

To: Members of the Governance and  
Audit Committee

Date: 28 September 2022

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Dear Councillor

You are invited to attend a meeting of the **GOVERNANCE AND AUDIT COMMITTEE** to be held at **9.30 am** on **TUESDAY, 4 OCTOBER 2022** in **COUNCIL CHAMBER, COUNTY HALL, RUTHIN AND BY VIDEO CONFERENCE**.

Yours sincerely

G. Williams  
Monitoring Officer

## **AGENDA**

### **1 APOLOGIES**

### **2 APPOINTMENT OF VICE-CHAIR**

To appoint a Vice Chair of the Governance and Audit Committee for the ensuing year.

### **3 DECLARATION OF INTERESTS (Pages 5 - 6)**

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

### **4 URGENT MATTERS**

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

### **5 MINUTES (Pages 7 - 16)**

To receive the minutes of the Governance and Audit Committee meeting held on 27 July 2022 (copy enclosed).

**6 ANNUAL CORPORATE HEALTH AND SAFETY REPORT** (Pages 17 - 108)

To consider the annual Corporate Health and Safety annual report (copy attached).

**7 CARE INSPECTORATE WALES - INSPECTION OF INTAKE AND INTERVENTION SERVICE 2021** (Pages 109 - 126)

To consider a report outlining the findings of the 'follow up' inspection of the Intake and Intervention Service that sits within Education and Children's Services (copy attached).

**8 AUDIT WALES REPORT - DELIVERING SUSTAINED PERFORMANCE IMPROVEMENT** (Pages 127 - 146)

To consider the Audit Wales Delivering Sustained Performance Improvement report and subsequent management response (copy attached).

**9 INTERNAL AUDIT UPDATE** (Pages 147 - 178)

To consider a report by the Chief Internal Auditor (copy enclosed) updating members on Internal Audit progress.

**10 GOVERNANCE AND AUDIT COMMITTEE WORK PROGRAMME** (Pages 179 - 186)

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

**FOR INFORMATION**

**11 ESTYN INSPECTION REPORT - CHRIST THE WORD CATHOLIC SCHOOL** (Pages 187 - 200)

To receive for information a recent Inspection report conducted by Estyn on Christ the Word Catholic School, Rhyl (Copy attached).

**MEMBERSHIP**

**Councillors**

Ellie Chard  
Justine Evans  
Carol Holliday

Merfyn Parry  
Elfed Williams  
Mark Young

**Lay Member**

Nigel Rudd  
David Stewart

Paul Whitham

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## LOCAL GOVERNMENT ACT 2000

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### Code of Conduct for Members

### DISCLOSURE AND REGISTRATION OF INTERESTS

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

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

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# Public Document Pack Agenda Item 5

## GOVERNANCE AND AUDIT COMMITTEE

Minutes of a meeting of the Governance and Audit Committee held in COUNCIL CHAMBER, COUNTY HALL AND VIRTUALLY VIA VIDEO CONFERENCE. on Wednesday, 27 July 2022 at 9.30 am.

### PRESENT

Councillors Ellie Chard, Merfyn Parry and Elfed Williams

Lay Members – Paul Whitham, Nigel Rudd and Dave Stewart

**Cabinet Member** – Councillor Gwyneth Ellis – Lead Member for Finance, Performance and Strategic Assets.

### ALSO PRESENT

Head of Legal, HR and Democratic Services – Monitoring Officer (GW), Head of Finance and Property Services (Section 151 Officer) (SG), Corporate Director for Communities (NS), Chief Internal Auditor (BC), Democratic Services Officer (KAE) (Zoom Host) and Committee Administrator (SJ).

Audit Wales representatives David Williams and Gwilym Bury were also in attendance.

## 1 APOLOGIES

Apologies were received from Councillors Justine Evans, Hugh Evans and Carol Holliday.

## 2 APPOINTMENT OF VICE - CHAIR

Nominations were sought for a Member to serve as the Committee's Vice Chair for the ensuing year.

The Monitoring Officer confirmed that the Local Governments and Elections Wales Act 2021, stated the Chair of the Committee could only be one of the independent Lay Members of the committee. The Act allowed for any member of the committee provided they are not a member of the Cabinet committee. He confirmed that no members that sat on Governance and Audit Committee were members on Cabinet.

No members were nominated as Vice-Chair, the Monitoring Officer confirmed the matter could be deferred to a future meeting. He stressed the importance of electing a Vice-Chair for the committee. Members were made aware that both the Chair and Vice-Chair of the committee sat on the Scrutiny Chairs and Vice Chairs group, which looked at proposals for Scrutiny and Governance and Audit Committee work programmes.

***RESOLVED**, that the appointment of Vice-Chair be deferred until the September meeting of the Governance and Audit Committee meeting.*

### **3 DECLARATION OF INTERESTS**

There were no declarations of interest raised.

### **4 URGENT MATTERS**

There were no urgent items.

### **5 MINUTES**

The minutes of the Governance and Audit committee held on 08 June 2022 were submitted.

Matters arising -

Lay member Paul Whitham – Page 8 – stressed the report regarding the Queens Building project in Rhyl was a separate discussion. The forward work programme didn't reflect the two reports as separate issues. One on the Queen's Building project and one on Contingency plans in general. The Head of Finance confirmed the naming of the report on the forward work programme for November 23, would be a report on contingency plans.

The Chair asked for clarification on the timing of the surveys that are issued after audits are completed. The Head of Internal Audit confirmed, the surveys would be issued quarterly to start starting in September then December.

The Monitoring Officer confirmed that a date for training was still trying to be organised. The Chair stressed the importance of certain training such as Statement of Accounts and Treasury Management.

