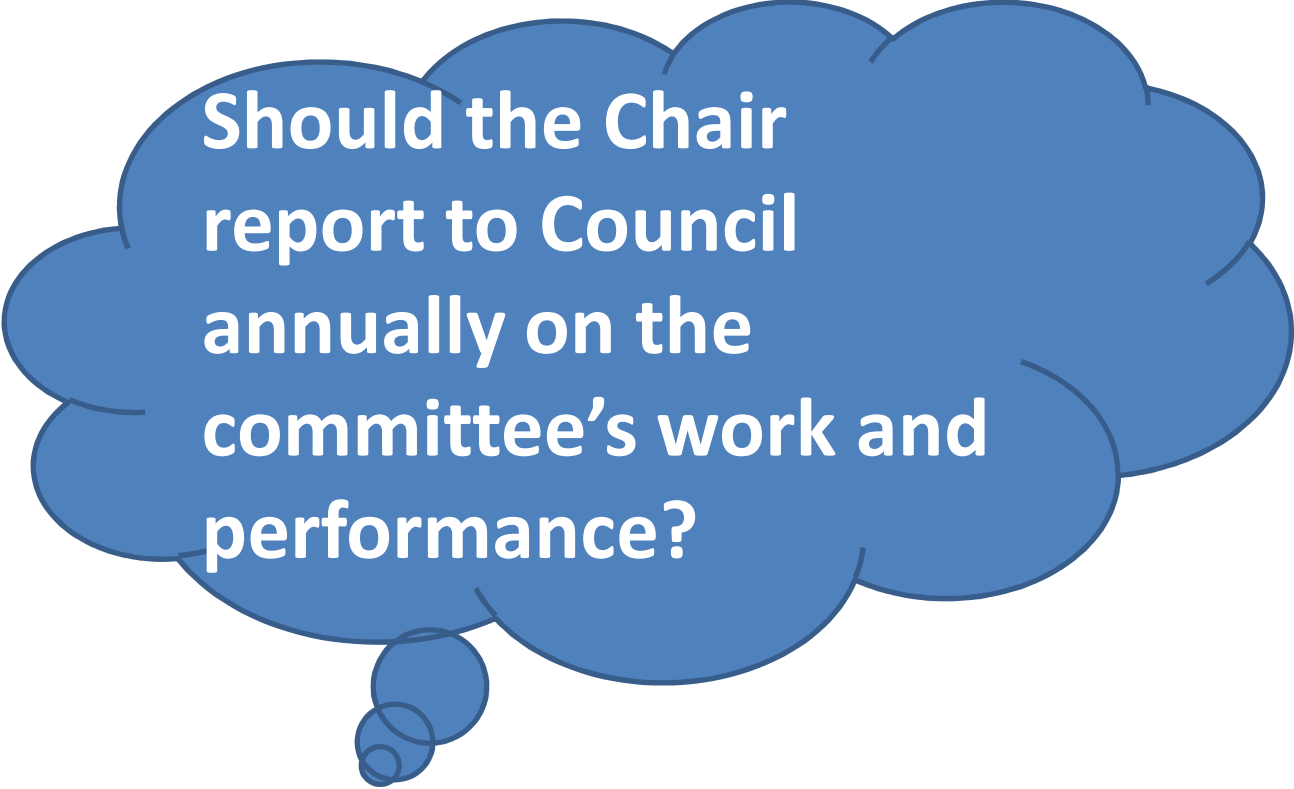


Should new committee members have induction training in their new role?

Committee support

- How well do officers support you in meetings and provide advice and guidance?
- Are you adequately prepared for the Committee meetings?
- Can written/verbal reports to the committee be improved?

Committee effectiveness



Should the Chair
report to Council
annually on the
committee's work and
performance?

Report To: Corporate Governance Committee

Date of Meeting: 4th September 2013

Lead Member / Officer: Head of Finance & Assets

Report Author: Chief Accountant

Title: Budget 2014/15 - Update

1. What is the report about?

The report provides an update of the latest position with regard to the process of setting the council's budget for 2014/15. The prime focus of this report is to consider a report to be presented to County Council on 10th September 2013 (attached as Appendix 1).

2. What is the reason for making this report?

The Corporate Governance Committee has an oversight role with regard to the budget process.

3. What are the Recommendations?

That the Committee note the latest position and proposed next steps and considers the saving proposals being taken to County Council for formal approval.

4. Report details

In June 2013, a report was presented outlining the latest assumptions with regard to the council's potential revenue budget settlement and possible financial consequences. Until the Draft Local Government Settlement is published in October, the position won't be clear although all indications are that the settlement will be poor. The WLGA are recommending that councils assume a reduction of -4% in 2014/15. The council will also be adversely affected by changes resulting from census data which have highlighted that the council's population is lower than had been estimated in national population estimates.

In response to the likely poor settlement, progress is being made with all services to identify saving proposals for the coming three year period. To date, new saving proposals totalling approximately £2.5m have been identified with three services still to be reviewed. These proposals will be considered in more detail with relevant lead members in September before presentation to elected members at a workshop in October.

The service challenge process during 2012/13 and 2013/14 had already identified potential savings of approximately £1.7m for 2014/15. These proposals have been considered in detail at the various service challenge meetings as part of the budget setting process for both 2012/13 and 2013/14. It is proposed therefore to take these previously identified savings to County Council for formal approval early in September so that effort can be focussed on new savings identified and proposals to deal with any shortfall in next year's budget.

5. How does the decision contribute to the Corporate Priorities?

The budget underpins the delivery of all priorities and council services.

6. What will it cost and how will it affect other services?

The report to council identifies savings of £1.7m with £782k proposed by services and £963k of corporate led efficiencies. Of these corporate efficiencies, £663k will be delivered by services.

7. What consultations have been carried out?

The saving proposals for 2014/15 have previously been considered at service challenge meetings in 2011 and 2012 and were included as part of the three-year targets identified in the Medium Term Financial Plan.

8. Chief Finance Officer Statement

Formal agreement of the previously identified saving proposals will allow political and corporate effort to be focussed on the challenging task of setting the rest of the budget for 2014/15.

9. What risks are there and is there anything we can do to reduce them?

The service and financial impact of all proposals must be properly considered as part of the budget setting process.

Report To: County Council

Date of Meeting: 10th September 2013

Lead Member / Officer: Councillor Julian Thompson-Hill /Paul McGrady

Report Author: Richard Weigh, Chief Accountant

Title: Revenue Budget 2014/15

1. What is the report about?

The report provides an update of the latest position with regard to setting the council's budget for 2014/15. The prime focus of this report is to approve an initial range of saving proposals for 2014/15. The saving proposals have emerged from the Service Challenge process over the past two years.

2. What is the reason for making this report?

To provide an update of the latest budget position for 2014/15 and to approve the saving proposals listed in Appendix 1.

3. What are the Recommendations?

To note the latest position with regard to the budget for 2014/15.

To approve the savings proposals listed in Appendix 1.

4. Report details

The majority (around 78%) of the council's funding comes from Welsh Government via the Revenue Support Grant and redistribution of NNDR. In 2013/14, the final settlement for Denbighshire was £150.821m. The remainder of the council's funding is provided through Council Tax (£40.7m budgeted in 2013/14). Therefore the impact of movement on the settlement has a much more significant impact than movement on levels of Council Tax.

The council is likely to face a challenging revenue budget settlement in 2014/15 and beyond. Although the Draft Local Government Settlement isn't due to be published until early October – where the position will be made clearer, all indications are that the settlement will be poor. A number of recent ministerial announcements and comments support this view. The WLGA are recommending that for planning purposes, councils assume a cash reduction of -4% in 2014/15. Every 1% reduction in the council's revenue settlement equates to approximately £1.5m.

It is unclear why reductions of such magnitude would be required in 2014/15 or indeed in 2015/16, as the UK Government settlement to Wales does not

reflect the need for such reductions. Recent announcements therefore about 'English style reductions to local government in Wales' are likely to be as a consequence of Welsh Government policy to 'protect' services (i.e. divert resources) to areas such as health.

In the past three years, Welsh Government has sought to influence local decision making by requiring school and social care budgets to be 'protected'. This has been expressed as instructing councils to provide funding to those areas at a level that is 1% better than the settlement the Welsh Government receives from the UK Government (known as the Block Grant). This has meant that over half of the council's revenue budget has been protected in this way. Continuing to impose protection to some services from a national level means that potential funding reductions would fall disproportionately on non-protected areas and the council will have less flexibility to manage the impact.

In addition to this, the council will also be adversely affected by changes resulting from census data which have highlighted that the council's actual population is lower than had been estimated in national population estimates. Population is a key indicator used to distribute government funding and the results of the census in 2011 showed that, at a national level, the estimates of population growth had been overestimated. The financial impact of this change is likely to be around £3.1m but clarification is still awaited from Welsh Government about how the change might be implemented – particularly whether the impact may be spread over more than one year.

The council will also face inflationary pressures in a number of areas such as pay, pensions, energy and service demand pressures.

Taking all of the above into account, it is likely that a significant savings target will be required in 2014/15. There are still too many uncertainties to give a precise figure but if the reduction to the council's revenue settlement is at the level of -4% and the impact of the census change is implemented in one year, then a planning assumption of a reduction of between £8-9m is not an unreasonable possibility.

Services are currently modelling budget scenarios and identifying possible future savings. These will be presented to elected members for consideration at budget workshops scheduled for 21st October and 9th December. It is proposed that a report will be presented to County Council on 3rd December where savings supported by elected members can be agreed and more energy can be focussed on any remaining savings to be agreed before the final budget is agreed by Council on 4th February.

In that context, the Service Challenge process in place as part of the budget setting process for 2012/13 and 2013/14 has already identified potential savings of £1.716m for 2014/15. These proposals have been considered in detail at the various service challenge meetings and have been confirmed at recent meetings with heads of service.

The saving proposals are shown as Appendix 1 and are described as Phase 1 of the process of achieving a potentially significant target for 2014/15. The Appendix shows the areas where savings are proposed and for context, shows the net revenue budget for each area for 2013/14 and the percentage of net budget savings achieved so far since 2010/11. Some services have a zero total as part of this phase but will be required to propose further savings in the coming weeks as the 2014/15 budget process continues.

The corporate savings highlighted as Modernising the Council form part of a target to achieve approximately £3.0m of savings over the coming 3 years as projects are developed to deliver efficiency and to create capacity in services. A number of efficiency projects are in development, including investment in Electronic Document and Records Management (EDRMS) and Central Invoice Registration (a means to increase the number of invoices received and processed electronically) and other projects to widen the use of technology to allow savings to be delivered through reduced need to travel, greater flexibility and more efficient administration. Ultimately the modernisation saving targets will be delivered by services.

5. How does the decision contribute to the Corporate Priorities?

Effective management of the council's revenue budget and delivery of the agreed budget strategy underpins activity in all areas, including corporate priorities.

6. What will it cost and how will it affect other services?

The savings proposals identified in Appendix 1 total £1.716m.

7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision?

Individual services are responsible for carrying out impact assessments on their saving proposals contained within the budget. A summary EqIA is therefore enclosed in relation to the impact of the saving proposals.

8. What consultations have been carried out with Scrutiny and others?

The saving proposals for 2014/15 have previously been considered at Service Challenge meetings in 2011 and 2012 and were included as part of the three-year targets identified in the Medium Term Financial Plan. The Service Challenges were held with each Head of Service and included representatives from scrutiny committees and Cabinet. A copy of this report has been included on the agenda of the Corporate Governance Committee for consideration on 4th September 2013.

9. Chief Finance Officer Statement

The next three years are likely to be extremely challenging. There are many uncertainties and caveats but the likelihood is that a significant savings target will be required in 2014/15 and beyond. Elected members will have a key role to play in determining the council's response to the challenges ahead. Agreement to the proposals in this report will mean that more effort can be focussed on the remainder of the task ahead to ensure the council delivers a sustainable budget for 2014/15 and a robust Medium Term Financial Plan for the coming three years.

10. What risks are there and is there anything we can do to reduce them?

This is potentially the most challenging financial period the council has faced. The proposals highlighted in this report and the impact on services has been assessed over two rounds of service challenges. Failure to deliver the agreed budget strategy will put further pressure on services in the current and future financial years. Effective budget monitoring and control will help ensure that the financial strategy is achieved.

11. Power to make the Decision

Local authorities are required under Section 151 of the Local Government Act 1972 to make arrangements for the proper administration of their financial affairs.

MEDIUM TERM FINANCIAL PLAN 2014-15: SAVING PROPOSALS PHASE 1

<u>Service Area</u>	<u>Description</u>	<u>Budget</u> <u>2013/14</u> <u>£k</u>	<u>Savings Delivered</u> <u>2010/11-2013/14</u> <u>(% of 2010 Base)</u>	<u>Savings Proposed</u> <u>2014/15</u> <u>£k</u>
CORPORATE EFFICIENCIES				
Reduce Contingency for balances and impact of Recession	Phase out budget provision over 3 years			300
Workfore Efficiencies	Includes Removal of Essential Car User Allowance			363
Modernising the Council	Agreed target as per the 2013/14 Budget only - further projects being developed and will be apportioned to Services			300
				963
SERVICE EFFICIENCIES				
Communication, Marketing & Leisure				
		5,435	16.70%	
Modernise Library Service Provision	Better use of space eg Gallery, Museum, TIC, location and suitability of some buildings etc			30
Scala	Reduced Council subsidy			12
Clwyd Leisure	Reduced Council subsidy			50
ECTARC	Reduced Council subsidy			10
Ruthin Craft Centre	Reduce Council's financial support			20
Llangollen Pavilion	Reduce Council's financial support			25
				147
Highways & Environmental Services				
		20,140	10.04%	
Renegotiate recycle and disposal contracts	Contracts being tendered - increased competition likely to drive down prices			27
Environmental Services	Other Small savings			10
WAG Waste Target Pressures	Increase in Landfill Tax, costs of collection etc			-50
Countryside - AONB	Additional staffing resource to extend the boundary of the AONB			-20
Reduced subsidy of School Meal Service	Increased take up of meals removes reliance on subsidy			50
				17
Planning and Regulatory Services				
		2,531	18.34%	
Review Pest Control	Review provision - only carry out the statutory part of function			20
Review Development Control	Reorganisation of service structure			10
Review of Planning Policy Service	Management restructure			20
Review of Pollution Control	Review of structure			10
				60
Adults & Business Services				
		33,299	7.91%	
Cefndy Healthcare	Planned reduction in Council subsidy			31
Impact of investment in reablement	Reduced need for care services as more people are able to live independently for longer			75
Residential Care - Impact of Extra Care	Less people needing residential care due to preventative services and more independent living opportunities			150
Reablement Intervention	Reduce need for care services through targeted intervention			13
Telecare	Regional partnership will reduce running costs			10
Systems Thinking and Vacancy Control	Process improvements to reduce admin and other costs			90
Social Care Regional Board - Procurement Hub	Better commissioning of high cost placements			18
				387
School Improvement & Inclusion				
		4,859	11.55%	
				0
				0
Customers & Education Support				
		1,960	1.38%	
				0
				0
Children's Services				
		8,797	4.75%	
Staffing				
Reduction in Independent (external) Placement Provision	Currently exceptionally high due to type of placements. These will change as certain individuals become adults			64
West Rhyl Young Peoples Project	Reduce / remove grant funding			41
Social Care Regional Board - Procurement Hub	Better commissioning of high cost placements			17
				122
Housing & Community Development				
		1,753	14.06%	
Review of Regeneration	Review of Management Structure			20
				20
Finance & Assets				
		7,018	12.78%	
				0
				0
HR				
		901	13.54%	
				0
				0
Legal & Democratic Services				
		1,513	18.22%	
				0
				0
Business Planning & Performance				
		1,430	0.72%	
				0
				0
Schools				
		63,839	0%	
Schools				0
				0
Total Service Savings - Phase 1				753
				1,716
Total Council Savings - Phase 1				1,716

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Appendix 2 Summary of Efficiency Programme Phase 1 2014-15 EqIA

Corporate	Proposed Saving: Reduce Contingency for Balances/Impact of Recession
Change to service provided?	No
Potential Impacts	None – provision has not been committed
Conclusion/Recommendation	No Further Action

Corporate	Proposed Saving: Workforce Cost Review
Change to service provided?	No
Potential Impacts	Removal of Essential Car User Allowance
Conclusion/Recommendation	HR have completed a detailed EqIA for this.

Corporate	Proposed Saving: Modernising the Council
Change to service provided?	Possibly – these are targets and each project will need an EqIA as it develops.
Potential Impacts	Would be assessed on a project by project basis
Conclusion/Recommendation	

CML	Proposed Saving: Modernisation of Library Service Provision
Change to service provided?	No change proposed. The efficiency target has been achieved without changing current provision
Potential Impacts	The service is confident that this will not impact on the level of service provided. The efficiencies are not associated with any front-line provision. Does not impact directly on the workforce.
Conclusion/Recommendation	None - The service has adopted a policy commitment which ensures front line provision will not be affected, until a clear strategy and service model has been determined for Libraries in Denbighshire.

Environment	Proposed Saving: Renegotiate Recyclate and disposal contracts
Change to service provided?	No

Appendix 2 Summary of Efficiency Programme Phase 1 2014-15 EqIA

Potential Impacts	The saving will be achieved through the renegotiation of a contract. The service is confident that this will not impact on the level of service and that no-one with a protected characteristic would experience any negative impact.
Conclusion/Recommendation	No further action required

Environment	Proposed Saving: Regional Waste project procurement budget
Change to service provided?	No
Potential Impacts	A budget set aside for procurement in the regional waste project is no longer required for this purpose and the project will proceed as planned. The service is confident that this will not impact on the level of service and that no-one with a protected characteristic would experience any negative impact.
Conclusion/Recommendation	No further action required

Planning & Regulatory	Proposed Saving: Service Restructures
Change to service provided?	Savings targets.
Potential Impacts	
Conclusion/Recommendation	All restructuring proposals would be subject to an EqIA as they develop.

Adult Social Care	Proposed Saving: Cefndy Heath Care
Change to service provided?	Yes
Potential Impacts	The Saving will be achieved via a reduction of council subsidy based on a revised business plan for the enterprise. This new plan sets more ambitious targets than had previously been the case, particularly in relation to increased volume of sales. The service believes there will be no negative impact on service users or staff with any protected characteristics.
Conclusion/Recommendation	No further action required

Adult Social Care	Proposed Saving: Re-ablement (older people)
Change to service provided?	Yes
Potential Impacts	The savings will be achieved by reducing the need for longer-term care packages by instead providing re-ablement which allows the older person to attain independence and therefore cease to require care support or elements of care support.

Appendix 2 Summary of Efficiency Programme Phase 1 2014-15 EqIA

	The service believes that the impact on service users will be positive.
Conclusion/Recommendation	No further action required

Adult Social Care	Proposed Saving: Residential Care - Impact of Extra-Care
Change to service provided?	Yes
Potential Impacts	The saving will be achieved through the development of Extra Care provision which is expected to result in a reduction in demand for other services. This will reduce the financial burden which these other services would otherwise place on the council. The service believes that the impact on service users will be positive because Extra-Care provision provides greater independence for the service user.
Conclusion/Recommendation	No further action required

Adult Social Care	Proposed Saving: Re-ablement (Physical Impairment)
Change to service provided?	Yes
Potential Impacts	The savings will be achieved by reducing the need for longer-term care packages by instead providing re-ablement which allows the physically impaired person to attain independence and therefore cease to require care support or elements of care support. The service believes that the impact on service users will be positive.
Conclusion/Recommendation	No further action required

Adult Social Care	Proposed Saving: Telecare
Change to service provided?	No
Potential Impacts	The Savings will be achieved through the development of a wider partnership (involving 5 rather than 2 local authorities), which is expected to deliver savings without any reduction in provision. However, the service is aware that changes affecting staff can have negative equality impacts.
Conclusion/Recommendation	HR policies in relation to early voluntary retirement, redundancy, and redeployment are Equality Impact Assessed.

Adult Social Care	Proposed Saving: Systems Thinking and Vacancy Control
Change to service provided?	Potential
Potential Impacts	The savings will be achieved via a reduction in staffing costs across the service as identified by systems thinking

Appendix 2 Summary of Efficiency Programme Phase 1 2014-15 EqIA

	exercises and vacancy control. The service believes there will be no reduction in service provision and that no service user with any of the protected characteristics will experience a negative impact. However, the service is aware that changes affecting staff can have negative equality impacts.
Conclusion/Recommendation	HR policies in relation to early voluntary retirement, redundancy, and redeployment are Equality Impact Assessed.

Children & Families	Proposed Saving: Reduction in Independent Placement Provision
Change to service provided?	Yes
Potential Impacts	We will still be seeking to provide the most appropriate accommodation to meet needs however changes to provision such as that detailed above and the impact of the hub provide an opportunity to achieve this with a smaller resource commitment without detriment to end users.
Conclusion/Recommendation	Review on case by case basis.

Agenda Item 7

Report To:	Corporate Governance Committee
Date of Meeting:	4 September 2013
Lead Member / Officer:	Cllr Julian Thompson-Hill
Report Author:	Head of Finance and Assets
Title:	1. Annual Treasury Management (TM) Report 2012/13 (Appendix 1) 2. TM Update Report 2013/14 (Appendix 2)

1 What is the report about?

- 1.1 The Annual TM Report 2012/13 (Appendix 1) is about the Council's investment and borrowing activity during 2012/13. It also provides details of the economic climate at that time and shows how the Council complied with its Prudential Indicators. The TM Update Report (Appendix 2) provides details of the Council's TM activities during 2013/14.
- 1.2 The term 'treasury management' includes the management of the council's borrowing, investments and cash flow. Approximately £0.5bn passes through the council's bank accounts every year. The council's outstanding borrowing is £133.26m with an average annual interest rate charge of 5.77% and at any point during the year, the council will have between £20-£35m to invest which on average earns 0.80% currently.

2 What is the reason for making this report?

- 2.1 It was agreed by Council on 27 October 2009 that the governance of TM be subjected to scrutiny by the Corporate Governance Committee. Part of this role is to receive an update on the TM activities twice a year and to review the enclosed Annual TM Report for 2012/13.
- 2.2 **Role of Corporate Governance Committee**
 - 2.2.1 The TM team will provide reports and training to the Corporate Governance Committee in accordance with the timetable below:

Committee	Date	Report Title	Report Content
Corporate Governance	January	TM Update/Training Session	- External environment - Risks - Activity - Controls - Future Activity
Corporate Governance	January	TM Strategy	- Policy - Strategy - Prudential Indicators
Council	February	TM Strategy	As above
Corporate Governance	September	TM Update	As TM Update above
Corporate Governance	September	TM Review	- Review of TM activities during the preceding year - Performance of TM function
Cabinet	September	TM Review	As above

2.2.2 TM is a complex area which takes time to understand fully and regular updates are provided. It was deemed therefore that the Corporate Governance Committee was more appropriate than Council to receive these updates so that the required amount of time and commitment could be devoted to this area.

2.2.3 The Committee is required to have a certain level of understanding in this area and this is achieved through regular updates and training sessions.

2.2.4 The role of the Committee includes the following:

- To understand the Prudential Indicators
- To understand the impact of borrowing on the revenue position
- To understand the wider drivers impacting on the Council's TM activities
- To ensure that the Council always acts in a prudent manner in relation to its TM activities

3 What are the Recommendations?

3.1 That members note the performance of the Council's Treasury Management function during 2012/13 and its compliance with the required Prudential Indicators as reported in the Annual TM Report 2012/13 (Appendix 1).

3.2 That members note the TM update report (Appendix 2).

4 Report details

4.1 The purpose of the Annual TM Report (Appendix 1) is to:

- present details of capital financing, borrowing, debt rescheduling and investment transactions in 2012/13;
- report on the risk implications of treasury decisions and transactions;
- confirm compliance with treasury limits and Prudential Indicators.

4.3 The TM update report (Appendix 2) provides details of the following:

- External economic environment
- Risks
- Activity
- Controls
- Future Activity

5 How does the decision contribute to the Corporate Priorities?

5.1 Good investment and borrowing decisions allow additional resources to be directed to other Council services.

6 What will it cost and how will it affect other services?

6.1 Not applicable.

7 What consultations have been carried out?

7.1 The Council has consulted with its treasury advisers, Arlingclose Ltd.

8 What risks are there and is there anything we can do to reduce them?

8.1 Treasury Management is inherently risky but the Council is monitoring and controlling these risks as outlined in the main report. However, it is impossible to eliminate these risks completely. The council's treasury management strategy and procedures are audited annually and the latest internal audit review was positive with no significant issues raised.

9 Power to make the Decision

9.1 The Local Authorities (Capital Finance and Accounting) (Wales) Regulations require local authorities to have regard to the Chartered Institute of Public Finance and Accountancy's Code of Practice on Treasury Management which determines the requirement for the Council to prepare regular TM updates and an annual report on treasury activities for the previous financial year.

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Appendix 1

DENBIGHSHIRE COUNTY COUNCIL

***ANNUAL TREASURY MANAGEMENT
REPORT
2012/13***

**Paul McGrady
Head of Finance & Assets**

CONTENTS

Section	Title
1	Background
2	Economic Background
3	Borrowing Activity
4	Investment Activity
5	Compliance with Prudential Indicators
6	Money Laundering Update
	Appendix A - PWLB borrowing rates and UK Money Market rates
	Appendix B – Compliance with Prudential Indicators 2012/13

1. Background

The Council's treasury management activity is underpinned by CIPFA's Code of Practice on Treasury Management ("the Code"), which requires local authorities to produce annually Prudential Indicators and a Treasury Management Strategy Statement on the likely financing and investment activity. The Code also recommends that members are informed of treasury management activities at least twice a year. Reports are made twice a year to the Corporate Governance Committee which is the committee with responsibility for the scrutiny of the Council's treasury policy, strategy and activity, as well as the annual report made to cabinet and the report to full council for approval of the annual treasury strategy.

Treasury management is defined as: "The management of the local authority's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks."

Overall responsibility for treasury management remains with the Council. No treasury management activity is without risk; the effective identification and management of risk are integral to the Council's treasury management objectives.

2. Economic Background

The global outlook stabilised mainly due to central banks maintaining low interest rates for an extended period. The economy shrank in the first, second and fourth quarters of the calendar year 2012. It was the impressive 0.9% growth in the third quarter, aided by the summer Olympic Games, which allowed growth to register 0.2% over the calendar year 2012. The expected boost to net trade from the fall in the value of sterling did not materialise, but raised the price of imports, especially low margin goods such as food and energy.

Household financial conditions and purchasing power were constrained as wage growth remained subdued at 1.2% and was outstripped by inflation. Annual CPI dipped below 3%, falling to 2.4% in June before ticking up to 2.8% in February 2013. Higher food and energy prices and higher transport costs were some of the principal contributors to inflation remaining above the Bank of England's 2% CPI target.

The lack of growth and the fall in inflation were persuasive enough for the Bank of England to maintain the Bank Rate at 0.5% and also sanction additional £50 billion asset purchases (QE) in July, taking total QE to £375 billion. The possibility of a rate cut was discussed at some of the Bank's Monetary Policy Committee meetings, but was not implemented as the potential drawbacks outweighed the benefits of a reduction in the Bank Rate.

3. Borrowing Activity

The table below shows the level of the Council's PWLB borrowing at the start and the end of the year.

	Balance at 01/4/2012 £000	Maturing loans £000	Premature repayments £000	New Borrowing £000	Balance at 31/3/2013 £000
Fixed rate loans – Public Works Loan Board (PWLB)	134,890	1,621	0	0	133,269
Total borrowing	134,890	1,621	0	0	133,269

The strategy in 2012/13 was to use internal resources instead of external borrowing as the most cost effective means of funding capital expenditure. This was sustainable during 2012/13 because the Council had sufficient reserves and balances to avoid the need for external borrowing.

As a result of maturities during the year, the average rate on the Council's debt increased from 5.74% at 1 April 2012 to 5.77% at 31 March 2013.

Appendix A shows how interest rates for borrowing have moved over the course of the year.

4. Investment Activity

The Council held average cash balances of £26m during the year. These represent the Council's Balances and Reserves, working cash balances and also where money has been borrowed before capital expenditure is incurred.

The Welsh Government's Investment Guidance requires local authorities to focus on security (keeping the money safe) and liquidity (making sure we never run out of cash) as the primary objectives of a prudent investment policy. The Council's aim was to achieve a return on investments in line with these principles. The return is important but is a secondary consideration and the priority is the security of the sums invested.

The table below shows the level of the Council's investments at the start and the end of the year.

	Balance at 01/4/2012 £000	Investments Raised £000	Investments Repaid £000	Balance at 31/3/2013 £000
Investments	21,000	192,000	202,000	11,000

The Council's investment income for the year was £0.239m compared to £0.408m in 11/12 which meant that the low interest rates available in the market continued to have a significant impact on the investment return earned by the Council.

Security of capital remained the Council's main investment objective. This was maintained by following the Council's counterparty policy as set out in its Treasury Management Strategy Statement for 2012/13. Investments during the year included:

- Deposits with the Debt Management Office
- Call accounts and deposits with Banks and Building Societies

Credit risk:

Counterparty credit quality was assessed and monitored with reference to the following:

- credit ratings (minimum long-term counterparty rating of A- / A- / A3 across rating agencies Fitch / S&P / Moody's);
- credit default swaps
- GDP of the country in which the institution operates;
- the country's net debt as a percentage of GDP;
- any potential support mechanisms;
- share price.

In June Moody's downgraded a swathe of banks with global capital market operations, including the UK banks on the Council's lending list (Barclays, HSBC, Royal Bank of Scotland/Natwest, Lloyds TSB Bank/Bank of Scotland, Santander UK plc) as well as several non UK banks, but none of the ratings fell below the Council's minimum A- / A3 credit rating threshold.

Liquidity:

In keeping with the WG's Guidance on Investments, the Council maintained a sufficient level of liquidity through the use of overnight deposits and instant access call accounts.

Yield:

The Council sought to achieve the best return balanced against its objectives of security and liquidity. The UK Bank Rate was maintained at 0.5% through the year.

