

At: Aelodau'r Pwyllgor Llywodraethu
Corfforaethol ac Archwilio

Dyddiad: 12 Tachwedd 2020

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Annwyl Gyngorydd

Fe'ch gwahoddir i fynychu cyfarfod y **PWYLLGOR LLYWODRAETHU CORFFORAETHOL AC ARCHWILIO, DYDD MERCHER, 18 TACHWEDD 2020 am 9.30 am yn TRWY GYFRWNG FIDEO.**

SYLWCH: YN SGIL Y CYFYNGIADAU AR DEITHIO A'R ANGEN I GADW PELLTER CYMDEITHASOL, NI GYNHELIR Y CYFARFOD HWN YN EI LEOLIAD ARFEROL. BYDD YN GYFARFOD O BELL TRWY FIDEO-GYNADLEDDA AC NI FYDD AR AGOR I'R CYHOEDD.

Yn gywir iawn

G Williams

Pennaeth Gwasanaethau Cyfreithiol, AD a Democrataidd

AGENDA

1 YMDDIHEURIADAU

2 DATGANIADAU O FUDDIANT (Tudalennau 5 - 6)

Dylai'r Aelodau ddatgan unrhyw gysylltiad personol neu gysylltiad sy'n rhagfarnu ag unrhyw fater a nodwyd fel un i'w ystyried yn y cyfarfod hwn.

3 MATERION BRYN

Rhybudd o eitemau y dylid, ym marn y Cadeirydd, eu hystyried yn y cyfarfod fel materion brys yn unol ag Adran 100B(4) Deddf Llywodraeth Leol 1972.

4 COFNODION (Tudalennau 7 - 16)

Derbyn cofnodion cyfarfod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio a gynhaliwyd ar 9 Medi 2020 (copi'n amgaaedig).

5 DIWEDDARIAD ARCHWILIO MEWNOL (Tudalennau 17 - 58)

Ystyried adroddiad gan y Prif Swyddog Mewnol (copi'n amgaeedig) yn rhoi gwybod i aelodau am gynnydd Archwilio Mewnol.

6 ADOLYGIAD AROLYGIAETH GOFAL CYMRU (AGC) O BERFFORMIAD AWDURDODAU LLEOL EBRILL 2019 - MAWRTH 2020 (Tudalennau 59 - 68)

I dderbyn adroddiad Cyfarwyddwr Corfforaethol: Cymunedau (copi'n amgaeedig) ar Adolygiad arolygiaeth gofal cymru (AGC) o berfformiad awdurdodau lleol ebrill 2019 - mawrth 2020

7 PWYSAU COSTAU CYLLIDEBOL GWASANAETHAU CYMDEITHASOL (Tudalennau 69 - 92)

Derbyn adroddiad gan Bennaeth y Gwasanaethau Cymorth Cymunedol (copi amgaeedig) yn crynhoi Adroddiad Archwilio Cymru o Bwysau Costau Cyllidebol y Gwasanaethau Cymdeithasol yn Sir Ddinbych ac yn darparu ymatebion 'Swyddogion' i'r Cynigion ar gyfer Gwella.

8 ADOLYGIAD COFRESTR RISG CORFFORAETHOL MEDI 2020 (Tudalennau 93 - 220)

Derbyn adroddiad gan Arweinydd y Tîm Cynllunio Strategol a Pherfformiad (copi'n amgaeedig) yn diweddarau'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio ar adolygiad mis Medi o'r Gofrestr Risg Gorfforaethol.

9 ADRODDIAD BLYNYDDOL Y PWYLLGOR LLYWODRAETHU CORFFORAETHOL (Tudalennau 221 - 230)

Ystyried adroddiad gan Bennaeth y Gyfraith, Adnoddau Dynol a'r Gwasanaethau Democrataidd (copi ynghlwm) yn ceisio cymeradwyaeth Aelodau i adroddiad drafft i'w gyflwyno i'r Cyngor ynglŷn â gwaith y Pwyllgor Llywodraethu Corfforaethol ar gyfer blwyddyn 2019/20 y Cyngor.

10 ADRODDIAD RIPA BLYNYDDOL (Tudalennau 231 - 268)

Ystyried adroddiad gwybodaeth gan y Dirprwy Swyddog Monitro (copi'n amgaeedig) am ddefnydd y Cyngor o'i bwerau gwyliadwriaeth dan RIPA (Deddf Rheoleiddio Pwerau Ymchwilio 2000).

11 RHAGLEN GWAITH I'R DYFODOL Y PWYLLGOR LLYWODRAETHU CORFFORAETHOL (Tudalennau 269 - 272)

Ystyried rhaglen gwaith i'r dyfodol y pwyllgor (copi'n amgaeedig).

AELODAETH

Y Cynghorwyr

Mabon ap Gwynfor
Tony Flynn
Martyn Holland

Alan James
Barry Mellor
Joe Welch

Aelod Lleyg

Paul Whitham

COPIAU I'R:

Holl Gynghorwyr er gwybodaeth
Y Wasg a'r Llyfrgelloedd
Cynghorau Tref a Chymuned

Mae tudalen hwn yn fwriadol wag

DEDDF LLYWODRAETH LEOL 2000

Cod Ymddygiad Aelodau

DATGELU A CHOFRESTRU BUDDIANNAU

Rwyf i,
(enw)

*Aelod /Aelod cyfetholedig o
(*dileuer un)

Cyngor Sir Ddinbych

YN CADARNHAU fy mod wedi datgan buddiant ***personol / personol a sy'n rhagfarnu** nas datgelwyd eisoes yn ôl darpariaeth Rhan III cod ymddygiad y Cyngor Sir i Aelodau am y canlynol:-
(*dileuer un)

Dyddiad Datgelu:

Pwyllgor (nodwch):

Agenda eitem

Pwnc:

Natur y Buddiant:

(*Gweler y nodyn isod*)*

Llofnod

Dyddiad

Noder: Rhowch ddigon o fanylion os gwelwch yn dda, e.e. 'Fi yw perchennog y tir sy'n gyfagos i'r cais ar gyfer caniatâd cynllunio a wnaed gan Mr Jones', neu 'Mae fy ngŵr / ngwraig yn un o weithwyr y cwmni sydd wedi gwneud cais am gymorth ariannol'.

Mae tudalen hwn yn fwriadol wag

PWYLLGOR LLYWODRAETHU CORFFORAETHOL AC ARCHWILIO

Cofnodion cyfarfod o'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio a gynhaliwyd yn , Dydd Mercher, 9 Medi 2020 am 9.30 am.

YN BRESENNOL

Y Cynghorwyr Mabon ap Gwynfor, Tony Flynn, Alan James a/ac Barry Mellor (Cadeirydd)

Arsylwyr: Y Cynghorwyr Meirick Lloyd Davies, Brian Jones, Gwyneth Kensler

HEFYD YN BRESENNOL

Y Cyngorydd Julian Thompson-Hill, Yr Aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol, y Cyngorydd Huw Hilditch-Roberts, Aelod Arweiniol dros Addysg, Gwasanaethau Plant ac Ymgysylltu â'r Cyhoedd

Pennaeth Swyddog Monitro Gwasanaethau Cyfreithiol, AD a Democrataidd (GW), Pennaeth Gwasanaethau Cyllid ac Eiddo (Swyddog Adran 151) (SG), Prif Archwilydd Mewnol (LL), Swyddogion Archwilio Cymru (DW, ME a DW), Rheolwr Rhaglen Newid Hinsawdd (HVE), Rheolwr Iechyd a Diogelwch Corfforaethol (GL), Rheolwr Iechyd a Diogelwch Eiddo (SW), Uwch Archwilydd (BC), Prif Reolwr - Moderneiddio Addysg (GD), Pennaeth (LP), Gweinyddwr y Pwyllgor (RTJ)

1 YMDDIHEURIADAU

Derbyniwyd ymddiheuriadau gan y Cynghorwyr Joe Welch a Martyn Holland.

2 DATGANIADAU O FUDDIANT

Datganodd y Cyngorydd Barry Mellor fuddiant rhagfarn yn eitem agenda 13, byddai'r Cyngorydd Alan James yn cadeirio'r eitem yn ei absenoldeb,

3 MATERION BRYD

Dim.

4 COFNODION

Cyflwynwyd cofnodion cyfarfod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio a gynhaliwyd ar 9 Medi 2020

Pwynt o gywirdeb -

Amlygodd y Cyngorydd Julian Hill na nodwyd ei fod yn bresennol yn y cyfarfod blaenorol.

PENDERFYNWYD y dylid derbyn a chadarnhau cofnodion y cyfarfod a gynhaliwyd ar 9 Medi 2020 fel cofnod cywir.

5 TACLO NEWID HINSAWDD AC ECOLEGOL MEWN GWNEUD PENDERFYNIAD Y CYNGOR

Cyflwynodd Rheolwr y Rhaglen Newid Hinsawdd (RRNH) adroddiad roi sylw i fynd i'r afael â newid yn yr hinsawdd ac ecolegol (a gylchredwyd eisoes) ochr yn ochr â'r Cynghorydd Graham Timms. Roedd yr adroddiad yn ymwneud â'r gwelliannau a gynigiwyd i Gyfansoddiad y Cyngor i gefnogi'r Cyngor i ystyried mynd i'r afael â newid yn yr hinsawdd ac ecolegol wrth wneud penderfyniadau. Y diwygiadau a gynigiwyd i Gyfansoddiad y Cyngor a dogfennau a phrosesau ategol a'r llinell amser ar gyfer gweithredu'r newidiadau hyn, os cânt eu cymeradwyo gan y Cyngor Llawn, gan gynnwys cyflwyno Hyfforddiant Llythrennedd Carbon..

Diolchodd y Cynghorydd Graham Timms am y cyfle i siarad mae'r prosiect wedi bod yn mynd rhagddo ers blwyddyn, a bu undeb gwleidyddol gyda'r prosiect

Amlygwyd ei bod yn bleser pur darllen y ffurflen llesiant, gan fod rhywbeth ym mhob maes yn nodi sut y byddai'r newid arfaethedig yn effeithio ar y Cyngor ond hefyd yn fuddiol i drigolion yn Sir Ddinbych, roedd cost oes gyfan y prosiect yn derm da i gael ei ddefnyddio.

Cynigiwyd buddsoddiad mewn Hyfforddiant Llythrennedd Carbon i'r holl Gynghorwyr a swyddogion allweddol eu cefnogi i ddeddfu egwyddorion gwneud penderfyniadau fel y'i diwygiwyd gan ystyried mynd i'r afael â newid yn yr hinsawdd ac ecolegol. Byddai hwn yn gwrs hyfforddi 1 diwrnod achrededig gyda darparwyr yn gallu ei gyflwyno o bell ar blatfform cynhadledd fideo ar-lein. Y bwriad oedd y byddai'r broses gaffael ar gyfer yr hyfforddiant hwn yn cychwyn ym mis Medi ac yn cynnal hyfforddiant trwy gydol yr hydref a'r gaeaf.

Cefnogwyd y cynigion gan yr holl aelodau arweiniol a'r Cabinet, a llawer o aelodau'r cyhoedd.

Dadl Gyffredinol -

- Canmolodd yr aelodau'r adroddiad a'r bwriadau ar gyfer mynd i'r afael â newid yn yr hinsawdd a diolch i'r swyddogion am yr holl waith caled a oedd yn gysylltiedig, da gweld newid go iawn a fyddai'n digwydd gyda'r adroddiad. Fodd bynnag, amlygodd fod angen cofio'r Gymraeg o fewn y gwaith, ac nid ei nodi yn unig. Codwyd hefyd sut y byddai'r Cyngor yn sicrhau nad oedd cymunedau gwledig, a phobl oedrannus na allant fynediad digidol ar eu colled gyda'r prosiectau. Ymatebodd swyddogion gan nodi bod prosiect cysylltedd gwledig yn mynd rhagddo, gobeithio y byddai hyn yn cynnwys pawb ag ochr ddigidol y prosiect.
- Cafodd y Cynllun Datblygu Lleol a godwyd, ac a ddylai tir a oedd wedi ei ddynodi ar orlifdiroedd, nid ydym yn ail-ymweld, y CDLI i sicrhau y dylai tir a ddynodwyd ar gyfer datblygu ar orlifdiroedd yn cael ei dynnu'n ôl. Hysbysodd y swyddog eu bod wedi cael eu gwahodd i'r Grŵp Cynllunio Arbennig (GCA) i drafod y newid yn yr hinsawdd a'r CDLI.

- Holodd yr Aelod gyda'r swyddogion, a fyddai'r newidiadau hyn yn cael eu gweithredu a fyddai effaith ar y pwyllgor cynllunio. Ymatebodd y swyddog monitro y byddai'r newid i'r cyfansoddiad a fyddai'n newid egwyddor y fframwaith ar gyfer y Cyngor, tra gallwn newid y cyfansoddiad, byddai'r gyfraith yn drech a oedd gwrthdaro rhwng y ddau. Gyda chynllunio ni fyddai'n newid sut y byddai'r pwyllgor yn delio â'r mater.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn argymhell cymeradwyo'r Cyngor Llawn i ddiwygio Adran 13.2 o Gyfansoddiad y Cyngor - Egwyddorion Gwneud Penderfyniadau i gynnwys pwynt bwled ychwanegol o dan "Gwneir holl benderfyniadau'r Cyngor yn unol â'r egwyddorion canlynol" gyda'r yn dilyn y geiriad: "gan ystyried mynd i'r afael â newid yn yr hinsawdd ac ecolegol".

6 ADRODDIAD BLYNYDDOL IECHYD A DIOGELWCH CORFFORAETHOL

Cyflwynodd yr aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol yr Adroddiad Iechyd a Diogelwch Blynyddol (a gylchredwyd yn flaenorol). Dywedodd yr Aelod Arweiniol fod yr asesiad cyffredinol ar gyfer y tîm iechyd a diogelwch wedi cael sicrwydd canolog, gyda hanes da o waith iechyd a diogelwch yn Sir Ddinbych.

Arweiniodd y Rheolwr Iechyd a Diogelwch Corfforaethol (RIDC) aelodau trwy'r adroddiad Iechyd a Diogelwch Blynyddol, hysbyswyd yr aelodau bod y mater chwythu'r chwiban wedi'i drafod yn drylwyr a bod arferion da wedi'u datblygu ers hynny.

Er mis Mawrth 2020 mae pandemig Covid-19 wedi gyrru'r sefydliad i weithredu mewn ffordd wahanol gyda llawer mwy o ffocws ar ddarparu gwasanaethau hanfodol mewn ffordd "ddiogel Covid" a gweithio gartref. Ymatebodd CSDd yn gyflym i reoliadau a chanllawiau'r llywodraeth.

Datblygwyd asesiadau risg a gweithdrefnau gweithio diogel cyn gynted ag sy'n ymarferol ac maent yn adlewyrchu'r sefyllfa sy'n newid yn gyflym. Mae dull CSDd o reoli'r risg o Covid - 19 yn cael ei asesu fel sicrwydd uchel.

Mae'r cyfrif damweiniau \ digwyddiadau am y flwyddyn yn dangos lefel uwch o adroddiadau damweiniau dros y blynyddoedd blaenorol. Mae'r cynnydd hwn o ganlyniad i'r ymgyrch i wella adrodd am ddamweiniau yn hytrach na'r arwydd arwynebol o gyfradd ddamweiniau uwch.

Trwy gydol blwyddyn ariannol 2019 \ 2020 a hyd yma, ymchwiliwyd yn ffurfiol i nifer o'n digwyddiadau RIDDOR gan yr HSE. Ym mhob achos ond un, roedd yr HSE yn fodlon â'r ymateb a gawsant gan Gyngor Sir Ddinbych ac ni chymerodd unrhyw gamau. Mewn un achos lle rhyddhawyd asbestos, gosododd yr HSE "tal am Ymyrraeth" o £123. Mae'r tîm torri tai wedi cywiro'r "Torri Deunydd" a nodwyd a achosodd hyn ers hynny.

Dadl Gyffredinol –

- Canmolodd yr aelodau adroddiad llawn gwybodaeth arall, gofynnwyd a oedd rhestr o eiddo ag asbestos yn bresennol. Ymatebodd swyddogion fod dau

arolwg asbestos ym mhob adeilad, ond byddai problemau'n codi oherwydd weithiau byddai asbestos yn cael ei ddarganfod lle nad oedd i fod.

- Holodd y pwyllgor a oedd PPE yn dod o dan gylch gwaith y tîm lechyd a Diogelwch Corfforaethol, cadarnhawyd nad oedd y tîm lechyd a Diogelwch yn delio â chaffael a rheoli PPE.
- Sicrhawyd yr aelodau fod gan y Cyngor swm da o PPE a fyddai'r angen yn cynyddu unwaith eto.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol yn derbyn yr adroddiad, yn nodi ei gynnwys ac yn cymeradwyo cynllun gwaith y tîm lechyd a Diogelwch Corfforaethol ar gyfer 2019/20.

7 ADRODDIAD BLYNYDDOL DIOGELWCH TAN

Cyflwynodd yr aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol yr Adroddiad Blynyddol Diogelwch Tân (a gylchredwyd yn flaenorol) gyda'r adroddiad gyda'r nod o friffio'r pwyllgor ar waith blynyddol y Tîm lechyd a Diogelwch Eiddo ar Dân rhaglen ddiogelwch a pherfformiad ac i roi mewnwelediad i'r gwaith a gynlluniwyd ar gyfer gweddill 2020 \ 2021.

Ar ddechrau'r flwyddyn ariannol 19/20 penderfynwyd penodi Rheolwr Diogelwch Tân er mwyn mynd i'r afael â'r cyfyngiadau a nodwyd yn yr Aseidiadau Risg Tân a oedd yn cael eu cynnal. Yn hanesyddol roedd y rhain wedi'u rhannu'n 2 elfen ar wahân:

- Eiddo - Wedi'i wneud o fewn y Tîm Asedau, ac yn cynnwys adolygiad o offer diogelwch tân a gwasanaethu.
- Rheolaeth - Wedi'i wneud gan y Tîm lechyd a Diogelwch Corfforaethol (TIDC) ac yn cynnwys prosesau diogelwch tân, hyfforddi staff a chadw cofnodion.

Yn dilyn archwiliad mewnol, penderfynwyd nad oedd hyn yn ddigonol ac argymhellwyd dull mwy cyfunol. O ganlyniad, penderfynodd swyddog arweiniol ar gyfer Asedau Strategol, greu rôl bwrpasol er mwyn mynd i'r afael â'r mater hwn, ar secondiad i ddechrau, gwnaed y rôl hon yn barhaol ym mis Rhagfyr 2019. O ddechrau blwyddyn ariannol 19/20 roedd yr holl elfennau a gynhyrchwyd gan FRA yn cynnwys y ddwy elfen.

Dadl Gyffredinol -

Holodd yr aelodau gyda swyddogion a oedd y pandemig wedi achosi oedi gyda'r FRA, yn enwedig o fewn ysgolion, ymatebodd swyddogion gan nodi gobeithio y byddai'r FRA mewn ysgolion yn cynyddu dros fis Medi a mis Hydref.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn derbyn yr adroddiad Blynyddol Diogelwch Tân ac yn nodi ei gynnwys.

8 YMATEB CORONAFIRWS CYNGOR SIR DDINBYCH: STRATEGAETH ARIANNOL

Cyflwynodd yr aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol adroddiad Ymateb Coronafirws: Strategaeth Ariannol Cyngor Sir Dinbych (a gylchredwyd yn flaenorol) gan ddiweddarau'r pwyllgor ar hynt y Thema adfer y Strategaeth Ariannol fel y'i nodwyd yn adroddiad 'Ymateb Coronafirws Cyngor Sir Ddinbych: Cynllunio ar gyfer Adferiad' y cytunwyd arno gan yr UDA a'r Cabinet.

Rhagwelwyd cynnydd net o £ 2.1 miliwn yng ngwariant y Cyngor ar gyfer y chwarter hyd at ddiwedd mis Mehefin o ganlyniad i effaith COVID19, gyda gwariant ychwanegol o £ 2.8 miliwn ar gyfer y cyfnod hyd at ddiwedd mis Mehefin, ochr yn ochr â gostyngiad mewn gwariant o £ 747k dros yr un cyfnod.

Cafwyd effaith fwy dramatig ar incwm y Cyngor, gyda rhagolygon colledion incwm o £ 6.3 miliwn ar gyfer yr un cyfnod, yr effaith fwyaf o £ 2.22 miliwn ar Denbighshire Leisure Limited, £ 649k Prydau Ysgol, £ 498k Parcio a £ 403k am golli incwm ar gyfer unedau diwydiannol ac ati.

Y disgwyl oedd y byddai Cyngor Sir Ddinbych yn derbyn cyllid gan Lywodraeth Cymru i ariannu'r gwariant ychwanegol, ond ni chafwyd unrhyw gyhoeddiadau pendant eto o ran ariannu'r golled incwm.

Roedd y gyllideb ar gyfer y flwyddyn ariannol nesaf ar ei hôl hi oherwydd COVID, yr amserlen ddrafft yn y pecyn ar gyfer newid oherwydd ffactorau allanol. Roedd sawl anhysbys, nid oeddent yn ymwybodol o beth fyddai'r setliad, gan aros i'r CLILC roi'r wybodaeth a oedd yn aros am y wybodaeth gan lywodraeth y DU. Oherwydd hyn, edrychwyd ar yr holl bosibiliadau, gobeithio ym mis Rhagfyr y byddai'r setliad yn rhoi mewnwelediad inni am dair blynedd a allai roi rhywfaint o hyblygrwydd i Gyngor Sir Ddinbych.

Dadl Gyffredinol -

- Canmolodd y pwyllgor y swyddogion am yr adroddiad yn enwedig yn yr amseroedd anodd hyn, gofynnodd y pwyllgor a oedd y grantiau a weithredwyd gan Gyngor Sir Ddinbych yn achosi unrhyw straen ariannol ychwanegol. Holwyd hefyd am ddiffyg yr hyn a dalwyd allan pe bai'n cael ei gwmpasu yng nghyllideb CSDd. Codwyd pryderon hefyd gyda'r diffyg aelodau etholedig ar y byrddau cyllideb a oedd yn cael eu ffurfio.
- Ymatebodd swyddogion trwy egluro fod cymysgedd o grantiau'r grantiau gwariant, roedd grantiau i dalu am gostau ychwanegol. Yn gyffredinol, roedd y grantiau'n talu'r costau yr aeth y Cyngor iddynt. C1 Talodd LIC y rhan fwyaf o'r arian, roedd y swm na ddaliwyd yn ôl oherwydd ymholiadau am rai materion, ac roedd y materion hyn yn cael eu trafod. Roedd costau COVID yn lleihau ar hyn o bryd. Effeithlonrwydd oedd yr arbedion a oedd yn cael eu ceisio, ni ellid gwneud yr holl arbedion gyda'r gostyngiad o fewn y toriadau arfaethedig o 4%.
- Ymatebodd yr aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol mewn perthynas ag ymholiadau'r byrddau cyllid, nid oes gan y byrddau unrhyw bwerau gwneud penderfyniadau ffurfiol, a'r pwrpas oedd i uwch aelodau staff dderbyn arweiniad ar gyfer penderfyniadau a fyddai wedyn yn cael eu cymeradwyo yn unol â hynny gyda'r dulliau democrataidd.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn derbyn adroddiad Ymateb Coronafirws: Strategaeth Ariannol Cyngor Sir Dinbych ac yn nodi ei gynnwys.

9 CYMERADWYO DATGANIAD CYFRIFON 2019/20

Cyflwynodd yr aelod Arweiniol dros Gyllid, Perfformiad ac Asedau Strategol Ddatganiad Cyfrifon 2019/20 (a gylchredwyd yn flaenorol) i'w gymeradwyo bod gan y cyngor ddyletswydd statudol i gynhyrchu datganiad o gyfrifon sy'n cydymffurfio â safonau cyfrifyddu cymeradwy. Rhaid i'r cyfrifon archwiliedig gael eu cymeradwyo'n ffurfiol gan aelodau etholedig ar ran y cyngor.

Cymeradwywyd y datganiadau ariannol ar gyfer 2019/20, yn amodol ar archwiliad, gan y Pennaeth Cyllid ar 15 Mehefin (3 Mehefin y llynedd). Cyflwynwyd y cyfrifon drafft i'r Pwyllgor Llywodraethu Corfforaethol ar 8 Gorffennaf 2020 ac roeddent yn agored i'r cyhoedd eu harchwilio rhwng 3 Awst a 28 Awst. Roedd y dyddiadau hyn yn hwyrach na'r arfer oherwydd y cyfyngiadau cyfredol sy'n gysylltiedig â COVID 19. Mae'r Rheoliadau Cyfrifon ac Archwilio yn ei gwneud yn ofynnol i'r Cyngor gymeradwyo'r cyfrifon archwiliedig yn ffurfiol, sy'n cynnwys barn yr archwilydd allanol, erbyn 15 Medi. Mae cymeradwyaeth y cyfrifon archwiliedig wedi'i ddirprwyo i'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio.

Cynhyrchwyd y Datganiad Cyfrifon yn unol â'r Safonau Adrodd Ariannol Rhyngwladol (IFRS). Mae'r Sefydliad Siartredig Cyllid Cyhoeddus a Chyfrifyddiaeth (CIPFA) yn cynhyrchu'r Cod Ymarfer sy'n seiliedig ar IFRS ar Gyfrifyddu Awdurdodau Lleol ac mae'r cyngor wedi cynhyrchu cyfrifon 2019/20 yn unol â'r Cod.

Dadl Gyffredinol -

- Holodd y pwyllgor gyda swyddogion pa feysydd yn y Cyngor yr effeithiwyd arnynt waethaf gan y pandemig. Eglurodd y swyddogion bod y gwasanaethau cymdeithasol yn benodol wedi cael ergyd fawr a gallu dan straen, parhaodd y cyngor i dalu darparwyr gofal cymdeithasol i sicrhau eu bod yn cael eu cadw i fynd yn ystod y pandemig.
- Hysbyswyd y pwyllgor hefyd fod trafniadaeth ysgol yn dal i gael ei thalu er bod ysgolion ar gau, roedd hyn i sicrhau bod pan fyddai'r ysgolion wedi ailagor byddai'r cwmnïau trafniadaeth yn dal ar gael.
- Cwestiynodd y pwyllgor y ddibyniaeth ar ddefnyddio taenlen Excel ar gyfer y gofrestr asedau. Eglurodd swyddogion ymateb fod CSDd yn ceisio caffael system TG newydd, ac roedd i fod i gael ei gwblhau ond roedd yn cael ei oedi ar hyn o bryd ac yn cael ei adolygu.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn cymeradwyo Datganiad Cyfrifon 2019/20 (gweler Atodiad 1). Yn y cyfarfod, bydd yn ofynnol i'r Cadeirydd a'r Prif Swyddog Cyllid lofnodi'r Cyfrifon a'r Llythyr Cynrychiolaeth.

10 YMCHWILIADAU ARCHWILIO 2019/20

Cyflwynodd swyddogion swyddfa Archwilio Cymru, adroddiad Ymholiadau Archwilio 2019/20 (a gylchredwyd yn flaenorol) gyda'r adroddiad gyda'r nod o gyflwyno'r Llythyr Ymholiadau Archwilio ac ymateb y Cyngor i'r ymholiadau hynny.

Mae'n ddyletswydd ar Swyddfa Archwilio Cymru (SAC), fel archwilwyr allanol penodedig CSDd, i gael tystiolaeth o sut roedd rheolwyr a'r rhai sy'n gyfrifol am lywodraethu (yn CSDd hwn oedd y Pwyllgor Llywodraethu Corfforaethol ac Archwilio) yn cyflawni eu cyfrifoldebau dros atal a chanfod twyll.

Ymddiheurodd swyddogion am yr oedi cyn cyflwyno'r adroddiad. Hysbysodd y swyddogion y pwyllgor os oedd ganddynt unrhyw ymholiadau ynghylch yr adroddiad y gallent anfon e-bost at y Pennaeth Cyllid ac Eiddo.

PENDERFYNWYD bod Cadeirydd y Pwyllgor Llywodraethu Corfforaethol yn cadarnhau'r ymatebion a gynhwysir yn Atodiad 1 i'r adroddiad yn ffurfiol.

11 ADRODDIAD SIRO - ER GWYBODAETH

Cyflwynodd Rheolwr y Tîm Gwybodaeth Busnes adroddiad SIRO ar gyfer 2019/20 (a gylchredwyd yn flaenorol) Mae'r adroddiad yn cwmpasu'r cyfnod Ebrill 2019 i Fawrth 2020 ac mae'n manylu ar dorri'r ddeddf diogelu data gan y Cyngor sydd wedi bod yn destun ymchwiliad gan yr Uwch Swyddog Risg Gwybodaeth. (SIRO - yn DCC dyma'r Pennaeth Gwella a Moderneiddio Busnes).

Mae hefyd yn ymdrin â chwynion am y Cyngor sy'n ymwneud â deddfwriaeth Rhyddid Gwybodaeth a gyfeiriwyd at Swyddfa'r Comisiynydd Gwybodaeth (ICO), ac mae'n darparu rhywfaint o wybodaeth am y ceisiadau Mynediad at Wybodaeth / Rhyddid Gwybodaeth a wnaed i'r Cyngor.

Dadl Gyffredinol -

- Roedd yr aelodau'n falch o dderbyn yr adroddiad at ddibenion gwybodaeth, holodd y pwyllgor yr 11 cwyn a gadarnhawyd yn yr adroddiad. Ymatebodd y swyddog monitro y bu 12 achos o dorri, dim ond un toriad mawr a ddatgelwyd i'r ICO. Eglurwyd hefyd bod y term cwyn yn fynegiant o anfodlonrwydd.

PENDERFYNWYD bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn nodi Adroddiad SIRO.

12 RHAGLEN WAITH Y PWYLLGOR LLYWODRAETHU CORFFORAETHOL AC ARCHWILIO

Cyflwynwyd Rhaglen Gwaith i'r Dyfodol y Pwyllgor Llywodraethu Corfforaethol (a gylchredwyd eisoes) i'w hystyried.

Gofynnodd y pwyllgor fod Ysgolion mewn trafferthion ariannol yn cael eu cynnwys ar y Rhaglen Waith i'r Dyfodol, cytunodd y pwyllgor i'r eitem gael ei thrafod yn y Flwyddyn Newydd.

Hysbysodd Pennaeth y Gwasanaethau Cyfreithiol, AD a Democrataidd y pwyllgor nad oedd y Rhaglen Waith i'r Dyfodol wedi'i ddyddio'n rhy bell i'r dyfodol gan nad oedd dyddiadau cyfarfodydd y dyfodol wedi'u cytuno yn y Cyngor llawn.

PENDERFYNWYD, yn amodol ar yr uchod, bod y Pwyllgor Llywodraethu Corfforaethol yn cymeradwyo'r Rhaglen Gwaith i'r Dyfodol.

GWAHARDD Y WASG A'R CYHOEDD

PENDERFYNWYD y byddai aelodau'r Wasg yn cael eu gwahardd o'r cyfarfod ar gyfer yr eitem ganlynol o dan Adran 100A Deddf Llywodraeth Leol 1972, ar y sail fod yr eitem yn debygol o ddatgelu gwybodaeth eithriedig fel y'i diffinnir ym Mharagraffau 13 Rhan 4 Atodlen 12A y Ddeddf.

13 ARCHWILIO MEWNOL YSGOL FABANOD VP LLANELWY

Cyflwynodd y Prif Archwilydd Mewnol, Archwiliad Mewnol Ysgol Fabanod VP Llanelwy (a gylchredwyd yn flaenorol) roedd yr adroddiad yn darparu manylion adroddiad Archwilio Mewnol Ysgol Fabanod VP Llanelwy diweddar o a dderbyniodd sgôr sicrwydd 'Isel'.

Cynhaliwyd yr adolygiad yn dilyn pryderon a godwyd, roedd hyn yn digwydd ochr yn ochr â llywodraethu ysgolion. Roedd yr adolygiad yn ymdrin â'r canlynol:

- (a) Trefniadau llywodraethu ysgolion;
- (b) Rheolaethau a gweithdrefnau; a
- (c) Rheoli'r cyfrif cronfa ysgolion gwirfoddol.

Darganfu'r adolygiad y canlynol -

- Mynegodd llywodraethwyr ysgol a gafodd eu cyfweld nad oeddent wedi derbyn cefnogaeth a chyngor priodol pan wnaethant ymgymryd â'u rôl i ddechrau. Nid yw llywodraethwyr wedi ymgysylltu â'r Awdurdod Addysg Leol (AALI) ac, mewn rhai achosion, nid oeddent wedi cwblhau'r hyfforddiant gorfodol ar gyfer eu rôl.
- Roedd cylch gorchwyl y Corff Llywodraethol Llawn (CLL) a'r is-bwyllgorau unigol naill ai sawl blwyddyn wedi dyddio neu ddim ar gael. Roedd hwn yn fater o bwys gan fod cylch gorchwyl yn amlinellu sut y byddai'r CLL a phob is-bwyllgor yn gweithredu ac, felly, roedd angen iddo fod ar waith a'i adolygu a'i ddiweddarau bob blwyddyn.
- Roedd cofnodion y cyfarfodydd CLL yn gryno ac nid oedd ganddynt wybodaeth allweddol. Ni allai'r archwiliad ddod o hyd i dystiolaeth bod dogfennau allweddol na'r gyllideb ddirprwyedig wedi'u cymeradwyo.
- Roedd dau lywodraethwr wedi bod yn y swydd am dros 12 mis ac nid oeddent wedi cwblhau'r holl hyfforddiant statudol. Os nad yw llywodraethwr wedi cwblhau'r holl hyfforddiant statudol o fewn 12 mis, yna dylai cadeirydd y llywodraethwyr atal y llywodraethwr nes iddo gwblhau'r hyfforddiant sy'n weddill.

Barn gyffredinol yr archwiliad oedd bod trefniadau llywodraethu'r ysgol yn wan, bod trefniadau gweinyddu yn gyfyngedig ac oedd angen gwella rheolaethau o amgylch cyfrif cronfa'r ysgol. Ychydig iawn o dystiolaeth sydd i ddangos bod y Corff Llywodraethol Ysgolion wedi herio penderfyniadau mewn cyfarfodydd, ac mae llywodraethwyr yn nodi nad ydyn nhw'n gwbl ymwybodol o'u rolau a'u cyfrifoldebau. Felly, rhoddodd archwiliad sicrwydd isel yn gyffredinol.

Hysbyswyd y pwyllgor i'r adolygiad gael ei gynnal beth amser yn ôl, cynhaliwyd ymchwiliad Estyn yn dilyn yr archwiliad mewnol. Sicrhawyd y pwyllgor fod yr ysgol, yn dilyn yr archwiliad, wedi symud ymlaen ac wedi gwella'n sylweddol.

Canmolodd y pwyllgor yr adroddiad gan dynnu sylw at sut y gallai rhai newidiadau mewn ysgolion llai cael effaith fawr. Fe wnaethant dynnu sylw at y ffaith bod rhai ysgolion llai mewn perygl oherwydd maint a chynhwysedd.

Dywedodd yr Aelod Arweiniol dros Addysg, Gwasanaethau Plant ac Ymgysylltu â'r Cyhoedd ei fod yn archwiliad da a gynhaliwyd a alluogodd gynllun gweithredu da a alluogodd i ddatrys y materion.

Roedd y pwyllgor eisiau gwybod beth oedd yn digwydd gyda'r ysgol a'r cynllun gweithredu, cafwyd sicrwydd ar lafar bod y camau wedi'u cwblhau, ond awgrymwyd adroddiad dilynol gan gynnwys y cynllun gweithredu yn y flwyddyn newydd.

PENDERFYNWYD bod

- (a) Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn nodi Archwiliad Mewnol Ysgol Fabanod VP Llanelwy
- (b) Dod ag adroddiad dilynol yn ôl i'r Pwyllgor yn y Flwyddyn Newydd.

Mae tudalen hwn yn fwriadol wag

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Cyng Julian Thompson Hill / Lisa Lovegrove - Prif Archwilydd Mewnol
Awdur yr Adroddiad	Lisa Lovegrove - Prif Archwilydd Mewnol
Teitl	Diweddariad Archwilio Mewnol

1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad hwn yn darparu diweddariad ar gynnydd diweddaraf y Pwyllgor Llywodraethu Corfforaethol ac Archwilio ar Archwiliad Mewnol o ran darparu gwasanaeth, darpariaeth sicrwydd, adolygiadau a gwblhawyd, perfformiad ac effeithiolrwydd wrth yrru gwelliant. Mae hefyd yn cynnwys y wybodaeth ddiweddaraf ar y cynnydd gyda'r CIPFA Arfer Da ar gyfer Pwyllgorau Archwilio.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

I ddarparu gwybodaeth am y gwaith a wnaed gan Archwilio Mewnol ers cyfarfod diwethaf y Pwyllgor. Mae'n caniatáu i'r Pwyllgor fonitro perfformiad a chynnydd yr Archwiliad Mewnol yn ogystal â darparu crynodebau o adroddiadau Archwilio Mewnol fel y gall y Pwyllgor dderbyn sicrwydd ar wasanaethau eraill y cyngor a meysydd corfforaethol. Mae hyn yn galluogi'r pwyllgor i gyflawni ei gyfrifoldebau yn unol â'i chylch gorchwyl. Bydd cyflwyno'r cynllun archwilio yn cynorthwyo'r pwyllgor i gael sicrwydd bod y Datganiad Llywodraethu Blynyddol yn adlewyrchu amodau'r Cyngor yn briodol.

3. Beth yw'r Argymhellion?

Bod y Pwyllgor yn ystyried cynnwys yr adroddiad, yn asesu cynnydd a pherfformiad yr Archwiliad Mewnol.

Bod y Pwyllgor yn penderfynu a oes angen sicrwydd pellach arno ar unrhyw un o'r meysydd a archwilir i ddilyn cynnydd gyda gweithredu'r cynlluniau gweithredu gwella.

4. Manylion yr Adroddiad

Mae Atodiad 1 yn rhoi diweddariad ar waith archwilio mewnol a wnaed ers yr adroddiad diweddaru diwethaf i'r pwyllgor ym mis Gorffennaf 2020. Ers adroddiad diweddaru diwethaf y Pwyllgor Llywodraethu Corfforaethol ac Archwilio rydym wedi cwblhau 8 adroddiad, a chafodd un ohonynt sgôr sicrwydd isel a'r mae'r adroddiad archwilio wedi'i gynnwys yn Atodiad 2.

O ganlyniad i'r argyfwng pandemig coronafirws, yn ffocws allweddol ar gyfer y tîm wedi bod yn darparu cyngor a chymorth i weithgareddau newydd a newidiadau i'r trefniadau y mae'r Cyngor yn gorfod gweithredu yn gyflym i ymateb i'r pandemig. Yn weithredol, mae'r Cyngor wedi gorfod ymateb yn gyflym i amgylchiadau sy'n newid yn gyflym, sydd wedi cael effaith ar gyflymder a dilyniant rhai o'n harchwiliadau. Rydym yn parhau i gynnal archwiliadau a gwaith wedi'i gynllunio ar gyfer 2020/21 gydag ymgysylltiad da gan wasanaethau.

Yn ychwanegol at y gwaith archwilio a gynlluniwyd, mae'r tîm hefyd wedi bod yn cynorthwyo'r Cyngor gyda thaliadau grant (e.e. prydau ysgol am ddim, taliadau bonws gweithwyr gofal cymdeithasol a grantiau ardrethi busnes) trwy ddarparu cefnogaeth a chyngor. Mae'r tîm hefyd wedi cefnogi Tîm Prawf, Olrhain a Diogelu (TTP) y Cyngor mewn ymateb i bandemig Covid-19, gydag Uwch Archwilydd wedi'i secondio i'r tîm.

Yng ngoleuni'r uchod, mae Atodiad 1 yn dangos yr effaith a gafodd ar gynnydd yn erbyn y Cynllun Archwilio ar gyfer 2020/21 yn rhannol oherwydd gostyngiad dros dro yn yr adnoddau archwilio oherwydd adleoli a secondiad dilynol un Uwch Archwilydd i'r tîm TTP (o fis Mehefin 2020) , ac un Archwilydd yn ymddeol ym mis Hydref 2020. Ar hyn o bryd rydym yn hysbysebu am Uwch Archwilydd am gontract dros dro 12 mis i'w ail-lenwi ar gyfer yr Uwch Archwilydd ac mae ansicrwydd o hyd a fydd y cyngor yn cefnogi'r recriwtio i swydd wag yr Archwilydd. Bydd y Cynllun Archwilio yn parhau i gael ei adolygu, ynghyd â'r defnydd o'r adnodd archwilio mewnol sydd ar gael, yng nghyd-destun ymateb parhaus y Cyngor i bandemig Covid-19 ac i sicrhau ein bod yn parhau i ganolbwyntio ein gwaith ar feysydd sydd â'r risg fwyaf i'r cyngor.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Nid oes angen penderfyniad gyda'r adroddiad hwn. Nid oes unrhyw gyfraniad uniongyrchol i Flaenoriaethau Corfforaethol, ond bydd rhai prosiectau yn y cynllun archwilio yn adolygu meysydd Blaenoriaeth Gorfforaethol ac yn rhoi sicrwydd ynghylch eu cyflawni.