***RESOLVED**, subject to the above that the minutes of the Governance and Audit committee held on 08 June 2022 be received and approved as a correct record.*

### **6 AUDIT WALES REPORT - SPRINGING FORWARD**

The Audit Wales representative, Gwilym Bury guided members through the report (previously circulated). The report looked at how the Council had strengthened its ability to transform, adapt and maintain delivery of services, including those delivered in partnership with Key stakeholders and partners. Included in the review had been a review of the Council's arrangements for managing assets and the workforce. Members were guided through the three main aims of the review.

The overall report concluded that the Council was actively developing its New Ways of Working Project, which would lead to changes in the long run on both building assets and workforce, integrating this activity with wider strategies, and looking further ahead would strengthen the Council's consideration of the sustainable development principle.

Recommendations had been included as part of the report.



The review was being conducted across all 22 authorities in Wales. Following completion of all the reviews it was hoped a debrief would be arranged to discuss the overall outcome of all the reviews.

The Corporate Director for Communities informed members she Chaired the New Ways of Working Board. Members heard the officer responses to the recommendations included in the papers had in the main been produced by the Lead officers for those work streams. The Board would oversee the progress against the management action plan. Officers welcomed the report and its findings.

In response to questions raised by members the following was discussed in more detail:

- Phase one of the restructure had been completed. This had been the recruitment and appointment of two additional Corporate Directors. Work had begun between the Senior Leadership Team and the Chief Executive to progress to phase two which reviewed the Heads of Service and Senior Leadership Team. It was anticipated that review would be completed by the end of March 2023. The impact of the changes was being closely monitored. It was included on the Corporate Risk register to ensure it is completed in a timely manner but also follow the correct procedure.
- Staff working on school sites during the pandemic supported the learning and schooling of children from essential worker parents. It was a need that was established at the difficult time.
- Recruitment and retention of staff was a growing problem throughout Wales.
- Collaborative working with neighbouring authorities and Partnerships had been established.
- A report on progress on recommendations from external regulators could be added to the forward work programme. A suitable date could be ascertained from Internal Audit and Audit Wales for its inclusion.

The committee thanked the officers for the report and agreed it would be beneficial for a regular update report be included on the forward work programme on progress made to recommendations made from External Regulator reports.

**RESOLVED** that members have read, understood and taken account of the content and recommendations in the Audit Wales Springing Forward report.

## **7 CERTIFICATION OF GRANTS AND RETURNS 2020-21 DENBIGHSHIRE COUNTY COUNCIL**

The Lead Member for Finance, Performance and Strategic Assets introduced the report (previously circulated) to members. She explained the Audit Wales report completed was attached as appendix 1 to the report.

The Head of Finance, thanked Audit Wales for the close work that had taken place to complete the report.

Audit Wales representative David Williams guided members through the report. The report was a summary of the certification of grants and returns 2020-21.

Included in the report was the relevant legislation that was used in completion of the work. The report also included the overall conclusion from the work undertaken

stating, the 'Authority has adequate arrangements for preparing its grants and returns and supporting our certification work'.

He guided members through the headlines detailed in the Audit Wales report. It was explained the fee for the work had been higher than previous years due to certifying 3 extra claims this financial year.

In response to members' questions, the Audit Wales representative and officers expanded on the following:

- Fraud prevention was completed by Internal Audit work closely with the Revenue and Benefit service. It is regularly monitored by officers. Members were reminded if they wanted a report on the Fraud incentive it could be included on the forward work programme. Cross service communication with Internal Audit to ensure the correct procedures are followed to reduce the risk of fraud.
- The issues that had been identified were individual issues and not system errors.
- The majority of 2021-22 had not been issued yet, it was likely it would be the Autumn. It was stressed to members the importance of meeting the deadlines needed for completion of certifying the claims and grants. It was highlighted the pressure that had been observed during the pandemic had impacted on some of the deadline dates being met.
- It was stressed in the opinion of Audit Wales the authority had adequate arrangements for preparing its grants and returns information.

Members thanked the officers and Audit Wales for the detailed report and discussion.

**RECOLVED** that members note the contents of the Audit Wales report.

## **8 RIPA ANNUAL REPORT**

The Monitoring Officer introduced the annual RIPA (Regulation of Investigatory Powers Act 2000) report (previously circulated) to the committee.

Members were informed that the Act authorised two main types of surveillance those being; Directed surveillance and covert human intelligent source.

The authority was required to produce a policy (appendix 1) and a system of authorisation to manage surveillance activity.

It was highlighted no surveillance activity had taken place since the last report. The Monitoring Officer stressed the authority was obliged to take all possible steps to avoid intruding individuals lives or conducting covert surveillance. The recent pandemic had impacted the level of activity.

The primary areas where directed surveillance would be used were activities such as underage sales of restricted products and areas where fly tipping had been previously observed. For a surveillance operation to take place, authorisation was required following a rigorous application process. Once approved the application was presented to a Magistrate for approval.

Members heard the Investigatory Powers Commissioners' Office was the regulatory body responsible for oversight of investigatory powers by public authorities. The Council was last inspected by one of the Commissioner's Chief Inspectors, Graham Wright, in February and March 2021. Following that inspection, they were satisfied with the policies in place.

The Chair thanked the Monitoring Officer for the detailed introduction. Following the discussion, further information was provided on the following:

- Potentially the council had the authority to use surveillance when investigating fraud cases. It was stressed a number of policies and procedures were in place to investigate potential fraud prior to the use of surveillance.
- A working group met annually to discuss and identify staff that require training or refresher training. Training sessions for required staff was scheduled for later in the year.

The Members thanked the Monitoring Officer for the report and detailed explanations.

**RESOLVED**, that the Governance and Audit Committee receive and note the contents of the report.

At this juncture (10.43 a.m.) there was a 10 minute comfort break.

The meeting reconvened at 10.53 am.

## **9 DRAFT STATEMENT OF ACCOUNTS 2021-22**

The Lead Member for Finance, Performance and Strategic Assets introduced the Draft Statement of Accounts 2020/21 (previously circulated), the report provided an update on the progress of the draft Statement of Accounts 2021/22 and the process underpinning it. Presenting the draft accounts provided an early indication of the council's financial position and highlighted any issues in the accounts or the process prior to the accounts being audited.