The Council considered an appropriate risk management response to uncertain and deteriorating credit conditions in Europe was to shorten maturities for new investments. Short term money market rates also remained at very low levels which had a significant impact on investment income.

All investments made during the year complied with the Council's agreed Treasury Management Strategy, Prudential Indicators, Treasury Management Practices and prescribed limits. Maturing investments were repaid to the Council in full and in a timely manner.

5. Compliance with Prudential Indicators

The Council can confirm that it has complied with its Prudential Indicators for 2012/13, which were set in February 2012 as part of the Council's Treasury Management Strategy Statement. Details can be found in Appendix B.

In compliance with the requirements of the CIPFA Code of Practice this report provides members with a summary report of the treasury management activity during 2012/13. None of the Prudential Indicators have been breached and a prudent approach has been taken in relation to investment activity with priority being given to security and liquidity over yield.

6. Money Laundering Update

The Council is alert to the possibility that it may become the subject of an attempt to involve it in a transaction involving the laundering of money. Accordingly, it maintains procedures for verifying and recording the identity of counterparties and reporting suspicions, and will ensure that relevant staff are properly trained.

The Head of Finance and Assets has been appointed as the Money Laundering Reporting Officer. There haven't been any cases of money laundering reported since the start of Denbighshire to date and we consider the risk to the Council to be minimal.

Interest Rates 2012/13

Public Works Loan Board (PWLB) borrowing rates and UK Money Market rates during the year were:

Example PWLB Borrowing rates % (The rate at which the Council could borrow money from the Government)

Start Date	Length of Loan		
	1yr	19½-20 yrs	49½-50 yrs
02-Apr-12	1.29	4.22	4.41
28-Sep-12	1.15	3.71	4.14
28-Mar-13	1.13	3.87	4.22

Example Bank Rate, Money Market rates (The rate at which the Council could invest with banks)

Date	Bank Rate %	7-day Investment Rates %	1-month Investment Rates %	6-month Investment Rates %
01-Apr-12	0.50	0.55	0.61	1.33
30-Sep-12	0.50	0.52	0.40	0.66
31-Mar-13	0.50	0.40	0.40	0.51

Compliance with Prudential Indicators 2012/13

1 Estimated and Actual Capital Expenditure

This indicator is set to ensure that the level of proposed investment in capital assets remains within sustainable limits and, in particular, to consider the impact on the Council Tax and in the case of the HRA, housing rent levels.

Capital Expenditure	2012/13 Estimated Feb 12 £000	2012/13 Revised Feb 13 £000	2012/13 Outturn Mar 13 £000
Non-HRA	34,779	32,813	31,883
HRA	7,452	7,452	6,462
Total	42,231	40,265	38,345

2 Estimated and Actual Ratio of Financing Costs to Net Revenue Stream

This is an indicator of affordability and demonstrates the revenue implications of capital investment decisions by highlighting the proportion of the revenue budget required to meet the borrowing costs associated with capital spending. The financing costs include existing and proposed capital commitments.

Ratio of Financing Costs to Net Revenue Stream	2012/13 Estimated Feb 12 £000	2012/13 Revised Feb 13 £000	2012/13 Outturn Mar 13 £000
Financing Costs	12,257	12,285	12,656
Net Revenue Stream	177,379	188,795	188,795
Non-HRA Ratio	6.91%	6.51%	6.70%
Financing Costs	2,649	2,666	2,700
Net Revenue Stream	11,874	11,865	11,865
HRA Ratio	22.31%	22.47%	22.76%

3 Capital Financing Requirement

3.1 The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow for a capital purpose. In order to ensure that over the medium term net borrowing will only be for a capital purpose, the Council ensures that net external borrowing does not, except in the short term, exceed the CFR in the preceding year plus the estimates of any additional CFR for the current and next two financial years. This is demonstrated in the following table:

Capital Financing Requirement - Non-PFI Basis	31/3/13 Estimated Feb 12 £000	31/3/13 Revised Feb 13 £000	31/3/13 Outturn Mar 13 £000
Non-HRA	151,245	141,732	140,660
HRA	28,696	29,212	28,165
Total	179,941	170,944	168,825
Borrowing	158,197	133,269	133,269
PFI Liability	10,676	10,638	10,638

NB The outturn figures are taken from the pre-audited Statement of Accounts 2012/13 so they may be subject to change.

Note that the projected debt level at 31/03/13 was originally estimated in February 2012 to be £25m higher than the revised estimate because the original estimate was based on the capital expenditure in the Capital Plan to be funded by borrowing for 2012/13. In practice, the Council internally borrowed during the year as discussed earlier in the report and did not undertake any external borrowing in 2012/13.

4 Authorised Limit and Operational Boundary for External Debt

Summary Table:

2012/13	Feb 13 £000
External Borrowing	133,269
Internal Borrowing	35,556
Operational Boundary	150,000
Authorised Limit	155,000

- 4.1 **Operational Boundary:** This limit is set to reflect the Council's best view of the most likely prudent (i.e. not worst case) levels of borrowing activity and was set originally at £175m in Feb 12 and revised downwards to £150m in Feb 13 for the reasons outlined above.
- 4.2 **Authorised Limit:** This is the maximum amount of external debt that can be outstanding at one time during the financial year. The limit, which is expressed gross of investments, is consistent with the Council's existing commitments, proposals for capital expenditure and financing and with its approved treasury policy and strategy and also provides headroom over and above for unusual cash movements. This limit was set originally at £180m in Feb 12 and revised downwards to £155m in Feb 13 for the reasons outlined above.
- 4.3 The levels of debt are measured on an ongoing basis during the year for compliance with the Authorised Limit and the Operational Boundary. The Council maintained its total external borrowing and other long-term liabilities within both limits; at its peak this figure was £134.9m. In addition to external borrowing, the Council uses its own reserves and balances to fund capital expenditure and this is known as internal borrowing as shown in the table above.

5 Upper Limits for Fixed Interest Rate Exposure and Variable Interest Rate Exposure

- 5.1 These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates. The exposures are calculated on a net basis i.e. fixed rate debt net of fixed rate investments. The upper limit for variable rate exposure allows for the use of variable rate debt to offset exposure to changes in short-term rates on our portfolio of investments.

	2012/13 Estimated	2012/13 Actual Peak Exposure
	%	%
Upper Limit for Fixed Rate Exposure	100	100
Upper Limit for Variable Rate Exposure	40	0

6 Maturity Structure of Fixed Rate borrowing

- 6.1 This indicator is to limit large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates and is designed to protect against excessive exposures to interest rate changes in any one period, in particular in the course of the next ten years.
- 6.2 It is calculated as the amount of projected borrowing that is fixed rate maturing in each period as a percentage of total projected borrowing that is fixed rate.

Maturity structure of fixed rate borrowing	Upper limit	Lower limit	Actual Borrowing as at 31/3/2013 £000	Percentage of total as at 31/3/2013 %
	%	%		
under 12 months	5	0	1,621	1.22
12 months and within 24 months	5	0	6,091	4.57
24 months and within 5 years	20	0	8,634	6.47
5 years and within 10 years	25	0	11,232	8.43
10 years and above	100	50	105,691	79.31
Total			133,269	100

7 Total principal sums invested for periods longer than 364 days

This indicator is set in order to allow the Council to manage the risk inherent in investments longer than 364 days. For 2012/13 this limit was set at £6m. The Council did not have any investments which exceeded 364 days during

2012/13 because the policy was to limit investments to a shorter period than 1 year.

8 Adoption of the CIPFA Treasury Management Code

The Council confirms its adoption of the CIPFA Code of Treasury Management at its Council meeting on 26 March 2002.

The Council has incorporated the changes from the revised CIPFA Code of Practice into its treasury policies, procedures and practices.

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Treasury Management Update Report

1 Changes in the external environment

1.1 Economic Outlook

Financial markets have begun to stabilise in recent times with many financial institutions showing signs of stabilisation and, in some cases, considerable improvement. This has resulted in an extension in the duration limits with a number of the Council's investment counterparties

Although the economic outlook in the UK remains challenging, stronger than expected economic data has been encouraging. Some progress has also been made towards addressing the Eurozone's sovereign debt crisis. The Council is however continuing to be cautious in relation to our current investment strategy and this is likely to continue for the medium term until we see stronger signs of economic growth.

2 Investment Strategy

2.1 Our current investment time limits with the banks which we invest with are as follows:

- Royal Bank of Scotland (RBS) and National Westminster Bank for a maximum period of **overnight**,
- Close Brothers for a maximum period of **100 days**,
- Lloyds TSB and Bank of Scotland for a maximum period of **6 months**;
- Nationwide BS and Barclays for a maximum period of **12 months**.

2.2 In practice, there is no gain to be had by taking advantage of the 6 month investment term with Lloyds TSB and Bank of Scotland because we are able to achieve the same rate in an instant access account. We are however investing with Barclays Bank for 12 months in order to achieve a higher rate of return. We also have a 1 month notice account with Close Brothers which is paying a very good rate of return.

2.3 The Council is also able to invest with the UK Government's Debt Management Office which is currently paying a rate of 0.25%. We have also opened a safe custody account which enables us to purchase Treasury Bills from the Government and these pay a similar rate of return. These options are used as a last resort if safe limits have been reached with financial institutions.

2.4 We only take advantage of the longer investment terms where it makes financial sense to do so and we also use instant access call accounts which give greater flexibility to reduce our investment cash without the need for borrowing.

2.5 In view of the limited number of banks which are available now for new investments, the Council intends to reduce its investment balances and to use temporary borrowing as a means of funding short term cash flow requirements.

3 Borrowing Strategy

3.1 The strategy outlined above is likely to continue in the medium term which means that we will continue to reduce our investment balances and rely on internal borrowing as much as possible instead of external borrowing. This is sustainable while the Council has sufficient balances and reserves to avoid the need for external borrowing but this will be monitored throughout the year with a view to externalising borrowing if required.

4 Controls

4.1 Prudential Indicators

The Council sets prudential indicators which set boundaries within which our treasury management activity operates. The indicators are calculated to demonstrate that the Council's borrowing is affordable and include measures that show the impact of capital and borrowing decisions over the medium term. The Council has remained within all of its borrowing and investment limits for 2013/14 agreed by Council in February 2013. The Council has not deviated from the Capital related indicators either.

4.2 Audit Reviews

The Internal Audit review undertaken in February 2013 concluded that TM continues to be very well managed. The report listed the following key areas which are managed well:

- The Council has a treasury management strategy and policy that County Council has approved.
- Treasury management activity is closely scrutinised and reported regularly at elected member level.
- Treasury management processes and procedures are robust, well established and followed meticulously.
- Key risks are effectively managed, with only a few minor improvements necessary.

5 Future

5.1 TM Strategy for next six months

As stated above, the Council intends to reduce its investment balances and to use temporary borrowing as a means of funding short term cash flow requirements.

5.2 Reports

The next report will be the Treasury Management Strategy Statement and Prudential Indicators 2014/15 which will be reported to the Corporate Governance Committee in January and to Council in February.

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Report To:	Corporate Governance Committee
Date of Meeting:	4 th September 2013
Lead Member / Officer:	Jackie Walley, Head of Customers and Education Support
Report Author:	Corporate Complaints Officer
Title:	Complaints, compliments and feedback policy – ‘Your Voice’ annual report 2012/13

1. What is the report about?

The report provides an overview of complaints, compliments and feedback received by Denbighshire County Council, during the period 01.04.12 – 31.03.13.

The policy is promoted and published as ‘Your Voice’

2. What is the reason for making this report?

To provide the Committee with an overview of the volumes and types of feedback received during 2012/13.

To provide the Committee with information regarding the Public Service Ombudsman for Wales’ annual report and accompanying letter.

To provide the Committee with details of future policy development that will have an impact on ‘Your Voice’.

3. What are the Recommendations?

That the Committee note and comment on the performance of services.

That the Committee note changes leading to the revised complaints, compliments and feedback policy - ‘Your Voice’.

4. Report details

Headlines for 2012/13 (please see appendix 1 for further detail).

- The number of feedback recorded increased compared with 2011/12:
 - complaints by 12% (from 587 to 660)
 - compliments by 88% (from 436 to 820)
 - suggestions were static (at 16)
- The number of complaints successfully dealt with at stage 1 increased to 94.2% (up 2.6% from last year).
- Complaints dealt with within timescale continued to improve achieving 91%, although the corporate target 95% was not achieved.
- 51% of all complaints were upheld or upheld in part (up 13% from last year).

Public Services Ombudsman for Wales

38 complaints were made to the Ombudsman during 2012/13. This is higher than the Welsh local authority average of 25. Please see appendix 2 for further detail.

Three section 21 reports were issued. Section 21 reports are issued by the Ombudsman when the public body agrees to implement any recommendations made by him, and confirms he's satisfied that there is no public interest involved. Summaries of the reports are included as appendix 3.

There were fewer complaints of Members breaching their code of conduct – 4 in 2012/13, 9 in 2011/12.

Complaints, compliments and feedback policy - 'Your Voice' revision

Appendix 4 details the proposed changes to 'Your Voice'.

5. How does the decision contribute to the Corporate Priorities?

'Your Voice' directly contributes to the corporate aim of: an excellent council, close to the community.

6. What will it cost and how will it affect other services?

All costs relating to 'Your Voice' are absorbed within existing budgets.

7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report.

Not applicable.

8. What consultations have been carried out with Scrutiny and others?

Monthly reporting to the Senior Leadership Team.
Quarterly reporting to Performance Scrutiny Committee.
Annual reporting to Corporate Governance Committee.
Consultation with Legal Services and service complaint officers regarding the changes to 'Your Voice'.

9. Chief Finance Officer Statement

No comment.

10. What risks are there and is there anything we can do to reduce them?

Not applicable.

11. Power to make the Decision

This is a paper for information, rather than for decision.

Appendix 1

Table 1: complaints by service including timescale performance for 2012/13

Service Area	2012-2013			
	Recd	Within	%	Status
Social Services Adults	44	36	82%	▲ O
Social Services Children	48	39	81%	▲ O
Business Planning and Performance	0	0	n/a	– –
Legal and Democratic Services	3	3	100%	▲ G
Customers and Education Support	25	24	96%	▲ G
Environment	201	198	99%	▲ G
Finance and Assets	24	19	79%	▼ R
Housing and Community Development	86	75	87%	▲ O
Regeneration	4	4	100%	– –
Planning and Public Protection	66	65	98%	▲ G
Highways and Infrastructure	100	84	84%	▲ O
Communication, Marketing and Leisure	45	44	98%	▲ G
School Improvement	1	1	100%	▲ G
Other	5	2	40%	– –
TOTAL	660	600	91%	▲ Y

Table 2: timescale performance at each complaint stage for 2012/13

YTD	Count	Within	%
Stage 1	602	545	91
Stage 2	35	33	94
Stage 3	18	17	94
PSOW*	5	5	100
TOTAL	660	600	91

*Public Services Ombudsman for Wales

Table 3: compliments received during 2012/13

Service Area	Number
Social Services Adults	355
Social Services Children	49
Business Planning and Performance	0
Legal and Democratic Services	2
Customers and Education Support	19
Environment	212
Finance and Assets	1
Housing and Community Development	56
Regeneration	2
Planning and Public Protection	25
Highways and Infrastructure	75
Communication, Marketing and Leisure	24
School Improvement	0
Other	0
TOTAL	820

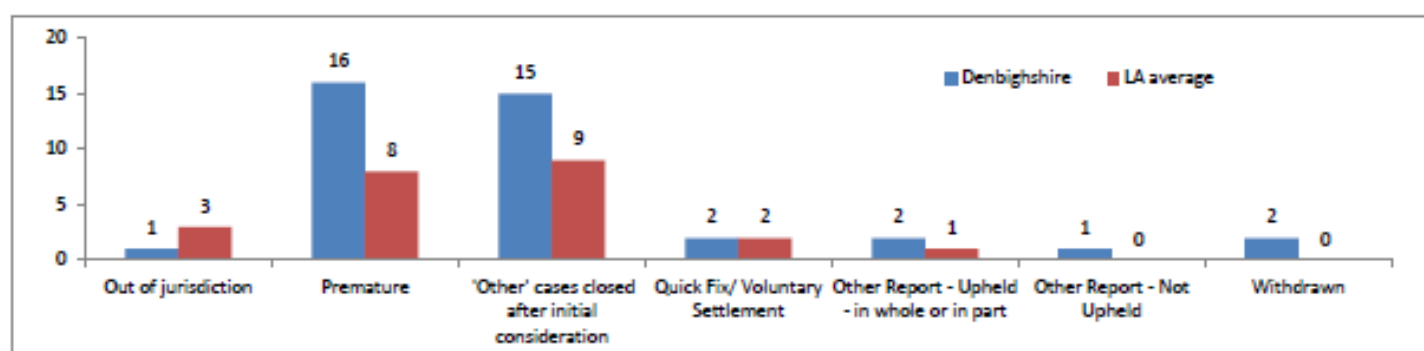
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Public Services Ombudsman for Wales – complaints data

Table 4: summary of complaints made to the Public Services Ombudsman for Wales

Subject	2012/13	2011/12	2010/11
Adult Social Services	1	2	2
Benefits Administration	3	2	4
Children’s Social Services	4	0	3
Community facilities, recreation and leisure	1	0	0
Education	2	2	4
Environment and Environmental Health	2	3	1
Finance and Taxation	2	1	0
Housing	7	9	3
Planning and building control	6	11	12
Roads and Transport	1	2	0
Agriculture and Fisheries	0	1	0
Various Other	9	5	2
Total	38	38	31

Chart 1: comparison of complaint outcomes with average outcomes, adjusted for population distribution



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**Planning and Building Control
Upheld – December 2012**

Mr A complained that Denbighshire County Council (“the Council”) had provided him with conflicting planning advice relating to the development of a Coach House at the rear of his property, the erection of a fence at the side of his property and a piece of land at the side of his property. Mr A also complained that the Council’s complaint procedure was ineffective.

Having conducted an investigation, it was found that on the three occasions that Mr A had requested planning advice from the Council about the development of the Coach House, clear advice was provided. Furthermore, the Council’s decision to issue “Requisition for Information” documents to Mr A in order to seek further information about the development was one that the Council was entitled to make.

With respect to the erection of the fence at the side of Mr A’s property it was found that the Council initially undertook enforcement action on the basis that the fence being erected next to a highway. This information was incorrect and the Council withdrew the action. Finally it was found that the Council failed to meet the timescales set out in its own complaints procedure

Mr A’s complaint was partly upheld and it was recommended that the Council apologise for the failings identified, pay Mr A £50 in recognition of the time and trouble taken in pursuing this complaint and review its enforcement procedures to ensure that appropriate checks are made before enforcement action is undertaken. The Ombudsman was pleased to note, however, that in its response to the draft report, the Council confirmed that it would be implementing the Welsh Government’s Model Concerns and Complaints Policy in which it planned to have in place by February 2013.

Case reference 201102872

**Agriculture and Fisheries
Denbighshire County Council & Welsh Government
Upheld – January 2013**

Mr and Mrs J (and their son) owned agricultural land in the Council’s area, and had complained about the actions of Denbighshire County Council and the Welsh Government in relation to the preparation of the statutory local development plan (LDP). They complained that they were not notified of an intended survey of their land or of the outcome, namely the “downgrading” of the agricultural quality of their land from Grade 2 (“very good”) to Grade 3b (“moderate quality”). They complained further that they were not afforded an opportunity to appeal against the regarding of the agricultural classification of their land, and that the Council acted wrongly when it sent a copy of their own privately commissioned survey report to the Welsh Government. They also complained that the Council failed to send them an internal audit report relating to their concerns and to provide a satisfactory response to their complaint. They claimed that as a consequence they were prevented from making adequate representations in respect of the LDP and that the market value of their farm was adversely affected.

Their complaint against the Council was not upheld. The Council had acted reasonably, and in accordance with statutory guidance in including their land in its broad area of search for possible sites for future housing and employment

development, and in seeking information from the Welsh Government about its agricultural quality. The Council was not under any statutory or other obligation to notify them of the survey or of its results, this being a matter for the Welsh Government. The Council also had not acted unreasonably in disclosing their survey report to the Welsh Government, given that this was to be placed in the public domain as part of the LDP process. The Council had also provided a reasonable response to their complaint, and had sent them a copy of the internal auditor's report by email.

Their complaint against the Welsh Government was partially upheld. The letter of notification was not sent by recorded delivery. However, there was evidence to indicate that Welsh Government officials had contacted the complainants by telephone prior to conducting the survey. Nevertheless, and contrary to its established (but unwritten) protocol, the notification letter failed to inform the complainants that the results of the survey would be discussed with them if they wished. As a consequence, the complainants did not become aware of the survey results for 2 years. However, the complainants were not prevented from submitting representations in respect of the LDP. The role of the agricultural land classification system is not concerned with valuation matters, but to inform the planning process, and the absence of a mechanism by which the findings of an agricultural land survey can be challenged outside the LDP process is not maladministration. Moreover, the Welsh Government's offer to have a technical discussion with the Complainant's surveyor regarding the respective survey results was not unreasonable.

The Welsh Government agreed to apologise to the complainants for the error identified in this report, and to incorporate its procedures for contacting landowners into its existing written procedures for conducting agricultural land surveys.

Case reference 201100420 & 201100421

Other

Upheld – March 2013

Mr J complained about the way in which Denbighshire County Council ("the Council") managed the council tax account for his late mother's property. The Council issued a summons for non payment of council tax, against the Executors of her estate. Mr J was a joint Executor with a local based firm of Solicitors. Mr J made a payment to the council to clear the liability from his personal account.

Mr J later became aware that the new registered occupier of the property had become liable for the charges. He wrote to the Council to request a refund in respect of the monies he had paid. Mr J did not receive an acknowledgement of his request and had to chase the Council for a response. Mr J raised additional concerns about the actions taken by the Council following his request for a refund in seeking the consent of his fellow Executor prior to issuing the refund and the manner in which he felt he was treated by the Council's staff. Mr J received a refund from the Council some 4 months later.

Having considered all of the evidence available the Ombudsman concluded that the Council's management of the council tax account for the property was reasonable in the main. However, the Ombudsman did identify that the Council's service did not meet the required standard for dealing with Mr J's written request for a refund. In

addition the Ombudsman felt that the Council should also, at the very least, have advised Mr J of the steps that it had to take to seek the consent of his fellow Executor before it could issue the refund to him. The Council agreed to the Ombudsman's recommendations to apologise to Mr J and to make a payment of £100 in respect of the failings identified and time and trouble taken to pursue the complaint.

Case reference 201201315

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Briefing paper – Complaints, compliments and feedback policy – ‘Your Voice’ revision

1 Introduction

- 1.1 This briefing paper has been produced to highlight the changes to the council’s complaints, compliments and feedback policy – ‘Your Voice’.

2 Background

- 2.1 ‘Your Voice’ was launched in 2009 with the aim of encouraging customer feedback, giving people an opportunity to:
- complain about our services;
 - compliment us on our work; and
 - make suggestions regarding our services.
- 2.2 ‘Your Voice’ amalgamated the authority’s existing complaints policies and procedures for social services, schools and corporate services resulting in a unified policy and common approach to complaints handling across all council services.

3 Policy revision

- 3.1 The authority has adopted the Welsh Government’s ‘Model Concerns and Complaints Policy’ (as recommended by the Public Services Ombudsman for Wales).
- 3.2 The model policy applies to most council services, with the exception of social services and schools. Social services and school complaints procedures are currently under review and will ultimately have their own policy. Their performance in terms of dealing with customer feedback however will continue to be included in the corporate report.
- 3.3 Key amendments include:
- adoption of a two stage process (formerly three stages); and
 - adjustments to response timescales at stage 2 – from 25 to 20 working days.

4 Recommendations

- 4.1 Committee note the changes to the complaints, compliments and feedback policy – ‘Your Voice’.

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Report to: Corporate Governance Committee/Cabinet

Date of meeting: 4th September 2013 and 24th September, 2013

Report author Corporate Director, Modernisation and Wellbeing

Title Proposed Corporate Safeguarding Policy and Panel

1 What is the report about?

The report proposes the adoption of a Corporate Safeguarding Policy and the establishment of a joint member/officer Corporate Safeguarding Panel.

2 What is the reason for making this report?

Denbighshire has attempted to take a proactive approach to ensuring compliance with its safeguarding responsibilities, in support of the statutory Director of Social Services, who has ultimate accountability for this. However, despite a range of approaches, we cannot be confident that robust safeguarding practice is embedded across all the Council's functions. In addition, multi-agency Safeguarding Board functions, including scrutiny functions, will increasingly be held at sub-regional and regional levels. This in turn places more responsibility on the council to assure its internal systems are working well.

3 What are the recommendations?

For Cabinet to

- 3.1 agree to the adoption of the Corporate Safeguarding Policy (attached) and
- 3.2 the establishment of a Corporate Safeguarding Panel with terms of reference as described in Appendix 8

4 Report details

Introduction

4.1 Safeguarding has traditionally been perceived as mainly the responsibility of social services, though with substantial recognition of the important role of Education. Ensuring the council has effective safeguarding measures in place to protect people remains one of the core accountabilities of the Director of Social Services who, within the Council, has "final and indivisible responsibility for safeguarding issues" (Statutory Guidance on the Role and Accountabilities of the Director of Social Services 2009).

4.2 How this key responsibility is to be discharged, across a complex multi-functional organisation, has been less clear, and a corporate function has never

been separately resourced. Successive authoritative reports over the last 10 years (Waterhouse, Laming, Pembrokeshire, to name a few)- make it abundantly clear that challenges to the resilience of safeguarding arrangements in fact arise in many different places, such that safeguarding has to be “Everybody’s Business”. However, while we are increasingly aware of the responsibilities Heads of Service and members have- say in relation to information management or health and safety, this is not necessarily the case with safeguarding. Many will not encounter issues very frequently. The consequences of getting it wrong, however, are potentially significantly greater and the chances of encountering a safeguarding issue are growing both with an ageing population and with greater access to the internet and social media.

4.3 Examples of where live safeguarding issues (specific cases or policy issues) have arisen in Denbighshire in the last 12 months include HR, in relation to safe employment processes, procedures and assurance, schools, school transport, Licensing, Press and PR (use of images), Leisure Services, as well as Adults and Children’s Services. Nor do our responsibilities end with our own services- we also have responsibilities to know we can have confidence in the safeguarding arrangements of organisations from/with whom we commission, procure or partner and a public responsibility to do something about organisations which we know are providing services but who we suspect may not have robust arrangements in place.

4.4 In Denbighshire, over the last 10 years, we have developed several approaches to maintaining a corporate profile and overview for safeguarding issues, as follows:

- In 2004, post Climbié/Laming, a Corporate Accountabilities Framework was agreed by Cabinet, which set out individual responsibilities for safeguarding children. This has subsequently been updated and Heads of Service and Lead Members were asked to identify gaps and good practice against it. While useful, there is little evidence it has been a live document which has driven practice
- the Social Services and Education Management Team (SSEMT), which has been in place for some years, has kept a watching brief on safeguarding issues, effectively on behalf of the Senior Leadership Team
- Since 2009, the Denbighshire Local Safeguarding Children Board has required partners to complete annual “s28 audits” (from the duties set out in s28 of the Children Act 2004). For Denbighshire, this has covered Social Services, Education, the Youth Service and Housing- but not, for example, HR or Leisure Services
- A rolling programme of corporate child and adult protection awareness training has run since 2009. Member training has technically been mandatory since 2012 though there has not been 100% compliance
- Following the publication of the joint CSSIW/Estyn reports on safeguarding arrangements in Pembrokeshire Council in 2011, we

developed a Corporate Safeguarding Action Plan which continues to be monitored by SSEMT. This has been the umbrella for some very good work in Denbighshire- including the implementation of self assessment audits in all schools, the development of a self assessment tool for voluntary sector contractors, revisions to arrangements for part IV meetings (allegations of professional abuse) , a substantial review of safeguarding, school transport and taxi licensing arrangements, and a very detailed programme of work on HR policies, procedures and compliance (ongoing)

4.5 There remains a degree of fragmentation and opportunism about this work, though and it is felt that we now need to take a more systematic and structured approach.

Proposal

4.6 Attached is a draft corporate Safeguarding Policy and Guidelines based heavily on that recently adopted in Gwynedd. A similar approach recently taken in Anglesey has also been considered. The policy in Gwynedd was adopted following Estyn inspection and as the result of requirements set out by the Inspectorate.

4.7 The proposal is being brought forward as the approach would provide a logical development to the work we have previously done with the Corporate Accountabilities Framework and on the Corporate Safeguarding Action Plan.

4.8 The aim of the policy and guidelines is to establish structured means for ensuring that safeguarding is an issue taken on by every service in the Council as well as all elected members.

4.9 Key aspects of the policy and guidelines are:

- it covers both children and adults
- it is based around safeguarding, not just protection
- it includes the notion of Designated Managers within every service for dealing with safeguarding matters (who receive appropriate training)
- Designated Managers come together with senior officers and lead members to form a Corporate Safeguarding Panel which is accountable to Cabinet. The Corporate Panel would be expected to produce an Annual Report for reporting internally but also to the LSCB
- every service is expected to have safeguarding policies and procedures covering their particular area of the business
- it covers the responsibilities of elected members
- it includes a core dataset for reporting purpose. This includes some of the usual PIs but also key HR data (CRB checks, reference compliance) plus % of councillors attending safeguarding training). There would be some overlap for us

here with Corporate Plan reporting and the dataset will need to evolve to ensure it does add value to current reporting.

4.10 The appendices provide, in addition

- basic information about signs of abuse and referral pathways- which link to child and adult protection procedures
- a useful section on Code of Conduct and Safe Working practices
- a section setting out the training support to be provided initially. This would also need to be developed over time
- cross referencing with our Safe Recruitment (HR) Policies
- guidelines for councillors on safe contact
- dealing with allegations of professional abuse (also links with child and adult protection procedures)

4.11 Though this makes up a substantial document, the package does seem to provide a credible approach to making a reality of safeguarding as a corporate concern. The package would foster consistency of approach and accountability but also be tailored to the issues facing particular services.

