

To: Members of the Corporate
Governance and Audit Committee

Date: 14 November 2019

Direct Dial: 01824706204

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Dear Councillor

You are invited to attend a meeting of the **CORPORATE GOVERNANCE AND AUDIT COMMITTEE** to be held at **9.30 am** on **WEDNESDAY, 20 NOVEMBER 2019** in **CONFERENCE ROOM 1A, COUNTY HALL, RUTHIN.**

Yours sincerely

G. Williams
Head of Legal, HR and Democratic Services

AGENDA

1 APOLOGIES

2 DECLARATION OF INTERESTS (Pages 5 - 6)

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 7 - 16)

To receive the minutes of the Corporate Governance Committee meeting held on 11 September 2019 (copy enclosed).

5 CARE INSPECTORATE WALES - LOCAL AUTHORITY PERFORMANCE REVIEW (Pages 17 - 24)

To consider a report by the Corporate Director: Communities which provides an update on CIW's Local Authority Performance Review (copy enclosed)

6 SAFEGUARDING REPORT (Pages 25 - 40)

To consider a report on the WAO review and consider whether any further scrutiny is required (copy enclosed)

7 CARE INSPECTORATE WALES - INSPECTION OF OLDER ADULT SERVICES (Pages 41 - 70)

To receive a report regarding CIW's inspection of Denbighshire County Council's Older Adult Services; key findings and associate actions (copy enclosed)

8 ANNUAL GOVERNANCE STATEMENT IMPROVEMENT PLAN UPDATE (Pages 71 - 76)

To receive a report by the Chief Internal Auditor which provides an update on the progress in implementing the governance improvement plan contained within the Annual Governance Statement 2018/19 (copy enclosed)

9 BUDGET UPDATE (Pages 77 - 84)

To receive a report regarding the current budget process for 2020/21 and the key medium term financial planning assumptions (copy enclosed)

10 HEALTH AND SAFETY IN SCHOOLS PROGRESS REPORT (Pages 85 - 104)

To receive a report by the Chief Internal Auditor on how the council and schools are implementing improvement with regards to 'Health and Safety in Schools' (copy enclosed)

11 RESPONSIBLE INDIVIDUALS REPORT - REGULATED SERVICES (Pages 105 - 108)

To receive an update on the Regulated Services Responsible Individuals report (copy enclosed)

12 CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME (Pages 109 - 112)

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

MEMBERSHIP

Councillors

Mabon ap Gwynfor
Tony Flynn
Martyn Holland

Alan James
Barry Mellor
Joe Welch

Lay Member

Paul Whitham

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LOCAL GOVERNMENT ACT 2000

Code of Conduct for Members

DISCLOSURE AND REGISTRATION OF INTERESTS

I, (<i>name</i>)	<input type="text"/>
a *member/co-opted member of <i>(*please delete as appropriate)</i>	Denbighshire County Council
CONFIRM that I have declared a *personal / personal and prejudicial interest not previously declared in accordance with the provisions of Part III of the Council's Code of Conduct for Members, in respect of the following:- <i>(*please delete as appropriate)</i>	
Date of Disclosure:	<input type="text"/>
Committee (<i>please specify</i>):	<input type="text"/>
Agenda Item No.	<input type="text"/>
Subject Matter:	<input type="text"/>
Nature of Interest: <i>(See the note below)*</i>	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/>

*Note: Please provide sufficient detail e.g. 'I am the owner of land adjacent to the application for planning permission made by Mr Jones', or 'My husband / wife is an employee of the company which has made an application for financial assistance'.

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CORPORATE GOVERNANCE AND AUDIT COMMITTEE

Minutes of a meeting of the Corporate Governance and Audit Committee held in Conference Room 1A, County Hall, Ruthin on Wednesday, 11 September 2019 at 9.30 am.

PRESENT

Councillors Mabon ap Gwynfor, Tony Flynn, Alan James and Joe Welch

Lay Member Paul Whitham

Councillor Julian Thompson Hill, Lead Member for Finance, Performance and Strategic Assets and Councillor Bobby Feeley, Lead Member for Well-being and Independence were in attendance

ALSO PRESENT

Head of Legal, HR and Democratic Services (GW), Chief Accountant (SG), Chief Internal Auditor (LL), Senior Auditor (LH), Auditor (SW), Corporate Health and Safety Manager (GL), Member Support & Development Manager (EW), Development Control Manager (PM), Head of Community Support Services (PG), Strategic Planning & Performance Officer (EH), Committee Administrator (RTJ)

Wales Audit Office Representative - Matthew Edwards and Gareth Edwards

APPOINTMENT OF CHAIR

The Head of Legal, HR & Democratic Services opened the meeting requesting a chair be appointed for the Corporate Governance in the absence of the chair and vice chair. Councillor Tony Flynn proposed that Councillor Joe Welch chair the meeting, seconded by Councillor Alan James. All present agreed for Councillor Joe Welch to chair the committee.

RESOLVED – *that Councillor Joe Welch be appointed as stand in chair for the Corporate Governance Committee.*

1 APOLOGIES

Apologies were received from Councillors Barry Mellor and Martyn Holland.

2 DECLARATION OF INTERESTS

The following members declared a personal interest –

Councillors Joe Welch and Mabon Ap Gwynfor – Agenda item 6 – because they had children who attended schools in Denbighshire.

Lay Member Paul Whitham – Agenda item 6 – as he had grandchildren attending schools in Denbighshire.

3 URGENT MATTERS

No urgent matters had been raised.

4 MINUTES

The minutes of the Cabinet meeting held on 10 July 2019 were submitted.

Matters Arising –

- The letter from Corporate Governance to head teachers and governing body chairs was queried whether it had been circulated. The Head of Legal, HR & Democratic Services informed the committee that the letter had not been circulated it was in the process of being proofed but would be circulated once finalised.
- The school deficit was queried again, clarity was sought how the deficits were payed. The chief accountant informed that there were reserves in place to pay for deficits.
- The Wales Audit Office (WAO) annual improvement report and the term “rushed” was used for the Alternative Delivery Model (ADM), and whether it was a term commonly used. WAO officers responding informed the committee that the ADM was not a rushed decision.

RESOLVED that the minutes of the Corporate Governance Committee meeting held on the 10 July 2019 be approved as a correct record.

5 INTERNAL AUDIT UPDATE

The Chief Internal Auditor (CIA), introduced the Internal Audit update report (previously circulated) updating members on the Internal Audit progress in terms of its service delivery, assurance provision, reviews completed, performance and effectiveness in driving improvement.

The report provided information on work carried out by Internal Audit since the last committee meeting. The CIA guided members through the reports which provided an update as 28 August 2019:

- Internal audit reports recently issued
- Internal Audit reports issued since the last update:
 - Financial Services 2018-19
 - Cyber Security
 - Programme & Project Management
 - School Governance
 - Support Budgets & Direct Payments
 - Former North Wales Hospital
 - Legal Services Collaboration

- General Data Protection Regulations (GDPR)

The following matters were discussed in more detail –

- Counter fraud, there had been no referrals since the last audit update.
- Training dates for agenda management dates were being sought alongside treasury management training dates.

RESOLVED that the Corporate Governance Committee receive the Internal Audit update report and note its contents.

6 CORPORATE HEALTH & SAFETY ANNUAL REPORT

The Lead member for Finance, Performance and Strategic Assets presented the Annual Health and Safety Report (previously circulated). The Lead Member stated the overall assessment for the health and safety team had been given medium assurance, with a good history of health and safety works in Denbighshire, and that the low assurances in schools had since increased to medium.

The Corporate Health and Safety Manager (CHSM) guided members through the Annual Health and Safety report providing members with an update on the Health and Safety management within the Council from the perspective of the Corporate Health and Safety team. The CHSM advised the report had provided an annual summary of issues identified and discussed over the last year. During consideration of the report the following matter was discussed in more detail-

The CHSM confirmed that the amount of incidents being recorded were continuing to raise, which highlighted that the communication with staff had worked. The increase in the reporting within Facilities Assets and Housing had increased due to SC2 opening it was prudent to record all incidents however minor and whether due to the facility use or not. The purpose of this was to obtain a full picture at the outset.

The traffic management in schools was outlined, that it would continue to be an issue, it was clarified that the authority had little control how people parked during opening and closing of schools. The committee were informed that the matter was not as bad in Denbighshire as other counties. Action with dangerous parking would take place whether civil or criminal offences were committed.

Members queried with the CHSM whether contractors who worked for DCC would report incidents to the employer or would they report directly to DCC. It was clarified that reporting would be directly to the employer.

The schools which were highlighted as red/amber would be looked at again, and the Health and Safety team would challenge the issues with the schools.

The Chair thanked the Corporate Health and Safety Manager for the report and for the clear responses to member questions.

RESOLVED that, the Corporate Governance Committee receive the report, note its contents and endorse the Corporate Health and Safety team Work plan for 2018/19.

7 APPROVAL OF THE STATEMENT OF ACCOUNTS 2018/19

The Lead Member for Finance, Performance and Strategic Planning, introduced the Approval of Statement of Accounts 2018/19 report (previously circulated) to be formally approved by elected members on behalf of the Council. The Council had a statutory duty to produce a statement of accounts that complied with approved accounting standards.

The Chief Accountant (CA) informed the committee that no queries had been received by members or the general public in regards to the statement of accounts, a follow up report would be produced by February.

Welsh Audit Officers (WAO) outlined the challenges of completing the statement of accounts within the new deadlines, however lessons were learned from English counties who have shorter deadlines to complete the Statement of Accounts.

The key findings with the report is that the work was good and an overall it was a positive report, with no concerns about the qualitative aspects of your accounting practices and financial reporting. The method of how Denbighshire County Council (DCC) continue to maintain complex spreadsheets to support the fixed assets disclosed in the financial statements. Whilst these spreadsheets were well maintained and support the preparation of the accounts, the WAO have concerns over the ability of the system to support a more streamlined accounts closure process, in particular the ease at which the accounting for revaluations was accomplished. The WAO praised the work which was carried out by the Finance team.

The method of maintaining a complex spreadsheets to support the fixed assets was outlined and whether there was plan in place to modernise the method of recording fixed assets. Responding the CA stated that the modernisation was a large project, which was complicated further as a joint approach of modernising the systems was sought Conwy County Borough Council. The project was also slowed as the Head of Finance had left the Council, the Head of Business Improvement and Modernisation was now the project lead, with meeting organised with Conwy for autumn. There were alternative systems in place whether the project with Conwy were to fall, a system Techforge could be used. It was queried whether there was a critical date with the project, the deadline would be sometime in the autumn.

The Head of Legal, HR & Democratic Services endorsed the work that the Finance team had carried out with the statements accounts but also thanked the hard work the CA had carried out with the absence of the Head of Finance.

The Head of Legal, HR & Democratic Services also informed the committee whether they would formally agree that Councillor Joe Welch sign the accounts and the letter of representation. All present members agreed.

RESOLVED *that:*

- *the Corporate Governance Committee approve the Statement of Accounts 2018/19, which is Appendix 1 to the report, and*
- *the Chair and Chief Finance Officer sign the Accounts and the Letter of Representation*

8 WAO - ANNUAL AUDIT ENQUIRIES 2018/19

The Lead Member for Finance, Performance and Strategic Assets introduced the Audit Enquiries 2018/19 report (previously circulated) to inform Members of the Council's response.

Wales Audit Office (WAO), as Denbighshire County Council's appointed external auditors, had a duty to obtain evidence of how management and those charged with governance (Corporate Governance Committee) were discharging their responsibilities for preventing and detecting fraud.

The details of the responses of both management (Head of Finance) and Corporate Governance Committee (Chair of Committee) were set out as an appendix to the report.

In summary the responses set out the Council's approach to the following areas of governance:

- Management processes in place to identify and mitigate against the risk of fraud.
- Awareness of any actual or alleged instances of fraud.
- Processes to gain assurance that all relevant laws and regulations have been complied with.
- Whether there is any potential litigation or claims that would affect the financial statements. Processes to identify, authorise, approve, account for and disclose related party transactions and relationships.

Members praised the report however highlighted the E-learning module on Code of Conduct and Whistleblowing. Which was recently rolled out and mandatory completion for staff and formed part of induction process. It was queried whether there was a method to monitor the staff who had not completed the modules. Members were reassured that monthly reports were produced for managers to monitor members of staff who had not completed the mandatory modules.

The committee commended the Finance department and the WAO for the work they had done.

RESOLVED, *that the Chair of the Corporate Governance Committee formally confirmed the responses included in Appendix 2 to the report.*

9 REGISTRATION SERVICE AUDIT UPDATE

The Chief Internal Auditor (CIA), introduced the Registration Service Audit Update (previously circulated) updating members on the progress in implementing the action plan that accompanied the Internal Audit report on the Registration Service in January 2019.

The Internal Audit follow up report (Appendix 1) showed that implementation of actions had clearly been impacted by recent staff changes; however, progress was being made with a number of actions being addressed and several nearing completion. Seven actions relating to the major risk issues had been completed leaving five in progress. One of the four actions relating to the moderate risk issues had been completed.

Further improvement were required to fully address the remaining actions, for example, to complete the development of procedures and strengthen controls around income management and reconciliation. Based upon the scope of the original review, and the improvements carried out, the assurance rating was increased from low to medium. Internal Audit would continue to monitor the outstanding actions which are partially addressed to ensure that they were completed.

The action plan with the implementation of the ICT systems was highlighted and whether the completion date was likely to be April 2020. It clarified that it was likely for the date to be extended slightly however discussions were productive with ICT.

RESOLVED *that the Corporate Governance Committee reviewed the progress with addressing audit actions.*

10 SECTION 106 AGREEMENTS AUDIT UPDATE

The Chief Internal Auditor (CIA), introduced the Section 106 Agreement Audit update. The report was to provide information on how the Council was implementing improvements to Section 106 Agreements since the issue of the Internal Audit report, which was given 'Low Assurance'.

Members praised the report updating on the implementations which had been carried out, and decided a follow up report to be brought back to the Committee in March 2020.

RESOLVED – *that the Corporate Governance Committee review the progress with the audit actions and a follow up report be produced for March 2020.*

11 INTERNAL AUDIT OF SUPPORT BUDGETS & DIRECT PAYMENTS

The Chief Internal Auditor introduced the Internal Audit of Support Budgets & Direct Payments (previously circulated) updating members on the recent Internal Audit report on Support Budgets and Direct Payments that received a 'Low' Assurance rating.

At the time of audit's review, the provision of support budgets and direct payments was in a transitional period with documentation, processes and procedures being

reviewed. Improvements already underway include: putting in place a capacity assessment document and improving the third party support budget process. However, some staff were still uncertain of current arrangements and the process was not fully embedded.

The support budget was an option that is considered for providing managed care and support to comply with the Social Services and Well-being (Wales) (SSWB) Act 2014 focusing help and support on achieving outcomes for citizens.

It was clarified that the monitoring of direct payments by Financial Assessment Officers (FAOs) was not always held electronically, and was inconsistent between officers within the team in terms of what was recorded. A lack of clear records means audit were unable to assess the frequency of monitoring and issuing of reminders (where returns had not been submitted with details of expenditure); audit advised by the team that there had been some delays in their monitoring. Similarly, audit were unable to report the number of returns that have not been submitted by citizens and to what value.

Members queried the following points –

- The monitoring of the borrowing was raised and the returns with the expenditure, and how requesting information from expenditure was somewhat like 'coercive control', and how the Council would continue to request the information whilst still being respectful of those receiving payments. The officers responded highlighting that it was a delicate balance to be respectful however the information was required to be collated.
- It was agreed that the balance was required and it was good that audit were addressing concerns which were raised during the review. Members agreed that it would be beneficial to receive a follow up report from Audit in March 2020 where most actions would be completed.