Members were reminded the council had a statutory duty to produce a statement of accounts that complied with approved accounting standards.

The attached report was the draft Statement of Accounts; the final Statement of Accounts would be presented later in the year for sign off by the members. It had been hoped the accounts would be ready for the September committee meeting but it was now thought they would not be prepared in time and would be included on the November committee meeting.

The Head of Finance and Property Services reminded members that the reason for the report was Governance and Audit Committee had delegated responsibility to receive the report. A draft set of accounts were presented prior to the final accounts at a later meeting.

Within the report the statutory deadline dates of 31<sup>st</sup> May 2022 and 31<sup>st</sup> July 2022 were stated. Members heard Welsh Government send out a directive providing

instructions of the course of action required if those dates could not be met. The authority had committed to meet the extended deadlines.

Members were guided through the headlines included in the cover report. It was confirmed the draft accounts had been finalised and signed by the Head of Finance on the 27th June 2022. An improvement from the previous year. The draft accounts had been made available for audit as required and would be open to public inspection from 15th July to 11th August.

Close working with Audit Wales had undergone in the reporting and auditing of the accounts. Further work and discussions on adjustments would continue over the recess. Officers had received guidance to support the completion of submitting the accounts. Members were guided to the narrative report which provided a summary of the activity conducted by the authority over the year. Members heard the importance of the Annual Governance Statement presented by Internal Audit forming part of the statement of accounts.

The Audit Wales representative David Williams echoed the issues communicated by the Head of Finance to members. Guidance for completion of the accounts had been presented to officers for support. One concern was the level of inflation. Further detailed work on assets was required.

Close working with Denbighshire officers over the next few months was needed to work through the issues and concerns. He confirmed it was likely the final statement of accounts and audits would be presented to the November committee meeting.

The Head of Finance and Property Services wanted to thank all for work that had been undertaken in completing the Draft Statement of Accounts.

Further guidance and information was provided on the following:

- The authority did not have any investment properties. The Public Works Loans Board introduced strict rules around what borrowing money could be used for. Authorities could not borrow to purchase investment properties. The council did own properties that would increase in value that potentially might be sold in the future with a 'profit' the ownership of those properties was not for that reason.
- Confirmation that the increase in figures on the balance sheet for Council Dwellings was following a revaluation of properties. There was a policy to purchase council properties back for repurpose which will also have contributed to that increase.
- Planning had begun to undertake a revaluation of assets. Two new members of staff had been appointed to the valuation and estates team. That team had a large workload so the additional resource would be beneficial. It was hoped the revaluation work would be completed by the end of 2022. In the accountancy team there was a number of changes with staffing it was confirmed recruitment and appointment had taken place.
- The Audit Wales annual audit plan was an important document to refer too when looking at the draft statements. There was reference to significant potential risks when completing the draft accounts, these were all reviewed and assessed by Audit Wales and to date no concerns had been found.

- The wording in the ‘How we report our budget’ element of the report, could be reviewed to replace the work ‘unfortunately’.
- An agreement of audit timetable and deadlines between the authority and Denbighshire Leisure Limited had been agreed. To provide accounts to complete the overall statement of accounts for Denbighshire County Council. Any adjustments received from Audit Wales that can be made in the time frame are adjusted. Monthly meetings with Denbighshire Leisure Limited took place to discuss any issues and support the completion of the group accounts.
- The valuation and estates team would approve any asset revaluations as qualified valuer. They would sign those values off. The finance team would complete a sense check of those valuations.
- Welsh Government had provided two years of indicative settlement.
- The Head of Finance and Property stated he would provide members with detailed information on specific questions if required following the meeting. He encouraged members to contact him direct with questions.

The committee wanted to thank the Head of Finance and Property and the team for the vast amount of work that had gone into producing the draft statement of accounts. It was noted a significant effort had been made to produce and present the papers.

The Monitoring Officer confirmed an additional recommendation could be included to reflect the gratitude of members to the officers involved.

***RESOLVED*** that members note the position as presented in the draft Statement of Accounts. Members also agreed for an additional recommendation to be included and read as; 3.2 The committee expressed their appreciation to the Head of Finance and Property and all staff involved in the preparation of the Draft Statement of Accounts.

## **10 ANNUAL TREASURY MANAGEMENT**

The Lead Member for Finance Performance and Strategic Assets, introduced the Annual Treasury Management Strategy Statement (TMSS) 2022/23 Report (Appendix 1 - previously circulated) which showed how the Council would manage its investments and its borrowing for the coming year and sets out the Policies within which the Treasury Management function operate.

The Treasury Management Update Report (appendix 2) provided details of the Council’s Treasury Management activities during 2022/23 to date.

The Chartered Institute of Public Finance and Accountancy’s Code of Practice on Treasury Management (the “CIPFA TM Code”) requires the Council to approve the TMSS and Prudential Indicators annually.

The Head of Finance reminded members it had been agreed by Council on 27 October 2009 that the governance of Treasury Management be subjected to scrutiny by the Governance and Audit Committee. Part of this role was to receive an update on the Treasury Management activities twice a year. It was stressed the importance of Treasury Management in the finance department and the Council.

Members were reminded of the three priorities considered when investing funds:

- keep money safe (security);
- make sure that the money comes back when it is needed (liquidity);
- make sure a decent rate of return is achieved (yield).

Tabled in the report was the borrowing activity for the year along with a table of investments for the year. A number of projects and borrowing/ investments had been agreed before.

The importance of getting a balance on borrowing and investments was vital. A glossary of acronyms had been included for members.

The Chair welcomed the proposed training that would be arranged. He thanked the Head of Finance for the detailed report.