5 How does the decision contribute to the Corporate Priorities

One of Denbighshire's corporate priorities is to ensure that vulnerable people are protected and are able to live as independently as possible.

6 What will it cost and how will it affect other services?

The main cost implications will be threefold- officer time to perform the Designated Manager role and for training for Designated Managers, support for the administration of the Corporate Safeguarding Panel and money for training to ensure that staff and elected members are able to attend training at an appropriate level to meet their role and requirements. There are already resources in the system that respond to safeguarding issues when they arise. In most cases, the proposed arrangements would be a refocusing of existing effort rather than representing completely new work. Children's Services have agreed to provide support for the operation of the Corporate Safeguarding Panel.

7 What are the main conclusions of Equality Impact Assessment (EqIA)?

The adoption of the policy and panel arrangements could have positive implications, especially for older people and disabled people. No negative implications are identified.

8 What consultations have been carried out with Scrutiny and others?

The report will be considered by Corporate Governance on September 4th.

9 Chief Finance Officer statement

The adoption of the Policy and creation of the Panel should not create significant additional costs, however any additional costs emerging will have to be funded from within existing resources.

10 What risks are there and is there anything we can do to reduce them?

The main risk with the proposals is that they become a bureaucratic exercise in compliance. However, the converse risk is that we do not have a systematic approach to ensuring safeguarding requirements are thought through for every service area of the council. The risk of over bureaucratization can be mitigated by a focus on procedures and reporting which are deft and add real value for services as well as ensuring better accountability.

11 Power to make the decision

s 28 Children Act 2004

s.17 Crime and Disorder Act 1998

s.111 Local Government Act 1972

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Denbighshire
County Council

Policy and Guidelines Safeguarding Children & Adults

Draft
-
September
2013



1. INTRODUCTION

1.1. One of Denbighshire Council's corporate priorities is to ensure that vulnerable people are protected and are able to live as independently as possible.

1.2. As a Council, we believe that every child and adult has a right to be safe from harm.

The Council acknowledges its role and responsibilities to provide definite guidance for staff, Councillors, partners and those people whom we serve in this key field.

1.3. "Safeguarding" is everybody's business in every Service within the Council. Whilst Social Services is the Lead Service for dealing with enquiries regarding allegations / concerns that children and adults may be suffering significant harm, everyone has a responsibility to safeguard the welfare of children, young people and adults, whatever the role of the individual.

1.4. "Safeguarding" is a wider concept than the protection of children and adults and deals with the promoting of:

- physical, emotional and mental health;
- protection from harm and neglect;
- education, training and leisure;
- contribution to society;
- social and economic well-being.

1.6. Although every organisation working with children, young people and adults should be committed to safeguarding and promoting their welfare, a number of organisations have statutory roles or duties:

- under Section 28 of the Children Act 2004, Denbighshire Council has a duty to ensure that it undertakes its functions in a way that safeguards and promotes the welfare of children;
- under Section 17 of the Crime and Disorder Act 1998, it is Denbighshire Council's duty to ensure that every reasonable step is taken to protect adults and prevent crime and disorder when it undertakes its functions.

Welsh Government also proposes to strengthen duties relating to adult protection in the forthcoming Social Services and Wellbeing (Wales) Bill.

2. PURPOSE OF THIS DOCUMENT

The purpose of this document is to introduce the Council's "Policy and Guidelines for Safeguarding Children and Adults".

This document will be submitted to the Denbighshire Council Cabinet on 24th September, 2013. Every member of staff of the Council and every Councillor will then receive a copy of this document.

2.1. Objectives and Principles of the Policy and Guidelines

2.1.1 The following are the objectives of the Safeguarding Policy and Guidelines:

- to highlight how Denbighshire Council undertakes its legal commitments in the field of safeguarding children and adults;
- to give assurance to members of the public, service users, councillors, employees and people working on behalf of the Council that there are clear arrangements in place to safeguard and protect children and adults;
- that Council staff and councillors have clear guidelines for when a child or adult may be at risk of harm.

2.1.2 As a Council we believe that it is always unacceptable for a child or an adult to be abused or harmed in any way. This is reflected in the following principles which form the basis of the Policy and Guidelines:

- Every child and adult (whatever their background, culture, age, disability, gender, ethnicity, religious belief) has a right to participate in a safe society without any violence, fear, abuse, bullying and discrimination;
- Every child and adult has the right to be protected from harm, exploitation and abuse;
- we as a Council will put the welfare of children and adults centrally in our policies and procedures;
- As a Council we will work closely in partnership with children, their parents, carers and adults and other agencies to safeguard and promote the welfare of children and adults;
- Respect the rights, wishes, feelings and privacy of children and adults by listening to them and minimising any risks that may affect them;
- Invest in preventative work and early intervention and try to avoid situations where abuse or allegations of abuse or harm may occur.

2.2. Outcomes

2.2.1 This Policy and Guidelines reflect the Council's commitment to safeguard children and adults and to protect them from being abused when they receive services arranged and provided by or on behalf of the Council.

2.2.2 When the Guidelines are introduced, we will measure the impact regularly in order to achieve the following high level outcomes:

- a clear understanding amongst staff, councillors and those working on behalf of the Council of the policies and guidelines for safeguarding children and adults;
- robust corporate and departmental procedures in place to ensure compliance with the Policies and Guidelines introduced here;
- clear and accessible communication arrangements in place across the organisation, including information about the key officers in each Service who are responsible for children and adult safeguarding issues;
- consistency between these guidelines and the procedures which are operational on an all- Wales basis and associated protocols for safeguarding children and adults ;

- that staff and councillors receive information and training regarding the guidelines and that this is a continuous and permanent arrangement within the organisation.
-

3. RESPONSIBILITIES AND DUTIES

- 3.1. Every Councillor, every member of staff, every volunteer and every contracted service provider has a responsibility to adhere to the procedures and guidance set out in this policy.
- 3.2. By following the correct procedures and guidance, it is possible to ensure that the appropriate steps are implemented to deal with any allegation or concern, services are planned and delivered in a way which safeguards children and adults and staff are able to conduct themselves safely.
- 3.3. Every member of staff, councillor, volunteer and service provider has a responsibility in the field of safeguarding. It is very important to highlight this.
- 3.4. This means that every Service within the Council has a key role to play and has to take full ownership of the safeguarding field. It follows that there is a need to ensure that there are clear arrangements and procedures in place within each Service in the Council to ensure that investigations into allegations / concerns that children and adults may be suffering substantial harm receive due consideration. In addition, every service needs to understand where safeguarding issues are most likely to arise in their particular service and ensure they have appropriate policies, procedures and guidance in place to manage these well.
- 3.5. This document draws together the corporate policies and guidelines in the field of safeguarding children and adults and it will operate as a framework for the procedures of every Service in the Council.

4. FUNCTIONS OF KEY OFFICERS AND MEMBERS

The Chief Executive has the general responsibility for ensuring that there is an effective safeguarding policy and procedures for children and adults in place and that they are implemented.

He is also responsible for the development of effective corporate governance and satisfying all the statutory requirements. However, there are some Key Officers who are worth highlighting because of their responsibilities in the safeguarding field:

4.1. Statutory Director (Social Services) Current Post Holder: Sally Ellis

- 4.1.1 The Statutory Director (Social Services) has the final and indivisible responsibility for safeguarding issues. She is responsible for ensuring that the Council has appropriate safeguarding measures to protect children and young people, adults and vulnerable older people and she is responsible for reporting at a corporate level to councillors on their effectiveness.
- 4.1.2 The Director is responsible for the following:
 - supervising the process of implementing, monitoring and improving the safeguarding and protection procedures for children and adults;
 - ensuring that there are robust reporting arrangements and processes for safeguarding children and adults and to report at corporate level and to Members;
 - ensuring the effectiveness of the Local Safeguarding

Children Board;

- ensuring that lessons are learned as a result of serious case reviews and that they are applied as necessary by every agency, acknowledging that the effectiveness of arrangements are dependent on the quality of the contribution of every agency;

- raising the profile, supporting the policy and ensuring that the Council complies fully with the Policy and Guidelines for Safeguarding Children and Adults;
- ensuring that every member of staff of Social Services understands and implements high standards in terms of identifying risks and safeguarding practices;
- promoting more awareness amongst the public of issues relating to safeguarding children and adults and ensuring social work practices evolve in light of appropriate research;
- raising standards in social work practice by means of professional supervision, training and other opportunities to learn and reflect so that staff working in the safeguarding field are supported appropriately;
- submitting observations, in her statutory role, on Cabinet reports dealing with the safeguarding field.

4.1.3 Whilst every member of staff has a responsibility to safeguard and promote the welfare of children and adults, the Statutory Director is the Senior Officer in the Council with the final and indivisible accountability for this.

4.2. Lead Director for Children and Young People
Current Post Holder: Hywyn Williams

4.2.1 The Children Act (2004) places a responsibility on every local authority in Wales to appoint a lead director for children and young people services and to appoint a specified lead member for children and young people services. The role of the Lead Director in Wales does not change the arrangements of an executive authority or change accountability for services. The Lead Director for Children and Young People's Services in Wales has three main roles:

- Firstly, the Lead Director will be responsible for promoting partnership when planning for children and young people corporately across the departments of the local authority and across the authority and its partners;
- Secondly, the Lead Director will offer the required leadership to ensure that a high profile is given within the local authority to planning in partnership thereby promoting strategic change for children and young people in the field;
- Thirdly, the Lead Director is responsible for ensuring that the local authority implements the United Nations' Convention on the Rights of the Child.

4.2.2 This responsibility is in addition to, but independent of any executive responsibility the Lead Director has for a specific service or a group of services that could be associated with any appropriate Director within the Corporate Executive Team.

4.3. Designated Managers within Every Service

4.3.1 Every Service within the Council will be required to nominate a "Designated Manager" for dealing with safeguarding children and adults issues.

4.3.2 The Designated Managers are responsible for:

- Acting as a key source of advice and support for other staff in the Service on all safeguarding issues;
- Being familiar with Denbighshire Council's Corporate Policy and Guidelines for Safeguarding Children and Adults along with the All Wales Child Protection Procedures and the Policy and Procedure for the Protection

of Vulnerable Adults;

- ensuring that there are effective internal procedures to deal with concerns within the Service by working closely with Social Services to achieve this;
- representing the Service on the Council's Corporate Panel for Safeguarding Children and Adults;

- ensuring that the process of complying with this Policy and Guidelines is monitored by reporting regularly to the Corporate Safeguarding Panel;
- attending the relevant training for “Designated Managers”.

4.3.3. Any member of staff with concerns regarding the behaviour of a colleague towards children or an adult should contact the Designated Manager within the Service immediately.

4.3.4 The Designated Managers for each Service are as follows:

Department	Contact
School Improvement	Wayne Wheatley
Customers and Education Support	Wayne Wheatley
Human Resources	tbc
Finance and Assets	tbc
Legal and Democratic Services	tbc
Housing and Regeneration	tbc
Communications, Marketing and Leisure	Roger Ellerton
Social Services (Adults)	Nerys Tompsett
Social Services (Children)	Sue Trehearn
Business Planning and Performance	tbc

Environment and Highways	tbc
Planning and Public Protection	tbc
Business Transformation and ICT	tbc

4.3.5 If allegations are made against a “Designated Manager”, the individual should refer their concerns to the line manager of the Designated Manager.

4.4. All Heads of Service

4.4.1 All Heads of Service – through their Management Teams – will be jointly responsible for ensuring that all the statutory requirements in terms of safeguarding and promoting the welfare of children and adults receive due consideration. This includes the quality, content and frequency of training provided and maintaining sufficient staff training records.

4.4.2 All Heads of Service must ensure that their staff are appropriately checked through the Disclosure and Barring Service and the Independent Safeguarding Authority procedures and that their staff conform to the Policy and Guidelines for Safeguarding Children and Adults. All Heads of Service must establish arrangements to ensure that they comply with the requirements of this policy and the Council’s Criminal Records Policy. All Heads of Service must ensure that records are kept of every check that is made by the Disclosure and Barring Service and the Independent Safeguarding Authority.

4.4.3 All Heads of Service are expected to co-ordinate the process of preparing a Policy and Guidelines for Safeguarding Children and Adults in their Service. It is expected that this Policy is prepared in order to highlight the Service’s arrangements for responding to issues that could arise in the safeguarding field. It will be a requirement for the Policy to fully comply with the Corporate Policy and Guidelines. Every Service Policy and Guidelines will be in place by the end of March 2014.

4.4.4 It will be a requirement for every Service in the Council to report on their Safeguarding Policies and Guidelines to the Corporate Panel for Safeguarding Children and Adults.

4.4.5 The Council’s Senior Leadership Team meets on a fortnightly basis. At these meetings, any member can raise safeguarding issues.

4.5. Every Line Manager

4.5.1 Every Line Manager is responsible for ensuring that the staff for which they are responsible receive the training which they need, proportionate to their responsibilities. A refreshed Training Strategy will be prepared setting out which members of staff should receive safeguarding training and to what level. A priority will be the training of Designated Safeguarding Managers in each service.

4.6. Every Member of Staff and Volunteers (including school governors)

4.6.1 Every member of staff and volunteers are responsible for undertaking their duties in a manner which safeguards and promotes the welfare of children and adults. They must also act in a way which protects them against false allegations of abuse as far as possible and in accordance with this policy. They must bring issues of concern regarding the safety and welfare of children and adults to the attention of the Designated Manager in their Service.

4.7. Contractors, Sub-contractors or Other Organisations funded by or on behalf of
Denbighshire Council

4.7.1 Contractors, sub-contractors or other organisations funded by or on behalf of the Council are responsible for arranging checks through the Disclosure and Barring Service and the Independent Safeguarding Authority and for ensuring that their staff comply with regulatory and contractual arrangements relating to safeguarding children and adults. Some organizations are also required to undertake an annual self assessment of safeguarding arrangements, and to report outcomes, as part of contract monitoring arrangements. It is expected that this will apply to more organizations over time. Contractors are also responsible for informing relevant managers of the Council about any concerns they may have and to refer protection issues.

4.8. Detailed Guidelines

4.8.1 A copy of “Signs of Abuse” is attached at Appendix 1 and the “Code of Conduct and Safe Working Practices” at Appendix 2.

4.8.2. Also, in Appendix 3, a statement is attached of the Council’s commitment to train staff (and Councillors) in the field of safeguarding. Appendix 4 cross refers to the Council’s detailed guidelines in relation to “Safe Recruitment”.

5. ROLE OF ELECTED MEMBERS

5.1. Elected Members will receive the following information in the field of safeguarding:

- The Lead Member for Social Care and Children’s Services and the Lead Member for Education will be standing members of the Corporate Panel for Safeguarding Children and Adults. This Panel will receive information regarding the working practices and procedures of every Service in the Council, providing assurance that the Services are meeting their duties in accordance with the Corporate Safeguarding Policy and Guidelines. In addition, the Panel will receive information regarding the performance management arrangements of every Service, in order to show that they are discharging their duties in a manner which safeguards children and adults.

Members of the Panel will have an important role in challenging information regarding the results of the performance management process across services from the perspective of safeguarding children and adults. It is also the duty of Members of this Panel to ensure that effective corporate policies and procedures are developed across the organisation.

- The Lead Member for Social Care and Children’s Services and the Lead

Member for Education, will report on the work of the Corporate Panel to all Cabinet Members on an annual basis. Every Cabinet Member will receive assurance from the Lead Member for Social Care and Children's Services and the Lead Member for Education, that a clear work programme is in place and that the Council's policies and procedures are robust in the safeguarding field. In addition, it must be reported that appropriate arrangements are in place to monitor the performance of every Service regarding reviewing and evaluating policies. In the Annual Report, there will also be an opportunity for both Lead Members serving on the Corporate Panel to highlight any obstacles or concerns they may have in terms of the response or performance of any Service in the Council.

Any lessons from Serious Case Reviews will also be identified to Cabinet as part of the Annual Report.

- Members of the Performance Scrutiny Committee will receive information regarding the work of the Corporate Safeguarding Panel through the Annual Report. This will provide an opportunity for Members to scrutinise and challenge Members of the Corporate Panel. Members of the Scrutiny Committee will receive information regarding the work programme of the Corporate Panel, the progress against this work programme and the main messages stemming from the performance management arrangements. The observations of the Scrutiny Committee will steer and influence the priorities of the Corporate Panel's work programme.
- It is a requirement that every Councillor attends training in the field of safeguarding children and adults. A register will be kept of those attending and this will be reported as part of the performance monitoring arrangements co-ordinated by the Corporate Panel. The training will raise awareness amongst Denbighshire Councillors of this Policy and Guidelines and increase their understanding of the safeguarding procedures which exist within the Council.

5.2. A copy of the "Good Practice Guidelines for Councillors - Safe Contact with Children and Vulnerable Adults" is in Appendix 5.

6. CLARITY REGARDING THE REFERRAL PROCESS

6.1. Any member of staff with concerns regarding the safety of an individual, or the behaviour of a colleague towards children or an adult should contact the Designated Manager within the Service immediately.

6.2. If a Councillor (or any member of the public) has concerns regarding the safety of an individual, then the First Contact Team (Social Services) should be contacted immediately on 01824 712 900 during office hours (8.30am to 5pm Monday to Thursday, 8.30 am to 4.30 pm Friday).

6.3. The Social Services Out-of-Hours Team should be contacted on 0845 053 3116 if the issue arises after 5.00pm, Monday to Friday and on weekends and Bank Holidays.

6.4. The Police must be contacted immediately if the child or adult is in danger.

6.5. If the Designated Manager is unavailable, then the matter must be referred to the First Contact Team (details as noted above). It is crucial not to delay.

6.6. A copy of the “Referral Procedure” is in Appendix 6. Also, a copy of the detailed guidelines in relation to “Dealing with Allegations of Professional Abuse” is in Appendix 7.

7. CORPORATE GOVERNANCE ARRANGEMENTS

7.1. Corporate Panel for Safeguarding Children and Adults

7.1.1 On a corporate level, the responsibility for undertaking an overview of the children and adults safeguarding arrangements has been delegated to the Corporate Panel for Safeguarding Children and Adults by Cabinet.

7.1.2 The main responsibilities of the Panel are to ensure that robust arrangements for safeguarding children and adults are in place within Denbighshire Council.

7.1.3 The Panel will act on a Strategic level in order to:

- assure relevant Lead Members that the Council's procedures are robust where matters of safeguarding children and adults are in question;
- Bring together interdepartmental work in the safeguarding field and ensure effective corporate communication;
- Support the functions and duties of the Statutory Director within the Council;
- Resolve any possible barriers that could prevent having effective and successful procedures in place;
- Receive and consider information about trends in relation to allegations of professional abuse, and adopt action plans to respond should the need arise;
- Receive and challenge information about the progress against work programmes commissioned
- Consider and understand the implications of Serious Case Reviews and ensure that the
 Council responds effectively to recommendations within
 such reviews;
- Accept and challenge the Annual Report of the Statutory Director;
- Approve the Policy and Guidelines for Safeguarding of every Service in the Council.

7.1.4 The Panel has a key role to play in ensuring that every Service undertakes its duties in accordance with the Council's Safeguarding Policy and Guidelines. The Panel also ensures that every Service has a performance management system in place to show that they are undertaking their functions in a manner which safeguards children and adults.

7.1.5 The Panel meets on a quarterly basis. The Membership of the Panel includes Designated Managers for the field of safeguarding children and adults in every Service within the Council. The Panel is a key method of ensuring that the Designated Managers collaborate and share information across the Council. They also deal with identifying any gaps in the Council's procedures in the safeguarding field along with submitting recommendations to the Corporate Panel regarding updating or amending the Council's Policy in this field. A copy of the Panel's terms of reference is in Appendix 8. The Panel is serviced by Children and Family Services.

7.1.6 Cabinet receives an annual report from this Panel. The Corporate Executive Team also receives the annual report, with more frequent reporting on an as required

basis. This provides assurance to the Chief Executive that safeguarding is receiving its due attention within the Council.

7.1.7 The Panel complements the role of the Local Safeguarding Children Board and the Denbighshire Adult Protection Committee. These focus on ensuring that robust multi-agency arrangements are in place to safeguard children and vulnerable adults and that key partners have appropriate safeguarding systems in place. The role of the Denbighshire Corporate Panel for Safeguarding Children and Adults is to ensure effective oversight of safeguarding across the wide range of services which the Council provides and commissions. On their own, the current multi-agency arrangements for children and adults cannot provide sufficient depth of assurance to meet the needs of complex organisations, especially given increased public expectations and expectations from regulators.

7.3. Denbighshire Council's Performance Scrutiny Committee

7.3.1 The Council's Performance Scrutiny Committee will have the role of scrutinising and challenging the work and performance of the Corporate Panel for Safeguarding Children and Adults on an annual basis. It is considered that this is crucial so that Committee Members gain experience and understanding in the field and become completely aware of the breadth and depth of the Panel's work and the corporate arrangements.

7.4. The Council's Corporate Plan 2012 - 2017

7.4.1 The Council's Corporate Plan sets out the strategic direction for the Council's work over the next five years and identifies clear priorities and actions to respond to these priorities. An Annual Delivery Plan is also produced to enable monitoring on regular basis.

7.4.2 One of the priorities within the Plan is that "Vulnerable People are protected and able to live as independently as possible." Regular progress reports are submitted to Cabinet and a set of high level indicators has also been agreed. These arrangements will complement reporting to the Corporate Panel for Safeguarding Children and Adults..

8. REPORTING, MONITORING AND REVIEWING

8.1. The Corporate Panel for Safeguarding Children and Adults' Annual Report will draw attention to the Council's performance in complying with the Corporate Policy and Guidelines. The Annual Report will be submitted to the Corporate Executive Team, the Cabinet and to the Performance Scrutiny Committee. In addition, on behalf of the Council as a whole, the Safeguarding Panel will report to the Conwy and Denbighshire Local Safeguarding Children Board as part of requirements under s28 of the Children Act 2004.

8.2. It is proposed to submit the Annual Report every June. Specific attention will be given initially to the following Performance Indicators. It is anticipated that this dataset will evolve over time to better capture the breadth of safeguarding activity:

POVA referrals completed in the period
child protection referrals in the period
% of staff commencing in post with two references and a DBS check

<p>% of staff receiving safeguarding training as they receive induction</p> <p>% of Child referrals during the year where a decision is made within one working day (SCC/006)</p> <p>% of initial assessments completed during the year with evidence that a Social Worker has seen the child (SCC/011a)</p> <p>% of child protection reviews held within the statutory timetable during the year (SCC/034)</p> <p>% of initial assessments completed within 7 working days (SCC/042a)</p> <p>% of adult clients with a care plan on 31 March whose care plans should have been reviewed that were reviewed during the year (SCA/007)</p> <p>% of Councillors attending safeguarding training</p>
<p>% of adult protection referrals completed during the year, the percentage where the risk has been managed (SCA/019)</p> <p>% of referrals re-referred within 12 months</p>

- 8.3. The Corporate Panel for Safeguarding Children and Adults will receive a quarterly report noting the performance of indicators in the safeguarding field and work programme progress. The Local Safeguarding Children Board already receives core data on a regular basis. Any concerns regarding underperformance/slippage will require a clear action plan to respond to the concerns. Safeguarding will also be a potential “line of enquiry” in service challenges.
- 8.4. This Safeguarding Policy will be reviewed annually or if any amendments occur in legislation or in consideration of changes in working practices which may stem from incidents or allegations.
- 8.5. Further details are included in Appendix 9 regarding the method the Council will use to measure impact and monitor effectiveness.

Appendices

- Appendix 1 – Signs of Abuse
- Appendix 2 – Code of Conduct and Safe Working Practices
- Appendix 3 – Safeguarding Training
- Appendix 4 – Safe Recruitment
- Appendix 5 – Good Practice Guidelines for Councillors: Safe Contact with Children and Vulnerable Adults
- Appendix 6 – The Referral Process
- Appendix 7 – Dealing with Allegations of Professional Abuse
- Appendix 8 – Corporate Panel for Safeguarding Children and Adults Terms of Reference
- Appendix 9 – Measuring Impact and Monitoring



APPENDIX 1
Signs of Abuse

Signs of Abuse

This policy relates to both children and adults. They both have their individual codes of practice and relevant staff need to be familiar with these documents.

Children in Need

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four types of child abuse. They are defined in the All Wales Child Protection Procedures and Welsh Government guidance *Safeguarding Children: Working Together Under the Children Act 2004* as follows:

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks
- multiple burns with a clearly demarcated edge.

N.B. Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks.

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression or withdrawn behaviour
- running away from home.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains

- discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that

the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, Social Services will always want to understand them in relation to the child's development and context.

Adults in Need of Protection

Categories of Abuse

There are many ways in which a vulnerable person may be abused. It is not unusual for an abused adult to suffer more than one kind of abuse. Accordingly, the impact of abuse and its seriousness for the individual must be evaluated in every case.

In safe Hands identifies five main categories of abuse:

- Physical
- Sexual
- Financial
- Emotional or Physiological
- Neglect

Physical Abuse

Physical abuse is the unnecessary infliction of any physical pain, suffering or injury by a person who has responsibility, charge, care or custody of, or who stands in a position of or expectation of trust to, a vulnerable person. Physical abuse may also be perpetrated by one vulnerable adult upon another.

Sexual Abuse

Adult sexual abuse refers to the direct or indirect involvement of a vulnerable adult in sexual activity to which they are unwilling or unable to give informed consent, or which they do not fully comprehend, or which violates the social taboos of family roles, such as incest. Sexual abuse may also be perpetrated by one vulnerable adult upon another.

Any sexual activity that is not freely consenting is criminal. Where there is an abuse of trust, sexual activity may appear to be with consent, but is unacceptable because of the differences in power and influence between the people involved.

Sexual abuse includes the involvement in prostitution or 'sex trafficking' of vulnerable adults who do not have the capacity to consent.

Emotional or Psychological Abuse

Emotional or psychological abuse is the infliction of mental suffering by a person in a position or expectation of trust upon a vulnerable person. Emotional / psychological abuse may also be perpetrated by one vulnerable adult upon another.

over time, which can include physical abuse but often is verbal (name-calling and threats). It can undermine self-confidence, may cause the victim to become more isolated and sometimes leads to self-harm.

Emotional and psychological abuse, including **bullying and harassment**, can be very subtle, for example taking the form of ignoring or excluding the victim. Such abuse may be direct, such as by not responding to the person, or indirect, such as by giving unfair preference to another person. Emotional and psychological abuse may be cumulative, possibly building up over months or even years. It may involve one or more person and may be part of the culture within any institution, organization or service.

Another example of psychological abuse is when a vulnerable adult is incited, induced or exploited to commit a crime or abuse. Examples of this include inciting to steal, to perform acts of violence and commit sexual crimes. There have also been examples of vulnerable adults being exploited to commit acts of radical extremism.

In determining whether emotional and psychological abuse has taken place, it is the impact on the vulnerable adult that counts. Individual actions may not seem significant and may even be a one-off, but if they are part of a wider pattern of abuse experienced by the vulnerable adult the impact on them may be significant. Therefore, the wider context in which action is experienced by the vulnerable adult must always be considered in determining whether or not abuse has occurred.

Financial or Material Abuse

Financial or material abuse is any theft or misuse of a person's money, property or resources by a person in a position of, or expectation of, trust to a vulnerable person. Common forms of financial abuse are misuse by others of a vulnerable adult's state benefits or undue pressure to change wills. Financial / material abuse may also be perpetrated by one vulnerable adult upon another.

Neglect

Neglect is the failure of any person for whom there is an expectation of trust and /or the responsibility, charge, care or custody of a vulnerable person to provide that degree of care which a reasonable person in a like position would provide.

Neglect may be criminal or non-criminal. It may also be as a result of intentional or non-intentional acts or omissions.



APPENDIX 2
Code of Conduct and Safe Working Practices

CODE OF CONDUCT AND SAFE WORKING PRACTICES

1. This code of conduct is a statement and is a description of the professional standards of practice that are required from all Council staff when undertaking their day-to-day duties.
2. The code of conduct reflects current practice and it is expected that employees can identify the following standards as those which they aim to emulate daily.
3. It is anticipated that this code of conduct provides a better understanding for members of the public using Council services of what is expected of the Council's staff and the manner in which the employer supports its staff to undertake work effectively and in a manner respectful of the needs of individuals.
4. Every member of staff should give a good example in terms of behaviour to ensure that children and adults are protected and safeguarded. The following guidelines provide details of examples of good practice which must be used, along with specific codes of conduct (e.g. Denbighshire Council's codes of conduct), which could be relevant to roles, activities or specific events.
 - You should always be open for the public to scrutinise you when working with children and adults and you should avoid situations where a Councillor, member of staff, volunteer or service provider is with a child or children or vulnerable adult alone without anyone else to observe him or her;
 - You should follow the required process for reporting incidents, e.g. an incident of health and safety importance;
 - Children and adults have a right to privacy, equality, respect and dignity and a safe and positive environment;
 - Councillors, staff, volunteers and contracted service providers must give priority to the welfare and safety of the child or adult before concerns for performance;
 - If a child or adult arrives at an activity or service exhibiting signs or symptoms which cause you concern, you must act appropriately and follow the procedures outlined in the policy;
 - Be aware of the need to ensure safe practices when meeting children and adults.