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

Ddim yn berthnasol - nid oes penderfyniad na chostau ynghlwm â'r adroddiad.

7. Beth yw prif gasgliadau'r Aseiad o'r Effaith ar Les?

Ddim yn berthnasol - nid yw'r adroddiad hwn yn gofyn am benderfyniad na chynnig ar gyfer newid

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

Dim yn ofynnol.

9. Datganiad y Prif Swyddog Cyllid

Nid oes unrhyw oblygiadau ariannol ynghlwm â'r adroddiad hwn.

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

Mae gwaith archwilio mewnol yn rhoi sicrwydd i'r cyngor ar ddigonolrwydd ac effeithiolrwydd y rheolaethau sydd ar waith i reoli a lliniaru risgiau.

11. Pŵer i wneud y Penderfyniad

Ddim yn berthnasol - nid oes angen penderfyniad gyda'r adroddiad hwn.

Mae tudalen hwn yn fwriadol wag

Internal Audit Update

November 2020

Contents

Contents	2
Internal Audit Reports Recently Issued	3
Financial Management System – September 2020	3
Treasury Management – September 2020	4
Accounts Payable – July 2020.....	5
Housing Support Grant – October 2020	6
Area of Outstanding Natural Beauty (AONB) Grant – September 2020	7
Pupil Development Grant – November 2020	7
Health & Safety Enforcement – October 2020.....	8
Parking Income – November 2020	9
Children’s Direct Payments – November 2020	10
Progress in Delivering the Internal Audit Assurance	13
Progress with Improvement Actions 2020-21	17
Progress with Counter Fraud Work	18
Referrals 2020/21	19
Internal Audit Performance Standards	20
CIPFA Practical Guidance for Audit Committees – Update.....	21
Appendix 1 – Assurance Level Definition.....	22

Internal Audit Reports Recently Issued

Since the last Internal Audit Update report in July 2020, Internal Audit has completed eight reviews and a full copy of each report has been circulated to members of the committee. The assurance given and number of issues raised for each review is summarised below:

Area of work	Assurance Level	Critical Issues	Major Issues	Moderate Issues
Financial Management Systems	N/a ●	0	0	1
Treasury Management	High ●	0	0	3
Accounts Payable	High ●	0	0	0
Housing Support Grant	High ●	0	0	0
Area of Outstanding Natural Beauty (AONB) Grant	High ●	0	0	0
Pupil Development Grant	High ●	0	0	1
Health & Safety Enforcement	High ●	0	0	3
Parking Income	Medium ●	0	0	5
Children's Direct Payments	Low ●	0	4	2

Financial Management System – September 2020

Assurance Not Applicable ● Number of Risk Issues: 1 Moderate ●

Since our review last year, the council has revisited the procurement of the general ledger and the Head of Business Improvement and Modernisation (BIM) has been made the project sponsor. To ensure the new general ledger meets all the council's needs, the project sponsor involved Finance, ICT and Procurement teams from the start to ensure all options were explored.

The agreed way forward is to invite tenders which are set out in four lots. We suggested the need to allow sufficient time to decide: (a) the preferred lot; and (b) which tender within the preferred lot should be awarded the contract. Also, to ensure that the relevant paperwork and questions is completed and that key staff are available.

Until the tender submissions are received and evaluations have been completed, anticipated savings/costs are unclear. At the time of the review, we would have expected to have seen a Project Initiation Document (PID) that would have been completed by the initial project team. The PID should have set out a number of options together with anticipated costs and savings so that the most favourable option(s) be approved before proceeding with the project/procurement. Instead, a report to Cabinet in February 2020 summarised the procurement approach to be taken with various options being considered and potential costs anticipated up to over £2m.

On completing the tender evaluation, and during the assessment stage of the exercise, a business case will need to be completed.

At the time of our review, the council had entered into a period of uncertainty with the Coronavirus pandemic which has impacted the project's progress as key officers needed to focus on responding to the emergency. Similar to other council projects, consideration should be given to performing a 'pause and review' of the project to take stock of the situation and revise plans if and where necessary. The Head of Finance & Property Services indicates specific areas of review which are necessary due to the delay are:

- Investment and upgrades undertaken on existing systems
- Review of resources available - impact of Covid 19 on the service and its finances
- Due to the delay, establish potential for including other Local Authorities.

At this early stage of the project, and with current situation meaning the project will be delayed, we are unable to effectively provide an assurance rating. The project team has considered the options available, working with Conwy County Borough Council to procure the best financial system.

Treasury Management – September 2020

High Assurance ● Number of Risk Issues: 3 Moderate ●

Since the last review, there have been no notable changes to the way the Council carries out the Treasury Management function. The review has confirmed that there are appropriate controls and procedures in place for the operation of the Treasury Management function, with an adequate level of separation of duties in place. However, a

few issues have been identified, some which are good practice that would further strengthen the Treasury Management process. For instance:

- A risk has arisen around the authorisation of the long term loans as, currently, only the S151 Officer is able to approve them. The Technical Accountant has confirmed this will be resolved once the recruitment of a Chief Accountant is complete.
- Arlingclose Ltd. was appointed as the authority's Treasury Management advisors in January 2019, but there was a delay in the contract being signed. The contract states that the council should meet with its advisors four times a year to discuss the council's financing strategy, but, at the time of the review, the council had only met with Arlingclose once in the last 12 months. The Capital Finance Manager confirms that regular meetings have since resumed.
- The Treasury Management Policy has not been reviewed for a number of years. Within the policy it refers to the Chief Cashier who has not worked for the authority for numerous years. The policy needs to be updated to reflect key changes such as revised Code of Practice and Prudential Code relating to Capital Investments and we suggest introducing a front cover with version control to show the frequency of reviews and key changes made as per the corporate template.

Accounts Payable – July 2020

High Assurance ●

Number of Risk Issues: 0

There have been no new developments since the last review. The team has made good progress with checking IR35 conformance; 96.77% of the Council's suppliers on the councils Accounts Payable (AP) system have been checked using the HMRC (Her Majesty Revenues & Customs) CEST (Check Employment Status for Tax) tool.

A number of reports were obtained from the AP system and we used ActiveData (data analysis software) to interrogate the reports. Testing of potential duplicate payments and authorisation and accuracy of purchase card payments confirmed that appropriate controls

At the time of the review, there were a few accounts which were still showing as being in dispute with the oldest one dating back to May 2016. This is something that has been raised with the appropriate manager who is looking into the invoices.

Credit balances are monitored periodically. If they relate to current suppliers, the credit balance will be used against the next invoice received. However, if the balance is with a company we no longer use, then the AP team will attempt to recover the monies.

The Accounts Payable team, on average, produce five or six cheques a week which are generally for refunds. Since the recent pandemic, the Senior Payments Officer confirmed that no cheques were produced and that this facility may no longer be required.

Housing Support Grant – October 2020

High Assurance ● Number of Risk Issues: 0

We carried out a review of the Housing Support Grant to ensure the terms and conditions of the grant are complied with. The Housing Support Grant (HSG) is an amalgamation of three existing grants - Homelessness Prevention, Supporting People and Rent Smart Wales Enforcement. These were amalgamated as part of flexible funding and the 2019/20 financial year is a transitional year with full implementation from 2020/21.

The aim of the HSG is to support the statutory service for preventing homelessness through initiatives to secure and maintain sustainable housing, and the Rent Smart Wales' objective aims to raise the housing management standards in the private rented sector.

Our review found the grant to be well managed with regular monitoring of expenditure and the required paperwork supporting the claims.

The expenditure for Supporting People is in line with the delivery plan; with the council incurring additional eligible expenditure above the level of grant awarded. For the financial year 2018/19, Denbighshire was successful in obtaining additional Welsh Government funding to cover additional eligible expenditure incurred; but, additional funding was not available in 2019/20.

The supporting people team is raising invoices for payment on behalf of service providers following receipt of their quarterly reports detailing their work. While there is a risk of inaccurate or fraudulent payments, sample testing confirms that appropriate controls are in place and operational.

As 2019/20 was a transitional year for the grant, we plan to look at this area again next year to provide assurance on the effectiveness of the delivery of the new funding model and adherence to grant terms and conditions.

Area of Outstanding Natural Beauty (AONB) Grant – September 2020

High Assurance ● Number of Risk Issues: 1 Moderate ●

Our review found it is well managed with all income accounted for in the general ledger, grant income received is used appropriately and contributions from the partner authorities are received within agreed timescales. Our sampling of expenditure found it to be appropriate, with invoices, where necessary, and in line with any grant terms and conditions. Due to the Covid 19 pandemic we were unable to access the petty cash receipts. However, the total petty cash claimed for the financial year was under £100.

From the AONB Joint Committee agreement we understand that the liability is shared across the three authorities. However, we would have expected to see a risk register specific for risks that the AONB may encounter.

Pupil Development Grant – November 2020

High Assurance ● Number of Risk Issues: 1 Moderate ●

Overall, the fund is well managed, with suitable grant controls and records in place.

Funding is allocated appropriately to the school depending on the number of pupils within each school in receipt of free school meals (FSM), with a fixed nominal amount paid over to those schools that do not have any pupils in receipt of FSM. As the allocation was based on PLASC data for 2016, this caused a few notable inconsistencies:

- Schools that did not have any children in receipt of FSM as at 2016 but now do. Additional funds totalling £17,250 was made available for these schools and finance allocated the funding according to the direction provided by GWE.
- Allocation of funding for Rhewl School which closed in July 2018.

GWE Challenge advisor monitors progress against each schools' development plan. The majority of schools use the grant to fund teaching and non-teaching staff. There were a

few payments not deemed to meet the eligibility criteria but the amounts were not considered material.

Funding was also received for LAC, which is allocated to the Education service rather than directly to the individual schools. This was found to be in line with the terms and conditions of the grant award letter.

Health & Safety Enforcement – October 2020

High Assurance ● Number of Risk Issues: 3 Moderate ●

This review of Health and Safety Enforcement looked at the arrangements in place to minimise the risk to the public and avoid potential litigation against the council, financial penalty or reputation damage. It should be noted that audit fieldwork was completed prior to the Coronavirus pandemic; the team has since been placed at the forefront of the council's response to the crisis and this has added significant pressure on the service. Assurance provided is based on the sample testing of the systems and processes in place at the time of our review.

The council has a legal duty to enforce the Health and Safety at Work Act 1974 and related legislation. The Health & Safety Enforcement team aims to ensure that workplaces within Denbighshire (that are external to the council) are safe for employees and visitors. Whilst the primary responsibility for managing health and safety risks lies with the business who creates the risk, the council as local authority health & safety regulators have an important role in ensuring the effective and proportionate management of risks, supporting business, protecting their communities and contributing to a wider public health agenda.

The team's work plan is set out in line with the HSE's National Local Authority (LA) Enforcement Code (referred to as the LA National Code), which sets out the risk based approach to targeting health and safety interventions that local authorities are to follow. The work plan sets out the proactive projects, non-inspection interventions, and reactive visits to be carried out.

Proactive services include in an advisory capacity to provide guidance to businesses on applicable HSE guidance. Reactive services, where inspections are carried out, are usually initiated by a complaint or following an incident. Analysis of inspections carried out

shows that 63% of inspections in 2018-19 and 64% for 2019-20 (as at February 2020) were reactive. Following the conclusion of our review, we note that Covid-19 has resulted in a significant increase in the reactive works carried out and the need to provide support and guidance to businesses.

We agreed improvement actions to address the following issues which were raised prior to the coronavirus pandemic:

- There are no written procedures in place to direct consistent practices and to support business continuity;
- There are inconsistencies in the recording of events where the team are involved in an advisory capacity, and duplication of effort in record keeping;
- The service is not participating in peer reviews which is a requirement of the LA National Code

Parking Income – November 2020

Medium Assurance ● Number of Risk Issues: 5 Moderate ●

The review was carried out to ensure that car parking income is receipted and accounted for safely and accurately following notable changes to income collection arrangements.

The collection of the car park income was outsourced in November 2019 to streamline the process and it was carried out in line with Financial Regulations and Corporate Procedure Rules (CPRs).

We have raised five moderate risk issues and agreed actions with the service on the following:

- Copies of the signed contract for parking income collection was not uploaded to the Proactis (procurement) system.
- Weakness in reconciliation and investigation of income discrepancies:
 - Pay by card income not reconciled
 - Larger cash discrepancies are not investigated
 - VAT error relating to card payments was corrected during our review. There is potential to reclaim VAT for on street parking.

- Monitoring of the contract performance including collection frequency was not in place.
- Lack of review of the collection fee recharged to others.
- Lack of written procedures for the reconciliation of income to include:
 - Reconciliation of cash, pay by card and pay by phone
 - Monitoring the frequency of emptying the machines
 - Process for investigating discrepancies in income.

Children's Direct Payments – November 2020

Low Assurance ●

Number of Risk Issues: 2 Moderate ●

We carried out a review of Direct Payments as this area has not been reviewed for some time and it formed part of our proactive counter fraud measures. A review of support budgets and direct payments within Community Support Services (CSS) was reported to Corporate Governance & Audit Committee in September 2019 and was given a low assurance rating.

A direct payment is an option that is considered for providing care and support to comply with the Social Services and Well-being (Wales) (SSWB) Act 2014 focusing on achieving outcomes for citizens. This can either be paid to the child's parent or carer, or into a managed account where a third party provider will administer the funds. At the time of our review, there were 29 children supported by a direct payment, 8 of which were provided through a managed account, and a further 9 cases were pending (no payment was being made until a personal assistant was appointed).

The council has a working group to review current arrangements with third party suppliers and to explore options to address some of the difficulties in recruiting personal assistants, and are exploring options to stimulate the market. There is a risk that if direct payments are recovered because of recruitment issues, the child's outcomes may not be met or alternative service provisions could be more costly than direct payments. This situation is not unique to Denbighshire and is experienced elsewhere across Wales.

As low assurance has been given, the full Internal Audit Report is included as Appendix 2 which includes the improvement action plan for addressing the issue raised. A summary of the results of our review is included here:

- Staff within the Children with Disabilities team have been provided with training on direct payments, but the Service would benefit from having documented guidance to ensure staff are clear of the process and it is followed consistently.
- There is a robust process for referring citizens via the Children and Families Support Gateway.
- Direct payments are only available to the Children with Disabilities team. We suggested that this be reviewed to ascertain where else this option would be appropriate, in line with the SSWB Act e.g. eligible children with care and support plans.
- Information relating to direct payments is difficult to find due to how it is recorded and the data held on the PARIS system in relation to direct payments was not always accurate and up-to-date.
- Reliance has been placed on the third party provider to carry out checks on Disclosure Barring Service (DBS), right to work in the UK and employer liability insurance cover without adequate checks by the council to monitor that such roles and responsibilities are being fulfilled.
- No contract is in place with the third party provider who the council uses to support direct payments. The provider is also used to support direct payments to adults. Lack of tendering and formal contract contravenes Contract Procedure Rules.
- There was a lack of evidence of the child's outcomes being reviewed within the designated six month period.
- Financial monitoring needed to be improved as direct payments were made towards a personal assistant without one being in post, or to identify where balances have accrued significantly. Following our review, pre-paid cards have been introduced which will improve monitoring arrangements.
- There needs to be better co-ordination between the Children with Disabilities team and the financial assessment officers (FAOs). For instance, when a social worker is visiting the parent or carer to discuss the direct payment and reviewing the child's outcomes, if any financial issues are identified, these should be passed to the FAOs for further investigation.

- Positive arrangements overall for paying direct payments when a child transitions from the Service to CSS. There is currently no documented guidance for managing the process and continuity arrangements

Progress in Delivering the Internal Audit Assurance

The following projects have not yet commenced but are scheduled for the coming months:

- Revenues and Benefits 2020-21 – focussing on Covid-19 impact
- Financial Services 2020-21 – focussing on Covid-19 impact
- Denbighshire Leisure Limited
- ICT Capacity and Resilience.

As a result of the coronavirus pandemic emergency, a key focus for the team has been providing advice and support to new activities and changes to arrangements that the Council is having to implement at pace to respond to the pandemic. Operationally, the Council has had to react quickly to rapidly changing circumstances, which has had an impact on the pace and progression of some of our audits. We continue to carry out audits remotely and make progress with the highest priority areas within the 2020/21 plan of work (agreed in July 2020) with good engagement from services.

In addition to the planned audit work, the team has been assisting the Council with grant payments (e.g. free school meals, social care workers bonus payments and business rate grants) through provision of support and advice. The team has also supported the Council's Test, Trace and Protect (TTP) Team in response to the Covid-19 pandemic, with a Senior Auditor seconded to the team.

In light of this, the table below shows the impact had on progress against the Audit Plan for 2020/21 with a number of projects being put on hold and some which will no longer be carried out. This is mainly due to the temporary reduction in audit resource due to the redeployment and subsequent secondment of one Senior Auditor to the TTP team (from June 2020), and one Auditor retiring in October 2020. We are currently advertising for a Senior Auditor for a 12 month temporary contract to backfill for the Senior Auditor and there remains uncertainty whether the council will support the recruitment into the vacant Auditor post. The Audit Plan will remain under review, as will the utilisation of available internal audit resource, in the context of the Council's ongoing response to the Covid-19 pandemic and to ensure that we continue to focus our work on areas of greatest risk to the Council. Any high priority areas will be carried forward to next year's Audit Plan (2021/22).

Internal Audit Update – November 2020

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
AONB Grant	Complete	Grant certification	0	0	0	Annual accounts audit
Homelessness	Final Draft	-	-	-	-	Nearing completion
Deprivation of Liberty Safeguards	On hold	-	-	-	-	Awaiting revised Welsh Government guidance
Education Improvement Grant	No longer required	-	-	-	-	Grant terms and condition no longer require audit.
Pupil Improvement Grant	Complete	High ●	0	0	1	Annual grant certification
Financial Management System 2019-20	Complete	Not applicable ●	-	-	-	Project at an early stage so unable to give an assurance rating.
Treasury Management 2019-20	Complete	High ●	0	0	3	
Accounts Payable 2019-20	Complete	High ●	0	0	0	
Direct Payments for Children	Complete	Low ●	0	4	2	
Recruitment & Retention	Draft	-	-	-	-	Delayed due to Covid-19
Health & Safety Enforcement	Complete	High ●	0	0	4	
Schools audit: Ysgol Pendref	Draft	-	-	-	-	Delayed due to Covid-19
School Audit: Ysgol Bro Cinmeirch	Closing Meeting					Delayed due to Covid-19
Supply Chain Risk	Closing meeting	-	-	-	-	
Housing Support Grant	Complete	High ●	0	0	0	
Rhyl Regeneration Programme	Draft	-	-	-	-	
Project Management: SC2	Closing meeting					
Project Management: Queens Market	Draft					

Internal Audit Update – November 2020

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Business Rates Grants	In progress	-	-	-	-	Advisory
Discretionary Business Grants	In progress					Advisory
Free School Meals Direct Payments	Complete	-	-	-	-	Advisory
Social Care Workers Bonus Payments	Complete	-	-	-	-	Advisory
Rhuddlan Town Council	Complete	N/a				External fee earning work
National Fraud Initiative	Ongoing	N/a	N/a	N/a	N/a	Commencing 2020-21 exercise
Revenues & Benefits 2020/21	Opening Meeting					Focus on Covid impact
Capital Management	Scoping					
Financial Services 2020/21	Scoping					
Community Living Schemes	Fieldwork					Additional/New audit
Data Protection & Freedom of Information	Draft					Includes information security when remote working
Denbighshire Leisure Limited	Not started					Q4
ICT Capacity & Resilience	Scope Prep					Q4
Commercial Waste	Scope prep					On hold
Blue Badges	Not started					On hold
Ethical Culture	Draft					Nearing completion
Risk Management	Not started					Q4
Adoption Service	On hold					
Highways Maintenance	Not started					
Community Safety	Not started					

Internal Audit Update – November 2020

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Empty Homes	On Hold					
Housing Maintenance	Not started					
Equalities/ Wellbeing Impact Assessments	On Hold					
General Fraud Enquiries	Ongoing	N/a	N/a	N/a	N/a	
Follow up audits	Ongoing	N/a	N/a	N/a	N/a	
School fund audits	Ongoing	N/a	N/a	N/a	N/a	
Corporate Governance Framework	Ongoing	N/a	N/a	N/a	N/a	
Corporate Working Groups	Ongoing	N/a	N/a	N/a	N/a	
Consultancy & Corporate Areas	Ongoing	N/a	N/a	N/a	N/a	
Team Meetings /1:1s	Ongoing	N/a	N/a	N/a	N/a	
Management	Ongoing	N/a	N/a	N/a	N/a	
Training & Development	Ongoing	N/a	N/a	N/a	N/a	

As indicated previously, a reduction in resource will mean that the following projects will no longer be completed in 2020/21. These areas will continue to be assessed and high priority areas will be carried forward to the Audit Plan for 2021/22:

- Community Mental Health Team – on hold until 2021/22 by request of BCUHB
- Deprivation of Liberty Safeguards (DOLS) – on hold until WG guidance released
- Adoption Service – on hold. Wrexham CBC (host authority) also plan to audit.
- Youth Service – on hold
- Works in Defaults – no longer a priority
- Workforce Development – carry forward to 2021/22
- School Audits – on hold, carry forward to 2021/22
- Heritage Services – no longer a priority
- Additional Learning Needs – carry forward to 2021/22
- Empty Homes – no longer a priority
- Commercial Waste – on hold
- Exceptions and Exemptions with CPRs – on hold
- Equalities / Wellbeing and Impact Assessments – on hold

Progress with Improvement Actions 2020-21

Responsibility to resolve issues and manage agreed actions lies with management. The International Internal Audit Standards require internal audit to monitor what is happening to the results of audit engagements to ensure that actions have been implemented effectively or that management has accepted the risk of not taking action. The table below summarises progress as at the end of June 2020. The progress and current status of the actions showing as overdue is available on request.

Service	Actions raised	Actions due	Actions completed	%	Actions past due date	%
Business Improvement & Modernisation	16	12	11	92	1	8
Community Support Services	20	18	9	50	9	50
Communities & Customers	25	19	3	16	16	84
Education & Children's Services	27	24	22	92	2	8
Facilities, Assets & Housing*	9	9	8	89	1	8
Finance & Property Services	33	32	18	56	14	44
Highways, Facilities & Environmental Services	21	20	8	40	12	60
Legal, HR & Democratic Services	46	40	26	65	14	35
Planning, Public Protection & Countryside Services	32	25	17	68	8	32
Total	229	199	121	61	78	39

* Some internal audit actions are still shown under the Facilities, Assets & Housing Service on Verto, but continue to be updated by the relevant officers.

Performance is below target overall but shows improvement when compared against the last Internal Audit Update reported to committee in July 2020. The coronavirus pandemic has caused some slippage against original agreed timescales; however, some of the longstanding actions have been resolved. Internal Audit has worked with Legal, HR & Democratic Services in particular to re-evaluate certain actions taking into account the current situation, for example, a different approach was agreed to addressing risk surrounding driver safety in light of significant reduction in travelling since the coronavirus pandemic and the increased use virtual meetings.

Progress with Counter Fraud Work

Counter fraud work carried out since the last internal audit update includes:

1. Providing advice on counter fraud to officers on request. This has included the emergency Covid-19 related grants for businesses, social care workers and free school meals.
2. National Fraud Initiative (NFI) update:
 - a. NFI exercise 2018-19 is nearly complete and we are closing down any open cases. Monies identified as wrongfully paid are in the process of recovery. A summary of the results will be reported to the next committee meeting.
 - b. The NFI 2020-21 exercise is now being set up with internal audit coordinating the data uploads from various IT systems across the Council and from external parties where systems are hosted elsewhere. Privacy notices have been checked and required Privacy Declaration complete.
 - c. The Auditor General has included data-matching of COVID-19 business support grants paid by local authorities as part of the 2020-2022 NFI to help Councils identify fraudulent applications.
 - d. Audit Wales have published a report summarising the results of the NFI 2018-19 exercise which has uncovered £8m of fraud and overpayments across public services in Wales, compared with £5.4m in the previous exercise. The increase was mainly attributed to several local authorities being more proactive in reviewing matches between council tax single persons discount and the electoral register.
3. School fund certificates from Blessed Edward Jones's school funds are still outstanding for 2018-19 and 2019-20 up to when the school closed. As Blessed Edward Jones School has closed, we are liaising with staff at Christ the Word School to obtain the documents which will enable us to complete the audit. Education Support maintain regular contact with all schools and prompt them to maintain up-to-date certificates.
4. The Strategy for the Prevention and Detection of Fraud, Corruption and Bribery has been drafted which is aligned to the recently published Fighting Fraud and Corruption Locally Strategy for Local Government. The Fraud Response Plan which accompanies the strategy is under development.

Referrals 2020/21

One allegation has been referred to Internal Audit so far this year and it has been referred to the police.

One whistleblowing concern has been raised which features as part of the Committee's Annual Whistleblowing Report (separate agenda item).

Internal Audit Performance Standards

The table below shows Internal Audit's performance to date for 2020/21.

Performance Measure	Target	Current Performance
Send a scoping document before the start of every audit	100%	100%
Issue draft report within 10 days of the closing meeting	Average days less than 10	7 days
Issue final report within 5 days after agreeing the draft report and action plan	Average days less than 5	11.5 days
Percentage of audit agreed actions that have been implemented by services	75%	61%

Performance relating to issuing the final report within 5 days of agreeing the draft report has been adversely impacted by capacity shortage within the team. The performance relating to the number of internal audit actions implemented by management has improved compared to the last internal audit update report, but is still below target. Internal Audit has worked with Legal, HR & Democratic Services and Finance & Property Services to review outstanding actions and record progress on the verto system.

The completion rate by service is summarised in the table on page 18 and a list of overdue actions is available on request. The coronavirus pandemic has caused slippage with some actions and Internal Audit will continue to review long standing actions with the managers concerned to establish reasons affecting timely completion.

CIPFA Practical Guidance for Audit Committees – Update

The Welsh Chief Auditors Group hosted an Audit Committee Chairs Network and the Chair and Chief Internal Auditor attended its first meeting in October 2019. The meeting arranged for June 2020 was postponed due to the coronavirus pandemic and has been rescheduled to November 2020.

The training arranged with CIPFA on “How to be a more effective audit committee” has been put on hold temporarily due to the coronavirus pandemic.

The Chief Internal Auditor proposes to perform another self-assessment against the CIPFA Practical Guidance for Audit Committees in the New Year.

Appendix 1 – Assurance Level Definition

Assurance Level	Definition	Management Intervention
High Assurance ●	Risks and controls well managed and objectives being achieved	Minimal action required, easily addressed by line management
Medium Assurance ●	Minor weaknesses in management of risks and/or controls but no risk to achievement of objectives.	Management action required and containable at service level. Senior management and SLT may need to be kept informed.
Low Assurance ●	Significant weaknesses in management of risks and/or controls that put achievement of objectives at risk.	Management action required with intervention by SLT.
No Assurance ●	Fundamental weaknesses in management of risks and/or controls that will lead to failure to achieve objectives.	Significant action required in a number of areas. Required immediate attention from SLT.

Risk Issue Category	Definition
Critical ●	Significant issues to be brought to the attention of SLT, Cabinet Lead Members and Corporate Governance and Audit Committee.
Major ●	Corporate, strategic and/or cross-service issues potentially requiring wider discussion at SLT.
Moderate ●	Operational issues that are containable at service level.

Internal Audit of Direct Payments for Children

Internal Audit engagements are conducted in conformance with the Public Internal Audit Standards

Contents

Contents	2
Purpose and Scope of Review	3
Background & Context	4
Audit Opinion	5
Action Plan.....	9
Issue 1 – No documented guidance on direct payments or transition arrangements	9
Issue 2 – Direct payments only provided in the Children with Disabilities team	10
Issue 3 – Key management information held is not robust.....	11
Issue 4 – Non-adherence to Contract Procedure Rules (CPRs)	12
Issue 5 – Personal Assistants’ Process is not robust	13
Issue 6 – Reviews of outcomes are not robust.....	14
Appendix 2 – Assurance Ratings Definitions	15
Report Recipients	16
Internal Audit Team	16
Key Dates	16

Purpose and Scope of Review

We carried out a review of Direct Payments as this area has not been reviewed for some time and as part of our proactive counter fraud measures. This review provides assurance for senior managers within the Education & Children's Services (ECS), the Annual Internal Audit Report and Annual Governance Statement.

Our scope covered the following areas:

- Policies and Procedures;
- Referrals and Assessment;
- Employment of Personal Assistants;
- Transition Arrangements; and
- Monitoring and Closure of Direct Payments.

We have previously carried out a review of support budgets and direct payments within Community Support Services (CSS), which was reported to Corporate Governance & Audit Committee in September 2019.

Background & Context

A direct payment is an option that is considered for providing care and support to comply with the Social Services and Well-being (Wales) (SSWB) Act 2014 focusing on achieving outcomes for citizens. This can either be paid to the child's parent or carer, or into a managed account where a third party provider will administer the funds.

Traditionally, individuals or their representatives have not been able to shape the kind of support they need. One of the key principles of the SSWB Act is about empowering them to have a say and control to improve their wellbeing, so with a personalised approach, such as a direct payment, it enables them to identify their own needs and make choices about how they want to be supported. Local authorities have a fiduciary duty to ensure that there are sufficient controls to manage public expenditure, but have to balance this in line with the principles of the Act to ensure it is adaptable to suit the individual. For example, some councils do not require citizens to evidence how their direct payment is being spent. Currently within the council, regular returns should be submitted to provide evidence of this expenditure. Since we completed our audit fieldwork, a prepayment card option has been implemented.

While any child that has been assessed as needing care and support could be provided with a direct payment, where appropriate, it is currently only the Children with Disabilities team that offers them. Both the third party provider and the financial assessment officers from CSS are involved in this process. At the time of our review, there were 29 children supported by a direct payment, 8 of which were provided through a managed account, and a further 9 cases were pending (no payment was being made until a personal assistant was appointed).

Audit Opinion

Staff within the Children with Disabilities team have been provided with training on direct payments, but the Service would benefit from having documented guidance to ensure staff are clear of the process and it is followed consistently. It is planned for this to be co-ordinated with the CSS to produce common guidance for direct payments. Similarly, the Service does not have documented guidance for parents or carers, instead commissioning a third party provider to supply this information and advice to citizens.

There is a robust process for referring citizens via the Children and Families Support Gateway and then passed to the relevant team so a social worker can obtain further information to establish the needs of the child and whether direct payments should be pursued.

Currently, only the Children with Disabilities team provide direct payments within the Service. This needs to be reviewed to ascertain where this option would be appropriate, in line with the SSWB Act. The structures may have to be reviewed to accommodate any additional demand as the Service shares both the review team and financial assessment team with CSS. Processes for managing direct payments will also need to be reviewed prior to any extension of the service provision to ensure they are robust, and staff are clear of their roles and responsibilities.

Information relating to direct payments is difficult to find due to how it is recorded. For instance, direct payments are not always mentioned in care plan documentation, as the Children with Complex Needs (CWCN) Panel will not have approved the direct payment at this stage. The recording of the direct payments process, from assessment to approval, has not been consistently recorded on the PARIS system, with a lot of information being contained in case notes. This is due to the number of changes being made within the system to reflect the implementation of the SSWB Act. Having robust guidance should help to alleviate this issue, together with completion of regional care and support plan templates which are in the process of being developed.

The data held on the PARIS system in relation to direct payments needs to be reviewed to ensure that it is accurate and up-to-date. Direct payment cases also need to be closed

Internal Audit of Direct Payments for Children

down more promptly on PARIS. This would assist in providing a reliable mechanism for robust system reporting.

Direct payments are mainly used to employ a personal assistant to assist in supporting the child, e.g. for taking them to activities. The third party provider can advise parents or carers on employment rights including right to work in the UK and disclosure barring service (DBS) checks. They can also arrange for DBS checks to be carried out and ensure that appropriate employer liability insurance is in place. Too much reliance has been placed on the third party provider to carry out this role without adequate checks by the council that their roles and responsibilities are being fulfilled. Our sample testing identified that:

- We could not find evidence of DBS checks for all personal assistants in our sample (4 out of 11 cases could not be found);
- Neither the provider nor the council confirm that the parent or carer has carried out a right to work in the UK check on the personal assistant; and
- Not all parents or carers provide copies of their employer liability insurance despite their contract detailing this responsibility, yet the direct payment is still paid.

Principal Managers, in both ECS and CSS, have convened a working group to review our current arrangements with third party suppliers and to explore options to address some of the issues in recruitment and sustainability of personal assistants in the county. The service has analysed the difficulties in recruiting personal assistants, and are exploring options to stimulate the market. If direct payments are recovered because of recruitment issues, the child's outcomes may not be met or alternative service provisions could be more costly than direct payments. These circumstances are not unique to Denbighshire and similar issues in recruitment and retention of personal assistants are experienced across Wales.

Currently, no contract is in place with the third party provider to supply this support. The provider is also used by CSS who use them more often. While there was a contract in place previously, the council 'spot purchases' with them while current arrangements are reviewed. Expenditure for the financial year 2019/2020 was £45,130. Consequently, the council has contravened Contract Procedure Rules (CPRs) in exceeding tendering thresholds i.e. £25k and above requires quotations and a contract.

Internal Audit of Direct Payments for Children

Direct payments are calculated consistently in terms of the hourly rate that should be paid to the personal assistant, which are authorised by the CWCN Panel before payment. There is a signed agreement in place with the parent or carer for managing the direct payment.

There was a lack of evidence of the child's outcomes being reviewed within the designated six month period. Social workers are inconsistent in how they record their outcome reviews, a new template had been designed to rectify this but had not been fully implemented at the time of our review. Instead, social workers maintain their records to prompt them to arrange this visit and cases are reviewed as part of the supervision process, but it would be more practical, to record the agreed review date on the PARIS system so there is an automatic prompt when the next review is due.

Financial monitoring needs to be improved as direct payments have been made towards a personal assistant without one being in post, or to identify where balances are significantly accruing. On occasions, there were delays in recovering funds from the parent, carer or the third party provider where a direct payment had ended. An issue in relation to financial monitoring was raised in our Support Budgets & Direct Payments (CSS) review and after the conclusion of our review, prepayment cards were introduced, which will improve monitoring arrangements. Therefore, we are satisfied that suitable action has been taken to address this issue.

There needs to be better co-ordination between the Children with Disabilities team and the financial assessment officers (FAOs). For instance, when a social worker is visiting the parent or carer to discuss the direct payment and reviewing the child's outcomes, if any financial issues are identified, these should be passed to the FAOs for further investigation. Similarly, if the FAOs pick up any issues as part of their financial monitoring, such as returns not being submitted, these should be reported to the social worker who can discuss it as part of their next visit.

We carried out a brief review of the arrangements for direct payments from when the child transitions from the Service to CSS. Overall, this was positive as there are processes in place to ensure that children are identified at an early stage, and there is a dedicated officer to assist with the process. There is currently no documented guidance for managing the process and continuity arrangements need to be reviewed to ensure that they are effective.

Internal Audit of Direct Payments for Children

In conclusion, although there were some positive measures in place, because of the significance of the risks being raised, we provide a low assurance rating.

Low Assurance ●

Significant weaknesses in management of risks and/or control that put achievement of objectives at risk

Action Plan

Issue 1 – No documented guidance on direct payments or transition arrangements

Staff may not be clear of their duties and therefore carry out processes inconsistently - Moderate Risk ●

Agreed action	Responsibility	Deadline
1.1 CSS and Education & Children's Services to co-productively develop guidance for detailing the arrangements in place for when a child transitions to adulthood.	Team Manager (Complex Disabilities)/ Senior Social Worker/ Transition Social Worker, CSS Complex Disabilities Team	Complete
1.2 Review shared Direct Payment Guidance and Procedures with CSS (last updated April 2019) to ensure that standard recording practices are clear and reflect the new templates and incorporate guidance on transition guidance.	Principal Manager (Intervention, Prevention, Health & Wellbeing)/ Principal Manager (Operational Services)	31/03/2021

Issue 2 – Direct payments only provided in the Children with Disabilities team

This should be reviewed to ensure the Service is complying with the Social Services and Wellbeing Act (SSWB) - Moderate Risk ●

Agreed action	Responsibility	Deadline
2.1 Complex Disability Team (Transition) to develop a system which ensures that the required list of children transitioning to CSS is accessible to the management team.	Team Manager (Complex Disabilities)/ Senior Social Worker	Complete
2.2 Meeting held to confirm that Direct Payments cannot be utilised in other Children's Social Care teams currently.	Director of Social Services/Head of Children's Services	Complete
2.3 Meeting to address the business continuity arrangements for the Children with Disabilities Team Manager to ensure that appropriate cover is available for leave and sickness absence from other team managers within the service.	Principal Manager (Intervention, Prevention, Health & Wellbeing)/Interim Head of Children's Social Care	31/12/2020

Internal Audit of Direct Payments for Children

Issue 3 – Key management information held is not robust

Direct payment information is either not recorded, recorded incompletely or incorrectly. This has meant that information cannot easily or accurately be reported on to enable effective monitoring - Major Risk ●

Agreed action	Responsibility	Deadline
3.1 Both Adults and Children's services are considering a move from PARIS to an alternative social Care recording system such as WCCIS which would address these issues (will be followed up as part of the Support Budgets review).	N/A	N/A
3.2 There have been issues with recording on PARIS. As PARIS is not used for making payments there are sometimes issues with double inputting data on both PARIS and the system used for payment (CIS or Proactis). The newest version of PARIS (6.1 build 19.39) has now been completed and ICT are currently investigating implementing changes to system to allow budget codes and tariffs to be recorded and edited.	Principal Manager (Intervention, Prevention, Health & Wellbeing)/ Principal Manager (Operational Services)	31/12/2020
3.3 In the meantime, procedures and standards for recording direct payments in PARIS will be reviewed and the FAO Team will work with the Children with Disabilities Team to improve communication and data recording as much as possible considering the identified issues with PARIS.	Team Manager (Client Services)/ Team Manager (Children with Disabilities)	31/03/2021
3.4 Update recording guidance to standardise recording of Direct Payment information within new care and support plan and review templates.	Team Manager (Children with Disabilities)	31/03/2021

Issue 4 – Non-adherence to Contract Procedure Rules (CPRs)

There is no contract in place with the third party provider for supplying advice and support and the managed account service for direct payments. This contravenes CPRs and the council could be challenged. - Major Risk ●

Agreed action	Responsibility	Deadline
4.1 A joint working group has been set up by the Principal Managers in CSS and ECS to research and review the service specification for a Direct Payment Support Service going forward and an action plan is in place to pursue options to address the issues and commission an appropriate service to meet our requirements.	Principal Manager (Intervention, Prevention, Health & Wellbeing)/ Principal Manager (Operational Services)	31/03/2021
4.2 A prepaid card solution has been implemented by both Adults and Children's Services for Direct Payments which would reduce the need for a managed account service.	Team Manager (Client Services)	Complete

Issue 5 – Personal Assistants' Process is not robust

Too much reliance is placed on the third party provider without adequate checks - Major Risk ●

Agreed action	Responsibility	Deadline
5.1 To review the support provider service in relation to employing PAs and DBS and to consider alternatives. To consider the Authority taking on a more 'hands-on' approach rather than the light touch monitoring requested by the Director of Social Services.	Principal Manager (Intervention, Prevention, Health & Wellbeing)/ Principal Manager (Operational Services)	31/03/2021
5.2 To contact the All Wales Direct Payment Forum to gain an understanding of other Welsh Authority's monitoring process with regard to PAs and DBS checks.	Team Manager (Client Services)	Complete

Issue 6 – Reviews of outcomes are not robust

There is a lack of evidence to confirm that outcome reviews are reviewed in line with the SSWB Act - Major Risk ●

Agreed action	Responsibility	Deadline
6.1 Create recording standards for social worker team to ensure that information regarding direct payment, decisions, arrangement and reviews are recorded consistently.	Team Manager (Children with Disabilities)	30/09/2020
6.2 Carry out quality assurance audit to ensure that social workers are using the existing template to review cases and are complying with recording standards.	Team Manager (Children with Disabilities)	31/012021

Appendix 2 – Assurance Ratings Definitions

High Assurance ●	Risk and controls well managed and objectives are being achieved
Medium Assurance ●	Minor weaknesses in management of risks and/or objectives but no risk to achievement of objectives
Low Assurance ●	Significant weaknesses in management of risks and/or control that put achievement of objectives at risk
No Assurance ●	Fundamental weaknesses in management of risks and/or controls that will lead to failure to achieve objectives

Report Recipients

- Principal Manager (Intervention, Prevention, Health & Wellbeing, ECS)
- Interim Head of Children's Social Care
- Team Manager (Children with Disabilities team, ECS)
- CSS Team Managers (Complex Disabilities, Client Services and Business Support)
- Principal Managers (Operational Services, Support Services CSS)
- Service Manager (Client Services)
- Head of Community Support Services
- Senior Finance & Assurance Officer (Education & Children's Service)
- Legal & Procurement Operations Manager
- Corporate Director (Communities)
- Lead Officer (Destination, Marketing and Communication)
- Chief Executive
- Section 151 Officer
- Strategic Planning & Performance Officer
- Scrutiny Coordinator
- Chair-Performance Scrutiny Committee
- Lead Member for Education, Children's Services & Public Engagement
- Lead Member for Finance, Performance & Strategic Assets
- Corporate Governance & Audit Committee

Internal Audit Team

Lisa Harte, Senior Auditor

lisa.harte@denbighshire.gov.uk

Key Dates

Review commenced	September 2019
Review completed	November 2019
Reported to Corporate Governance & Audit Committee	18 November 2020
Proposed date for first follow up review	April 2021

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Aelod Arweiniol dros Les ac Annibyniaeth ac Aelod Arweiniol dros Addysg, Gwasanaethau Plant ac Ymgysylltu â'r Cyhoedd / Cyfarwyddwr Corfforaethol Cymunedau
Awdur yr Adroddiad	Cyfarwyddwr Corfforaethol Cymunedau
Teitl	Adolygiad Arolygiaeth Gofal Cymru (AGC) o Berfformiad Awdurdodau Lleol Ebrill 2019 – Mawrth 2020

1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad yn nodi'r materion allweddol sy'n codi o adolygiad Arolygiaeth Gofal Cymru (AGC) o berfformiad Cyngor Sir Dinbych wrth gyflawni ei swyddogaethau gwasanaethau cymdeithasol statudol. Mae copi o'r llythyr adolygu llawn ynghlwm yn Atodiad I.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Sicrhau bod y Pwyllgor yn ymwybodol o'r gwerthusiad perfformiad ar gyfer gwasanaethau cymdeithasol gan gynnwys meysydd cynnydd, meysydd i'w gwella a risg.