Members were informed Treasury Management was included in the Finance service risks. Internal Audit also conduct annual audits of the procedures to ensure it is robust. Arlington Close Ltd had been procured and a contract was awarded to the company to become the council's treasury advisor.

The medium term capital strategy plan was hoped to be a ten-year plan of projects.

The Treasury Management report was also presented to Cabinet and County Council along with Governance and Audit committee.

***RESOLVED***, that the Committee note the performance of the Council's Treasury Management function during 2021/22 and its compliance with the required Prudential Indicators as reported in the Annual Treasury Management Report 2021/22. That members note the TM update report for performance to date in 2022/23 and confirm it has read, understood and taken account of the Well-being Impact Assessment as part of its consideration.

## **11 GOVERNANCE AND AUDIT COMMITTEE WORK PROGRAMME**

The Governance and Audit Committee's Forward Work Programme (FWP) was presented for consideration (previously circulated).

The Monitoring Officer (MO) confirmed the change to title of the contingency report in November would be made.

The Chief Internal Auditor confirmed the two internal audit update reports on Contract Management and Exceptions and Exemptions would be presented to members at a future meeting. Delays in completing follow up audits had delayed the report to the Governance and Audit committee.

The MO informed members Full Council had approved the timetable for meetings for 2023 so on the next FWP it will include dates up until December 2023.

The MO confirmed the committee did produce an annual report for full Council approval. Previously a draft report had been presented to committee with the work

completed during the previous year. He confirmed that report could be added to the September meeting FWP.

The Head of Finance confirmed the report on the Approval of the Statement of Accounts 2021/22 and Audit of Accounts 2021/22 be deferred to the November meeting.

**RESOLVED** that, subject to the inclusion of the above addition the Governance and Audit Committee's forward work programme be noted.

## **FOR INFORMATION**

### **12 AUDIT ENQUIRIES 2021/22**

The Head of Finance and Property guided members to the Audit Enquires 2021/22 information report (previously circulated).

He explained to members the report was usually presented to the committee as draft and the Committee would approve the report. Due to the timing and the election process the previous Chair of Governance and Audit Committee, Councillor Barry Mellor approved and signed the report.

The Audit Wales representative confirmed it was standard issue that the letter was issued and received by Governance and Audit on an annual basis.

Lay Member Paul Whitham highlighted the report provided a good overview of many of the issues that the Governance and Audit committee had sight of.

**RESOLVED** that the Governance and Audit committee note the information report.

**The meeting concluded at 12.35p.m.**

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<b>Report to:</b>	Corporate Governance Committee
<b>Date of meeting:</b>	21 <sup>st</sup> September 2022
<b>Lead Member / Officer:</b>	Julie Matthews / Steve Gadd
<b>Report author:</b>	Gerry Lapington
<b>Title:</b>	Corporate Health & Safety Annual Report

## 1. What is the report about?

Health & Safety management within DCC during 2021-2022.

## 2. What is the reason for making this report?

To provide assurance to the committee that DCC follows the principles described in its Corporate Health and Safety Policy and actively promotes a positive Health and Safety culture.

## 3. What are the Recommendations?

That committee notes the contents of the attached Corporate Health & Safety report for 2021\2022

## 4. Report details

Corporate Health and Safety (CH&S) is a team of H&S officers who provide advice, guidance, assessments and training on occupational safety and health matters throughout the organisation. The team has no legal powers to regulate or enforce.

Health and Safety Specialist support in DCC is provided by:

- Corporate Health and Safety:
  - 1 Team Manager \ Advisor
  - 1 Senior Officer \ Advisor
  - 1 Officer \ Advisor
  - 1 Assistant Advisor (professional development role)
  - 1 Road Risk Officer \ Advisor
  - 1 Technical Officer (part time, 3 day week)

- Highways, Facilities and Environment Service
  - 1 Officer \ Advisor (Currently vacant)
- Finance and Property Service
  - 1 Construction specialist Officer \ Advisor
  - A buildings compliance team looking after facility safety including gas, electricity, water systems, asbestos and fire.
- There are also a number of union Health and Safety representatives who work throughout DCC.

The CH&S team focusses on:

- The development and review of a CH&S policy
- The development and review of H&S guidance documents
- Responding to reactive work and requests for support of advice.
- Collection, collation and reporting of accident \ incident data
- Accident \ incident investigations
- Monitoring \ assessing H&S management in DCC workplaces
- The provision of H&S training
- Road risk advice, training and guidance
- Plant operator advice, training and guidance

Details for 2021 \ 2022 activities and the forward plan are in the attached Corporate Health & Safety Annual Report appendix 1

Accident \ incident statistics are attached as appendix 2

For information, the reviewed Corporate Health and Safety policy and a schedule of changes is attached as appendix 3

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

Good Health and Safety standards are expected in all areas controlled by the local authority and underpin all Corporate Priorities.

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

No additional budget required.

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

Not required (discussed with Steve Price).

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

None.

**9. Chief Finance Officer Statement**

None.

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

Not applicable.

**11. Power to make the Decision**

Not applicable.

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## Appendix 1

### Corporate Health and Safety

#### Annual report to Corporate Governance 2022.

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## Glossary

DCC	Denbighshire County Council.
DLL	Denbighshire Leisure Limited.
H&S	Health and Safety.
CH&S	Corporate Health and Safety team.
OH	Occupational Health.
OHA	Occupational Health Advisor.
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations.
HSE	Health and Safety Executive.
HAV	Hand Arm Vibration.
HAWS	Hand Arm Vibration Syndrome.
CTS	Carpel Tunnel Syndrome.
ACM	Asbestos Containing Material.
CDM	Construction Design and Management Regulations
RA	Risk Assessment
SSoW	Safe System of Work

## Assessment of DCC safety standards 2021-2022

To maintain consistency with previous years reporting measures, the assessments in this document are adapted from the assurance ratings as used by Internal Audit.