YOU SHOULD

- Work in accordance with this safeguarding policy. If in doubt, contact the Designated Safeguarding Manager in your Department;
- Work in an open environment (e.g. you should avoid private situations or those which cannot be observed and encourage an open environment, i.e. no secrets);
- Treat every child and adult fairly with respect and dignity;
- Put the welfare of each child and adult first;
- Ensure a safe and appropriate distance with participants (e.g. it is not appropriate to have a close relationship with a child or an adult);
- Create an equal relationship based on trust which empowers children and adults to share in the decision making process;
- Get the most current information about training and safeguarding issues;
- Be an excellent example – this includes not smoking, drinking alcohol or swearing in the company of children and adults;

- Make sure that photographic or filming equipment is used appropriately and a parent or carer of the participants has given their permission;
- Keep a record in writing of any injury which is sustained, along with any treatment administered in accordance with Council policy;

YOU SHOULD NOT

- Touch or allow inappropriate touching in any way, use force or inappropriate language or make suggestive sexual comments;
 - Make a child cry as a means of controlling him / her, or use any behaviour control techniques not authorised by the Council's policy and procedures;
 - Ignore allegations made by a child or adult. All allegations or disclosures of abuse by a child or vulnerable adult should be reported immediately to Social Services or the Police.
 - Undertake tasks of a personal nature for children or adults which they could do for themselves;
 - Invite or permit children or an adult to come to your home where they will be alone with you;
 - Enter areas that have been specifically set-aside for the other sex;
 - Use the internet, an electronic device or a phone to access child pornography sites;
5. An employee who breaches any condition of the above code of conduct will face an investigation and could face disciplinary steps which could lead to dismissal and the possibility of a criminal investigation if there is evidence of illegal activity.
6. Volunteer services that breach the code of conduct will be suspended immediately. If there is evidence of illegal activity, the name of the volunteer will be drawn to the attention of the relevant authorities and he /she could face a criminal investigation.



APPENDIX 3
Training on Safeguarding

TRAINING ON SAFEGUARDING

1. STATEMENT OF COMMITMENT

- 1.1. Denbighshire Council is committed to ensuring that all staff who work with children, young people and adults undertake appropriate General Safeguarding awareness training.
- 1.2. Every member of staff who works with children, young people and adults should have information on safeguarding issues, in order to ensure that our workforce:
 - is aware of the principles of safeguarding;
 - can identify the need to refer;
 - knows how to deal with individual cases.
- 1.3. Priority is given in the Staff, including Designated Managers, and Councillors training programmes to develop an understanding of the Council's Policy and Guidelines for Safeguarding Children and Adults.

2. CONTENT OF THE TRAINING

- 2.1. Every member of staff working with children, young people and adults should have information on safeguarding issues. The training will make workers aware of the distinction between safeguarding and child/adult protection. It will also make workers aware of the definition of the types of abuse of children, young people and adults, the main signs and indicators, staff implications and their personal responsibility to safeguard children and adults, and the procedures to follow should any worker have any concerns.
- 2.2. There will be a need to refer to:
 - The All Wales Child Protection Guidelines;
 - The Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse (November 2010) [commissioned by the four Adult Protection Fora]
 - Older People's Commissioner for Wales 'Protection of Older People in Wales: A Guide to the Law' (John Williams, April 2011)
 - The function of the Conwy & Denbighshire Local Safeguarding Children Board.

3. LEARNING OBJECTIVES

By receiving the training, attendees will be able to:

- Challenge myths and stereotypes associated with child and adult abuse and the process of safeguarding children and adults;
- Ensure that the child's and adult's voices and rights are the principal consideration.

Attendees will also:

Legislation, policies and procedures:

- Be aware of the legislation and the local and national policies which relate to

safeguarding;

- Understand local and institutional policies and procedures which relate to safeguarding individuals who receive care, and how these are to be implemented in their work.

Understand and identify different types of abuse:

- Be able to note the main categories for abuse and neglect, and be able to identify the usual signs and symptoms associated with these;
- Understand that individuals have the right to be safeguarded from abuse and neglect;
- Understand that they need to ensure that their own actions or behaviour do not have a harmful effect on the individual in their care;

Understand how to respond to suspicions of abuse or neglect:

- Understand that they must report at once any suspicions of abuse or neglect, and know how and when they should inform the appropriate individual of these;
- Know how important it is to continue to voice concerns if they are not addressed after they have been reported, and how to do this;
Understand the limitations of confidentiality and when to share information.

4. PROVIDING THE TRAINING

4.1. (It is suggested that :-) The Care Council for Wales approved All Wales Safeguarding Awareness Training (known formerly as Adult & Child Protection Awareness Training) will be provided:

- As part of the Induction programme - as a minimum staff will be made aware of their responsibilities in respect of safeguarding at Corporate, Service and Team level Induction. (There will be potential for access to e-learning through the Learning Hub on the Intranet if DCC renew the license).
- Staff who have direct / indirect contact with children or adults who have not received the Adult & Child Protection Awareness training will need to undertake the All Wales Safeguarding Awareness Training;
- Staff will need to undertake Safeguarding refresher training on the appropriate level every three years *[note that some staff will require this training at more frequent intervals than three years]*.

Note: It is intended in the future to include all remaining staff i.e. those who do not have direct / indirect contact with adults or children in the awareness training. Currently the Corporate Adult and Child Protection Awareness half day course is targeted at staff who come into contact with Adults or Children as part of their daily responsibilities and duties .

5. TARGETING THE TRAINING

- Every member of staff who has direct/indirect contact with children and adults is required to undertake the All Wales Safeguarding Awareness Training on safeguarding children and adults.
- The training is compulsory and should be attended within 12 months of starting in post.
- All posts requiring General Safeguarding awareness training, and who start in those posts for the first time in the Council's employment, will be targeted from April 2014 onwards.

- Existing staff members will be identified who have not received the appropriate training, in order to target and introduce the new training / programme.
- As a priority, Designated Managers in each Service will receive the appropriate Safeguarding Training outlining their roles and responsibilities as outlined in the Denbighshire Safeguarding Policy & Guidance.

6. METHOD OF DELIVERING THE TRAINING

6.1 Corporate / Departmental Induction

As part of their initial Induction Training staff to be informed of their responsibilities to protect children, young people and adults in line with the Denbighshire Policy and Guidance – Safeguarding Children & Adults.

6.2 All Wales Safeguarding Awareness ½ day Training

For all staff, except Designated Managers, who have direct / indirect contact with children and adults.

Training to be delivered by DCC Workforce Development staff (or a training provider) at service area venues as identified by the Designated Managers.

Learning Outcomes:

This training will give the opportunity for participants to:

- Know their own role in relation to safeguarding adults and children and young people from harm, abuse and neglect
- Understand how individuals are protected from harm, abuse and neglect
- Know how to recognise different types of harm, abuse and neglect
- Understand what actions to take if they have concerns about abuse of a child or adult

6.3 Designated Manager Training

1 day Training to be delivered by DCC Workforce Development staff (or a training provider)

Learning Outcomes;

This training will give the opportunity for participants to:

- Know their own role in relation to safeguarding adults and children and young people from harm, abuse and neglect
- Understand how individuals are protected from harm, abuse and neglect
- Know how to recognise different types of harm, abuse and neglect
- Understand what actions to take if they have concerns about abuse of a child or adult
- Understand their role in acting as a key source of advice and support for other staff in the Service on all safeguarding issues;

- Become familiar with Denbighshire Council's Policy and Guidelines for Safeguarding Children and Adults along with the All Wales Child Protection Procedures and the Policy & Procedure for the Protection of Vulnerable Adults;
- Ensure that there are effective internal procedures to deal with concerns within the Service by working closely with Social Services to achieve this;
- Understand their role in representing the Service on the Council's Corporate Panel for Safeguarding Children and Adults;
- Understand their role in ensuring that the process of complying with this Policy and Guidelines is monitored regularly to the Corporate Safeguarding Panel

6.4 Refresher Training for all staff

Content, frequency and method of delivery of refresher training will need to be agreed.

7. MEASURING THE IMPACT OF THE TRAINING

7.1. The Council's Services will develop a 'Measuring Impact Programme' using the DCC Corporate Evaluation methodology. NB. This will need resourcing from within each service area by admin support to the Designated Manager.

7.2. Impact can also be measured through:

- Evaluation Forms for the training – completed by attendees;
- The Council's Procedure i.e. Staff Appraisal Scheme / Supervision Policy.

7.3. The impact will be reviewed by the Corporate Panel, and changes recommended to the training in light of the experience/feedback of the managers/attendees of the training if required.

8. TIMETABLE

- Include as part of Corporate Induction from September 2013
- Adult & Child Protection Awareness training to recommence in October 2013 to be replaced by the All Wales Safeguarding Awareness Training programme from February 2014 or earlier once fully approved by the Care Council for Wales. - Frequency tbc – but move to service areas training.
- Designated Manager training to take place January 2013
- Safeguarding training programme will be included in the 2014-15 development programme for Elected Members. (sessions already held for new members in 2013)

8.1 The aim of the new procedure is to reconcile arrangements for the General Safeguarding awareness training across the Council.

8.2 More specialized training for particular occupational groups, and multi-agency training under the Safeguarding Boards for Children/Adults, already takes place and will continue.



APPENDIX 4
Safe Recruitment

SAFE RECRUITMENT

Ensuring that the Council only employs people who are suitable is a key activity in safeguarding the public. Carefully checking the credentials of potential employees is critical.

Denbighshire has detailed policies and procedures relating to Safe Recruitment, for example covering

- Disclosure of Offences and Criminal Records checks
- Applicants with previous convictions
- Checking the past employment histories of specific groups of employees
- Seeking and giving references
- interviewing

These policies and procedures are available on the intranet via this link..... and all recruiting managers must be familiar with them. They must also ensure required records are maintained. Regular reports on indicators of Safe Recruitment will be generated and reported to the Corporate Safeguarding Panel.



APPENDIX 5

Good Practice Guidelines for Councillors: Safe Contact with Children and Vulnerable Adults

GOOD PRACTICE GUIDELINES FOR COUNCILLORS - SAFE CONTACT WITH CHILDREN AND VULNERABLE ADULTS

1. These guidelines are a statement and description of the standards of conduct expected from all members of the Council when having contact with children or vulnerable adults* in their office as a Councillor.
2. The guidelines are supplementary to, and do not replace, the Members' Code of Conduct. The Members Code of Conduct remains relevant whenever a member acts in his/her role as elected member, and also at any time in relation to not bringing the office or the Council into disrepute.
3. Some of the requirements of the Code are:
 - To show respect to others and be mindful of them;
 - To address equal opportunity for everyone, regardless of their gender, race, disability, sexual orientation, age or religion;
 - Not to disclose confidential information without consent;
 - Not to behave in a manner which would bring your office or the Council into disrepute;
 - To report any behaviour likely to be criminal by another member or employee to the appropriate authority;
 - Not to use your position inappropriately to cause someone advantage or disadvantage.
4. Members may come into contact with children and vulnerable adults through their position on a committee or working group, or through their role as local member. They may also come into contact with them when representing the Council on external bodies or taking part in events arranged by the Council. Every member of the Council has a corporate parent responsibility for looked after children, and every member also has a responsibility to follow good practice for safeguarding children and vulnerable adults.
5. The aim of these guidelines is to reflect current practice and it is expected that members identify the following standards as those which they aim to reach daily.
6. It is expected that these guidelines give a better understanding to members of the public of what is expected by councillors when they come into contact with them.
7. Every councillor should give a good example in terms of behaviour to ensure that children and vulnerable adults are protected and safeguarded. The guidelines below give details of examples of good practice that must be used.

YOU SHOULD

- Become familiar with the Council's safeguarding policies and guidelines and the current procedures for reporting incidents etc.;
- Attend training on safeguarding children and vulnerable adults;
- Follow a recognised process for reporting incidents, e.g. an incident of health and safety importance;
- Be open to public scrutiny at all times when working with children and young people, and try and avoid situations where you are alone with a child or children or vulnerable adult, with nobody to observe you;
- Respect children and adults' right to privacy, equality, respect and dignity

and a safe and positive environment;

- Place the child or adult's welfare and safety above other considerations;
 - Create an equal relationship based on trust which empowers children and adults to share in the decision-making process;
 - Be an excellent example for children and vulnerable adults.
-

YOU SHOULD NOT

- Touch or allow inappropriate touching in any way, use force or inappropriate language or make suggestive sexual comments;
- Ignore allegations made by a child or vulnerable adult; all allegations or disclosures of abuse by a child or vulnerable adult should be reported immediately to Social Services or the Police.
- Invite or allow children or a vulnerable adult to come to your home where they will be alone with you;
- Enter areas in the Council's buildings that have been specifically allocated for the opposite sex;
- Use the internet, electronic device or phone to access child pornography sites;
- Spread confidential information concerning individual cases to anyone unless through recognised reporting procedures.

** A vulnerable adult is a person over 18 years of age who cannot look after himself/herself, or protect himself/herself*



APPENDIX 6
Referral Procedure

Referral Procedure

Recognition and Referral

Suspicion about abuse may take the form of 'concerns' rather than 'known facts'. Safeguarding concerns can arise in many different contexts, including when they are already known to the social services. Concerns can and should be shared with social services through a referral, **using the standard referral form available on the Denbighshire website**. All referrals should be sent to the **firstcontactteam@denbighshire.gov.uk**.


While concerns will not necessarily trigger an investigation, they help to build up a picture, along with concerns from other sources, which may indicate that they may be suffering harm.

In cases of alleged or suspected abuse by a professional or individual employee, the action should also be guided by the procedures contained in Part 1V of the All Wales Child Protection Procedures, the Wales Interim Policy and Procedures and Denbighshire's own procedures on professional abuse and whistle blowing (See Appendix 7).

Making the referral

Referrals should be made to social services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly within 24 hours. Outside office hours, referrals should be made to the social services emergency duty service or the police. All telephone referrals or referrals made in person should be confirmed in writing within two working days, preferably using the standard referral form. The first contact officer/duty social worker taking the referral should be given as much of the following information as possible by the referrer:

- The nature of the concerns;
- How and why those concerns have arisen;
- The full name, address and date of birth (or age) of the child / adult of concern;
- The names, addresses and dates of birth/ages of family members, along with any other names which they use or are known by;
- The names and relationship of all those with parental responsibility / guardian or carer roles, where known, should be recorded;
- The name, address & date of birth of parent's partner;
- The name, address and date of birth of any other adults living in the household;
- The names of other professionals involved with the family, including for example the name of the child's school and GP;
- Any information you have on the child's developmental needs / adults care needs and his/her parents or caregivers ability to respond to these needs within the context of the wider family and environment;
- Any information affecting the safety of staff:
- In the case of vulnerable adults the capacity and risks of the individual concerned need to be considered



Individual employees, professionals and independent contractors, should be aware that they cannot remain anonymous when making a referral. However, members of the public may remain anonymous, if they wish to.

The individual employee or professional making the referral may be asked to do some or all of the following tasks, and should be prepared and willing to do them: _

- Contribute to a strategy discussion or strategy meeting;
- Assist in the child protection section 47 enquiries / POVA Adult Investigation;
- Attend the child protection / adult protection conference;
- Provide a written report for the conference;
- Contribute to the assessments.

It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously and followed through. Each individual employee and professional is accountable for his or her own role in the protection process, and if an individual employee or professional remains concerned they should re-refer and/or bring the matter to the immediate attention of the children or adults senior manager or in their absence the person deputising for their function with responsibility for protection. In all such situations, the individual employee or Professional's own line manager and named professional for child protection should be informed.

Denbighshire Social Services

During office hours* tel. 01824 712 900

Out-of-hours tel. 0845 053 3116

*Office hours 8.30am to 5.00pm Mon- Thu, 8.30am to 4.30pm Fri.

Police tel. 0845 607 1002

If you need Police assistance in an EMERGENCY, you should always dial 999

NSPCC tel. 0808 800 5000.

You do not need to know everything about the child / adult of concern and what is happening - just to be worried, or feel that everything is not right.

APPENDIX 7

Dealing with Allegations of Professional Abuse

Dealing with Allegations of Professional Abuse

Managing Allegations against Workers, Carers and Volunteers who have Contact with Children

Guidance and good practice

Final version

Date of Policy	June 2013
Author of Document	Sue Trehearn Adapted from Flintshire's policy
Revised by	Sue Trehearn
Date of review	June 2014

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9. Concluding Strategy Meeting
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12. Unsubstantiated Allegations
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1. Introduction

Children / vulnerable adults can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children / vulnerable adults by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with agreed procedures. Local Safeguarding Children Boards and Local Adult Protection Committees have responsibility for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people who have contact with children / vulnerable adults and for monitoring and evaluating the effectiveness of those procedures.

These procedures must be followed by all organisations providing services for children / vulnerable adults and staff or volunteers who work with or care for children / vulnerable adults. Any organisations who commission services for children / vulnerable adults must ensure that their arrangements with those services are consistent with the requirements in this procedure.

These procedures are based on the framework for dealing with allegations of abuse made against a person who works with children in Working Together to Safeguard Children under the Children Act 2004 (Welsh Assembly Government, 2006) and the All Wales Child Protection Procedures (2008) and more recent guidance to managing allegations against foster carers. In relation to adults the procedures are based on the framework for dealing with allegations of abuse against vulnerable adults contained within the Wales Interim Policy and Procedure for the Protection of Vulnerable Adults from Abuse (Nov 2010).

Compliance with these procedures will help to ensure that allegations of abuse are dealt with expeditiously; consistent with a thorough and fair process and Conwy and Denbighshire's Safeguarding Board will establish systems and processes to monitor and evaluate the effectiveness of these procedures.

2. Threshold

These procedures should be applied when there are concerns that any person who works with children / vulnerable adults, either in a paid or unpaid capacity i.e. any employee, foster carer, clergy, childminder or volunteer, where the adult is in a position of trust in relation to the child and family, has:

- Behaved in a way that has harmed a child / vulnerable adult, or may have harmed a child / vulnerable adult
- Possibly committed a criminal offence against or related to a child / vulnerable adult
- Behaved towards a child or children / vulnerable adult in a way that indicates s/he is unsuitable to work with children / vulnerable adults.

It can be very difficult to determine what may fall into 'unsuitable to work with children / vulnerable adults' although all employers have a responsibility to set personal and professional boundaries for staff and to be explicit about what behaviours are unacceptable and will impact on their employment. What constitutes unsuitability will vary depending upon the context and nature of the work undertaken although as a starting point, it is useful to consider whether the

alleged behaviour has:

- harmed or may have harmed a child / vulnerable adult
- contravenes or continues to contravene any safe practice guidance given by their organisation or regulatory body
- exploits or abuses their position of power
- acts in an irresponsible manner which any reasonable person would find alarming or questionable
- demonstrates a failure to understand or appreciate how his/her own actions or those of others could adversely impact upon the safety and wellbeing of a child or young person / vulnerable adult
- demonstrates an inability to make sound professional judgements which safeguard the welfare of children / vulnerable adults
- fails to understand or recognise the need for clear personal and professional boundaries in their work
- behaves in a way in his/her personal life which could put children / vulnerable adults at risk of harm
- has been the subject of a criminal investigation that could impact on the safety of children / vulnerable adults
- has been subject to enquiries under local protection procedures
- behaved in a way which undermines the trust and confidence placed in them by their employer

These behaviours should be considered within the context of the four categories of abuse i.e. Physical Abuse, Sexual Abuse, Financial Abuse, Emotional Abuse and Neglect. These include concerns relating to inappropriate relationships between members of staff and children / young people / vulnerable adults.

Restraints in schools often come up as an 'allegation' when teachers do not ring parents to explain that there has been a restraint in school that day. Careful unpicking of such allegations is indicated sooner rather than later and attention should be paid to the current restraint guidance permitted in different professional settings before reaching a decision on the most appropriate way forward.

3. Roles and Responsibilities

will identify a named Senior Officer in each local authority with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with these procedures
- Resolving any inter-agency issues
- Liaising with the LSCB / DAPC on the subject

Local authorities should designate an officer to:

- Be involved in the management and oversight of individual cases
- Provide advice and guidance to employers and voluntary organisations
- Liaise with Police and other agencies
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process

Within Denbighshire this will ordinarily be the Service Manager for Safeguarding in Children's Services and Specialist Services Service Manager in Adult Services

Employers should identify:

- A Designated Senior Manager to whom allegations or concerns should be reported
- A deputy to whom reports should be made in the absence of the Designated Senior Manager or where that person is the subject of the allegation or concern

The Detective Inspector in the Public Protection Unit (PPU) will:

- Have strategic oversight of the local police arrangements for managing allegations against staff and volunteers
- Liaise with the LSCB / DAPC on the issue
- Ensure compliance

Each PPU should designate a Detective Sergeant/s to:

- Liaise with the Safeguarding Manager in Social Care
- Take part in Strategy Discussion/Meetings
- Review the progress of cases in which there is a Police involvement
- Undertake an investigation
- Share information as appropriate, on completion of an investigation or related prosecution

4. General Considerations in Response to Allegations and Concerns of Abuse

Confidentiality

Every effort should be made to maintain confidentiality and guard against publicity while an

allegation is being investigated or considered. Apart from keeping the child, vulnerable adult, parents, carers / representatives and accused person up to date with progress of the case, information should be restricted to those who have a need to know in order to protect and facilitate enquiries, and manage related disciplinary or suitability processes. The Police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances e.g. an appeal to trace a suspect. In such cases, the reasons should be documented and partner agencies consulted beforehand.

Support

The organisation together with Children's or Adult Social Care and/or the Police, where they are involved, should consider the impact on the child / vulnerable adult concerned, ensure the child / vulnerable adults immediate safety or provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed. The member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved
- Be kept informed of the progress and outcome of any investigation. The person responsible for this will be identified at the first Strategy Meeting
- If suspended, be advised to contact their union representative and be kept up to date about events in the workplace. Human Resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

Suspension

Suspension is a neutral act and it should not be automatic. There could be an option for redeployment to a post where there would be no contact with children / vulnerable adult. Suspension should be considered in any case where:

- There is cause to suspect a child is at risk of Significant Harm, or
- The allegation warrants investigation by the Police, or
- The allegation is so serious that it might be grounds for dismissal

The possible risks to children / vulnerable adults should be evaluated and managed in respect of relevant others in the accused member of staff's home, work or community life. If a Strategy Meeting is to be held, (see Section 6 - Strategy Meeting) or if Children's / Adult's Social Care or the Police are to make enquiries, the Safeguarding Manager should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police. If a suspended person is to return to work, the employer should consider what help and support might be appropriate e.g. a phased return to work and/or provision of a mentor, and also how best to manage the member of staff's contact with the people concerned, if still in the workplace.

Resignations and Compromise Agreements

Every effort should be made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations
- It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete

'Compromise agreements' should not be used i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed.

Organised Abuse

Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with the guidance in Safeguarding Children: Working Together Under the Children Act 2004 (Sec 9.22 – 9.25) and / or the Wales Interim Policy and Procedure for the Protection of Vulnerable Adults from Abuse (Nov 2010) which, if applicable, will take priority.

Whistle-Blowing

All organisations must ensure they have a robust whistle blowing policy that all workers, carers and volunteers are aware of. They should feel confident to voice concerns about the attitude or actions of colleagues. If a worker, carer or volunteer believes that a reported allegation or concern is not being dealt with appropriately by their organisation, s/he should report the matter to the Safeguarding Manager.

Timescales

It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided. The target timescales provided in these procedures are realistic in most cases, but some cases will take longer because of their specific nature, or complexity. Where this is the case, the timescales for progression should be recorded, progress regularly reviewed and the child or young person / vulnerable adult and the worker, carer or volunteer kept informed.

For fostering situations there may be a parallel need to review carers approval at the next available fostering panel.

5. Initial Response to an Allegation or Concern

An allegation against or concerns about a worker, carer or volunteer may arise from a number of sources e.g. a report from a child, a concern raised by another adult in the organisation, a complaint by a parent or carer, or information arising from a disciplinary hearing.

The member of staff who has received the allegation or who has a concern about a colleague must immediately report this to his/her Designated Senior Manager or deputy in his/her absence

or where the Designated Senior Manager is the subject of the allegation (see section 3).

The member of staff should:

- If the allegation has come from a child, reassure the child that s/he was right to report it
- Make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident(s), persons present and what was said
- Sign and date the written record and pass immediately to the Designated Senior Manager

The member of staff should not:

- Investigate or ask leading questions if seeking clarification
- Make assumptions or offer alternative explanations
- Promise confidentiality, but give assurance that the Information will be shared on a 'need to know' basis only so that the matter can be investigated in order to keep other children / vulnerable adults safe.

Initial Action by the Designated Senior Manager

When informed of a concern or allegation, the Designated Senior Manager (see section 3) should not investigate the matter or interview the member of staff, child / vulnerable adult concerned or potential witnesses. He/she should:

- Obtain written details of the concern/allegation, signed and dated by the person receiving the allegation (not the child/adult making the allegation)
- Countersign and date the written details
- Record any information about times, dates and location of incident(s) and names of any potential witnesses
- Record discussions about the child / vulnerable adult and/or member of staff, any decisions made, and the reasons for those decisions
- If the child / vulnerable adult has sustained an injury, consider the need to have her/him medically examined. In this instance parent/carer must be notified and reason given as to why medical required.

If the Designated Senior Manager decides that no further action is required the reason for that decision must be recorded and the written record sent to the Safeguarding Manager.

If the allegation meets the criteria in section 2, the Designated Senior Manager should report it to the Intake and Assessment Team within 1 working day. Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with these procedures is a potential disciplinary matter. Where a Designated Senior Manager is unsure about how to proceed or cannot determine whether the criteria are met, there should be consultation with the Service Manager for Safeguarding. In their absence a member of the Social Care Senior Management Team should be contacted. The referral in respect of children who

may be at risk of significant harm in association with the referral will be dealt with in compliance with Section 3 of the All Wales Child Protection Procedures / Wales Interim Policy and Procedure for the Protection of Vulnerable Adults from Abuse (Nov 2010). The contact should be made with the Duty Manager of the Intake and Assessment Team in Social Service for Children or Adults as relevant.

If an allegation requires immediate attention, but is received outside normal office hours, the Designated Senior Managers should consult the Emergency Duty Team or local Police and inform the Safeguarding Manager as soon as possible.

If a Police officer receives an allegation, s/he should, without delay, report it to the Designated Detective Sergeant on the FPU (see section 3). The Detective Sergeant should then immediately inform the Safeguarding Manager and a preliminary strategy discussion undertaken to ensure that immediate safeguards are in place, whether the referral falls within this procedure and whether any immediate briefings to management are required.

Any allegation made to Children's or Adult's Social Services should be immediately reported to the Safeguarding Manager or equivalent.

Any allegation or concern received by a Regulatory Authority must be reported to the Safeguarding Manager within 1 working day. Similarly the Safeguarding Manager should be contacted within 1 working day about any cause for concern that a Regulatory Authority may identify while carrying out its duties.

Initial Consideration by the Designated Senior Manager and the Local Authority Designated Officer (Safeguarding Manager)

There are up to 3 strands in the consideration of an allegation:

- A police investigation of a possible criminal offence
- Social Services for Children / Adult enquiries and/or assessment about whether a child / vulnerable adult is in need of protection or services
- Consideration by an employer of disciplinary action

The Safeguarding Manager and Designated Senior Manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the child / vulnerable adult is not confused as to dates, times, locations or identity of the member of staff.

If the allegation is not demonstrably false and meets the criteria as in section 2, the Safeguarding Manager, in consultation with the referrer, should consider the need for a Strategy Meeting. Reasons for not convening a Strategy Meeting should be recorded.

The Designated Senior Manager and the Safeguarding Manager should agree how and when the member of staff is informed of the allegation. Consideration must be given to informing the parent/carer at the earliest opportunity. The Safeguarding Manager and Designated Senior Manager should agree what information they are given to ensure that the disciplinary or investigative processes are not impeded.

The Police must be consulted about any case in which a criminal offence may have been committed. If the threshold for Significant Harm is not reached, but a Police investigation might be needed, the Safeguarding Manager should immediately inform the police and consider the need for a Strategy Discussion/Meeting.

The Regulatory Authority should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8, a registered childminder, a foster carer, prospective adopter, or member of staff in a residential care facility. They should also be invited to take part in any subsequent Strategy Discussion/Meeting.

In circumstances where there remains disagreement between the referring agency and the Safeguarding Manager the case should be referred immediately to the Head of Social Services for Children for a decision or if an adult Head of Adult and Business Services.

6. Strategy Meeting

If the criteria are met for further investigation, a Strategy Meeting must be arranged within 48 hours where at all possible, given capacity issues for chairs and attendees. The reason for delays should be clearly recorded in the minutes. The Strategy Meeting will be convened by the Safeguarding Unit and chaired by the Safeguarding Manager or in their absence, a senior manager from Children's / Adult's Social Care. A record will be made of the meeting and decisions will be made available to the child/parents, vulnerable adult / representative and the alleged perpetrator at the conclusion of the investigation. This information will also be shared with regulating bodies. The following should be considered to attend the Strategy Meeting:

- Safeguarding Manager (Chair)
- Service Manager for Intake and Assessment and or designated investigating officer
- Relevant social worker and his/her manager (if an open case)
- Detective sergeant (FPU)
- Designated Senior Manager for the employer concerned
- Senior Nurse (Child / Adult Protection)
- Education representative
- Human Resources representative
- Legal adviser where appropriate
- Senior representative of the employment agency, church or voluntary organisation if applicable
- Manager and family placement worker from the fostering service provider (including independent foster services) when an allegation is made against a foster carer
- Manager from the residential service when an allegation is made against a residential worker
- A representative of the Regulatory Authority where applicable
- Consultant Paediatrician
- Where a child / adult is placed or resident in the area of another authority, representative(s) of relevant agencies in that area
- Complaints Officer if the concern has arisen from a complaint
- Children and Family Court Advisory and Support Service when involved (CAFCASS)

- Health representative
- A representative from the Social Services for Adults Safeguarding Unit (where appropriate)
- CSSIW (where the concern is about a foster carer, childminder or care provider)

The representative must be at a level of sufficient authority to speak on behalf of their organization and ensure that the organisation acts in accordance with the recommendations of the meeting.

Where the representative of an organisation is implicated through an accusation of collusion or failure to respond to previous complaints, it is inappropriate for him/her to attend the Strategy Meeting.

The Strategy Meeting must:

- Decide whether there should be a Section 47 Enquiry and/or Police investigation and consider the implications
- Consider the current allegation in the context of any previous allegations or concerns
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children, e.g. Section 550a Education Act 1996 in respect of teachers and authorized staff
- Consider whether a complex abuse investigation is applicable
- Plan enquiries if needed, allocate tasks and set time-scales
- Decide what information can be shared, with whom, when and how.
- Consider whether there is a need to convene an initial child / adult protection conference if there are concerns about the Professional's behaviour towards their own children.