RESOLVED that

- *Corporate governance committee note the content of the report.*
- *A follow up report be produced in March 2020.*

12 ANNUAL REPORT ON THE CONSTITUTION

The Legal Services Manager (LSM) introduced the updates to the Council Constitution (previously circulated) which provided the Committee with an annual update and to advise of the proposed changes that need to be made to the Council Constitution.

It was highlighted to members the monitoring Officer was satisfied that the Constitution was fit for purpose and confirmed that the Constitution has been amended to take into account the following:

- Corporate Governance Committee Terms of Reference following the Committee being consulted which was approved by Full Council on the 19th February 2019.

- Responsibility for Executive Functions – Cabinet Member portfolio changes have been made following changes made by the Leader of the Council.
- Combined two existing Committees to form the Joint Consultative Committee for Health & Safety and Employee Relations
- Council Members Schedule of Remuneration kept up to date.

Members were also informed that changes would need to be made to the Officer Scheme of Delegation in respect of changes being made as a result of the SLT restructure:

- Officer Scheme of Delegation – the proposed scheme which was attached as appendix 1 dealing with the transfer of certain housing related functions; the transfer of certain asset and estates functions and the responsibility in respect of leisure functions being silent and dealt with under the Cabinet scheme.
- Cabinet Scheme of Delegation attached in appendix 2 an express provision setting out that these functions sit with the relevant lead member.

In relation to the scheme of delegation members that the facilities function would be transferred to the Head of Customers, Communications and Marketing, whilst the asset and estates functions would be transferred to the Head of Finance. The leisure aspects would be transferred to the Alternative Delivery Model (ADM).

The following points were discussed in more detail –

- The control of the ADM was queried and whether it had been finalised. Members were informed that company had been set up. Cabinet would create a board and an operational manager would be appointed to monitor how the company was performing.
- The finances of the ADM were queried and how it would be audited, it was clarified that company would be audited by internal audit and the WAO as the company was still controlled by the Council. The finances of the ADM would be included in the statement of accounts.
- The committee noted that there was a duplication with point 9.8 and 16.9 within the scheme of delegation for officers. Officers responded informing the committee that the error would be rectified.

RESOLVED that the Corporate Governance Committee support and recommend the adoption of the updated Constitution.

13 RISK MANAGEMENT - RISK APPETITE

The Planning and Performance Officer (PPO) introduced the Risk Management - Risk Appetite (previously circulated) which was the revised draft version of the Risk Management Guide, which incorporated the Risk Appetite Statement.

Denbighshire's Risk Management Guide outlined the council's approach to risk management. It was a comprehensive guide to identifying and managing risk proactively. An Internal Audit Review of risk management was undertaken in November 2018. The review concluded that Denbighshire's risk management was

“robust with good processes in place”. However, the Internal Audit Review found that the Guide was lacking in relation to risk appetite:

Risk appetite was clarified to mean the level of risk that the Council was prepared to tolerate or accept in pursuit of its long term, strategic objectives.

Following the review by Internal Audit there had been a range of research and engagement, including with CET, SLT and at Cabinet Briefing, to develop an approach to risk appetite that is proportionate and workable. The approach which had been developed was based on the application of risk appetite in other areas and by other institutions. Advice was also sought from the Council’s Strategic Risk Consultant, Zurich Insurance Ltd.

Members queried whether schools would be required to adopt the draft version of the Risk Management Guide, which incorporated the Risk Appetite Statement. The PPO informed members that she was not certain whether schools would be required to adopt the new guidance, however it was clarified that if the new methodology would not be adopted they would be required to do their own methodology. The committee were informed that the risk appetite would be discussed during the audit of schools.

RESOLVED that

- *The Corporate Governance Committee endorse Risk Appetite Statement.*
- *A follow up report be brought back to Corporate Governance Committee in September 2020.*

14 CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME

The Corporate Governance Committee’s Forward Work Programme (FWP) was presented for consideration (previously circulated).

The Head of Legal, HR & Democratic Services, suggested that certain items could be moved around in the FWP as the next meeting’s agenda was already heavily populated. The Annual report on Whistle Blowing was suggested as a possible report which could be postponed.

The Chief Accountant informed the committee that item 8 and 9 were the same report. Item number 7 was meant to read finance management in school. Health and Safety in schools could be produced as an information report which could be brought back committee.

Following the discussion follow up report for the Section 106 Agreements and Internal Audit of Support Budgets & Direct Payments be brought back to the committee in March 2020. The risk management follow up report was agreed to be returned in September 2020.

RESOLVED – *that, subject to the above, the Corporate Governance Committee approves the Forward Work Programme.*

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Report To:	Corporate Governance Committee
Date of Meeting:	20 November 2019
Lead Member / Officer:	Lead Member for Wellbeing and Independence & Lead Member for Education, Children's Services and Public Engagement / Corporate Director Communities
Report Author:	Corporate Director Communities
Title:	CIW Local Authority Performance Review 2018 – 2019

1. What is the report about?

The report sets out the key issues arising from the Care Inspectorate Wales (CIW) review of Denbighshire County Council's performance in carrying out its statutory social services functions. A copy of the full review letter is attached at Appendix I.

2. What is the reason for making this report?

To ensure that the Committee is aware of the performance evaluation for social services including areas of progress, areas for improvement and risk.

3. What are the Recommendations?

It is recommended that Members consider the CIW evaluation and consider whether any further scrutiny is required. The Senior Manager for CIW intends to attend the meeting to enable Members to seek clarification on any particular element of the review letter.

4. Report details

- 4.1 The CIW annual letter provides feedback on inspection and performance evaluation activity completed during the year; reports on progress the local authority has made in implementing recommendations from inspections and/or child and adult practice reviews; and, outlines CIW's forward work programme.
- 4.2 The letter provides a summary of strengths and areas for improvement. Areas identified as requiring improvement are in line with the Director of Social Services' Annual Report and will be embedded within Service Business Plans for 2019 – 2020.

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

The inspection provides an external perspective of the Council's performance in relation to social services.

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

The response to delivering improvement actions will be integrated into the Service Business Plans for 2019-2020. The delivery of these plans will be managed within existing financial resources.

7. What are the main conclusions of the Well-being Impact Assessment?

A Well-being Impact Assessment is not required because this report does not ask for a decision that will result in any change for staff or the wider community. WBIA's will be completed on individual priorities if they require projects to commence and/or decisions to be taken.

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

Scheduled engagement meetings take place with the Senior Management Team for Social Services and CIW which help inform the evaluation as well as assess progress in delivering improvement.

9. Chief Finance Officer Statement

As noted above it is important that any costs relating to the improvement plans and actions are maintained within the annual cash limited budgets for the service agreed on an annual basis.

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

There are no risks associated with implementing the recommendations of this report.

11. Power to make the Decision

Dear Director

CIW Local Authority Performance Review

We published our code of practice for review of local authority social services in April 2019 which outlined our intention to write and publish an annual letter for local authorities which will:

- provide feedback on inspection and performance evaluation activity completed by us during the year;
- report on progress the local authority has made in implementing recommendations from inspections and/or child and adult practice reviews;
- outline our forward work programme.

This letter summarises our review of Denbighshire County Council's performance in carrying out its statutory social services functions. It follows the four principles of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) and our increasingly collaborative and strengths based approach to supporting improvement. The letter is intended to assist the local authority and its partners to continually improve.

The content is informed by CIW's performance evaluation activity during the course of the year. This included a number of engagement visits with looked after children and foster carers, focused activity in team bases, to review case files, and read the local authorities own documentation.

We discussed these matters and our proposed performance evaluation activity for 2019/20 with you at the annual Performance Review meeting on 30th April 2019.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Summary of strengths and areas for improvement in line with principles of SSWBA

- Well-being

The importance of wellbeing and promotion of independence are both clearly on the agenda and being actively embedded in services at all levels in Denbighshire local authority.

The Head of Children's and Education Services provides strong leadership and a clear emphasis on the importance of wellbeing in enabling children to be safe, be confident and to learn. We heard about the work of consolidating new relationships between staff in social services and schools and an ambition to support more parents, families and children to seek help before they reach crisis.

In line with the SSWBA we encourage the local authority to continue to recognise prevention and early intervention as statutory duties that can make a difference for children and reduce demand on budgets. We acknowledge the concern of senior managers about grant funding for statutory duties and the challenges of short term funding to sustainable financial planning.

To support staff in delivering wellbeing for people, the local authority will want to ensure all templates and recording tools are up to date in line with the requirements of delivering upon the SSWBA and the requirement to ensure assessment templates for adults and children are consistent with those used by colleagues across the Health Board footprint.

- People – voice and choice

The continued investment of resource by Denbighshire County Council in improving access through a Single Point of Access (SPoA), Talking Points and Community Navigators is in line with requirements of the SSWBA.

However, the local authority's performance indicators and carers' survey demonstrate almost a quarter of respondents reported difficulty in receiving the right information and advice when they needed it. Senior managers need to ensure the combination of SPoA and Talking Points continues to meet the requirement to provide timely and proportionate responses and have not introduced an unnecessary extra step or delay in to the process for vulnerable people and their carers who are eligible for managed care and support. The local authority should maximise learning from any complaints to operational services about poor communication or lack of information.

The Director's annual report contains many compliments from people who have used services and a recent self evaluation of older adult services undertaken by the local authority also contains examples of good practice and good outcomes for people. The positive use of these examples demonstrates a clear understanding of the importance of building positive relationships and working in partnership with staff and people who use services to recognise and maximise their own strengths and personal resources to sustain independence.

The SSWBA is also about supporting people who deliver social services, empowering them to co-produce solutions with people who need care and support and carers who need

support. Their confidence and competence is essential to the effective delivery of services and we recognise the benefits of celebrating the many positive compliments received and good progress made towards co production and implementation of SSWBA in Denbighshire Director's report. We also recognise the emphasis the local authority places on winning 'awards' and the benefits of these achievements to staff morale. However, the Directors report should also demonstrate the local authority is hearing feedback from people and contain a balance of comments including those where the feedback is not positive and has led to or will drive improvements.

Engaging with people in the language of their choice continues to be a challenge for Denbighshire County Council. The local authority recognises the challenge and is demonstrating creativity in its response, not least in its establishment of a Welsh Language Members group, a formally constituted committee of the council, with responsibility for overseeing the council's Welsh language strategy.

There is a positive balance of professional experience and enthusiasm in children's services. Front line staff and team managers benefit from the considerable knowledge of a very experienced principal social work practitioner who is generous in sharing learning and encouraging reflection. The practitioner provides balance and oversight to an experienced and enthusiastic operational management team who are keen to test new ideas.

Relatively new members of adult services senior management team have brought new ideas, experience and perspective to the service. Team managers have told us about the good support they are offered and the opportunities they have to be creative in finding solutions to meet eligible needs.

Our monitoring of the deprivation of liberty safeguards has identified the local authority, in common with many others in Wales, is unable to assure itself people's human rights are not being breached by being deprived of their liberty unlawfully. We will continue to monitor this.

- Partnerships

Our focused activity through the year has included reading a selection of children's case files. The case files provided evidence of good multi agency working and a snapshot of the complexity of challenges facing front line professionals in their work to keep children safe. Cases sometimes involved police from a range of forces, specialist nurses and the voluntary sector, and required staff to demonstrate creativity and tenacity to achieve good outcomes for children.

Minutes of meetings in the case files were of a good standard and while some actions could have been more timely, and there were some minor missed opportunities, the work was mainly good and children clearly the focus of attention.

Denbighshire's Reablement service and Step Down cluster working together with BCUHB report seeing a reduction in delayed transfers of care from the previous year, and 78% of adults completing a period of Reablement have no package of care and support six months later. This is a high figure and managers will want to ensure this service is being correctly targeted to achieve greatest benefits.

- Prevention

Denbighshire County Council is making a positive contribution to a number of collaborative work streams shared across the region, including the Community Resource team agenda. Denbighshire County Council's first operational Community Resource Team based in the Royal Alexander hospital in Rhyl has been in place for over 12 months. During focused monitoring activity we found the team room buzzing with activity and relevant information flow for the benefits of people who rely on services.

We found the service to be on a journey of positive integration, with professionals already optimising some opportunities to reduce duplication and provide seamless services for people with care and support needs. We also found variable understanding of the purpose and potential benefits of what matters conversations with some team members requiring further training to ensure a greater understanding of the importance of ensuring services become more efficient and sustainable. The most recent Community Resource Team in Ruthin is a positive addition and the authority is encouraged to continue with the roll out of community resource team bases.

Delays in the process of safeguarding adults in Denbighshire has been highlighted as an area of concern by CIW for some time. A large number of safeguarding enquiries not completed within 7 days is not an indicator of a service offering a timely response to adults who are at risk of abuse.

The direction of travel towards prevention and strengths based communities is clearly set by senior managers in Denbighshire County Council. Posters and learning materials are visible in offices and staff tell us about the use of the 'resource wheel' to underpin work and ensure people's strengths are recognised as a resource in meeting their own needs. The local authority will want to build upon this work through further developing community initiatives and social enterprises.

Throughout 2018 our programme of work focused on care experienced children and young people. Qualitative evidence was gathered from six local authority children and fostering inspections, 22 self-evaluations completed by local authorities, challenge meetings held with those local authorities who were not subject to an inspection and engagement activity with care experienced children, care leavers and foster carers. The report will be published on our website, with key findings made in respect of profile, sufficiency, practice, partnerships, stability, governance and corporate parenting. Many of the areas we have identified for improvement are being considered by Welsh Government's Ministerial Advisory Group on improving outcomes for care experienced children and young people and we also hope local authorities will consider their own contribution to addressing these findings.

CIW Performance Review Plan for 2019-20

Our scheduled thematic inspection programme for 2019/20 will be focusing on prevention and promoting independence for older people and for children services thematic inspection the focus will be on prevention, partnerships and experiences of disabled children. Denbighshire County Council was selected for an inspection of older adults services, and at time of writing this letter are expecting inspection to begin imminently.

Alongside the thematic inspection programme, we will undertake engagement activities aligned to the theme of inspections and meet with people who receive care and support services. We will convene a meeting with the local authority and its key partners during the summer to follow up on the self-evaluation of promoting independence for older people that local authorities' submitted in January 2019. National reports will be published upon the completion of the thematic inspection programme and engagement activities

We are aware Welsh Audit Office have recently undertaken some work on SPoA in Denbighshire and we will also follow this up in our forthcoming inspection of services for older adults. We will also look at reablement and discharge from hospital and how these services work together support people to remain independent. Safeguarding adults is always a focus in our inspections.

Our focused activity with children's services will include looking at the number of times children experience a change in social worker.

CIW will continue to work with HIW to jointly inspect community mental health teams (CMHT). We will also follow up recommendations made within the joint HIW and CIW thematic review of community mental health teams during bi-annual head of service meetings.

CIW are working together with HMI Constabulary (HMICFRS), HMI Probation, HIW and Estyn to develop a model of joint inspection of child protection arrangements in Wales (JICPA). We will be piloting one JICPA during autumn 2019. With the drive towards collaboration and integration in public services, CIW work closely with other inspectorates to share intelligence and jointly plan inspections. We will work closely with Social Care Wales to support improvement in social care services.

You will note that this letter has been copied to colleagues in WAO, Estyn and HIW. CIW works closely with partner inspectorates to consider the wider corporate perspective in which social services operate, as well as local context for social services performance.

We will publish the final version of this letter on our website.