3. Beth yw'r Argymhellion?

Argymhellir bod yr Aelodau'n ystyried gwerthusiad AGC ac yn ystyried a oes angen craffu ymhellach

4. Manylion yr Adroddiad

4.1 Mae llythyr blynyddol AGC yn darparu adborth ar arolygu a gweithgaredd gwerthuso perfformiad a gwblhawyd yn ystod y flwyddyn; adroddiadau ar gynnydd y mae'r awdurdod

lleol wedi'i wneud wrth weithredu argymhellion o arolygiadau a / neu adolygiadau ymarfer plant ac oedolion; ac, yn amlinellu rhaglen waith ymlaen AGC.

4.2 Mae'r llythyr yn rhoi crynodeb o'r cryfderau a'r meysydd i'w gwella. Bydd meysydd y nodwyd bod angen eu gwella yn cael eu hymgorffori yn y Cynlluniau Busnes Gwasanaeth ar gyfer 2020 - 2021.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Mae'r arolygiad yn darparu persbectif allanol o berfformiad y Cyngor mewn perthynas â gwasanaethau cymdeithasol

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

Bydd yr ymateb i gyflawni camau gwella yn cael ei integreiddio i'r Cynlluniau Busnes Gwasanaeth ar gyfer 2020-2021. Bydd cyflwyno'r cynlluniau hyn yn cael ei reoli o fewn yr adnoddau ariannol presennol.

7. Beth yw prif gasgliadau'r Aseiad o'r Effaith ar Les?

Nid oes angen Aseiad Effaith Llesiant oherwydd nid yw'r adroddiad hwn yn gofyn am benderfyniad a fydd yn arwain at unrhyw newid i staff neu'r gymuned ehangach. Bydd AELI yn cael ei gwblhau ar flaenoriaethau unigol os ydynt yn ei gwneud yn ofynnol i brosiectau gychwyn a / neu wneud penderfyniadau.

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

Mae cyfarfodydd ymgysylltu wedi'u trefnu yn cael eu cynnal gyda'r Uwch Dîm Rheoli Gwasanaethau Cymdeithasol a AGC sy'n helpu i lywio'r gwerthusiad yn ogystal ag asesu cynnydd wrth gyflawni gwelliant.

9. Datganiad y Prif Swyddog Cyllid

Fel y nodwyd uchod, mae'n bwysig bod unrhyw gostau sy'n ymwneud â'r cynlluniau gwella a chamau gweithredu yn cael eu cynnal o fewn y cyllidebau blynyddol cyfyngedig ar gyfer arian parod ar gyfer y gwasanaeth y cytunwyd arnynt yn flynyddol.

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

Nid oes unrhyw risgiau'n gysylltiedig â gweithredu argymhellion yr adroddiad hwn

11. Pŵer i wneud y Penderfyniad

Mae tudalen hwn yn fwriadol wag

Nicola Stubbins
Cyfarwyddwr Corfforaethol Cymunedau
Cyngor Sir Ddinbych
Neuadd y Sir
Ffordd Wynnstay
Rhuthun
LL15 1YN

Dyddiad: 03 Awst 2020

Annwyl Nicola Stubbins,

Adolygiad Arolygiaeth Gofal Cymru (AGC) o Berfformiad Awdurdodau Lleol Ebrill 2019 – Mawrth 2020

Mae'r cod ymarfer ar gyfer adolygu gwasanaethau cymdeithasol awdurdodau lleol a gyhoeddwyd ym mis Ebrill 2019, yn amlinellu ein bwriad i ysgrifennu a chyhoeddi llythyr blynyddol i awdurdodau lleol a fydd yn:

- rhoi adborth ar weithgarwch arolygu a gwerthuso perfformiad a gwblhawyd gennym yn ystod y flwyddyn
- adrodd ar y cynnydd y mae'r awdurdod lleol wedi'i wneud o ran gweithredu argymhellion arolygiadau a/neu adolygiadau ymarfer plant ac oedolion
- amlinellu ein blaenraglen waith

Yn unol â'n cod ymarfer ar gyfer adolygu gwasanaethau cymdeithasol awdurdodau lleol, mae'r llythyr hwn yn crynhoi ein hadolygiad o berfformiad Cyngor Sir Ddinbych wrth gyflawni ei swyddogaethau statudol o ran gwasanaethau cymdeithasol rhwng mis Ebrill 2019 a mis Mawrth 2020.

Rydym yn cydnabod nad oedd modd i ni gwblhau'r cyfarfod adolygu perfformiad blynyddol o ganlyniad i'r amgylchiadau digynsail sy'n gysylltiedig â COVID-19.

Arolygiaeth Gofal Cymru (AGC)
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Care Inspectorate Wales (CIW)
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Sarn Mynach
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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.

Fodd bynnag, credwn fod buddion sylweddol o hyd o ran nodi a thynnu sylw'r awdurdod lleol a'i bartneriaid at y meysydd o cryfderau ac gwelliannau sy'n ofynnol. Bwriad y llythyr yw cynorthwyo'r awdurdod lleol a'i bartneriaid i wella'n barhaol.

Mae'n dilyn pedair egwyddor Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, a'n dull cynyddol gydweithredol a seiliedig ar gryfderau o hybu gwelliant.

Caiff cynnwys y llythyr hwn ei lywio gan y gweithgarwch gwerthuso perfformiad a gynhaliwyd gan yr arolygiaeth yn ystod y flwyddyn. Mae hyn wedi cynnwys:

- arolygiad o wasanaethau oedolion hŷn – Mai 2019
- cyfarfodydd ag uwch-reolwyr
- gweithgarwch â phwyslais penodol o ran gwasanaethau oedolion – Ionawr 2020
- gweithgarwch ymgysylltu â gwasanaethau oedolion hŷn
- gweithgarwch â phwyslais penodol o ran gwasanaethau plant – Rhagfyr 2019
- adborth/gwybodaeth a gafwyd
- adolygu gwybodaeth am berfformiad

Yn ystod y flwyddyn, rydym wedi bod yn cynnal trafodaethau â chi wrth i'r holl weithgareddau a restrir uchod fynd rhagddynt, ac felly mae cynnwys ein llythyr perfformiad blynyddol yn adlewyrchiad cywir o'n canfyddiadau parhaus a rennir â chi yn gyson.

Crynodeb o gryfderau a meysydd i'w gwella yn unol ag egwyddorion Deddf 2014

Llesiant

Mae Cyngor Sir Ddinbych yn cael budd o dîm uwch-reolwyr profiadol a gwybodus. Mae gan uwch-reolwyr ym mhob rhan o'r awdurdod lleol ddealltwriaeth dda o'r ffordd y mae ffocws ar waith atal a llesiant yn effeithio ar ganlyniadau i bobl, cynaliadwyedd gwasanaethau a llwyddiant yr awdurdod lleol cyfan.

Yn ystod y flwyddyn, gwelsom dystiolaeth i ddangos newid cadarnhaol wedi'i ategu gan ddeddfwriaeth ac archwiliadau mewnol. Gwnaethom gyfarfod ag ymarferwyr ym maes gwasanaethau gofal cymdeithasol oedolion a gwasanaethau plant, a siaradodd yn frwd am eu gwaith a'u cynlluniau ar gyfer y dyfodol. Roedd llawer ohonynt yn croesawu'r ymreolaeth a gafwyd o'r ffyrdd newydd o weithio o dan Ddeddf 2014 a dywedwyd eu bod yn teimlo eu bod yn cael eu cefnogi'n dda. Roeddem ar ddeall bod ymarferwyr yn cael budd o'r cyfleoedd hyfforddi a oedd ar gael iddynt, er bod gofynion gwaith ar y rheng flaen yn golygu na ellir achub ar bob un o'r cyfleoedd hynny.

Mae gwasanaethau oedolion yn gwella eu dull o ymdrin â sgysiau sy'n seiliedig ar gryfderau gan sicrhau canlyniadau da i lawer o bobl. Ym mis Ionawr 2020, bu modd i ni adrodd ar welliannau sylweddol wrth ddiogelu oedolion. Bu modd i ymarferwyr ddangos sut roeddent yn gwrando ar y canlyniadau roedd y bobl am eu cyflawni, a sut roeddent yn cefnogi'r bobl i weithio'n greadigol tuag at yr hyn a oedd yn bwysig iddynt. Mae'r amseroldeb, y cofnodi, y dadansoddi proffesiynol a'r broses o wneud penderfyniadau i gyd wedi gwella yn ystod y flwyddyn.

Mae llawer o gofnodion ysgrifenedig da iawn ar gyfer gwasanaethau cymdeithasol plant. Mae'r cofnodion yn dangos yn glir y gwaith cadarnhaol mae'r ymarferwyr wedi'i gyflawni, mewn partneriaeth ag eraill i gefnogi'r plant sydd fwyaf agored i niwed mewn amgylchiadau anodd dros gyfnodau estynedig. Mae'r tîm uwch-reolwyr wedi adnewyddu ei broses archwilio gyda phwyslais ar sicrhau bod yr holl waith cymdeithasol yn cyrraedd y safonau uchel hyn, a bod pob plentyn yn cael cymorth amserol ac effeithiol.

Pobl

Mae gan Gyngor Sir Ddinbych ddealltwriaeth ddigonol o'r ffordd y gall pobl gael budd o wybodaeth, cyngor a chymorth a thrwy gael eu cynnwys yn y gwaith o ddatblygu gwasanaethau sy'n diwallu eu hanghenion.

Nid yw'r awdurdod lleol bob amser yn llwyddiannus wrth reoli'r cydbwysedd rhwng canolbwyntio ar gryfderau oedolion fel ffordd o gynnal eu hannibyniaeth a dyletswydd yr awdurdod lleol i ddarparu gwasanaethau i ddiwallu anghenion. Mae'n rhaid i'r awdurdod lleol gymryd camau i sicrhau bod canlyniadau asesiadau'n cael eu cofnodi ar yr adnodd asesu a chymhwysedd. Mae'n rhaid i'r cofnod gynnwys cofnodion o'r cyngor a'r wybodaeth a roddir, ac mae'n rhaid i'r awdurdod lleol gynnal canlyniadau asesiadau ni waeth beth fo adnoddau ariannol yr unigolyn, a hynny yn unol â Deddf 2014.

Mae brwdfrydedd a chreadigrwydd newydd wedi gwella'r prosiect cyllidebau a gefnogir ac, yn ddiweddar, mae nifer y bobl sy'n cael cynnig mwy o ddewis o ran sut maent yn rheoli eu gofal a'u cymorth wedi cynyddu.

Mae'r awdurdod lleol yn cydnabod pa mor bwysig yw sicrhau bod pobl yn gallu cyfathrebu yn eu dewis iaith. Mae'r broses o recriwtio ymarferwyr sy'n siarad Cymraeg yn her. Mae'r awdurdod lleol yn mynd i'r afael â'r diffyg hwn drwy weithio'n galed i annog a chefnogi staff sy'n awyddus i ddysgu siarad Cymraeg.

Mae cadw a recriwtio gweithwyr cymdeithasol i blant yn dod yn fwy o her yn yr awdurdod lleol. Mae'r awdurdod lleol wrthi'n ystyried y ffordd mae'n recriwtio ac yn cadw gweithwyr sydd newydd gymhwyso ac yn cydnabod yr her a wynebir gan weithwyr mwy profiadol sy'n cyflawni rolau mentora.

Rydym yn parhau i fonitro gweithrediad Trefniadau Diogelu wrth Amddifadu o Ryddid sydd wedi nodi nad yw'r awdurdod lleol, yn yr un modd a llawer o rai eraill yng Nghymru, yn gallu bod yn sicr nad yw hawliau dynol pobl yn cael eu torri drwy gael eu hamddifadu o ryddid yn anghyfreithlon. Byddwn yn cyhoeddi ein cyd-adroddiad cenedlaethol ar y Trefniadau Diogelu wrth Amddifadu o Ryddid maes o law.

Mae'r awdurdod lleol yn cymryd camau i wella safon yr asesiadau o alluedd meddyliol a gynhelir gan ymarferwyr. Mae'r gwaith hwn yn hanfodol er mwyn sicrhau bod yr awdurdod lleol yn barod ar gyfer newidiadau i'r Trefniadau Amddiffyn Rhyddid.

Atal

Mae Cyngor Sir Ddinbych yn ymwybodol o'r her barhaus a wynebir wrth ddarparu gofal cartref a sut mae hyn yn cael effaith negyddol ar y bobl y mae angen gofal a chymorth arnynt. Mae uwch-reolwyr wedi ein sicrhau bod hyn yn flaenoriaeth iddynt a'u bod yn

archwilio opsiynau gwahanol i fynd i'r afael â gallu'r farchnad. Byddwn yn parhau i fonitro hyn.

Yn ystod 2018, roedd ein rhaglen waith yn canolbwyntio ar blant a phobl ifanc sydd wedi bod mewn gofal. Mae'r [adroddiad](#) ar gael ar ein gwefan. Mae'r canfyddiadau allweddol yn tynnu sylw at feysydd i'w gwella mewn perthynas â phroffil, digonolrwydd, ymarfer, partneriaethau, sefydlogrwydd, llywodraethu a rhianta corfforaethol. Mae llawer o'r meysydd i'w gwella a nodwyd gennym yn parhau i gael eu hystyried gan Grŵp Cyngori'r Gweinidog Llywodraeth Cymru ar gyfer gwella canlyniadau i blant a phobl ifanc sydd wedi cael profiad o ofal, ac rydym hefyd yn gobeithio y bydd awdurdodau lleol yn ystyried eu cyfraniad eu hunain at fynd i'r afael â'r canfyddiadau hyn.

Ym mis Rhagfyr 2019, gwnaethom ysgrifennu at bob awdurdod lleol yn gofyn am wybodaeth am adroddiad y Pwyllgor Cyfrifon Cyhoeddus yn sgil ei ymchwiliad i blant sydd wedi cael profiad o ofal, yn benodol argymhelliad 5 sy'n ymwneud ag effeithiolrwydd ac amllder adolygiadau diwedd lleoliad. Rydym yn ymwybodol bod yr awdurdod lleol yn cynnal cyfarfodydd tarfu a chyfarfodydd am leoliadau yn chwalu, a'i fod yn dysgu o brofiad. Mae'r awdurdod lleol yn cydnabod bod amseroldeb yn broblem iddo. Eleni, mae'r awdurdod lleol wedi dysgu pa mor bwysig yw cyfathrebu rhwng gweithwyr cymdeithasol mewn awdurdodau lleol gwahanol a allai fod yn lleoli plant yn yr un lleoliad.

Partneriaethau

Mae gweithio mewn partneriaeth yn effeithiol ar y cyfan yng Nghyngor Sir Ddinbych. Mae gwasanaethau tai, hamdden ac iechyd yr amgylchedd yn gweithio gyda'i gilydd i greu cyfleoedd i adeiladu cydnetheredd cymunedol, ac mae dwyn ynghyd wasanaethau cymdeithasol ac addysg plant mewn blynyddoedd blaenorol yn parhau i ddarparu buddiannau a chyfleoedd.

Mae'r awdurdod lleol yn parhau i gymryd rhan weithredol yn y broses o weithio mewn partneriaeth yn lleol ac yn rhanbarthol, a chaiff ei gyfraniad ei nodi'n gadarnhaol gan ei bartneriaid.

Mae gwasanaethau plant yn parhau i weithio gyda phartneriaid lleol a rhanbarthol i ddatblygu gwasanaethau newydd a gwella cymorth i blant a theuluoedd. Mae ffocws cadarnhaol ar ddarparu'r gofal cywir ar yr adeg gywir, i leddfu straen yn y cartref a lleihau'r tebygolrwydd y bydd angen gofal ar blant y tu allan i gartref y teulu.

Mae datblygu Timau Adnoddau Cymunedol mewn gwasanaethau oedolion yn dangos tystiolaeth o gydweithio da rhwng yr awdurdod lleol a'r bwrdd iechyd lleol. Mae'r ffaith bod ymarferwyr wedi'u cydleoli ac yn gweithio mewn timau ar y cyd yn eu galluogi i rannu gwybodaeth a phrofiad proffesiynol, lleihau dyblygu adnoddau a chyd-gynhyrchu canlyniadau gwell i bobl.

Cynllun Adolygu Perfformiad AGC ar gyfer 2020-2021

Canolbwyntiodd ein rhaglen arolygu thematig wedi'i threfnu ar gyfer 2019-2020 ar waith atal a hyrwyddo annibyniaeth i bobl hŷn; a gwaith atal, partneriaethau a phrofiadau plant anabl. Yn anffodus, o ganlyniad i'r argyfwng presennol sy'n gysylltiedig â COVID-19, rydym wedi gohirio cyhoeddi ein hadroddiad ar wasanaethau pobl hŷn ac wedi gohirio'r holl weithgarwch sy'n ymwneud â'r adolygiad o wasanaethau i blant anabl.

Ein bwriad yw cyhoeddi'r adroddiad cenedlaethol ar wasanaethau pobl hŷn maes o law, a hoffem achub ar y cyfle hwn i ddiolch i chi am gyfraniad eich awdurdod lleol. Rydym wrthi'n adolygu ac yn ystyried ein cynllun gwaith ar gyfer gweddill 2020-2021.

Yn ystod hydref 2019, cydweithiodd AGC ag Arolygiaeth Cwnstabiliaeth a Gwasanaethau Tân ac Achub Ei Mawrhydi, Arolygiaeth Prawf Ei Mawrhydi, Arolygiaeth Gofal Iechyd Cymru (AGIC) ac Estyn i dreialu model ar gyfer arolygiad ar y cyd o drefniadau amddiffyn plant yng Nghymru. Dyma un enghraifft o'r ymdrech i gydweithredu ac integreiddio mewn gwasanaethau cyhoeddus. Byddwn yn dysgu o'r profiad ac yn rhoi'r agweddau cadarnhaol ar waith.

Byddwn yn parhau i weithio'n agos gyda Gofal Cymdeithasol Cymru i gefnogi gwelliannau mewn gwasanaethau gofal cymdeithasol.

Sylwer bod copi o'r llythyr hwn wedi cael ei anfon at gydweithwyr yn Archwilio Cymru, Estyn ac AGIC hefyd.

Byddwn yn cyhoeddi fersiwn derfynol y llythyr hwn ar ein gwefan.

Yn gywir,



Lou Bushell-Bauers
Pennaeth Arolygu Awdurdodau Lleol

Cc.
Archwilio Cymru
AGIC
Estyn

Mae tudalen hwn yn fwriadol wag

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Bobby Feeley / Nicola Stubbins / Phil Gilroy
Awdur yr Adroddiad	Phil Gilroy
Teitl	Adroddiad Archwilio Cymru - Pwysau Costau Cyllidebol Gwasanaethau Cymdeithasol

1. Am beth mae'r adroddiad yn sôn?

1.1. Mae'r adroddiad hwn yn crynhoi Adroddiad Archwilio Cymru o Bwysau Costau Cyllidebol y Gwasanaethau Cymdeithasol yn Sir Ddinbych ac yn darparu ymatebion Swyddogion i'r Cynigion ar gyfer Gwella.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

2.1. Er mwyn sicrhau bod Aelodau Etholedig yn cael eu hysbysu am arsylwadau a chamau gweithredu ac yn gallu craffu arnynt yn dilyn archwiliad allanol o wasanaeth Cyngor Sir Ddinbych.

3. Beth yw'r Argymhellion?

3.1. Bod yr Aelodau'n ystyried yr adroddiad, yr 'Cynigion ar gyfer Gwella' ac ymatebion Swyddogion', gan ddarparu adborth fel y bo'n briodol.

4. Manylion yr Adroddiad

4.1. Ym mis Chwefror 2020, cynhaliodd Swyddfa Archwilio Cymru (Archwilio Cymru bellach) adolygiad o drefniadau comisiynu a gweinyddu cartrefi gofal i bobl hŷn. Mae'r adroddiad llawn wedi'i gynnwys yn Atodiad 1.

4.2. Cyhoeddwyd yr adroddiad terfynol ym mis Awst 2020 a daethpwyd i'r casgliad nad yw'r Cyngor wedi gallu sicrhau'r buddion mwyaf posibl o weithio mewn partneriaeth wrth gomisiynu a gweinyddu lleoliadau gofal cartrefi preswyl a nyrsio.

4.3. Nododd yr adroddiad y daethpwyd i'r casgliad hwn oherwydd:

- nid yw'r trefniant cyllideb gyfun ar gyfer llety cartrefi gofal yn darparu gwerth am arian;
- mae gan y Cyngor drefniadau sefydledig ar gyfer contractio ar gyfer gofal preswyl a chartref nyrsio; mae newidiadau cenedlaethol diweddar i'r broses asesu ariannol wedi arwain at gost ariannol ychwanegol; a
- mae'r Cyngor yn gweithredu i sicrhau bod defnyddwyr gwasanaeth mewn lleoliadau priodol, ond gall mynediad at gyllid gofal iechyd parhaus arwain at oedi ac anghydfodau.

4.4. Mae'r adroddiad yn mynd ymlaen i wneud cynigion ar gyfer Gwella sydd, er hwylustod darllen, yn cael eu cynnwys yma gyda sylwadau cychwynnol a phellach Swyddogion.

Cynnig	Sylwadau Cychwynnol	Sylwadau Pellach
<p>C1 Dylai'r Cyngor, mewn partneriaeth â'r Bwrdd Iechyd, sefydlu dull strategol o ariannu a chomisiynu gofal cartrefi preswyl a nyrsio:</p> <ul style="list-style-type: none"> • lleihau gwahaniaethau sefydliadol; • yn dangos gwerth am arian; a • yn gosod anghenion defnyddwyr gwasanaeth ar y blaen. 	<p>Mae gwaith yn mynd rhagddo yn rhanbarthol trwy'r Bwrdd Comisiynu a'r Grŵp Llywio Cartrefi Gofal. Bydd datblygiadau'r Rhaglen Drawsnewid hefyd yn cynnwys newidiadau i'r modd y mae BCU a CSDd yn gweithio gyda'i gilydd i gomisiynu a monitro lleoliadau cartrefi gofal.</p>	<p>Cryfhawyd y Grŵp Llywio Cartrefi Gofal yn ddiweddar yn dilyn cyfres o gyfarfodydd lefel uchel rhwng BCU a chynrychiolwyr yr Awdurdod Lleol yn ystod yr achos cychwynnol o COVID-19. Bellach mae'r Grŵp Gweithredu Cartrefi Gofal yn cael ei gadeirio gan Gyfarwyddwr yn y Bwrdd Iechyd ac mae'n adrodd yn fewnol o fewn BCU ac yn allanol i'r Bwrdd Comisiynu Rhanbarthol dan</p>

		gadeiryddiaeth Cyfarwyddwr ALI.
C2 Dylai'r Cyngor ymgysylltu â phartneriaid i adolygu'r trefniant cyllideb gyfun gyfredol ar gyfer gofal preswyl i bobl hŷn, er mwyn sicrhau bod trosglwyddiadau arian rhwng cyrff cyhoeddus â budd diriaethol fel comisiynu gofal preswyl a chartref nyrsio yn fwy integredig.	Mae'r trefniadau cyllideb gyfun gyfredol 'wrthi'n cael eu datblygu' ac o'r herwydd maent yn cael eu hadolygu'n rheolaidd gyda'r holl bartneriaid. Fe welwn fod yr enghreifftiau o sicrhau buddion fel comisiynu gofal yn integredig wedi'u cynnwys yn yr adolygiad hwn.	Nid yw Adroddiad Archwilio Cymru wedi'i rannu eto gyda'r Bwrdd Partneriaeth Ranbarthol, sef y corff sydd â'r dasg o oruchwyllo'r trefniadau Cyllideb Gyfun a wnaed yn ofyniad cyfreithiol yn y Ddeddf Gwasanaethau Cymdeithasol a Lles. Mae trefniadau cyfredol wedi cael eu cymeradwyo gan Lywodraeth Cymru fel rhai cyfreithlon.
C3 Dylai'r Cyngor weithio gyda'r Bwrdd Iechyd i wella trefniadau cyfathrebu sy'n sicrhau bod unrhyw newidiadau mewn anghenion iechyd (a chymhwyster dilynol ar gyfer cyllid gofal iechyd parhaus) yn cael eu cyfleu'n gyflym a bod trefniadau cyllido yn cael eu hadolygu.	Bydd datblygiadau'r Rhaglen Drawsnewid hefyd yn cynnwys newidiadau i sut mae BCU a CSDd yn gweithio gyda'i gilydd wrth gomisiynu a monitro lleoliadau cartrefi gofal, gan gynnwys datblygu trefniadau adolygu ar y cyd trwy Dimau Adnoddau Cymunedol.	Mae Pandemig Coronavirus wedi arafu datblygiad Timau Adnoddau Cymunedol ond mae'n dal i fod o fewn bwriad y datblygiadau parhaus i gynnwys trefniadau adolygu ar y cyd. Dechreuodd gwaith ar y cyd rhanbarthol ar ddatblygu Gweithdrefn Weithredu Safon Gofal Iechyd Parhaus ond mae BCU wedi ymddieithrio ag ALI ac mae'r gwaith wedi stopio.
C4 Ystyried newidiadau a roddwyd ar waith yn ystod y	Bydd adolygiad o'r trefniadau a ddatblygwyd	Mae'r Tîm Rheoli Ardal ar y Cyd wedi ailddechrau'n

<p>pandemig COVID-19 i nodi cyfleoedd ar gyfer comisiynu gofal preswyl a chartref nyrsio yn well ac yn fwy integredig</p>	<p>mewn ymateb i COVID-19 yn cael ei gynnal o fewn y Tîm Rheoli Ardal ar y Cyd</p>	<p>ddiweddar yn dilyn y gostyngiad cychwynnol mewn achosion Covid-19. Yn anffodus ni wnaed unrhyw welliannau mewn comisiynu yn ystod cam cychwynnol y pandemig heblaw am ostyngiad yn ansawdd rhyddhau pobl hŷn eiddil i gartrefi gofal o'r ysbyty, yn aml heb unrhyw gyfeiriad at yr ALL.</p>
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4.5 Ers hynny mae Archwilio Cymru wedi cynnal adolygiadau tebyg o gomisiynu yng Nghyngor Bwrdeistref Sirol Conwy a hefyd o fewn BCU. Nid yw'r adroddiadau hynny ar gael eto i Sir Ddinbych.

4.6 Yn 2020-21, mae Archwiliad Cymru yn bwriadu cwblhau adolygiad rhanbarthol o gomisiynu gofal preswyl a nyrsio, gan ganolbwyntio ar y galw a ragwelir a chynllunio gallu, ledled Gogledd Cymru.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

5.1. Mae comisiynu cartrefi gofal i bobl hŷn yn cyfrannu at y blaenoriaethau canlynol:

- **Tai:** Cefnogir pawb i fyw mewn cartrefi sy'n diwallu eu hanghenion
- **Cymunedau Cydnerth:** Mae'r Cyngor yn gweithio gyda phobl a chymunedau i adeiladu annibyniaeth a gwytnwch

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

6.1. Nid oes unrhyw gostau yn codi'n uniongyrchol o'r adroddiad hwn.

7. Beth yw prif gasgliadau'r Asesiad o'r Effaith ar Les?

7.1. Nid oes angen Asesiad Effaith Llesiant ar gyfer yr adroddiad hwn.

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

8.1 Dim

9. Datganiad y Prif Swyddog Cyllid

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

10.1. Nid oes unrhyw risgiau ychwanegol yn codi o'r adroddiad hwn.

11. Pŵer i wneud y Penderfyniad

11.1. Nid oes angen penderfyniad.

Mae tudalen hwn yn fwriadol wag

Pwysau ar gyllideb a chostau gwasanaethau cymdeithasol – Cyngor Sir Ddinbych

Blwyddyn archwilio: 2019-20

Dyddiad cyhoeddi: Awst 2020

Cyfeirnod y ddogfen: 1834A2020-21

Paratowyd y ddogfen hon fel rhan o waith a gyflawnwyd yn unol â swyddogaethau statudol.

Os gwneir cais am wybodaeth y gallai'r ddogfen hon fod yn berthnasol iddi, tynnir sylw at y Cod Ymarfer a gyhoeddwyd o dan adran 45 o Ddeddf Rhyddid Gwybodaeth 2000. Mae adran 45 o'r Cod yn nodi sut y disgwylir i awdurdodau cyhoeddus ymdrin â cheisiadau, gan gynnwys ymgynghori â thrydydd partïon perthnasol. O ran y ddogfen hon, mae Archwilydd Cyffredinol Cymru ac Archwilio Cymru yn drydydd partïon perthnasol. Dylid anfon unrhyw ymholiadau ynglŷn â datgelu neu aildefnyddio'r ddogfen hon at Archwilio Cymru yn swyddog.gwybodaeth@archwilio.cymru.

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

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

Cynnwys

Nid yw'r Cyngor wedi gallu manteisio i'r eithaf ar fuddion posibl gwaith partneriaeth pan fydd yn comisiynu ac yn gweinyddu lleoliadau gofal mewn cartrefi preswyl a chartrefi nyrsio.

Adroddiad cryno

Crynodeb 4

Cynigion gwella 6

Nid yw'r Cyngor wedi gallu manteisio i'r eithaf ar fuddion posibl gwaith partneriaeth pan fydd yn comisiynu ac yn gweinyddu lleoliadau gofal mewn cartrefi preswyl a chartrefi nyrsio 7

Nid yw trefniadau'r gyllideb gyfun ar gyfer llety mewn cartrefi gofal yn rhoi gwerth am arian 7

Mae trefniadau'r Cyngor i gontractio gofal mewn cartrefi preswyl a chartrefi nyrsio wedi ennill eu plwyf, ond mae newidiadau cenedlaethol diweddar i'r broses asesu ariannol wedi arwain at gost ariannol ychwanegol 9

Mae'r Cyngor yn mynd ati i sicrhau bod defnyddwyr gwasanaeth mewn lleoliadau priodol, ond gall mynediad at arian gofal iechyd parhaus arwain at oedi ac anghytuno 10

Adroddiad cryno

Crynodeb

- 1 Mae cynghorau a byrddau iechyd ledled Cymru'n gwario symiau sylweddol o arian ar ofal i oedolion mewn cartrefi preswyl a chartrefi nyrsio, ac mae'r galw am y gwasanaethau hyn gan boblogaeth gynyddol o bobl sy'n heneiddio yn parhau, gan roi mwy o bwysau ar gyllidebau cyrff cyhoeddus.
- 2 Mae'r data diweddaraf a gyhoeddwyd gan StatsCymru¹ yn dangos bod cynghorau'r Gogledd wedi gwario tua £66 miliwn yn 2018-19 ar leoliadau nyrsio a lleoliadau gofal preswyl, ac mae gwybodaeth feincnodi'r GIG yn dangos bod Bwrdd Iechyd Prifysgol Betsi Cadwaladr (y Bwrdd Iechyd) wedi gwario £83 miliwn yn 2018-19 ar leoliadau allanol.
- 3 I gydnabod y pwysau ariannol hwn, dyrannodd Cyngor Sir Ddinbych (y Cyngor) £750,000 ychwanegol yng nghyllideb refeniw 2018-19 ar gyfer gofal cymdeithasol i oedolion. Yn 2019-20, dyrannodd y Cyngor £500,000 pellach yn ei gyllideb refeniw i gydnabod y pwysau oherwydd galw ar y Gwasanaethau Cymorth Cymunedol, a bu iddo gynnwys £2.6 miliwn pellach yng nghyllideb refeniw 2020-21 i gydnabod gorwariant yn ystod y flwyddyn yng nghyllideb y Gwasanaethau Cymdeithasol i Oedolion ac amcangyfrif o'r twf parhaus yn 2020-21. Yn 2020-21, mae'r Cyngor yn bwriadu gwario dros £55 miliwn ar Wasanaethau Cymorth Cymunedol.²
- 4 Gall ariannu gofal mewn cartref preswyl neu gartref nyrsio fod yn fater dyrys a dryslyd i ddefnyddwyr y gwasanaeth a'u perthnasau. Er bod cyfrifoldebau'r byrddau iechyd, y cynghorau a defnyddwyr y gwasanaeth o ran ariannu costau gofal wedi'u pennu mewn statud a'u hategu gan ganllawiau Llywodraeth Cymru, yn ymarferol, gall unrhyw anghytuno rhwng cyrff cyhoeddus o ran dehongli'r canllawiau roi mwy o straen ar ddefnyddwyr y gwasanaeth a'u perthnasau.
- 5 Daeth Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (Deddf 2014) i rym ar 6 Ebrill 2016. O dan Ddeddf 2014, roedd rhwymedigaeth statudol ar gynghorau a byrddau iechyd i sefydlu ac i gynnal cyllideb gyfun erbyn 6 Ebrill 2018 mewn perthynas â'r modd y maent yn arfer eu swyddogaethau o ran llety mewn cartrefi gofal. Yn ystod ein gwaith maes, cawsom wybod bod Llywodraeth Cymru'n cynnal adolygiad i asesu'r cynnydd a wnaed gan y Byrddau Partneriaeth Rhanbarthol i roi cronfeydd cyfun ar waith. Deallwn y bydd Llywodraeth Cymru'n gwneud argymhellion i gryfhau ac i wella'r trefniadau presennol.
- 6 Ar hyn o bryd, mae'r Cyngor yn lletya cyllideb gyfun y Gogledd ar gyfer llety i bobl hŷn mewn cartrefi gofal, a hynny ar ran y Bwrdd Iechyd a chynghorau Conwy, Gwynedd, Sir y Fflint, Wrecsam ac Ynys Môn.
- 7 Ceir pum ffordd o ariannu gofal mewn cartrefi preswyl a chartrefi nyrsio:
 - Gofal a ariennir gan ddefnyddiwr y gwasanaeth
 - Gofal a ariennir ar y cyd gan y cyngor a defnyddiwr y gwasanaeth

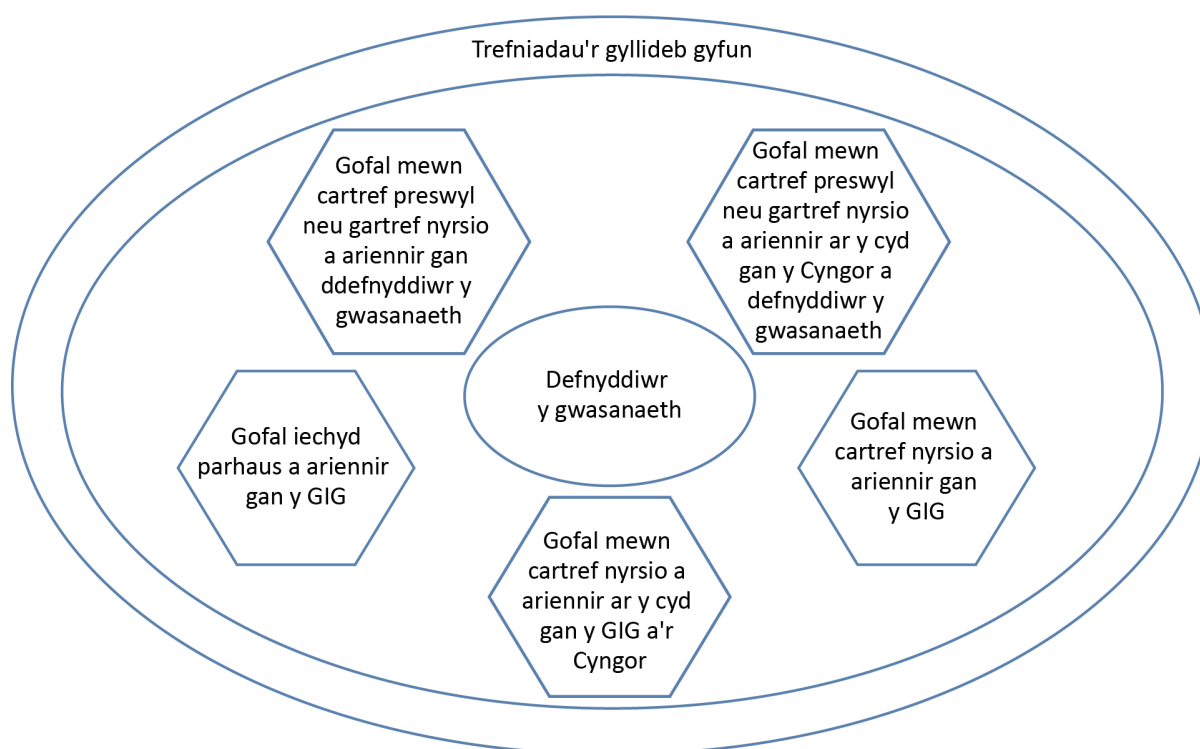
¹ [StatsCymru, Catalog](#)

² Ffynhonnell: Cyhoeddiad Sir Ddinbych, [Esboniad o'ch bil treth y cyngor](#)

- Gofal nyrsio a ariennir ar y cyd gan y cyngor, defnyddiwr y gwasanaeth a'r GIG (lle bo'r gofal nyrsio a ariennir yn daladwy)
- Gofal a ariennir ar y cyd gan y GIG, y cyngor a defnyddiwr y gwasanaeth
- Gofal iechyd parhaus a ariennir gan y GIG

Arddangosyn 1: Trefniadau ariannu gofal preswyl

Mae **Arddangosyn 1** yn dangos defnyddiwr y gwasanaeth fel y sawl sy'n cael gwasanaethau gofal mewn cartref preswyl neu gartref nyrsio, a'r pum ffordd o ariannu gofal o'r fath, a'r cyfan wedi'i gwmpasu gan drefniadau'r gyllideb gyfun.



- 8 Cynhaliwyd ein hadolygiad cyn pandemig COVID-19. Mae'n anochel y bydd y cynghorau a'r Bwrdd Iechyd wedi symleiddio'r prosesau penderfynu a'r prosesau ategol i fynd i'r afael â'r materion brys y maent yn eu hwynebu ar hyn o bryd. Rydym yn disgwyl y bydd hyn yn gyfle gwerthfawr i'r cynghorau a'r Bwrdd Iechyd ddysgu am ffyrdd mwy integredig o gomisiynu gofal mewn cartrefi preswyl a chartrefi nyrsio.
- 9 Daeth ein hadolygiad i'r casgliad **nad yw'r Cyngor wedi gallu manteisio i'r eithaf ar fuddion posibl gwaith partneriaeth pan fydd yn comisiynu ac yn gweinyddu lleoliadau gofal mewn cartrefi preswyl a chartrefi nyrsio.**
- 10 Daethom i'r casgliad hwn am y rhesymau hyn:
 - nid yw trefniadau'r gyllideb gyfun ar gyfer llety mewn cartrefi gofal yn rhoi gwerth am arian;

- mae trefniadau'r Cyngor i gontroctio gofal mewn cartrefi preswyl a chartrefi nyrsio wedi ennill eu plwyf, ond mae newidiadau cenedlaethol diweddar i'r broses asesu ariannol wedi arwain at gost ariannol ychwanegol; ac
 - mae'r Cyngor yn mynd ati i sicrhau bod defnyddwyr gwasanaeth mewn lleoliadau priodol, ond gall mynediad at arian gofal iechyd parhaus arwain at oedi ac anghytuno.
- 11 Nid yw'n debygol mai dim ond i Gyngor Sir Ddinbych y mae'r materion a godir yn yr adroddiad hwn yn berthnasol, ac maent yn peri risg i lawer o gynghorau a byrddau iechyd Cymru. Rydym wedi cynnal adolygiad tebyg yng Nghyngor Bwrdeistref Sirol Conwy, un o'r cynghorau sy'n cyfrannu at y gyllideb gyfun, ond nad yw'n ei lletya fel y mae Cyngor Sir Ddinbych yn ei wneud; ac rydym wedi cynnal adolygiad yn y Bwrdd Iechyd a fu'n canolbwyntio ar y trefniadau i reoli gofal iechyd parhaus. Gallai'r adroddiadau hyn roi mwy o gyd-destun i'r materion a godir yn yr adroddiad hwn.
- 12 Yn 2020-21, rydym yn bwriadu cyflawni adolygiad rhanbarthol o'r trefniadau i gomisiynu gofal preswyl a gofal nyrsio, gan ganolbwyntio ar y galw a ragwelir a'r gwaith o gynllunio capasiti ledled y Gogledd.