The Strategy Meeting must also:

- Ascertain whether the member of staff has contact with children / vulnerable adults in any other setting.
- Ensure that arrangements are made to protect the child / children / adult involved and any other children / vulnerable adults affected, including taking emergency action where needed
- Examine whether relevant information that may exist in parallel processes is required and relevant—such as a finding of fact within care proceedings.
- Ensure that all children / vulnerable adults who may be affected, directly or indirectly, are identified and considered and provided with support. This would include children / vulnerable adults within the member of staff's own family.
- Consider what support should be provided to the member of staff and others who may be affected. Also consider by whom and how this should be provided.
- Ensure that investigations are sufficiently independent
- Make recommendations where appropriate regarding suspension, or alternatives to suspension
- Identify a lead contact Manager within each agency who will be responsible for co-ordinating the investigation.

- Agree timescales for reviewing investigations and monitoring progress
- Consider issues for the attention of senior management e.g. media interest, resource implications
- Consider reports for consideration of barring
- Consider notifying the Chief Executive/Senior Officer of the employing agency
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information
- Consider whether Children / Adult Safeguarding Procedures need to be followed.
- Consider what steps need to be taken in relation to establishments where it is felt that abuse has pervaded the whole staffing group with the involvement and collusion of managers.
- Where appropriate consider the wider implications for the organisation e.g .policy and procedures and staff training deficits.

All Strategy Meetings should be recorded and minutes circulated within 5 working days of the Strategy Meeting.

When requests for copies of minutes from Part 4 meetings are made by the subject of the meeting advice should be sought from the legal department in all cases as decisions need to be made on a case by case basis and clearly recorded.

7. Conduct of Enquiry

Once a decision has been made at the first Strategy Meeting, to initiate an enquiry, the member of staff must be contacted and told the nature of the allegation, how the enquiries will be conducted and his/her co-operation sought ,unless this prejudices any aspect of the investigation, e.g. criminal enquiries. The meeting will agree how this will be done.

The enquiry should take into account any signs or patterns, which could suggest the abuse may be more widespread than it appears and whether it involves other perpetrators or institutions.

During the course of the enquiries, the Strategy Meeting Chair must be provided with regular progress reports from the investigating officers on a minimum 4 weekly basis.

Any investigation must be conducted in accordance with the All Wales Child Protection Procedures.

If the child, young person or vulnerable adult needs to be formally interviewed, the interview must take place in accordance with the Joint Children's Social Care and Police Protocol on Investigating Child Abuse involving only trained staff and video equipment or the adult equivalent.

If a Police investigation is to be conducted, the Police should set a date for reviewing its progress and consulting the Crown Prosecution Service about continuing or closing the investigation or

charging the individual. Wherever possible, this should be no later than 4 weeks after the Strategy Meeting.

The evidence gathered in the investigation, including written material, audio or video recordings with the child and other relevant people, may be referred to in all strands of the investigation (Section 47 Enquiry, criminal investigation, complaint investigation and disciplinary procedures) although a Court Order may be required for evidence to be released. The evidence will remain the possession of the investigating agencies in accordance with the Joint Social Care and Police Protocol on Investigating Child Abuse.

Decisions regarding the disclosure of such evidence must be considered carefully in conjunction with the relevant Human Resources procedures.

8. Second and Subsequent strategy Meetings

In addition to the issues addressed at the first Strategy Meeting, subsequent meetings should be held to review

- Progress and results of enquiries
- Therapeutic and support needs of the child or children / vulnerable adult(s)
- Support needs of the child's parents/carers, the worker, carer or volunteer

9. Outcome Strategy Meeting

The existing guidance highlights the duty of this meeting to decide on the balance of probabilities as to whether the concerns are substantiated. This discussion would normally precede any decision by the employer to invoke disciplinary procedures.

All the members of the Initial Strategy Meeting will need to attend. Additional relevant persons may be invited to attend by agreement with the Chair. This may include, where appropriate, contracts managers.

The alleged perpetrator or representative and the alleged victim and parents will not be permitted to attend.

The meeting is responsible for considering the following issues:

- Results of the Section 47 enquiry / POVA enquiry – Is the allegation substantiated, unsubstantiated, inconclusive, unfounded or false?
- Are there any outstanding concerns which require any Police/Children's / Adult's Services procedures?
- Are there any outstanding protection or support issues for the alleged victim?
- Are there any outstanding protection issues for other potential victims?
- Are there any outstanding disciplinary issues?

- Are there any other children / vulnerable adults with whom the alleged perpetrator has a professional relationship?
- Have all protection issues for the children / vulnerable adults of the alleged perpetrator been addressed?
- The requirement for notification to the Independent Safeguarding Authority.
- The identification of the persons responsible for informing the child/parent/carers and the alleged perpetrator of the outcome
- Whether the matter should be referred to the Fostering or Adoption Panels, Welsh Government Independent Investigation Service for Schools (SERVOCA), CSSIW or CAFCASS

Where the concerns are substantiated and individuals lose their position as a result of concerns, a referral should be made to the ISA (see section 11) and any other bodies nominated by the guidance and procedures. The employer responsible for informing such bodies or undertaking internal disciplinary action must inform the Safeguarding Manager in writing that such actions have been undertaken.

10. Substantiated Concerns

Where abuse or harm is confirmed on the balance of probability, the parents and child / vulnerable adult and /or representative must be informed – who should do this will be confirmed at the outcome meeting. The Chair will write to the alleged perpetrator informing them of the outcome of the investigations.

A disciplinary hearing should then be arranged by the employer within the relevant disciplinary code.

Should the need for a Child Protection / Adult Protection Conference have been identified, this will be organised by the relevant team and the Safeguarding Unit.

11. Informing the Independent Safeguarding Authority (ISA)

Where the concerns are substantiated, relevant information should be passed to the ISA by the relevant Senior Manager where the person is employed. Organisations must confirm in writing to the Safeguarding Manager that this has been completed.

12. Unsubstantiated Allegations

Where, following initial enquiries, it is concluded that there is insufficient evidence to determine whether the allegation is substantiated, or the allegation is not substantiated, the relevant Designated Senior Manager/Employer will consider what if any, further action should be taken.

The member of staff/volunteer will be informed of the outcome in writing by the Chair.

Consideration must be given to any support the member of staff may need, particularly if s/he is returning to his/her post following suspension.

The child / vulnerable adult and his/her parents/carers must be informed of the outcome. Who will do this will be identified at the Outcome meeting.

13. Unfounded or False Allegations

If an allegation is determined to be unfounded the employer, in consultation with the Safeguarding Manager, should refer the matter to Children / Adult Social Care to determine whether the child / vulnerable adult is in need of services and/or might have been abused by someone else.

14. Allegations against staff in their personal lives

If an allegation or concern arises about the conduct of a member of staff outside of his/her work with children / vulnerable adults and this may present a risk to children / vulnerable adults for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

In some cases, an allegation of abuse against someone closely associated with a member of staff, e.g. partner, member of the family or other household member, may present a risk to a child / children / vulnerable adults for whom the member of staff is responsible. In these circumstances the meeting should consider:

- The ability and/or willingness of the member of staff to adequately protect
- Whether measures need to be put in place to ensure their protection
- Whether the role of the member of staff is compromised.

15. Disciplinary Process

The meeting will consider whether disciplinary action is appropriate in all cases where:

- No further action is required under Child / Adult Protection Procedures
- The employer or Safeguarding Manager is informed by Police or the CPS that a criminal investigation and any subsequent trial is complete or that an investigation is to be closed without charge or a prosecution discontinued.

The discussions should consider any potential misconduct or gross misconduct on the part of the member of staff and take into account:

- Information provided by the police and /or social care
- The result of any investigation or trial
- The different standard of proof in disciplinary and criminal proceedings

Where the initial evaluation decides that the allegation does not involve a possible criminal offence it will be dealt with by the employer who should institute appropriate action within 3

working days.

If disciplinary action is required, and further investigation is not required, the disciplinary hearing should be held within 15 working days.

Where further investigation is required by the employer the aim of the investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and/or the individuals suitability to work with children / vulnerable adults. Its purpose is not to prove or disprove the allegation.

The Safeguarding Manager should be informed of the outcome of disciplinary action, including any training plan with timescales.

16. Sharing information for Disciplinary Purposes

Wherever possible, the Police and Children / Adult Social Care should during the course of their investigations obtain consent to provide the employer and or the Regulatory Authority with evidence for disciplinary purposes. If the police or the CPS decide not to pursue a charge, or decide to administer a caution, or the person is acquitted, the Police should pass relevant information to the employer without delay.

If the person is convicted, the Police should inform the employer straight away so that appropriate action can be taken.

17. Record Keeping

Employers should keep a clear and comprehensive summary of the case record on a person's confidential personnel file and give a copy to the individual.

The record should include details of what the allegation was, how the allegation was followed up and resolved, the decisions reached and the action taken.

The record will provide accurate information for any future reference and provide clarification if a future CRB disclosure reveals an allegation that did result in a prosecution or conviction. This record will prevent unnecessary re-investigation if the allegation should resurface.

Minutes of Strategy Meetings will be held at the Children's Safeguarding Unit / Adult Safeguarding Unit as appropriate.



APPENDIX 8

Terms of Reference Corporate Panel for Safeguarding
Children and Adults

TERMS OF REFERENCE CORPORATE PANEL: SAFEGUARDING CHILDREN AND ADULTS

1. INTRODUCTION

- 1.1. Section 28 of the Children Act 2004 places a duty on local authorities to make arrangements to ensure that they fulfil their functions in a way which considers the need to safeguard and promote the welfare of children.
- 1.2. The following reflects the 'Statutory Guidelines on the Functions and Accountability of Directors of Social Services' [published by the Welsh Assembly Government – June 2009]. Although every member of staff has a responsibility to safeguard and promote the welfare of children, it is the Statutory Director of Social Services who remains the senior officer in the council with full and final accountability for safeguarding children.
- 1.3. The following does not change the Constitution of Denbighshire Council. The intention is to reinforce existing reporting arrangements.

2. TERMS OF REFERENCE OF THE DENBIGHSHIRE COUNCIL CORPORATE PANEL FOR SAFEGUARDING CHILDREN AND ADULTS

- 2.1. The aim of the Panel is to ensure that robust arrangements for the safety of children and adults are in place within Denbighshire Council.
- 2.2. The Panel will act on a Strategic level in order to:
 - Assure relevant Lead Members (Lead Member for Social Care and Children's Services and Lead Member for Education) that the Council's procedures are robust where matters of safety of children and adults are concerned;
 - Bring together interdepartmental work in the safety field and ensure effective corporate communication;
 - Support the functions and duties of the Statutory Director within the Council;
 - Resolve any possible barriers to having effective and successful procedures in place;
 - Receive and consider information about trends in relation to allegations of professional abuse, and adopt action plans to response should the needs arise;
 - Receive and challenge information about the progress against commissioned work programmes
 - Consider and understand the implications of Serious Case Reviews and ensure that the
Council responds effectively to recommendations within such reviews;
 - Accept and challenge the Annual Report of the Statutory Director;
 - Approve the Safeguarding Policy and Guidelines for every Service within the Council.

3. CHAIRING

- 3.1. Cabinet member

4. FREQUENCY OF MEETINGS

4.1. Meetings every quarter

5. GOVERNANCE AND ACCOUNTABILITY

- 5.1. The Corporate Panel is accountable to Denbighshire Council Cabinet. The Chair has the right to refer matters to the Cabinet if not satisfied.
- 5.2 Business Management [i.e. creating a work programme, meeting agendas, secretariat, central communication point, organising additional professional advice if needed] through the function of the Corporate Director.

6. MEMBERSHIP

Name	Title
Cllr Bobby Feeley	Lead Member, Social Care and Children's Services
Cllr Eryl Williams	Lead Member, Education
Sally Ellis	Director of Social Services
Hywyn Williams	Lead Member, Children and Young People
Karen Evans	Chief Education Officer
Leighton Rees	Head of Children and Family Services
Phil Gilroy	Head of Adult and Business Services
Designated Managers	1 from each service



APPENDIX 9
Measuring Impact and Monitoring

MEASURING IMPACT AND MONITORING

1. In order to ensure that the procedures contained in the corporate safeguarding policy are fully complied with across the Council, and that their implementation secures a positive effect on the lives of children, young people and adults, it is vital to ensure that the following steps happen:
 - It is essential that the policy is communicated effectively to all members of staff, councillors, volunteers, children, parents, carers and anyone else who is affected;
 - There are responsibilities for the Designated Safeguarding Managers in the Departments to ensure that all their staff are familiar with the policy and supplementary procedures;
 - Every Department in the Council has a responsibility to develop a safeguarding policy that is specific to their own service, highlighting how their internal guidelines will comply with the corporate policy and taking into consideration the National Guidelines in the field of child protection and the protection of vulnerable adults;
 - There are individual responsibilities on all members of staff, councillors and volunteers to advocate and promote the policy to establishments or partners, and to ensure that the Council's values and principles in the safeguarding field are communicated clearly to children, their parents, carers and to the public;
 - Ensure that every Department develops quality assurance processes in order to examine compliance with the policy and procedures regularly and report to the Strategic Panel for Safeguarding Children and Adults on any successes, failures or improvement programmes within their departments;
 - Ensure that information on every allegation of professional abuse is reported to the Corporate Panel for Safeguarding Children and Adults as well as to the Local Safeguarding Children Board;
 - Ensure that every department reflects safeguarding as a main priority in their individual business plans, and ensure that every activity takes safeguarding issues into account as a matter of procedure;
 - Ensure that every department develops local indicators in the safeguarding field, and reports on a quarterly basis to the corporate performance monitoring procedure;
 - Secure feedback from the Council's staff with regard to activity in the safeguarding field and how their line managers support them to undertake these duties;
 - Ensure through participation and engagement events that children, young people and adults feel safe in every aspect of their lives and that the Council's activities in the safeguarding field contribute to their feeling of being safe;
 - Ensure that self assessment takes place regularly in schools in order to improve safeguarding practice at all schools;
 - Ensure that a composite annual review is submitted to the Local Safeguarding Children Board on the Council's activity in the safeguarding field;
 - Ensure that a training programme is available at every level which will be filtered to every member of staff in accordance with their needs, and also ensure that refresher training takes place regularly;
 - Ensure that an annual report is submitted to the Corporate Executive Team which will provide information on any safeguarding concerns, activity, feedback from serious case review and progress against the action plan;
 - Ensure that any service commissioned by or on behalf of the Council

complies fully with the safeguarding expectations set in the agreement with the partners, and that it is monitored regularly.

Corporate Safeguarding Policy and Panel September 2013

Equality Impact Assessment

Corporate Safeguarding Policy and Panel

Contact: Sally Ellis, Modernisation and Wellbeing

Updated: September 2013

1. What type of proposal / decision is being assessed?

A new or revised policy

2. What is the purpose of this proposal / decision, and what change (to staff or the community) will occur as a result of its implementation?

To ensure the Council takes a consistent approach to the implementation of safeguarding arrangements across all services and that appropriate safeguarding procedures are in place reflecting the circumstances of every service

3. Does this proposal / decision require an equality impact assessment? If no, please explain why.

*Please note: if the proposal will have an impact on people (staff or the community) then an equality impact assessment **must** be undertaken*

Yes

<If no, briefly summarise the reasons for this decision here, and skip ahead to the declaration at the end>

4. Please provide a summary of the steps taken, and the information used, to carry out this assessment, including any engagement undertaken

(Please refer to section 1 in the toolkit for guidance)

- 1) Discussion of issues arising from proposed policy at SSEMT (Social Services and Education Management Team), at CET and SLT
- 2) Consideration of groups typically likely to be impacted by the proposed policy
- 3) Identification of those most likely to be impacted
- 4) Checking of policy area and issues against the Equality Impact Assessment Toolkit

5. Will this proposal / decision have a positive impact on any of the protected characteristics (age; disability; gender-reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation)?

(Please refer to section 1 in the toolkit for a description of the protected characteristics)

The proposal is most likely to have positive impact on vulnerable older people and those with disabilities as it will lead to increased awareness of safeguarding issues across the council and these are two groups where safeguarding issues do arise

6. Will this proposal / decision have a disproportionate negative impact on any of the protected characteristics (age; disability; gender-reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation)?

None

7. Has the proposal / decision been amended to eliminate or reduce any potential disproportionate negative impact? If no, please explain why.

No

No negative impacts are expected on any groups with protected characteristics

8. Have you identified any further actions to address and / or monitor any potential negative impact(s)?

<Please Select>

<If yes please complete the table below. If no, please explain here>

Action(s)	Owner	By when?
<Please describe>	<Enter Name>	<DD.MM.YY>
<Please describe>	<Enter Name>	<DD.MM.YY>
<Please describe>	<Enter Name>	<DD.MM.YY>
<Please describe>	<Enter Name>	<DD.MM.YY>
<Unrestrict editing to insert additional rows>	<Enter Name>	<DD.MM.YY>

9. Declaration

Every reasonable effort has been made to eliminate or reduce any potential disproportionate impact on people sharing protected characteristics. The actual impact of the proposal / decision will be reviewed at the appropriate stage.

Review Date: 30.09.2013

Name of Lead Officer for Equality Impact Assessment

Date

Please note you will be required to publish the outcome of the equality impact assessment if you identify a substantial likely impact.

Report To: Corporate Governance Committee

Date of Meeting: 4 September 2013

Report Author: Head of Internal Audit Services

Title: Draft Corporate Governance Framework Action Plan

1. What is the report about?

This report provides the Committee with a new action plan and resulting from the review of the Council's governance framework and the Annual Governance Statement (AGS) 2012/13.

2. What is the reason for making this report?

Corporate Governance Committee will monitor the Corporate Governance Framework Action plan on a regular basis as part of the Council's overall governance arrangements to make sure that the Council implements the necessary improvements effectively.

3. What are the Recommendations?

Committee considers and comments on the draft Corporate Governance Framework Action Plan and whether it needs any further information on any of the areas covered by the Action Plan.

4. Background

3.1. The Council's Corporate Governance Framework includes an annual assessment of the Council's governance arrangements and an Annual Governance Statement that highlights any significant governance weaknesses. The Framework also highlights further areas that, while not being significant weaknesses, still need improvement.

3.2. The Council's Governance Group manages the Corporate Governance Framework process and development of the Annual Governance Statement on an on-going basis during the financial year. This Group consists of:

- Chair of Corporate Governance Committee
- Vice-chair of Corporate Governance Committee
- Head of Legal & Democratic Services
- Head of Business Planning & Performance
- Head of Finance & Assets
- Head of Internal Audit

3.3 The Governance Group has developed the draft Action Plan in Appendix 1. At this stage it is an outline action plan with several responsibilities, timescales and progress updates not yet completed. These

will be added before the next update report to this Committee and maintained on a regular basis.

Appendix 1 - Corporate Governance Framework Action Plan

Improvement Area from AGS	Responsibility	Timescale	Progress	RAG Status
Significant Governance Issues form the Annual Governance Statement 2012/13				
Strategic HR needs to implement improvements following an adverse Internal Audit report.	Head of Strategic HR	December 2013	Head of Strategic HR & Head of Internal Audit provided separate progress report to Corporate Governance Committee 4 September 2013	Amber
We need to improve our information governance, management of information assets and the way we train employees and elected members in Data Protection and Freedom of Information requirements.	Head of Business Planning & Performance	April 2014	Actions include: <ul style="list-style-type: none"> • Review Data Protection training. • Publish Information Risk Policy. • Progress roll out of EDRMS Corporate Filing programme. 	Amber
Governance Principle 1 - Focusing on the purpose of the Council and on outcomes for the community and creating and implementing our medium and long term vision				
We still have work to do to develop how we will deliver some of our corporate priorities	Head of Business Planning & Performance			Amber
We need to improve co-ordination of the various self-assessments that we carry out.	Head of Business Planning & Performance			
Within our financial planning, we need to develop a more strategic approach to the efficiency programme for the difficult years ahead.	Head of Finance & Assets			Amber
We are developing new service standards to improve customer service further.	Head of Customers & Education Support		Will be subject to Internal Audit review during 2013/14	Amber
We still have work to do to improve how we manage customer complaints.	Head of Customers & Education Support		Will be subject to Internal Audit review during 2013/14	
The configuration of Denbighshire's strategic partnerships is not yet right and requires further work.	Head of Business Planning & Performance			
We need to re-launch our partnership framework to make sure that everyone is aware of it and uses it.	Head of Business Planning & Performance			

Improvement Area from AGS	Responsibility	Timescale	Progress	RAG Status
We are improving our procurement strategy, systems and processes to achieve more financial savings.	Head of Finance & Assets			Amber
We are strengthening the service performance challenge process for 2013.	n/a	n/a	New process now in place and service challenges commenced	Green
We will continue our work to fully embed programme and project management into our culture.	Head of Business Planning & Performance			Amber
Governance Principle 2 - Members and officers working together to achieve a common purpose with clearly defined functions and roles				
We are developing a performance management framework for elected members.	Cabinet Lead Member for Modernising & Performance			Amber
While we now have a partnership framework, we need to make sure that all current partnerships meet its requirements.	Head of Business Planning & Performance			
We need to review the role of the S151 Officer to ensure that it meets recommended standards and good practice.	Head of Internal Audit Services	March 2014	Internal Audit review being prepared to measure S151 role against CIPFA guidance. Likely to be completed during autumn	Amber
Governance Principle 3 - Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour				
We need to update our anti-fraud and corruption policy.	Head of Legal & Democratic Services			Amber
We are updating our Financial Regulations.	Head of Finance & Assets			Amber
We are undertaking a self-assessment to ensure that the Corporate Governance Committee operates effectively as an audit committee.	Head of Internal Audit Services	December 2013	Assessment postponed from July 2013 to September 2013 Committee meeting. Action plan will be developed from outcome by December 2013.	Amber
Governance Principle 4 - Taking informed and transparent decisions, which are subject to effective scrutiny and managing risk				
We need to promote our scrutiny function among our stakeholders and provide further training for elected members. We will also implement any improvements arising from a recent peer review.	Head of Legal & Democratic Services			

Improvement Area from AGS	Responsibility	Timescale	Progress	RAG Status
Our Corporate Self-assessment recognised some improvements needed in risk management and we will implement these and any additional issues arising from the recent Internal Audit review.	Head of Business Planning & Performance			
We will update Internal Audit's Charter and carry out a self-assessment of the service to ensure that it complies with the new Public Service Internal Audit Standards.	Head of Internal Audit Services	March 2014	Internal Audit Charter updated and approved by Corporate Governance Committee. Self-assessment planned for later in 2013.	Amber
We are strengthening our research and intelligence functions to be more proactive in the way that we consider the external environment to support decision-making and strategic planning.	Head of Business Planning & Performance			Amber
We are updating our Whistleblowing policy.	Head of Legal & Democratic Services			Amber
Governance Principle 5 - Developing the capacity and capability of members and officers to be effective				
We need to do more to improve the flexibility of our workforce to enable us to use them in the areas of greatest need.				
We are developing a new training programme for elected members based on a needs assessment.	Cabinet Lead Member for Modernising & Performance			Amber
There is still work to do to ensure that officer performance appraisals are completed at least once a year.				Amber
Governance Principle 6 - Engaging with local people and other stakeholders to ensure robust public accountability				
We need to make sure that our employees are fully aware of the requirements of equalities legislation.	Head of Business Planning & Performance		Respect Booklet launched. Will be subject to Internal Audit review in January 2014.	Amber
The Consultation & Engagement Strategy needs to become embedded in our service delivery.				
We will roll out the Denbighshire Volunteering Strategy.				

Improvement Area from AGS	Responsibility	Timescale	Progress	RAG Status
We need to further improve the way we engage with business groups.				

Report To: Corporate Governance Committee

Date of Meeting: 4 September 2013

Report Author: Head of Strategic HR / Head of Internal Audit Services

Title: Strategic HR Internal Audit Report - Update

1. What is the report about?

This joint report provides the Committee with an update on progress within Strategic HR on the action plan included in the Internal Audit report from October 2012.

2. What is the reason for making this report?

Corporate Governance Committee has been monitoring progress on the implementation of the improvement actions that Strategic HR identified as a result of the Internal Audit review. The Committee asked for a further update at this meeting.

3. What are the Recommendations?

The Committee acknowledges the progress made and agrees:

- a) whether it is assured that Strategic HR is making sufficient service improvement; and
- b) whether and, if so, when, it requires a further progress report.

4. Background

- 4.1 Internal Audit reviewed various areas of Strategic HR during 2012/13, issuing its report in October 2012. The action plan within the report raised 11 issues, for which Strategic HR identified 45 actions with various timescales for implementation.
- 4.2 When Internal Audit followed up the action plan in February 2013, it found that, while some progress had been made, the level of progress was “disappointingly slow”, therefore this Committee was informed and asked Strategic HR to report latest progress to it in July 2013.
- 4.3 At this meeting, Strategic HR reported significant progress, but the Head of Internal Audit suggested that, while specific actions identified in the action plan had been completed, the effectiveness of these actions in addressing the issues in the Internal Audit report could not yet be gauged.
- 4.4 Following that meeting, the two services met to discuss the outstanding issues and agreed to work closer together to provide assurance to this

Committee that the improvements are being made and are addressing the issues effectively.

- 4.5 The Committee should also note that Strategic HR is going through a significant period of change and improvement and that the actions discussed in this report are part of a larger improvement action plan that is being project managed through the Council's project management methodology process on Verto.

5. Latest Progress

- 5.1 For easier reference, Appendix 1 provides a table showing the latest position for all 45 actions that Strategic HR identified to address the Internal Audit report action plan. The table shows:

- the issues to be addressed
- the actions identified to address the issues
- Strategic HR's update on latest progress
- comments - including an opinion on whether the actions are addressing the issue

- 5.1 Overall, Strategic HR has made significant progress in addressing the issues that Internal Audit raised. Although virtually all of the actions have now been implemented, in some cases it will take time to assess whether these have been fully effective and some success depends on compliance within other services.

- 5.2 To provide additional assurance to elected members and management, Internal Audit will carry out a further review of the Strategic HR improvement project during April 2014, which will include an assessment of the effectiveness of some of the longer term actions identified in Appendix 1. In particular, the review will look at:

- whether employee data accuracy has improved;
- the successful implementation of new processes and procedures as part of the Systems Thinking process reviews;
- compliance with HR policies and procedures within services;
- accuracy of data sent to Payroll by HR;
- the effectiveness of the Civica Helpdesk in improving customer service;
- successful implementation of the new recruitment framework; and
- development of succession plans for key posts in services.