<b>Green</b>	High Assurance	H&S management systems are fully developed and recorded. Significant hazards are identified and managed to minimise risk to an acceptable level. All employees are involved in the development and use of H&S management systems.
<b>Yellow</b>	Medium Assurance	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.
<b>Amber</b>	Low Assurance	Some H&S management systems have been developed and recorded. Some significant hazards have been identified and these are sometimes managed to minimise risk. Employees are generally not involved in the development of H&S management.
<b>Red</b>	No Assurance	Few H&S management systems have been developed and recorded. Risk is not properly managed. Employees are not involved in the development and use of H&S management systems.

The assessments are based on first-hand knowledge gained during:

- Monitoring activities.
- Site visits and meetings.
- Accident \ incident investigations.
- Reactive work.
- Attendance at H&S committees and local meetings.
- Training and training feedback.

The overall assessment of DCC's implementation of H&S systems is **medium assurance**.

The overall assessment of employee involvement in H&S is **medium assurance**.

The overall assessment of DCC's compliance with Covid – 19 regulations whilst they were in force is **high assurance**

These assessments are qualified in that they are made with information from workplaces that the CH&S team has had any involvement with.

## Summary.

The Health safety and Welfare culture in DCC has been on a continuous improvement path for a number of years. The most recent improvements we have seen are in employee engagement although there will always be room for further improvement. Employee engagement in Health Safety and Welfare has a significant positive impact on “safety culture” and should be promoted and nurtured extensively.

The overall assessment of DCC’s implementation of H&S systems and of employee engagement in H&S are both medium assurance (yellow). This means that H&S management systems that we have encountered are generally developed and recorded. Significant hazards are generally identified and managed to minimise risk. Employees are generally engaged in the development and use of H&S management systems.

Since March 2020 the Covid–19 Pandemic has driven the organisation to operate in a different way with much more focus on providing essential services in a “Covid secure” way. Working from home has been a significant factor in this change. DCC responded rapidly to government regulations and guidance. Risk assessments and safe working procedures were developed as soon as practicable and were regularly reviewed to reflect the rapidly changing position. DCC’s approach to managing the risk from Covid - 19 is assessed as high assurance

The accident \ incident count for the year shows a comparable level of reports to the years prior to Covid.

Throughout the financial year 2021\2022 only one of our RIDDOR incidents was formally investigated by the HSE. This incident relates to four customers of Ruthin leisure centre receiving an electric shock in the showers. The outcome was fairly minor and the regulator found no fault with DCC or the utility supplier. The incident has been put down to an underground cable leakage fault.

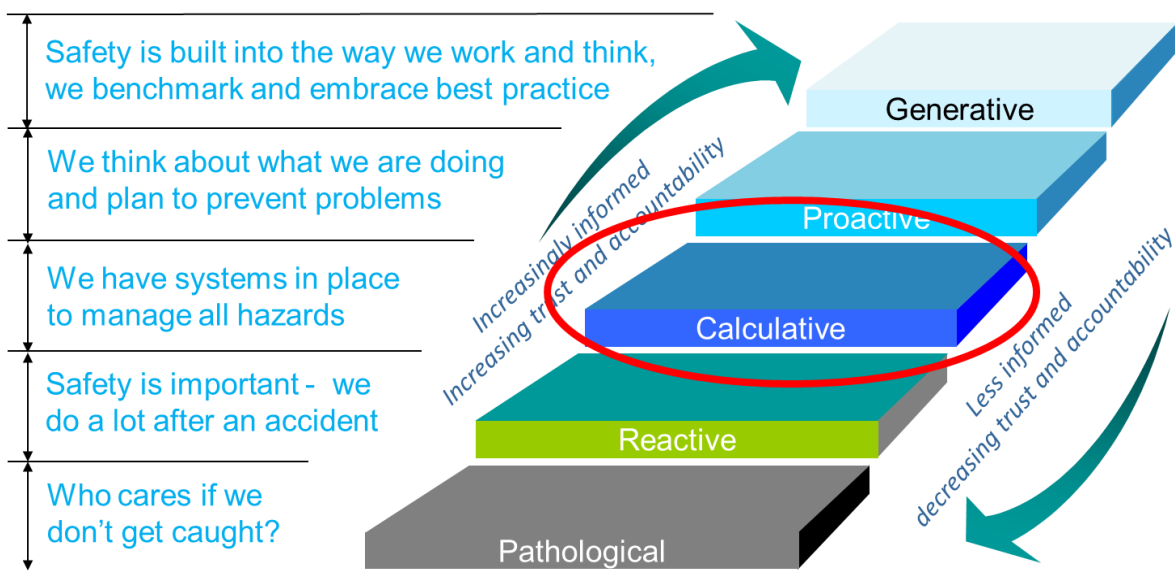
Hand Arm Vibration monitoring has continued through the reporting period with some identified difficulties, in light of this, the process is currently under review. There have been

no additional diagnoses of HAV's or Carpel Tunnel Syndrome being reported to CH&S, although this outcome may have been distorted by the reduced level of health surveillance during 2020/2021. The appointment of the current OHA in 2022 is aimed at redressing this concern. The current level of risk is assessed as medium assurance.

DCC is involved in a number of construction projects where CDM regulations apply e.g. Botanical gardens depot, Colomendy waste transfer station, Ysgol Penmorfa extension. One or other of the DCC H&S specialists supports these projects where requested.

### DCC Safety culture.

Referring to the model below, DCC continues to be assessed by CH&S as being an organisation that sits in the “calculative and proactive” zones.



Adapted from a Lattitude Productions Ltd. presentation

During the five years that we have been using this model to make an assessment of the DCC H&S culture we have seen incremental improvements in H&S culture. The process is one of continuous improvement. The long term goal of being a fully “proactive” organisation where H&S is concerned remains a target. Pragmatism still indicates that becoming a wholly “Generative” organisation is an unrealistic target in the short and medium term particularly in light of current organisational challenges.