Cynigion gwella

Arddangosyn 2: cynigion gwella

Crynodeb o **Arddangosyn 2**: Mae'r tabl isod yn rhestru ein cynigion o ran y camau y gallai'r Cyngor eu cymryd i wella darbodaeth, effeithlonrwydd, effeithiolrwydd a chynaliadwyedd ei drefniadau i ariannu gofal mewn cartrefi preswyl a chartrefi nyrsio.

Cynigion gwella	
C1	<p>Ar y cyd â'r Bwrdd Iechyd, dylai'r Cyngor fynd ati i sefydlu dull strategol o ariannu a chomisiynu gofal mewn cartrefi preswyl a chartrefi nyrsio sydd:</p> <ul style="list-style-type: none"> • yn pontio'r gwahaniaethau rhwng y ddau sefydliad; • yn dangos gwerth am arian; • yn rhoi defnyddwyr gwasanaeth wrth galon y trefniadau.
C2	<p>Dylai'r Cyngor ymgysylltu â phartneriaid i adolygu trefniadau'r gyllideb gyfun ar gyfer gofal preswyl i bobl hŷn i sicrhau bod i'r broses o drosglwyddo arian o'r naill gorff cyhoeddus i'r llall fudd go iawn, er enghraifft drwy gomisiynu gofal mewn cartrefi preswyl a chartrefi nyrsio mewn ffordd well a mwy integredig.</p>

Cynigion gwella

- C3 Dylai'r Cyngor gydweithio â'r Bwrdd Iechyd i wella'r trefniadau cyfathrebu i sicrhau bod unrhyw newidiadau i anghenion iechyd unigolyn (ac felly i'w gymhwysedd i gael cyllid gofal iechyd parhaus) yn cael eu mynegi'n gyflym a bod y trefniadau ariannu'n cael eu newid.
- C4 Dylid ystyried y newidiadau a gyflwynwyd yn ystod pandemig COVID-19 i bennu cyfleoedd i gomisiynu gofal mewn cartrefi preswyl a chartrefi nyrsio mewn ffordd well a mwy integredig.

Nid yw'r Cyngor wedi gallu manteisio i'r eithaf ar fuddion posibl gwaith partneriaeth pan fydd yn comisiynu ac yn gweinyddu lleoliadau gofal mewn cartrefi preswyl a chartrefi nyrsio

Nid yw trefniadau'r gyllideb gyfun ar gyfer llety mewn cartrefi gofal yn rhoi gwerth am arian

- 13 Mae'r gofyniad i sefydlu cyllideb gyfun ar gyfer llety mewn cartrefi gofal wedi rhoi cyfle i'r Bwrdd Iechyd a'r cynghorau wella canlyniadau defnyddwyr gwasanaeth, sicrhau'r gwerth gorau am arian drwy'r broses gomisiynu, ac integreiddio gwasanaethau i bobl hŷn yn well. Drwy weithio mewn partneriaeth, dylai'r cyfrifoldebau dros gomisiynu ac ariannu gofal mewn cartrefi preswyl neu gartrefi nyrsio fod yn fwy eglur, gan leihau nifer yr achosion lle bydd partneriaid yn anghytuno.
- 14 Ym mis Gorffennaf 2019, bu i Gabinet y Cyngor gymeradwyo trefniadau i sefydlu cronfa gyfun nad yw'n rhannu risg ar gyfer llety i bobl hŷn mewn cartrefi gofal. Byddai Cyngor Sir Ddinbych yn lletya'r gronfa a byddai'r trefniadau ar waith ar gyfer blwyddyn ariannol 2019-20. Partneriaid y gronfa gyfun yw cynghorau Conwy, Gwynedd, Sir Ddinbych, Sir y Fflint, Wrecsam ac Ynys Môn, a Bwrdd Iechyd Prifysgol Betsi Cadwaladr.
- 15 Yn rhinwedd ei rôl fel yr awdurdod sy'n lletya a gweinyddu'r gronfa ar ran y partneriaid eraill, cafodd y Cyngor £20,000 ar gyfer 2018-19 ac mae disgwyl iddo gael yr un swm ar gyfer 2019-20 o'r cyllid trawsnewid a weinyddir yn rhanbarthol i gydnabod cost lletya'r gronfa gyfun ar ran yr holl bartneriaid.
- 16 Mae adroddiad y Cabinet yn datgan mai diben trefnu cronfeydd cyfun yw annog awdurdodau lleol a byrddau iechyd lleol i gydweithio i sicrhau eu bod yn dylanwadu cymaint â phosibl ar y broses o ddatblygu gwasanaethau yn y dyfodol, sicrhau bod

gwasanaethau'n gynaliadwy yn y tymor hir, a sicrhau bod gwasanaethau'n gallu ymateb yn hyblyg i alw lleol.

- 17 Yn ei gyhoeddiad, **Pooled budgets and the integration agenda in Wales**, mae'r Sefydliad Siartredig Cyllid Cyhoeddus a Chyfrifyddiaeth yn datgan na cheir un diffiniad o gyllideb gyfun mewn termau cyfrifyddu nac yn y ddeddfwriaeth. Mae rheoliad 7 o OS 2000/2993 yn dweud bod cronfa gyfun yn cael 'ei ffurfio o gyfraniadau gan y partneriaid ac y gellir gwneud taliadau ohoni tuag at wariant a dynnir wrth arfer unrhyw rai o swyddogaethau'r Gwasanaeth Iechyd Gwladol neu swyddogaethau sy'n gysylltiedig ag iechyd'.
- 18 Ar adeg cynnal ein gwaith maes, roedd y gyllideb gyfun wedi prosesu tri thaliad chwarterol gwerth cyfanswm o £70.8 miliwn, fel a ganlyn – taliad chwarter un ar 18 Chwefror 2020 gwerth cyfanswm o £20.7 miliwn, taliad chwarter dau ar 25 Chwefror 2020 gwerth cyfanswm o £24.3 miliwn, a thaliad chwarter tri ar 14 Ionawr 2020 gwerth cyfanswm o £25.8 miliwn. Ar sail y taliadau hyd yma, gall y gyllideb gyfun ddisgwyl prosesu tua £94 miliwn mewn blwyddyn gyfan.
- 19 Bob chwarter, bydd y Bwrdd Iechyd a phump o'r cynghorau sy'n bartneriaid yn talu i'r 'gronfa' gyfraniad ariannol sy'n gyfwerth â chyfanswm eu gwariant net ar ofal i bobl hŷn mewn cartrefi preswyl a chartrefi nyrsio, a hynny drwy drosglwyddo'r arian i Gyngor Sir Ddinbych. Hyd yma, talwyd cyfanswm o £63.9 miliwn.
- 20 Mae'r Cyngor yn trosglwyddo ei gyfraniad ariannol o fewn ei gronfa gyffredinol. Mae'r tabl a ganlyn yn dangos cyfraniad y Cyngor i'r gyllideb gyfun bob chwarter.

Arddangosyn 3

	Chwarter 1	Chwarter 2	Chwarter 3
Gwariant ac eithrio cyfraniadau cleientiaid	£1.9 miliwn	£2.7 miliwn	£2.9 miliwn
Llai gofal mewn cartrefi nyrsio a ariennir gan y Bwrdd Iechyd	£20,286	£51,715	£27,205
Llai cyfraniadau'r Bwrdd Iechyd at ofal a ariennir ar y cyd	£0	£0	£0.5 miliwn
Cyfraniad net i'r gyllideb gyfun	£1.9 miliwn	£2.6 miliwn	£2.4 miliwn

- 21 Ar yr union ddiwrnod y mae Cyngor Sir Ddinbych yn derbyn cyfraniadau ariannol y Bwrdd Iechyd a'r pum cyngor arall sy'n bartneriaid, mae'n ad-dalu'r un symiau iddynt.
- 22 Mae Llywodraeth Cymru'n gwybod am y trefniant hwn ac mae'n fodlon ei fod yn bodloni'r meini prawf cydymffurfio technegol gofynnol dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

- 23 Yn ymarferol, nid yw'n glir sut y mae trosglwyddo arian yn y modd hwn bob chwarter yn rhoi gwerth am arian na sut y bydd:
- yn dylanwadu ar y broses o ddatblygu gwasanaethau yn y dyfodol;
 - yn dylanwadu ar gynaliadwyedd yn y tymor hir;
 - yn helpu'r partneriaid i ymateb yn hyblyg i alw lleol.
- Rydym yn tybio bod hon yn ffordd wael o ddefnyddio arian cyhoeddus, a'i bod yn rhoi gwerth gwael am arian.

Mae trefniadau'r Cyngor i gontractio gofal mewn cartrefi preswyl a chartrefi nyrsio wedi ennill eu plwyf, ond mae newidiadau cenedlaethol diweddar i'r broses asesu ariannol wedi arwain at gost ariannol ychwanegol

- 24 O ran defnyddwyr gwasanaeth heb anghenion iechyd sylfaenol penodol, mae'r cynghorau'n gyfrifol am asesu a bodloni eu hanghenion gofal cymdeithasol. Mae'r Cyngor wedi llunio trefniadau contractio â darparwyr gofal preswyl a gofal nyrsio yn Sir Ddinbych a thu hwnt. Weithiau, bydd hefyd yn rhannu costau gofal â'r Bwrdd Iechyd.
- 25 Pan fydd y Cyngor yn gyfrifol am gontractio gofal preswyl neu ofal nyrsio, bydd yn asesu sefyllfa ariannol defnyddiwr y gwasanaeth i bennu faint y dylai ei dalu tuag at ei gostau gofal. Mae'r Cyngor yn casglu cyfraniadau defnyddiwr y gwasanaeth drwy ddarparwr y cartref gofal.

Gofal mewn cartref preswyl neu gartref nyrsio a ariennir gan ddefnyddiwr y gwasanaeth

- 26 Bydd defnyddwyr gwasanaeth a chanddynt gyfalaf o £50,000³ neu ragor, neu rai sy'n dewis peidio â datgelu manylion eu hincwm a'u cyfalaf, yn ariannu eu costau gofal yn llwyr. Pan fydd y Cyngor yn llunio contract â darparwr cartref gofal sy'n rhoi rhywfaint o sicrwydd o ran ansawdd y gofal a ddarperir, bydd defnyddwyr gwasanaeth yn talu pris y gofal a gontractiwyd i ddarparwr y cartref gofal. Gan wybod bod gan ddefnyddwyr gwasanaeth ddigon o arian i dalu am eu holl gostau gofal, gall y cartref gofal ofyn iddynt dalu swm atodol trydydd parti, er enghraifft, i gael ystafell fwy o faint neu ystafell â golygfa well. O'r herwydd, gallai cyfalaf defnyddwyr gwasanaeth leihau'n gyflymach, ac fe allent ofyn am gymorth ariannol gan y Cyngor yn gynharach.
- 27 Gall defnyddwyr gwasanaeth lunio contract uniongyrchol ar gyfer eu gofal â darparwr y cartref gofal. Gall hyn beri iddynt dalu mwy am eu gofal na phe bai'r Cyngor wedi comisiynu gofal ar eu rhan. Os bydd preswylwyr yn talu mwy am eu gofal nag y byddent wedi'i wneud o dan gontract y Cyngor, bydd eu cyfalaf yn

³ Ers 8 Ebrill 2019, rhaid i bobl sy'n byw yng Nghymru dalu holl gost eu gofal preswyl os oes ganddynt asedau gwerth mwy na £50,000.

lleihau'n gyflymach ac fe allent ofyn am gymorth ariannol gan y Cyngor yn gynharach.

Gofal mewn cartref preswyl neu gartref nyrsio a ariennir ar y cyd gan ddefnyddiwr y gwasanaeth a'r Cyngor

- 28 Yn ystod hanner cyntaf 2019-20, bu i'r Cyngor ariannu 532 o breswylwyr mewn cartrefi preswyl a chartrefi nyrsio. Cynyddodd Llywodraeth Cymru'r terfyn cyfalaf uchaf ar gyfer asesiadau ariannol yn raddol o £24,000 ym mis Mawrth 2016 i £50,000 ym mis Ebrill 2019. Rhaid i breswylwyr â mwy o gyfalaf na'r terfyn uchaf dalu am eu gofal yn llwyr. O'r herwydd, mae'r Cyngor wedi ariannu'n rhannol ffioedd cartref gofal y bobl hynny â chyfalaf rhwng £24,000 a £50,000: ni fyddai wedi gwneud hyn cyn mis Ebrill 2019. Mae'r Cyngor yn amcangyfrif bod hyn wedi costio tua £267,000 iddo yn ystod hanner cyntaf 2019-20, gan roi mwy o bwysau ar y gyllideb gofal cymdeithasol.
- 29 Gan fod cynghorau bellach yn gorfod rhoi cymorth ariannol i fwy o'u preswylwyr nag o'r blaen, mae Llywodraeth Cymru'n darparu £18.5 miliwn ychwanegol y flwyddyn ledled Cymru. Dosberthir yr arian hwn ar sail fformiwla, felly mae pob cyngor yn cael cyfran o'r £18.5 miliwn.

Mae'r Cyngor yn mynd ati i sicrhau bod defnyddwyr gwasanaeth mewn lleoliadau priodol, ond gall mynediad at arian gofal iechyd parhaus arwain at oedi ac anghytuno

Gofal iechyd parhaus a ariennir gan y GIG

- 30 I gytuno i ariannu gofal iechyd parhaus, dylai tîm amlddisgyblaeth sy'n cynnwys staff y cyngor a gweithwyr proffesiynol eraill sy'n ymwneud â gofalu am ddefnyddiwr gwasanaeth, gan ymgysylltu â'r unigolyn ei hun ac aelodau o'i deulu agos gydweithio i gwblhau Adnodd Cymorth Penderfynu sy'n nodi'r anghenion iechyd sylfaenol. Bydd y Bwrdd Iechyd yn ystyried yr Adnodd Cymorth Penderfynu ac, os bydd yn cadarnhau argymhelliad y tîm amlddisgyblaeth, bydd yn sicrhau ansawdd ac yn comisiynu'r pecyn gofal. Os bydd y Bwrdd Iechyd yn cytuno i ariannu gofal iechyd parhaus, bydd yn ysgwyddo holl gostau'r gofal; ni fydd defnyddiwr y gwasanaeth yn cyfrannu at gostau'r gofal.
- 31 Mae Llywodraeth Cymru'n nodi'n glir yn y **Fframwaith Gweithredu Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG yng Nghymru**⁴ '[na] ddylai'r unigolyn brofi unrhyw oedi cyn i'w anghenion gael eu diwallu am nad yw asiantaethau'n cydweithio'n effeithiol â'i gilydd. Rhaid ystyried opsiynau cyllidebu ar y cyd neu gyfun os gall y rhain hyrwyddo ymatebion cyflymach ac, o ganlyniad i hynny, mwy

⁴ **Gofal Iechyd Parhaus y GIG – Y Fframwaith Gweithredu Cenedlaethol yng Nghymru 2014**

effeithlon i anghenion a dewisiadau unigolyn. Mae gan gomisiynwyr gyfrifoldeb i ddatrys pryderon / anghydfodau cyn gynted â phosibl.'

32 Dywedodd swyddogion y Cyngor wrthym fod y Bwrdd Iechyd yn aml yn herio neu'n gwrthod argymhellion y tîm amlddisgyblaeth, weithiau heb egluro'r rhesymau yn fanwl neu o gwbl. Gall y tîm amlddisgyblaeth ddarparu tystiolaeth ychwanegol i ategu ei argymhellion mewn achosion o'r fath. Gall y Bwrdd Iechyd hefyd ofyn i'r tîm amlddisgyblaeth ailystyried cymhwysedd arfaethedig yr unigolyn ar sail y dystiolaeth a gyflwynwyd. Mae'n bwysig bod aelodau'r tîm amlddisgyblaeth yn deall y rhesymau pam nad yw'r Bwrdd Iechyd wedi cymeradwyo cyllid gofal iechyd parhaus er mwyn iddo ddysgu cyn gwneud ceisiadau yn y dyfodol ac egluro'r sefyllfa wrth ddefnyddwyr gwasanaeth a'u teuluoedd. Oherwydd nad yw hyn yn digwydd ar hyn o bryd, gall fod oedi o bryd i'w gilydd cyn diwallu anghenion unigolion; ond mae'r Cyngor yn mynd ati i leihau'r effaith ar ddefnyddwyr gwasanaeth lle bo modd, a hynny fel rheol drwy barhau i dalu'r costau gofal hyd nes iddo ef a'r Bwrdd Iechyd gytuno pa sefydliad sy'n gyfrifol. Yn ystod ein gwaith maes ym mis Chwefror 2020, roedd y Cyngor yn aros i glywed am ganlyniad pum achos lle'r oedd anghytuno ynghylch ariannu gofal iechyd parhaus gwerth cyfanswm o £60,000.

33 Cawsom wybod am achosion lle mae'r Bwrdd Iechyd wedi lleoli cleifion mewn cartrefi nyrsio o dan drefniadau gofal iechyd parhaus, cyn asesu, wrth adolygu'r achosion, nad oes gan y claf anghenion iechyd sylfaenol mwyach, anghenion yr oedd y Bwrdd Iechyd yn gyfrifol am eu diwallu. Mewn amgylchiadau o'r fath, mae darparwr y cartref gofal mewn sefyllfa amhosibl:

- mae'r claf wedi ymgartrefu ac nid oes ganddo/ganddi lety arall i fynd iddo;
- nid oes trefniant contractiol â'r Cyngor; a
- gall y contract â'r Bwrdd Iechyd fod wedi dod i ben ai peidio, ond os nad oes anghenion gofal iechyd sylfaenol, nid yw'r Bwrdd Iechyd yn parhau i fod yn gyfrifol am ariannu'r gofal.

Mewn achosion o'r fath, lle y dylai cytundeb trosglwyddo fod yn ei le, nid yw'r Bwrdd Iechyd a'r Cyngor yn cyfathrebu'n effeithiol ar brydiau i sicrhau bod cyfrifoldebau'n cael eu trosglwyddo'n brydlon.

34 Mae'r Cyngor a'r Bwrdd Iechyd yn cydnabod bod angen gwella ac maent wedi sefydlu Grŵp Gwella Gofal Iechyd Parhaus. Y nod yw llunio cynllun comisiynu gofal iechyd parhaus, sicrhau bod trefniadau comisiynu effeithiol ar waith, a sicrhau bod arferion cyson ar waith ar draws y Bwrdd Iechyd o ran asesu gofal iechyd parhaus, penderfynu yn ei gylch, a'i ddarparu. Mae'r Bwrdd Iechyd a'r Cyngor wedi cytuno ar femorandwm cyd-ddealltwriaeth ar gyfer gofal iechyd parhaus, ac mae partneriaid wedi cynnal gweithdy 'Beth sy'n gwneud tîm amlddisgyblaeth da?' dan arweiniad y Cyngor.

Gofal mewn cartrefi nyrsio a ariennir gan y GIG

- 35 Gall y Bwrdd Iechyd gytuno i ariannu gofal nyrsio i bobl:
- sy'n byw mewn cartref nyrsio ac nad ydynt yn gymwys i gael gofal iechyd parhaus;
 - sy'n dal i gael eu hasesu fel pobl y mae angen gwasanaethau nyrs gofrestredig arnynt; ac
 - nad ydynt yn cael gofal nyrsio cofrestredig mewn unrhyw ffordd arall ee gan nyrsys ardal.

Mewn achosion o'r fath, mae'r Bwrdd Iechyd yn gyfrifol am gyfrannu £165.56 i dalu am yr elfen gofal nyrsio a ariennir sy'n rhan o ffioedd y cartref gofal. Bydd y Cyngor a defnyddiwr y gwasanaeth yn talu gweddill y gost; nid yw defnyddwyr gwasanaeth yn cyfrannu at yr elfen gofal nyrsio a ariennir, ond maent yn cael asesiad ariannol i bennu faint y dylent ei dalu tuag at weddill y costau gofal.

- 36 Y Bwrdd Iechyd sy'n gyfrifol am ofal a ariennir gan y GIG mewn cartrefi nyrsio, a dylai'r contract fod rhwng y Bwrdd Iechyd a darparwr y cartref gofal. Mae **Arddangosyn 3** yn dangos nad yw cyfraniadau at y gyllideb gyfun yn cynnwys yr elfen gofal nyrsio a ariennir, ac mae'n awgrymu bod y Cyngor wedi gwneud taliadau ar ran y Bwrdd Iechyd am y gwasanaeth hwn. Mae'r Bwrdd Iechyd yn ad-dalu'r Cyngor am y symiau a dalwyd ganddo. Nid oes trefniant contractiol ar gyfer yr elfen gofal nyrsio a ariennir, ac mae'r symiau a delir yn seiliedig ar ewyllys da rhwng y Cyngor a'r Bwrdd Iechyd.

Gofal mewn cartref nyrsio a ariennir ar y cyd gan y GIG a'r Cyngor

- 37 Gall pobl sy'n cael eu lleoli mewn cartref nyrsio nad ydynt yn gymwys i gael gofal iechyd parhaus neu 'ofal nyrsio a ariennir' gael eu hariannu ar y cyd gan y Cyngor a'r Bwrdd Iechyd o hyd. Mewn sefyllfaoedd o'r fath, bydd contract tair-ffordd yn cael ei lunio sy'n cydnabod cyfrifoldebau'r Cyngor, y Bwrdd Iechyd a'r darparwr. Fel rheol, bydd y Cyngor a'r Bwrdd Iechyd yn rhannu'r costau, 50% yr un⁵ (ond ceir enghreifftiau lle nad yw'r costau'n cael eu rhannu 50/50). Mae'r Cyngor yn talu am yr holl gostau gofal, yna mae'n gofyn i'r Bwrdd Iechyd ei ad-dalu. Bydd defnyddwyr gwasanaeth yn talu eu cyfraniadau'n uniongyrchol i'r darparwr.
- 38 Nid oes cytundeb ffurfiol rhwng y Cyngor a'r Bwrdd Iechyd sy'n trafod ad-dalu cyfraniad y Bwrdd Iechyd i'r Cyngor. Mae'r tabl yn **Arddangosyn 3** yn dangos na wnaed unrhyw gyfraniadau i'r Cyngor o ran y trefniadau ariannu ar y cyd yn ystod chwarter un na dau, ac yna bod £512,000 wedi'i dalu yn chwarter tri. A chymryd nad gwall cyfrifyddu yw hwn, mae hyn yn awgrymu bod nifer o leoliadau sylweddol iawn a ariennir ar y cyd wedi'u trefnu yn ystod chwarter tri, neu nad yw'r Cyngor yn cael cyfraniadau gan y Bwrdd Iechyd yn brydlon.

⁵ Ar gyfartaledd, bydd lleoliad mewn cartref preswyl neu gartref nyrsio i bobl hŷn Sir Ddinbych a drefnir gan y Cyngor a'r Bwrdd Iechyd yn costio £1,019 yr wythnos.



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yn Gymraeg ac yn Saesneg.



Management response

Report title: Social Services Budgetary and Cost Pressures

Completion date: August 2020

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Taddalen 89 Proposals for improvement

Ref	Proposal for improvement	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
891	<p>The Council, in partnership with the Health Board should establish a strategic approach to the funding and commissioning of residential and nursing home care that</p> <ul style="list-style-type: none">• bridges organisational differences;• demonstrates value for money; and• places service user needs at the forefront.	<p>The intended benefit is that residents and their families will not experience organisational divides at the sometimes traumatic time that they enter residential care.</p>	Y	Yes	<p>Work is ongoing regionally through the Commissioning Board and the Care Home Steering Group.</p> <p>Transformation Programme developments will also include changes to how BCU and DCC work together in commissioning and monitoring care home placements.</p>	31/3/2022	Head of Community Support Services

Ref	Proposal for improvement	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
P2	The Council should engage with partners to review the current pooled budget arrangement for residential care for older people, to ensure that transfers of funds between public bodies have a tangible benefit such as better more integrated commissioning of residential and nursing home care	The intended benefit is that North Wales councils and the Health Board start to deliver the spirit of the Social Services and Wellbeing Act in addition to financial compliance	Y	Y	The current pooled budget arrangements are 'in development' and as such are regularly reviewed with all partners. We'll see that the examples of ensuring benefits such as integrated commissioning of care are included in this review.	31/3/2022	Corporate Director Communities
P3	The Council should work with the Health Board to improve communication arrangements that ensure any changes in health needs (and subsequent eligibility for continuing healthcare funding) are quickly communicated and funding arrangements revised.	The intended benefit is less delays and disputes around funding and more clarity for residents, their families and providers around funding responsibilities.	Y	Yes	Transformation Programme developments will also include changes to how BCU and DCC work together in commissioning and monitoring care home placements, including the development of joint review arrangements through Community Resource Teams.	31/3/2022	Head of Community Support Services

Ref	Proposal for improvement	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
P4	Consider changes put in place during the COVID-19 pandemic to identify opportunities for better, more integrated commissioning of residential and nursing home care	The intended benefits are that practices put in place to cope with the pandemic may be relevant post COVID.	Y	Yes	A review of the arrangements developed in response to COVID-19 will be undertaken within the Joint Locality Management Team	31/3/2021	Principal Manager, Operational Services

Mae tudalen hwn yn fwiadol wag

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Alan Smith, Pennaeth Gwella Busnes a Moderneiddio / Julian Thompson Hill Aelod Arweiniol Cyllid, Perfformiad ac Asedau
Awdur yr Adroddiad	Iolo McGregor - Arweinydd Tîm Cynllunio a Pherfformiad Strategol
Teitl	Adolygiad o'r Gofrestr Risg Gorfforaethol, Medi 2020

1. Am beth mae'r adroddiad yn sôn?

1.1. Diweddariad ar adolygiad mis Medi o'r Gofrestr Risg Gorfforaethol.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

2.1. Mae'r adroddiad hwn yn gofyn i'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio ystyried allbwn yr adolygiad risg diweddaraf ac yn fodlon â'r broses o reoli risg o fewn y cyngor.

3. Beth yw'r Argymhellion?

3.1. Bod y Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn cefnogi newidiadau a wnaed i'r Canllaw Rheoli Risg (atodiad 4), gan gynnwys ychwanegu Diogelu i'n Datganiad Blas ar Risg.

3.2. Ar ôl ystyried y Gofrestr Risg Gorfforaethol a'r Canllaw Rheoli Risg, mae'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio yn cymeradwyo proses rheoli risg y cyngor a chyhoeddi'r canllaw diweddaraf ar wefan y cyngor.

4. Manylion yr Adroddiad

4.1. Mae'r Gofrestr Risg Gorfforaethol yn cael ei datblygu a'i pherchnogi gan SLT gyda'r Cabinet. Fe'i adolygir yn ffurfiol ddwywaith y flwyddyn gan y Cabinet a Briffio'r Cabinet.

4.2. Yn dilyn pob adolygiad ffurfiol, cyflwynir y gofrestr ddiwygiedig i'r Pwyllgor Craffu Perfformiad, ac fe'i rhennir gyda'r Llywodraethu Corfforaethol.

4.3. Cynhaliwyd yr adolygiad diwethaf ym mis Chwefror 2020.

4.4. Mae gan y Pwyllgor Llywodraethu Corfforaethol ac Archwilio cyfrifoldeb i fod yn fodlon ynghylch cadernid y prosesau sydd ar waith i reoli risg o fewn yr awdurdod.

Archwaeth Risg a Chanllaw Rheoli Risg

4.5. Mabwysiadwyd dull archwaeth risg newydd y cyngor flwyddyn yn ôl, a chytunwyd y byddai'n cael ei adolygu yn ystod y diweddariad hwn ym mis Medi. Ar y cyfan, nid yw ychwanegu archwaeth risg i'n dull o reoli risg wedi bod yn feichus, ac wedi ychwanegu gwerth at ein trafodaethau, yn enwedig wrth ystyried sgorio risg a chymau lliniaru. Fodd bynnag, argymhellir y newidiadau canlynol i wella cymhwysiad a dealltwriaeth y sefydliad o archwaeth risg ymhellach:

- Yn seiliedig ar adborth gan swyddogion, ac yn cyd-daro â chymhwysio templedi hygyrch newydd, rydym wedi gwneud y canllaw Rheoli Risg yn fwy eglur o ran sut mae sgorio risg yn gysylltiedig â'r meini prawf uwch gyfeirio, ac yna yn ei dro lefel difrifoldeb risg yr ydym yn barod i'w wneud derbyn o fewn pob maen prawf archwaeth risg. Er enghraifft, mae archwaeth ofalus yn golygu y byddwn yn goddef risgiau bach neu gymedrol yn unig. Gellir gweld ein matrices sgorio newydd a'n crynodeb archwaeth yn atodiad 3, yn ogystal ag yn y Canllaw Rheoli Risg sydd ynghlwm yn atodiad 4 (tudalennau 7-8, 17-18 a 21 yn y canllaw).
- Yn ystod ein trafodaethau â pherchnogion risg dros adolygiad mis Chwefror a mis Medi, daeth yn amlwg nad yw'r risgiau sy'n ymwneud â Diogelu yn eistedd yn gyffyrddus o fewn awydd gofalus am Gydymffurfiaeth a Rheoliad. Yn dilyn cytundeb gyda'r Uwch Dîm Arweinyddiaeth, mae categori newydd wedi'i gynnwys i gwmpasu Diogelu, lle mae ein chwant bwyd yn finimalaidd. Gellir gweld yr ychwanegiad hwn yn atodiad 3 i'r adroddiad hwn, ond hefyd yn y Canllaw Rheoli Risg sydd ynghlwm yn atodiad 4 (tudalennau 7 a 37 yn y canllaw).

4.6. Yn ychwanegol at y newidiadau a amlinellwyd uchod i'r Canllaw Rheoli Risg, mae'r ddogfen sydd ynghlwm yn atodiad 4 wedi'i hailysgrifennu i gydymffurfio â safonau hygrych, gan hefyd achub ar y cyfle i'w diweddarau gydag unrhyw newidiadau sydd wedi digwydd ers iddi gael ei hadolygu diwethaf. Mae'r newidiadau hyn wedi bod yn fân yn bennaf, er enghraifft, diweddarau dolenni gwefan, neu gyfeiriadau hen ffasiwn at y Tîm Gweithredol Corfforaethol.

Cofrestr Risg Gorfforaethol

4.7. Yn ystod yr adolygiad diweddaraf hwn, mae effaith Covid-19 wedi bod yn flaenllaw yn ein meddyliau, ac mae nifer o risgiau wedi'u diweddarau i adlewyrchu'r effaith hyd yn hyn a'r goblygiadau yn y dyfodol. Mae rhai risgiau wedi gweld eu sgorau yn cynyddu mewn difrifoldeb o ganlyniad. Nodir yr holl newidiadau y cytunwyd arnynt yn atodiad 2.

4.8. I grynhoi:

- Mae un risg newydd: Risg 46 - Methu â symud y Cynllun Datblygu Lleol (CDLI) newydd i fabwysiadu. Mae hyn wedi'i uwchgyfeirio o'r Gofrestr Risg Cynllunio, Amddiffyn y Cyhoedd a Gwasanaeth Cefn Gwlad ac ar hyn o bryd mae'n Risg Beirniadol (Bron yn sicr / Effaith Uchel). Gellir gweld y manylion llawn yn atodiad 1 a 2.
- Nid oes unrhyw risgiau wedi'u dileu.
- Mae ein risg o ran yr economi a'r galw / pwysau posibl y byddai dirywiad yn ei roi ar ein gwasanaethau wedi cynyddu yn ei hanfod mewn difrifoldeb o C1 (Risg Beirniadol: Effaith Bosibl / Uchel lawn) i B1 (Risg hanfodol: Effaith Tebygol / Uchel lawn), ac yn weddill o C2 (Risg Fawr: Posibl / Effaith Uchel) i B2 (Risg feirniadol: Tebygol / Effaith Uchel). Mae camau ychwanegol wedi'u nodi i liniaru'r risg.
- Mae ein risg o ymateb i ddigwyddiad annisgwyl difrifol wedi'i ddiweddarau i adlewyrchu rheolaethau Covid-19 ar waith.
- Mae difrifoldeb gweddilliol ein risg o ran rhwymedigaethau sylweddol sy'n dod o fodolau amgen o ddarparu gwasanaeth wedi cynyddu oherwydd Covid-19 o E2 (Risg Cymedrol: Prin / Effaith Uchel) i C2 (Risg fawr: Posibl / Effaith Uchel).
- Mae Risg 18 yn cydnabod oedi i raglenni a phrosiectau oherwydd Covid-19 ac yn nodi canlyniad cadarnhaol yr adolygiad cyfran ddiweddar ar raglen y Cynllun Corfforaethol.

- Mae diweddariad ar y cynnydd cyfredol a chamau gweithredu pellach wedi'u nodi mewn perthynas â'r risg o amgylch Ash Dieback.
- Nid oes unrhyw risgiau wedi lleihau yn eu difrifoldeb.
- Ar hyn o bryd mae risgiau 1, 6, 13, 21, 27, 33, 34, 36, 37, 44 a 46 (gweler atodiad 2) yn anghyson â Datganiad Archwaeth Risg y cyngor (atodiad 3). Mae'r rhain wedi cael eu hadolygu mewn trafodaethau â pherchnogion risg, a chytunwyd ar eu crasiadau cyfredol fel sy'n briodol. Mae'r anghysondeb hwn yn cyfiawnhau eu cynnwys yn cael ei fonitro fel risgiau corfforaethol.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

5.1. Pwrpas y Gofrestr Risg Gorfforaethol yw nodi'r digwyddiadau posibl yn y dyfodol a allai gael effaith niweidiol ar allu'r cyngor i gyflawni ei amcanion, gan gynnwys ei flaenoriaethau corfforaethol. Felly mae'r rheolaethau a'r camau gweithredu a nodwyd yn hanfodol i gyflawni'r blaenoriaethau corfforaethol.

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

6.1. Mae cost datblygu, monitro ac adolygu'r Gofrestr Risg Gorfforaethol wedi'i chynnwys yn y cyllidebau presennol.

7. Beth yw prif gasgliadau'r Asesiad o'r Effaith ar Les?

7.1. Nododd dogfennau'r Gofrestr Risg Gorfforaethol hon risgiau a chamau lliniaru. Nid yw'r broses o ddatblygu ac adolygu'r ddogfen ei hun yn cael effaith andwyol ar unrhyw un o'r nodau llesiant. Fodd bynnag, mae'n debyg y bydd angen asesiad effaith llesiant ar unrhyw broses, strategaeth neu bolisi newydd sy'n codi o ganlyniad i gamau lliniaru.

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

8.1. Yn y lle cyntaf, cynhaliwyd trafodaethau unigol gyda Pherchnogion Risg.

8.2. Yna trafodwyd a chymeradwywyd y gofrestr a'r canllaw gan UDA. Gofynnwyd i'r Cabinet hefyd gytuno a / neu wneud newidiadau pellach.

8.3. Yna mae'r gofrestr wedi'i diweddarau yn cael ei hystyried gan Craffu Perfformiad, a'i rhannu gyda'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio.

9. Datganiad y Prif Swyddog Cyllid

9.1. Nid oes unrhyw oblygiadau ariannol yn codi o ddatblygu, monitro ac adolygu'r Gofrestr Risg Gorfforaethol.

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

10.1. Y risg fwyaf uniongyrchol yw nad oes gan y cyngor strategaeth rheoli risg gyhoeddedig. Oherwydd lansiad gwefan hygyrch newydd y cyngor, cymerwyd fersiwn flaenorol y canllaw (nad oedd yn cydymffurfio â chanllawiau hygyrch) oddi ar-lein. Ni ellir cyhoeddi canllaw newydd nes bod y pwyllgor yn cymeradwyo'r gwelliannau arfaethedig.

11. Pŵer i wneud y Penderfyniad

11.1. Mesur Llywodraeth Leol (Cymru) 2011, Rhan 6, Pennod 2, adran 81. Cyfrifoldeb pwyllgor archwilio awdurdod lleol yw 'adolygu ac asesu trefniadau rheoli risg, rheolaeth fewnol a llywodraethu corfforaethol yr awdurdod'; ac i 'wneud adroddiadau ac argymhellion i'r awdurdod ar ddigonolrwydd ac effeithiolrwydd y trefniadau hynny'.

11.2. Mae Cyfansoddiad y Cyngor yn nodi bod yn rhaid i weithdrefnau a phrosesau clir fod ar waith i reoli risg yn effeithiol

Mae tudalen hwn yn fwriadol wag

Corporate Risk Register (September 2020)

Risk 01: The risk of a serious safeguarding error where the council has responsibility, resulting in serious harm or death

Lead Member(s): Cllr Bobby Feeley, Cllr Huw Hilditch-Roberts and Cllr Mark Young

Risk Owner: Nicola Stubbins

Description

This risk - concerning children and adults at risk - is increasing as the environment is changing, with growing expectations around our duties in relation to third party provision. The cumulative impact of reducing resources across the public sector may impact agencies' ability to appropriately recognise safeguarding risks which may also create extra pressures for the Local Authority.

Impact / Consequences

- Individual(s) experience significant harm or death.
- Significant reputational loss.
- Possible intervention by Welsh Government.
- Legal/compensation costs.

Inherent Risk

B2 – Critical Risk: Likely / High Impact

Controls to Manage Risk (in place)

- Safeguarding policy & procedures are in place
- Corporate Safeguarding Training Programme.
- Framework of self-assessment for schools in relation to safeguarding has been established.
- Section 28 audit tool in place for voluntary sector to ensure safeguarding practices are in place.

Corporate Risk Register (September 2020)

- Compliance with safeguarding practises is part of the annual HR audit of schools.
- Regional arrangements for safeguarding a) children and b) adults at risk are in place. The regional safeguarding boards set priorities and actions regionally, eg training and policies & procedures.
- Risk assessments in place for recruiting staff who require a DBS check and/or references and this is monitored and scrutinised by the Corporate Safeguarding Panel.
- Safeguarding policy review has taken place with Schools and new guidance has been developed
- Corporate Safeguarding Panel has been reviewed including the terms of reference, roles and responsibilities.
- Heads of Service have been asked to ensure they consider safeguarding when reviewing their risk registers and that safeguarding be included in service challenge where appropriate.
- Key posts within the Council that could have an impact on safeguarding have been identified and Heads of Service are reviewing the posts to ensure that adequate checks are undertaken by the Council or an external body. All new employee contracts make reference to safeguarding.
- Briefing sessions on safeguarding and Child Sexual Exploitation have been delivered to County Council. Safeguarding features in three Cabinet Members' portfolios.
- Improvements have been made to safeguarding arrangements with contractors including (i) DBS contract checks, (ii) ensuring that Council staff responsible on site for the contractor and managing the tendering / contract process are clear of their responsibilities in respect of safeguarding, (iii) ensuring contracts terms and conditions (including JCT) in relation to DBS checks are appropriate, (iv) ensuring that self-assessment arrangements as part of contract management are appropriate.
- The Corporate Safeguarding Policy has been reviewed and updated in line with new legislation.
- Safeguarding e-learning module in place and compliance is monitored and scrutinised by the Corporate Safeguarding Panel.

Corporate Risk Register (September 2020)

- Recording and sharing safeguarding incidents and near misses is a standing item of the Corporate Safeguarding Panel. It also shares case reviews where there is a corporate perspective for lessons learned. Service representatives are responsible for reporting any key messages from panel meetings to members of staff within their services.
- Adoption of new Wales Safeguarding Procedures.

Residual Risk

D2 – Major Risk: Unlikely / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Further Actions

Monitor performance in relation to the percentage of eligible staff (corporate and schools) that have an up to date DBS and reference check or risk assessment

Safer recruitment stats are monitored for new employees and figures provided to the Corporate Safeguarding panel on a quarterly basis.

Action Due Date: 31/03/2021

Person Responsible: Nicola Stubbins

Corporate Risk Register (September 2020)

Risk 06: The risk that the economic and financial environment worsens beyond current expectations, leading to additional demand on services and reduced income.

Lead Member(s): Councillor Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

Although the latest draft budget settlement (4.3% increase in Revenue Support Grant) is welcome it still falls short of the 10% that would have been required in order to fund all the pressures that the Council is facing. The levels of future settlements are unknown yet and we await the UK Budget in March 2020.

The potential consequences of Brexit could include an economic downturn in the short to medium term and reduced funding over the medium to long term, which could lead to increased demand for council services.

The Section 151 Officer is responsible for producing a balanced budget.

There are significant pressures associated with social care, waste budgets, benefits and inflationary increases in pay and pensions. These pressures are all monitored closely and regularly by senior managers, including the Section 151 Officer.