Appendix 1 - Strategic HR Action Plan Progress

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>Data held on the Trent system is not always accurate, as it is not always updated promptly, e.g. vacant posts are not always closed off. Despite previous work undertaken, e.g. data quality monitoring, there is a risk of poor data quality, objectives not being met, inaccurate reporting, and ineffective decision-making.</p>	<p>We are currently undertaking a data cleansing exercise to ensure that all employee data is correct. This requires printing out the employee information held on Trent and asking employees to verify or change the information.</p>	1	<p>There was a low return rate of forms from employees. In addition, not all employees had received a copy of the form detailing their employee information to check for data accuracy. HR undertook a further data cleansing exercise during August 2013 and is also looking at building this into the performance appraisal process so that employees verify that their information is accurate. HR and Payroll are currently working on a paper for CET for the end of September 2013 that will recommend an integrated system for payroll and HR, which would specify data owners for specific information.</p>	<p>Although Strategic HR undertook a data cleansing exercise, this was not fully successful in addressing the issue.</p> <p>However, the subsequent actions identified should hopefully address the issue of inaccurate data in future.</p>
	<p>Unclosed and open vacancies to be discussed as part of the workforce planning exercise being undertaken with services in October 2012.</p>	2	<p>Internal Audit confirmed this action as complete during its follow up review in February 2013.</p>	<p>Internal Audit will review the effectiveness of the new actions in April 2014, although progress may depend on the cycle of performance appraisals and how long an integrated HR/payroll system would take to implement if approved.</p>
	<p>Vacancy control discussions to form part of monthly reviews with services.</p>	3	<p>Internal Audit confirmed this action as complete during its follow up review in February 2013.</p>	
	<p>This will be subject to the Systems Thinking Review commencing 17/08/12.</p>	4	<p>The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.</p>	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
There is no robust mechanism in place to determine accurately the future number of employees required within the Council to help identify shortages and competency gaps. This is due to a lack of system integration that links a post to the budget, which results in HR having to interpret the effects of budget savings on posts.	Arrangements are already in place for a Workforce Planning Exercise undertaken annually with services to facilitate services to determine the future number of employees required by their service.	5	Internal Audit confirmed this action as complete during its follow up review in February 2013.	The issue is being addressed through workforce planning.
	Work has been undertaken with Finance and ICT to combine financial information with HR reports.	6	Internal Audit confirmed this action as complete during its follow up review in February 2013.	
Although the new structure sees HR in a supportive role, as opposed to a 'policing' role, there is a lack of quality assurance checking to ensure that employees and managers are complying with HR policies and procedures. This increases the risk of the Council not complying with relevant legislation and it increases further if HR employees and service managers receive inadequate training and are unclear of their responsibilities.	Monitoring of Employee Relation cases, settlements, and Employee Tribunal claims - part of Employee Relation Report discussed with Heads of Service on a monthly basis.	7	Internal Audit confirmed this action as complete during its follow up review in February 2013.	The Head of Internal Audit agreed a new approach to quality assurance with the Head of Strategic HR that will address service non-compliance during the Service Challenge Process without having a significant impact on HR capacity. Internal Audit will review effectiveness of new processes in April 2014.
	This will be subject to the Systems Thinking Review commencing 17/08/12.	8	The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.	
	Explore a quality assurance framework to check processes to ensure that managers are complying with policies and procedures. It will establish where the organisation is doing well and where it is not. This will need to be scoped out as a project and agreed by SLT, as there is currently no HR resource allocated to this.	9	Internal Audit confirmed this action as complete during its follow up review in July 2013.	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>There is an increased risk of inaccurate payments to employees, as HR does not always submit documentation to Payroll promptly or accurately, as we identified in our previous annual reviews of the Payroll system. This creates additional pressure on the Payroll team in scrutinising and amending forms to prevent inaccurate payments while still meeting strict deadlines.</p>	<p>Standard Operating Procedures to set out clear deadlines for managers and schools on when information is required.</p>	10	<p>Internal Audit confirmed this action as complete during its follow up review in July 2013.</p>	<p>Actions are being taken to address the accuracy of data submitted to Payroll. The meetings between HR and Payroll will discuss these and continue to monitor error rates, which should now decrease with the additional controls being implemented.</p>
	<p>There is a Business and Finance Manager forum, where SLA issues are discussed and we can raise any issues with inaccurate or late documentation at this forum.</p>	11	<p>Internal Audit confirmed this action as complete during its follow up review in February 2013.</p>	
	<p>Meetings have been set up with the team managers and Payroll to discuss any issues.</p>	12	<p>These were initially set up but, due to staff absences, did not continue. These are now scheduled between the HR Services Manager and the Payroll Manager up to the end of the financial year. The Head of Internal Audit attended the first meeting.</p>	
	<p>Returns to be sent directly to Team Managers not HRAs.</p>	13	<p>Internal Audit confirmed this action as complete during its follow up review in February 2013.</p>	
	<p>Monitoring system in place to monitor error rates and ensure corrective action is taken.</p>	14	<p>A monitoring system is in place; however, errors are still occurring. Standard template letters have been developed that will be automatically populated from Trent and will address a number of errors that are being made. These will be in the system by early September 2013.</p>	
	<p>This will be subject to the Systems Thinking Review commencing 17/08/12.</p>	15	<p>The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.</p>	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>Overall, from consultation throughout our review, we received negative feedback on the new HR service, particularly with HR Direct. For example:</p> <ul style="list-style-type: none"> • comments on poor communication; • a lack of continuity and inconsistent responses; and • important HR documentation, such as job application forms, going missing <p>Additionally, HR Direct does not have a robust mechanism for ensuring that it logs all queries, refers them to the most appropriate person for answering, and ensuring that HR deals with issues promptly. There is also no prompt for HR Assistants to pursue outstanding essential documentation, such as appointment references.</p>	Introduction of Civica Help Desk (CRM)	16	Civica Help Desk Introduced	<p>While the CRM system has been implemented, development of the system is at an early stage, i.e. limited performance monitoring in place. Therefore, Internal Audit has been unable to establish the effectiveness of the system, and will review this, along with improvements to the HR Intranet pages, during its review in April 2014.</p>
	Implementation of Standard Operating Procedures	17	Internal Audit confirmed this action as complete during its follow up review in July 2013.	
	Introduction of Customer Service Standards	18	Internal Audit confirmed this action as complete during its follow up review in July 2013.	
	Introduction of HR Competencies for all levels	19	Internal Audit confirmed this action as complete during its follow up review in July 2013.	
	Implementation of Web recruitment application, which will negate the need for paper copies	20	Internal Audit confirmed this action as complete during its follow up review in February 2013.	
	Project management scoping will be carried out to re launch new HR processes and procedures, and we will revise the HR content of the intranet.	21	HR content on the Intranet needs to be revised. This is currently underway with a draft page ready and will be completed by early September 2013.	
	HR team managers' are quality assurance checking a sample of calls to HR Direct.	22	Internal Audit confirmed this action as complete during its follow up review in February 2013.	
	We will prepare checklists, and scripts for HRAs to follow for the top ten queries.	23	This action is partly complete but still requires completion of the scripts and checklists relating to the HR assistants. This is due for completion in December 2013.	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>The Council's recruitment and selection procedure is out-of-date and some employees have not received the necessary recruitment training prior to being a member of a recruitment panel. Insufficient guidance, monitoring and a lack of clarity of responsibilities could lead to non-compliance with legislation, and may lead to financial costs from re-appointment or tribunals if applicants consider that they are being unfairly treated.</p>	<p>Power hours training on Recruitment.</p>	<p>24</p>	<p>Internal Audit confirmed this action as complete during its follow up review in February 2013.</p>	<p>Although a new recruitment framework will soon be in place, there is still some work to do to roll the framework out.</p>
	<p>New Recruitment Framework developed and under consultation. This policy stipulates that at least one member of a recruitment panel has to have received recruitment training.</p>	<p>25</p>	<p>The framework has been developed and agreed. HR is currently discussing with heads of service about how they want to launch the framework within their services. The roll-out of the framework could take up to six months.</p>	<p>Internal Audit will review the effectiveness of the new framework in April 2014</p>
	<p>This will be subject to the Systems Thinking Review commencing 17/08/12</p>	<p>26</p>	<p>The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.</p>	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
There is a lack of evidence to support the justification and authorisation for filling a post. We identified instances where there was a lack of documentation held on new starters' HR files, including vacancy control forms and interview notes. This may be linked to our concerns over managers' training and awareness of their responsibilities mentioned above and increases the risk of the Council being unable to challenge any accusation of unfair treatment in the recruitment process, incurring tribunal costs.	A new vacancy control form will be introduced and we will ensure that all vacancy control forms are on file.	27	Internal Audit confirmed this action as complete during its follow up review in February 2013.	The actions taken and the decision on retention of interview notes should address the issues that Internal Audit raised.
	Covered in power hours on recruitment	28	Internal Audit confirmed this action as complete during its follow up review in February 2013.	
	Managers to send through interview notes as requested.	29	Strategic HR and Internal Audit have agreed that this is no longer necessary and that managers should retain interview notes for a specified period in case they are challenged by an interviewee.	
	This will be subject to the Systems Thinking Review commencing 17/08/12	30	The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.	
There is insufficient vetting of new starters to verify the authenticity of qualifications specific to the post applied for and references are not always received prior to the employee starting work with the Council. This increases the risk of inappropriate appointments and the resulting reputational damage and financial impact of terminating the contract or the cost of re-appointment.	Power hours training on Recruitment	31	Internal Audit confirmed this action as complete during its follow up review in February 2013.	Although a new recruitment framework will soon be in place, there is still some work to do to roll the framework out. Internal Audit will review the effectiveness of the new framework in April 2014
	New Recruitment Framework developed and under consultation	32	See action 25	
	Dedicated HRA for references to address backlog	33	Internal Audit confirmed this action as complete during its follow up review in February 2013.	
	Review of references procedure and input of workflows in Civica. Team managers will carry out quality assurance checking to ensure that the procedure is followed.	34	The reference procedure has been reviewed and agreed. HR is currently working on the implementation of workflows within Civica/Trent for completion by September 2013.	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
	All new starters to sign consent form for us to verify qualifications if needed.	35	Internal Audit confirmed this action as complete during its follow up review in July 2013.	
	This will be subject to the Systems Thinking Review commencing 17/08/12	36	The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.	
There is inadequate decision-making, business continuity and succession planning arrangements within the Council. In some cases, this has resulted in the employment of ex-employees temporarily to provide cover. There is a risk that such arrangements are not cost effective, are insufficiently authorised and used inconsistently. This could result in reputational damage for the Council, particularly if the arrangement is not open and transparent.	Engagement of ex-employees included in Pay Policy which goes to Full Council in September	37	Internal Audit confirmed this action as complete during its follow up review in July 2013.	The actions taken and on-going succession planning should address the issues that Internal Audit raised. Internal Audit will establish the development of the succession plans during its review in April 2014.
	Succession Planning part of Workforce Planning principles	38	Succession planning is now part of the annual workforce planning exercise.	
	Business Partners involved in review and expected to challenge decisions made	39		
	Reviewing key roles within the Council and ensure that there are sufficient business continuity and succession plans in place.	40		

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>Business Partners provide support to line managers for grievances and disciplinary cases but, while they maintain their own records, there is no computerised central record to show progress with each case. This would assist with business continuity in the event of another Business Partner becoming involved. There is also no robust mechanism for ensuring that all grievances and disciplinary cases are recorded and dealt with promptly by the most appropriate person. This could lead to grievance cases not being handled effectively, leading to disputes and employment tribunals.</p>	<p>All cases to be logged on current CRM helpdesk.</p>	<p>41</p>	<p>Internal Audit confirmed this action as complete during its follow up review in July 2013.</p>	<p>The actions taken should address the issues that Internal Audit raised.</p>
	<p>New system will provide a simpler system to capture information although case logs are held in a shared drive. We need to promote to HR staff its location.</p>	<p>42</p>	<p>Internal Audit confirmed this action as complete during its follow up review in July 2013.</p>	
	<p>This will be subject to the Systems Thinking Review commencing 17/08/12</p>	<p>43</p>	<p>The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.</p>	

Issue from Internal Audit Report	Strategic HR Action Identified	Action No.	Strategic HR Progress Update	Comments
<p>There is a risk of non-compliance with legislation and inconsistent treatment of employees leading to financial loss from tribunal costs and reputational damage as:</p> <ul style="list-style-type: none"> there is a lack of documentation held on redeployees' files and no robust system to record the actions taken to prevent redundancy payments and ensure that each redeployee has had equal opportunity to be considered for vacant posts; and the redeployment files are kept in a lockable cabinet, but this is not locked, increasing the risk of unauthorised access to personal details and data protection breach. 	Cabinets to be locked	44	Internal Audit confirmed this action as complete during its follow up review in February 2013.	The actions taken should address the issues that Internal Audit raised.
	This will be subject to the Systems Thinking Review commencing 17/08/12	45	The Head of Internal Audit facilitated a process review of several HR functions during August 2012. Actions were identified and are being addressed, with new processes and policies being implemented.	

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Report To: Corporate Governance Committee

Date of Meeting: 4 September 2013

Report Author: Head of Internal Audit Services

Title: Internal Audit Progress Report

1. What is the report about?

This report updates the Committee on Internal Audit's latest progress in terms of its service delivery, assurance provision, reviews completed, performance and effectiveness in driving improvement.

2. What is the reason for making this report?

To bring the Committee up to date regarding:

- delivery of our Assurance Plan for 2013/14
- recent Internal Audit reports issued
- management's response to issues we have raised
- Internal Audit's performance

3. What are the Recommendations?

- Committee considers and comments on Internal Audit's progress and performance to date in 2013/14
- Committee considers and comments on recent Internal Audit reports issued

4. Internal Audit Progress

Delivery of the Internal Audit Assurance Plan 2013/14

4.1. Appendix 1 provides a breakdown of our work during 2013/14, compared to the Internal Audit Strategy. It includes assurance scores and number of issues raised for the completed reviews, definitions used to form our audit assurance and the ratings used to assess the risk-levels for issues raised.

Summary of Recent Internal Audit Reports

4.2. Our reports use colours for assurance ratings as follows:

Green	High Assurance	Risks and controls well managed
Yellow	Medium Assurance	Risks identified but are containable at service level
Amber	Low Assurance	Risks identified that require meeting with Director/Lead Member

Red	No Assurance	Significant risks identified that require member / officer case conference
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4.3. Since my report in July 2013, we have issued the following reports. Executive summary reports and action plans are appended to this report for further information.

Audit Report	Audit Opinion	Issues Raised			Comments
		Critical Risk (Red)	Major Risk (Amber)	Moderate Risk (Yellow)	
Carbon Reduction Commitment	High	0	0	4	Follow up review of 2012/13 project
Financial Systems Assurance Testing 2012/13	Medium	0	0	0	Summary report only on Activedata testing
New Work Connections Exit Strategy	Medium	0	0	2	Summary report only
Fostering Service	Medium	0	0	2	Summary report only
Housing Services (Rents & Welfare Reform)	Medium	0	0	8	
Countryside Operations	Medium	0	0	7	
Demarcation between the roles and responsibilities of Education Planning & Resources and Accountancy Services.	n/a	0	0	0	Consultancy review only. No audit opinion issued.

Management's response to issues raised by Internal Audit

4.4. Most of our Internal Audit reports identify risks and control weaknesses. We rate these as critical, major or moderate risk. Management agrees actions to address the risks, including responsibilities and timescales.

4.5. We report all instances where management fails to respond to our follow up work or where they exceed the agreed implementation date by more than three months. This Committee decides whether it needs to take further action, e.g. by calling the relevant people to its next meeting or asking for a written report to explain lack of progress.

4.6. We currently have no issues to raise with the Committee.

Internal Audit Performance

Essential Assurance - all targets 100%

Review of agreed Financial Assurance areas in Assurance Plan by 31/03/14

So far, we have completed 50% of the planned projects, with others scheduled to be completed before 31 March 2014.

Review of agreed Grants & Certification Assurance areas in Assurance Plan by 31/03/14
So far, we have completed 60% of the planned projects, with others scheduled to be completed before 31 March 2014.
Review of agreed Corporate Governance Assurance areas in Assurance Plan by 31/03/14
Most of these projects are scheduled for later in the year to allow time for progress on the Corporate Plan. So far, we have completed 14% of the planned projects.
Review of agreed High Corporate Risk Assurance areas in Assurance Plan by 31/03/14
All nine projects are scheduled for completion by 31 March 2014.

<i>Customer Standards - all targets 100%</i>
Contact customers at least 2 weeks in advance to arrange a suitable date for our visit
Current performance is 100%
Send customers the agreed Project Scoping Document before we commence work
Current performance is 100%
Send the customer a draft report within 10 working days of the closing meeting
Current performance is 100%
Send the customer our final audit report within 5 working days of agreeing the draft
Current performance is 100%

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Appendix 1

Internal Audit Work 2013/14 – progress as at 11/08/13

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
Financial Assurance								
Financial systems – Ruthin based 2012/13	0	1	Complete	Medium	0	1	7	Completion of 2012/13 review
Financial systems – Rhyl based	48	16	In progress					
Financial systems – Ruthin based	30	0	Not started					Due January 2014
Financial systems - Activedata testing 2012/13	16	14	Complete	Medium	0	0	0	
Settlement agreements	5	4	Draft report					Verbal report to S151 Officer
Sub-totals	99	35	% Internal Audit Assurance Plan			Estimated: 4.6%		Actual to date: 4.8%
Grant & Other Certification Assurance								
Sustainability/Climate Change	3	4	Complete	High	0	0	4	
Welsh Government (WG) education grant certification	15							Completion of 2012/13 review
- Breakfast initiative Grant		5	Complete	High	0	0	0	
- Thinking & Assessment for Learning Grant		3	Draft report					
WG 6 th Form Funding – Ysgol Brynhyfryd, Ruthin	15	0	Not started					Due September 2013
WG Student Finance certification	5	6	Complete	High	0	0	0	
WG 6 th Form Funding - Denbigh High School	15	0	Not started					Due January 2014
Sub-totals	53	18	% Internal Audit Assurance Plan			Estimated: 2.5%		Actual to date: 2.4%

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
Corporate Governance Assurance								
Management of human resources - agency / relief staff	10	3	In progress					
Risk management	0	5	Complete	Medium	0	0	4	Completion of 2012/13 review
Procurement	20	35	Draft report					Continuation of 2012/13 review
Corporate Plan delivery	46	0	Not started					Various projects during the year
Customer Service Standards	7	0	Not started					Due December 2013
Customer feedback process	10	0	Not started					Due October 2013
Partnerships & collaboration	15	0	Not started					Further projects planned for later in year
- New Work Connections Exit strategy		4	Complete	Medium	0	0	2	
Project management	20	2	Scoping					Due September 2013
Management of human resources - disciplinaries & difficult situations	20	0	Not started					Due November 2013
Management of human resources - cessation of employment	20	0	Not started					Due March 2014
Constitutional arrangements	9	0	Not started					Due September 2013
Equalities	15	0	Not started					Due March 2014
Leadership	1	0	Complete	High	0	0	0	Assurance taken from outcome of staff survey
Corporate Governance Framework	15	1	In progress					On-going work during the year
Sub-totals	208	50	% Internal Audit Assurance Plan			Estimated: 9.7%		Actual to date: 6.8%

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
High Corporate Risk Assurance								
Collaboration agenda	3	0	Not started					Due December 2013
Change/ modernisation projects	3	0	Not started					Due November 2013
HR framework	3	0	Not started					Due December 2013
ICT investment	3	0	Not started					Due December 2013
Corporate Risk - Safeguarding	3	0	Not started					Due December 2013
Corporate Risk - Economic Environment	2	0	Not started					Due March 2014
Corporate Risk - Arms Length Organisations	2	0	Not started					Due March 2014
Corporate Risk - BCU Health Board Partnership	3	0	Not started					Due February 2014
Sub-totals	22	0	% Internal Audit Assurance Plan			Estimated: 1.0%		Actual to date: 0%
Risk-based Assurance								
Corporate Health & Safety	20	11	In progress					
Sickness absence management	25	0	Not started					Due September 2013
Travel & subsistence - pool cars	20	21	Draft report					
Welfare advice	30	34	Draft report					
Management of Council buildings	20	16	In progress					
Adult Services - improvement & priority areas from self-assessment 2013/14	5	0	Not started					Due October 2013
Adult Services - residential care	20	2	In progress					
Adult Services - Deputy for Finance (Court of Protection)	12	11	Draft report					

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
Children's Services - improvement & priority areas from self-assessment 2013/14	5	0	Not started					Due December 2013
Children's Services - cash payments to clients	15	0	Not started					Due February 2014
Children's Services - performance	1	1	Completed	n/a	n/a	n/a	n/a	Review of specific performance indicator only
Library Standards	2	1	In progress					
School admissions	10	0	Not started					Due January 2014
2st Century Schools programme	10	0	Not started					Due October 2013
School themed visits - governance	20	15	In progress					
School themed visits - physical security / health & safety	30	1	Scoping					Due December 2013
School themed visits - procurement	20	1	Scoping					Due December 2013
School themed visits - safeguarding	15	1	Scoping					Due October 2013
School themed visits - School Fund management	15	1	Scoping					Due January 2014
Blessed Edward Jones School, Rhyl	15	0	Not started					Due October 2013
Special Education	30	0	Not started					Due March 2014
Flying Start Grant	5	0	Complete	n/a	n/a	n/a	n/a	Project no longer necessary
School Improvement performance	1	0	Not started					Due October 2013
School Improvement - review of admin, terms & conditions, TOIL & travel costs	20	5	In progress					
Fly tipping	1	1	Complete					Review of specific performance indicator only
Public conveniences	10	0	Not started					Due September 2013

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
Highways network services	10	0	Not started					Due January 2014
S106 Agreements	10	0	Not started					Due November 2013
Legal Services	25	0	Not started					Due January 2014
Coroners Service	20	0	Not started					Due February 2014
Taxi driver & vehicle licensing	25	0	Not started					Due January 2014
IT assurance work	10	0	Not started					Date to be agreed
Fostering Service	0	8	Complete	Medium	0	0	2	Completion of 2012/13 review
Adults services - efficiency of charging processes	0	7	Complete	n/a	n/a	n/a	n/a	Completion of 2012/13 review
Modernising Education	0	4	Complete	n/a	n/a	n/a	n/a	Completion of 2012/13 review
Ysgol Clawdd Offa, Prestatyn	0	4	Complete	Low	0	7	21	Completion of 2012/13 review
Winter maintenance	0	1	Complete	Medium	0	0	10	Completion of 2012/13 review
Countryside Services	0	23	Complete	Medium	0	0	8	Completion of 2012/13 review
Housing Services	0	7	Complete	Medium	0	0	8	Completion of 2012/13 review
Consultant payments	0	7	In progress					On-going work from 2012/13
Review of corporate petty cash accounts	0	1	In progress					Issue noted during another project
Sub-totals	477	184	% Internal Audit Assurance Plan			Estimated: 22.3%		Actual to date: 25%
Modernising & Efficiency Projects								
Leisure Services information management system	2	0	Not started					Date to be agreed
Fleet management & vehicle maintenance	15	1	Scoping					Commencement to be agreed
Reablement service	3	1	Scoping					Due September 2013

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
Disabled Facilities Grants	10	3	Scoping					Commencement to be agreed
Housing responsive repairs & voids - continuation of performance measurement	10	4	In progress					
Planning & Public Protection - process reviews of various services	10	9	In progress					
IT Service Desk	10	9	In progress					Continuation of 2012/13 review
Contingency for future reviews	23							
Sub-totals	83	27	% Internal Audit Assurance Plan			Estimated: 3.9%		Actual to date: 3.7%
External Contract Work								
Natural Resources Wales	165	73						
North Wales Police	225	72						
School Fund Audits	40	8						
Sub-totals	430	79	% Internal Audit Assurance Plan			Estimated: 20.1%		Actual to date: 10.7%
Other Areas of Work & Contingencies								
Consultancy & Corporate Work	120	62						
Follow up reviews	53	31						
IA collaboration	20	9						
Frauds & Investigations	50							
- National Fraud Initiative		5						
- general enquiries		2						
IA relationship management	25	8						
Sub-totals	268	117	% Internal Audit Assurance Plan			Estimated: 12.5%		Actual to date: 15.9%

Internal Audit Assurance Plan	Planned Days	Days to Date	Current Status	Audit Assurance	No. of Critical Issues	No. of Major Issues	No. of Moderate Issues	Comments
IA Support								
Management & administration	400	151						
Training & development	100	75						
Sub-totals	500	226	% Internal Audit Assurance Plan			Estimated: 23.4%		Actual to date: 30.7%
Grand Totals	2140	736						

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Denbighshire Internal Audit Services
Caledfryn, Smithfield Road, Denbigh, LL16 3RJ

Internal Audit Follow Up Carbon Reduction Commitment

July 2013



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Purpose & Scope of Review





In January 2013, we issued a report providing assurance on the Council's compliance with the Environment Agency's Carbon Reduction Commitment (CRC) as well as other carbon reduction processes and initiatives undertaken.

We were able to provide medium assurance for this review. We raised four moderate issues/risks in our report and have now followed up the action plan included within our report to ensure that the agreed improvements have been made.

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Assurance Rating

(Based on areas reviewed)

	High Assurance	Risks and controls well managed
	Medium Assurance	Risks identified but are containable at service level
	Low Assurance	Risks identified that require meeting with Corporate Director/Lead Member
	No Assurance	Significant risks identified that require member / officer case conference

Audit Opinion

After we issued our final report, it was identified that the Council did not qualify for the CRC scheme and had in fact registered in error. Following consultation and formal notification from the Environment Agency, the Council's participation in the CRC scheme has now ended.

When the Council registered for phase 1 of the scheme in 2008, the energy consumption at the Nova Centre was included in its total consumption figure, even though it is independently leased and operated by Clwyd Leisure Ltd. This was because Clwyd Leisure Ltd utilised Council energy supply contracts as a tenant. However, the Principal Energy Manager queried with the Environment Agency whether the Nova Centre should be included in the Council's consumption total, as the Council has no control over its energy usage and Clwyd Leisure is a counterparty to the supply contract i.e. it pays its own energy bills.

Following investigation, the Environment Agency confirmed that the Nova Centre should in fact have been excluded from the Council's qualification total when it registered for the CRC scheme. This would have removed 540MWh from the qualification total taking the Council below the qualification threshold of 6,000MWh. Therefore, the Council has registered for the scheme in error and has purchased allowances for 2011/12 of £152,316, which it should now be able to claim back. The Principal Energy Manager is currently awaiting confirmation from the Environment Agency as to how the Council can reclaim the allowances purchased.

As a result, some of the issues raised as part of our original review in relation to compliance with the CRC are no longer applicable. Two issues are still valid and our review found that one of these has been fully completed and the second is in progress. We are confident that the service will be able to complete the remaining action within the revised timescale and, as a result, we have changed our assurance rating to 'High'.

In addition, we encourage the service to proactively pursue reimbursement of the allowances already paid for 2011/12 to ensure that the Council does not miss the opportunity of appropriate recompense. We will review progress in this area during our next follow up review.

Action Plan Progress

Audit Review of: Carbon Reduction Commitment

Date: July 2013

Action Plan Owner: Property Manager

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
	Moderate – Containable at service level. Senior management and SLT may need to be kept informed

Risk/ Issue No.	Risk/Issue - January 2013	Action Agreed Responsibility & Timescale	Current Status	Further Action Needed
1.	<p>The Principal Energy Manager has not reviewed the risk register for the CRC scheme since our last review, despite an issue being raised with a target completion date of December 2011.</p> <p>As a result, the risk identified during our last review remains unresolved, i.e. that all risks affecting the Council's compliance with the CRC Scheme may not have been identified, or inappropriate actions may be shown to mitigate the risk as:</p> <ul style="list-style-type: none"> the former Sustainable Assets Manager did not obtain the corporate risk management guidance for completing the CRC risk register, and the corporate risk register template was not used; key employees within the CRC Team were not involved in the preparation of the CRC risk register to ensure that all risks and mitigating actions were identified; the CRC risk register is not monitored and reviewed regularly; and if necessary, risks affecting the CRC scheme have not been fed into the service risk register for Finance and Assets. 	<p>A meeting has been arranged with the Corporate Improvement Team to discuss the need to include the CRC in the service and corporate risk register.</p> <p>Principal Energy Manager March 2013</p>	<p>As the Council will no longer be participating in the CRC scheme, this issue is no longer applicable.</p>	<p>No longer applicable</p>

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Risk/ Issue No.	Risk/Issue - January 2013	Action Agreed Responsibility & Timescale	Current Status	Further Action Needed
	<p>Following the conclusion of our review, the Property Manager queried the requirement for a departmental risk register of this nature, following discussions with the Corporate Improvement Team. Clarification on this matter should be sought to ensure that appropriate actions are taken and the risks to the CRC scheme are effectively managed.</p>			
2.	<p>There is a lack of documented business continuity and succession planning within the Energy Team, particularly in relation to the Energy Manager's role:</p> <ul style="list-style-type: none"> • While there is a CRC manual within the Evidence Pack, it simply details a hierarchy of reports rather than key CRC processes. • There is no document defining what each member of the Energy Team's role is within the CRC. • While the Energy Officer is now the designated secondary contact for CRC, the Environment Agency records have not been updated to reflect this. <p>In the absence of key members of staff, there is a risk of poor service delivery, late submission of the annual CRC report and inaccurate reporting leading to financial penalties, increased scrutiny, and potential reputation damage to the Council.</p>	<p>An electronic version of the manual detailing the CRC processes has been saved to the X drive. Principal Energy Manager January 2013 (<i>Confirmed by IA</i>)</p> <p>A new draft document has been written defining what each member of the Energy Team's role is within the CRC. File name "CRC, staff processes" Principal Energy Manager January 2013 (<i>Confirmed by IA</i>)</p> <p>The Environment Agency records have been updated to reflect the current staff roles. If key members of staff are not available for any reason 'I Profits' has the authority to submit the annual report. This process is included in the draft document referred to above. Principal Energy Manager January 2013</p>	As above	No longer applicable

Risk/ Issue No.	Risk/Issue - January 2013	Action Agreed Responsibility & Timescale	Current Status	Further Action Needed
3.	<p>Our review has identified a number of issues in relation to general communication, housekeeping and clarity of information in relation to the CRC and other carbon reduction processes:</p> <ul style="list-style-type: none"> The CRC Evidence Pack has not been kept up to date, particularly in relation to key roles and responsibilities and special events. Further, general file management of CRC information is disorganised. There has been a lapse in communication following the recent restructure in Finance, leading to confusion over financial responsibilities for the CRC. There is uncertainty within the Energy Team as to why there is a difference between the CRC annual report figure and the Digital Energy final year figures for tonnes of CO2 emissions. The turnover figure for the Council reported in the CRC annual report 2011/12 is based on unaudited accounts when the Environment Agency specifies that only audited figures should be used. It is unclear how an uplift figure of £1,932 for estimated meter readings was reached. While the amount is generated when the annual report is submitted, the Energy Team could not provide confirmation from the EA that this is the correct figure. There have been errors made in calculating the correct carbon reduction figure for 2011/12, resulting in an inaccurate figure being reported to management. 	<p>The evidence pack is now up to date. This is held on the X drive along with all other relevant data. The meter changes records are held with the Digital Energy system. Principal Energy Manager March 2013</p> <p>Finance has confirmed roles. Confirmation of roles prior to CRC submission is now built into procedures Principal Management Accountant Nov 2012 (<i>Confirmed by IA</i>)</p> <p>The difference is due to the estimated readings uplift imposed by the Environment Agency. Energy Officer</p> <p>The audited figure has been sent to the Environment Agency and they have acknowledged the figure and explanation. There were no issues. Energy Officer January 2013 (<i>Confirmed by IA</i>)</p> <p>The Environment Agency was emailed to clarify how the difference in the CO2 emissions is calculated. Response awaited. Energy Officer March 2013</p> <p>Figures have been checked and</p>	<p>As the Council will no longer be participating in the CRC scheme, the various issues in relation to general communication, housekeeping and clarity of information of CRC processes are no longer applicable.</p> <p>In relation to the issue regarding errors made in calculating the carbon reduction figure for 2011/12 (an activity not specific to the CRC scheme) the Principal Energy Manager has developed a spreadsheet that automatically calculates the total reduction figure. We are satisfied that this should help to mitigate against miscalculating the figure in future and that the action is complete.</p>	No longer applicable

Risk/ Issue No.	Risk/Issue - January 2013	Action Agreed Responsibility & Timescale	Current Status	Further Action Needed
	<ul style="list-style-type: none"> The annual carbon reduction target is unclear, with various figures being cited during the course of our review and an incorrect figure detailed in the Sustainable Energy Policy. <p>There is a risk of inaccurate reporting and performance monitoring, as well as inaccurate or incomplete CRC records. This could potentially lead to financial penalties for non compliance (as detailed in the Background/Context section of this report), scrutiny from the Environment Agency, and adverse publicity.</p>	<p>confirmed. Process for checking all figures for publication / report to be implemented. Principal Energy Manager March 2013</p> <p>The carbon reduction figure has been confirmed to be 4%pa. The Energy Policy has been updated to reflect this. Principal Energy Manager January 2013 (<i>Confirmed by IA</i>)</p>		None
4.	<p>It is unclear how the Council will be able to repay some of the Salix loans it has taken out for energy efficiency projects over the defined loan period, based on the anticipated savings calculated.</p> <p>There is a risk that if the project does not deliver the anticipated savings, the Council will have to make up the shortfall from the corporate budget.</p>	<p>All Salix projects are vetted by Salix to ensure that they are satisfied that the savings will be made. The Finance Manager signs these off. Maximum anticipated payback for all proposals is 4yrs. This allows a 2yr contingency period within the 6yr payback period for the loan. Principal Energy Manager (This is the case for the majority of projects initiated)</p> <p>Files will be brought up to date to show savings made so far. Principal Energy Manager March 2013</p>	<p>The Principal Energy Manager confirmed that files have been updated to show all Salix projects that the Council has undertaken, along with consumption totals, monthly breakdowns and costs for each. However, records do not show savings made so far compared with the original cost of the loan.</p>	<p>Expand records to include savings to date compared against the original loan amount.</p> <p>This will enable effective monitoring to ensure that the loan is repaid by the savings made within the designated period, as planned. Revised timescale – September 2013</p>

Report to: Head of Finance & Assets

Report By: Lisa Thomas, Senior Auditor
Irene Griffiths, Audit Assistant

Date: 20 June 2013

Subject: Financial Systems Assurance Testing 2012/13

Introduction

This review provides additional assurance to cover Payroll and Creditor payments for the period April 2012 – March 2013 and supports our previous audit review of Financial Systems (report dated May 2013).