Many work areas rely on pre-existing H&S assessments (calculative) and respond to issues as they arise (reactive). Teams in these areas would benefit from a more proactive approach to reviewing risk assessments and safe working procedures. This is one of the factors that drive the CH&S monitoring process.

It is comforting that we have not found any evidence of a “pathological” response to H&S management during our many monitoring activities, investigations, reactive work or provision of advice.

## **Points of note during 2021 – 2022**

### **Covid-19 Pandemic.**

DCC responded well to the rules and guidance that was developed by the various bodies to the extent that we evaluate the position of the organisation as broadly “proactive” with some “Generative” exemplars. As the national rules turned to guidance, we continue to update our internal Covid guidance recognising that it now forms part of “communicable diseases” guidance.

The requirement for employers in the UK to develop Covid-19 risk assessments has now ceased. The current guidance is for managers to consider the risk from communicable diseases as part of their workplace assessments.

### **Hybrid \ Agile \ Homeworking (post Covid).**

Covid restrictions forced DCC and many other organisations to consider how they operate during the “stay at home if you can” period. Post Covid DCC has continued to promote Hybrid \ Agile \ Homeworking. A suite of H&S documents has been developed by the CH&S team in support of managers and employees engaged in these activities. The guidance documents are on the CH&S page of Linc under the Agile / Hybrid working button. The documents are:

- Health and Safety considerations for Hybrid, Agile and Home Working
- Home working Employees guide to your health and safety
- Home working checklist 2022
- Workstation risk assessment checklist
- New ways of working: Home and agile working risk assessment (worked example)
- New ways of working: agile equipment needs assessment

### **Electric shock incident at Ruthin Leisure centre**

In March this year four people received electric shocks whilst using the showers in Ruthin leisure centre. Thankfully none of the individuals was seriously injured. The incident was dealt with immediately and the HSE was informed through the expected channels. A specialist electrical inspector from the HSE fully investigated the incident with Scottish power as the utility provider and Denbighshire Leisure officers as the occupiers of the facility. The investigation identified that the likely cause of the incident was an underground High voltage cable fault that introduced a fault current on the Leisure centre power system. The safety devices built into the system operated correctly and prevented serious harm. Scottish power carried out additional work on the High voltage network to minimise the risk of this type of incident reoccurring. The HSE were satisfied with the information provided to them and they closed their investigation in May.

### **Hand Arm Vibration (HAV)**

Although we have previously been able to demonstrate the validity of our process to the regulator, we cannot underestimate the difficulties in maintaining the effectiveness of what we do. There is a constant challenge to ensure that HAV control measures are fully implemented including the identification of employees that need monitoring, getting them to use the equipment consistently and responding effectively to alert flags. Although the equipment is simple to fit and use there is a need to constantly drive the process. The current method employed to drive this process disproportionately uses up H&S officer time and is therefore under review.

The risk of further HAVS diagnosis is ever present so there remains a continuing need for employees to use the HAV monitoring process when requested and for managers to robustly ensure that this occurs. The process is aimed at protecting our employees from the harm associated with HAV and protecting the organisation by ensuring that it is fulfilling its legal duties in respect of HAV.

The difficulties experienced in maintaining the effectiveness of the process emanate from human beliefs and behaviours, and therefore requires robust management support to ensure that we maintain an effective monitoring process. The current risk to individuals and

the organisation from further HAVS diagnosis and the potential for enforcement action is assessed as a medium assurance.

The health surveillance element of DCC's HAV monitoring process went through a period of reduced activity during 2020/2021 which may have had a negative impact on diagnosis reliability. This issue is now being resolved by the appointment of the current OHA. CH&S working with the OHA has developed a Micro Soft forms based OH questionnaire which includes HAV. This survey will be circulated before the end of 2022 and will update the OHA of the extent of health surveillance that is required.

### **A selection of CH&S investigations, reports and significant project involvement examples for 2021\2022**

- All RIDDOR reports are investigated to an appropriate level
- Hand Arm Vibration monitoring
- Cefndy Healthcare support
- School traffic management assessment reviews
- Ionising radiation in schools, safety management review
- Workplace environmental monitoring
- Construction projects advice particularly for Colomendy waste transfer station and the Botanical gardens depot in Rhyl.
- DCC \ NHS shared workplaces and activities reviews. (Hafod and Tim y Dyffryn)
- Llys Awelon fire safety and lone worker review as this is a third party property.

### **Accident \ incident statistics.**

A breakdown of accidents and incidents is available in Appendix 2.

All major accidents \ incidents that result in a RIDDOR report are subject to an internal investigation by CH&S. This can range from simple communication to a thorough and extensive investigation depending on the circumstances.

	<b>2021\2022</b>	<b>April to Aug 2022</b>
• The total number of recorded incidents	2088	1161
• The number of RIDDOR incidents	19	7

## Monitoring activities 2021\2022 to date

During monitoring visits the H&S officer generally asks a series of questions, seeks records to back up answers, observes the operation, writes a report and offers constructive feedback.

- School monitoring
- Cefndy Healthcare
- Cefndy Mediquip, Newport, South Wales.
- Botanical gardens

## Health and Safety training.

The CH&S team are again offering a range of in house H&S training that is available in person to any DCC employee or elected members. The courses include: -

- Leading H&S at work – for Directors Heads of Service and Senior Managers
- Health and Safety for Elected Members
- Managing Safety – for managers, supervisors, charge hands etc.
- Working Safely – for any employee
- Managing Health and Safety in Schools – for school governors
- Managing Health and Safety in Your Workplace – for all school staff
- Risk assessment – for any employee
- H&S for Head Teachers – for new head teachers
- School site managers H&S awareness
- H&S in care homes – for care home staff
- Personal Safety and Lone working – for any employee

Subject specific courses include: -

- Construction Design and Management Regulations
- Control of Substances Hazardous to Health
- Manual Handling of Objects
- Confined Spaces
- Hand Arm Vibration
- Noise at Work
- Legionella Bacteria in Water Systems
- Provision and Use of Work Equipment

- Work at height, working with ladders and step ladders
- Vocational Licence Acquisition Cat C1, C, C+E, D1, D
- Various Plant equipment certification

**CH&S team approximate time allocation excluding admin officer role**

	Previous year	2022 to date
• Covid-19 organisation support	60%	1%
• H&S training (development and delivery)	3%	15%
• Driver and plant training	15%	15%
• Monitoring	2%	20%
• Reactive work	10%	39%
• Back office and admin (other than Tech. officer)	10%	10%

**Taking it forward into 2022 – 2023**

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**Work plan for 2022 – 2023**

The CH&S team work plan picks up on the significant areas needing support that have been identified from previous work.