The Council is facing a significant in-year financial pressure due to covid-19, having incurred financial costs and lost income. Income lost is unlikely to be reimbursed and future financial settlements will also be affected.

Impact / Consequences

The council suffers from a significant reduction in income, leading to an inability to deliver current levels of service provision.

Corporate Risk Register (September 2020)

Inherent Risk

B1 – Critical Risk: Likely / Very High Impact

Controls to Manage Risk (in place)

- The council has no control over the global economy or the WG settlement. Therefore, the inherent risk score likely to remain high.
- Annual, detailed budget setting process that considers economic environment
- The Medium Term Financial Plan (MTFP) contains different scenarios to ensure it can deal with changes in the external environment, and is considered on a quarterly basis: it has revised its expectations further downwards.
- A robust budget-setting process raises awareness of implications of significantly reduced income due to the economic environment. It also identifies a range of proposals should cuts be incurred.
- Regular (usually monthly) financial planning meetings between services and management accountants are in place.
- Service's budgets and budget proposals are scrutinised by the Lead Member for Finance and the Head of Service during budget-setting talks.
- Establishment of the 'Reshaping the Council Budget (RTCB)' programme board.
- RTCB has considered risks associated with population estimate inaccuracies and the potential impact on future funding. There is a Welsh Government funding floor which would help mitigate any impact, if this issue should transpire (in which case impact would be felt in 2022-23). RTCB will continue to monitor this risk.
- SLT will actively manage risks associated with Brexit on a monthly basis, until such time the risks can be managed corporately or at a service-level.

Residual Risk

B2 – Critical Risk: Likely / High Impact

Corporate Risk Register (September 2020)

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Further Actions

The Council will take all steps to reclaim funding from WG

Action Due Date: 31/03/2021

Person Responsible: Steve Gadd

Throughout the recovery process, look at new ways of working

Action Due Date: 31/03/2021

Person Responsible: Judith Greenhalgh

Corporate Risk Register (September 2020)

Risk 11: The risk of an ineffective response to a serious event, such as severe weather, contamination, public safety (including cyber-attack), or a public health event (such as Covid-19).

Lead Member(s): Cllr Richard Mainon

Risk Owner: Graham Boase

Description

Serious unexpected events can occur at any time. Services plan for the impact of expected seasonal variations in weather, but severe weather events, including wild fires as has recently been experienced, can impact on public safety and service delivery.

Similarly, we put plans in place to monitor food, water and air quality, but any contaminations can impact on service delivery, as would any viral pandemics.

Cyber attacks can affect our ability to provide services electronically, putting our business continuity plans to the test, and the same applies to major IT service failures.

Public health events, such as Covid-19, puts terrific strain on organisations such as ours, impacting on service delivery, project timescales, staff capacity, and of course finances. It also challenges the resource capacity of partners and providers that we work with.

Impact / Consequences

- Significant disruption to core services.
- Serious injury or fatality due to road network closure, poisoning or infection.
- Reputational risk to the council if unable to deal with issues.
- Inability to deliver front line services (as a result of staff shortages for example).
- Temporary loss of data.
- Significant cost pressures to our budget.

Corporate Risk Register (September 2020)

Inherent Risk

A2 – Critical Risk: Almost Certain / High Impact

Controls to Manage Risk (in place)

- The control environment in this area is the Regional Emergency Planning Service (Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Anglesey), and local emergency management response groups have been established. There is significant partnership working with a regional emergency planning team coordinating plans and responses across North Wales.
- We also continually review our procedures for winter highways maintenance and flood response. Secondary rota established and operational.
- Service disruption is minimised through our arrangements for business continuity and emergency planning, with separate Directors responsible for Response and Recovery.
- There's an emergency on-call rota in place.
- Emergency Planning Response report taken to Partnerships Scrutiny in June 2015.
- Vulnerable people mapping tool is in operation.
- New chairs for the Communications and Operational Response Groups have strengthened arrangements.
- Gold & Silver training in place for new representatives.
- Deputies for Chairs of response teams appointed.
- Trial business continuity exercise took place in DCC in October 2017. Overall the exercise was successful.
- Planning and Public Protection has plans in place to manage responses to pandemics such as bird flu or foot and mouth for instance, with a focus on how we will work with partners in such times.
- The Corporate Director: Economy and Public Realm chairs quarterly meetings of all the chairs of various response groups in emergency planning and is also attended by regional emergency planning representatives. The purpose of this group includes to provide assurance that systems are in place and to test procedures.

Corporate Risk Register (September 2020)

- We have set up a WhatsApp Business Continuity communication network, which has been tested in an internal DCC Business Continuity exercise (April 2019).
- We are due to take part in a joint regional Business Continuity Exercise with Gwynedd in February 2020.
- Covid19 Control: SEMT has been meeting on a regular basis and has responded to the initial covid-19 emergency and has agreed a number of covid-19 recovery themes for which members of SLT are leading. These are monitored regularly at SLT and have political input by Lead Member and Cabinet. Should covid-19 escalate (second wave), SLT will monitor and no doubt SEMT will recommence.

Residual Risk

C3 – Moderate Risk: Possible / Medium Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Further Actions

Develop and gain SLT approval for a new policy to ensure business continuity whereby staff take essential equipment home at the end of each day

Action Due Date: 31/03/2021

Person Responsible: Alan Smith

Corporate Risk Register (September 2020)

Risk 12: The risk of a significantly negative report(s) from external regulators.

Lead Member(s): Councillor Hugh Evans

Risk Owner: Judith Greenhalgh

Description

Negative reports from regulators could lead to a range of impacts that could be negative for Denbighshire County Council. The council is committed, however, to responding to reports and working with partners, including external regulators, to addressing any concerns that may arise.

Impact / Consequences

- A wider lack of confidence in Council services.
- Reputational damage.
- Potential intervention by the WG.
- Significant resources may be required to be diverted to deliver immediate and substantial change.

Inherent Risk

C2 – Major Risk: Possible / High Impact

Controls to Manage Risk (in place)

- The corporate performance management framework (PMF) is the main control in this area.
- Head of Business Improvement & Modernisation, Strategic Planning Team Manager and Head of Audit meet monthly with Wales Audit Office to understand and respond to their concerns.
- Regulators sit on Service Performance Challenges.

Corporate Risk Register (September 2020)

- Research & Intelligence team creates Needs & Demands, and Comparative reports to support service self-assessment and Service Performance Challenges.
- Annual Governance Statement and Performance Self-Assessment now combined.
- Protocol developed for addressing recommendations from WAO national studies: services' response will be the subject of performance scrutiny and service challenge.
- Regulation we're subject to includes: CIW (Care Inspectorate Wales); WAO Office; Estyn; HSE (Health & Safety Executive); ICO (Information Commissioner's Office).

Residual Risk

D3 – Moderate Risk: Unlikely / Medium Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 13: The risk of significant liabilities resulting from alternative models of service delivery

Lead Member(s): Councillor Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

Liabilities could arise due to financial, HR, safeguarding, or governance problems and could impact on the sustainability of service provision.

This risk will now also be impacted by covid-19 and we have already seen a significant loss of income within our leisure ADM as a result.

Impact / Consequences

- Financial liabilities.
- Property Liabilities.
- Reduction in levels / quality of service provided to the community, or increased revenue costs to continue delivery.
- Collapse of company
- Reputation damage to the council
- Safeguarding to include protection of all assets (physical & intellectual Information)

Inherent Risk

B2 – Critical Risk: Likely / High Impact

Controls to Manage Risk (in place)

- A rigorous process is in place to ensure appropriate governance arrangements are in place as ADMs are established.
- Effective contract management arrangements are in place and appropriate monitoring is carried out throughout the life of the contract.

Corporate Risk Register (September 2020)

- Council is entitled to representation on Boards, and Heads of Service providing strategic advice to facilities.
- Heads of Service advise DCC on any emerging issues and risks.
- Financial support and/or subsidies being provided.
- Processes are in place to manage relationships between DCC and Arm's Length organisations.
- Intervention measures are exercised by DCC if relationships with Arm's Length organisations are difficult to manage.
- Resources have been committed to improve financial monitoring of facilities and services
- Register of all ADMs
- Ensure best practice / lessons learned is applied to our robust contract and relationship management of ADM models.
- Compliance with current legislation and approved accredited standards as appropriate.

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Corporate Risk Register (September 2020)

Risk 14: The risk of a health & safety incident resulting in serious injury or the loss of life. (Where H&S is referred to, this incorporates fire safety)

Lead Member(s): Councillor Julian Thompson-Hill

Risk Owner: Steve Gadd

Description

This could be as a result of unsafe acts, unsafe work places or ineffective H&S management.

Impact / Consequences

- Serious injury or death of an employee and/or any other person.
- Significant reputational damage
- Substantial legal/litigation costs.
- Criminal prosecution of staff or the organisation.

Inherent Risk

C2 – Major Risk: Possible / High Impact

Controls to Manage Risk (in place)

- Strategic leadership is provided by the Head of Finance & Property, with delegated responsibility for Health and Safety.
- Competent H&S advisors are employed by the organisation to provide support, guidance and training on H&S.
- A Corporate Health and Safety Policy is in place which defines the H&S organisation and arrangements in DCC
- There is an established H&S Management System in place.

Corporate Risk Register (September 2020)

- An established Corporate H&S Committee is in place which is a forum for the employer and employee representatives to discuss and consult on H&S.
- A number of service level H&S committees meet to provide a forum for service managers and employee representatives to discuss and consult on H&S.
- H&S training program focussed on DCC activities and the way we manage H&S in DCC.
- “Managing safely in Denbighshire” training is mandatory for all managers.
- The corporate H&S team carry out a program of targeted monitoring
- An online accident, incident reporting process is in place. There is an expectation that all accidents and incidents are reported
- Significant H&S related accidents, incidents and near misses are investigated internally

Residual Risk

E2 – Moderate Risk: Rare / High impact

Is our risk exposure (based on the score) consistent with the council’s Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 16: The risk that the impact of welfare reform (Universal Credit) is more significant than anticipated by the council.

Lead Member(s): Councillor Bobby Feeley and Councillor Julian Thompson-Hill

Risk Owner: Steve Gadd

Description

Welfare reform (Universal Credit) has potentially significant implications for a large proportion of residents, and also on the council in terms of increased demand for services and reduced income.

Impact / Consequences

- Potential increase in demand for services: e.g. homelessness and homelessness prevention services; housing (especially for stock which is currently scarce); benefits support / advice, etc.
- Reduced income from rents and council tax payments with reduced cash flow and an increase in bad debt for the authority.
- Potential rise of council tax reduction scheme claimants.
- We expect to see a significant increase in the number of customers requiring digital support from our Library / One Stop Shop Service.
- Also an impact to Social Services due to Disability Living Allowance changes.
- This could also impact on our ability to deliver our Corporate Priorities.

Inherent Risk

B2 – Critical Risk: Likely / High Impact

Corporate Risk Register (September 2020)

Controls to Manage Risk (in place)

- A Cross-Authority / Multi Service Universal Credit Board has been established and is working to address, as far as possible, the risks and issues associated with the impact of Universal Credit.
- A proactive management of risk is involving identifying those likely to be affected to reduce the risk/mitigate any negative impacts.
- The Board has developed a Risk Register and Activity Plan to cover all strategic and operational risks as a result of Universal Credit, these include detailed Actions and Controls with owners assigned to each risk.
- This register is reviewed on a frequent basis and updates provided at each Board meeting.
- The roll out plan is risk averse and limits the risk that the impact will be more significant than expected, but the approach (determined by Westminster) could change. The intended approach though is that by the time all other benefits are phased out, existing claimants will have naturally become eligible for Universal Credit as a result of a change in their circumstances

Residual Risk

D3 – Moderate Risk: Unlikely / Medium Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 18: The risk that programme and project benefits are not fully realised.

Lead Member(s): Cllr Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

The council currently does not consistently deliver all benefits from projects. Some of the issues include: inconsistent management; resistance to change; staff behaviour and processes not changing as planned. Programmes to be mindful of include: Corporate Plan Board, Corporate Support Services Review (CSSR), Reshaping the Council Budget.

This risk encompasses risks associated with the council making changes that result in a greater negative impact than we anticipated (formerly risk 00028). When deciding where to make changes, we endeavour to ensure the quality of key services. There is a risk that we haven't identified the correct services as being 'key', and/or that the changes we make are more disruptive than we anticipated.

It is understood that a number of programmes and projects will be facing delays as a result of covid-19.

Impact / Consequences

The forecast changes that were alluded to in business cases do not materialise and, hence, neither do their benefits.

In relation to changes having a greater positive or negative impact than anticipated could result in:

- Services that are important for our residents are no longer available
- Performance in important areas of our business (for our residents) deteriorates
- Reinstatement/correction in performance is difficult and slow to achieve
- Reputation can suffer if performance deteriorates

Corporate Risk Register (September 2020)

- Reputation can suffer if messages are not managed

Inherent Risk

B2 – Critical Risk: Likely / High Impact

Controls to Manage Risk (in place)

- Corporate Programme Office established.
- Leadership Strategy in place.
- Strategic Planning team will support the Corporate Plan Board, and also support performance management in the organisation, therefore there's a strong alignment between 'change' and BAU.
- Impact assessments are undertaken and form part of the cover report for decisions.
- Risk are considered and form part of the cover report for decisions.
- Use of Verto to record benefit tracking and significant outcomes from projects will be picked up as part of Service Planning process.
- Change toolkits, together with factsheets, are on the intranet to support managers.
- Finance remove savings from budgets to ensure financial savings are delivered.
- Change Management Guidance has been developed.
- Quarterly Performance Reports on the Corporate Plan are sent to SLT, Cabinet and Scrutiny.
- SLT reviews key projects every three months.
- Programme Board members have attended Programme Management training.
- Lead Member for Finance, Performance & Strategic Assets now chairs the Corporate Plan Board, also sitting on the Budget Board. Their involvement in both boards ensures a coherent approach to our programmes and financial planning.
- The Corporate Plan was reviewed during its second tranche review in July during which the impact of covid-19 and current project progress was analysed. Senior managers and Cabinet confirmed their continued commitment to existing projects.

Corporate Risk Register (September 2020)

Residual Risk

D2 – Major Risk: Unlikely / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 21: The risk that effective partnerships and interfaces between BCU Health Board and Denbighshire County Council (DCC) do not develop, leading to significant misalignment between the strategic and operational direction of BCU and DCC

Lead Member(s): Councillor Bobby Feeley

Risk Owner: Nicola Stubbins

Description

With BCUHB in special measures there is increased political and regulatory scrutiny. This is resource intensive and further detracts from effective partnership working.

Impact / Consequences

- Inefficient services
- Gaps in service provision
- Delays/failure to deliver joint projects
- Reputational damage
- Ability to meet statutory duties - Well-being of Future Generations Bill, Social Services and Well-being Act

Inherent Risk

A1 – Critical Risk: Almost certain / Very high impact

Controls to Manage Risk (in place)

- DCC presence in key meetings and Boards looking at implementing integrated new approaches.
- Central Area Integrated Services Board is in place.

Corporate Risk Register (September 2020)

- NWWASIC has reviewed its governance arrangements in partnership with BCUHB.
- BCUHB Area Director in place.
- Two Community Resource Teams have been established.
- The Regional Partnership Board is in place to progress cooperation and integration.
- BCUHB is a member of the Conwy/Denbighshire PSB, which has shared priorities and a shared governance vision.

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Further Actions

Completion of Community Resources project, to include delivery of two further sites in Denbigh and Prestatyn.

CRT Project documented through Verto - see PR004793

Action Due Date: 31/03/2021

Person Responsible: Phil Gilroy

Corporate Risk Register (September 2020)

Risk 27: The risk that even if the settlement is as anticipated, decisions that are necessary to identify and deliver the savings programme and enable a balanced budget are not taken or implemented quickly enough

Lead Member(s): Cllr Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

As our financial settlement reduces, we need to identify savings and gain approval for, and deliver, plans as to where to reduce or withdraw financial resources. Even if the budget we anticipate is the settlement we receive, there is still a risk for funding our services and savings identified may not be delivered as expected or in-year demand/pressures arise.

Any plans require the approval of Council, and must be implemented in a timely manner that complies with legislation. While the budget process has been successful to date there are still substantial future savings to be made by the local authority and the political environment remains sensitive.

Impact / Consequences

- Denbighshire overspends on its budget.
- Denbighshire cannot deliver savings.
- Denbighshire has insufficient time to ensure good financial monitoring and robust planning.

Inherent Risk

B1 – Critical Risk: Likely / Very High Impact

Corporate Risk Register (September 2020)

Controls to Manage Risk (in place)

- The budget setting process involves Members, so they understand that difficult decisions are necessary, and they are involved with developing the proposals. This should make them more likely to support the recommendations made.
- As decisions are becoming harder then lead in times are becoming longer.
- The better than expected settlement for 2020/21 means that only savings with minimum impact on service delivery and staff have been accepted.
- The Reshaping the Council Budget board has been established, which is likely to make some controversial suggestions that will require political support. Therefore there may be increased risk of not achieving approval for the service changes required to deliver a balanced budget.
- Early identification of the budget gap and potential actions to address it are managed through the Reshaping the Council Budget Board and SLT.
- A workshop involving Cabinet and SLT took place in September 2019 to discuss the principles behind the budget and services budgets, and to identify areas where there is political will to make savings.
- All of these controls are in place to ensure good financial monitoring and robust financial planning.

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Corporate Risk Register (September 2020)

Further Actions

Review Strategic Investment Group (SIG) process.

Action Due Date: 31/03/2020

Person Responsible: Steve Gadd

Corporate Risk Register (September 2020)

Risk 30: The risk that Senior Leadership capacity and skills to sustain service and corporate performance is not available

Lead Member(s): Councillor Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

The current structure of the Senior Leadership Team has been built on the strength and experience of current postholders. As the number of posts at SLT has reduced there is a concentration of key roles that are critical to the successful delivery of services, and the organisation's ability to respond to policy and legislation. There is a risk that individuals with particular skill sets would be difficult to replace, and there is also a risk that the organisation is not flexible enough to keep up with the pace of change required in light of new corporate priorities and future budget pressures.

Impact / Consequences

- Reputational damage.
- Declining performance.
- Poor performance against new priorities.

Inherent Risk

C3 – Moderate Risk: Possible / Medium Impact

Controls to Manage Risk (in place)

- Greater opportunities for Middle Managers to 'act up' to key posts in order to gain experience at a more senior level
- Leadership Strategy is in place

Corporate Risk Register (September 2020)

- Heads of Service are tested on their succession plans through Service Challenge
- Quarterly Leadership Conferences held to develop middle managers.
- Training Needs Analysis for SLT & Middle Managers is now complete, with an emphasis on leadership now being led through the DCC Leadership Conferences.
- Heads of Service are encouraged to rethink their service plans against context of new corporate plan, budget decisions, and any new legislation, etc.
- The establishment of an alternative delivery model for leisure includes within the project the need to reduce the risk of knowledge and skills loss. The senior leadership team restructure took place in September 2019.

Residual Risk

D3 – Moderate Risk: Unlikely / Medium Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 31: The risk of fraud and corruption resulting in financial and reputational loss and possibly impacting on service delivery.

Lead Member(s): Cllr Julian Thompson-Hill

Risk Owner: Judith Greenhalgh

Description

Denbighshire County Council (the Council) employs 2,362 staff as at the last staff survey (2018/19), with a gross revenue budget of £305.8 million for 2018/19. It commissions and provides a wide range of services to individuals and households and works with a wide range of private, public and voluntary sector organisations. As with any other large organisation, the size and nature of the Council's services mean that there is an ongoing risk of loss due to fraud and corruption from both internal and external sources. There is also an ongoing risk of bribery as the Council provides and procures goods, works and services.

The Council recognises that as well as causing financial loss, fraud is also detrimental to the provision of services, and damaging to the reputation of, and confidence in, the Council and public bodies in general.

Impact / Consequences

- Financial loss.
- Loss of reputation and confidence in the Council and public bodies in general.
- Negative impact on service provision / delivery.
- Legal / compensation costs.
- Criminal prosecution.
- Negative audit / inspection reports.

Corporate Risk Register (September 2020)

Inherent Risk

C2 – Major Risk: Possible / High Impact

Controls to Manage Risk (in place)

In its policies and procedures the Council gives out the clear message that it will not tolerate any impropriety by employees, elected Members or third party organisations. It has put in place appropriate and proportionate systems to minimise this risk and these are kept under constant review, including:

- The Code of Corporate Governance
- The Code of Conduct for Elected Members
- The Employees' Code of Conduct
- Financial Regulations including Contract Procedure Rules
- The Whistleblowing Policy
- The Anti-Money Laundering Policy
- Recognition and monitoring of the risk of fraud in service risk registers
- Systems of internal control
- Recruitment processes
- Annual review by DCC's Internal Audit team
- Regular internal and external review of our systems and procedures
- Review of Council's anti-Fraud arrangements against the CIPFA Standard 2016 (checklist)
- The risk of fraud and corruption is also managed at a service level
- Engagement with the National Fraud Initiative (NFI)
- Strategy for the prevention and detection of fraud corruption and bribery which includes fraud response plan
- E-learning modules on Whistleblowing and Code of conduct

Residual Risk

E2 – Moderate Risk: Rare / High impact

Corporate Risk Register (September 2020)

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 33: The risk that the cost of care is outstripping the Council's resource

Lead Member(s): Bobby Feeley & Huw Hilditch Roberts

Risk Owner: Nicola Stubbins

Description

The continued inflationary pressure resulting from the cost of domiciliary and residential care means the cost of care could outstrip our budget.

Impact / Consequences

Overspends in Social Care place significant budget pressures on the Council and could result in the scaling back or withdrawal of non-statutory services.

Inherent Risk

B1 – Critical Risk: Likely / Very High Impact

Controls to Manage Risk (in place)

Demand needs to be managed in order to maintain current levels of expenditure. The following controls are currently being embedded:

- A focus on prevention and early intervention so people don't need to go into care.
- Third Sector grant programme.
- Talking Points.
- Community Navigators.
- Supporting Independence Strategy.
- Being innovative and maximising use of grant monies.
- New approach to supporting people to achieving outcomes.
- Improved partnership working with BCUHB and integrated assessment as well as managing continuing health care.

Corporate Risk Register (September 2020)

- Identification of the pressures as part of the medium term financial process.
- Opportunities arising from the Healthier Wales Transformation Programme.

The social care budget is consistently overspent by £1m+ per year, which up until now has been mitigated somewhat by the use of reserves of £0.5m pa towards the overspend. However, the reserves are depleted. The Budget for 2020/21 has attempted to meet the growth in this area for 2020/21 with an additional budget of £2.6m added. It is recognised that growth in demand will continue in future years.

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Further Actions

Development of additional extra care housing (corporate plan priority)

This is being project managed by the Corporate Plan Board.

Action Due Date: 31/01/2022

Person Responsible: Phil Gilroy

Corporate Risk Register (September 2020)

Risk 34: The risk that demand for specialist care cannot be met locally

Lead Member(s): Cllr Bobby Feeley, Cllr Huw Hilditch-Roberts

Risk Owner: Nicola Stubbins

Description

Availability of some specialist adult and child places can be scarce, leading to the requirement to provide expensive services that aren't available locally. Reduction in availability of domiciliary care provision meaning they are unable to provide services needed (particularly in the south of the county)

Impact / Consequences

- High cost
- Individuals with eligible needs unable to receive suitable domiciliary care due to lack of resources and service provision
- If far from home there is a detrimental impact on a client's well-being (and that of their family)
- Unable to meet need in preferred language

Inherent Risk

B2 – Critical Risk: Likely / High Impact

Controls to Manage Risk (in place)

- Single Point of Access now fully established and proving successful in providing advice and information to individuals in order for them to access community services themselves.

Corporate Risk Register (September 2020)

- Community Led Conversations 'What Matters' project changing the way staff support individuals enabling them to take control of their own well-being and utilising other external resources where possible.
- Developing a range of staff skill mixes through workforce development in order to enable staff to work in new ways that complement the new government agenda.
- Series of meetings with providers across CSS underway to negotiate increasing fees.
- Review and re-assessment project to ensure individuals are still eligible under new criteria
- Further development of support budgets
- Recruitment fayres taken place in county to highlight the need for specific health and social care staff.
- CIW national review of domiciliary care - implementing recommendations.
- Regional project considering issues.
- Recommissioning domiciliary care project in progress - this includes the implementation of the new regional domiciliary care framework in Denbighshire to include patch based commissioning for difficult rural areas.
- New care team in CSS South Locality (reablers providing longer term support whilst identifying appropriate agency)
- The North Wales Transformation Programme is in place and we are leading one of the four projects.

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Corporate Risk Register (September 2020)

Risk 35: The risk that the return on investment that Denbighshire receives from the Regional Growth Deal is disproportionate

Lead Member(s): Cllr Hugh Evans

Risk Owner: Graham Boase

Description

The regional growth deal offers opportunity to develop Denbighshire's economy, and there is a risk that there is insufficient engagement to capitalise on these opportunities.

Conversely, with the benefits not being clear at present, there is a risk that DCC puts in a lot of effort but doesn't receive a proportionate return on investment.

Impact / Consequences

- Disproportionate return on investment.
- Failure to maximise opportunities for the benefit of communities and businesses in Denbighshire.
- Failure to agree a regional approach to funding projects.

Inherent Risk

C2 – Major Risk: Possible / High Impact

Controls to Manage Risk (in place)

- We ensure we have senior-level representation at Board meetings. The North Wales Economic Ambition Board is attended by Denbighshire's Leader. Director-level representation is in place for the officer groups that support the Board and relevant key officers are represented on workstream meetings.
- Regular reports to Council committees.
- The Strategic Employment Manager is a key member of the 'People' workstream.

Corporate Risk Register (September 2020)

Residual Risk

C2 – Major Risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 36: The risk that any negative impacts of leaving the European Union cannot be mitigated by the council

Lead Member(s): Councillor Hugh Evans

Risk Owner: Judith Greenhalgh

Description

The continued lack of clarity over Brexit makes it difficult for the Council to plan for a known set of political and financial circumstances.

Brexit has potentially significant implications for council services in terms of their funding and the likely impact on demand for services is unclear. For example, there could be short term supply issues with essential resources resulting in short term interruption or risk to certain services such as school and care meals.

It is unlikely the council will be in a position to mitigate the impacts of Brexit, specifically impacts relating to agriculture for instance.

Impact / Consequences

- Lack of clarity on the status of EU citizens living in Denbighshire.
- There is growing certainty over the replacement of EU funding (eg skills, poverty and regeneration projects; rural and business funding).
- Impact on supply chains and procurement of goods and services.
- Impact on farming and agriculture (status of common agricultural policy for example is still unknown).
- Potentially negative impact on broader public sector provision.
- Foreign Direct Investments in Denbighshire could be affected.
- Legislative change could result in delays and uncertainty for legal proceedings.
- Impact on university education in the region and research.
- Impact on recruitment across public services.
- Potential cohesion, well-being issues or social unrest.

Corporate Risk Register (September 2020)

- Denbighshire businesses that import/export to European Union areas.

Inherent Risk

B1 – Critical Risk: Likely / Very High Impact

Controls to Manage Risk (in place)

- As requested by the Welsh Local Government Association, Denbighshire have two named Brexit lead contacts: Corporate Director: Economy and Public Realm and the Leader.
- Workforce planning is in place.
- Regular contact with Welsh Government and the Welsh Local Government Association.
- A consultation paper on European-funded projects is expected from Welsh Government.
- Our Economic and Business Development Team is available to discuss queries, concerns and give advice.
- SLT will review the employers toolkit on the rights of EU citizens under the EU Settlement Scheme. The toolkit will provide some guidance on vulnerable people, for example, victims of domestic abuse or trafficking victims.
- A Brexit Briefing Paper was produced and a Brexit Briefing Workshop took place on 4 December 2018. All Members were invited and the event was jointly presented by Welsh Local Government Association and Denbighshire County Council Officers. The Workshop considered the potential impacts of Brexit on the way the Council functions and on our residents.
- Services are identifying supply chains that could be at risk.
- SLT actively manages risks associated with Brexit on a monthly basis, until such time the risks can be managed corporately or at a service-level.
- DCC's Chief Executive is the North Wales representative on the WLGA Brexit Working Group.
- The Statement of Accounts considers Brexit and the impacts of Brexit.

Corporate Risk Register (September 2020)

Residual Risk

B1 – Critical Risk: Likely / Very High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Corporate Risk Register (September 2020)

Risk 37: The risk that partners don't have the resources, matching priorities or commitment to support delivery of shared plans and priorities

Lead Member(s): Councillor Hugh Evans

Risk Owner: Judith Greenhalgh

Description

With finite resources and competing priorities, there is a risk of a lack of commitment or capacity available to support realisation of shared plans and priorities.

Covid-19 has put external pressure on the council and its partners to deliver services; this is likely to be the case into the medium term.

Impact / Consequences

- Objectives not delivered.
- Issues/problems that provided justification for the priorities continue or deteriorate.
- Failure to maximise opportunities to collaborate to resolve issues no single organisation is responsible for or capable of resolving on its own.
- Ineffective management of expectations among partners/public leading to reputational damage.
- Investment of council resources with minimal return.

Inherent Risk

B1 – Critical Risk: Very Likely / High Impact

Corporate Risk Register (September 2020)

Controls to Manage Risk (in place)

- Denbighshire is represented at collaborative boards by senior managers and / or political leadership, for example, at the Regional Partnership Board, Economic Ambition Board, and Regional Leadership Board.
- Collaborative plans and priorities (for instance, the PSB's Well-being Plan) has been developed to reflect broader public sector priorities across the two counties.

Residual Risk

C2 – Major risk: Possible / High Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Corporate Risk Register (September 2020)

Risk 43: The risk that the council does not have the funds or resources to meet its statutory obligations under the Additional Learning Needs and Education Tribunal (Wales) Act 2018

Lead Member(s): Cllr Huw Hilditch-Roberts and Cllr Bobby Feeley

Risk Owner: Geraint Davies

Description

The Act places a range of duties on local authorities in relation to additional learning needs (ALN), which can be grouped as follows:

Specific duties - in relation to individual learners (usually those in their area) such as duties to maintain individual development plans (IDPs) for some learners (including learners who are dual registered and those with more complex needs) and the duty to reconsider decisions made by school governing bodies.

General duties - to support the functioning and effectiveness of the ALN system – including the duty to provide information and advice and the duty to keep additional learning provision under review.

In addition, local authorities have general education functions - related to maintaining schools and the provision of education, including intervention powers where schools fail to perform their duties.

Local authorities will be directly responsible for meeting the needs of children and young people with the most complex and/or severe needs, those who do not attend a maintained school or FEI in Wales (including those below school age).

Corporate Risk Register (September 2020)

This risk has been escalated from the Education and Children's Service Risk Register to reflect the wide-ranging implications for other areas of the council (adult's services, legal, procurement and so on).

Impact / Consequences

To not meet the requirements of the Act could have an impact on learners with ALN and would have regulatory and reputational consequences for the authority, including potential legal and financial implications. There is also the potential for increased demand on services.

Inherent Risk

B2 – Critical risk: Likely / High Impact

Controls to Manage Risk (in place)

- Corporate Director: Communities (Statutory Director of Social Services) to ensure that the council's Senior Leadership Team is making necessary preparations for implementation of the Act.
- SLT will monitor progress through the Corporate Risk Register. The Head of Education and Children's Services gave a presentation to SLT in the autumn of 2019.
- The risk is also managed closely at a service level by Education and Children's Services.

Residual Risk

D3 – Moderate risk: Unlikely / Medium Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Further Actions

Pressure to be considered as part of budget setting process for 2021-22 as the implications become clear

Action Due Date:

Person Responsible: Steve Gadd

Corporate Risk Register (September 2020)

Risk 44: The risk of Ash Dieback Disease (ADB) in Denbighshire leading to significant health and safety issues that represent a potential risk to life

Lead Member(s): Cllr Tony Thomas

Risk Owner: Tony Ward

Description

ADB is already present in Denbighshire. The range and frequency is unknown at this present time. The frequency is currently low but will inevitably increase over the next few years. Also, the number of ash trees in the County is similarly unknown. ADB will not be "business as usual" and the scale must be assessed and there will be a need for changes in management practice.

Impact / Consequences

The impact is likely to be far reaching, across various Council services and communities themselves.

- Considerable impact on landscape - dead and dying ash trees across the County.
- Increased liability.
- Impacts on statutory functions and service delivery.
- Public safety.
- Staff safety.
- Significant budgetary implications.
- Disruption to infrastructure and communities.
- Political and reputational impact.

Inherent Risk

A1 – Critical Risk: Almost certain / Very high impact

Corporate Risk Register (September 2020)

Controls to Manage Risk (in place)

A proactive approach is necessary to understand how many ash trees are in the County and prepare an ADB action plan. Capacity and resources will need to be secured to achieve this.

- A briefing paper on our approach went to Cabinet in December 2019.
- Project brief is being drawn up (through Verto) outlining our approach to developing our action plan over the next 12 months, and agreeing procedures to identify and deal with trees (including replanting initiatives).
- The Head of Service has now started to progress the collaborative project with Conwy on ADB. This was planned to begin in April, but was postponed due to Covid-19. 2 tree inspectors have been appointed (on 12-month secondment from Countryside Services) to start to inspect/map our tree assets. The aim is now for the project to begin on (or around) 1st Sept, and detailed discussions with Conwy are currently taking place. The aim is still to have a corporate ADB Plan in place within 12 months of starting the project, but the impact of ADB could need to be managed for the next 5-10 years.
- 200k identified within council budget to support initial development of Action Plan over the next 12 months.

This is a live risk in the Highways and Environmental Services' Risk Register but due to the score of A2, this risk meets our criteria to be managed as a 'major' risk to be managed by SLT and Cabinet.

Residual Risk

A2 – Critical Risk: Almost Certain / High impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Critical risk. Risk Appetite suggests that this should be at most a moderate risk. Our management of this difficult risk is in its early stages. Our current score reflects this and

Corporate Risk Register (September 2020)

the serious potential for death or injury. As our mitigating actions progress over the next 12 months, we would expect to see the risk come more under our control, and the scoring reduce towards our accepted appetite.

Further Actions

Develop and adopt a corporate action plan for Ash Dieback

Action plan will be informed by detailed mapping of the council's ash tree population and condition information, identifying those trees that need to be made a priority based on the level of risk.

Action Due Date: 30/09/21

Person Responsible: Tony Ward

Secure further funding for the delivery of the action plan

Ash Dieback is anticipated to have the greatest impact over the next ten years. Our action plan to tackle the issue will require resourcing.

Action Due Date: 31/03/2021

Person Responsible: Tony Ward

Agree detail of collaborative project with Conwy to enable our 2 tree inspectors to begin work on 1st Sept 2020

Action Due Date: 01/09/2020

Person Responsible: Tony Ward

Corporate Risk Register (September 2020)

Risk 45: The risk that the council is unable to deliver the agenda of Council and external organisations within existing resources

Lead Member(s): Cllr Hugh H Evans

Risk Owner: Judith Greenhalgh

Description

As resources have reduced, there is less capacity to additionally respond to new, emerging and unplanned issues of importance to residents, councillors or partners.

Impact / Consequences

- Damage to reputation
- Financial liabilities
- Regulatory liabilities
- Deteriorating Staff morale
- Inability to meet statutory obligations

Inherent Risk

A3 – Major Risk: Almost Certain / Medium Impact

Controls to Manage Risk (in place)

- The content of the Corporate Plan was developed and agreed with officers and Members at the start of the new council year. This document should capture the ambition of Elected Members for their term of office.
- The Council partakes in government consultations on new legislation (either directly or through the WLGA).
- Heads of Service assume responsibility for the implementation of new legislation, supported by the Strategic Planning Team where appropriate.

Corporate Risk Register (September 2020)

Residual Risk

C4 – Moderate Risk: Possible / Low Impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Yes

Corporate Risk Register (September 2020)

Risk 46: Failure to progress the replacement Local Development Plan (LDP) to adoption

Lead Member (s): Cllr Mark Young

Risk Owner: Emlyn Jones

Description

As a result of impacts of the Covid-19 crisis we will not be able to progress the Replacement LDP in line with the current Delivery Agreement timetable. Consequently, there will not be a new LDP adopted when the current LDP expires at the end of 2021. Risks are the failure to agree a revised Delivery Agreement, the risk of WG not agreeing a new Delivery Agreement, and WG not allowing an extension to the end date of the current LDP, meaning that there would be a period of time with no local planning policies in place for Denbighshire. We would be reliant on national policy only, which would have an impact, for example, on delivery of affordable housing in Denbighshire, and pressure for development on unallocated sites.

Impact / Consequences

- Potential impact to our population in terms of the development of houses on inappropriate sites
- Reputational risk to the council
- Financial risk
- Legal challenge
- Lack of political agreement

Inherent Risk

A2 - Critical Risk: Almost Certain / High impact

Corporate Risk Register (September 2020)

Controls to Manage Risk (in place)

Undertook a broad risk assessment as part of the Delivery Agreement approved by the Council and Welsh Government. A Strategic Planning Group has been established and the work on the development of the Replacement LDP is underway; however, meetings were suspended from February 2020. Meetings of the Group will reconvene in September 2020. Discussions with WG officers are ongoing and WG are exploring options to allow for more flexibility with LDP end dates. The Team are currently undertaking a Covid-19 impact assessment, looking at implications for the draft Preferred Strategy in terms of content and approach, timescales for the delivery of the new LDP and whether background evidence will need to be reviewed. This will be submitted to WG along with a revised Delivery Agreement once we have further clarification from WG.

Residual Risk

A2 - Critical Risk: Almost Certain / High impact

Is our risk exposure (based on the score) consistent with the council's Risk Appetite?

Critical risk. Risk Appetite suggests that this should be at most a major risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Mae tudalen hwn yn fwriadol wag

Corporate Risk Register (September 2020)

Risks – New

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
00046	Failure to progress the replacement Local Development Plan (LDP) to adoption.	A2 – Critical Risk: Almost Certain / High impact	A2 – Critical Risk: Almost Certain / High impact	Emlyn Jones and Cllr Mark Young	Critical risk. Risk Appetite suggests that this should be at most a major risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.	This risk has been escalated from a Planning, Public Protection and Countryside service risk to a Corporate Risk. Description: As a result of impacts of the Covid-19 crisis we will not be able to progress the Replacement LDP in line with the current Delivery Agreement timetable. Consequently, there will not be a new LDP adopted when the current

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 152						<p>LDP expires at the end of 2021. Risks are the failure to agree a revised Delivery Agreement, the risk of WG not agreeing a new Delivery Agreement, and WG not allowing an extension to the end date of the current LDP, meaning that there would be a period of time with no local planning policies in place for Denbighshire. We would be reliant on national policy only, which would have an impact, for example, on delivery of affordable housing in Denbighshire, and pressure for development on unallocated sites.</p> <p>Impact / Consequences:</p>

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 153						<ul style="list-style-type: none"> • Potential impact to our population in terms of the development of houses on inappropriate sites • Reputational risk to the council • Financial risk • Legal challenge • Lack of political agreement <p>Inherent Risk: A2 - Critical Risk: Almost Certain / High impact</p> <p>Controls to Manage Risk (in place): Undertook a broad risk assessment as part of the Delivery Agreement approved by the Council and Welsh Government. A Strategic Planning Group has been</p>

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 154						<p>established and the work on the development of the Replacement LDP is underway; however, meetings were suspended from February 2020. Meetings of the Group will reconvene in September 2020. Discussions with WG officers are ongoing and WG are exploring options to allow for more flexibility with LDP end dates. The Team are currently undertaking a Covid-19 impact assessment, looking at implications for the draft Preferred Strategy in terms of content and approach, timescales for the delivery of the new LDP and whether background evidence will need to be reviewed. This</p>

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
						<p>will be submitted to WG along with a revised Delivery Agreement once we have further clarification from WG.</p> <p>Residual Risk: A2 - Critical Risk: Almost Certain / High impact</p>

Tudalen 155

Risks – suggested changes

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
00001	The risk of a serious safeguarding error where the	B2 – Critical	D2 – Major	Nicola Stubbins, Cllr Bobby	Major risk. Risk Appetite suggests	Further action date amended: Monitor performance in relation to the percentage

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 156	council has responsibility, resulting in serious harm or death	risk: Likely / High Impact	risk: Unlikely / High Impact	Feeley, Cllr Huw Hilditch- Roberts and Cllr Mark Young	that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.	of eligible staff (corporate and schools) that have an up to date DBS and reference check or risk assessment. Action is continuous, but for the purposes of the register, amended from 31/03/20 to 31/03/2021.
	00006	The risk that the economic and financial environment worsens beyond current expectations, leading to additional demand on services and reduced income.	B1 – Critical risk: Likely / Very High Impact	B2 – Critical risk: Likely / High Impact	Judith Greenhalgh and Cllr Julian Thompson-Hill	Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 157					are comfortable that the scoring accurately reflects the current risk to the council.	<p>and future financial settlements will also be affected.</p> <p>Inherent risk changes: From C1 to B1</p> <p>Residual risk changes: From C2 to B2</p> <p>Further actions added: The Council will take all steps to reclaim funding from WG. Owner – Steve Gadd; Deadline March 2021;</p> <p>Throughout the recovery process, look at new ways of working. Owner – Judith Greenhalgh; Deadline March 2021</p>

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
00011	The risk of an ineffective response to a serious event, such as severe weather, contamination, public safety (including cyber-attack) or a public health event (such as Covid-19).	A2 – Critical Risk: Almost Certain / High impact	C3 – Moderate risk: Possible / Medium Impact	Graham Boase and Cllr Richard Mainon	Consistent with Risk Appetite.	<p>Title amended: From “The risk of an ineffective response to a serious unexpected event, such as severe weather, contamination, public safety (including cyber-attack) or a public health event.”</p> <p>Description updated: To include “Public health events, such as Covid-19, puts terrific strain on organisations such as ours, impacting on service delivery, project timescales, staff capacity, and of course finances. It also challenges the resource capacity of partners and providers that we work with.”</p>

Tudalen 158

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 159						<p>Impact / Consequences added: For “Inability to deliver front line services”, have now included “(as a result of staff shortages for example)”.</p> <p>Also “Significant cost pressures to our budget.”</p> <p>Control updated: “Bullet 15 – Covid-19 Control – SEMT has been meeting on a regular basis and has responded to the initial covid-19 emergency and has agreed a number of covid-19 recovery themes for which members of SLT are leading. These are monitored regularly at SLT and have political input by Lead Member and Cabinet. Should covid-19</p>

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 160						<p>escalate (second wave), SLT will monitor and no doubt SEMT will recommence.</p> <p>Further action date amended: Develop and gain SLT approval for a new policy to ensure business continuity whereby staff take essential equipment home at the end of each day. Amended from 30/06/20 to 31/03/2021.</p>
00013	The risk of significant liabilities resulting from alternative models of service delivery	B2 – Critical risk: Likely /	C2 – Major risk: Possible /	Judith Greenhalgh and Cllr Julian Thompson-Hill	Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they	Description updated: This risk will now also be impacted by covid-19 and we have already seen a significant loss of income within our leisure ADM as a result.