For this review, we used data interrogation software, Active Data for Excel, to assist our testing. Appendix 1 summarises our test results and detailed results are available on request if required.

Audit Opinion

Overall, test results for Payroll and Creditor payments were very positive, which supports our previous audit and concludes that this function is well controlled.

In January 2013, we confirmed that the Creditors team's continuous monitoring of payments ensures that they are accurate and any irregularities identified were promptly addressed. Therefore, our additional review of Creditor payments focused on 'VAT overpaid' and we found the Council's treatment of VAT in this respect was satisfactory.





Our testing of Payroll confirms that late notification of leavers is still a concern and we wait to see if the agreed action from our previous audit review will successfully address this matter, i.e. reminding schools that late notifications of leavers can lead to overpayments and HR revising their leaver process so that Payroll is notified immediately.

Although overtime is rarely used, we are concerned that there are a few examples where ineffective overtime management could lead to misuse and fail to ensure that it complies with the Working Time Regulations. We identified four employees who did not comply with the Regulations, two of which we highlighted during our previous year's review. Despite notifying the relevant line manager and HR representative, some employees continue to work hours above the maximum set by the Regulations i.e. average of 48 hours per week. We have contacted the relevant line managers, HR representatives and Finance Officers and all were aware of this issue and either agreed to take steps to address the

excessive use of overtime or explained that it was due to exceptional circumstances.

Assurance Rating

Based on the areas reviewed (including test results from February 2013)

	High Assurance	Risks and controls well managed
	Medium Assurance	Risks identified but are containable at service level
	Low Assurance	Risks identified that require meeting with Corporate Director/Lead Member
	No Assurance	Significant risks identified that require member / officer case conference

Denbighshire Internal Audit Services

Caledfryn, Smithfield Road, Denbigh, LL16 3RJ

Report to: Head of Adult & Business Services

Report By: Lisa Thomas, Senior Auditor

Date: 14 August 2013

Subject: New Work Connections Exit Strategy

Introduction & Background Information:

We carried out this review of partnership governance arrangements to support our work for the corporate governance framework. The scope of our review focused on the New Work Connections (NWC) exit strategy, as the grant funding it relies upon is due to finish on 28 February 2014.

Denbighshire County Council is the lead authority for NWC, which it delivers in partnership with three other North Wales Councils (Anglesey, Conwy and Gwynedd). Its aim is to reduce the significant levels of economic inactivity and improve employment levels among the most disadvantaged groups.

The Welsh European Funding Office (WEFO) administers the European Social Fund (ESF) on behalf of the European Commission, and requires each project to have a robust exit strategy from the start of the project. An exit strategy is meant to describe how the benefits of the project will continue after the grant support ends and also detail any on-going commitments. WEFO guidance states that an exit strategy is beneficial from the outset of the project and must be considered regularly along with continuation planning.

Audit Opinion

The NWC project has considered its future options and communicated these to key parties, such as NWSSIC (North Wales Social Services Improvement Collaborative made up of six Directors of Social Services), the Council's Modernisation Board, Partnership Scrutiny, Regional Partnership Board and WEFO. The Exit Strategy (February 2013) captures this evaluation and it is now clear that winding down is the only feasible option available; however, the exit

strategy has not been revisited to formalise a clear plan on how this will be carried out successfully. (See Moderate Risk/Issue 1.)

In the absence of a formal plan, we recognise that informal arrangements are in place and it is clear that the team is striving to achieve its remaining targets as well as arranging for the project closure. Relevant stakeholders (i.e. project staff, other organisations and current project participants) have been briefed and made aware of when the project is due to end; however, there has yet to be clarification of closure timescales e.g. when new referrals will no longer be accepted and what this will mean for all concerned, particularly the current participants.

At this stage, all referrals are considered by a multi-disciplinary panel and referrals needing intensive levels of support over a long period are no longer accepted. As time goes on, the eligibility criteria will tighten. The NWC Local Manager has distributed a Continuation Plan template for the project's caseworkers to complete for each individual who is still receiving support. We suggest that a combined action plan is formed using these to enable responsibilities and timescales to be assigned to each task in order to minimise the future impact on Adult Social Services. (See Moderate Risk/Issue 2.)

The Local Manager has been in contact with the project's two external contracts i.e. Hafal and the North Wales Women's Centre, to encourage them to develop their own exit strategies as they will shortly lose some, or all, of their funding. The Service Manager has obtained HR and legal advice and is satisfied that these contracts ending will cause minimal impact to the Council.

The biggest cost to the Council is likely to be the loss of the 30 or so individuals that work directly on the project. This has a financial impact and potentially affects the Council's service provision:

- The redundancy costs have been estimated at £80k but, as employees find alternative employment over the next few months, this figure is likely to reduce. A portion of the redundancy cost will be met by the grant but, as this is capped at £450 for each individual, the Social Services budget will suffer the impact, as this cost had not been planned for. The service manager is working with HR to make the transition as smooth as possible for the individuals concerned.
- Given that the project activity must end in February 2014, the biggest legacy it offers to the Council is the good practice it has developed. Project staff are already starting to leave and taking their knowledge and good practice with them. Although it is recognised that efforts are required to capture and integrate this within existing services as much as possible, it is unclear how this will be achieved at this stage as it is not captured within the exit strategy or other such plans (links with Moderate Risk/Issue 1).

Next year, additional European funding is likely to become available with the roll-out of the ESF Programme for 2014-2020. Although the Council is unable to financially support NWC activity until then, it should look to maintain the structure and foundations of the project where possible to prevent repeating unnecessary work when the next round of funding becomes available. This is a key lesson to be learned from the previous transition between Work Connections and New Work Connections, when much time was lost in setting up the project again.

However, we acknowledge that the delays were outside of the Council’s control and much work was undertaken to achieve the level of funding finally awarded to the four Councils from Convergence. The Service Manager confirmed that the process was complex and lengthy and pursued with a minimum of delay. (Links with Moderate Risk/Issue 1)

The project team has organised an event to celebrate the successes of the project and the achievements of its participants. Given the recent poor publicity surrounding the Welsh Government’s termination of the Genesis 2 project and the effect this had on the individuals in receipt of support, the Council should make sure that current participants are supported to minimise their frustrations and the potential impact that the project closure may have on them. (Links with Moderate Risk/Issue 2)

The project team, with support from the European Funding Claims team, is aware of WEFO guidance, particularly surrounding document retention. It is envisaged that grant funding will continue for three months after the project has ended to enable the core project team members to finalise such administrative matters.

Based on our work we give the following assurance rating:

	High Assurance	Risks and controls well managed
▶	Medium Assurance	Risks identified but are containable at service level
	Low Assurance	Risks identified that require meeting with Corporate Director/Lead Member
	No Assurance	Significant risks identified that require member / officer case conference

Action Plan

Audit Review of: New Work Connections - Exit Strategy
Date: August 2013
Action Plan Owner: Phil Gilroy - Head of Adult & Business Services

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
	Moderate – Containable at service level. Senior management and SLT may need to be kept informed

Risk/ Issue No.	Risk/Issue	Action	Who	When
1.	<p>The Exit Strategy (February 2013) has not been updated to show how the project will be closed down over the coming months. Without a clear strategy and plan, key risks could materialise, such as:</p> <ul style="list-style-type: none"> • damage to reputation if participants’ support is stopped abruptly; • additional strain on budgets from unforeseen redundancy costs and need to provide continued support to the project’s participants; and • wasting time and effort by not preparing for the additional funding that is expected next year (although this is unlikely to materialise within Denbighshire) . 	Update NWC Exit Strategy to include detail of retention of documents, process regarding referrals over final months and proposals regarding support for participants who are still registered with the project in February 2014.	Local Manager	September 2013
		Monitor staffing situation throughout the project and ensure, through various options, that we have sufficient employees over final months to enable the project to meet remaining targets required by funders.	Local Manager in liaison with Strategic HR	Continuously throughout remaining months
		Liaise with Strategic HR to ensure that DCC employees are provided with appropriate support and advice regarding their employment post February 2014 and that redundancy arrangements are in hand.	Service Manager, Regional Manager & Local Manager	August 2014 (already underway)

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Risk/ Issue No.	Risk/Issue	Action	Who	When
		Create individual continuation strategies for all participants in the Learning Disability Service who will continue to need support once the project closes.	NWC Job Finders	August/September 2013
		Go through individual continuation plans in supervision with all Job Finding staff and create a 'red/amber/green' style risk register to identify the number of participants for whom DCC Social Services has a statutory responsibility and who will continue to require support from Adult Services.	Learning Disability Team Managers	October 2013
		Develop links between the above register and day centre review and report to Social Services Modernisation Board.	Learning Disability Service Manager & Head of Service	November 2013 (TBC)
		Create individual continuation/exit strategies for all participants who will continue to need support once the project closes.	Case Workers in all elements	From now until November 2013
2.	There has yet to be clarification of the project's closure timescales (e.g. when new referrals will no longer be accepted) and what this will mean for all concerned, particularly the current participants. Without a clear action plan for winding down support to existing participants, showing clear responsibilities and timescales, timely ending of support may not be achievable. If handled poorly, this could cause additional service pressures for existing Social Services teams and potential reputation damage to the Council.	Continue to negotiate for funding to continue with at least some aspects of the project with external sources of funding e.g. DfES & WEFO.	Regional Manager	From now until December 2013
		Develop an action plan that fully addresses these issues in relation to both winding down support to existing participants and reducing acceptance of new referrals to all elements of the projects. This will take into account the staffing levels and support needs of those referred.	Local Manager	September/October 2013

Report to: Leighton Rees (Head of Children & Family Services)

Report By: Brenda M Steed (Audit Manager)

Date: July 2013

Subject: Fostering Service

Introduction:

The Fostering Service regularly makes payments to foster carers and external providers that have a high overall value. As a result, the Head of Children & Family Services asked us to undertake a review of this area to give assurance that there is an effective internal control framework and robust and transparent processes.

Our scope of work included a review of the 'Payment for Skills' scheme applied to in-house foster carers and the process used to procure independent fostering placements from external providers. Our review did not consider the matching exercise followed after a referral is received or a decision to place.





Audit Opinion:

We provide assurance that the Payment for Skills scheme is well managed. The CSSIW (Care & Social Services Inspectorate Wales) inspection report in December 2012 cited various examples of satisfaction relating to several functions it reviewed within the service.

The placement of children with independent fostering providers works well, particularly in respect of the social care element, but the procurement route followed is informal and currently does not comply with the Council's Contract Procedure Rules.

There may be an opportunity to use the Regional Commissioning Hub to source this service in the future but the risk needs to be managed well so that the service and Hub work together and the benefits from pooling skills and experience are realised.

Based on our work we give the following assurance rating:

	High Assurance	Risks and controls well managed
	Medium Assurance	Risks identified but are containable at service level
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Action Plan

Audit Review of: Fostering Service
Date: July 2013
Action Plan Owner: Head of Children & Family Services

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
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Risk/ Issue No.	Risk/Issue	Action	Who	When
1.	<p>The current process followed to procure services from independent fostering providers is informal. Evidence is not retained to confirm that it complies with the Council's Contract Procedure Rules and some legal documents used, e.g. placement agreements, may be out of date in respect of terms and conditions.</p> <p>If the current arrangement were to continue, it would be advisable to take guidance from the Strategic Procurement Unit.</p>	<p>Ensure validity of current documents.</p> <p>Align procedure with Council's Contract Procedure Rules.</p>	Rhain Morrle	October 2013
2.	<p>There may be an opportunity to use the Regional Hub in sourcing services from independent providers in the future. This presents an opportunity for the service to address the procurement issues raised above and to benefit from taking a more commercial approach.</p> <p>In managing the risk, there will need to be clear roles and responsibilities agreed between the service and the Hub but still promoting a more cohesive approach across teams. This will help to ensure that the service gains from the best use of skills in their respective fields, i.e. procurement and social care aspects.</p>	<p>Confirm referral route to Hub for all placement requests involving independent providers and residential placements.</p> <p>Confirm Placement and Commissioning Officers role in matching of child to placement.</p> <p>Adjust internal Fostering Procedure to reflect above.</p>	Rhain Morrle, Penny Moran, John Williams	September 2013

Denbighshire Internal Audit Services
Caledfryn, Smithfield Road, Denbigh, LL16 3RJ

Housing Services

(Rents & Welfare Reform)

June 2013



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Purpose & Scope of Review

We undertook a review of Housing Services to provide financial assurance on housing rents and determine whether they are effectively managing the welfare reform changes.

We agreed a scope to cover:

- strategic management – strategic planning and performance management;
- customer service;
- housing rents – policies and procedures, rent calculation, rent collection and payment, arrears management; and
- welfare reform changes – particularly focusing on the impact of the bedroom tax.

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Assurance Rating

(Based on areas reviewed)

	High Assurance	Risks and controls well managed
▶	Medium Assurance	Risks identified but are containable at service level
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Audit Opinion

Despite the significant changes that are occurring within Housing Services, employees are working to improve the service they provide to their customers. They demonstrate this through, for example, working collaboratively with other local organisations to develop a joint waiting list and allocations policy, and making the housing application process more efficient. However, the service acknowledges that further improvement is needed to communicate with their customers and understand their expectations.

Although the service has identified areas for improvement, there have been delays in implementation due to the staffing restructure. This has hindered preparation of some key strategies and means that policies and procedures may not reflect changes resulting from the Welfare Reform Act.

Customer service has been improved by improving complaints handling. Customers have a wide variety of methods through which to contact the Council and to pay their rent, although the service does encourage direct debit payments, as this is the most cost-effective and reliable payment method.

Financial controls are generally good, although regular income reconciliations were not carried out for 2012/13, which means that a fundamental financial control is missing. The service could also benefit from reviewing its debt collection procedures to make sure that it is using the most cost-effective option by not employing debt collection agencies or bailiffs. This review should feed into a corporate review of a debt collection strategy. The service is, though, performing well in its arrears collection and is in the 2nd quartile in its benchmarking group, but needs to make sure that the welfare reform changes do not have a significant impact on arrears levels.

Other welfare reform impacts are being proactively assessed to ensure customer understanding and develop data on the potential 'bedroom tax' impact but the service's work is hampered by data sharing restrictions with other departments and the Department of Work and Pensions and a lack of base data and system functionality in some areas.

Action Plan

Audit Review of: Housing Services (Rents & Welfare Reform)
Date: June 2013
Action Plan Owner: Peter McHugh, Head of Housing & Community Development

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
	Moderate – Containable at service level. Senior management and SLT may need to be kept informed

Risk/ Issue No.	Risk/Issue	Action	Who	When
1.	The restructuring of Housing Services has delayed its strategic development and on-going improvements. These include not implementing service improvement recommendations identified both internally and from an external assessment in Summer 2011. This may mean that employees are unclear of their roles and responsibilities, and that the service is not operating as effectively and efficiently as it could.	Migration to Capita Open Housing is planned to take place by March 2014. This will potentially include the procurement of additional modules to enhance system functionality. A project team has been established to develop these new systems, with the project being facilitated by an additional corporate resource.	Peter McHugh (Head of Housing and Community Development)	April 2014 (Subject to agreed implementation plan with Capita)
		Recruit Income Management Team Leader. This person will be responsible for ensuring consistency in service delivery and compliance with income management.	Steve Collins (Senior Officer Neighbourhoods)	September 2013
		Development of integrated training programme for all Community Housing staff.	Community Housing Senior Management team	September 2013
		Develop Financial Inclusion and Income Management Plan for 2014-17.	Sarah Mylchreest (Senior Officer Neighbourhood Development)	September 2013
		Community Housing team to achieve 'One star' in compliance with HQN report. In addition, we carry out quarterly reporting on performance.	Simon Kaye (Community Housing Manager)	March 2014 (quarterly meetings are ongoing)

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Risk/ Issue No.	Risk/Issue	Action	Who	When
2.	There is a lack of business continuity and succession planning arrangements in place to cover the absence of the Senior Officer (Business Systems). Once the restructuring of Housing Services is complete, reviewing other key posts will ensure that there are effective arrangements in place to provide cover in absences and will provide an opportunity to develop employees.	Additional project management support to be delivered as part of migration to Capita Open Housing.	Jenny Elliott (Quality and Performance Manager)	May 2013
		Staffing succession planning/business continuity requirements to be addressed as part of Quality and Performance restructure review.		April 2014
3.	Policies and procedures within housing rents have not been reviewed recently, and may not be up-to-date to take account of welfare reform changes. Having a clear system in place to ensure that procedures are reviewed regularly and updated when required will mean that employees are clear of what is expected of them.	Agree programme to regularly review all Income Management policies and ensure that the procedures format is consistent. Members of staff will be informed of the changes when procedures are amended.	Steve Collins (Senior Officer Neighbourhoods)	September 2013
		Review Garage Arrears Procedure		August 2013
		Review Former Tenant Arrears Procedure		December 2013
		Review Current Tenant Arrears Rent Recovery Procedure		March 2014
4.	To assist the Council in developing the corporate debt strategy, it needs to have a clear understanding of the debt collection options used by departments. No cost-benefit analysis has been carried out within housing rents on debt collection or payment methods to demonstrate that the service they provide is cost effective and efficient.	<p>Review current payment methods to include analysis of transactional costs, and review the feasibility of including new payment methods.</p> <p>Undertake cost benefit analysis of debt collection options currently utilised by Housing Services.</p> <p>The Welfare Reforms Mitigation Officer met with the Head of Revenues and Benefits to develop a data sharing notice. We will also work to develop a corporate data sharing protocol as part of the corporate debt strategy meetings.</p>	Steve Collins (Senior Officer Neighbourhoods)	December 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
		Subject to agreed corporate data sharing processes being in place a Rents & Service Charge Assistant will contact other departments to ascertain if prospective tenants have any outstanding debts.	Rents & Service Charge Assistant	December 2013
5.	While records have been updated detailing all rent income received, regular income reconciliations were not carried out during the last financial year. Regular, independent reconciliations would confirm that all income collected is accounted for in full.	Commence programme of monthly rent reconciliations (rental income, housing benefit, rent debit and rent refunds).	Steve Collins (Senior Officer Neighbourhoods)	June 2013
		Training of a rent assistant to provide cover for carrying out income reconciliations when the Rent and Service Charges Assistant is unavailable.		September 2013
6.	While regular monitoring is carried out of rent arrears levels, the process needs to be robust to prevent debt levels from increasing as a result of welfare reform, which will lead to financial pressures for both the tenant and the Council. There could be inconsistencies in how debts are handled, and the number of tenants in arrears has increased in recent years.	We need to be clear in our policy where the housing rent officer can use their discretion. The Income Management Team Leader will independently monitor to ensure that there is consistency, and robustness in the rent arrears process, while giving due consideration to relevant personal circumstances.	Steve Collins (Senior Officer Neighbourhoods)	October 2013
		The number of tenants in arrears increasing – we will work proactively with tenants to reduce their outgoings and maximise their income through financial awareness training (10 weeks pilot to be undertaken).	Jane Parkinson (Welfare Mitigation Officer)	July 2013
		Analysis of debt collection options – linked with issue 4	Steve Collins (Senior Officer Neighbourhoods)	December 2013
		Rent arrears statements will be available online on new Capita system. Currently, every rent statement run costs us £5k to print and deliver statements, which we consider is not value for money.	Steve Collins (Senior Officer Neighbourhoods)	April 2014 (Subject to agreed implementation plan with Capita)

Risk/ Issue No.	Risk/Issue	Action	Who	When
7.	Recovery of former tenant arrears is not successful. There has been no analysis to determine whether it is cost effective to continue to chase these debts or to explore what other options are available. Increasing the robustness of the current tenants' arrears process may assist in recovering the debt before the tenant leaves the area.	Analysis of former tenant arrears to identify where recovery is not cost effective. We will also discuss with other local authorities to share good practice. The Former Tenants Arrears procedure will be updated to take account of any changes.	Steve Collins (Senior Officer Neighbourhoods)	December 2013
8.	Implementation of some of the welfare reform measures has been slow due to a staffing restructure and information not being readily available. This has delayed the development of the welfare reform strategy, and a lack of data sharing may mean that inaccurate tenant information is maintained.	Documented Financial Inclusion (2013-14) strategy in place. This strategy has an action plan detailing the work to develop tenants' financial awareness.	Sarah Mylchreest (Senior Officer Neighbourhood Development)	Complete (Internal Audit note: We will look at the implementation of the strategy's action plan during October 2013).
		Develop new monitoring arrangements for tenants affected by welfare reform changes as part of the implementation of Capita Open Housing	Steve Collins (Senior Officer Neighbourhoods)	April 2014 (Subject to agreed implementation plan with Capita)

Denbighshire Internal Audit Services
Caledfryn, Smithfield Road, Denbigh, LL16 3RJ

Countryside Operations

July 2013



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Purpose & Scope of Review





We undertook a review of Countryside Operations, as it is an area that we have not reviewed for several years and our last review focused only on Loggerheads Country Park rather than the whole service, which has a significant customer-facing role.

The scope of our review covered the following areas:

- Strategic and risk management
- Project management
- Management of sites
- Customer service and complaints management
- Transport costs and fleet management

Assurance Rating

(Based on areas reviewed)

	High Assurance	Risks and controls well managed
	Medium Assurance	Risks identified but are containable at service level
	Low Assurance	Risks identified that require meeting with Corporate Director/Lead Member
	No Assurance	Significant risks identified that require member / officer case conference

Audit Opinion

In 2011, the Council, along with its partners successfully achieved an extension to the Clwydian Range Area of Outstanding Natural Beauty (AONB), which effectively doubled the size of the designation. In addition, the implementation of the AONB management plan and subsequent interim statement ensures that the Council discharges its statutory duty in this area; however, the service needs to review and update its overall Countryside Strategy following recent changes to ensure that it is still relevant and appropriate for the future.

The Countryside Service has a proactive attitude to income generation, which assists with effectively managing its key risk of reduced grant aid and internal funding. However, we query whether this risk should continue to be included in the Service Risk Register, as it has now materialised and is therefore now an issue that the service is managing.

Several projects in the service are delivering positive outcomes; however, the Loggerheads Traffic Congestion project may be at risk of failing to deliver its objectives due to a lack of funds secured up front. We raise this, as the completed project should help to alleviate problems caused by parking on the A494 into Denbighshire.

Overall, income and stock controls at the Loggerheads Visitors Centre are well managed; however, a reliance on one person to carry out key tasks could compromise the effectiveness of these controls. It is also possible that the Council could be in breach of Data Protection legislation by retaining personal data on Flying Permit applications for longer than necessary and by not holding it securely. We also advise that terms and conditions of room hire at Loggerheads be provided to hirers to protect the Council from unnecessary loss and ensure that hirers are aware of their responsibilities.

The service is committed to enriching the customer experience, with a sense of 'quality' promoted at its sites. This is demonstrated by the fact that compliments made about the service within the last year significantly outnumbered complaints. It is possible though that the obvious success in this area could be undermined by the cleanliness of the toilets at Moel Famau, but we are aware that management is looking for an appropriate solution to this problem.

While our review has highlighted a few operational issues that the service needs to address, these do not negate the fact that the public receives a very good service. We are therefore able to provide Medium Assurance.

Action Plan

Audit Review of: Countryside Operations
Date: July 2013
Action Plan Owner: Countryside Services Manager

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
	Moderate – Containable at service level. Senior management and SLT may need to be kept informed

Risk/ Issue No.	Risk/Issue	Action	Who	When
1.	The Countryside Strategy has not been reviewed and updated for several years. This issue is particularly important following the recent extension to the AONB. This increases the risk that the service will not achieve its strategic objectives.	The Countryside Service recognises that the current Countryside Strategy is out of date and a review and rewrite is required. An inclusive methodology and plan will be drawn up later this year for the review. Implementation will take place during 2014. The focus will be on providing a strategic framework for the work of the Countryside Service as a whole. This is a major piece of work, possibly involving external partners and stakeholders and the timescales will reflect this.	Countryside Services Manager, Other relevant staff, Possible external facilitator /consultant.	Methodology and plan agreed by December 2013 New Strategy completed by December 2014
2.	As the risk of reduced grant aid and internal funding to the service has materialised and is being managed, the service should consider whether it should remain in the Highways and Environmental Services risk register. If it does, it needs to be re-assessed, as many of the mitigating actions do not seem relevant to the risk and the scoring is inappropriate.	We agree that the risk identified in the register- reduced grant aid – is no longer a risk but an actual issue, which is being actively managed. Therefore it should be removed from the service risk register.	Head of Service, Countryside Services Manager.	As soon as appropriate and/or when the risk register is next reviewed

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Risk/ Issue No.	Risk/Issue	Action	Who	When
3.	<p>There is no further funding secured at present for the Loggerheads Traffic Congestion project and, until funding is available, the works cannot continue. As a result, the problems caused by parking on the A494 remain. While parking restrictions now in place on the road should control this, it could have a knock-on effect on maintaining visitor numbers at Loggerheads Country Park.</p>	<p>We are actively seeking funding for the creation of the overspill car park; however, the issue of traffic congestion is not really an issue for the Countryside Service alone. It is a corporate issue, involving partnership working, both internally and externally.</p> <p>The project was started using the old project management methodology in 2009-10, with a business case supported by the Head of Service. It was a two stage project - purchase land (and achieve planning permission), then build the car park.</p> <p>There was no funding identified at the time but we assert that lack of funding is no reason to not submit a project into the methodology, particularly given the health and safety, and reputational risks that this project is addressing and the multiple partner involvement and public support.</p> <p>Stage 1 is almost complete and we are in a strong position to deliver stage 2 when funding becomes available. The project would not have reached its current position if we were required to secure all the funding before development of the project.</p> <p>However, the project will now be progressed within the Verto framework and officers will actively raise its profile within the Council.</p>	Countryside Services Manager, Senior Countryside Officer – AONB.	During financial year 2013-14

Risk/ Issue No.	Risk/Issue	Action	Who	When
4.	Two officers who manage projects have not undertaken project management training. Training in the corporate methodology would increase the likelihood of projects being delivered as efficiently and effectively as possible.	Both officers will receive training in the DCC project management software, Verto during the forthcoming year.	Countryside Services Manager, Countryside Operations Manager and AONB Officer & Senior Countryside Officer – AONB.	By March 2014
5.	There is only one person involved in the income receipting and stock control processes at Loggerheads Visitors Centre. Without adequate controls to divide responsibilities in these areas, there is an increased likelihood that error or fraud could go undetected.	We will assess the risk and procedures relating to these controls and improve the processes to ensure division of responsibilities. The use of other employees on the same site is a likely solution.	Countryside Operations Manager and AONB Officer & Administration and Retail Officer.	By end July 2013
6.	It is possible that the Council is in breach of Data Protection legislation by retaining personal data on Flying Permit applications for longer than is needed and by not keeping hard copies secure. It is also advisable to update the forms with a Data Protection or Privacy Notice in line with the Information Commissioner's best practice. Further, this data is held both electronically and as hard copies, which is inefficient.	We will investigate this personal data issue and introduce a better procedure to secure data, avoid duplication and destroy files and forms that are no longer required or out of date.	Countryside Operations Manager and AONB Officer, Administration and Retail Officer & AONB Communications Officer.	By end October 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
7.	<p>Terms and Conditions for room hire at Loggerheads are not given at the time of booking, nor is confirmation obtained that certain hirers have appropriate public liability insurance if applicable i.e. when using their own equipment. The Council could be held liable in the event of an incident and unable to claim for any damages caused to the room.</p>	<p>Terms and conditions for the hire of this facility will be developed as soon as possible. Officers will investigate other room hire scenarios in the Council and use those standard term and conditions, adapting to local need.</p> <p>However, we take the view that having terms and conditions will probably not affect our public liability in the event of an accident. We would still have a statutory duty to observe health and safety responsibilities for instance. Nevertheless, we will develop some guidelines for hire of our facility at Loggerheads.</p>	<p>Countryside Operations Manager and AONB Officer & Administration and Retail Officer.</p>	<p>By end August 2013</p>

Denbighshire Internal Audit Services

Caledfryn, Smithfield Road, Denbigh LL16 3RJ

Report to: Jackie Walley (Head of Customers & Education Support)

Report By: Geraldine Sanders (Auditor)

Date: July 2013

Subject: Demarcation between the roles and responsibilities of
Education Planning & Resources and Accountancy Services.

Introduction:

The Head of Customers & Education Support asked us to review the roles and responsibilities of Education Planning & Resources and Accountancy Services, as set out in a table jointly drawn up by both services (see Appendix 1). The purpose of our review was to provide assurance that there are clearly defined and understood roles and responsibilities, appropriate separation of duties in all key functions, and provision of an efficient and effective support service without duplication.

Our scope did not include a review of the processes and procedures behind these roles and responsibilities.

Background Information:

The Education Planning & Resources Manager was appointed on 1 November 2012. This was a new post created to manage the strategic, operational and financial planning processes for schools, including management of the funding formula regime, the traded services financial framework for schools, and the financial management support for the schools reorganisation and modernisation. The role is not involved with any central finance functions, i.e. responsibility is only from the point of delegation of funding to schools.