Yours sincerely



Sharon Eastlake
Interim Head of Local Authority Inspection Team
Care Inspectorate Wales

Cc.
WAO
HIW
Estyn

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Report To:	Corporate Governance Committee
Date of Meeting:	20 November 2019
Lead Member / Officer:	Lead Member for Wellbeing and Independence & Lead Member for Education, Children's Services and Public Engagement & Lead Member for Planning, Public Protection and Safer Communities / Corporate Director Communities
Report Author:	Corporate Director Communities
Title:	WAO Review of Corporate Arrangements for Safeguarding

1. What is the report about?

The report sets out the key issues arising from the Wales Audit Office (WAO) review of Denbighshire County Council's Corporate Arrangements for Safeguarding. A copy of the full review letter is attached at Appendix I.

2. What is the reason for making this report?

To ensure that the Committee is aware of the review of the corporate arrangements for safeguarding including areas of progress, areas for improvement and risk.

3. What are the Recommendations?

It is recommended that Members consider the WAO review and consider whether any further scrutiny is required.

4. Report details

4.1 The WAO review of Denbighshire County Council's corporate arrangements for the safeguarding of children and adults sought to seek assurance that the Council has effective corporate arrangements in place for safeguarding.

4.2 The WAO concluded that the Council has effective arrangements for safeguarding, but it needs to improve monitoring and performance reporting.

4.3 Areas identified as requiring improvement are in line with the Director of Social Services' Annual Report and will be embedded within Service Business Plans for 2019 – 2020.

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

The inspection provides an external perspective of the Council's performance in relation to corporate safeguarding.

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

The response to delivering improvement actions will be integrated into the Service Business Plans for 2019-2020. The delivery of these plans will be managed within existing financial resources.

7. What are the main conclusions of the Well-being Impact Assessment?

A Well-being Impact Assessment is not required because this report does not ask for a decision that will result in any change for staff or the wider community. WBIA's will be completed on individual priorities if they require projects to commence and/or decisions to be taken.

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

Scheduled engagement meetings take place with the Senior Management Team for Social Services and Care Inspectorate Wales (CIW) which help inform the evaluation as well as assess progress in delivering improvement. In addition both WAO and CIW are invited to attend the annual service challenge meetings.

9. Chief Finance Officer Statement

As noted above it is important that any costs relating to the actions are maintained within the annual cash limited budgets for the service agreed on an annual basis.

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

There are no risks associated with implementing the recommendations of this report.

11. Power to make the Decision



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of Corporate Arrangements for Safeguarding – **Denbighshire County Council**

Audit year: 2018-19

Date issued: August 2019

Document reference: 1338A2019-20

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

This document is also available in Welsh.

The team who delivered the work comprised Gwilym Bury and Jeremy Evans under the direction of Huw Rees.

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Summary report

Summary

What we reviewed and why

- 1 We reviewed Denbighshire County Council's (the Council) corporate arrangements for the safeguarding of children and adults. While certain governance arrangements for safeguarding operate regionally (in this geographical area through the North Wales Safeguarding Board), the focus of our review was on the Council's own corporate arrangements.
- 2 We undertook this review to seek assurance that the Council has effective corporate arrangements in place for safeguarding. We considered the findings of our 2014 report into the Council's arrangements to support safeguarding of children¹. We also considered the Council's progress in implementing the recommendations contained in the Auditor General's report, 'Review of Corporate Safeguarding Arrangements in Welsh Councils' (July 2015)².
- 3 We undertook the review during May 2019.

What we found

- 4 Our review sought to answer the question: Do the Council's governance and management arrangements provide assurance that children and adults are safeguarded?
- 5 **The Council has effective arrangements for safeguarding, but it needs to improve monitoring and performance reporting.** We reached this conclusion because:
 - the Council has effective arrangements for discharging its corporate safeguarding responsibilities;
 - the Council has safeguarding training in place, but there are gaps in training delivery particularly amongst councillors and schools; and
 - the Council's arrangements for monitoring and reporting of safeguarding performance are not effective.

¹ Auditor General for Wales, **Local Authority Arrangements to Support Safeguarding of Children – Denbighshire County Council, September 2014**

² A copy of the report is available on the Wales Audit Office website www.audit.wales

Proposals for Improvement

Exhibit 1: proposals for improvement

The table below sets out the proposals for improvement that we have identified following this review.

Proposals for improvement	
P1	The Council needs to assure itself that all schools complete mandatory safeguarding training.
P2	The Council should support all councillors to enable them to complete safeguarding refresher training.
P3	The Council Cabinet, Scrutiny and Service Challenge meetings should receive and evaluate the complete set of performance information on safeguarding.

Detailed report

The Council has effective arrangements for safeguarding, but it needs to improve monitoring and performance reporting

Main report

The Council has effective arrangements for discharging its corporate safeguarding responsibilities

- 6 The Chief Executive Officer (CEO) is responsible for the development of effective corporate governance arrangements and satisfying all the statutory requirements. As such, the CEO has general overall responsibility for ensuring that there is an effective safeguarding policy and that procedures are in place and implemented. The Corporate Director Communities (who is also the Statutory Director of Social Services) has the final and individual responsibility for safeguarding issues. The responsibilities include making sure that the Council has appropriate safeguarding measures to protect children, young people and adults at risk. These responsibilities include monitoring the effectiveness of arrangements and reporting at a corporate level to councillors on both their effectiveness and their performance.
- 7 The Council has a Corporate Panel for Safeguarding Children and Adults (the Panel). The Panel receives information regarding the working practices and procedures of every Council service. This provides the Panel with assurance that the services are meeting their duties in accordance with the Council's Corporate Safeguarding Policy and Guidelines.
- 8 The Panel includes senior representatives from across the Council. The Leader of the Council, the lead councillor for Wellbeing and Independence, the lead councillor for Education, Children and Young People, and the lead councillor for Corporate Standards are standing members of the Panel which meets on a quarterly basis.
- 9 The membership of the Panel also includes Designated Safeguarding Managers (DSMs). These are the lead named officer in each service for implementing safeguarding procedures within their service area, although overall responsibility for safeguarding performance remains with Heads of Service. The Council's safeguarding policy states that, 'The Panel is a key method of ensuring that the DSMs 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 regarding updating or amending the Council's Policy in this field'.

- 10 The Chief Executive Team and Senior Leadership Team receive reports from the Panel on an 'as and when required basis'³. The Council believes this provides enough assurance to the CEO that safeguarding is receiving its due attention within the Council. However, positive assurance is also a useful message to impart and reminds those with responsibilities that safeguarding practice is working well. In the last year several reports on specific safeguarding issues of concern were sent to the CEO and subsequent briefings sent to the Council's Cabinet.
- 11 Safeguarding is included as a risk in the Corporate Risk Register and all Service Level Risk Registers. All services formally assess their safeguarding risks annually and where required should take appropriate action to mitigate future risks. The Council's Corporate Governance Committee monitor the Corporate Risk Register.
- 12 The Council's Corporate Safeguarding Policy is reasonably comprehensive, regularly reviewed and published on the Council's web site and intranet. The Council has a dedicated easily accessible webpage on corporate safeguarding which has a video explaining safeguarding issues to the public and links to other safeguarding related policies such as the Recruitment Policy, the Engaging Volunteers Policy and Disclosure and Barring Service (DBS) Policy, and the specific policies for Adults and Children Safeguarding. The website also contains a copy of the Model Safeguarding and Child Protection Policy for use within schools. The web site indicates that all schools have accepted this policy.
- 13 The Council's Recruitment and Selection Policy ensures that appointments to all appropriate posts are subject to DBS checks. Safer recruitment training is mandatory for recruiting managers. The Council states that all Denbighshire schools have a safe recruitment policy and takes assurance from the fact that recent Estyn inspections of Denbighshire schools have not raised any concerns on recruitment issues. The Council reviews the Recruitment and Selection policy regularly and encompasses the principles of safeguarding.
- 14 The Council's Recruitment and Selection Policy also includes safe recruitment provisions for contractors, where contractors are in contact with vulnerable citizens. The Council's contract monitoring team check contractor compliance with safe recruitment provisions.

The Council has safeguarding training in place, but there are gaps in training delivery particularly amongst councillors and schools

- 15 Mandatory e-learning safeguarding training for staff is in place across the Council. As of April 2019, the Council's records state that 88% of staff have completed the mandatory safeguarding training. This includes figures for face to face as well as e-learning training. The Council's performance would be higher, but only 76% of

³ Denbighshire County Council Policy and Guidelines Safeguarding Children & Adults para 7.1.6

www.denbighshire.gov.uk/en/resident/health-and-social-care/Policy-and-Guidelines-Safeguarding-Children-and-Adults.pdf

school staff have completed the training. The Council has identified several schools which are largely responsible for this unsatisfactory performance and is robustly continuing its efforts to address this poor performance.

- 16 Training in respect of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV) is mandatory, and completion of that training is just under 90% over a year after that training was rolled out. It is a Welsh Government requirement that VAWDASV training is mandatory and the Council needs to ensure 100% compliance is achieved. Once again, schools achieved a poorer completion rate of 84%.
- 17 Not all councillors have had safeguarding refresher training. The Council expects councillors to have safeguarding training once per administration. However, other than councillor briefing sessions, which do raise awareness, some councillors have not had safeguarding training since 2014. Current compatibility issues between councillor's iPads and the NHS's online learning platform has meant that it has not been possible to roll out the e-learning module to all councillors. However, a session on Safeguarding is planned for a Council Briefing in early June 2019 and a further refresher training session will be provided before the end of the year.
- 18 The Council, when using contractors, includes provisions within the contracts that stipulate it is the responsibility of the organisation providing the staff to ensure they receive safeguarding training. The Council's contract monitoring team check contractor compliance with delivering safeguarding training to all staff.

The Council's arrangements for monitoring and reporting of safeguarding performance are not effective

- 19 The Council has developed a series of corporate safeguarding performance measures which are reported in the Social Services Annual Director's report. The key performance measures in the 2017-18 Director's report cover safeguarding measures for both children and adults, such as the percentage of people with a care and support plan reporting that they have been given written information of their named worker in social services and the percentage of adult protection enquiries completed within seven days. For most key performance information, a comparison was provided between Denbighshire's annual performance and the all Wales average.
- 20 The Corporate Safeguarding Panel for Children and Adults receives information regarding the performance management arrangements of individual services, to provide them with assurance that services are discharging their duties and putting steps in place to safeguard children and adults. The Panel is not responsible for the monitoring of individual service safeguarding performance, this responsibility lies with the individual Head of Service and the Designated Safeguarding Manager (DSM) for each service. They deal with safeguarding children and adult issues, with the support of service management teams. Safeguarding issues are also discussed at the annual internal Council service challenges held for each of the Council's services including Adult and Children's services.

- 21 During 2018-19 the Council's performance relating to the percentage of adult protection enquiries completed within seven days declined. In 2017-18 Denbighshire's average performance was 70.2%, below the Welsh average of 80.1%. Performance continued to fall during 2018-19 when performance ranged from 56% in the first quarter of the year to 68% in the last quarter. Although the Head of Service reported the decline in performance to the Corporate Director Communities (who is also the Statutory Director of Social Services) and to the CEO it was not reported to Cabinet or other councillors. Furthermore, the information was not included in the information supplied, in January 2019, to the Council's service challenge meeting for adult services.
- 22 The Council mention safeguarding twice in the 2017-18 Denbighshire Council annual performance report, but the plan does not include safeguarding performance information. It is the intention of officers that the next annual Council performance report will now include key safeguarding performance information for 2018-19.
- 23 Members of the Council's scrutiny committees receive information regarding safeguarding annually. They receive the Director of Social Services Annual Report and the Annual safeguarding report. Whilst this provides an opportunity for councillors to scrutinise and challenge the Corporate Director on Corporate safeguarding issues, their ability to do this is limited as these reports do not contain detailed performance information, only high level 'headlines'. In the last year there have been no other performance reports on Corporate safeguarding issues to Cabinet or scrutiny committees.
- 24 At the time of our fieldwork in May 2019 Councillors we interviewed were not aware, for example, of the 2018-19 performance on adult safeguarding including the percentage of adult protection enquiries completed within seven days. The first report to Members on 2018-19 safeguarding performance was the draft 2018-19 Social Services Annual Director's report which was discussed at the June 2019 Performance Scrutiny meeting and does, for example, contain the information that only 68% of adult protection enquiries were completed within seven days.
- 25 The Council's Internal Audit undertakes regular reviews of safeguarding. Internal Audit's reports go to the members of the Corporate Governance Committee. Internal Audit's latest 2018 Corporate Safeguarding follow up report gave a medium assurance rating to the Council's arrangements.

Appendix 1

The Council's progress in addressing the recommendations made in our 2015 national report on safeguarding

Exhibit 2: Council's progress in addressing recommendations

Recommendations from the national report	Wales Audit Office assessment of Denbighshire County Council's progress against the recommendations contained in the national report
<p>R1 Improve corporate leadership and comply with Welsh Government policy on safeguarding through:</p> <ul style="list-style-type: none"> • the appointment of a senior lead officer who is accountable for safeguarding and protecting children and young people with corporate responsibilities for planning improvements. • the appointment of a lead member for safeguarding; and • regularly disseminating and updating information on these appointments to all staff and stakeholders. 	<p>Recommendation met.</p> <p>The corporate safeguarding policy is clear on this matter, - the Corporate Director Communities (who is also the Statutory Director of Social Services) has the final and individual responsibility for safeguarding issues.</p> <p>Recommendation met.</p> <p>The Council has a Lead Councillor for Corporate Standards who is a standing member of the Corporate Panel for Safeguarding Children and Adults</p> <p>Recommendation met.</p> <p>The Council's website includes the Corporate Safeguarding Policy, which is clear on respective roles and responsibilities. The Council told us such information is disseminated via emails, the intranet and the Designated Safeguarding Managers.</p>
<p>R2 Ensure there is a corporate-wide policy on safeguarding covering all council services to provide a clear strategic direction and clear lines of accountability across the council.</p>	<p>Recommendation met.</p> <p>There is a comprehensive corporate safeguarding policy, published on the Council's intranet and the Council's website.</p>

Recommendations from the national report	Wales Audit Office assessment of Denbighshire County Council's progress against the recommendations contained in the national report
<p>R3 Strengthen safe recruitment of staff and volunteers by:</p> <ul style="list-style-type: none"> • ensuring that Disclosure and Barring Service (DBS) checks and compliance with safe recruitment policies cover all services that come into contact with children; • creating an integrated corporate compliance system to record and monitor compliance levels on DBS checks; and • requiring safe recruitment practices amongst partners in the third sector and for volunteers who provide services commissioned and/or used by the council which are underpinned by a contract or service level agreement. 	<p>Recommendation met</p> <p>The Council's DBS checks policy covers all Council employees. The DBS policy also applies to agency workers, contractors, volunteers and student placements. The Council has a Recruitment and Selection Policy with a safe recruitment section.</p> <p>The Council has satisfactory ICT for recording this information.</p> <p>The DBS Checks Policy applies to contractors and volunteers and the Council have provided us with examples which stipulate the provider must ensure that recruitment of staff and volunteers is robust and safeguards children and adults at risk.</p>
<p>R4 Ensure all relevant staff, members and partners understand their safeguarding responsibilities by:</p> <ul style="list-style-type: none"> • ensuring safeguarding training is mandated and coverage extended to all relevant council service areas, and is included as standard on induction programmes; • creating a corporate-wide system to identify, track and monitor compliance on attending safeguarding training in all council departments, elected members, schools, governors and volunteers; and • requiring relevant staff in partner organisations who are commissioned to work for the council in delivering services to children and young people to undertake safeguarding training. 	<p>Recommendation met.</p> <p>Basic safeguarding training is mandatory for all staff.</p> <p>Safeguarding training information is recorded and monitored through ICT systems and performance data is easily available to the Council on request.</p> <p>The Council has contractual provisions that stipulate that it is the responsibility of the organisation providing the staff to ensure they receive safeguarding training.</p>

Recommendations from the national report	Wales Audit Office assessment of Denbighshire County Council's progress against the recommendations contained in the national report
<p>R6⁴ Improve accountability for corporate safeguarding by regularly reporting safeguarding issues and assurances to scrutiny committee(s) against a balanced and council-wide set of performance information covering:</p> <ul style="list-style-type: none"> • benchmarking and comparisons with others; • conclusions of internal and external audit/inspection reviews; • service-based performance data; • key personnel data such as safeguarding training, and DBS recruitment checks; and • the performance of contractors and commissioned services on compliance with council safeguarding responsibilities. 	<p>Recommendation partially met.</p> <p>The Council reports safeguarding performance information measures in respect of safeguarding training and DBS checks. Annual performance reports to Cabinet include safeguarding performance measures. However, the Council Cabinet should receive performance information more frequently to enable them to evaluate key performance information on safeguarding. Cabinet need the full set of performance information. In particular reference must be made to areas where safeguarding performance is below the average for Wales or where mandatory safeguarding requirements from the Welsh Government are not being met.</p> <p>Internal and all External Audit Reports go to the Corporate Governance Committee.</p> <p>We have not seen evidence that enough service-based performance data in respect of safeguarding is reported to scrutiny or that adequate benchmarking information is provided to scrutiny.</p>
<p>R7 Establish a rolling programme of internal audit reviews to undertake systems testing and compliance reviews on the council's safeguarding practices.</p>	<p>Recommendation met.</p> <p>Internal Audit have looked at corporate safeguarding during 2018.</p>
<p>R8 Ensure the risks associated with safeguarding are considered at both a corporate and service level in developing and agreeing risk management plans across the council.</p>	<p>Recommendation met.</p> <p>Safeguarding features on the Corporate Risk Register and on all Service Level Risk Registers.</p>

⁴ Recommendation 5 was directed to the Welsh Government rather than Councils so is not included in the above list.