Agile \ Hybrid \ Homeworking	Continue to monitor and incorporate new best practices into DCC guidance as they become known.
Reactive work response	Continued response to reactive work requests
Accidents \ incidents	Monitor and review reports, investigate RIDDORS, drive reporting of all accidents in timely manner

Hand arm vibration (HAV) monitoring programme	Continuing to support periodic monitoring by operational teams that use powered tools.
Schools monitoring	School Traffic management.  The rest of this program for 2022\2023 is yet to be devised.
Ionising radiation management in secondary schools	Two CH&S team members trained as (schools) Radiation protection officers  A continuous monitoring process.
Driver training and assessment	Professional driver certificate of professional competence (CPC) training. Vocational Licence Acquisition.
Plant equipment training	Continue to deliver plant operator training on a range of machines e.g. Tele handler, Fork lift trucks etc.
H&S training programme	E. learning is employed for some of the shorter courses although there are limitations with this method. E. learning does not lend itself to delivery of the behavioural and cultural aspects of safety management.  Updated in house Face to face H&S training program  The number of delegates will be managed per session to ensure delegates and trainers are

	able to maintain a safe distance from each other
H&S committees and local meetings  (Essential tool for consultation and communication with employees and unions. Key to employee engagement in H&S)	(Currently by Teams)  H&S committees e.g. Joint consultative committee for H&S and employee relations, service group H&S committees and some operational level meetings.  An opportunity for management and employee representatives to discuss H&S in a range of forums supported by CH&S
Continued development and proving of the action tracking process	Action tracker in place
Continuing development of targeted guidance	Standard guidance now in place but there is always something new to add or review
Continuing professional development	All advisors required to maintain professional registration.
Succession planning	Develop staff for role succession and service continuity.

Gerry Lapington. CFIOSH. MIFSM.

Rheolwr Iechyd a Diogelwch Corfforaethol / Corporate Health and Safety Manager

August 2022

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# Accident Incident Report

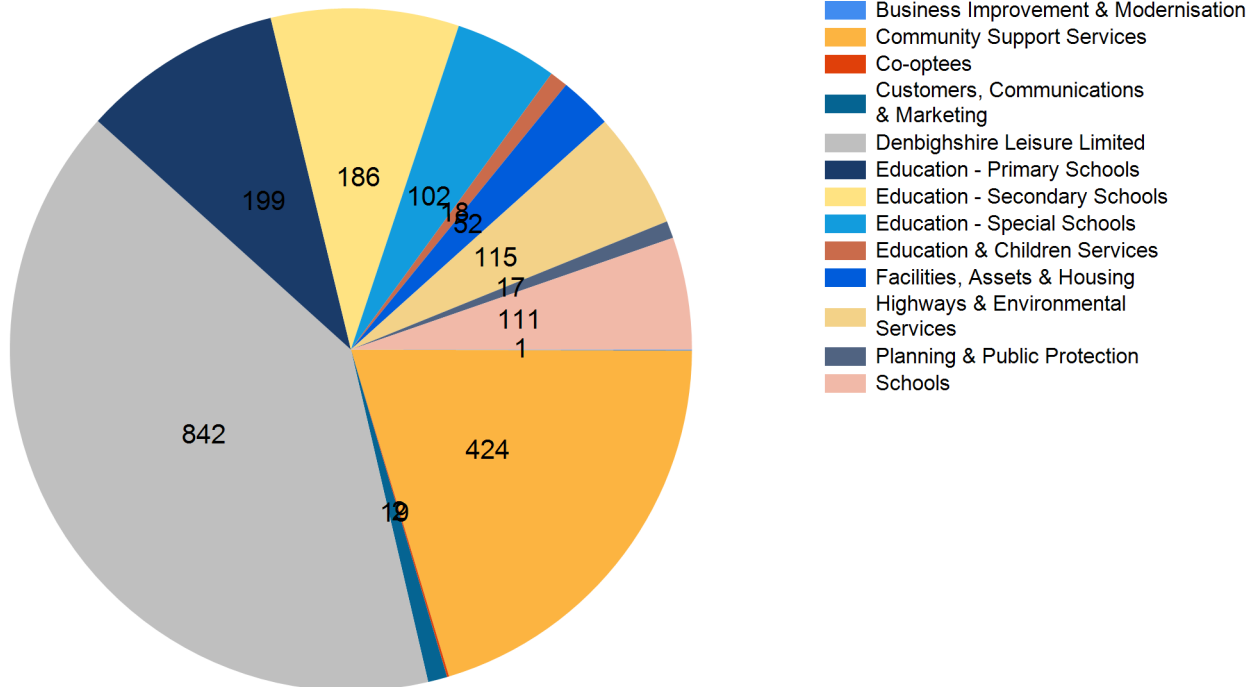
01/04/2021 - 31/03/2022

**\*\*Total Accidents and Incidents within this report are an accurate representation of the number reported to Corporate Health and Safety within the dates specified. Where a breakdown by person type, Injury type or location is provided, these numbers may vary to reflect such circumstances where more than one person has been involved in a single reported Accident or Incident.\*\***