The Council has a statutory responsibility to ensure effective management of the school funding regime. The LMS Unit, which came under central financial services, previously undertook this role but focusing more on day-to day financial management rather than strategic financial planning in schools. The new structure has a clear direction to drive the funding policy, which includes challenging the effective allocation and use of resources in schools. The former Lifelong Learning Finance Manager was appointed to this new role bringing with her a range of knowledge and experience in this area.

Outcome of our Review:

The Education Planning & Resource Manager has drawn up a table of the tasks she was responsible for in her previous role. She has worked with the Finance & Assurance Manager to determine how these tasks should be split between the two services based on their respective roles and responsibilities and in line with the support provided by Accountancy Services for all other Council services. It acknowledges varying factors determined by the LMS regulations for schools, which differ from the role of the Section 151 Officer, mainly in respect of delegated financial responsibility. The school funding formula is policy-driven and is governed by its own set of regulations.

Due consideration has also been given to ensure that communication is effective between both parties in delivering their services and to avoid any conflict of interest or duplication of effort in the tasks undertaken. To help this, the Finance and Assurance Manager attends the monthly Business & Finance network meetings within Education Support.

The Head of Finance & Assets has asked for one of the key work areas identified on the table regarding Commissioning and Procurement in Schools to be strengthened. This is in the process of being done and will be approved by the Chief Accountant.

Conclusion:

Based on the work we have carried out, we can provide assurance that there is a clear separation of duties between the tasks undertaken by Education Planning & Resources and Accountancy Services and there is no encroachment on each service's roles and responsibilities. Education leads on the use of funding as per the formula and aligns to strategic priorities, whereas Accountancy Services is a support service that includes providing advice on financial and transactional information.

With the exception of the above request made by the Head of Finance & Assets, we have not identified any other actions required to strengthen these arrangements; however, its effectiveness will be seen over time.

Consequently, we also provide assurance that the creation of this post and the areas of work carried out by the Education Planning & Resources Manager do not weaken the corporate Accountancy Services structure. The service still retains the authority to intervene directly with a school if necessary, as stated in the Council's Scheme for financing schools.

Report To: Corporate Governance Committee

Date of Meeting: 4 September 2013

Report Author: Head of Internal Audit Services

Title: Ysgol Clawdd Offa, Prestatyn

1. What is the report about?

This report presents the recent Internal Audit report on Ysgol Clawdd Offa, Prestatyn.

2. What is the reason for making this report?

The Corporate Governance Committee requested that the full Internal Audit report be presented to its September meeting, as the Internal Audit Opinion was 'amber', i.e. Low Assurance and the Action Plan includes 21 issues.

3. What are the Recommendations?

Committee considers and discusses the Internal Audit report and considers whether it needs any further reports on the implementation of the Action Plan.

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Denbighshire Internal Audit Services
Caledfryn, Smithfield Road, Denbigh, LL16 3RJ

Ysgol Clawdd Offa, Prestatyn

June 2013



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Purpose & Scope of Review





We carried out a review of Ysgol Clawdd Offa between January and March 2013 following a request from the Head of Education. Our review focused on the following areas:

- Governance
- Budget monitoring and financial planning
- Financial procedures and controls
- Administration of the School Fund
- Health and safety and general security arrangements
- ICT and information security

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Assurance Rating

(Based on areas reviewed)

	High Assurance	Risks and controls well managed
	Medium Assurance	Risks identified but are containable at service level
	Low Assurance	Risks identified that require meeting with Corporate Director/Lead Member
	No Assurance	Significant risks identified that require member / officer case conference

Audit Opinion

Although the School received a positive Estyn report in March 2010 and is currently being monitored by Education since being designated as Category D in September 2012, our review found several areas where the School still needs to improve that have led to a Low Assurance rating.

The School is seeking an award for good governance, but current governance arrangements are not robust, particularly as not all governors have undergone the necessary checks to ensure that they are eligible to be governors and that children are adequately safeguarded.

On the positive side, budget monitoring has improved and there are some good financial processes and controls in place but we cannot give overall assurance on financial management at the School, as some teachers are not complying with procurement controls, invoice payments are significantly delayed and the administration of lettings needs to be significantly improved. We also found several weaknesses in the administration of the School Fund, with several fundamental controls not in place.

Overall, security and health and safety measures are in place but again we found weaknesses, in particular relating to safeguarding of children and physical assets. These security weaknesses are also evident in ICT, where we found breaches of security procedures in the use of passwords and lack of back-ups of a key system that could have led to the loss of information and potential breach of Data Protection legislation.

Although we have given the School a low assurance rating, the issues we have raised are not significantly different to our reviews of other schools and should be manageable within the School, particularly with the support that the Education service is providing. However, we need to be assured that the improvements the School implements will be sustained.

Action Plan

Audit Review of: Ysgol Clawdd Offa
Date: June 2013
Action Plan Owner: Headteacher and Chair of Governors

Corporate Risk/Issue Severity Key	
	Critical – Significant CET and Cabinet intervention
	Major – intervention by SLT and/or CET with Cabinet involvement
	Moderate – Containable at service level. Senior management and SLT may need to be kept informed

Risk/Issue No.	Risk/Issue	Action	Who	When
1.	The information we received shows that the School needs to review the composition of its Governing Body. It is short of one community governor and includes the Deputy Headteacher, who can only sit on the Governing Body as an elected teacher governor.	<p>The Governing Body will seek to appoint an additional Community Governor to bring it up to full compliance and a rolling programme has been put in place to maintain full compliance in future.</p> <p>The Deputy is not a governor; she attends meetings as an invited guest or in the Head's absence but does not have any voting rights.</p>	Governing Body	30 September 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
2.	Two governors have not had Criminal Records Bureau (CRB) checks and there have been no checks to ensure that governors are not bankrupt or disqualified under the Company Directors Disqualification Act, as per the Government of Maintained Schools (Wales) Regulations 2005.	<p>The Business & Finance Manager has requested CRB checks for all new governors and any others that are still outstanding. Appropriate measures will be taken to safeguard the security of pupils and personal data in the interim period.</p> <p>Anyone who refuses a request by the Governing Body to complete a CRB application form is disqualified from holding or continuing to hold office as a governor.</p> <p>The School will carry out checks to ensure that governors are not bankrupt or disqualified under the Company Directors Disqualification Act (using the link provided by Internal Audit) and will report the results to the Governing Body. This will be recorded in the minutes and included as a set agenda item for completion at the first governors meeting of every academic year.</p> <p>The School will introduce an induction checklist for new governors to include CRB and Company Directors Disqualification Act checks. The School will also maintain a record of all CRB expiry dates and ensure that they are kept up to date.</p>	Business & Finance Manager. Governing Body.	30 September 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
3.	The Governing Body minutes are not up to the required standard as they do not include completion dates for actions and the Chair does not sign and date them. Copies of supplementary documentation are not held on file with the minutes and our review found that some issues are not being progressed from one meeting to the next.	A new Clerk and Chair have been appointed from October 2012. Significant improvements have already been made since their appointment and will continue to be made as they progress in their roles.	Clerk and Chair of Governors	30 September 2013.
4.	We could not find sufficient evidence to confirm that the constitution and membership of all sub-committees is reviewed at least once a year and that the School's policies are examined robustly before the Governing Body approves them.	<p>The constitution and membership of sub-committees was agreed at Full Governors meeting on 27 February 2013 and will be included as a set agenda item for review at the first governors meeting of every academic year.</p> <p>All policies are to be reviewed in line with a pre-existing timetable, on a 2-year rolling programme. Policy documents to be distributed prior to each meeting to give opportunity for scrutiny and each policy will be discussed individually and recorded in the minutes.</p>	Head, Chair, Governing Body	<p>Membership completed.</p> <p>Review of policies in line with rolling programme – by 30 September 2013.</p>
5.	Not all governors have completed up to date declaration of business interest forms to demonstrate that they do not benefit personally from the decisions they make regarding the School. This also applies to employees of the School who may influence financial decisions, e.g. the Business and Finance Manager and the School Secretary.	All Declaration of Business Interest forms were completed during the Full Governors meeting on 27 February 2013, including the Business and Finance Manager and the School Secretary. This will be included as a set agenda item for completion at the first governors meeting of every academic year and also included on the induction checklist for new governors.	Governing Body	Complete

Risk/ Issue No.	Risk/Issue	Action	Who	When
6.	Terms of reference for the Governing Body sub-committees have not been set out in writing to ensure that their roles, responsibilities and limitations are clearly defined and understood.	Terms of reference for sub-committees adopted at the Full Governors meeting on 7 February 2013 and will be included as a set agenda item for review at the first governors meeting of every academic year.	Governing Body	Complete
7.	The School's Development Plans do not show costs against any of the priorities and the plans are not specific enough in terms of actual targets for improvement. There are also blanks for summer 2012 in some of the documents.	School's Development Plan is under development with prior agreement from the LEA. Aim to be completed and approved by Governing Body in June.	Head and Deputy	Planning Committee to review on 12 June 2013, and Full Governors to approve on 26 June.
8.	Some teachers are ordering goods and services by telephone and not raising official purchase orders. Commitments could also be better monitored by raising call-off orders for regular contract payments.	The School has advertised for a temporary admin post to assist with the growing administrative demands. Once this post has been filled, the Business and Finance Manager will develop new finance and administration procedures with the School Secretary to address the issues identified in this report and provide her with training. The lettings policy will be reviewed and approved by the Governing Body. It will then be included as a set agenda item to be reviewed at the first meeting of every academic year. All existing and future lettings are to use an official lettings form and action will be taken by the School to recover outstanding debts.	School Secretary, Business and Finance Manager, and Head	By September 2013
9.	There are significant delays in the payment of supplier invoices.			Lettings policy was scrutinised at the Finance Committee on 27 March 2013. Full Governors to approve recommendations to on 26 June.
10.	The are several weaknesses in the administration of the School's lettings as outlined in our report on page 13			
11.	Income received at the School is not held securely at all times.	All income is now held securely.	School Secretary	Complete

Risk/ Issue No.	Risk/Issue	Action	Who	When
12.	The Deputy Headteacher has not been given access to or received training on various systems required to maintain business continuity if the Headteacher is absent for any significant length of time, e.g. iTrent and Proactis.	<p>Deputy received relevant systems training from the Business and Finance Manager on 30 January 2013 and now has access to all the systems required to maintain business continuity if the Headteacher is absent.</p> <p>The risk to business continuity has reduced since the Business and Finance Manager was appointed in November 2012, as she can provide training to others on using the system as and when further cover is required.</p>	Business and Finance Manager and Deputy	Complete
13.	There are several fundamental weaknesses in the administration of the School Fund as outlined in our report on pages 15 -16.	<p>New School Fund system is to be used from April 2013 and the School Secretary will receive training from the Business and Finance Manager. The issues identified in this report relating to the School Fund will be addressed as part of the new finance and administration procedures being developed by the Business and Finance Manager (see issues 8-10)</p> <p>Outstanding certificates to be sent to Internal Audit and the additional bank account closed. The Business and Finance Manager will check whether any income belonging to the delegated budget has been paid in to the School Fund and, if so, arrange for it to be transferred.</p>	School Secretary and Business and Finance Manager	By September 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
14.	There is one entrance to the School that is kept locked while pupils are in class but can be accessed during break times using the digi-lock code, which has been given to the pupils to use the toilet etc. This increases the likelihood of the code becoming widely known, which could lead to unauthorised access.	Building Services has resolved the issue with the digi-lock code. Digi-locks have now been changed, and will be changed on regular basis throughout the year. Adult supervision is also maintained in this area during break times.	Building Services and Head.	Complete
15.	The Deputy Headteacher has not received any training on the CCTV system, which could cause a problem if the Headteacher is unavailable when an incident occurs. In addition, there are no warning signs that CCTV is in use, which is a legal requirement under the 1998 Data Protection Act.	Headteacher to provide Deputy with training on the CCTV System Business and Finance Manager to contact Building Services to review CCTV signage.	Deputy, Head and Business and Finance Manager	24 May 2013
16.	We cannot confirm that the School has carried out the necessary vetting checks on the contractor used to erect some play equipment.	A maintenance schedule has been arranged with the contractor used to erect the play equipment and a risk assessment completed. In future, all contractors will be procured via Building Services to ensure that the necessary vetting checks have been carried out.	Head	Complete
17.	The School does not have an inventory in place to safeguard its assets. There is also a large amount of surplus equipment held on site, which the Council purchased for the new building but is not needed. The ownership of this equipment needs to be determined before it is disposed of in accordance with Financial Regulations.	Business and Finance Manager to complete inventory and determine ownership of surplus equipment for disposal.	Business and Finance Manager	By September 2013

Risk/ Issue No.	Risk/Issue	Action	Who	When
18.	The School has an independent breakfast club, after school club and play group. We have raised several issues on page 18 of our report relating to these arrangements that need to be addressed.	CRB and public liability insurance checks have been done. Early Entitlement Team monitors and evaluates Playgroup with weekly visits. Any concerns with the service they are providing would be brought to School's attention. A Licence Agreement has been drawn up for the Playgroup, Breakfast Club and After School Club in line with the management factsheet provided by Education Planning and Resources. These agreements take effect from 31 May 2013, and specifically state that details required will need to be provided on an annual basis. In future, formal tender processes will be undertaken if new provider is needed.	Head and Business and Finance Manager	31 May 2013
19.	The Headteacher needs to ensure that the issues that Corporate Health & Safety raised in its Fire Risk Assessment report in October 2008 and Health & Safety Report in May 2012 are addressed.	Working group established at Full Governors meeting on 27 February to address any Health & Safety issues. This group will report any issues to the Governing Body. It will also review any outstanding issues from existing reports as a matter of urgency.	Risk Management Working Group	30 September 2013
20.	The School should ensure that all key IT systems are backed up on a regular basis in future.	All IT systems are now backed up on a daily basis.	School Secretary	Complete
21.	The School has breached the Council's IT security regulations relating to password changes and sharing of logins and passwords.	All relevant members of staff have now got individual logins and passwords are kept private and changed on a regular basis.	Head	Complete

Background & Context

Ysgol Clawdd Offa opened in September 2008, with the Headteacher and Deputy Headteacher both in post since the opening. The current School Secretary was appointed in October 2009 and the Business and Finance Manager in October 2012. A new Chair of Governors was elected in October 2012.

The net capacity of the School is 420 pupils. It had 65 pupils when it opened in September 2008 and approximately 240 pupils in January 2013.

An Estyn Inspection in March 2010 reported that *the Headteacher provided the School with outstanding leadership; he was ably supported by his first class Deputy Headteacher and, together with a highly committed and hard working staff, they have secured the School's values, aims and objectives.* The report also stated that *the Governing Body played a significant role in establishing and developing the School and that its governors are active, fully supportive of the School and their individual expertise is well used.*

However, in September 2012, the Education service identified some issues relating to both the strategic and operational leadership and management and the need to further develop the role of the Governing Body. The School was then placed in Category D and a School Improvement Action Plan put in place, in line with the current Partnership Agreement guidelines. Education is monitoring the action plan at least half termly and recording progress.

Review Outcomes & Risks Arising

Governance

Opinion

Although the School has implemented some improvements and is working towards a recognised award for its governance arrangements, we have identified several areas where governance is weak. In particular, the School needs to ensure that its governors undergo all the required checks relating to safeguarding, eligibility and declaration of interests. There are also some administrative improvements required to improve governance arrangements.

Key Areas Managed Well

Governing Body meetings had not been held regularly but there is now an annual timetable for meetings. All Governing Body meetings have been quorate and the School Effectiveness Performance Officer attends.

The Governing Body is working towards the Governors Wales Bronze Award Scheme. This scheme is based around Estyn Inspection Standards and is designed to ensure that governance arrangements are robust.

The three statutory sub-committees are in place and their composition is correct.

The School has set up a comprehensive Statutory Policies and Documentation file that includes:

- a list of statutory and non statutory policies and documents;
- a list of HR Direct 'Adoption of DCC's policies and procedures';
- a document review cycle for 2012 -2014; and
- hard copies of all existing school policies from the above lists.

(Some school policies exist that are not included in the above file and would benefit from being included, e.g. the school finance policy and the lettings policy)

Risk/Issue 1 Moderate

We found it extremely difficult to obtain an up to date list of governors; however, based on the latest information provided, the composition of the Governing Body is one community governor short. It also includes the Deputy Headteacher who is not permitted to be on the Governing Body unless she is elected as a teacher governor. She can attend meetings on the Governing Body's invitation, but has no voting rights when it comes to decisions.

Risk/Issue 2 Moderate

Two governors have not had Criminal Records Bureau (CRB) checks and there have been no checks to ensure that governors are not bankrupt or disqualified under the Company Directors Disqualification Act, as per the Government of Maintained Schools (Wales) Regulations 2005.

**Risk/Issue 3
Moderate**

Although some improvements have been made since the appointment of a new Clerk, the standard of the Governing Body minutes is not to the recommended level, e.g. agreed actions do not include completion dates, copies of supplementary documents are not held on file with the minutes and the Chair of Governors does not sign and date the minutes. The minutes also suggest that some issues are not being progressed from one meeting to another.

**Risk/Issue 4
Moderate**

We could not find sufficient evidence to confirm that the constitution and membership of all sub-committees is reviewed at least once a year and that the School's policies are examined robustly before the Governing Body approves them.

**Risk/Issue 5
Moderate**

Not all governors have completed up to date declaration of business interest forms to demonstrate that they do not benefit personally from the decisions they make regarding the School. This also applies to employees of the School who may influence financial decisions, e.g. the Business and Finance Manager and the School Secretary.

**Risk/Issue 6
Moderate**

Terms of reference for the Governing Body sub-committees have not been set out in writing to ensure that their roles, responsibilities and limitations are clearly defined and understood.

Budget Monitoring and Financial Planning

Opinion

The appointment of a new Business and Finance Manager for the Prestatyn Primary Cluster in October 2012 has greatly improved budget monitoring procedures in the School. However, the School Development Plan is lacking some fundamental information.

Key Areas Managed Well

The Business and Finance Manager runs regular reports, which she checks for variances and irregularities. She also has monthly meetings with the Headteacher, Deputy Headteacher, and Chair of Governors to discuss the latest finance reports.

The Business and Finance Manager will be producing a detailed finance report that she will present to the Finance Committee and the Chair of this committee will then report to the next Governing Body meeting.

Budget reports have now changed to a three year plan and are produced by the Business and Finance Manager, assisted by the Headteacher. There is also a new form that all governing bodies will be required to sign in future to formally approve their school budget.

There is a projected in-year surplus of £52,748, and a deficit carried forward from 2011/12 of £31,821. The projected surplus to be carried forward for 2012/13 is therefore £20,927.

Risk/Issue 7 Moderate

Education has advised us that the layout of the School's Development Plans is clear and well presented and give a clear picture of where the School intends to focus its development. However, there are no costs allocated against any of the priorities and the plans are not specific enough in terms of actual targets for improvement. There are also blanks for summer 2012 in some of the documents.

Financial Procedures and Controls

Opinion	While the School generally has good procurement procedures and controls, these can be negated by some teachers ordering goods and services by telephone. The School also needs to implement significant improvements in the payment of invoices and in lettings administration.
Key Areas Managed Well	<p>The School has been using the Proactis system since July 2012, which provides good controls within the procurement function.</p> <p>The Governing Body has set delegated financial limits for the Headteacher to ensure that it retains effective controls over expenditure.</p> <p>Income is banked on a regular basis.</p> <p>The Business and Finance Manager is in the process of setting up written procedure notes for all financial processes that the School Secretary carries out. These will improve the likelihood of business continuity in the School Secretary's absence.</p>
Risk/Issue 8 Moderate	<p>Some teachers are ordering goods and services by telephone and not raising official purchase orders. This negates a lot of the controls built in to the Proactis system. Commitments could also be better monitored by raising call-off orders for regular contract payments</p>
Risk/Issue 9 Moderate	<p>The School is not paying invoices promptly and we found instances where payment was significantly delayed. This could lead to complaints and damage the School's reputation. It also causes unnecessary work dealing with suppliers chasing up late payment.</p>
Risk/Issue 10 Moderate	<p>The administration of school lettings is extremely poor.</p> <ul style="list-style-type: none">• There are at least two different letting policies on file at the School neither of which is dated.• We have been unable to find any completed booking forms on file to protect the School against damage, loss and injury claims.• No income has been received for a dance group that has been using the School for over 12 months. The Headteacher confirmed that charges are applicable and that he has been chasing these arrears.• Charges totalling £400 for Zumba classes were not collected until three months after the letting period ended.

Risk/Issue 11
Moderate


Income received at the School is not held securely at all times. This is putting the income at risk of being lost or stolen, which would not be covered by insurance.

Risk/Issue 12
Moderate

The Deputy Headteacher has not been given access to or received training on various systems required to maintain business continuity if the Headteacher is absent for any significant length of time, e.g. iTrent and Proactis.

Administration of the School Fund

Opinion	The administration of the School Fund is lacking several fundamental controls and we can give no assurance that all income is accounted for.
Key Areas Managed Well	<p>The School Fund treasurer and auditor are due to be formally appointed by the Finance Committee in April 2013. <i>(This will then need to be repeated on an annual basis)</i></p> <p>The Business and Finance Manager is in the process of writing up School Fund procedure notes. These will help to provide consistency and provide business continuity during periods of staff absence. They will help to ensure proper use of the audit checks and controls that the previous Business and Finance Manager built into the School Fund spreadsheet.</p>
Risk/Issue 13 Moderate	<p>The are several fundamental weaknesses in the administration of the School Fund as follows:</p> <ul style="list-style-type: none">• The School Secretary is the only person involved in administering the Fund, which means there is no separation of duties to provide the recommended level of internal control.• The account is not being properly reconciled against the bank statements at the end of each month and our brief examination of the records identified some errors and omissions in the transactions recorded.• Some income belonging to the delegated budget has been paid in to the School Fund account.• Supporting documents are not held on file for all items of expenditure and some receipts provided by teachers for reimbursement show loyalty points being accrued by the teachers, which Financial Regulations do not allow.• The School has a bank statement on file for a second School Fund account, which no one at the School was able to tell us anything about. Although the opening and closing balances on the bank statement as at 13/10/11 and 21/04/12 were both nil, further enquiries should be made to confirm whether any income has been paid in since 21/04/12 and to close the account if it is not required.• The School Fund accounts for 2010/11 and 2011/12 have not been audited and a copy of the audit certificates sent to Internal Audit.

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- The School is not running its School Fund in the most cost-effective way, as it pays £5 a month bank charges and does not pass the charges for returned cheques on to parents.
 - The School Fund records are not always updated until after the income has been banked. This would cause a problem if the income went missing before it was banked; as the School would not have a record of how much had been collected for insurance purposes or what it related to.

Health and Safety and General Security Arrangements

Opinion	Health and safety and security arrangements at the School are generally good, but there are some areas for improvement to ensure robust security, safeguarding of children and protection of assets.
Key Areas Managed Well	<p>Digi-locks are in place at all points of entry to the School.</p> <p>Visitors can only gain access to the School via the main entrance and are asked to sign in and out and are issued with a visitor pass.</p> <p>Employees sign in and out for fire safety purposes.</p> <p>The School procures all building work, including repairs and maintenance, through Property Services and grounds maintenance through Environmental Services. This ensures that all contractors are suitably vetted before being allowed access to the School.</p> <p>The School has a site security policy in place dated March 2011.</p>
Risk/Issue 14 Moderate	<p>There is one entrance to the School that is kept locked while pupils are in class but can be accessed during break times using the digi-lock code, which has been given to the pupils to use the toilet etc. This increases the likelihood of the code becoming widely known, which could lead to unauthorised access.</p>
Risk/Issue 15 Moderate	<p>The School has CCTV but the Deputy Headteacher has not received any training on the system, which could cause a problem if the Headteacher is unavailable when an incident occurs. In addition, there are no warning signs that CCTV is in use, which is a legal requirement under the 1998 Data Protection Act.</p>
Risk/Issue 16 Moderate	<p>Some outdoor play equipment has been purchased for the School using funds raised by one of the teachers. The contractor who supplied and erected this equipment is not on the Council's approved list of contractors and we are unable to confirm whether sufficient health and safety and security checks were completed before this work was carried out. This should include a risk assessment and a record of regular maintenance and inspection checks, the lack of which could become a factor if an accident occurs and/or an insurance claim is submitted.</p>

<p>Risk/Issue 17 Moderate</p>	<p>The School does not have an inventory in place to safeguard its assets. There is also a large amount of surplus equipment held on site that the Council purchased for the new building but is not needed. The ownership of this equipment needs to be determined before it is disposed of in accordance with Financial Regulations.</p>
<p>Risk/Issue 18 Moderate</p>	<p>The School has an independent breakfast club, after school club and play group. The Headteacher has provided evidence that the people providing these services have been CRB checked and have public liability insurance; however, there are several other factors that we have not been able to confirm:</p> <ul style="list-style-type: none"> • Were formal tender processes undertaken? • Were CSSIW, staff qualifications, references and financial information and health and safety details requested of the providers, including safe working procedures and training records? • Have legal documents been drawn up setting out the terms and conditions of the agreements, including limitations of use, responsibilities, site specific hazards and communication and cooperation processes? <p><i>(Education Planning and Resources has recently issued a management factsheet to schools to support them in looking at these agreements. Legal Services has also been working on letting agreements for these types of clubs)</i></p>
<p>Risk/Issue 19 Moderate</p>	<p>Corporate Health & Safety has completed two reports for the School - a Fire Risk Assessment report in October 2008 and a Health & Safety Report in May 2012. The Headteacher does not recall receiving copies of these reports, so was unable to confirm whether any actions arising from these reports have been addressed. We have forwarded copies of these reports to the Headteacher for the School to follow up.</p>

ICT and Information Security

Opinion

Our review found weaknesses in procedures and security that put retention and confidentiality of information at risk.

Key Areas Managed Well

The School is registered with the Data Controller until January 2014.

Risk/Issue 20 Moderate

The School's administration computer system had not been backed up since 11 November 2011 due to system failure messages being ignored. Although central ICT has now rectified this, the School needs to ensure that this does not happen again so that it protects the information held on its computer systems.

Risk/Issue 21 Moderate

The Council's IT security regulations have been breached by:

- employees not changing their SIMS passwords on a regular basis to minimise the risk of unauthorised access to confidential information; and
- the Deputy Headteacher using the Headteacher's computer log in and password.

Report Recipients

- Corporate Director: Customers
- Head of Education
- Head of Customers and Education Support
- School Effectiveness Performance Officer
- Education Planning and Resource Manager
- School Business & Finance Manager
- Head of Finance and Assets
- Headteacher
- Chair of Governors
- Lead Member for Education
- Chair - Performance Scrutiny Committee
- Performance Scrutiny Member
- Lead Member for Finance & Assets
- Corporate Governance Committee
- Ward Member for Prestatyn South West

Key Dates

Review commenced	January 2013
Review completed	March 2013
Escalation meeting	7 June 2013
Reported to Corporate Governance Committee	3 July 2013
Proposed date for 1 st follow up review	October 2013

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CORPORATE GOVERNANCE COMMITTEE: FORWARD WORK PROGRAMME

DATE OF MEETING	REPORT	AUTHOR
27 September 2013 (Special Meeting)	Approval of Statement of Accounts	Head of Finance & Assets
6 November 2013	<p>Standing Items</p> <p>Issues Referred by Scrutiny Committees Recent External Regulatory Reports Received Internal Audit Progress Report Feedback on Corporate Equality Meeting – verbal report</p> <p>Reports</p> <p>Corporate Governance Framework Action Plan Information Legislation Budget Update Protocol for Member Representatives on Outside Bodies to report back on their activities</p>	<p>Scrutiny Coordinator Corporate Improvement Manager Head of Internal Audit Services Councillor Martyn Holland</p> <p>Head of Internal Audit Services Head of Legal & Democratic Services Head of Finance and Assets Head of Legal and Democratic Services</p>
18 December 2013	<p>Standing Items</p> <p>Issues Referred by Scrutiny Committees Recent External Regulatory Reports Received Internal Audit Progress Report</p>	<p>Scrutiny Coordinator Corporate Improvement Manager Head of Internal Audit Services</p>

	<p>Feedback on Corporate Equality Meeting – verbal report</p> <p>Reports</p>	Councillor Martyn Holland
29 January 2014	<p>Standing Items</p> <p>Issues Referred by Scrutiny Committees Recent External Regulatory Reports Received Internal Audit Progress Report Feedback on Corporate Equality Meeting – verbal report</p> <p>Reports</p> <p>Regulatory of Investigatory Powers Act 2000 Corporate Governance Framework Action Plan Treasury Management Update Treasury Management Strategy Statement 2014/15</p>	<p>Scrutiny Coordinator Corporate Improvement Manager Head of Internal Audit Services Councillor Martyn Holland</p> <p>Head of Legal & Democratic Services</p> <p>Head of Internal Audit Services Head of Finance and Assets Head of Finance and Assets</p>
26 March 2014	<p>Standing Items</p> <p>Issues Referred by Scrutiny Committees Recent External Regulatory Reports Received Internal Audit Progress Report Feedback on Corporate Equality Meeting – verbal report</p>	<p>Scrutiny Coordinator Corporate Improvement Manager Head of Internal Audit Services Councillor Martyn Holland</p>

	<p>Reports</p> <p>Internal Audit Assurance Plan 2014/15</p>	Head of Internal Audit Services
21 May 2014	<p>Standing Items</p> <p>Issues Referred by Scrutiny Committees Recent External Regulatory Reports Received Internal Audit Progress Report Feedback on Corporate Equality Meeting – verbal report</p> <p>Reports</p> <p>Corporate Governance Framework Action Plan Internal Audit Annual Report 2013/14</p>	<p>Scrutiny Coordinator Corporate Improvement Manager Head of Internal Audit Services Councillor Martyn Holland</p> <p>Head of Internal Audit Services Head of Internal Audit Services</p>

NB The exact date of publication of occasional reports by for example Wales Audit Office or Annual Reports by the Ombudsman are not presently known. They will be assigned a meeting date as soon as practicable.

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