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Report to	Corporate Governance Committee
Date of meeting	20 November 2019
Lead Member / Officer	Bobby Feeley / Phil Gilroy
Report author	David Soley
Title	Care Inspectorate Wales Inspection of Older Adult Services

1.0 What is the report about?

A summary of Care Inspectorate Wales' (CIW) report into their Inspection of Denbighshire County Council's (DCC) Older Adult Services; key findings and associated actions.

2.0 What is the reason for making this report?

To provide Corporate Governance Committee with information regarding CIW's inspection of DCC's Older Adult Services; key findings and associated actions.

3.0 What are the Recommendations?

That Corporate Governance Committee consider and comment as appropriate on this report and in particular the actions within it.

4.0 Report details

- 4.1 In May 2019 CIW, as part of a national review of how well local authorities and health boards promote independence and prevent escalating needs and in collaboration with Health Inspectorate Wales (HIW), lead an inspection of DCC's older adult services.
- 4.2 The inspection team reviewed 60 individual case files and interviewed DCC managers, staff and Elected Members. They also interviewed key partners and stakeholders across health and social care, and met citizens and carers who use services. The inspection focused on people's experiences and outcomes on their journey through health and social care services.
- 4.3 CIW's findings are divided into '**Strengths**' and '**Priorities for improvement**', and are listed under 4 headings:
- i. Well-being
 - ii. People – voice and choice
 - iii. Partnership and integration - co-production
 - iv. Prevention and early intervention

4.4 Well-being – Strengths

- *The local authority is able to demonstrate how it has embraced wellbeing and works towards ensuring policy and budget decisions are focused upon improving the wellbeing of citizens in Denbighshire County Council (Denbighshire CC). It understands the link between promoting independence, better outcomes for people and sustainable services.*
- *People can be increasingly confident the local authority recognises adults are the best people to judge their own wellbeing.*

4.5 Well-being - Priorities for improvement

- *Senior managers must ensure individuals feel they are an equal partner in their relationship with safeguarding professionals who work to protect them from abuse and neglect.*
This was an issue already identified by CSS managers following the implementation of 'Safeguarding Case File Audits' in September 2018. CSS managers are confident CIW inspectors will find appropriate improvements in practice when they return to visit DCC in January 2020 to conduct a Safeguarding Practice Audit.

4.6 People – voice and choice – Strengths

- *The local authority has an adequate understanding of how people can be empowered by information, advice and assistance and by being involved in the design and operation of services.*
- *Practitioners have autonomy and opportunity to make a positive contribution to the development of services.*
- *Voices of informal advocates are regularly heard and recorded in many file notes. The local authority recognises it needs to improve access to formal advocacy.*
- *Mental capacity assessments are adequate. The local authority has already put measures in place to drive further improvements in recording.*

4.7 People – voice and choice – Priorities for improvement

- *Closer compliance with the Social Services and Wellbeing Act (SSWA) in respect of:*
 - Timeliness, communication and focus of safeguarding processes.*
This relates to DCC's performance against the 7-day target for completing Safeguarding enquiries, which has averaged around 65% against a Welsh average of around 85%. The introduction of 'Safeguarding Case File Audits' has enabled CSS to identify and implement changes in practice and in the first 2 quarters of this year DCC's performance has averaged 89.5%.
 - Unambiguous rights to outcomes of assessments being upheld regardless of the individual's financial resources.*
This relates to an ongoing debate between CIW and the majority of Welsh Local Authorities and has featured in other local inspections. The local authorities believe the SSWA eligibility criteria is asset-based, therefore taking a citizen's range of community and personal resources available to them into account in

determining eligibility for a managed care & support plan. CIW appears to interpret the SSWA as requiring LA's to fund all care and support even if citizens are able to, and choose to, fund it themselves and appear to have confused the application of the eligibility criteria with a formal financial assessment, which is actually undertaken after a managed care & support plan is agreed.

- iii. *The need for a more specialist assessment to be undertaken must not prevent or delay appropriate services being provided.*

This relates to a limited number of cases where delay was traced to DCC staff waiting for partner agencies to undertake specialist assessments. This is an ongoing challenge and we are in discussions with Partner Agencies to agree strategies that will enable us to avoid unnecessary future delay.

- iv. *Recording the outcome of the assessment and any advice or guidance given on the assessment and eligibility tool. In all cases the record of the assessment must include an explanation of how the recommended action will help meet the identified outcome or otherwise meet needs identified by the assessment.*

This relates to challenges with the Integrated Care and Support plan contained in PARIS, first identified in October 2018 through case file audit. A task and finish group including ICT and frontline managers and staff is currently revising the integrated care and support plan to improve recording.

4.6 Partnership and integration - co-production – Strengths

- *Staff are empowered to co-produce creative solutions which meet self-identified outcomes with people who need care and support and carers who need support.*
- *Service delivery is driven by an ambition to make a positive difference to the lives of Denbighshire residents. There are good examples of managers at all levels using their initiative and personal leadership skills to drive improvement in operational culture and practice.*
- *Willingness to try new approaches and work with key partners is demonstrated through the development of a SPoA (Single Point of Access), Talking Points, Community Navigators and Community Resource Teams (CRTs).*

4.7 Partnership and integration - co-production – Priorities for improvement

- *Strategic managers need to ensure services and resources are used in the most effective and efficient way.*

The CSS senior management structure has recently been reduced by one service manager and the team management structure is being reviewed in light of the implementation of integrated teams. Multi-disciplinary Peer Review Panels now provide robust scrutiny of care and support plans to ensure they are strengths based and utilise all available community based support before council funded services are considered.

- *The benefits of professionals working together to safeguard people from abuse and neglect needs to be maximised through shared professional knowledge, robust challenge, attention to detail and feedback loops into quality assurance systems.*

While they found no indication of citizens being inappropriately safeguarded or neglected, CIW believe they found some evidence of insufficient challenge and

ongoing monitoring of NHS partners during safeguarding interventions. We have taken this feedback on board and where appropriate will robustly challenge and monitor NHS partners and ensure this is accurately recorded in citizen case files.

4.8 Prevention and early intervention – Strengths

- *The SPoA and ‘Talking Points’ demonstrate the local authority and statutory partner’s commitment to providing people with the information, advice and assistance they need to take control over their day to day lives and achieve what matters to them.*
- *Preventing or delaying the development of care and support needs is closely aligned to other local authority responsibilities, including housing, leisure and environmental health.*

4.9 Prevention and early intervention – Priorities for improvement

- *The local authority need to review SPoA and Talking Points with partners to ensure people receive timely and proportionate information and advice and access to care and support.*

Talking Points were subject to an externally facilitated reviewed in 2019 involving statutory and voluntary sector partners as well as citizens and carers. The SPOA was fully reviewed with all stakeholders in 2017 since when it’s been under continuous review as demands placed on it change due to the integration of health and social care staff into Community Resource Teams.

- *The lack of availability of domiciliary care services is resulting in some people not receiving the care and support they need. This has been a long standing issue in some parts of the county and requires action to prevent further carer breakdown and increasing pressure on staff in reablement services and community health services.*

Following an unsuccessful tender for patch-based services, the Principal manager and lead commissioner met with all the main domiciliary care providers to gain their view of key challenges. All sighted recruitment and retention as their biggest challenge and most believed this was aggravated by the new training and registration requirements introduced by Welsh Government. These issues are not particular to Denbighshire but common across Wales and the UK. CSS are now meeting with providers to agree initiatives to help them with recruitment and retention.

5.0 How does the decision contribute to the Corporate Priorities?

The CIW report provides significant evidence of Community Support Services commitment to supporting **Resilient Communities**; working with people and communities to build independence and resilience, promote health & well-being and encourage people to remain as independent as possible.

6.0 Chief Finance Officer Statement

N/A

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

- 7.1 CSS initiatives aimed at; improving Well-being, increasing voice and choice, supporting Partnerships, integration and co-production are all threatened by decreased funding accompanied by increased demand for social care. Further reductions in funding may require CSS to focus entirely on statutory responsibilities at the expense of services known to reduce future demand.
- 7.2 CSS are attempting to mitigate funding cuts through the adoption of more efficient and effective community based alternatives to traditional care and support, but for this to be successful requires time and ongoing investment.

8.0 Power to make the decision

No decision required

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Inspection of Older Adult Services Denbighshire County Council

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

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Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services law in Wales.

The Act while being a huge challenge has been widely welcomed across the sector as a force for good, bringing substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **well-being**.
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the Long Term Future of Health and Social Care.

A Healthier Wales explains the ambition of bringing health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be seamlessly co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to deliver results. In response we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection was led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the SSWBA and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between Local Authority services and Health Board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Operational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- 'What matters' – outcome focused
- Impact – focus on outcome not process
- Rights based approach – Mental Capacity Act
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and Priorities for Improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities, upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Well-being	
Strengths	<p>The local authority is able to demonstrate how it has embraced wellbeing and works towards ensuring policy and budget decisions are focused upon improving the wellbeing of citizens in Denbighshire County Council (Denbighshire CC). It understands the link between promoting independence, better outcomes for people and sustainable services.</p> <p>People can be increasingly confident the local authority recognises adults are the best people to judge their own wellbeing.</p>
Priorities for improvement	<p>Senior managers must ensure individuals feel they are an equal partner in their relationship with safeguarding professionals who work to protect them from abuse and neglect.</p>
People – voice and choice	
Strengths	<p>The local authority has an adequate understanding of how people can be empowered by information, advice and assistance and by being involved in the design and operation of services.</p> <p>Practitioners have autonomy and opportunity to make a positive contribution to the development of services.</p> <p>Voices of informal advocates are regularly heard and recorded in many file notes. The local authority recognises it needs to improve access to formal advocacy.</p> <p>Mental capacity assessments are adequate. The local authority has already put measures in place to drive further improvements in recording.</p>
Priorities for improvement	<p>The benefits of a strengths based approach to enabling people to have their voices heard needs to be improved by closer compliance with the SSWBA in respect of the following areas:</p> <ul style="list-style-type: none"> • Timeliness, communication and focus of safeguarding processes; • unambiguous rights to outcomes of assessments being upheld regardless of the individual's financial resources;

	<ul style="list-style-type: none"> the need for a more specialist assessment to be undertaken must not prevent or delay appropriate services being provided; recording the outcome of the assessment and any advice or guidance given on the assessment and eligibility tool. In all cases the record of the assessment must include an explanation of how the recommended action will help meet the identified outcome or otherwise meet needs identified by the assessment.
Partnerships, integration and co-production drives service delivery	
Strengths	<p>Staff are empowered to co-produce creative solutions which meet self identified outcomes with people who need care and support and carers who need support.</p> <p>Service delivery is driven by an ambition to make a positive difference to the lives of Denbighshire residents. There are good examples of managers at all levels using their initiative and personal leadership skills to drive improvement in operational culture and practice.</p> <p>Willingness to try new approaches and work with key partners is demonstrated through the development of a SPoA (Single Point of Access), Talking Points, Community Navigators and Community Resource Teams (CRTs).</p>
Priorities for Improvement	<p>Strategic managers need to ensure services and resources are used in the most effective and efficient way.</p> <p>The benefits of professionals working together to safeguard people from abuse and neglect needs to be maximised through shared professional knowledge, robust challenge, attention to detail and feedback loops into quality assurance systems.</p>
Prevention and early intervention	
Strengths	<p>The SPoA and 'Talking Points' demonstrate the local authority and statutory partners commitment to providing people with the information, advice and assistance they need to take control over their day to day lives and achieve what matters to them.</p> <p>Preventing or delaying the development of care and support needs is closely aligned to other local authority responsibilities, including housing, leisure and environmental health.</p>
Priorities for improvement	<p>The local authority need to review SPoA and Talking Points with partners to ensure people receive timely and proportionate information and advice and access to care and support.</p> <p>The lack of availability of domiciliary care services is resulting in some people not receiving the care and support they need. This</p>

	has been a long standing issue in some parts of the county and requires action to prevent further carer breakdown and increasing pressure on staff in reablement services and community health services.
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1. Well-being

Findings: Older adults in Denbighshire can be increasingly confident the local authority is making good progress in demonstrating they work on the presumption the adult is best placed to judge their own wellbeing.

Most practitioners welcome opportunities to be creative and work towards individual strengths based solutions that seek to promote the wellbeing of people who need care and support and carers who need support.

Positive practice in social services is underpinned by management support, and a range of tools and training which build staff confidence. Despite the pressures inherent in the social care system most staff we spoke to and responded to our questionnaire said they feel supported in their work.

Senior managers across the local authority have a good understanding of how a focus on prevention and wellbeing impacts upon outcomes for people, sustainability of services and the success of the local authority as a whole.

Individual level:

- 1.1 People can be confident the local authority generally begins with the assumption the adult is best placed to judge their own well-being. Evidence in file records demonstrates how practitioners begin with 'what matters' conversations.
- 1.2 People can mostly expect to have assessments that focus upon their strengths and to be supported to make decisions about things that matter to them.
- 1.3 Most people can expect to have the outcomes they want to achieve recorded by practitioners. Recording could be improved by ensuring individual outcomes are always captured.
- 1.4 Individuals cannot be confident safeguarding practice will always focus upon the outcomes they want to achieve. This is because there are times when the safeguarding 'process' can become the focus of attention.

Operational level:

- 1.5 We attended triage meetings in CRTs and saw referrals passed from SPoA contained good evidence of what matters to the individual. This means the response the individual receives from services will increasingly focus on the outcomes the individual wants to achieve and support them in maintaining their wellbeing.
- 1.6 At triage meetings in CRTs we saw professionals sharing information and agreeing who was best placed to provide the right response to the individual. This means we are increasingly confident services are adopting a more sustainable approach to service delivery.