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
		High Impact	High Impact		are comfortable that the scoring accurately reflects the current risk to the council.	Residual risk changes: From E2 to C2
00018	The risk that programme and project benefits are not fully realised.	B2 – Critical risk: Likely / High Impact	D2 – Major risk: Unlikely / High Impact	Judith Greenhalgh and Cllr Julian Thompson-Hill	Consistent with Risk Appetite.	Description updated: It is understood that a number of programmes and projects will be facing delays as a result of covid-19. Controls updated: “Bullet 14: The Corporate Plan was reviewed during its second tranche review in July during which the impact of covid-19 and current project progress was analysed. Senior managers and Cabinet confirmed their

Tudalen 161

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
						continued commitment to existing projects.”
00037	The risk that partners don't have the resources, matching priorities or commitment to support delivery of shared plans and priorities	B1 – Critical risk: Very Likely / High Impact	C2 – Major risk: Possible / High Impact	Judith Greenhalgh and Cllr Hugh Evans	Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.	Description updated to include: Covid-19 has put external pressure on the council and its partners to deliver services; this is likely to be the case into the medium term.

Tudalen 162

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
00043	The risk that the council does not have the funds or resources to meet its statutory obligations under the Additional Learning Needs and Education Tribunal (Wales) Act 2018	B2 – Critical risk: Likely / High Impact	D3 – Moderate Risk: Unlikely / Medium Impact	Geraint Davies, Cllr Bobby Feeley and Cllr Huw Hilditch-Roberts	Consistent with Risk Appetite.	Change to Risk Owner: Change to Geraint Davies due to changes at SLT level
00044	The risk of Ash Dieback Disease (ADB) in Denbighshire leading to significant health and safety issues that represent a risk to life	A1 – Critical Risk: Almost certain /	A2 – Critical Risk: Almost Certain /	Tony Ward, Cllr Brian Jones and Cllr Tony Thomas	Critical risk. Risk Appetite suggests that this should be at most a moderate risk. Our management of this difficult risk is in its early stages. Our	Control updated: “Bullet 3 – The Head of Service has now started to progress the collaborative project with Conwy on ADB. This was planned to begin in April, but was postponed due to Covid-19. 2 tree inspectors have been appointed (on 12-month secondment from Countryside

Tudalen 163

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 164		Very high impact	High impact		current score reflects this and the serious potential for death or injury. As our mitigating actions progress over the next 12 months, we would expect to see the risk come more under our control, and the scoring reduce towards our accepted appetite.	Services) to start to inspect/map our tree assets. The aim is now for the project to begin on (or around) 1st Sept, and detailed discussions with Conwy are currently taking place. The aim is still to have a corporate ADB Plan in place within 12 months of starting the project, but the impact of ADB could need to be managed for the next 5-10 years.” Actions updated: Actions concerning the recruitment of a tree officer and the establishment of a collaborative project with Conwy County Borough Council have been marked complete.

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?	Suggested amendment
Tudalen 165						<p>The timescale for the development of an action plan for Ash Dieback has changed from 31/03/2021 to 30/09/2021</p> <p>The timescale for securing further funding for the delivery of the action plan has changed from 31/12/2020 to 31/03/2021.</p> <p>New action added: Agree detail of collaborative project with Conwy to enable our 2 tree inspectors to begin work on 1st Sept 2020". Deadline 01/09/2020</p>

Corporate Risk Register (September 2020)

Risks - no change

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00012	The risk of a significantly negative report(s) from external regulators.	C2 – Major risk: Possible / High Impact	D3 – Moderate Risk: Unlikely / Medium Impact	Judith Greenhalgh and Cllr Hugh Evans	Consistent with Risk Appetite.
00014	The risk of a health & safety incident resulting in serious injury or the loss of life. (Where H&S is referred to, this incorporates fire safety)	C2 – Major risk: Possible / High Impact	E2 – Moderate risk: Rare / High impact	Graham Boase and Cllr Julian Thompson-Hill	Consistent with Risk Appetite.

Judalen 166

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00016	The risk that the impact of welfare reform (Universal Credit) is more significant than anticipated by the council.	B2 – Critical risk: Likely / High Impact	D3 – Moderate Risk: Unlikely / Medium Impact	Steve Gadd, Cllr Bobby Feeley and Cllr Julian Thompson-Hill	Consistent with Risk Appetite.

Tudalen 167

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00021	The risk that effective partnerships and interfaces between BCU Health Board and Denbighshire County Council (DCC) do not develop, leading to significant misalignment between the strategic and operational direction of BCU and DCC	A1 – Critical Risk: Almost certain / Very high impact	C2 – Major risk: Possible / High Impact	Nicola Stubbins and Cllr Bobby Feeley	Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Tudalen 168

Corporate Risk Register (September 2020)

Tudalen 169

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00027	The risk that even if the settlement is as anticipated, decisions that are necessary to identify and deliver the savings programme and enable a balanced budget are not taken or implemented quickly enough	B1 – Critical risk: Likely / Very High Impact	C2 – Major risk: Possible / High Impact	Judith Greenhalgh and Cllr Hugh Evans	Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.
00030	The risk that Senior Leadership capacity and skills to sustain service and corporate performance is not available	C3 – Moderate risk: Possible / Medium Impact	D3 – Moderate Risk: Unlikely / Medium Impact	Judith Greenhalgh and Cllr Hugh Evans	Consistent with Risk Appetite.

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00031	The risk of fraud and corruption resulting in financial and reputational loss and possibly impacting on service delivery.	C2 – Major risk: Possible / High Impact	E2 – Moderate risk: Rare / High impact	Judith Greenhalgh and Cllr Julian Thompson-Hill	Consistent with Risk Appetite.
00033	The risk that the cost of care is outstripping the Council's resource	B1 – Critical risk: Likely / Very High Impact	C2 – Major risk: Possible / High Impact	Nicola Stubbins and Cllr Bobby Feeley	Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.

Tudalen 170

Corporate Risk Register (September 2020)

Tudalen 171

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00034	The risk that demand for specialist care cannot be met locally	B2 – Critical risk: Likely / High Impact	C2 – Major risk: Possible / High Impact	Nicola Stubbins, Cllr Bobby Feeley and Cllr Huw Hilditch-Roberts	Major risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.
00035	The risk that the return on investment that Denbighshire receives from the Regional Growth Deal is disproportionate	C2 – Major risk: Possible / High Impact	C2 – Major risk: Possible / High Impact	Graham Boase and Cllr Hugh Evans	Consistent with Risk Appetite.

Corporate Risk Register (September 2020)

Risk Number	Title	Inherent Risk	Residual Risk	Risk Owners	In alignment with the Council's Risk Appetite Statement?
00036	The risk that any negative impacts of leaving the European Union cannot be mitigated by the council	B1 – Critical risk: Likely / Very High Impact	B1 – Critical risk: Likely / Very High Impact	Judith Greenhalgh and Cllr Hugh Evans	Critical risk. Risk Appetite suggests that this should be at most a moderate risk. The Risk Owner has confirmed that they are comfortable that the scoring accurately reflects the current risk to the council.
00045	The risk that the council is unable to deliver the agenda of Council and external organisations within existing resources	A3 – Major Risk: Almost Certain / Medium Impact	C4 – Moderate Risk: Possible / Low Impact	Judith Greenhalgh and Cllr Hugh Evans	Consistent with Risk Appetite.

Tudalen 172

Appendix 3: Risk Scoring Matrix

Grading the likelihood of an event

Grade	% chance	Description
A: Almost Certain	Over 70%	Event is almost certain to occur in most circumstances
B: Likely	30% to 70%	Event likely to occur in most circumstances
C: Possible	10% to 30%	Event will possibly occur at some time
D: Unlikely	1% to 10%	Event unlikely and may occur at some time
E: Rare	Under 1%	Event rare and may occur only in exceptional circumstances

Rating the impact of an event

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
1: Very High	More than 50% increase to project time or cost. Project fails to meet objectives or scope.	Unable to deliver core activities. Strategic aims compromised.	Trust severely damaged and full recovery questionable and costly.	Over £5million

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
2: High	20% to 50% increase to project time or cost. Impact on project scope or objectives unacceptable to sponsor.	Significant disruption to core activities. Key targets missed.	Trust recoverable at considerable cost and management attention.	£1million to £5million
3: Medium	5% to 20% increase to project time or cost. Major impact on project scope or objectives requiring sponsor approval.	Disruption to core activities / customers	Trust recovery demands cost authorisation beyond existing budgets.	£350,000 to £1million
4: Low	Less than 5% increase to project time or cost. Minor impact on project scope or objectives.	Some disruption to core activities / customers	Trust recoverable at modest cost with resource allocation within budgets	£50,000 to £350,000
5: Very Low	Insignificant increase to project time or cost. Barely noticeable impact on project scope or objectives.	Minor errors or disruption.	Trust recoverable with little effort or cost.	Less than £50,000

The combination of impact and likelihood results in a risk exposure rating of:

Risk Score	Risk Severity	Escalation Criteria
C5, D4, D5, E4, E5	Minor	Risk easily managed locally – no need to involve management
A5, B4, B5, C3, C4, D3, E2, E3	Moderate	Risk containable at service level – senior management and SLT may need to be kept informed
A3, A4, B3, C2, D1, D2, E1	Major	Intervention by SLT with Cabinet involvement
A1, A2, B1, B2, C1	Critical	Significant SLT and Cabinet intervention

Summary of Denbighshire's Risk appetite statement (as agreed September 2020)

Denbighshire County Council's risk appetite in relation to different aspects of council business is summarised below:

- **Reputation and Credibility** – Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). This means we will tolerate minor, moderate or major risks.
- **Operational and Policy Delivery** – Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). Again, this means we will tolerate minor, moderate or major risks.
- **Financial Projects** - Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). As above, we will tolerate minor, moderate or major risks.
- **Financial Treasury Management** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. Within this risk appetite, we will only tolerate minor or moderate risks.
- **Compliance and Regulation - Safeguarding** – Minimalist risk appetite, preference for ultra-safe options where the well-being of individuals is concerned, with a low degree of inherent risk and have a potential for only limited (safe) reward. This means we will only accept minor risks in this area.
- **Compliance and Regulation - Other** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. Again, we will only tolerate minor or moderate risks in this area.
- **People (Workforce) Learning and Development** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. As above, minor or moderate risks only will be tolerated.
- **People (Workforce) Terms and Conditions** – Minimalist risk appetite, preference for ultra-safe options that have a low degree of inherent risk and have a potential for only limited reward. This means we will only accept minor risks in this area.

Managing risk for better service delivery

This booklet is to help you understand how the council manages risk. It is a tool for anyone who works in the council, as well as a guide for those who receive our services.

For more information about anything in this booklet please contact the Strategic Planning and Performance Team.

Email: strategicplanningteam@denbighshire.gov.uk

Phone: 01824 706291 (Monday to Friday, 8:30am to 5pm). Rydym yn croesawu galwadau ffôn yn Gymraeg / We welcome telephone calls in Welsh.

Write to us: Strategic Planning and Performance Team, Denbighshire County Council, PO Box 62, Ruthin, LL15 9AZ.

This document is also available in Welsh.

A guide to risk management

Contents

Contents	2
Introduction	4
What is risk?	6
What is risk management?	6
What is risk appetite?	6
Summary of Denbighshire's Risk appetite statement (as agreed September 2020)	7
When do I need to consider risks?	8
Project risk assessment criteria	10
What risks should I consider?	12
How do I describe risks?	16
How do I score risks?	17
What action do I take once I know the score?	20
How do I report and escalate risks?	21
Where do I record risks?	22
What does the Wellbeing of Future Generations Act mean for managing risk?	22
Expectations	24
Members of the public	25
Elected members	26
Cabinet Members	27
Scrutiny Members	28

A guide to risk management

Corporate Governance Members	29
Members of Staff	30
Chief Executive / Corporate Directors	31
Heads of Service	32
Middle Managers	33
Performance Officers within a service	34
Strategic Planning and Performance Officers	35
Appendix 1: Our Approach to Risk Appetite	36
Denbighshire County Council's Risk Appetite Statement	37
Risk Appetite Framework	39
Glossary	42

A guide to risk management

Introduction

This document describes what is known as Risk Management within Denbighshire County Council.

The aim of the council's risk management policy is to:

- Develop a consistent approach to risk management across the council
- Encourage a proactive risk aware culture across all parts of the council
- Maintain and improve customer confidence in our ability to deliver on our commitments
- Reduce the possibility of unplanned activity or financial costs, and their effect on the council's reputation
- Develop activity to prevent / reduce the impact and / or likelihood of their risk
- Manage risk in accordance with best practice and statutory obligations

Risk management should be all encompassing but not burdensome or bureaucratic, nor add unreasonably to the cost of running the council.

There is a chapter in this guide for every role, and it is hoped that by doing this, it will help you to understand what you need to know about risk management. But don't feel restricted by that – it is sometimes interesting to know what other people are doing too, whether you are:

- **A member of the public**
- **An elected member**
 - A Cabinet Member
 - A Scrutiny Member
 - A Corporate Governance Member

A guide to risk management

- **A member of staff**
 - The Chief Executive / a Corporate Director
 - A Head of Service
 - A Middle-Manager
 - A Performance Officer within a service
 - Strategic Planning and Performance Officer

Across all these roles there are some common things that it is useful to know:

- What is a risk?
- What is risk management?
- What is Risk Appetite?
- When do I need to consider risks?
- What risks should I consider?
- How do I describe risks?
- How do I score risks?
- What action do I take once I know the score?
- Where do I record risks?
- How do I report and escalate risk?
- What does the Wellbeing of Future Generations Act mean for Managing Risk?

It's also recommended that you take a look at the [Expectations section](#) in this document. The [Glossary](#) too is full of helpful information!

A guide to risk management

What is risk?

Our definition for risk is 'an event that, should it occur, would impact our ability to successfully achieve our priorities'.

Often issues that have arisen are confused with risks.

'An issue is a consequence of a risk. It is already with us and management mitigation actions may be underway'.

We recognise that there are risks involved in all our activities and that we have a duty to manage these risks in a balanced, structured and cost effective way. Therefore, the process for identifying, assessing, controlling and monitoring risk is considered an integral part of our management process. As a result, we are able to enhance service delivery capabilities and better achieve our priorities and value for money.

What is risk management?

Risk Management is a planned approach to **Identify, Assess, Control and Monitor** risks and opportunities facing the council. By managing our risk process effectively, we will be in a better position to safeguard against potential threats and exploit potential opportunities to improve services and provide better value for money.

What is risk appetite?

Risk appetite is the level of risk we are prepared to tolerate or accept as a council in pursuit of our long term, strategic objectives. Determining and articulating our risk appetite allows us to consider all options to respond to risk and make informed decisions that are most likely to result in successful delivery whilst also providing an acceptable level of value for money. Risk appetite is useful for sense checking our appetite to take risks (are we risk averse or risk hungry?) with our corporate priorities, projects, corporate or service risks and so on. Our Risk Appetite Statement and Framework can be found in [Appendix 1](#) of this document.

A guide to risk management

Summary of Denbighshire's Risk appetite statement (as agreed September 2020)

Denbighshire County Council's risk appetite in relation to different aspects of council business is summarised below (the full statement can be found at [Appendix 1](#)):

- **Reputation and Credibility** – Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). This means we will tolerate minor, moderate or major risks.
- **Operational and Policy Delivery** – Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). Again, this means we will tolerate minor, moderate or major risks.
- **Financial Projects** - Open risk appetite, willing to consider all options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). As above, we will tolerate minor, moderate or major risks.
- **Financial Treasury Management** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. Within this risk appetite, we will only tolerate minor or moderate risks.
- **Compliance and Regulation - Safeguarding** – Minimalist risk appetite, preference for ultra-safe options where the well-being of individuals is concerned, with a low degree of inherent risk and have a potential for only limited (safe) reward. This means we will only accept minor risks in this area.
- **Compliance and Regulation - Other** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. Again, we will only tolerate minor or moderate risks in this area.
- **People (Workforce) Learning and Development** – Cautious risk appetite, preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. As above, minor or moderate risks only will be tolerated.

A guide to risk management

- **People (Workforce) Terms and Conditions** – Minimalist risk appetite, preference for ultra-safe options that have a low degree of inherent risk and have a potential for only limited reward. This means we will only accept minor risks in this area.

When do I need to consider risks?

Continuous identification and assessment of risk and appropriate mitigating actions is key to the successful delivery of our priorities. The changing external environment and the decisions made in the course of running the council will continuously alter the status of risks identified and risks emerging.

When identifying and assessing risk, the following should be considered:

- Scope of the activities to be assessed (e.g. corporate, service, collaboration or project) and the associated priorities or goals (e.g. corporate plan, project objectives and terms of reference).
- Impact of the changing environment, both external and internal:
 - i) Externally this may include political, regulatory, economic, legislative and community changes.
 - ii) Internally it may include changing a process, service expectations, capabilities or partners.
- The level of risk the council is prepared to take in relation to the activities in question (including consideration of [Denbighshire's Risk Appetite Statement](#)).

Annual planning and business as usual

Risk management should be applied in day-to-day decision making and is a line management responsibility. However, there still needs to be specific times when progress against priorities and the outcome of operational decisions are reviewed. It is at these points that formal discussions should happen and risk registers updated to reflect this. Discussions, review and reporting of risk should take place at regular management and team meetings.

A guide to risk management

Annual Service Planning also presents an opportunity to be forward looking and pro-active in our risk management.

Information risk and assurance

Every member of staff in the council has a role to play in the effective management of information. Information risks are vulnerabilities and threats to the information resources used by an organisation to achieve its priorities. Risks may include inappropriate disclosure or non-disclosure of information; loss, theft or fraud; information being wrongly destroyed; staff acting in error and failure to use information for the public good. The identification, assessment, monitoring and reporting of risks relating to our information assets will be carried out in the same way as other risks to service delivery.

Projects

Projects have clearly defined priorities, including scope, timeline and budget and it is therefore an obvious step to identify, assess and manage risk as part of project management.

Considering risk in the early stages of a project is time well invested. Risk incurred during the project have to be acted on and fixed, and will add to costs. It is better to identify and where necessary reduce risks at the start-up phase of the project than to allow a contingency on a basis that things will go wrong, but we don't know what.

This risk assessment process for projects is essentially the same as risk management processes described in this document, only that the financial risk assessment criteria are changed to reflect projects.

Alternative Service Delivery Models (ASDMs)

Risk management should be considered during the development of all options for the creation of an Alternative Service Delivery Model (which includes partnerships, collaborations, arm's length companies and outsourcing arrangements).

A guide to risk management

It is important to identify and consider all potential risks as early as possible, and risk management should form a fundamental part of the development of, and subsequently the management of all alternative service delivery models.

The risk assessment process for the establishment and management of alternative service delivery models is essentially the same as the risk management processes described in this document. The Strategic Planning Team is in the process of developing a new toolkit about alternative service delivery models, please contact strategicplanningteam@denbighshire.gov.uk for more information.

Project risk assessment criteria

Grading the likelihood of an event

Please note that this grading is only to be used for scoring project risk. Scoring of organisational risks is in the [‘How do I score risks’](#) section.

Grade	% chance	Description
A: Almost Certain	Over 70%	Event is almost certain to occur in most circumstances
B: Likely	30% to 70%	Event likely to occur in most circumstances
C: Possible	10% to 30%	Event will possibly occur at some time
D: Unlikely	1% to 10%	Event unlikely and may occur at some time
E: Rare	Under 1%	Event rare and may occur only in exceptional circumstances

Rating the impact of an event

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
1: Very High	More than 50% increase to project time or cost. Project fails to meet objectives or scope.	Unable to deliver core activities. Strategic aims compromised.	Trust severely damaged and full recovery questionable and costly.	Over £5million

A guide to risk management

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
2: High	20% to 50% increase to project time or cost. Impact on project scope or objectives unacceptable to sponsor.	Significant disruption to core activities. Key targets missed.	Trust recoverable at considerable cost and management attention.	£1million to £5million
3: Medium	5% to 20% increase to project time or cost. Major impact on project scope or objectives requiring sponsor approval.	Disruption to core activities / customers	Trust recovery demands cost authorisation beyond existing budgets.	£350,000 to £1million
4: Low	Less than 5% increase to project time or cost. Minor impact on project scope or objectives.	Some disruption to core activities / customers	Trust recoverable at modest cost with resource allocation within budgets	£50,000 to £350,000
5: Very Low	Insignificant increase to project time or cost. Barely noticeable impact on project scope or objectives.	Minor errors or disruption.	Trust recoverable with little effort or cost.	Less than £50,000

A guide to risk management

What risks should I consider?

Risks should be captured whether they are under the council's direct control or not. It should be noted that there is a positive side to risk (opportunity) that should not be overlooked and can often be captured as a potential missed opportunity.

To ensure a consistent approach is taken across the council, we use the following framework of risk categories. These categories focus on the source of risk, and are intended to be used as a set of prompts to consider scenarios that will give rise to consequences that will impact on specific outcomes.

Political

Arising from the political situation

- Change of Government policy
- Political make-up
- Election cycles
- Decision-making structure
- Abuse (e.g. fraud, corruption)
- Reputation management

Economic and financial

Arising from the economic situation, and the financial planning framework

- Treasury – investment, reforms
- Demand predictions
- Competition and the effect on price
- General / regional economic situation

A guide to risk management

- Value / cost of capital assets

Community

Demographics, social trends, and meeting customer needs or expectations

- Residential patterns and profile
- Social care
- Regeneration
- Customer care
- Quality of community consultation

Technological

Arising from the ability to deal with pace of change, and the technological situation

- Capacity to deal with change or advance
- State of architecture
- Obsolescence of technology
- Current performance and reliability
- Security and standards
- Failure of key system or project

Legislative regulatory

Arising from current and potential legal changes and / or possible breaches, and the organisation's regulatory information

- New legislation and regulations
- Exposure to regulators

A guide to risk management

- Legal challenges or judicial review
- Adequacy of legal support

Environmental

Concerned with the physical environment

- Type of environment (urban, rural, mixed)
- Land use – green belt, brown field sites
- Waste disposal and recycling issues
- Impact of civil emergency (i.e. flood)
- Traffic problems, planning, and transport
- Pollution, emissions, noise
- Climate change and energy efficiency

Professional or managerial

The need to be managerially and professionally competent

- Peer reviews
- Stability of officer structure
- Competency and capacity
- Management frameworks and processes
- Turnover, recruitment, and retention
- Profession-specific issues

Physical hazards and health and safety

Physical hazards associated with people, land, buildings, vehicles and equipment

A guide to risk management

- Health, safety and wellbeing of staff, partners and the community
- Accident and incident record keeping
- Maintenance practices
- Security of staff, assets, buildings, equipment
- Nature and state of asset base

Partnership or contractual

Partnerships, contracts and collaboration

- Key partners – public, private and voluntary
- Accountability frameworks and partnership boundaries
- Large-scale projects with joint ventures
- Outsourced services
- Relationship management
- Change control / exit strategies
- Business continuity
- Partnerships – contractual liabilities

A guide to risk management

How do I describe risks?

Describing the risk is important to ensure that risks are fully understood, and to assist with the identification of actions, the cause and effect of each risk must also be detailed.

Typical phrases used to do this could include:

Description

- risk of ...
- failure to ...
- failure of ...
- lack of ...
- loss of ...
- uncertainty of...
- delay in ...
- inability to ...
- inadequate ...
- partnership with...
- development of...
- opportunity to...
- damage to...

Cause

- ... due to ...
- because ...

Effect

- ...leads to...
- results in...

Having identified and described a risk, it is important to assess the causes, the potential consequences / impact and how effectively it is being managed.

A guide to risk management

How do I score risks?

Risk is measured in terms of impact and likelihood against agreed risk assessment criteria. The risk assessment criteria we use in Denbighshire are 'semi-quantitative', which means they are more than a simple high, medium and low approach. These criteria help us to be more objective in our assessment and enable risks to be both prioritised and escalated consistently. This prioritisation helps us decide where we should focus our risk management efforts.

The impact of a risk is measured in five broad bands, from very low to very high and the likelihood from rare to almost certain. When assessing likelihood, it should be based on an appropriate time frame, generally over the Service Plan but extending in line with longer term plans if necessary.

Grading the likelihood of an event

Grade	% chance	Description
A: Almost Certain	Over 70%	Event is almost certain to occur in most circumstances
B: Likely	30% to 70%	Event likely to occur in most circumstances
C: Possible	10% to 30%	Event will possibly occur at some time
D: Unlikely	1% to 10%	Event unlikely and may occur at some time
E: Rare	Under 1%	Event rare and may occur only in exceptional circumstances

A guide to risk management

Rating the impact of an event

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
1: Very High	More than 50% increase to project time or cost. Project fails to meet objectives or scope.	Unable to deliver core activities. Strategic aims compromised.	Trust severely damaged and full recovery questionable and costly.	Over £5million
2: High	20% to 50% increase to project time or cost. Impact on project scope or objectives unacceptable to sponsor.	Significant disruption to core activities. Key targets missed.	Trust recoverable at considerable cost and management attention.	£1million to £5million
3: Medium	5% to 20% increase to project time or cost. Major impact on project scope or objectives requiring sponsor approval.	Disruption to core activities / customers	Trust recovery demands cost authorisation beyond existing budgets.	£350,000 to £1million
4: Low	Less than 5% increase to project time or cost. Minor impact on project scope or objectives.	Some disruption to core activities / customers	Trust recoverable at modest cost with resource allocation within budgets	£50,000 to £350,000

A guide to risk management

Rating	Time / cost / objectives	Service performance	Reputation	Financial cost
5: Very Low	Insignificant increase to project time or cost. Barely noticeable impact on project scope or objectives.	Minor errors or disruption.	Trust recoverable with little effort or cost.	Less than £50,000

A number of different descriptors are provided to help estimate the risk impact – service performance, reputation and financial cost. The purpose of multiple descriptors is that whilst it is not always easy to estimate the cost impact of a risk, it is sometimes easier to compare to a qualitative statement (e.g. “disruption to core activities / customers”).

In addition to qualitative statements, some guidance probabilities are given. These can also be considered as frequency of occurrence where 1% is equivalent to the likelihood of a 1 in a 100-year event occurring, 10% is a 1 in 10-year event, and 50% is a 1 in 2-year event, etc.

Remember these are to be used as a guide and to provide consistency – they are not meant to be exact descriptors.

The likelihood and impact of risks need to be considered after existing controls have been evaluated as to their effectiveness. Existing controls refers to controls actually in place not those we plan to put in place. For each control identified it is important to review its effectiveness in managing the risk and that the residual risk assessment accurately reflects this.

Inherent Risk: The risk that an activity would pose if **no controls** or other mitigating actions were in place.

Residual Risk: The risk that remains **after controls** are taken into account.

A guide to risk management

What action do I take once I know the score?

Once you identify the risk and have considered existing controls and given your risk a score, you need to determine if any additional actions are required.

Generally, where the risk is **High** or **Critical**, then further action is necessary.

Where the risk is **Moderate**, careful consideration should be given to the need for further action.

Where the risk is **Low**, generally no action is required.

There are normally options for improving the management of risk and they fall into the following categories:

Tolerate: Involves accepting the risk and its impacts. This could include deciding to cover any losses if it were to happen, or where the costs to control exceed the benefits.

Treat: Reduce the risk by making it less likely to happen or reducing the impact if it does. This can include training, improved procedures, new equipment / systems or changing policies etc.

Transfer: Involves passing the risk or costs of the impact outside of the organisation. This could include outsourcing or taking out insurance to cover the costs.

Terminate: Eliminate the risk by ceasing the activity that presents the risk.

It is also important to compare the risk evaluation to the agreed Risk Appetite for each risk category.

The risk appetite sets out the level of risk that the council is prepared to accept, tolerate or be exposed to at any point in time. This will vary depending on the category of risk. In some areas, the council will take more risk in order to support innovative thinking. In other areas the council may take less risk to ensure legal compliance for example.

While the council deems any critical risk intolerable, it is envisaged that all other risks will be managed in accordance with the risk appetite framework.

A guide to risk management

However, risk appetite does not replace the reporting and escalation process outlined below. Risks continue to be managed at the lowest and most appropriate level in the organisation and only escalated when action is required outside the control of the current risk owner.

How do I report and escalate risks?

The monitoring of risks is a normal management activity and as such should be integrated as part of normal line management responsibilities.

It is important to ensure that risks themselves are subject to review with appropriate frequency through, Cabinet, Senior Leadership Team, Service Performance Challenges and team meetings within individual services.

It is then expected that six monthly reports are presented to Members at the Performance Scrutiny Committee, highlighting key risks facing the council and their management through the presentation of the Corporate Risk Register.

All service risks will have been agreed and endorsed by the Head of Service and relevant lead Cabinet Member(s). This is done through 1-2-1 meetings between the Head of Service and Lead Members. If a risk is considered to then be a 'Corporate' risk this would need to be a discussion between the Head of Service and the relevant Director to escalate it to a 'Corporate' level via the Council's Senior Leadership Team. All corporate risks subsequently will be agreed and endorsed by Cabinet and the Senior Leadership Team and will be scrutinised by the Performance Scrutiny Committee.

The combination of impact and likelihood scores results in a risk exposure rating and escalation criteria below, allowing us to manage intervention based on severity. These criteria are set at corporate level and are not intended to suggest that a moderate risk (at corporate level) is not important to a particular service (at service level) and might require further actions or monitoring at that service level:

A guide to risk management

Risk Score	Risk Severity	Escalation Criteria
C5, D4, D5, E4, E5	Minor	Risk easily managed locally – no need to involve management
A5, B4, B5, C3, C4, D3, E2, E3	Moderate	Risk containable at service level – senior management and SLT may need to be kept informed
A3, A4, B3, C2, D1, D2, E1	Major	Intervention by SLT with Cabinet involvement
A1, A2, B1, B2, C1	Critical	Significant SLT and Cabinet intervention

Where do I record risks?

In Denbighshire [we use a cloud storage system called Verto](#) to help record and monitor all service and project risks.

Services are advised to monitor their Risk Register every 6 months with officers in services to help collect and input risk information into Verto.

What does the Wellbeing of Future Generations Act mean for managing risk?

The Act requires the council to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners.

All decisions made by the council must be understood in the context of the Sustainable Development Principle; i.e. are the needs of the present being met without compromising the ability of future generations to meet their own needs?

A guide to risk management

There are five things we need to consider to be able to demonstrate that we have applied the Sustainable Development Principle (Long Term Thinking, Prevention, Integration, Collaboration and Involvement).

There will be long term risks that will affect both the delivery of services, but also the communities you are enabling to improve. Therefore, it is important that you use these five ways of working and the well-being goals identified in the Act in order to frame what risks you may be subject to in the short, medium and long term. This will then allow you to take the necessary steps to ensure they are well managed now and in the future.

For more information, take a look at the [Essentials Guide](#) online at [Future Generations Wales](#).

A guide to risk management

Expectations

We all expect:

- Council services delivered to a high standard, ensuring risks are managed effectively
- Legislative duties to be met
- Access to up-to-date information and data that tells us how the council is managing risk
- To be listened to and our concerns acted upon.

We all have a responsibility to promote:

- Communication and engagement
- The Welsh language
- Access to services and respect to others, keeping in mind the nine protected characteristics and those in poverty
- The Sustainable Development principle and the five governance approaches.

How do we do this?

Collectively we all have a role to play to make sure that these expectations are met. We do this naturally through our interaction with one another and the council. To understand the contribution that you can make as an individual, read through the following roles.

A guide to risk management

Members of the public

As a member of the public I expect:

- High quality services that are well planned and meet my needs
- Access to up to date information and data that is easy to understand

I am responsible for:

- Challenging the council's management of risk, and letting them know where things can be done better. Tell us your thoughts through [our website](#).

How do I do this?

- Our [Annual Performance Report](#) details our current performance and risk management
- Council meetings, Cabinet and Scrutiny are public and you are welcome to attend. You can also view some meetings via the [Denbighshire County Council webcasts](#).

A guide to risk management

Elected members

As an elected member I expect:

- Reliable information, advice and support from council officers to help me make decisions and carry out my role
- To be kept informed of issues and risks affecting my ward.

I am responsible for:

- Challenging the council's risk management, seeking improvement where possible
- Understanding the corporate risks facing the council, and being aware of how these risks are being managed
- Ensuring that any associated risks have been taken into consideration when scrutinising decisions
- Raising risks not already identified.

How do I do this?

- Participate in meetings, representing the voice of the citizen
- Raise issues / concerns with relevant managers
- Engage with and scrutinise the information available in the [Verto system](#) to help inform decisions and identify ways to make improvements.

A guide to risk management

Cabinet Members

As a Cabinet Member I expect:

- Accurate and timely information regarding risks to help inform decisions and identify areas for improvement.

I am responsible for:

- Monitoring the delivery of service plans and the management of Service Risk Registers with Heads of Service on a quarterly basis
- Monitoring and driving forward the delivery of our corporate priorities
- Monitoring and managing risks on the Corporate Risk Register.

Have I:

- Met with the relevant Head of Service in my portfolio to give input and agree the content of the Service Plan and Risk Register?
- Reviewed risk information for the council and the services I represent on a quarterly basis?
- Reviewed the council's risk appetite on an annual basis?

A guide to risk management

Scrutiny Members

As a Scrutiny Member I expect:

- Accurate and timely information regarding risks to help inform decisions and identify areas for improvement.

I am responsible for:

- Scrutinising the delivery of service plans and the management of Service Risk Registers
- Scrutinising the delivery of the council's priorities
- Scrutinising the management of our Corporate Risk Register.

Have I:

- Reviewed Service and Corporate Risk Registers on a regular basis?

A guide to risk management

Corporate Governance Members

As a member of Corporate Governance I expect:

- Assurance that our risk management processes are robust and being consistently applied across the council.

I am responsible for:

- Reviewing and giving endorsement to the Risk Management Policy and Guidance
- Monitoring the application of our risk management processes.

Have I:

- Reviewed risk information in the [Verto system](#).

A guide to risk management

Members of Staff

As a member of staff I expect:

- To understand the council's priorities and the contribution my work makes towards them
- Tools and systems in place that support the development, communication, and monitoring of our risk information, helping me to understand how the council and its services are managing risk.

I am responsible for:

- Supporting the delivery of the Service Plan
- Improving services
- Mitigating potential risks where appropriate

How do I do this?

- Ask questions, contribute ideas and challenge the way we do things
- Raise any risks or concerns with managers
- Get involved in the Service planning process and give your input to the Service Plan
- Stay up to date with the council's risk management processes
- Provide honest and easy to understand updates on the progress of work and any issues being experienced

A guide to risk management

Chief Executive / Corporate Directors

As the Chief Executive / Corporate Director I expect:

- Staff to be engaged with our Risk Management process and understand their contribution.

I am responsible for:

- Ensuring the risk management processes remain fit for purpose and effectively implemented
- Championing a culture of risk management within the council
- Monitoring the Corporate Risk Register
- Keeping elected members informed of issues relevant to them
- Reviewing service risks with Heads of Service as part of regular one to one meetings.

Have I:

- Provided input to Service Plan and Risk Registers?
- Reviewed risk data on at least a quarterly basis with Heads of Service?
- Reviewed the council's risk appetite on an annual basis?
- Provided ongoing input to the council's Needs Assessment and used its intelligence to shape service planning, risk management and delivery?

A guide to risk management

Heads of Service

As a Head of Service I expect:

- Guidance from Corporate Directors, Cabinet Members, and the Strategic Planning and Performance Team on Risk Management
- Scrutiny members and staff to also be engaged in the development and delivery of the Service including risk management.

I am responsible for:

- Monitoring the Corporate Risk Register
- Keeping elected members informed of issues relevant to them
- The development, communication and delivery of the Service Plan and risks with key stakeholders, which includes keeping elected members informed of issues relevant to them
- Managing service risk, with input from staff, ensuring that risks are escalated as required
- Ensuring the risk management processes remains fit for purpose and effectively implemented, championing a culture of risk management within the council.

Have I:

- Consulted and engaged with key stakeholders, including managers, staff and Lead Cabinet members?
- Taken customer need into account and covered applicable legislative duties?
- Considered the implications of plans and potential risks?
- Reviewed risk data on a quarterly basis with Cabinet Member(s) and management team and identified opportunities to improve?
- Reviewed the council's risk appetite on an annual basis?
- Communicated key messages to staff (good and bad)?
- Provided input to the council's Needs Assessment and used its intelligence to shape service planning, risk management and delivery?

A guide to risk management

Middle Managers

As a Middle Manager I expect:

- Clear direction from the council and senior leaders
- Staff to be engaged in the delivery of the Service Plan, aware of the service risk register and understand their contribution towards successful service delivery.

I am responsible for:

- Helping Heads of Service communicate the strategic vision of the council and involving staff in the development and delivery of the Service Plan and risks, which includes keeping elected members informed of issues relevant to them
- Ensuring staff engage and commit to activity within the Service Plan
- Supporting the Head of Service with the monitoring of the service risk register, also engaging with team members
- Identifying potential risks in service delivery and discussing with the Head of Service.

Have I:

- Consulted and engaged with key stakeholders during the development of the Service Plan and Risk Register?
- Addressed any new legislative duties?
- Evaluated the implications of the plan and potential risks?
- Set realistic expectations for projects / activities?
- Reviewed risk data on a quarterly basis to inform the Service's own improvement?
- Communicated key messages to staff, good and bad?
- Provided ongoing input to the council's Needs Assessment and use its intelligence to shape service planning, risk management and delivery?

A guide to risk management

Performance Officers within a service

As a Lead Performance Officer I expect:

- To have a clear understanding of the council's risk management processes
- Service Plans and Risk Registers to have input and ongoing challenge from stakeholders, including Corporate Directors(s), Lead Cabinet Members(s), staff and the public.

I am responsible for:

- Supporting the Head of Service in the completion and communication of a clear and easy to follow Service Plan (by March 31st) and Risk Register, ensuring the involvement of the right people, and making sure that staff understand their commitments
- Keeping the Service Plan and Risk Register up to date which are live documents and should be updated with any new activity / developments during the year
- Ensuring that accurate and easy to understand risk updates have been provided in the [Verto system](#) within one month of the end of the quarter. Any comments provided should be in plain English and avoid acronyms.

Have I:

- Consulted with and involved the relevant Strategic Planning and Performance Officer to ensure that there is consistency in the approach you take and no conflict with work elsewhere?
- Ensured that customer needs are taken into account, as well as any legislative duties that apply?
- Analysed the implications of the service plan and potential risks?
- Used the [Verto system](#) to help collate the detail of the Service Plan and maintain the Service Risk?

A guide to risk management

Strategic Planning and Performance Officers

As a Strategic Planning and Performance Officer I expect:

- Service Risk Registers to be maintained and up to date
- Accurate quarterly updates to be submitted within one month of the end of a quarter, with clear and understandable comments where applicable
- Issues to be challenged by stakeholders, in particular by Cabinet, Scrutiny and the public.

I am responsible for:

- Maintaining the integrity of the data collection, monitoring and reporting process within the council
- Supporting services in their service planning and risk management, ensuring consistency of approach, and giving due regard to important considerations such as the Equality Act, the Wellbeing of Future Generations Act, the Social Services and Well-being Act, and other council and partnership commitments
- Producing accurate information and reports as required by Senior Leaders, the Council, Cabinet, Scrutiny and Corporate Governance.