- 1.7 Staff told us they have good access to a range of training to increase and maintain their skills and give them confidence in undertaking effective 'what matters' conversations. We were told how the Resource Wheel was introduced which supports practitioners to take an asset based approach to assessment.
- 1.8 One practitioner told us "when the act was first introduced I found the transitional stage quite difficult, previously it was more about the eligibility criteria and now its more about the person – it becomes second nature."
- 1.9 Practitioners told us when the complexity of people's needs increase, for example when the person lacks mental capacity, it does become more difficult to use 'what matters'. However, practitioners also told us they found this was the time when they most wanted to make use of 'what matters' and support the vulnerable individual to have their voice heard. From these conversations, we are confident practitioners from all agencies are increasingly embracing 'what matters' to people in their assessments.
- 1.10 Progress made in embracing 'what matters' to people in assessments is not consistently captured in documentation. Not all health practitioners understood the importance of completing all the questions on the documentation. We saw how incomplete documentation led to delays in people getting the care and support they need.
- 1.11 We attended 'Peer Forum' where practitioners and team managers were discussing people's individual needs and allocation of resources. We found a strong focus on the voice of the individual and the outcomes they wanted to achieve. We heard practitioners discussing a range of creative options to find individual solutions.
- 1.12 In one case we heard a doll was carefully and successfully introduced to support a woman living with dementia. The woman became unsettled and distressed during late afternoons when she thought she should be looking after her children. Having the doll helped manage her distress. In another respite was creatively managed via use of a motor home. This approach relieved pressure on the carer and cared for, with no extra cost to services.
- 1.13 We believe the Peer Forum approach to team working does encourage reflective practice, shared learning and accountability. Sensitively managed we have seen how it can build team skills and individual confidence and accountability.
- 1.14 We saw evidence of adults with capacity being subject of adult safeguarding discussions without their express approval. People with capacity do have the right to refuse safeguarding intervention even when it leaves them at risk of harm. We found practice could be improved by ensuring this right to autonomy is consistently respected and appropriately recorded.
- 1.15 We heard a very small number of people were in receipt of 15 minute domiciliary care calls and we were told they were 'check calls'. Care providers told us they always ensure calls can be completed in the time allowed and do return calls to

the local authority if the time given to compete them is insufficient. They were confident in their ability to challenge and felt their concerns would be respected.

Strategic level:

- 1.16 The director of social services works across the local authority to ensure the community leadership role is put to best use in order to provide or arrange preventative services to support wellbeing.
- 1.17 We heard from senior managers across the local authority about how promoting wellbeing and independence is closely aligned to other local authority responsibilities, such as housing, leisure and environmental health. We found the local authority endeavours to do this consistently by making use of wellbeing assessments prior to budget and policy decisions.
- 1.18 We heard how support for libraries has been maintained and how a local bowling club has been recognised and financially supported as being a means of supporting wellbeing and prevention of need for care and support in one local community.
- 1.19 We heard from senior officers about the challenge of balancing demand of service delivery with service change and creating time for Social Care and Health staff to embrace learning opportunities. We did not find this concern was reflected by operational staff, many of whom told us they felt well supported and had good training opportunities. Many people told us they considered Denbighshire CC a good place to work.

2. People – voice and choice.

Findings: The local authority has a good understanding of how people can be empowered by information, advice and assistance and by being involved in the design and operation of services.

In most cases individuals are treated as equal partners in their relationship with professionals. In some cases where the local authority is working to protect people from abuse and neglect, judgements about their capacity to participate were sometimes erroneously based on preconceptions of a person's circumstance.

Safeguarding referrals are often not timely, this is an area that requires improvement.

Further reflection is required to ensure people's unambiguous rights to outcomes of assessments are always upheld. People who approach the local authority for support and are considering a period of short or long term care in a care home are offered timely information, advice and assistance; including financial information

Responsibility to meet identified need must be recognised, actioned and accurately recorded at all stages of an individual's journey through care and support services

Managers recognise more work is required to ensure professionals always meet their duty to ensure judgements about the need for advocacy are integral to assessment and meeting needs for care and support.

Individual level:

2.1 People can access information, advice and assistance through Denbighshire CC's 'Single Point of Access', at 'Talking Points' in libraries and community facilities, and with the support of 'Community Navigators'.

2.2 We saw people receiving support to make links with other people in their local communities, join in activities they enjoy and reduce their feelings of isolation and loneliness.

2.3 We heard these services capture 'what matters' to people with the focus remaining on what the individual wants to achieve. We saw these services in operation and found them to be friendly, welcoming and informative.

2.4 People who require safeguarding support are not always given the opportunity to express their views, wishes and choices. Advocacy is not always offered and the outcome the individual wants to achieve not always afforded the priority it should be given.

Operational level:

- 2.5 The voice of practitioners is heard in service development. Staff told us of their positive experiences of being involved in the development of services and the autonomy they have in developing creative responses to individuals who need care and support.
- 2.6 Practitioners, most of the time, had a clear focus on what matters to people living independently in their own community, including the type of property they wanted to be in and the importance of their garden and surroundings. We saw considerable efforts made by practitioners to support people to maintain independence in line with these wishes and choices.
- 2.7 We saw many examples of positive practice where practitioners specifically arranged and rearranged care and support to ensure people had their identified needs met. We saw one instance of a practitioner going to great lengths to find suitable residential care to enable a husband and wife to remain together and each receive the care and support they needed. On this occasion, we saw very positive joint working with the whole family, good communication and people working together to coproduce a sustainable solution.
- 2.8 We saw an example where the local authority decided not to complete an assessment for a person who was in receipt of reablement support. The assessment of eligibility for care and support was stopped upon a temporary move into short term care. We found no evidence of the local authority providing financial information, advice and assistance to support those involved to make informed decisions. The assessment was not re started until requested by a family member towards the end of the period of short term care, when the person was reportedly concerned about running short of money. This means the person may have been paying for the full cost of their care without the benefit of a determination of eligibility and without being offered a financial assessment.
- 2.9 We discussed this approach with senior managers and practitioners they confirmed financial resources, were considered personal resources and were a consideration in eligibility for services. This approach does not meet the requirements of the SSWBA.
- 2.10 We also saw in this approach misses opportunities to offer preventative services and financial assessments. We also saw opportunities missed as assessors waited for reports from specialist assessors.
- 2.11 People participating in their assessments were not always left with a clear understanding of their rights and responsibilities. Not all practitioners distributed copies of assessments. One carer, whose mother was in receipt of services told us he didn't know what his mother was entitled to, or how finances impacted upon his access to services. He wanted more activities for himself and his mother in the community.
- 2.12 We saw many good file records that captured the views of family members acting as informal advocates in line with the SSWBA to good effect. However, we saw occasions where people should have received support from an independent

mental capacity advocate including where a mental capacity assessment and best interest decision was required. We were told the local authority is already aware of the duty to ensure the need for advocacy is always established and routinely recorded and will be developing an action plan to address this.

- 2.13 Mental capacity assessments seen by inspectors were often adequate and sometimes good. We are aware team managers have introduced new mental capacity assessment documentation, this should improve consistency and quality of recording.
- 2.14 The local authority's own performance indicators demonstrate the response to safeguarding referrals are often not timely. We saw that information used to inform decision making is not always clear, opportunities to enable people to have their voices heard in discussions to protect them from abuse or neglect are missed.
- 2.15 We found a focus on the safeguarding process itself and specifically an emphasis on whether a strategy meeting was needed often took precedence over the need to gather more information and provide a positive response to the referral.
- 2.16 We are not confident safeguarding referrals involving registered care providers are always well managed. This is because we could not always find sufficient evidence of opportunities to ensure others were not also at risk of abuse from the same alleged perpetrator were maximised. Completion dates for actions and dates for follow up strategy meetings are not always set. This allows issues to drift.
- 2.17 On one occasion we saw that when an allegation of abuse against a care provider was upheld the care provider was given the action of feeding the outcome back to the family. We did discuss this with managers who accepted this was probably not the most responsible course of action to have been agreed.
- 2.18 Practitioners tell us they are waiting for guidance from Welsh Government on safeguarding vulnerable adults. We were told the interim period between the old and new guidance is causing them confusion and there is a lack of clarity in the service on how they should proceed.

Strategic level:

- 2.19 There is a lot of evidence of positive transformation in practice in the Denbighshire CC social care workforce. We saw many files and case records of strengths based conversations producing good outcomes for people. From this we are able to conclude most policies, procedures and training opportunities are supporting practitioners in successfully moving from focusing on problems and eligibility to promoting independence and wellbeing in line with the SSWBA.

2.20 At times we saw the strengths based approach discourage take up of assistance. Senior managers will need to ensure an overly optimistic approach to strengths based assessments does not inhibit the local authority's ability to achieve the purposes of the information, advice and assistance service under section 17 of the Act.

2.21 There are quality assurance reporting mechanisms in place in the local authority. However, we were not reassured leaders and senior officers are fully abreast of the challenges in adult safeguarding arrangements. The members we interviewed appeared not to be aware of Denbighshire CC's decline in performance relating to the percentage of adult protection enquiries completed within seven days.

3. Partnership and integration - Co-operation drives service delivery.

Findings: Staff are empowered to co-produce solutions that meet self-identified outcomes with people who need care and support and carers who need support.

Managers are aware carers do not always receive the level of positive advice, guidance and support they need to enable them to continue to provide care. Plans are being developed to improve support for carers.

Service delivery is driven by an ambition to make a positive difference to the lives of Denbighshire residents. There are good examples of team managers delivering positive results, using their initiative and personal leadership skills to drive improvement in operational culture and practice.

Willingness to try new approaches and work with statutory partners is demonstrated through the development of Community Resource Teams (CRTs). Staff told us they are not confident strategic leaders in BCUHB are intending to realign budgets and resources to support the stated priority of 'Care Closer to Home'.

The health and social care community of services have developed rapidly since the inception of Denbighshire CC's SPoA. Managers recognise demands on the service have changed and they are keen to review how people receive timely access to care and support including at times of transition between home and hospital.

There is room for improvement in joint working between key partners to safeguard vulnerable people in receipt of care and support.

Individual level:

3.1 Most people can be confident the assessment they receive will focus upon their strengths, the outcomes they want to achieve with the support of families, and make use of community resources.

3.2 We heard about community navigators working with people who felt isolated and their families to access community activities.

3.3 Some carers told us they had been left out of decisions. Others told us they felt under pressure to provide key support to family members.

Operational level:

3.4 Managers of the CRTs described the two years it has taken them to find suitable bases for the teams and the challenges of IT systems that do not communicate. We heard about the amount of work they have done and continue to do to bring the teams together.

3.5 We saw how decisions on allocation of resources have been delegated to team managers and how demand and complexity is driving their workloads.

- 3.6 We heard about district nurses struggling to cope with increased demand and complexity, and how a shortage of domiciliary care services creates pressure on the system. We heard practitioners describe the 'Care Closer to Home' strategic plan of Betsi Cadwaladr University Health Board (BCUHB) as "unfunded". We spoke to senior managers in Denbighshire CC and BCUHB about the challenges of developing community resource teams from this we could not conclude strategic budgets and resources are best aligned to support with this (the) stated corporate priority.
- 3.7 The CRT managers recognise and are responding positively to the challenges they face in bringing health and social care cultures together within one team. They explained how they considered a range of options to promote cohesion and provide a joined up and sustainable response to people who needed support. They were able to demonstrate they understood the importance of co-production at all levels including the importance of language in promoting cohesion. They gave the example of asking at the point of crisis, "How are we going to respond as a CRT?"
- 3.8 We were shown how team rooms were organised to encourage sharing of information. We saw how the CRT coordinator, funded through Integrated Care Fund grant, provides administrative support to both health and social care staff. The CRT coordinator having access to both the health and social care IT systems ensures key information is available at triage meetings to inform decision-making.
- 3.9 We attended triage meetings and heard the discussion of five referrals. We heard timely and proportionate sharing of information and joint planning. In one example we heard about the need to forward plan the level of care required by an individual who had been urgently admitted to hospital the previous day. This was a good use of resources and demonstrated how the CRT ensured the person received the right care, at the right time, in the right place, and evidenced previous effective communication with the GP to arrange admission.
- 3.10 We saw the CRT receive good quality referrals from SPoA. The referrals contained a strong focus on people, their circumstances, strengths, barriers, and what is important to them. We saw one referral for extra support was already open to the community physiotherapist and was quickly and appropriately transferred. This demonstrated how good information sharing supports good quality, timely decision making. Health and social care practitioners told us how the new joint working was already reducing duplication of effort for them.
- 3.11 The Ruthin CRT co-located at the end of February 2019 and staff are already reporting the benefits of this new joint approach in responding to needs of individuals. Practitioners described how arranging joint visits has become simpler and they are finding more time to discuss how best to support people.
- 3.12 Practitioners also told us about well attended local daily triage meetings, improved joint working, joint learning, and effective sharing of information focusing on avoiding unnecessary journeys and duplication of visits. We heard

how Community Psychiatric Nurses (CPNs) and other professionals had occasionally joined triage meetings and how they'd found it beneficial and could see the benefits of co-location.

- 3.13 Staff of all disciplines told us they were aware of community navigators and liaised with them when they needed assistance to signpost people to community activities. We also heard about the positive impact of community navigators on reducing loneliness and contributing to the prevention of ill health and readmission to hospital.
- 3.14 We saw positive evidence of good communication between a social worker and a worker from the Reablement team to support a gentleman who was concerned about his ability to manage at home. We saw this positive professional relationship supported a clear focus on strengths and a good outcome for the individual. We found many examples of this type.
- 3.15 We saw evidence of good joint working with other agencies and services; including housing, and environmental health and referrals to third sector. We heard relationships between social workers and community nurses described as good with a mix of professionals attending complex case meetings when needed. We heard of good working relationships with CPN/Consultant Psychiatrist from this evidence we found most professional operational relationships were working well and producing positive benefits for people.
- 3.16 The benefits of joint working between statutory bodies at safeguarding strategy meetings were not always realised. Insufficient sharing of professional knowledge and challenge meant opportunities to improve service delivery and improve outcomes for people were not always maximised. This included missed opportunities to raise with BCUHB how specialist services support people who live in care settings and the repeat incidences of "unacceptable health and care standards on discharge".

Strategic level:

- 3.17 There is evidence of the local authority being proactive and working with partners to deliver sustainable services including issues around homelessness and dementia friendly communities.
- 3.18 Some voluntary sector representatives told us joint working was mostly good at the operational level and improved communication and follow up actions were starting to make improvements at the strategic level.
- 3.19 Some senior managers told us about both the importance of regional meetings and their concerns about duplication of work in very similar meetings. They gave the example of Community Safety Partnerships and regional safeguarding meetings.
- 3.20 We heard about Denbighshire CC's contribution to regional working from their partners. This included Denbighshire CC hosting a key project to deliver upon

pooled budgets to commission services for older people. We saw evidence of partnership working with the local health board in the form of developing CRTs. The Chair of Regional Safeguarding Board for Adults told us about the positive contribution made by Denbighshire CC at all levels.

- 3.21 We heard positive examples of senior managers in BCUHB and Denbighshire CC working together to resolve safeguarding issues escalated to them. We saw BCUHB and Denbighshire CC working side by side. There are further opportunities to ensure lessons from safeguarding consistently contribute to quality assurance and deliver better outcomes for people.
- 3.22 We saw documentary evidence of BCUHB and local authority senior officers working together to improve service delivery. We understand there are significant challenges to be addressed and 'Care Close to Home' is a strategy whose benefits are yet to be realised.

4. Prevention and early intervention

Findings: Single Point of Access and 'Talking Points' demonstrate the local authority and statutory partner's commitment to putting in place a system that provides people with the information, advice and assistance they need to take control over their day to day lives and achieve what matters to them. The local authority will need to review SPoA and Talking points with partners, to ensure people receive timely and proportionate information, advice and access to care and support.

The lack of availability of domiciliary care support services is resulting in some people not receiving the care and support they need. This has been a long standing issue and requires action to prevent further carer breakdown and increasing pressure on staff in reablement services and community health services.

Evidence at individual level:

- 4.1 People have access to one single point of access for health and social care in Denbighshire. The SPoA can provide information and advice and signpost to other services for assistance. Mostly people do have the opportunity to explain 'what matters' to them and have access to support to prevent them reaching crisis and delaying their need for care.
- 4.2 People told us they received telecare and small pieces of equipment when it was needed. They told us they were satisfied with this service and it helped them to remain independent.
- 4.3 People are at home and delayed in hospital waiting for domiciliary care packages. There are instances where caring relationships have broken down due to the increased pressure on carers. This happens when delays occur in setting up packages or care providers 'pull out' of delivering services.

Evidence at operational level:

- 4.4 There is positive evidence of practitioners and services in Denbighshire working to prevent hospital admission and focusing on developing individual solutions to supporting people to remain independent and achieve outcomes that matter to them.
- 4.5 All practitioners we spoke with had a clear understanding that hospital is not the best place for older people once their acute illness has been resolved. Despite this we were told and saw communication on discharge could be improved.
- 4.6 We saw examples where discharge from acute hospital care resulted in safeguarding referrals because of breakdown in communication between hospital and care providers. We are not confident escalation resulted in similar types of incidents not being repeated.

- 4.7 We heard how requests for assistance from other professionals to work jointly to provide support had recently improved. We were told how previous requests went through SPoA and caused delays, now some requests go direct from one team to another. We saw examples where referrals from SPoA had been delayed and this had a direct impact on the responses people received from services. This included discharge from hospital.
- 4.8 Some voluntary sector groups told us they never get referrals from SPoA. Some said referrals were limited, others referenced 'they all come through at once', causing difficulties for the organisation in managing their workflow.
- 4.9 We found the staff working in the SPoA were diligent and very committed to delivering good services for people. We did not find evidence services were always well connected or people were always referred directly to the service most suitable for them at the time. Senior managers told us they were aware of the difficulties and had begun to address them.
- 4.10 We found a lack of clarity around eligibility for the reablement service, what it could offer and when. We are not confident it is always available to people who could benefit. We found there wasn't a waiting list for reablement but heard this is because staff do not refer into the team when they think there may be a delay in the service being offered.
- 4.11 We found significant evidence of emphasis on physical ability to complete tasks. On occasion, we found insufficient emphasis on how mental health and emotional wellbeing can limit an individual's ability to complete tasks and remain independent. We are not confident practitioners always recognise challenging behaviour can be the result of a situation with which the individual feels unable to cope.
- 4.12 We saw mostly good joint working and referrals between reablement, social care, voluntary agencies, community nursing, physiotherapy and occupational therapy. There were occasions when delays in responding to referrals for further support were caused by lack of capacity in teams. We heard how the Reablement service has periods of limited capacity because they are busy responding to gaps in the domiciliary care market.
- 4.13 We heard about waiting times for physio therapy and how this resulted in some people not having timely support to prevent further falls and we also heard how delays in continence assessments contributes to carer stress and breakdown.
- 4.14 We saw in files and heard from managers and staff about delays in the safeguarding process to protect people from abuse or neglect. A range of reasons were given for delays. These included gaps in national safeguarding guidance and processes. We found the guidance was being used as a substitute for professional judgement rather than an aide to support and guide professional

judgement. Managers made us aware of an action plan to improve safeguarding for adults in Denbighshire CC.

- 4.15 Practitioners in CRTs spoke passionately and confidently about their knowledge of the local population, the differences in localities and the needs.
- 4.16 We heard from practitioners how culture was different in the north and south of the county. In the south of the county we saw more referrals of people who were already in crisis. The local authority will need to explore whether the timeliness of referrals in the south of the county can be improved by an increase to preventative and early intervention services.

Evidence at strategic level:

- 4.17 Senior managers told us and we saw from file records reviewed that people are being left vulnerable when services are cancelled at short notice, sometimes only 24hrs notice. There is also an impact on staff who told us they can feel pressured because they think they are letting people down. We are aware this situation has been ongoing for a number of years in areas of the county.
- 4.18 We noted waiting lists for other specialities, in particular for falls assessment and physiotherapy which appears to be a prolonged position and we were told with no constructive plan to reduce. This potentially puts people at risk of avoidable falls whilst waiting for a response to their identified need.
- 4.19 Denbighshire CC's senior managers told us they are aware the challenges in SPoA are creating delays in some referrals being transferred to CRTs and safeguarding and the need for the service to evolve with the development of CRTs.
- 4.20 Staff spoke positively about the support they get from senior managers to develop a preventative approach and prevent people from reaching crisis.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 50 case files and followed up on 12 of these with interviews with social workers and family members. We spoke with people who used the services.

We reviewed seven mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, director of social services, the interim chief executive and other relevant professionals.

We administered a survey of frontline social care staff.

We reviewed nine staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We interviewed care providers from the private sector

We read relevant policies and procedures.

We observed Peer Review and allocation meetings.

We attended a local community group and visited people in their home.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation in co-operation with the local authority.

Acknowledgements

CIW would like to thank all those who gave their time and contributed to this inspection: individuals and carers, staff, managers, members, partner organisations and other relevant professionals.

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Report to	Corporate Governance Committee
Date of meeting	20 November 2019
Lead Member / Officer	Cllr Hugh Evans – Leader, Alan Smith – Head of Business Improvement & Modernisation
Report author	Lisa Lovegrove – Chief Internal Auditor
Title	Annual Governance Statement – Improvement Update

1. What is the report about?

This report provides an update on progress in implementing the improvement plan contained within the Annual Governance Statement 2018/19.

2. What is the reason for making this report?

To provide information regarding how the council is implementing improvements in governance arrangements since the issue of the Annual Governance Statement in April 2019.

3. What are the Recommendations?

For the Committee to review and comment on progress.

4. Report details

Improvements identified within the Annual Governance Statement 2018/19 are making good progress. Two improvement actions are complete and the remaining five are due to be completed by 31 March 2020. Appendix 1 provides further details of the progress made against each action.

A further update on the action plan will be reported to the committee alongside the Annual Governance Statement 2019/20.

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

No decision is required with this report.

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

Not applicable - there is no decision required with this report.

7. What are the main conclusions of the Well-being Impact Assessment?

Not applicable – there is no decision required with this report.

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

Not applicable – there is no decision required with this report.

9. Chief Finance Officer Statement

Not applicable – there is no decision required with this report.

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

Not applicable – there is no decision required with this report.

11. Power to make the decision

Not applicable – there is no decision required with this report.

Governance Improvement Action Plan

No.	Improvement actions 2018/19	Agreed action	Progress as at November 2019
1	Review, update and promote the Strategy for the Prevention of Fraud, Corruption & Bribery.	Periodic review of the Strategy and raise awareness as relevant.	<p>The Head of Legal, HR & Democratic Services, Strategic HR Manager and Chief Internal Auditor have begun a review of the Strategy.</p> <p>Once complete, the revised Strategy will be presented to SLT and Corporate Governance Committee for comment and approval.</p> <p>Deadline 31 March 2020</p>
2	Review the Council's Ethical Culture as required by the Public Sector Internal Audit Standards.	Internal Audit review planned for 2019/20.	<p>Initial scoping meeting has taken place and member and staff survey due to be released shortly.</p> <p>Deadline 31 March 2020</p>
3	Finalise and promote the Partnership Framework.	Partnership framework to be presented to Corporate Governance Committee and requirements communicated to relevant persons.	<p>Partnership Toolkit update nearing completion. This will then be presented to SLT and Corporate Governance Committee for comment and approval.</p> <p>Deadline 31 March 2020</p>
4	Ongoing work to promote the officer's code of conduct, declaration of interest, gifts and hospitality and whistleblowing.	E-learning module due to be released and Monitoring Officer to brief senior and middle managers.	<p>E-learning modules on Corporate Induction, Code of Conduct and Whistleblowing are available to all staff and it is mandatory that they are completed.</p>

			<p>New employees must complete within the first 6 months and existing staff have 12 months to complete.</p> <p>Current completion rates for staff are as follows (as at 10/10/2019):</p> <ul style="list-style-type: none"> - Induction 12% - Code of conduct 20% - Whistleblowing 19% <p>Deadline 31 May 2020.</p>
5	Ongoing work to implement the requirements of the General Data Protection Regulations.	Internal Audit review of GDPR.	<p>Internal Audit review of GDPR complete and awarded medium assurance overall. Review of GDPR in Schools also complete and given medium level assurance.</p> <p>Both have action plans in place to address where improvements are needed and internal audit will monitor progress using the verto system.</p> <p>Complete</p>
	Issues Identified by Internal Audit in 2018/19	Agreed action	
6	Review and update the Money Laundering Policy and raise awareness with relevant officers.	Update Money Laundering Policy and communicate to officers that collect cash on behalf of the Council.	<p>Money Laundering Policy updated and circulated to relevant officers.</p> <p>Complete</p>

7	Define risk appetite and risk management training for members and officers (staff).	Agree risk appetite and arrange training for members and senior and middle managers on risk management.	<p>Risk Appetite developed with input from SLT, Cabinet and Corporate Governance Committee.</p> <p>Refresher training on risk management and risk appetite to commence shortly.</p> <p>Deadline 31 March 2020</p>
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Report to	Corporate Governance Committee
Date of meeting	20 th November 2019
Lead Member / Officer	Julian Thompson Hill
Report author	Steve Gadd, Chief Accountant
Title	Budget Process 2020/21

1. What is the report about?

To provide an overview of the process to set the budget for 2020/21.

2. What is the reason for making this report?

To provide information regarding the current budget process for 2020/21 and the key medium term financial planning assumptions in order to help inform the Corporate Governance Committee's oversight role in respect of the council's budget process.

3. What are the Recommendations?

To consider the process and comment as appropriate.

4. Report details

In January 2018, an internal board called the Reshaping the Council Board was established to:

- Define and deliver a Medium Term Financial Strategy to the end of 2022/23
- Ensure a balanced budget can be set each financial year within the programme
- Support the delivery of Corporate Priorities
- Provide a managed approach to becoming a smaller, well-run council

The Terms of Reference of the Board have been previously circulated to the Corporate Governance Committee. It is important to note that the Board is not a decision making body. Any proposals arising from the work of the Board will follow existing approval routes and will need to comply with existing consultation and wellbeing assessment requirements, etc.

The last report to this committee in March stated that planning for 2020/21 had already begun and a timetable was set out and included here as Appendix 1. The main assumptions at that stage were:

- 0% Revenue Support Grant Increase
- 3.8% increase in Council Tax
- Budget Gap of £5.4m
- Comprehensive Spending Review (CSR) was due at the UK level over the summer which would help confirm the level of funding available to the Welsh Government (WG).

The developing political situation has meant that the original timetable has needed to be re-drafted. In particular, it was confirmed that a summer CSR could not take place, but that this would take place in the autumn. WG made an announcement in July that gave very late indicative settlement dates (Draft Settlement on 10th December and Final Settlement on 3rd March). Despite the uncertainty it was decided to continue the work to identify savings of 5.5% and to further quantify the pressures in Community Support Services, Education and Childrens' Service, School Transport and Waste.

A surprise announcement was made at the end of the summer that the Chancellor of Exchequer would make a 1 year UK-level settlement announcement in September which resulted in circa £600m extra for funding for Wales. Although it was only for one year this appears to give some short term stability. On 17th September the WG made the following announcement: "The Welsh Government has made it very clear that health will continue to be our priority along with providing local government with the best possible settlement." This gives some hope that the Local Authority settlement will be better than originally predicted. The draft budget was also moved to the 3rd week of November, with the final budget in February, this has since been firmed up and the Draft Local Government Settlement is expected on the 26th November.

Following a review of pressures, the current MTFP is showing a budget gap of £6.2m, however the following elements have yet to be decided:

- RSG still assumed to be 0%, a 1% increase would generate £1.436m
- Council Tax still assumed to be 3.8%, a 0.5% inc/dec would equate to +/- £0.266m
- Services have identified £4.5m of possible savings which have been reviewed, prioritised and categorised by the Reshaping the Council Board and will be further reviewed by Cabinet/SLT on 21st November.
- The annual review of Corporately held budgets is close to completion.
- Use of cash – ideally would want to leave this lever to cope with any small changes between draft and final settlement.

A revised timetable detailing the key dates and consultation is included as Appendix 2. The key date for the wider membership is the Full Council Member Workshop on the 3rd December to review budget proposals informed by the draft settlement.

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

Effective management of the council's 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?

Based on current assumptions, the council is facing a potential budget gap of between £4m and £6m for each of the next three years.

7. What are the main conclusions of the Well-being Impact Assessment?

Not applicable for this report. The budget process involves an assessment to inform whether individual budget proposals require an impact assessment. It is for Heads of Service to make this determination initially with further examination by the Budget Board to ensure consistency and appropriateness.

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

Twice yearly reports to Corporate Governance Committee and regular reports to CET, SLT, School Budget Forum and Cabinet Briefing. The timetable at Appendix 1 details the consultations with City, Town and Community Councils, Full Council and the Union Joint Committee Consultation group.

9. Chief Finance Officer Statement

The approach to the budget process has proved successful for 2019/20 and has proved flexible enough to cope with the delays and unknowns during the preparations for setting the 2020/21 budget.

The financial pressures the council is facing are driven mainly by external factors. The uncertainty over the level of funding from the Welsh Government from year to year is problematic from a financial planning perspective. It is hoped there will be more recognition from WG of the scale of the pressures facing councils going forward and the need for medium term settlement estimates to facilitate more detailed planning in future years.

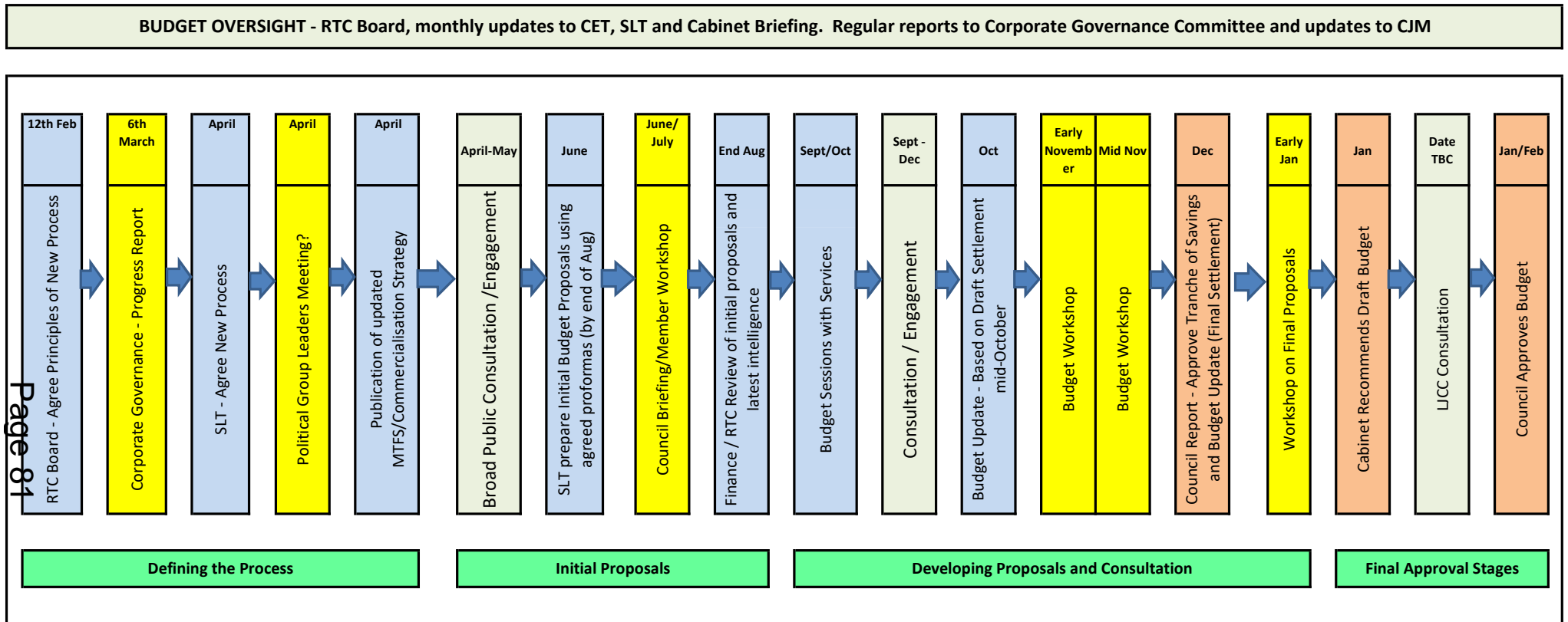
10. What risks are there and is there anything we can do to reduce them?