Have I:

- Monitored quarterly risk updates from services?
- Supported services in the ongoing monitoring of risk as required?
- Liaised with services and senior management to ensure risks are properly recorded and escalated as required?

A guide to risk management

Appendix 1: Our Approach to Risk Appetite

Denbighshire's risk appetite statement, reviewed September 2020, sets out Denbighshire County Council's approach to risk taking by defining its risk appetite thresholds. It is a statement that will be reviewed and modified annually, so that any changes to the organisation's strategies, objectives or its capacity to manage risk, are properly reflected. It will be communicated throughout the organisation in order to drive robust risk management and to ensure risks are properly identified and actively managed.

Risk Appetite is the level of risk we are prepared to tolerate or accept in the pursuit of our long term, strategic objectives. Our aim is to consider all options to respond to risk appropriately, and make informed decisions that are most likely to result in successful delivery, whilst also providing an acceptable level of value for money.

The acceptance of risk is subject to ensuring that all potential benefits and risks are fully understood and that appropriate measures to mitigate risk are established before decisions are made. We recognise that the appetite for risk will vary according to the activity undertaken and hence different appetites and tolerances to risk apply.

Risk appetite does not replace the escalation process defined within the risk management policy. Risks continue to be managed at the lowest and most appropriate level in the organisation and only escalated when action is required outside the control of the current risk owner.

The council's appetite for risk across its activities is classified against the following scale, which is derived from the UK Government's Orange Book on Risk Management.

Classification and Description:

- Averse is the avoidance of risk and uncertainty. We are therefore not willing to tolerate any risk within this appetite classification.
- Minimalist is the preference for ultra-safe options that have a low degree of inherent risk and have a potential for only limited reward. Within this classification, we are willing to accept only **minor** risks.

A guide to risk management

- Cautious is the preference for safe options that have a medium degree of inherent risk and may have some potential for rewards. In terms of our risk exposure rating, we would therefore accept a **minor** or **moderate** risk.
- Open is the willingness to consider all delivery options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money). Within this, we will accept **minor**, **moderate** and **major** risks.
- Hungry is the eagerness to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. All risk exposure is accepted within this classification – **minor**, **moderate**, **major** and **critical**.

Denbighshire County Council's Risk Appetite Statement

- **Reputation and Credibility (risks about the trust / confidence people have in the council)** – It is considered essential that the council preserves its reputation. However, the council is willing to accept an **open risk appetite** in the conduct of any of its activities that could put its reputation at risk but only where there is confidence that the likely outcome is anticipated to be successful
- **Operational and Policy Delivery (risks which focus on long term goals and the service which our customers receive)** – The environment the council works in is continually changing through both its internal operations, the services it provides and the external environment. The council aims to be a leading local authority in North Wales and aims to be progressive and innovative. Therefore, the council is willing to accept an **open risk appetite**
- **Financial (risks about financial loss and value for money)** – The council aims to maintain its long term financial viability and its overall financial strength whilst aiming to achieve its strategic and financial objectives. Although the approach to risk is detailed in a number of key documents, such as the Medium Term Financial and the Treasury Management Strategy that are approved on an annual basis, the following key points are important:
 - The council is required to set a balanced overall revenue budget by early March every year and Heads of Service must then contain net expenditure within approved service totals. In practice the council aims to have a

A guide to risk management

balanced budget approved by Cabinet and Council in January, and Council Tax set in February, well before the statutory deadline

- In accordance with its reserves strategy, a minimum General Fund unallocated reserves balance of 2.5% of net budget or £5million whichever is greater
- The council's Treasury Management Strategy sets out in detail the council's approach to risk around borrowing and investment, the approach is summarised below:
 - a. Both the Chartered Institute of Public Finance and Accountancy (CIPFA) Code and the Welsh Government Guidance require the Authority to invest its funds prudently, and to have regard to the security and liquidity of its investments before seeking the highest rate of return, or yield. The Authority's objective when investing money is to strike an appropriate balance between risk and return, minimising the risk of incurring losses from defaults and the risk of receiving unsuitably low investment income.
 - b. The council monitors its cash position and interest rate levels on a daily basis to ensure that further long term borrowing is undertaken from the Public Works Loan Board at the optimal time to ensure that ongoing capital commitments are fully funded.

Therefore, the council is willing to accept a **Cautious Risk Appetite** in relation to treasury management. However in relation to projects the council is willing to accept an **Open Risk Appetite**. This difference reflects the risk and reward inherent in many of our large-scale projects.

Compliance and Regulation (risks about adherence to law, regulations and guidelines): The council places high importance on safeguarding the well-being of individuals and will only accept a **Minimalist Risk Appetite** in this area. For other important areas of compliance, regulation and public protection the council adopts a **Cautious Risk Appetite** for breaches in statute, regulation, professional standards, ethics, bribery or fraud.

A guide to risk management

People (Workforce): The council recognises that its employees are critical to the achievement of its objectives and that staff support and developments are key to making the council a place of work that inspires good performance. It places importance on equality and diversity, dignity and respect, and the well-being and safety of staff. Therefore, the council has a **Minimalist Risk Appetite** for any deviation from its standards in terms and conditions but has a **Cautious Risk Appetite** in relation to learning and development, where riskier approaches may be considered.

Risk Appetite Framework

Using the Risk Appetite Classification outlined earlier in the document, the consequences of risk and example behaviours when taking key decisions are as follows:

- Reputation and credibility
 - Averse – no tolerance for taking risks where there is a chance of any negative repercussion for the council (locally or further afield)
 - Minimalist – Tolerance for risk taking limited to those events where significant repercussion for the council is extremely unlikely
 - Cautious – Consider activities which could result in minor scrutiny and reputational repercussions but only where steps can be taken to minimise any exposure to an acceptable level
 - Open – Comfortable to take risks that could expose the council but only where appropriate steps have been taken to proactively manage community relations and media and coverage
 - Hungry – Keen to take decisions that are likely to result in significant or national scrutiny of the council, with reputational repercussions, where the benefits are considered to be great
- Operational and policy delivery
 - Averse – Aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight. General avoidance of systems / technological developments

A guide to risk management

- Minimalist – Innovations avoided unless essential. Decision making authority held by senior management. Only essential systems / technology developments are considered
- Cautious – Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Systems / technological developments limited to improvements to protect current operations
- Open – Innovation supported, where measurable improvements anticipated. New systems / technological developments considered. Responsibility for non-critical decisions may be devolved
- Hungry – Innovation pursued. Desire to ‘break the mould’ and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.
- Financial / Value for money (VfM)
 - Averse – Avoidance of financial loss is a key objective. Only willing to accept the low cost / most secure option. Resources withdrawn from non-essential activities
 - Minimalist – Only prepared to accept the possibility of very limited financial loss, if absolutely unavoidable. VfM is the primary concern
 - Cautious – Prepared to accept the possibility of some limited financial loss. VfM still the primary concern but also willing to consider wider benefits
 - Open – Prepared to invest where there is a high reward and risks of financial loss can be managed to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on potential opportunities
 - Hungry – Prepared to invest for the best possible reward and accept the possibility of financial loss (although controls may be in place). Resources allocated without firm guarantee of return
- Compliance – legal / regulatory
 - Averse – ‘Play it safe’ with no deviation from legal or regulatory requirements. Avoid anything which could be challenged.

A guide to risk management

- Minimalist – Consider only activities that could deviate in a very minor way from compliance expectations
- Cautious – Only willing to ‘stick our neck out’ when the risk of challenge is very low
- Open – Some appetite to deviate where challenge is likely , but only if we are likely to win it and where the gain will outweigh the adverse consequences
- Hungry – Chances of losing are high and consequences serious but a win could be seen as a great coup
- People (workforce)
 - Averse – No transformational approaches are considered. Maintenance of status quo is considered the priority. Preference for tight management controls and oversight
 - Minimalist – Willing to consider tried and tested approaches that do not threaten staff morale or terms and conditions
 - Cautious – Will weigh up the potential rewards of new / untested approaches but only where the risk is low and can be managed
 - Open – Likely to choose an option that results in changes to staff morale or terms and conditions where that option results in value for money
 - Hungry – Innovative in taking risks in relation to our workforce that will offer benefits to staff and the organisation. Expectation that staff are highly self-motivated and self-supportive

A guide to risk management

Glossary

Plans

- **Corporate Plan.** The Corporate Plan is the overarching strategic plan for the council, and responds to the Public Services Board's Well-being Plan. It sets out our main priorities for the term of council. This sits above Service Plans.
- **Service Plan.** The Service Plan is really the basis of the Council's Performance Management Framework. It contains all indicators / performance measures and improvement activity relating to the key outcomes that services consider important. Service Plans feed up into the council's Corporate Plan and the Public Services Board's Well-being Plan, and are signed off by the relevant Cabinet Lead Member. Some services also have operational plans beneath their service plans, but these are not monitored corporately.
- **Service Planning.** Service Planning is activity that usually takes place between January and March to agree the content of service plans for the following financial year. Strategic Planning and Performance Officers work with Performance Lead Officers and Heads of Service to develop these in Verto by March 31st, though they are live documents that should be kept up to date throughout the year. The activity in Service Plans will inform the council's annual delivery document, which is published in April / May. The template for Service Plans is in Verto, and is based on the Results Based Accountability (RBA) approach. For further guidance on how to build a service plan, speak to the Strategic Planning and Performance Team.
- **Annual Performance Report.** The Annual Performance Report is a statutory requirement for all local authorities and must be published by October 31. This is the overall analysis of the council's performance against its Strategic Plans – primarily the Corporate Plan – for the preceding financial year. Our Annual Performance Report also includes an analysis of our corporate risk management approach during the year.

Risk Management

A guide to risk management

- **Control.** An existing process, policy, practice or other action that acts to minimize negative risk or enhance positive opportunities. The word 'control' may also be applied to a process designed to provide reasonable assurance regarding the achievement of outcomes.
- **Corporate Risk Register.** The Corporate Risk Register is owned by Cabinet and Senior Leadership Team. It is monitored by them and Performance Scrutiny on a six monthly basis. It takes the most severe and common risks from Service Risk Registers and Corporate Director portfolios. Like the Service Risk Registers, it is stored on the Verto system.
- **Event.** Occurrence of a particular set of circumstances. An event can be certain or uncertain. An event can be a single occurrence or a series of occurrences.
- **Impact.** Outcome or impact of an event. There can be more than one impact from one event. Impacts can range from positive to negative. Impacts can be expressed qualitatively or quantitatively. Impacts are considered in relation to the achievement of outcomes.
- **Inherent Risk (Gross).** Risk before consideration of existing controls and their effectiveness.
- **Issue.** Refers to the consequences of a risk already with us and management mitigation actions are underway or planned. In a project environment an issue is a point or matter in question or in dispute, or a point or matter that is not settled but is under discussion.
- **Likelihood.** Describes the extent to which an event is likely to occur. Likelihood can be expressed qualitatively or quantitatively. Probability or frequency may be used in describing a risk.
- **Residual Risk (Net).** Risk remaining after consideration of existing controls and their effectiveness.
- **Risk.** A risk is an event that, should it occur, would impact our ability to successfully achieve our priorities. Risk is a measure used to describe the uncertainty surrounding an event and its potential impact.
- **Risk Appetite.** The level of risk we are prepared to tolerate or accept in the pursuit of our long term, strategic objectives.

A guide to risk management

- **Risk Appetite Framework.** The framework describes the behaviours for each of the risk appetite classifications. This helps the council assess its appetite to take risks.
- **Risk Appetite Statement.** The statement sets out the council's approach to risk taking by defining its risk appetite thresholds.
- **Risk Assessment.** The overall process of risk identification, analysis, action planning and reviewing.
- **Service Risk Register.** The Service Risk Register captures risks within a Head of Service's portfolio. Like the Corporate Risk Register, these are monitored through the Verto system.

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Barry Mellor, Cadeirydd Pwyllgor Llywodraethu Corfforaethol ac Archwilio / Gary Williams, Pennaeth Gwasanaethau Cyfreithiol, Adnoddau Dynol a Democrataidd
Awdur yr Adroddiad	Gary Williams, Pennaeth Gwasanaethau Cyfreithiol, Adnoddau Dynol a Democrataidd
Teitl	Adroddiad Blynyddol y Pwyllgor Llywodraethu Corfforaethol

1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad hwn yn ymwneud ag adroddiad blynyddol y Pwyllgor i'r Cyngor.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Ceisio cymeradwyaeth Aelodau i adroddiad drafft i'w gyflwyno i'r Cyngor mewn perthynas â gwaith y Pwyllgor ar gyfer y flwyddyn ddinesig 2019/2020

3. Beth yw'r Argymhellion?

Bod y Pwyllgor yn ystyried yr adroddiad drafft ynghlwm fel Atodiad 1 ac yn cymeradwyo ei gyflwyno i'r Cyngor yn amodol ar unrhyw newidiadau a awgrymwyd ac a gytunwyd gan Aelodau.

4. Manylion yr Adroddiad

Mae'r Cyfansoddiad yn ei gwneud yn ofynnol bod y Pwyllgor yn paratoi ac yn cyflwyno adroddiad bob blwyddyn i'r Cyngor ar berfformiad ac effeithiolrwydd y Pwyllgor.

Mae'r adroddiad drafft sydd ynghlwm yn ceisio nodi'r prif faterion y mae'r Pwyllgor wedi'u hystyried yn ystod Blwyddyn Ddinesig 2019/20 a'r argymhellion a wnaed gan y Pwyllgor.

Mae'r adroddiad drafft yn egluro rôl y Pwyllgor, yr eitemau sefydlog y mae'n eu hystyried, a rhai o'r materion pwysig y mae wedi'u hystyried yn ystod y cyfnod hwn.

Gofynnir i'r aelodau ystyried a yw cynnwys yr adroddiad yn adlewyrchu gwaith y Pwyllgor a gwneud unrhyw awgrymiadau i wella arddull a chynnwys yr adroddiad.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Mae gwaith y Pwyllgor wrth graffu ar faterion ariannol, rheoli risg a llywodraethu corfforaethol y Cyngor yn cynorthwyo'r Cyngor i gyflawni'r Blaenoriaethau Corfforaethol.

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

Nid oes unrhyw oblygiadau cost ychwanegol o ganlyniad i'r adroddiad hwn.

7. Beth yw prif gasgliadau'r Asesiad o'r Effaith ar Les?

Nad oes angen Asesiad Effaith Llesiant ar gyfer yr adroddiad hwn.

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

Mae'r adroddiad hwn yn ceisio barn Aelodau ar gynnwys yr adroddiad Blynyddol. Nid oes angen ymgynghori arall.

9. Datganiad y Prif Swyddog Cyllid

Mae'r Pwyllgor yn rhan allweddol o drefniadau llywodraethu'r Cyngor. Mae craffu effeithiol ar brosesau, systemau a thrafodion ariannol sylweddol yn elfen hanfodol o reolaeth fewnol ac mae'n darparu lefel o sicrwydd i'r Cyngor ehangach a rhanddeiliaid eraill.

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

Y risg o beidio â chael Pwyllgor Llywodraethu Corfforaethol ac Archwilio effeithiol yw nad oes goruchwyliaeth o lywodraethu corfforaethol y Cyngor sy'n rhan allweddol o berfformiad da. Gall llywodraethu corfforaethol gwan gyfrannu at fethiannau wrth ddarparu gwasanaethau.

11. Pŵer i wneud y Penderfyniad

Adran 13 Cyfansoddiad y Cyngor

Mae tudalen hwn yn fwriadol wag

Appendix 1

Report To:	County Council
Date of Meeting:	8 th December 2020
Lead Member / Officer:	Chair Corporate Governance and Audit Committee
Report Author:	Gary Williams, Head of Legal, HR and Democratic Services, Lisa Lovegrove, Chief Internal Auditor
Title:	Annual Report of the Corporate Governance and Audit Committee

1. What is the report about?

The report is about the work of the Corporate Governance and Audit Committee (the Committee) for the Municipal Year 2019/20

2. What is the reason for making this report?

To inform all Members of the work of the Committee.

3. What are the Recommendations?

3.1 That Members note the content of the report.

4. Report details

- 4.1 The Council is statutorily required under the provisions of the Local Government Wales Measure 2011 to have an Audit Committee. The Committee is the Council's designated committee for this purpose. The statutory role of the Audit Committee is to review and scrutinise the authority's financial affairs, make reports and recommendations in relation to the authority's financial affairs, review and assess the risk management, internal control and corporate governance arrangements of the authority and make reports and recommendations to the authority on the adequacy and effectiveness of those arrangements. The Committee is required to oversee the authority's internal and external audit arrangements, and review the financial statements prepared by the authority. The Committee is also the body that is responsible for keeping the Constitution under review.
- 4.2 The Council's Constitution provides that the membership of the Committee is made up of six elected Members on a politically balanced basis. There is no statutory requirement for the Committee to be politically balanced. There is a statutory requirement to have at least one independent lay member of the Committee and the current lay member is Mr. Paul Whitham.
- 4.3 Each meeting of the Committee is attended by the Council's s151 Officer, Monitoring Officer and Head of Internal Audit or their representatives. In addition each meeting is attended by officers of the Wales Audit Office.

- 4.4 During the period covered by this report, the Committee has received a number of internal annual reports on matters relating to governance. These have included:
- 4.4.1 Annual Governance Statement Report - this report provides the self-assessment report on the Council's governance and improvement arrangements for 2018-19, which incorporates the Council's 'annual governance statement'. There were no significant governance issues to report. Any less significant issues were included in the Governance Improvement Action Plan which is monitored by the Committee.
 - 4.4.2 Corporate Health and Safety Annual Report – this is a report from the Corporate Health and Safety Officer to provide assurance to the Committee that accidents and incidents are reported and monitored; that activity is planned in line with information provided by service hazard and gap analysis; and that training is delivered as required. The overall assessment of DCC's implementation of H&S systems and of employee involvement in H&S are both medium assurance (yellow). This means that H&S management systems are generally developed and recorded. Significant hazards are generally identified and managed to minimise risk. Employees are generally involved in the development and use of H&S management systems.
 - 4.4.3 Senior Information Risk Officer (SIRO) Annual Report – the Senior Information Risk Owner (SIRO) has an explicit responsibility to ensure that information held by the Council is managed safely, effectively and in accordance with legislation. This report provides Members with information as to any data protection breaches that may have occurred and whether there are any issues or trends that require further action to be taken. The report sets out statistical data regarding requests for information under the Freedom of Information legislation and the number of complaints made to the Information Commissioner's Office. There had been no significant data breaches during the reporting period. There had been a number of minor breaches involving inaccurate address details on correspondence and lost paperwork. The breaches were investigated, however none were considered serious enough to report to the ICO.
 - 4.4.4 Annual RIPA (Regulation of Investigatory Powers Act 2000) – the Senior Responsible Officer has a responsibility to provide a report to the Committee each year in respect of the Council's exercise and oversight of the use of directed surveillance powers provided under this legislation. There had been no surveillance conducted during the period of this report. There had been an inspection by the Office of the Surveillance Commissioners conducted by way of a desktop review which concluded that the Council's applications and authorisation over the period covered by the inspection were of a good standard.
 - 4.4.5 Annual Report on the Constitution – the Committee receives an annual report on the Constitution and any updates that are required to it. There were some changes recommended to the terms of reference of the Committee and its name. Reference was made to the combination of two committees to form the new Local Joint Consultative Committee on Employee Relations and Health and Safety. There were also some changes made to the scheme of delegation as a consequence of the creation of Denbighshire Leisure Limited.

The Annual Whistleblowing Report was to have been submitted to the Committee in March 2020, however, the meeting was cancelled due to the Coronavirus pandemic.

- 4.5 The Committee also receives a number of reports relating to financial matters each year. These have included:
- 4.5.1 Statement of Accounts – each year the Committee is required to approve the Council’s statement of accounts in order that they may be signed off by the Chair of the Committee and the s151 Officer. There is a large amount of information involved in the accounts and the draft is presented to the Committee in one meeting before summer recess and the final statement of accounts is presented for approval in September each year in order that the committee has sufficient opportunity to examine the documentation and scrutinise it. The accounts were approved.
 - 4.5.2 Treasury Management – the Committee receives two reports each year on the treasury management functions of the Council. The reports present details of capital financing, borrowing, debt rescheduling and investment transactions during the reporting period. The reports also deal with the risk implications of treasury decisions and transactions and compliance with treasury limits and Prudential Indicators. The Committee reviews the Annual Treasury Management Strategy prior to its approval by Council.
- 4.6 The Committee also receives external regulatory reports. During this reporting period the Committee has received the following reports:
- 4.6.1 Wales Audit Office Annual Improvement Report - this report was presented to the Committee and Full Council and is a summary of audit work by Wales Audit, including studies on Scrutiny. No significant recommendations for change were made, and the report was overall very positive about the Council. There were five ‘proposals for improvement’, which were presented to Council together with the actions in respect of each of these.
 - 4.6.2 WAO Annual Audit Letter – the Committee received the WAO’s annual audit letter, the key messages in which were that WAO was satisfied that the Council has appropriate arrangements in place to secure economy, efficiency and effectiveness in its use of resources and that their work to date on certification of grant claims and returns had not identified significant issues that would impact on the 2018-19 accounts or key financial systems. It stated that the council had a track record of managing its finances, but the significant financial challenge will continue over the medium term.
 - 4.6.3 Care Inspectorate Wales Local Authority performance Review - 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. Areas identified as requiring improvement were in line with the Director of Social Services’ Annual Report and would be embedded within Service Business Plans for 2019 – 2020.

4.6.4 Wales Audit Office Review of Corporate Arrangements for Safeguarding – The review concluded that the Council had effective arrangements for safeguarding, but it needed to improve monitoring and performance reporting. Areas identified as requiring improvement were in line with the Director of Social Services' Annual Report and would be embedded within Service Business Plans for 2019 – 2020.

4.7 The Committee also receives internal audit reports. During this reporting period the Committee has received the following reports:

4.7.1 In July 2019, the Chief Internal Auditor presented the Annual Internal Audit Report for the year 2018/19 which provided an assurance opinion based on the work carried out by Internal Audit during the period:

“The governance, risk management and control arrangements in place for key business functions was satisfactory overall, and there were good relationships with the management whereby they openly share the areas where they perceive potential problems to be and take on board the results of audit work as an opportunity to make improvements.”

4.7.2 The Chief Internal Auditor reports the outcomes from audit assignments to the committee as part of the Internal Audit Update Report. ‘Low’ or ‘No’ assurance reports are also reported to committee separately and three audits were given Low (Amber) assurance rating during the year. While these audits indicate areas where controls require improvement, none were deemed significant in the context of the Council as a whole. Risks associated with these reviews are monitored by Corporate Governance & Audit Committee as part of its Forward Work Programme. A brief summary from the limited assurance reports is provided below:

4.7.3 Section 106 - Agreements under Section 106 d require that provisions be made at the landowner's expense for affordable housing and/or financial contributions towards: affordable housing; education; open spaces; in connection with granting of permission for development of any size or type. Despite there being good processes in place for some elements of the S.106 process, there were a number of significant weaknesses relating to the overarching framework that need to be addressed, including setting up of a central register of S161 agreements that all relevant parties can access and monitoring in case agreements expire or are superseded.

4.7.4 Support Budgets & Direct Payments audit was performed at a time when the provision of support budgets and direct payments was in a transitional period with documentation, processes and procedures being reviewed. However, some staff were still uncertain of current arrangements and the process was not fully embedded. Issues were raised as: information held was inaccurate, inconsistent or difficult to access; process for reviewing outcomes was not robust; and returns showing expenditure were not always available.

4.7.5 The Housing Tenancy audit focused on data validity checks, policies and procedures, subletting and lodgers, and tenancy misuse. We highlighted issues relating to system data inaccuracies and absence of tenancy audits to

check that the terms of tenancy agreements were being met e.g. legitimate persons were living at the property with no unauthorised subletting or lodgers. During the review, the service confirmed that tenancy audits were due to commence and were in the process of being rolled out.

4.7.6 The Internal Audit Strategy 2019/20 and Internal Audit Charter were due to be presented to committee in March 2020; however, the meeting was cancelled at short notice due to the coronavirus pandemic and committee subsequently met remotely in July 2020.

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

The Committee's work in scrutinising the Council's financial affairs, risk management and corporate governance controls assists the Council in delivering the Corporate Priorities.

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

There are no direct costs associated with this report.

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

This report contains no proposal but is, rather, a report on the work done by the Committee over the past year. There is therefore no impact assessment required.

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

The Committee has received and commented upon a draft of this report.

9. Chief Finance Officer Statement

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

The risk of not having an effective Corporate Governance or Audit Committee is that there is no oversight of the Council's corporate governance which is a key component of good performance. Weak corporate governance can contribute to failures in service delivery.

11. Power to make the Decision

There is no decision required as a result of this report.

Mae tudalen hwn yn fwriadol wag

Adroddiad i'r	Pwyllgor Llywodraethu Corfforaethol ac Archwilio
Dyddiad y Cyfarfod	18 Tachwedd 2020
Aelod / Swyddog Arweiniol	Gary Williams, Pennaeth Gwasanaethau Cyfreithiol a Democrataidd ac Adnoddau Dynol SRO a RIPA
Awdur yr Adroddiad	Gary Williams, Pennaeth Gwasanaethau Cyfreithiol a Democrataidd ac Adnoddau Dynol SRO a RIPA
Teitl	Adroddiad blynyddol RIPA

1. Am beth mae'r adroddiad yn sôn?

1.1. Dyma'r adroddiad blynyddol i'r Pwyllgor Llywodraethu Corfforaethol ac Archwilio ar ddefnydd y Cyngor o'i bwerau gwylidwriaeth o dan RIPA (Deddf Rheoleiddio Pwerau Ymchwilio 2000)

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

2.1. Mae'n ofynnol o dan God Ymarfer y Swyddfa Gartref i wneud adroddiadau blynyddol o leiaf i aelodau, ar ddefnydd y Cyngor o'i bwerau o dan Ddeddf Rheoleiddio Pwerau Ymchwilio 2000.

3. Beth yw'r Argymhellion?

3.1. Bod yr Aelodau'n derbyn ac yn nodi cynnwys yr adroddiad hwn

4. Manylion yr Adroddiad

4.1. Mae gan y Cyngor y pŵer i ymgymryd â rhai gweithgareddau gwylidwriaeth lle mae'n ystyried bod y rhain yn angenrheidiol ac yn gymesur ar gyfer atal a chanfod trosedd neu ar gyfer atal anhrefn. Mae'r gweithgareddau hyn yn cynnwys sicrhau mynediad at ddata cyfathrebu, gwylidwriaeth dan gyfarwyddyd a defnyddio ffynhonnell cudd-wybodaeth

ddynol gudd. Diffinnir y gweithgareddau hyn yn fanylach ym Mholisi a Gweithdrefnau Corfforaethol y Cyngor sydd ynghlwm fel Atodiad 1 i'r adroddiad hwn.

4.2. Mae'r defnydd o'r pwerau hyn yn cael ei reoleiddio'n helaeth. Rhaid i'r swyddog ymchwilio wneud cais ffurfiol i awdurdodi defnyddio gwyliadwriaeth dan gyfarwyddyd i un o'r swyddogion a ddynodwyd yn swyddog awdurdodi. Yr unig swyddogion a all awdurdodi gwyliadwriaeth yw'r Prif Swyddog Gweithredol, y Cyfarwyddwyr Corfforaethol, y Swyddog a151 a'r swyddog Monitro.

4.3. Pan roddir awdurdodiad gan un o'r swyddogion hynny, yna rhaid gwneud cais i'r Llys Ynadon am gymeradwyaeth farnwrol i ddefnyddio'r awdurdodiad hwnnw.

4.4. Mae'r Swyddfa Gartref wedi cyhoeddi a chynnal Codau Ymarfer ynghylch defnyddio'r pwerau hyn y mae'n ofynnol i awdurdodau lleol eu dilyn. Mae'r Codau Ymarfer yn ei gwneud yn ofynnol i adroddiad gael ei wneud o leiaf unwaith y flwyddyn i aelodau etholedig ar weithrediad ei bwerau yn y maes hwn.

4.5. Ni fu unrhyw geisiadau am awdurdodi gweithgaredd gwyliadwriaeth yn y cyfnod a gwmpesir gan yr adroddiad hwn, sef y cyfnod o ddyddiad yr adroddiad blynyddol diwethaf ar 5 Mehefin 2019 ac ysgrifennu'r adroddiad hwn.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

5.1. Nid oes angen penderfyniad.

6. Beth fydd cost hyn a beth fydd ei effaith ar wasanaethau eraill?

6.1. Cedwir costau o fewn yr adnoddau presennol a darperir hyfforddiant yn fewnol.

7. Beth yw prif gasgliadau'r Aseiad o'r Effaith ar Les?

7.1. Nid oes angen aseiad ar gyfer yr adroddiad hwn

8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Craffu ac eraill?

8.1. Nid oes angen ymgynghori.

9. Datganiad y Prif Swyddog Cyllid

9.1

10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau

10.1. Wrth ddefnyddio ei bwerau dan y drefn hon, gall y Cyngor mewn perygl o dorri hawl unigolyn i fywyd preifat a theuluol fel y nodir yn y Confensiwn Ewropeaidd ar Hawliau Dynol. Mae unrhyw arfer o'r pwerau hyn yn ei gwneud yn ofynnol i'r Cyngor nodi'n gynhwysfawr iawn, mewn cais i Swyddog Awdurdodi ac yna'r Llys Ynadon, y rhesymau a'r seiliau hynny dros fwrw ymlaen â'r wyliadwriaeth, a ddylai fynd i'r afael â pham ei bod yn gymesur i ymyrryd ag unrhyw ddynol hawliau unigolyn.

Mae hyfforddi swyddogion yn rheolaidd sy'n defnyddio'r pwerau hyn a goruchwyliaeth agos gan y Swyddog Monitro ar weithgareddau o'r fath yn lleihau unrhyw risg sy'n gysylltiedig. Mae'r Cyngor hefyd yn cael ei arolygu bob tair blynedd gan Swyddfa'r Comisiynwyr Gwyliadwriaeth a dygir adroddiad arolygiad o'r fath i'r Pwyllgor hwn ar ôl ei dderbyn.

11. Pŵer i wneud y Penderfyniad

Nid oes angen penderfyniad.

Mae tudalen hwn yn fwriadol wag

DENBIGHSHIRE COUNTY COUNCIL

Corporate Policy & Procedures **For Denbighshire County Council Employees on** **the Regulation of Investigatory Powers Act 2000**

HR/R23
Version 8 (2016)

THE REGULATION OF INVESTIGATORY POWERS ACT 2000

CONTENTS PAGE

	<u>Page Number</u>
Foreword	
Chapter 1 – Introduction	3
Chapter 2 – Definitions of the Main Surveillance Techniques	6
Chapter 3 – Procedures for Authorising Covert Surveillance	11
Chapter 4 – Duration, Review. Cancellation of Authorisations.	18
Chapter 5 – Access to Communication Data and the Investigation of Protected Electronic Information.	19
Chapter 6 – CCTV and RIPA authorisations.	22
Chapter 7 – Scrutiny and Complaints	23
Appendix 1 – RIPA Quality Assurance Checklist.	24
Appendix 2 – Risk Assessment Form CHIS	27
Appendix 3 – Application for Magistrates Approval.	

FOREWORD

This Corporate Policy and Procedures has been produced for the use of Denbighshire County Council Employees and any relevant contractors employed by the Council. All relevant Council contracts will includes a term that this policy is to be observed by any Contractor acting on behalf of the Council. Its provisions must be followed, where they apply, by all Officers. In addition, all employees must use only the Authorising Forms that are available on the Home Office website for authorisation purposes.

This policy has been developed in consultation with representatives from across the departments performing surveillance. This policy replaces any previous policy and procedures. A copy of this policy together with the Home Office Codes of Practice and the Investigatory Powers Tribunal leaflets will be made available for public inspection at Council offices. The policy is also available on the Council's website.

In addition a copy of this document will be readily available to all employees, and a copy may be found on the Denbighshire Information Centre. This Policy has been produced in English and Welsh, and any comments or observations on its contents may be made to the Head of Legal and Democratic Services /Monitoring Officer who also acts as the Council's Senior Responsible Officer in respect of RIPA.

If you are unclear as regards any aspect of this document, you should contact the Head of Legal, HR and Democratic Services.

Any minor amendments to this policy will require the approval of the RIPA Working Group. Any substantial amendments to policy will require additional approval of the Council's Corporate Governance Committee and Cabinet.

September 2016

CHAPTER 1: INTRODUCTION

1.1 The Human Rights Act 1998 became part of UK law on the 2nd October 2000, making it unlawful for a "public authority" (which includes a Local Authority) to breach any Article of the European Convention on Human Rights. The Act also made provision for any person who has suffered as a result of a breach of the European Convention on Human Rights to seek redress within the UK domestic courts, without having to pursue a claim via the lengthy and costly process of the European Court of Human Rights in Strasbourg.

Article 8 of the Convention on Human Rights has a significant impact upon Local Authorities and the ways in which they operate. The Article states that:

"everyone has the right to respect for his private and family life, his home and his correspondence"

Essentially, the "public authority" must not in any way interfere with the exercise of this right except as in accordance with the law and is necessary in a democratic society in the interests of any of the following:-

- National Security
- Public Safety
- The Economic well-being of the Country
- The Prevention of Crime and Disorder
- The Protection of Health or Morals
- Protection of the Rights and Freedoms of Others

In addition, any interference with the Article 8 rights should be a proportionate interference in the circumstances.

Since the 5th January 2004 the only ground on which a local authority can now authorise Directed Surveillance is for the purpose of preventing or detecting crime or of preventing disorder. Subsequent changes in legislation now also stipulate that the 'serious crime' test needs to be met; see section 2.7 of this policy.

1.2 Whenever a person undertakes covert surveillance on behalf of a Local Authority, they are placing themselves at risk of breaching Article 8 of the European Convention on Human Rights, unless that surveillance can be justified on the basis that it is conducted in accordance with the law, is necessary for the purpose listed above (ie the prevention or detection of crime or disorder), and is a proportionate action to take.

1.3 The Regulation of Investigatory Powers Act 2000 (RIPA) was passed by Parliament and came into force on the 25th September 2000. This Act regulates covert surveillance and investigations by a number of bodies - including Local Authorities. One of the main purposes of the Act is to ensure that the human rights of any person who is the subject of covert surveillance is protected. However the Act also ensures that law enforcement officers and agencies have the powers they need to do their job properly and to carry out surveillance effectively.

- 1.4** The purpose of this document is to explain the impact of RIPA upon Denbighshire County Council's procedures in respect of surveillance activity and to provide employees with an understanding of the circumstances where the Act's provisions might apply. This document provides officers with guidance in respect of the procedures that should be followed when covert surveillance is undertaken. This policy should be read in conjunction with the latest Codes of Practice issued by the Home Office and Officers should have regard to the Codes when considering the exercise of their surveillance powers under RIPA 2000. The Codes which are relevant to a Local Authority are:

Covert Surveillance and Property Interference Revised Code of Practice 2014
Covert Human Intelligence Source Code of Practice 2014

Copies of these codes of practice can be obtained from any Authorising Officer listed in chapter 3, from the Councils Legal department or directly from the Home Office website at www.homeoffice.gov.uk

The Council should also have regard to the following revised Procedures:

OSC Procedures and Guidance – Oversight arrangements for covert surveillance and property interference conducted by public authorities and to the activities of relevant sources July 2016. A copy is available from the Legal and Democratic Services department and hard copies have also been circulated amongst members of the Council's Ripa Working Group. The document is not available on the Home Office website therefore you may seek a copy from your line manager or Legal Services.

- 1.5** It is important to note that if any covert surveillance work is conducted by the Council and it falls within the provisions of RIPA then the authorisation procedures described in Chapter 3 must be followed before the surveillance occurs. Failure to do so may result in disciplinary proceedings. Obtaining proper authorisation for surveillance will assist in protecting the Council and its officers against complaints of interference with an individual's human rights, and will also protect the admissibility of any evidence gained from such surveillance in a Court of Law.

1.6 Access to Communications Data

In addition, the Council has powers to gain access to communications data. This is information held by telecommunication or postal service providers about the use of their services by persons who are the subject of a criminal investigation. In exercising these powers Officers must have full regard to the Codes of Practice issued by the Home Office:

'The Acquisition and Disclosure of Communications Data' (2007) available on www.homeoffice.gov.uk or from the Councils' nominated Single Point of Contract (SPOC).

As for Covert Surveillance, access to communications data must be authorised by a Designated Authorising Officer and obtained via the Councils' SPOC. Specific guidance on these procedures is contained in Chapter 5.

1.7 Encryption

Part 3 of RIPA 2000 came into force in October 2007 to provide a statutory framework allowing all public authorities to require electronic information which they have obtained lawfully or are likely to be obtained lawfully to be put into an 'intelligible form', to acquire the means to gain access to protected information and put that information into 'intelligible form'. For example, where the Council seize a laptop, which may contain protected information that could assist in a prosecution. This is achieved through the assistance of 'NTAC' (National Technical Assistance Centre), who must be approached at the earliest opportunity if the Council are considering the use of these powers. In practice a case is put forward to NTAC, who will provide feasibility and costings of the exercise. NTAC will support the Council in the process to ensure the exercise of these Part 3 powers are undertaken appropriately.

The Code of Practice refers to NTAC as the 'guardian and gatekeeper' of the use of Part 3 and any Officer considering the use of these powers should refer to the Home Office Code of Practice available on the Home Office website – www.homeoffice.gov.uk

Investigation of Protected Electronic Information (version 1. 2007)

Specific guidance on these procedures is contained in Chapter 5.

CHAPTER 2: DEFINITIONS OF THE MAIN SURVEILLANCE TECHNIQUES REGULATED BY RIPA

2.1 Surveillance

The Act defines “surveillance” as monitoring, observing or listening to persons, watching or following their movements, listening to their conversations or their other activities or communications. It can also encompass recording anything that is monitored, observed or listened to during the course of surveillance. Surveillance may, or may not, be conducted with the assistance of a device.

For example, the installation of CCTV cameras in order to generally observe activity in a particular area will not be “surveillance” unless the CCTV camera is being used to target a specific person, persons or operation. In cases of uncertainty, officers should seek advice from their department’s Authorising Officers who will in turn consult with the Head of Legal and Democratic Services should they require further clarification or guidance.

2.2 Covert Surveillance

Surveillance will be “covert” if it is carried out in a manner calculated to ensure that the person(s) subject to the surveillance are unaware that it is or may be taking place. If surveillance is open and not hidden for the subjects of the surveillance, the surveillance will not generally be covert. Please note that RIPA applies only to covert surveillance so it is vital to consider initially whether or not you are conducting covert surveillance.

2.3 Intrusive Surveillance

This is a form of covert surveillance that is regulated by RIPA.

Intrusive surveillance is defined in the Act as covert surveillance (see 2.2 above) that is carried out in relation to anything taking place on any residential premises or in any private vehicle, and it involves the presence of an individual in the premises or in the vehicle or is carried out by means of a surveillance device.

It is imperative to note that Local Authorities are not empowered by RIPA to carry out intrusive surveillance. If a Local Authority does carry out this type of surveillance, it will be acting beyond the scope of its powers. If you think that your proposed surveillance activity could fall within the definition of “intrusive surveillance” you must not proceed with the surveillance. If you need help in determining whether or not you could be conducting intrusive surveillance seek advice from the Head of Legal and Democratic Services.

2.4 Directed Surveillance

This is a crucial method of surveillance which affects Local Authorities. This is surveillance that is covert, but is not intrusive and is undertaken for the purposes of a specific investigation or operation. The surveillance is undertaken in such a manner that it is likely to result in obtaining “private information” about a person or persons. Directed surveillance involves the observation of a person or persons with the intention of gathering private information about them to produce a detailed picture of their life, activities and/or,

associates. It will not include entry upon or interference with property, but may include the use of photographic and video equipment (including CCTV).

Before conducting directed surveillance, you need to consider the meaning of “private information”. Private information will include any information relating to a person’s private or family life, and is therefore a very wide definition. The 2000 Act states that private information includes any information relating to a person’s private or family life. *Private information should be taken generally to include any aspect of a person’s private or personal relationship with others, including family and professional or business relationships.*

Whilst a person may have a reduced expectation of privacy when in a public place, covert surveillance of that person’s activities in public may still result in the obtaining of private information. This is likely to be the case where that person has a reasonable expectation of privacy even though acting in public and where a record is being made by a public authority of that person’s activities for future consideration or analysis.

Private life considerations are particularly likely to arise if several records are to be analysed together in order to establish, for example, a pattern of behaviour, or one or more pieces of information (whether or not available in the public domain) are covertly (or in some cases overtly) obtained for the purposes of making a permanent record about a person or for subsequent data processing to generate further information. In such circumstances, the totality of information gleaned may constitute private information even if individual records do not. Where such conduct includes surveillance, a directed surveillance authorisation may be considered appropriate.

Private information may include personal data, such as names, telephone numbers and address details. Where such information is acquired by means of covert surveillance of a person having a reasonable expectation of privacy, a directed surveillance authorisation is appropriate.