The budget process itself is a risk management measure with the aim of identifying, assessing and agreeing budget proposals in a planned and timely way. The process allows some flexibility in response to the funding settlement.

11. Power to make the decision

Section 151 of the Local Government Finance Act 1972.

APPENDIX 1 PROPOSED BUDGET PROCESS 2020/21 (DRAFT)



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Budget Timetable - 2020/21

- | | | |
|---|---|--------------------------|
| ➤ | Joint SLT / Cabinet | - 24th September |
| ➤ | 1st Budget Challenge Session | - 8th October (PM) |
| ➤ | Meeting / Briefing with City, Town & Community Councils | - 15th October |
| ➤ | SLT Timetable Update | - 17th October |
| ➤ | 2nd Budget Challenge Session | - 21st October (PM) |
| ➤ | 3rd Budget Challenge Session | - 29th October (all day) |
| ➤ | Reshaping the Council Board | - 13th November |
| ➤ | Corp Governance Report (re Process) | - 20th November |
| ➤ | Joint SLT / Cabinet (move from October 21st) | - 21st November |
| ➤ | Draft Settlement | - w/b 25th November |
| ➤ | Full Council Member Workshop | - 3rd December |
| ➤ | Reshaping the Council Board | - 10th December |
| ➤ | Union Joint Committee Consultation | - 12th December |
| ➤ | Cabinet Report (TBC) | - 17th December |
| ➤ | Budget Board | - 7th January |
| ➤ | Cabinet Approve Draft Budget | - 21st January |
| ➤ | Budget Board | - 5th February |
| ➤ | Final Settlement Expected | - February |
| ➤ | Council Approve Budget | - 28th January |
| ➤ | Council formally Approve Council Tax | - 25th February |
| ➤ | Budget Board | - 11th March |

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Report to	Corporate Governance Committee
Date of meeting	20 November 2019
Lead Member / Officer	Lisa Lovegrove – Chief Internal Auditor
Report author	Lisa Lovegrove – Chief Internal Auditor
Title	Health and Safety in Schools – Internal Audit Update

1. What is the report about?

This report provides an update on progress in implementing the action plan that accompanied the Internal Audit report on Health and Safety in Schools in June 2018 and following the first progress update report to the committee in June 2019.

2. What is the reason for making this report?

This report is to provide information on how the council and schools are implementing improvements with regards to 'Health and Safety in Schools' since the issue of the Internal Audit report. The report gave a low assurance, so Corporate Governance Committee requested a progress report which was presented to the June 2019 meeting. This is the second progress report.

3. What are the Recommendations?

That the committee reviews progress with addressing the audit actions and decides whether it requires any further update reports on progress with the improvement action plan.

4. Report details

The Internal Audit follow up report (Appendix 1) shows that some progress has been made with rolling out and promoting health and safety training to school staff. The development

of an action tracking system has been delayed due to limited capacity within the ICT team – a developer post is currently being advertised.

As the two action remain partially addressed, our assurance rating remains as medium. Internal Audit will continue to monitor the outstanding actions to ensure that they are completed.

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

Not applicable - there is no decision required with this report.

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

Not applicable - there is no decision required with this report.

7. What are the main conclusions of the Well-being Impact Assessment?

Not applicable - there is no decision required with this report.

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

Not applicable - there is no decision required with this report.

9. Chief Finance Officer Statement

Not applicable - there is no decision required with this report.

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

Not applicable - there is no decision required with this report.

11. Power to make the decision

Not applicable - there is no decision required with this report.

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Health & Safety in Schools

Second follow up review

**November
2019**



**Medium
Assurance**

Purpose & Background Information

Our original review of Health and Safety arrangement in schools was completed in June 2018 giving a low assurance rating due to the lack of evidence to demonstrate that staff had received the relevant health and safety training, there was no formal mechanism to record when high priority actions identified during school visits carried out by the Corporate Health and Safety team were completed, not all schools were in receipt of a fire risk assessment dated within the last three years and there were inconsistencies across schools in having infection control plans in place.

The first follow up identified that good progress had been made to address the risks issues identified. This second follow up review is to establish what progress has made to address the issues that remained incomplete after our first review.

It should be noted that the updated opinion is based on the assumption that systems and controls as previously identified during the original audit remain in operation and are being complied with in practice. The purpose of our follow up exercise is not to retest the operation of controls which have already been assessed, but to review how management has responded to the action plans following our initial work.


Audit Opinion

This review highlighted that some progress has been made in addressing one of the three actions outstanding.

There have been delays in progressing the action tracker, which will provide the function to record and monitor the actions and their status. This action is currently with the Information Communication Technology (ICT) team, who in the process of recruiting staff to complete the development of the tracking system. Until the tracker system has been developed and implemented, Corporate Health and Safety Team are continuing to manually monitor progress on actions and have regular communication with the schools on priority actions.

Human Resources (HR) have provided schools with support and guidance on corporate induction, which encompasses health and safety training. Awareness of health and safety should improve with the roll out of the eLearning modules that all staff are required to complete. Ongoing monitoring of the completion of the eLearning modules is carried out by HR, who feedback to individual schools and the Head of Education and Children's Services.

Given the delays in the delivery and implementation of the action tracker a further follow up will be required. Based on the results of the second follow up we are providing a 'medium' assurance.

Audit Opinion as at June 2018	Audit Opinion as at May 2019	Audit Opinion as at November 2019	Direction of Travel
Low Assurance	Medium Assurance	Medium Assurance	

Action Plan

Audit Follow-up Review of: **Health & Safety in schools**
Date: **November 2019**
Action Plan Contacts: **Corporate Health & Safety Manager**

Progress with Implementing Agreed Actions		
Previous	Current	Risk Rating
0	0	Critical
1	0	Major
4	2	Moderate

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Risk Issue 1	There is no formal mechanism in place corporately for recording the status of actions raised as part of the inspections and assessments carried out by the Corporate Health and Safety team.		
Underlying Weakness	<p>The Corporate Health and Safety team carry out the following inspections and assessments of school premises: –</p> <ul style="list-style-type: none"> • General health and safety inspections with involvement from the schools. These cover different themes i.e. in 2017/18 focused on policies and procedures and in 2018/19 the focus will be on cleaning standards. • Fire Risk Assessments. <p>Although improvement actions which are identified to address any issues are formally reported to the school, there is no process/system in place centrally to record that the necessary actions have been implemented. Although the school has a role to address the actions, the Council, as landlord, also has a role to maintain school buildings. The Health & Safety team follow up priority issues based on their significance and the resources available but are not currently recording any progress or updates.</p>		
Action (Ref)	Agreed Management Action	Responsibility & Deadline	Status

1.1	Meet with ICT to discuss and implement an action tracking system for the recording of “recommended actions” with the agreed timescales. The recipients of the “recommended actions” to respond to the Corporate Health and Safety Team within a given timescale. The system will include iterative reminders from the system and escalation triggers as part of the process.	Corporate Health & Safety Manager & ICT Business Partner for Service by 30/03/2019	In progress – revised date 31/8/2019
First Follow Up – Results	Due to capacity issues within ICT this action had been delayed. Corporate Health and Safety team met with the Senior Business Systems Officer, ICT in April 2018 to discuss the requirements of the required system, where a possible solution was discussed but needed further investigation was needed. An amended timescale have been provided for 31/08/2019 has been provided.		
Second Follow Up – Results	The specification has been finalised with the service and ICT are currently awaiting capacity amongst their Developers to write the solution. Most of the Development resource has been assigned to another Corporate project and are currently in the process of recruiting a temporary post to replace some capacity within the team. Once this recruitment has been concluded, ICT will be in a position to assign the work and identify a revised target implementation date		
1.2	Internal Audit to attend a future Business and Finance Managers meeting to highlight the responsibility of the schools for updating the status of actions arising from inspections.	Internal Audit Services by 30/09/2018	Complete
Follow Up Results	Internal Audit attended the Business and Finance Managers meeting on 10 th September to raise awareness of the risks issues identified during the review and the areas that school have responsibility for. Feedback has been provided by one Business Manager within one school cluster advising of the communication held with the schools.		
1.3	Schools to advise Corporate Health and Safety on the progress/status of actions resulting from the Corporate Health and Safety inspections.	All School Head teachers by 30/03/2019	In progress
First Follow Up – Results	The Corporate Health and Safety team have noticed an improvement in the communication from schools, in particular with the Business and Finance managers for the clusters in the status of actions from the inspections carried out.		

	Once the new system has been implemented the Corporate Health and Safety team will be able to measure more accurately how well the schools are advising them on progress on the required actions.
Second Follow Up - Results	<p>The Action tracker system has not yet been developed or implemented to schools to update the progress on the improved actions. See Action 1.1 for the update on the process.</p> <p>Progress with addressing the actions arising from Health and Safety Inspections are subject to on-going monitoring carried out by the Corporate Health and Safety and this will continue until the action tracker is in place.</p>

Risk Issue 2	Some schools' fire risk assessment may no longer be relevant as they have not been reviewed within the last three years. As a result, there is potential that fire safety measures are inadequate.		
Underlying Weakness	<p>The Regulatory Reform (Fire Safety) Order 2005 states that fire risk assessment must be reviewed and updated by a responsible person on a regular basis or where there has been significant changes to the premises. Although the legislation does not specify the frequency of fire risk assessments, the Corporate Health & Safety team aim to carry out a fire risk assessment every three years. The team is undergoing a programme of updating schools' fire risk assessment; however, testing shows that there are a number of schools who have not had their fire risk assessment updated within the set target period. At the time of our review, of the 65 school sites¹:</p> <ul style="list-style-type: none"> • 5 were assessed in 2018. • 25 were assessed in 2017. • 11 were assessed in 2016. • 11 were assessed in 2015. • 10 were last assessed in 2014. Although four of these school sites are due to be updated this year, at the time of our review there were no planned dates for the remaining seven schools. • 3 relate a new school sites or classroom that have not yet been assessed. <p>Where fire risk assessments are not up-to-date and adequate and appropriate fire safety measures are not put in place (see Risk Issue 1 above), there could be greater risk of injury or loss of life in the event of a fire.</p>		
Action (Ref)	Agreed Management Action	Responsibility & Deadline	Status
2.1	We will add extra resource into the process to bring all school FRA's within a three year period. This resource will be taken from other activities in a balanced manner. We will maintain our target of three yearly FRA reviews where resources permit.	Corporate Health & Safety Manager by 30/03/2019	Complete

¹ Although there are 58 schools in Denbighshire, some have more than one site, giving a total of 65 school sites.

**Follow Up
Results**

The Corporate Health and Safety Manager advised that all schools now have up to date fire risk assessments in place within the last two years. Officers within the team carried out fire risk assessments for schools and other civic sites e.g. leisure centres and libraries.

Since the original review fire risk assessments will now be carried out by the Property Health and Safety team where an officer with the team carrying out the fire risk assessments within their remit. The completed fire risk assessments will be recorded on the Technology Forge system, which will provide prompts of when actions are due to be completed and when the fire risk assessments are due.

Root Cause 3	Some schools are not using the corporate system for recording accidents or incidents which have occurred on school premises.		
Underlying Weakness	<p>Analysis of the corporate system for recording accidents and incidents shows that 20 out of 58 schools (34%) have not recorded any accidents or incidents. Our sample testing confirms that schools are recording accident & incidents locally which complies with legislation as it does not specify how accidents and incidents should be recorded. However, this means that the Corporate Health & Safety team has difficulty monitoring all accidents and incidents that have occurred on school premises to gauge any emerging trends, enable monitoring by the Corporate Health & Safety Committee and ensure that serious accidents and incidents are reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.</p> <p>The Corporate Health and Safety team as part of their role has advised the schools but cannot force the schools to record accidents and incidents on the corporate system.</p>		
Action (Ref)	Agreed Management Action	Responsibility & Deadline	Status
3.1	School Support team to include “accident incident reporting” to the self-assessment reporting tool for schools used by Education.	Principal Manager- Modernising Education by 30/03/2019	Complete
Follow Up Results	Question now included on the self-assessment reporting tool for schools to complete. Monitoring of the responses will be carried out through the self-evaluation tool.		
3.2	We will continue to regularly communicate the requirements for accident incident reporting to school responsible persons through training, Health and Safety attended, Education Health and Safety committee and Business & Finance Managers meetings.	Corporate Health & Safety Manager by 30/03/2019	Complete

<p>Follow Up Results</p>	<p>Report provided by Corporate Health and Safety Manager demonstrated that there have been an increase in the reporting of accident and incident reporting by 26%. This indicates that more accidents and incidents have been reported to the Corporate Health and Safety team. The communication of the importance of reporting of accidents and incidents has been carried out through the following steps: –</p> <ul style="list-style-type: none"> • Follow up discussions with line managers (including head teachers and business and Finance Managers where incidents were highlighted and not reported. 2 schools were included in the sample of incidents not reported. • Discussions in health, safety and wellbeing courses • Newsflashes and quarterly newsletters • Regular monitoring visits and face to face discussions. • The number of accidents and incidents reported in 2018–19 was 338 in comparison with 230 in 2017–18. 		
<p>Risk Issue 4</p>	<p>Not all schools were able to demonstrate that staff have attended the required Health and Safety training courses.</p>		
<p>Underlying Weakness</p>	<p>Analysis of iTrent (HR system) and discussion with a sample of Head teachers identified that not all schools are using iTrent as the recording mechanism for recording training courses, in particular health and safety courses. There was evidence on iTrent that school representatives have attended a range of health and safety courses (53 out of 58 schools); however, records show that some school employees had not attended the relevant courses for their role, for example a Head teacher is required to attend the ‘Managing Safely’ course. The only other mandatory course that all staff should attend is the induction course, which covers Health and Safety.</p> <p>The sample of five schools tested confirmed that they all provide the mandatory induction training course which includes Health and Safety; however, only one school was able to evidence this.</p> <p>The Corporate Health and Safety team advises the schools of the available courses but it is each school’s responsibility to ensure that the relevant staff attend the recommended courses.</p>		
<p>Action (Ref)</p>	<p>Agreed Management Action</p>	<p>Responsibility & Deadline</p>	<p>Status</p>

4.1	School Support team to include “Health & Safety course” to the self-assessment tool ‘School Management Review’. This is monitored by the Education Support team and highlight any schools that have not attended the appropriate training.	Planning & Resources Manager (Education) by 30/3/2019	Complete
Follow Up Results	Questions have now included on the self-assessment reporting tool for schools to complete. Monitoring of the responses will be carried out through the self-evaluation tool.		
4.2	Schools to use the corporate induction template provided by HR and incorporate the Health and Safety checklist template provided by Corporate Health and Safety to devise their own in-house induction for all new staff within their schools. This document will also assist with ensuring that all corporate mandatory training is covered during the induction period.	All School Head teachers by 30/3/2019	In progress - revised follow up date 31/9/19.
First Follow Up – Results	<p>Testing of 7 schools identified that schools have been using the HR template provided to record that new staff have received the induction training including a basic awareness of the health and safety arrangements at schools either through the induction process or as a current member of staff. The results are below: –</p> <ul style="list-style-type: none"> • 2/7 schools have used the induction template for new staff at the schools and have formally recorded the • 2/7 advised that staff have received training as part of the induction process or through the health and safety awareness training but did not retain a formal record to demonstrate staff have received the relevant training and information relation to health and Safety awareness. • 3/7 did not responded <p>Further promotion is required to ensure that the corporate templates are used as part of the induction process to ensure all staff received the mandatory information on health and safety and records are retained as confirmation of attendance at the health and safety awareness training.</p>		
Second Follow Up – Results	HR have distributed the corporate induction templates to all schools, which covers health and safety awareness as well as the corporate induction checklist that each school can tailor to reflect its own individual setting.		