The Code of Practice (December 2014) gives practical examples of what is private information and officers may wish to consult pages 12 to 14 of this document which is available on the Home Office RIPA pages of their website.

Officers should also be aware that although access to open sources such as Social Networking Sites may be easy, this could still amount to directed surveillance. Officers should consult paragraph 289 of the OSC Procedures and Guidance (July 2016), and for further advice should consult the RIPA Senior Responsible Officer.

Surveillance is directed surveillance if the following are all true:

- It is covert, but not intrusive surveillance
- It is conducted for the purposes of a specific investigation or operation
- It is likely to result in the obtaining of private information about a person (whether or not one specifically identified for the purposes of the investigation or operation)
- Its is conducted otherwise than by way of an immediate response to events or circumstances the nature of which is such that it would not be reasonably practicable for an authorisation under Part II of the 2000 Act to be sought.
- Thus the **planned** covert surveillance of a specific person, where not intrusive, would constitute directed surveillance if such surveillance is likely to result in the obtaining of private information about that, or any other person.

Please note that directed surveillance would not cover an immediate response to events (eg: detecting something suspicious by chance and continuing to watch). Though in these circumstances applicants must have regard to paragraph 4.17 and the urgency procedures if you *continue* to watch when you ought to have obtained an urgent oral authorisation.

All reasonable alternative methods to resolve a situation such as interview, changing methods of working or levels of security if appropriate for example, should be attempted first.

Where the subject of the covert surveillance is an employee of the Council, subject to the investigation of a criminal matter, the Head of Legal, HR and Democratic Services must be informed.

2.5 Covert Human Intelligence Sources

Covert Human Intelligent Sources (CHIS) is another crucial definition within RIPA which could affect a Local Authority's activities. A person will be a CHIS if he or she establishes or maintains a personal or other relationship with a person for the covert purpose of:

- Obtaining information relating to another person or
- Accessing information about another person, or
- Disclosing information obtained by the use of or as a consequence of such a relationship.

A purpose will be "covert" in this respect if the relationship is conducted in such a manner so that one of the parties to the relationship is unaware of the purpose behind that relationship.

An example of this type of surveillance might occur where a professional obtains information about a person without that person understanding the real reason why that information is being collected and without knowing that a professional is seeking to obtain the information in question. This will encompass the use of professional witnesses to obtain information and evidence.

a) Test Purchases

These do not usually require the use of a CHIS because carrying out a test purchase will not usually require the purchaser to establish a relationship with the supplier with the covert purpose of obtaining information. Be aware however, that developing a relationship with a person in a shop to collect information about the seller's suppliers of an illegal product, would involve the use of CHIS.

b) Anti-Social behaviour activities

Persons who complain about anti-social behaviour and are asked to keep a noise log will not normally be a CHIS because they aren't required to establish or maintain a relationship for a covert purpose. (Where the however the complaint is requested to record personal information in the form of a detailed diary, on those carrying out the anti social behaviour, there is the possibility that such persons could be regarded as carrying out directed surveillance, acting as our agents, for which an authorisation

may be required depending on the circumstances. If in doubt, seek advice from the Head of Legal and Democratic Services)

2.6 Persons used as a CHIS

The Council can use a CHIS if RIPA authorisation procedures as detailed in Chapter 3 are followed. However, Officers should always consider whether or not the person to be employed as a CHIS is a suitable person, taking the following into account:-

a) Juvenile Sources

Special safeguards apply to the use of persons under 18 years of age. Only the Chief Executive (or a Corporate Director in the Chief Executive's absence) can authorise the use of a juvenile source. A child under 16 years of age must never be used to give information about his/her parent.

b) Vulnerable Individuals

These are persons who are or may be in need of community care because of age, illness or other disability. Use of such sources should be avoided and in any event, may only be authorised by the Chief Executive (or Corporate Director in the Chief Executive's absence)

It is **not** the Council's normal procedure to recruit a CHIS though it is recognised that some rare circumstances may give rise to this necessity. In these circumstances, Authorising Officers should consider obtaining advice from the Head of Legal, HR and Democratic Services prior to authorisation.

2.7 What you need to do before you undertake any surveillance.....

Before any Council officer undertakes surveillance of any individual or individuals they must first assess whether the activity falls within RIPA.

The following questions may help you decide.....

(a) Is the surveillance "covert?"

If the investigation and activities are open and are not hidden from the subjects of the investigation then the surveillance will probably not be covert, and the RIPA provisions will not apply. You do not need to obtain authorisation as outlined in Chapter 3 of this Corporate Policy and Procedures if the proposed surveillance is not covert. (See section 2.2 to help you decide this).

(b) Is the surveillance conducted for the purposes of a specific investigation or operation?

Consider CCTV cameras that are regularly visible to anybody walking around a Council office as an example. The cameras will be used to monitor what is generally happening in that Council office and will not be used for the purposes of a specific investigation or operation unless those cameras are used to target a known particular individual and are used to monitor his particular activities.

(c) Will the surveillance reveal private information?

If the surveillance is likely to result in obtaining “private information” (see section 2.4), about a person, RIPA may apply and you will need formal authorisation to carry out that surveillance.

(d) Does the criminal offence that is being investigated punishable, whether on summary (magistrates) or indictment (Crown Court) by a maximum term or **at least 6 months imprisonment, or would constitute an offence under sections 146, 147 or 147A of the Licensing Act 2003 or s.7 of the Children and Young Persons Act 1933 (sale of tobacco and alcohol to underage children)?** If the criminal offence does not meet this criteria, known as the ‘Serious Crime Test”, then the Council does **not** have the powers to conduct the covert surveillance. Please speak to a legal officer if you have any doubts.

If you have answered “yes” to Questions (a) to (d), you will probably be carrying out RIPA regulated surveillance and should therefore seek authorisation as outlined in Chapter 3. If you are unsure as to whether their surveillance will be covert or covered by the Act, you must seek advice from the Head of Legal, HR and Democratic Services before any surveillance is carried out. If in doubt, follow the authorisation procedure outlined in Chapter 3 of this Corporate Policy and Procedures.

CHAPTER 3: PROCEDURES FOR AUTHORISING COVERT SURVEILLANCE

- 3.1** If, having considered the matters outlined in Chapter 2, you decide that will be conducting surveillance activities covered by RIPA, you must seek authorisation in accordance with the procedures outlined in this chapter. Deciding when authorisation is required involves making a judgement based upon the particular circumstances of each case. If you are in doubt, it is always safer to get authorisation. Alternatively, seek advice as soon as possible from the Head of Legal, HR and Democratic Services.

The Protection of Freedoms Act 2012 now provides that a local authority who wishes to use directed surveillance, acquire communications data or the use of a CHIS under RIPA will need (in addition to an Officer granting authorisation as set out below) to then obtain an order approving the grant or it's renewal, from the Magistrates Court. (a Justice of the Peace, namely a single Stipendiary Magistrate or a Lay Magistrate) before the authorisation can take effect. The standard template for making this application is set out in Appendix 3. The local authority shall following approval by the Authorising Officer, contact the administration team at the Magistrates Court by telephone to arrange a hearing, which shall be in private. A copy of the original RIPA application form duly signed by the AO must be attached. There is further detailed guidance in the Home Office guidance October 2012 available on the Home Office RIPA pages.

Following the changes in 2012 which requires the Council to involve the Magistrates', the effective time is that at which the authorisation is approved by the Magistrate and not the time authorisation is given by the authorising officer.

The decision on who shall appear before the Magistrates is one for the Local Authority; the Home Office guidance expects that it is appropriate for the Investigating Officer to attend as opposed to a Solicitor given they will know most about the matter under investigation, and to keep legal costs down. In respect of applications for Communications Data, the SPOC may attend, subject to any arrangements that are in place with the National Anti Fraud Network (NAFN).

All covert operations should involve a consideration of the health and safety implications involved and an assessment of risk to be undertaken eg such as the need for Investigating Officers to attend in pairs in some circumstances or any necessary precautions which should be in place before embarking on a covert operation. Additionally, the issue of the Council's insurance position may need to be ascertained in advance of the operation.

- 3.2** The following officers may act as authoring officers for the purposes of RIPA.

Chief Executive only in respect of juveniles/confidential information (or in his/her absence the person acting as the Head of Paid Service)

Corporate Director: Economy and Public Realm

Corporate Director: Communities

s.151 Officer

Monitoring Officer/Senior Responsible Officer only where another Authorising Officer is unavailable to grant an authorisation.

The list may be amended at any time by the Chief Executive and in accordance with The RIPA (Directed Surveillance and CHIS) Order 2010 SI 2010/52. An Investigating Officer should in the first instance attempt to seek authorisation from the Authorising Officer for their department. However if this is impracticable, an authorisation may be sought from any Authorising Officer listed above.

- 3.3.** Authorising Officers should not be responsible for authorising their own activities; however it is recognised that this may sometimes be unavoidable where it is necessary to act urgently. Such instances should however be kept to a minimum. In these circumstances this particular authorisation must be drawn to the attention of the OSC Inspector and the Central Record will reflect this activity for ease of reference.
- 3.4** Only the forms found on the Home Office website (RIPA page) can be used for authorisation under this policy. Authorising Officers may authorise covert surveillance only where it is considered necessary in accordance with the relevant purpose of preventing or detecting crime or of preventing disorder and where the extent and nature of the surveillance is proportionate to the aim sought. Authorising Officers will need to be satisfied that any intrusion into an individual's private life can be justified and that the intrusion is essential to the success of an investigation. If the investigation can be furthered without having to resort to covert surveillance techniques, then the use of RIPA should be avoided. It is helpful for applicants to explain what overt measures have been tried or ruled out, before resorting to covert techniques. Authorising Officers should refuse a premature application in these circumstances. In order to ensure that Authorising Officers have enough information to make sensible and informed decisions, officers applying for authorisation should submit a detailed application form to the Authorising Officer..
- 3.5** Where surveillance is deemed to be necessary, it must be authorised in accordance with the provisions of this Chapter before it is carried out. Proper authorisation should render the Council in a stronger position if challenged on the grounds that it is breached human rights legislation. If authorised and conducted accordingly, the activity is lawful for all purposes (paragraph 27 RIPA)
- 3.6** Authorising Directed Surveillance

An Authorising Officer will not grant authorisation to an officer to conduct directed surveillance unless he or she *believes* that the authorisation is **necessary** on the relevant ground and also that the surveillance is **proportionate** to the aim sought. Authorising Officers need to have in mind that directed surveillance is an interference with a persons Article 8 rights and that this is only justifiable if it is necessary and proportionate for these activities to take place. If not satisfied, the Authorising Officer must refuse authorisation.

An Authorising Officer must not add to the parts of an application which is completed by the investigating officer or applicant, the content of which must be exclusive to the applicant. The applicant must not in any circumstances complete the parts of the application which is exclusively the Authorising Officer. The applicant's role in the application stops at that part of the form. If further matters are however discussed with the applicant, the Authorising Officer, as a matter of good practice, should mention these discussions in his authorising statement.

The Home Office Code of Practice specifically refers to the following in respect of 'necessity' and 'proportionality':

‘..if the activities are necessary, the person granting the authorisation must believe that they are proportionate to what is sought to be achieved by carrying them out. This involves balancing the intrusiveness of the activity on the target and others who might be affected by it against the need for the activity in operational terms. The activity will not be proportionate if it is excessive in the circumstances of the case or if the information which is sought could reasonably be obtained by other less intrusive means. All such activity should be carefully managed to meet the objective in question and must not be arbitrary or unfair. ‘

The Authorising Officer will therefore carry out a balancing exercise and this needs to be demonstrated on paper, even though the Authorising Officer may well have conducted this exercise in his or her mind. They also may state which matters they personally consider attract greater weight.

The Authorising Officer should take into account the risk that the operation presents to collateral intrusion (intruding upon the privacy of persons who aren't the subject of the investigation). This could affect whether or not an operation is proportionate. The applicant, if collateral intrusion has been identified, must show why the intrusion is in fact justified.

In no circumstances will any covert operation be given backdated authorisation after commencement. Embarking on covert surveillance without authorisation or conducting covert surveillance outside the scope of the authorisation will not provide the protective umbrella of RIPA and may result in disciplinary action being taken against the Officers involved.

The Authorising Officer must set a review date for reconsidering the authorisation, ensure that all forms are completed satisfactorily and that the requirements in 3.8 are complied with. All forms must be submitted to the Head of Legal and Democratic Services department within 3 working days of the authorisation. It is the responsibility of the Authorising Officer, to send the authorisation form, and to consider the most appropriate method of delivery. For high risk operations, where the safety of an individual is concerned, hand delivery may be the only safe and sensible method.

Finally, the **Authorising Officer must allocate a Unique Reference Number** to the application as follows:-

Year/Department/Number of Application - The URN is available from the Head of Corporate Governance's department.

3.7 Equipment

Surveillance equipment will only be installed with the necessary authorisation of the Authorising Officer. The type of equipment used must be documented on the application and also on the Authorising Officer's statement. Those investigating the matter need to be clear what equipment they have authorisation to utilise.

Any surveillance equipment located in occupied residential premises must only be as a result of the express written permission of the tenant or owner occupier.

An inventory of the Council's surveillance equipment is kept by the Authorising Officers of the respective departments. Any purchasing of further surveillance equipment, the respective Authorising Officers must be informed in order for the inventory to be kept up to date.

Any use of this equipment must be documented in the inventory which should make reference to the URN only for security and confidentiality purposes.

Additionally, any surveillance equipment must be kept securely in Council premises.

3.8 Evidence

Any information or recorded evidence will be stored securely and disclosure/access to this evidence will be to those Officers to whom disclosure is necessary such as those Authorising Officers, Investigating Officers and Legal Officers involved in the process or prosecution. Any requests for disclosure to third party agencies will be dealt with via the Authorising Officers, who may seek the advice of the Head of Legal, HR and Democratic Services' department if necessary. Generally disclosure will only be permitted to other law enforcement agencies such as the DWP or the police, to the Subject's legal advisors or to the Subject themselves. Consideration will always be given to the redaction of any third party information, whether written, visual or audio, and also on any possible prejudice to any criminal proceedings, of the Council or another law enforcement agency.

The Data Protection Act 1998 requires the Council to ensure the personal data is stored securely and is not kept for longer than is necessary. See also Chapter 9 of the Covert Surveillance and Property Interference Code of Practice December 2014. Ultimately, it is the Authorising Officer, who owns the product that is obtained, and therefore is responsible for the security of the information.

Tapes and storage

Planning and Public Protection :

Handling Recorded Evidence Obtained by Means of Surveillance

The original recording will be copied, then sealed in an evidence bag and numbered. This will be the 'Master Copy' and handed to the Assistant Head of Service or the Section Manager who will store the 'Master Copy' securely.

The copy disc/tape will become the 'Working Copy' and should this become lost or damaged then application will be made to the Magistrates' Clerk for permission to duplicate the 'Master Copy'. Resealing of the Master Copy will be carried out in front of the Magistrates Clerk.

An entry should be made in the Office Evidence Book for the Master Copy which should include details of the date when handed to the senior officer, together with the identity number on the evidence bag.

The Master Copy should only be removed from storage for production as evidence in court proceedings or as described above.

Where evidence is revealed of an offence and the Authority decide to institute proceedings the following time limits for retention of the recording will apply:

Upon conviction - the recording will be retained for the duration of the case and for two years thereafter.

If no conviction then the recording will be destroyed within 28 days.

Where the Authority decide to offer a formal caution in accordance with Home Office Guidelines, the recording will be retained for two years from the date of the acceptance of the formal caution.

Where it is decided that no formal action will be instituted the recording will be destroyed forthwith, likewise after the expiry of the RIPA where no offence is shown the recording will be destroyed.

Destruction of the recording will be by breaking the disc or cutting it into pieces and an entry made in the Office Evidence Book of the date of destruction and the name of the officer who carried out the destruction.

3.9 Authorising Covert Human Intelligent Sources (CHIS)

When an Authorising Officer is considering authorising the use of a CHIS, he or she must consider the grounds referred to in respect of directed surveillance (3.6 above) and also ensure that arrangements are in place to deal with the following matters:-

- That there is an employee of the Council with day to day responsibility for dealing with the source and for the source's security and welfare (the handler) There must also be a senior officer who has general oversight of the use made of the source, who will in particular have regard for the CHIS safety (the Controller). A full risk assessment must take place, which will be reviewed throughout the recruitment of the CHIS.
- That there is an officer responsible for maintaining a record of the use made of the source
- Consider any adverse impact on Community confidence that may result from the use, conduct or information sought.
- That records disclosing the identity of the source will not be made available to others except strictly on a need to know basis.

Additionally, The RIPA (Source Records) Regulations 2000 (SI 2000/2725) provides for mandatory record keeping in respect of a CHIS :

- The identity of the source
- The identity, where known, used by the source
- Any relevant investigating authority other than the authority maintaining the records
- The means by which the source is referred to within each relevant investigating authority
- Any other significant information connected with the security and welfare of the source
- Any confirmation made by a person granting or renewing an authorisation for the conduct or use of a source that relevant information has been considered and that any identified

risks to the security and welfare of the source have where appropriate been properly explained to and understood by the source

- The date when, and the circumstances in which, the source was recruited,
- The identifies of the persons who will act as handler, controller and person responsible for maintaining records of the use of the source
- The periods during which those persons have discharged those responsibilities
- The tasks given to the source and the demands made of him in relation to his activities as a source
- All contacts or communications between the source and the Council's handler
- The information obtained by the Council by the conduct or use of the source
- Any dissemination by that authority of information obtained in that way
- Any payment benefit or reward made or provided to the source (other than where the source is a council employee acting as an undercover operative).

The Home Office 'Covert Human Intelligence Sources' Code of Practice 2014 in respect of CHIS provides for the additional records to be kept for the use of CHIS, and Officers are strongly recommended that this Code is referred to when considering the use of a CHIS and throughout the process.

In respect of CHIS whom are juveniles or the mentally impaired, this can only be authorised by the Chief Executive or in their absence a Corporate Director.

3.10 Making sure your authorisations are correct.

As good practice, you should always ensure that each separate authorisation complies with the following points:-

- (a) record all applications and approvals for authorisations in writing in the format of the forms available on the Home Office website.
- (b) approach each authorisation on an individual basis - apply your mind to the circumstances of the individual case. In respect of Directed Surveillance make full use of the Checklist (at Appendix 1) as you go through the form, if necessary. As a rule of thumb completion of the application form by an Investigating Officer should take at least one hour, given the detail that is required in most cases.
- (c) complete one form for each type of authorisation. Distinguish clearly between directed surveillance and covert human intelligent sources and consider whether any collateral intrusion or interference with a privacy of persons other than the subject of a surveillance is likely to arise. You need to describe in the application forms how collateral intrusion is justified in each particular case.
- (d) include an assessment of the risk of any collateral intrusion or interference. The Authorising Officer must take this into account particularly when considering whether the surveillance is proportionate to the ends hoped for.
- (e) those carrying out surveillance must inform the Authorising Officer if the operation or investigation unexpectedly interferes with the privacy of other individuals who are not the original subjects of the investigation or are not covered by the authorisation. No retrospective application can be made and Investigating Officers should consider the need for a fresh application.

- (f) Review authorisations regularly, and diarise dates for expiry and renewals!!! (See chapter 4).

3.11 Confidential Information

Particular care should be taken when any act of surveillance is likely to result in obtaining confidential information. RIPA does not provide for any special protection for confidential material but such information will cover matters subject to legal professional privilege, confidential personal information or confidential journalistic information. Confidential personal information is information that is held in confidence relating to the physical, mental or spiritual counselling concerning an individual (whether living or dead) who can be identified from it.

Please bear in mind that such information is particularly sensitive and that it will be subject to additional safeguards.

Any application for authorisation likely to result in the acquisition of confidential material should include an assessment of how likely it is that confidential material will be acquired. Special care should be taken when the target of the investigation is likely to be involved in handling confidential information. Such applications should only be considered in very exceptional and compelling circumstances with full consideration given to the proportionality issues that it raises. Officers should always seek advice from the Head of Legal, HR and Democratic Services in these instances.

Please note that it is only the Chief Executive (or in his absence, the Acting Head of Paid Service) who is able to act as an Authorising Officer where an operation is likely to result in obtaining confidential information.

3.12 Central Register of Covert Surveillance.

The Head of Legal, HR and Democratic Services will maintain the central register of all requests and authorisations including any request that has been denied by an Authorising Officer. The records in this Central Register will be kept for three years from the date of the authorisation in accordance with the Home Office Code. This record will be made available to the relevant Commissioner or Inspector on request. The central record will also contain, in accordance with the Code of Practice, a copy of the complete application and authorisation. Any subsequent renewal, review or cancellation must also be submitted.

The Head of Legal, HR and Democratic Services must be informed by email in advance that a RIPA form is to be dispatched to the Central Record. All RIPA forms must be sent to the Head of Legal, HR and Democratic Services department within 3 working days of authorisation being granted. The receipt of the RIPA form must be acknowledged by the Head of Legal, HR and Democratic Services department by email. The Central record will be updated upon receipt from the information contained on the form.

The sender must consider the most secure method of delivery of the RIPA form in line with the type of surveillance and risk. Eg a major joint covert surveillance operation with another enforcement agency, where hand delivery of the form would be appropriate. The documents must be secure and marked private and confidential.

In respect of joint operations with other agencies, one party will lead on obtaining the authorisation, but all the parties will need to see the detail of the authorisation. (R v Sutherland). Those carrying out the investigation, need to be aware of the limits of an authorisation.

3.13 Internal Oversight Arrangements.

The Head of Legal, HR and Democratic Services will be responsible for the monitoring of the authorisations, renewals, reviews and cancellations. Monitoring will take the form of a random selection of forms quarterly, using the Quality Assurance Checklist as a basis. In addition, the Head of Legal, HR and Democratic Services will consider the lawfulness of the authorisation, in particular the necessity and proportionality issues upon receipt of each form, whilst the information required for the central record is inputted.

The outcome of the monitoring will be reported mid year in a short report with the Head of Legal, HR and Democratic Services producing a more detailed Annual Review Report. The Annual Review Report will be reported to the Council's Corporate Governance Committee by the Monitoring Officer/RIPA Senior Responsible Officer.

CHAPTER 4: DURATION, REVIEW AND CANCELLATION OF AUTHORISATIONS

- 4.1 Authorising directed surveillance or the use of a CHIS is not a decision that should be taken lightly - it is after all, surveillance that interferes with people's privacy. On that basis, a regular review of authorisations must be carried out in order to assess the need for such surveillance to continue. The results of reviews should be kept and recorded safely.
- 4.2 Please note that there are time limits upon the length of any authorisations granted under RIPA. The length of authorisation will depend on the type of surveillance activity involved:
- (a) Directed Surveillance - in all cases 3 months from the date the authorisation should be given, or the date of the latest renewal **ti**. **Please not that since the changes introduced in 2012 and the involvement of the Magistrates', the effective time is that at which the authorisation is approved by the Magistrates and not the time authorisation is given by the authorising officer.** Directed Surveillance authorisations do not expire. Under s.45 there is a requirement on the person granting or renewing an authorisation to cancel if he is satisfied that the relevant requirements are no longer satisfied. Even where you believe the authorisation is needed for the full statutory 3 months, the authorisation still needs to be cancelled, it will not expire at the end of the 3 months. On this point the Surveillance Commissioners are very clear. Therefore grant each application for 3 months, then set a review date to cancel or renew during this 3 month time limit. If the evidence is obtained prior to the renew date and no further directed surveillance is necessary, the authorisation must be cancelled.
- (b) CHIS - 12 months from the date the authorisation was given, or the date of the renewal. Urgent oral authorisations last initially for 72 hours. In the case of a vulnerable individual eg a juvenile the duration will be 1 month.
- 4.3 All authorisations must be cancelled either when they are no longer necessary or proportionate.

CHAPTER 5 ACCESS TO COMMUNICATIONS DATA and THE INVESTIGATION OF PROTECTED ELECTRONIC INFORMATION .

5.1 Access to Communications Data

Local Authorities can acquire limited information in respect of subscriber details and service data. It does NOT allow Local Authorities to intercept, record or otherwise monitor communications data. **The sole grounds to permit access to communications data, for a Local Authority, is for the purposes of either "preventing or detecting crime, or of preventing disorder".**

Communications data' embraces the 'who', 'when' and 'where' of a communication but not the content - not what was said or written. It includes the manner in which, and by what method, a person or machine communicates with another person or machine. It excludes what they say or what data they pass on within a communication, including text, audio and video

A strict necessity test must be applied before any consideration is given to requesting communications data. **Any application must be legal, necessary** (a last resort) **& proportionate**. 'Proportionate' includes 'collateral intrusion', as the data provided may invade a third parties' privacy and should, so far as is possible, be minimised.

The overall responsibility for obtaining communication data rests with the Senior Responsible Officer (SRO), who is the Head of Legal, HR and Democratic Services

A Designated Person (DP), who authorises a communication data application must be, at least, a Service Manager

A Single Point of Contact (SPoC) must be accredited by the Home Office, after undergoing accredited training & have proved their competency, by exam. The Council currently uses the National Anti-Fraud Network for this aspect of investigation.

CSPs (Communication Service Providers) have access to the Home Office's relevant database of accredited SPoCs to ensure the validity of any Notice to provide data.

Procedure for obtaining telecommunications data

Applications to obtain telecommunications data must be submitted to a Home Office accredited Single Point of Contact (SPOC). The Council uses the services of NAFN (the National Anti-fraud Network) for this purpose.

Officers may make the application by accessing the NAFN website. They must therefore be appropriately registered on the NAFN website.

There are full instructions on how to submit an application in the Guidance Manual on the NAFN website. In addition, NAFN have produced a "RIPA Toolkit" for registered users.

The application will first be vetted by NAFN for consistency, before being forwarded by NAFN to the Council's Designated Persons for the purposes of approving the online application.

The Council's Designated Persons are the Public Protection Manager and the Trading Standards Manager. In the future, these roles may be extended (or limited to) Corporate Directors, CEO, and the Council's Monitoring Officer. NAFN will inform the Designated Persons jointly once the application is ready to be reviewed by the Designated Persons.

The relevant Designated Person will then access the restricted area of the NAFN website using a special code, in order to review and approve the application. When approving the application, the Designated Person must be satisfied that the acquiring of the information is necessary and proportionate.

Approvals are documented by the Designated Person completing the online document and resubmitting it by following the steps outlined on the site by NAFN. This online documentation is retained by NAFN who are inspected and audited by the IOCCO.

When submitting an online application, the officer must also inform their Team Manager AND the Designated Person (if different), in order that the Director is aware that the NAFN application is pending.

Acquisition & Disclosure of Communications Data

More information for officers is available in the document "*Guidance for Applicants & Designated Persons Considering Necessity & Proportionality*", produced by the Data Communications Group, is available on the Home Office's website

Although the Council subscribes to NAFN, officers may wish to familiarize themselves with the Home Office 'Acquisition and Disclosure of Communications Data' Code of Practice March 2015.

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/code-of-practice-acquisition?view=Binary>

5.2 Encryption – the investigation of protected electronic information.

The power under s.49(1) of RIPA describes the means by which protected information has come into the possession of any person within a public authority. This is likely to include as regards the Council, protected information obtained under an authorisation under Part 2 of RIPA 2000, under Chapter 1, Part 2 of RIPA 2000 (communications data), or obtained by the Council in the exercise of their statutory duties.

Specifically, the provisions of these Part 3 powers are:

- Power to require disclosure of protected information in an intelligible form. (s.49)
- Power to require disclosure of the means to access protected information. (s.50 (3) (c))
- Power to require disclosure of the means of putting protected information into an intelligible form (section 50 (3)(c))

No person can seek to obtain appropriate permission until the approval of the National Technical Assistance Centre has been obtained. NTAC should be consulted in the first instance by email on ripaii@ntac.gsi.gov.uk

Permission will not be granted by the permission, cannot give permission unless the protected information has been obtained lawfully.

CHAPTER 6: CCTV

6.1 The revised Code (2010) states: *Where overt CCTV is used in a covert and pre-planned manner as part of a specific investigation or operation, for the surveillance of a specific person or group of people, a directed surveillance authorisation should be considered. Such covert surveillance is likely to result in the obtaining of private information about a person (namely a record of their movements and activities) and therefore falls properly within the definition of directed surveillance. The use of the CCTV in these circumstances goes beyond their intended use for the general prevention or detection of crime and protection of the public.*

6.2 The CCTV control room may on occasions be asked to carry out covert surveillance on behalf of the Council's or other law enforcement agencies, usually the police. This will be in accordance with the protocol the Council has with the police. Such requests to carry out directed surveillance must be supported by a RIPA authorisation, signed by an Authorising Officer, from the enforcement agency concerned and provided to the Council's CCTV Superintendent. It is the Authorising Officers statement that the Councils CCTV control room will require, if the other law enforcement agency do not wish for reasons of confidentiality, to provide the full details of the investigating officers application to the control room staff. For example it is not usually essential that the CCTV be provided with the personal information of the subject under surveillance, it is the scope of the actual surveillance itself that is essential. A copy of the original (whether or not redacted) is acceptable either in person or via the agency email.

The CCTV control room manager shall be provided with copies of any review or cancellation of any authorisation, this includes any Council or other law enforcement agency authorisations, subject to any redactions that the enforcement agency wish to make such as personal information.

This requirement will not apply if the directed surveillance is an immediate response to events or circumstances the nature of which is such that it would not be reasonably practicable for an authorisation to be sought.

6.3 In respect of applications from internal Council services to conduct covert surveillance via CCTV, the same process shall be followed as if the enforcement agency were external. No covert surveillance shall take place unless the CCTV control room personnel have sight of a copy of the original signed authorisation (redacted if necessary) and a copy of the Magistrates Order signing off the authorisation (again this may be redacted).

6.4 Copies of any authorisations (redacted or otherwise) shall be retained securely in line with the Data Protection Act 1998 at the CCTV control room and retained in accordance with Home Office retention guidelines and this policy.

CHAPTER 7: SCRUTINY AND COMPLAINTS.

- 7.1** The Office of the Surveillance Commissioner (OSC) has a duty to review the exercise and performance of Council departments in respect of their activities under RIPA. The OSC will regularly inspect the Council in order to ensure that it is complying with statutory functions and duties. This will include scrutiny of authorisations of directed surveillance and CHIS and some activities relating to the investigation of protected electronic information. The latter activity is also overseen by the Interception of Communications Commissioner in part, who will also oversee activities carried out under the Access to Communications regime.
- 7.2** An Investigatory Powers Tribunal has been established in order to consider complaints made under the 2000 Act. The Tribunal is empowered to order bodies who breach the provisions relating to covert surveillance to pay compensation. Claims must be brought within one year of the alleged breach, although there are provisions which enable the tribunal to extend that period. A person may also complain to the Investigatory Powers Tribunal whose address is:-
- Investigatory Powers Tribunal,
PO Box 33220,
London
SW1H 9ZQ.
Tel: 0207 0353711
- 7.3** Any person who reasonably believes they have been adversely affected by any surveillance activity carried out by on behalf of the Council may either complain to the Monitoring Officer of the Council who will then investigate the complaint, or make a complaint of maladministration to the Ombudsman.
- 7.4** Clearly, any form of sanctions exercised against the Council, could result in damaging the County Council's reputation and generate adverse media publicity. This is quite apart from any financial implications that could arise. On that basis, it is imperative that all Officers are familiar with the possible (and quite serious) implications that could arise if the guidance offered by this Policy isn't adhered to.
- 7.5** The Legal, HR and Democratic Services department, additionally report the Council's use of these powers at least annually to the Council's Corporate Governance Committee in order to ensure that the powers are being used consistently and that the policy remains fit for purpose.

This policy will be reviewed no later than January 2018



REGULATION OF INVESTIGATORY POWERS ACT 2000

Direct Surveillance Form – Quality Assurance Checklist

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- 1. Has the application been allocated a Unique Reference Number? Is this inserted on all pages?**

- 2. Are the full details of the Investigating Officer, Investigation Name (if applicable) and Authorising Officer inserted on page 1?**

- 3. Does Box 2 (page 2) contain a full, clear explanation of the nature of the investigation and the intelligence that has led to it? Would a person with no prior knowledge of the case understand what this investigation is? If possible include relevant legislation that gives you the power to prosecute or duty to carry out the investigation.**

- 4. Does Box 3 (page 2) contain a detailed description of the surveillance to be undertaken and the equipment to be used?**
ie what is going to be done? Who is going to do it? Where they are going to do it? When they are going to do it? How they will do it? Eg specific times/public or private vehicle/type of equipment/staff involved etc. Investigating Officer to consider (if appropriate) attaching a plan/map providing the Authorising officer with the full picture.

- 5. Does Box 4 (page 2) provide the names, addresses and dates of birth (if known) of the subjects of the surveillance? If you do not know the identity say so.**

- 6. Does Box 5 (page 2) explain in sufficient detail what the desired outcome of the surveillance is?**

The Investigating Officer should include all the separate pieces of information hoping to be obtained eg where the offender is dumping illegal waste, who it is that employs him and when this is taking place.

7. Box 6 – The only purpose Local Authorities can now use is the ‘prevention or detection of crime or of preventing disorder’ All other grounds must be deleted.

Is this the only purpose stated in this box?

8. Does Box 7 (page 3) explain why the surveillance is necessary? Provide detail of other means of obtaining the evidence that have been tried? Does it explain why overt surveillance is inadequate?

Factors to include will be: the specific offence, its seriousness, any other evidence you have that links the target with the offender which requires corroboration through surveillance.

9. Does Box 8 (page 3) identify who else may be affected by surveillance (collateral intrusion) & explain the steps taken to minimise this? Even if you cannot minimise you need to show you have considered it.

10. Does Box 9 (page 4) describe how the surveillance is proportionate, when balanced against the desired outcome? ie balance the intrusiveness on the target and others against the need for the activity in operational terms. Does it say why the desired outcome cannot be achieved in a less intrusive way?

Demonstrate proportionality by showing you have considered:

- *Can you use less intrusive/overt methods?*
- *Other means used already?*
- *What could be done to lessen the impact on the target eg the amount of information to be gathered, the way the surveillance is carried out, the impact of surveillance on the subject, timing etc.*

Balance this proportionality against:

- *What the surveillance will achieve?*
- *Nature and seriousness of the offence.*
- *Impact of the offence on the victims and community.*
- *The effect the offences have on the public purse.*

11. Does Box 10 (page 4) identify whether

**‘Confidential Information’ will be likely to be obtained? Eg where following someone you are likely to end up at a church or GP surgery.
*NB If so, this can only be authorised by the Chief Executive and Box 14 (page 6) completed**

12. Do Boxes 12 & 13 (page 5) contain the Authorising Officer’s full statements as to why they believe the surveillance is necessary & proportionate and give full details of the proposed surveillance. Has the AO considered the application objectively?

The 5 ‘W’s must be considered – the Investigating Officer needs to be clear what they can and cannot do. The AO may set out matters in the application that they have given particular weight to when considering necessity and proportionality. If the application is unclear and there is insufficient detail the AO should consider rejecting.

13. On page 6, has the Authorising Officer –
- **signed, dated and completed the authorisation**
- **inserted the date of the first review?**
- **completed the expiry date and time of the authorisation?**

14. On page 17, if this was an urgent authorisation, has the Authorising Officer completed Box 15?

Completed forms must be sent to Legal Services department within 3 working days of authorisation. If the hard copy is sent consider the most secure form of transit (eg hand delivery if possible) and put the Officer holding the Central Record on notice that the authorisation is being dispatched and confirmation of the URN.

APPENDIX 2

STRICTLY CONFIDENTIAL

Denbighshire County Council RIPA CHIS RISK ASSESSMENT FORM

RISK ASSESSMENT FOR THE USE OF COVERT HUMAN INTELLIGENCE SOURCE
THIS FORM IS TO BE SUBMITTED TO LEGAL SERVICES WITH THE CHIS FORM. ALL CHIS
FORMS MUST BE HAND DELIVERED AND NOT SENT IN THE INTERNAL POST

Name of source :

Unique reference number:

Is the identity used by the source different to the above?

CHIS pseudonym

Handler details and date duties commenced:

Controller details and date duties commenced:

Is the source working for any other investigation authority? If so by what identity?

Assess and detail the nature and magnitude of any risk connected with the use of the source:

This will include all considerations including risks to the source personally and operational or ethical risks in using the source :

Detail any arrangements made to minimise the risk:

Tudalen 263

If the source is under 18 detail the arrangements made to satisfy the RIPA (Juveniles) Order 2000:

Authorising Officers' comments on the above arrangements:

Does the Authorising Officer consider that any identified risks are justified? YES/NO and give details:

Have the identified risks been properly explained to, and understood by the source? YES/NO

Date and circumstances in which source was recruited. Give dates when handler and controller commenced duties and any changes to these.

The following officer will be responsible for recording use of the source:

Has the Authority passed the information by the source to anyone else? Give details.

Has the Source been offered or received payment, benefit or reward? Give details.

Detail the tasks given to the Source:

Detail dates of contact with source and notes of information obtained:

Appendix 3

Application for judicial approval for authorisation to obtain or disclose communications data, to use a covert human intelligence source or to conduct directed surveillance. Regulation of Investigatory Powers Act 2000 sections 23A, 23B, 32A, 32B.

Local authority:.....

Local authority department:.....

Offence under investigation:.....

Address of premises or identity of subject:.....

.....

.....

Covert technique requested: (tick one and specify details)

Communications Data

Covert Human Intelligence Source

Directed Surveillance

Summary of details

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Note: this application should be read in conjunction with the attached RIPA authorisation/RIPA application or notice.

Investigating Officer:.....

Authorising Officer/Designated Person:.....

Officer(s) appearing before JP:.....

Address of applicant department:.....

.....

Contact telephone number:.....

Contact email address (optional):.....

Local authority reference:.....

Number of pages:.....

ATTACHED TO THIS APPLICATION IS: COPY OF THE ORIGINAL SIGNED RIPA APPLICATION.

Order made on an application for judicial approval for authorisation to obtain or disclose communications data, to use a covert human intelligence source or to conduct directed surveillance. Regulation of Investigatory Powers Act 2000 sections 23A, 23B, 32A, 32B.

Magistrates' court:.....

Having considered the application, I (tick one):

- am satisfied that there are reasonable grounds for believing that the requirements of the Act were satisfied and remain satisfied, and that the relevant conditions are satisfied and I therefore approve the grant or renewal of the authorisation/notice.
- refuse to approve the grant or renewal of the authorisation/notice.
- refuse to approve the grant or renewal and quash the authorisation/notice.

Notes

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.....
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Reasons

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.....
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.....

Signed:

Date:

Time:

Full name:

Address of magistrates' court:

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Rhaglen Gwaith i'r Dyfodol Pwyllgor Llywodraethu Corfforaethol ac Archwilio

27 Ionawr 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynedd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
		Adroddiadau	
	5	Ysgolion mewn anawsterau ariannol	Head of Finance
	6	Adroddiad Blynyddol ar Rannu Pryderon	Pennaeth y Gwasanaethau Cyfreithiol, Adnoddau Dynol a Democrataidd - Gary Williams
	7	Adroddiad Cwynion Blynyddol a Llythyr Blynyddol yr Ombwdsmon	Pennaeth y Gwasanaethau Cyfreithiol, Adnoddau Dynol a Democrataidd - Gary Williams
7 Mawrth 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynedd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
		Adroddiadau	
28 Ebrill 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynedd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
	4	Adroddiad Diweddariad Archwilio Mewnol	Prif Archwilydd Mewnol – Lisa Lovegrove
		Adroddiadau	

Tudalen 269

Eitem Agenda 11

Rhaglen Gwaith i'r Dyfodol Pwyllgor Llywodraethu Corfforaethol ac Archwilio

9 Mehefin 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynnydd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
		Adroddiadau	
28 Gorffennaf 2021		Eitemau Sefydlog	
Eudalen 270	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynnydd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
	4	Adroddiad Diweddariad Archwilio Mewnol	Prif Archwilydd Mewnol – Lisa Lovegrove
		Adroddiadau	
22 Medi 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynnydd Craffu - Rhian Evans
	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
		Adroddiadau	
24 Tachwedd 2021		Eitemau Sefydlog	
	1	Materion a Gyfeiriwyd gan y Pwyllgorau Craffu (os oes rhai)	Cydlynnydd Craffu - Rhian Evans

Rhaglen Gwaith i'r Dyfodol Pwyllgor Llywodraethu Corfforaethol ac Archwilio

	2	Adroddiadau Rheoleiddio Allanol Diweddar a Dderbyniwyd (os oes rhai)	Pennaeth Gwella Busnes a Moderneiddio - Alan Smith, Nicola Kneale
	3	Rhaglen Gwaith i'r Dyfodol	Gwasanaethau Democrataidd
	4	Adroddiad Diweddariad Archwilio Mewnol	Prif Archwilydd Mewnol – Lisa Lovegrove
		Adroddiadau	
EITEMAU YN Y DYFODOL			
	1	Diweddarwyd Cynllun Gweithredu o'r Adroddiad Chwythu'r Chwiban	Pennaeth y Gwasanaethau Cyfreithiol, Adnoddau Dynol a Democrataidd - Gary Williams

Mae tudalen hwn yn fwiadol wag