	<p>HR have carried out the following steps to promote induction training: –</p> <ul style="list-style-type: none"> • Attended a Business and Finance Managers meeting to promote the training and emphasise the importance of completing the training. • Maintain regular contact with schools verbally and in writing for the promotion of training. Following this, some schools are planning to include Health and Safety training as part of the staff training days. • Emails to head teachers promoting the training available. • Provide training booklets for schools for ease of access to the information • Reduce the number of areas to be included in the eLearning module to ensure only key information is provided allowing staff to complete the modules in a shorter period. <p>As the relevant information has been provided to the schools, the reliance is now on the schools to raise staff awareness. Alongside the rollout of the eLearning modules that all school based staff are required to complete the awareness of corporate training, including health and safety should improve.</p>		
4.3	<p>Internal Audit presented the results of this review at the Heads of Clusters meeting in May 2018 and each Head teacher that was in attendance at the meeting was required to feedback to their school clusters that all staff must attend the relevant Health & Safety training and maintain formal training records.</p>	<p>All School Head teachers by 30/3/2019</p>	<p>Complete – ongoing</p>
Follow Up Results	<p>The training carried out in the schools for health and safety awareness for 2018–19 was 458 members of staff (34 schools), which the Corporate Health and Safety team provided in comparison with 27 schools in receipt of health and safety awareness training in 2017–18. There are 10 schools in total who have received health and safety awareness by from the Corporate Health and Safety team.</p> <p>As part of the testing of the 7 schools we also received confirmation from schools that staff had attended health and safety awareness training, the results are below: –</p> <ul style="list-style-type: none"> • 6/7 have attended health and safety awareness training provided by the Corporate Health and Safety Team between 2017–18 and 2018–19. 		

	<ul style="list-style-type: none"> 1/7 schools has not received health and safety awareness training by the Corporate Health and Safety Team between 2017-18 and 2018-19. <p>The increase in the training at schools has been as a result of the promotion of health and safety awareness courses through monitoring visits carried out by the Corporate Health and Safety team.</p>
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Risk Issue 5	Some schools have not implemented an infection control plan which sets out controls to address associated risks.		
Underlying Weakness	<p>Our sample testing highlighted some schools without an infection control plan in place. The purpose of an infection control plan is to identify various infections and illnesses and the controls required to address the associated risks. This is particularly advisable given the recent outbreaks at a few schools within Denbighshire.</p> <p>The Healthy Schools Co-ordinator is in the process of working with schools to raise awareness of the importance of having infection control plans in place.</p> <p>Note: The Corporate Health & Safety team in co-ordination with the Council's Cleaning Services team and the Healthy Schools Co-ordinator will review the risk of infection at schools in 2018/19.</p>		
Action (Ref)	Agreed Management Action	Responsibility & Deadline	Status
5.1	Create relevant questions relating to infection control plans and cleanliness. The questions will be available for all schools to answer on the self-assessment tool 'School Management Review' in terms of what arrangements are in place. The information will then be analysed and a minimum level of quality assurance will be agreed for relevant officers to carry out spot checks of a sample of schools.	Principal Manager - Modernising Education and Healthy Schools Co-Ordinator by 31/12/2018	Complete - Ongoing
Follow Up Results	Questions have been added to the self-evaluation tool for schools to complete as part of their role. The Healthy Schools Co-Ordinator has analysed the information completed to date and will be contacting the individual schools where there are responses under the 'acceptable' or 'priority for improvement' categories		

The Healthy Schools Co-Ordinator has provided support to schools to manage infection control, where the Healthy Schools Co-Ordinator has been working with the schools in ensuring schools have a good understanding of the purpose of infection control plans. Training has been provided for schools and will be provided on an annual basis to ensure all schools have a continued good understanding of the infection control processes.

The testing of the seven schools identified that 6/7 had infection controls plans in place for their schools. This demonstrates an improvement on the previous testing where only 2/5 schools have an infection control plan in place.

Report Recipients

- Chief Executive Officer
- Corporate Director: Economy and Public Realm
- Corporate Director Communities
- Head of Facilities, Assets & Housing
- Head of Education & Children Services
- Head of Finance / Section 151 Officer
- Corporate Health & Safety Manager
- Programme Manager – Business Change
- Principal Manager – Modernising Education
- Planning & Resources Manager (Education)
- Healthy Schools Co-ordinator
- Scrutiny Co-Ordinator
- Chair – Performance Scrutiny Committee
- Lead Member for Finance, Corporate Plan & Performance
- Lead Member for Finance, Performance & Strategic Assets
- Corporate Governance Committee
- Strategic Planning & Performance Officer

Internal Audit Team

Samantha Davies	Senior Auditor	01824 708086 samantha.davies@denbighshire.gov.uk
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Key Dates

Follow up review commenced	October 2019
Follow up review completed	November 2019
Reported to Corporate Governance Committee	20 th November 2019

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Report to	Corporate Governance Committee
Date of meeting	20 th November 2019
Lead Member / Officer	Bobby Feeley / Phil Gilroy
Report author	Angela Hesford / Katie Newe
Title	Responsible Individual Annual Report on Regulated Services. 01/04/2018 – 31/03/2019

1. What is the report about?

This report is about the progress of regulated services in meeting requirements and obligations set out in The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. This report covers the period from 1st April 2018 to 31st March 2019. For the purpose of these regulations, the regulated services are, Residential Care Homes, Domiciliary Care and Shared Lives (also known as Adult Placement).

2. What is the reason for making this report?

To advise and inform members of the progress of services in meeting requirements and obligations set out in The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

3. What are the Recommendations?

For the committee to consider the contents of the report and advise of further observations and comments for the Responsible Individual (RI) to consider.

4. Report details

- 4.1 This is the first annual report provided by the Responsible Individual on the regulated services. The responsible Individual for Denbighshire County Council (DCC) Adult Services is Katie Newe, Service Manager for Client Services. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 sets out specific duties in respect of this role. These include ensuring systems and processes are in place for monitoring, reviewing and improving the quality of the service provided.

- 4.2 The regulated services are all based in Community Support Services and include DCC residential care homes (Dolwen and Cysgod Y Gaer)¹, the Adult Placement service (Shared Lives) and the Domiciliary Care services (Reablement, Interim Support Team, Extra Care Housing X 3 and in-house Community Living X 3).
- 4.3 This year, extensive work took place with residents, families and local members in relation to the closure of Awelon residential home which resulted in the home being deregistered by CIW on 31st May 2019. All residents were supported to find alternative accommodation and staff deployed to other residential sites.
- 4.4 During the year the RI made 28 individual Reg 73 visits to the different services, between these visits, the RI will also make unannounced drop in visits on a regular basis. In addition, four inspections were carried out by CIW, these were to Community Living, Shared Lives, Reablement and Awelon Residential Care Home. All settings received excellent reports with no non-compliance notices issued.
- 4.5 Recommendations were made by CIW which have led to the introduction of a system to gain feedback from citizens and staff. An action plan is now attached to the RI Monitoring Report (Reg 73) as a result of a recommendation made by CIW.

RI Visit Findings (Reg 73 visits)

- 4.6 Across all services staff are actively working in a person centred way and promoting independence and resilience. Morale and team working have been an issue at times within sections of the registered services. It is understandable that the two homes facing significant change have been affected in this way and as a service, we are continuing to offer support in a variety of ways such as one to ones, team meetings, management support and regular contact with the Team Manager and the RI. Targeted team building activities have been planned for 2019/20 and the head of service engagement events have also been heavily promoted. There was opportunity to speak to agency staff during the RI visits. Their view of our service was that in general we provided good quality care, but we could do more to support agency staff who cover shifts. This has resulted in the introduction of an agency worker checklist to ensure role expectations are communicated effectively.
- 4.7 Feedback is gathered from citizens, by the use of questionnaires, in face to face interactions and during the RI visits. Additionally, boxes for complaints and complements have been introduced in all registered settings. Several written compliments have been received for the care provided across all settings.
- 4.8 The RI meets with the people using the service and adult placement carers, as part of their visit. An area of future development will be how to keep citizens and families engaged with the RI visits; despite receiving invitations before each visit engagement has decreased significantly throughout the year.
- 4.9 All citizens in receipt of a service are provided with service users guide which gives advice on what they should expect for the service, they are also given a copy of the CSS “your voice” document.

¹ At the start of this period these also included Awelon, however, this home is now closed and was deregistered by Care Inspectorate Wales (CIW) on 31/05/2019.

- 4.10 The introduction of Manager Checklists in each setting ensures the services are meeting the requirements of current legislation. Further development is needed in relation to standardising paperwork and processes across all services and ensuring monitoring records are consistently maintained. As the new processes bed in, it is anticipated that this work will be further supported by the completion of the Quality Assurance reviews (Reg 80).
- 4.11 There is a Statement of Purpose for each service and this is available to all citizens and staff.
- 4.12 During RI visits various check and inspections are carried out, these include: condition of the property, decorations and cleanliness together with health and safety checks. Any areas of improvement are addressed in the action plan.
- 4.13 Managers carry out daily “walk-around” inspections and staff have been involved in the development of risk assessments. Health and Safety is on the agenda for all team meetings and also discussed at individual one-to-one meetings. All managers have attended corporate managing safety training.
- 4.14 The catering service provided by our own residential homes is of good quality the kitchens at both Dolwen and Cysgod Y Gaer have been awarded a five in the food hygiene rating. The Extra Care schemes have restaurant style facilities which are of a high standard. Residents within all settings have a choice of menu with individual needs and choices being catered for.
- 4.15 Within Community Living and Shared Lives, staff and householders support individuals to make choices of menu and planning and preparation of meals, according to the needs and abilities of the individual citizens.
- 4.16 Citizens have contact with a variety of outside bodies including: hairdressers, chiropodists, school visits, religious services, and therapy dogs. There are also visits to garden centres and the theatre together with quiz nights and visits from entertainers. Dolwen and Cysgod Y Gaer benefited from Comic Relief funding and this paid for music and dance activities. Men’s sheds, Buzz club and Golden group are also popular with citizens in Community Living.
- 4.17 There is recognised tangible value to services being provide in Welsh, this was communicated by citizens and their families, in particular the importance of offering a bilingual service to citizens with dementia. The ‘active offer’ is being made to all citizens in receipt of services.
- 4.18 The general feedback from citizens and their families, across all settings visited, is that the standard of care delivered and the lifestyle choices offered are excellent and if there were any issues of concern they would raise them with care staff and the individual managers.

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

Not applicable – there is no decision required with this report

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

There are no costs arising directly from this report

7. What are the main conclusions of the Well-being Impact Assessment?

A Wellbeing Impact Assessment is not required for this report.

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

Not applicable

9. Chief Finance Officer Statement

A CFO Statement is not required for this report

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

There are no risks arising directly from this report

11. Power to make the decision

Scrutiny's powers with respect to this matter are set out in Section 21 of the Local Government Act 2000 and Section 7.4.2(b) of the Council's Constitution [

Corporate Governance and Audit Committee Forward Work Programme

22 January 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Forward Work Programme	Democratic Services
		Reports	
	4	Internal Audit Progress Update	Chief Internal Auditor – Lisa Lovegrove
	5	Internal Audit of Housing Tenancy	Chief Internal Auditor – Lisa Lovegrove
	6	Internal Audit of Payment Card Industry Data Security Standards	Chief Internal Auditor – Lisa Lovegrove
	7	Annual Complaints Report & Ombudsman’s Annual Letter	Head of Legal, HR and Democratic Services - Gary Williams
Page 109	8	Annual report on Whistle Blowing	Head of Legal, HR and Democratic Services - Gary Williams
	9	Finance in Schools	Head of Finance
	10	Cost Safeguards in relation to major projects, contracts and procurements	Head of Finance
	11	CPU Report	Legal and Procurement Operations Manager – Helen Makin
18 March 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Forward Work Programme	Democratic Services
		Reports	
	4	Certification of Grants & Returns 2017/18	Chief Finance Officer / WAO
	5	Budget Process	Chief Finance Officer

Corporate Governance and Audit Committee Forward Work Programme

	6	Internal Audit Strategy & Charter	Head of Internal Audit – Lisa Lovegrove
	7	Section 106 Audit Follow Up Report	Chief Internal Auditor – Lisa Lovegrove
	8	Support Budgets & Direct Payments Audit Follow Up Report	Chief Internal Auditor – Lisa Lovegrove
	9	Treasury Management Strategy	Head of Finance
	10		
29 April 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Internal Audit Update (CIPFA update)	Head of Internal Audit – Lisa Lovegrove
	4	Forward Work Programme	Democratic Services
		Reports	
	5	WAO Annual Audit Plan	Head of Finance / WAO
	6	Annual Governance Statement	Head of Business Improvement & Modernisation / Chief Internal Auditor
	7	Corporate Risk Management Update	Strategic Planning Manager – Nicola Kneale
03 June 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Forward Work Programme	Democratic Services
		Reports	
	4	Annual RIPA (Regulation of Investigatory Powers Act 2000)	Head of Legal, HR and Democratic Services - Gary Williams
	5	Internal Audit Annual Report	Chief Internal Auditor

Corporate Governance and Audit Committee Forward Work Programme

	6	Annual Corporate Governance Committee Report	Head of Legal, HR and Democratic Services - Gary Williams
08 July 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Internal Audit Update (CIPFA update)	Head of Internal Audit – Lisa Lovegrove
	4	Forward Work Programme	Democratic Services
	5	WAO Annual Improvement Report	WAO
	6	Draft Statement of Accounts	Head of Finance
	7	Treasury Management Report	Head of Finance
	8	Annual Report on the Constitution	Head of Legal, HR and Democratic Services - Gary Williams
09 September 2020		Standing Items	
	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Forward Work Programme	Democratic Services
		Reports	
	4	Risk Management - Risk Appetite	The Planning and Performance Officer – Emma Horan
	5	Audit of Financial Statement Report	Head of Finance / WAO
	6	Approval of Statement of Accounts	Head of Finance
	7	Annual H&S Report	Corporate H&S Manager
	8	Annual SIRO Report	Head of Business Improvement & Modernisation
18 November 2020		Standing Items	

Corporate Governance and Audit Committee Forward Work Programme

	1	Issues Referred by Scrutiny Committees (if any)	Scrutiny Coordinator – Rhian Evans
	2	Recent External Regulatory Reports Received (if any)	Head of Business Improvement & Modernisation– Alan Smith, Nicola Kneale
	3	Forward Work Programme	Democratic Services
		Reports	
	5	Internal Audit Update Report	Chief Internal Auditor
	6	Budget Update	Head of Finance
	7	Annual Report on Whistleblowing	Head of Legal, HR & Democratic Services
	8	Annual RIPA Report	Head of Legal, HR & Democratic Services
	9	Annual Complaints Report and Ombudsman’s Annual Letter	Statutory & Corporate Complaints Officer

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.