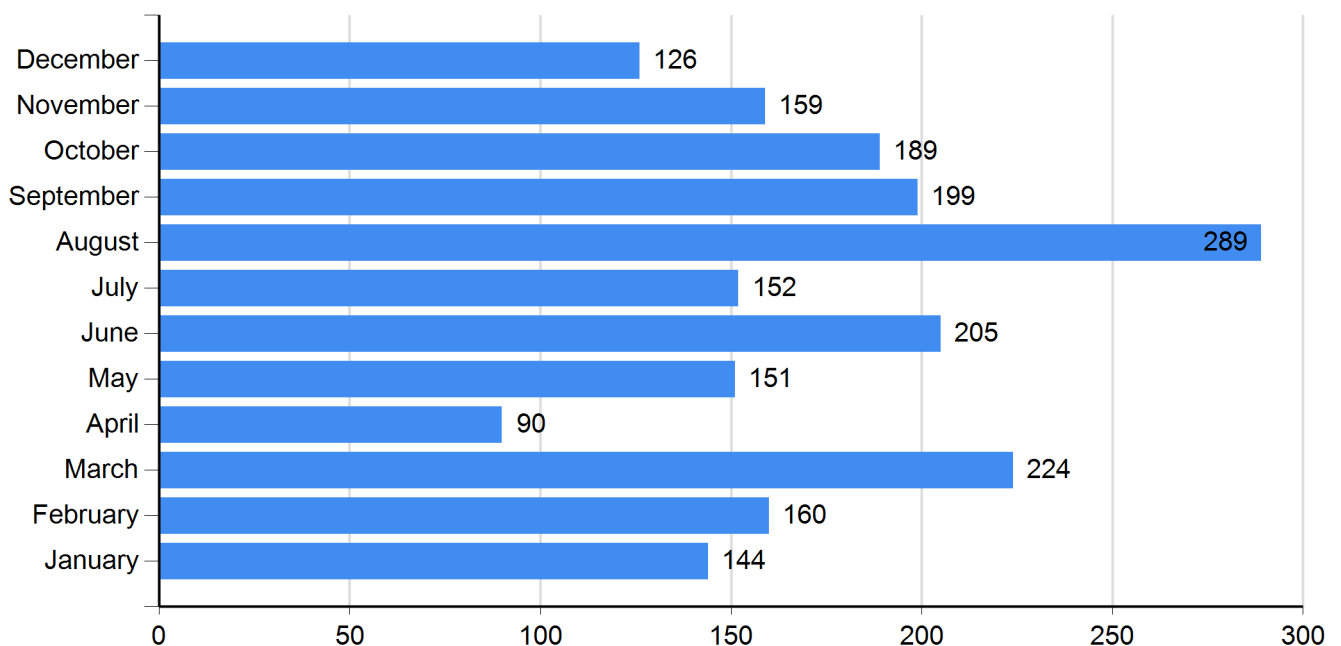
## Total Number of Incidents

Total Incidents	Non Injury	Asset Damage
2088	448	31
Total Minor	Total Major	Vehicle
1531	19	57
	Total Fatality	
	2	

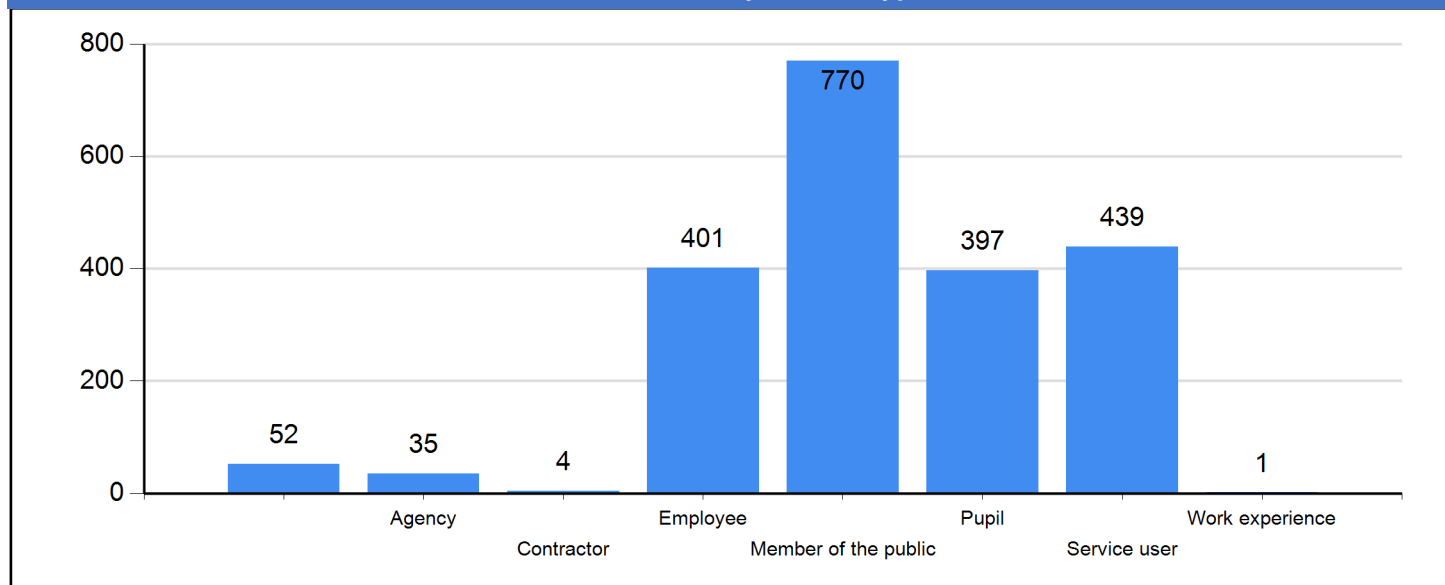
Total Incidents By Service



Total Incidents By Month



### Total Incidents By Person Type



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

## Total Incident Count

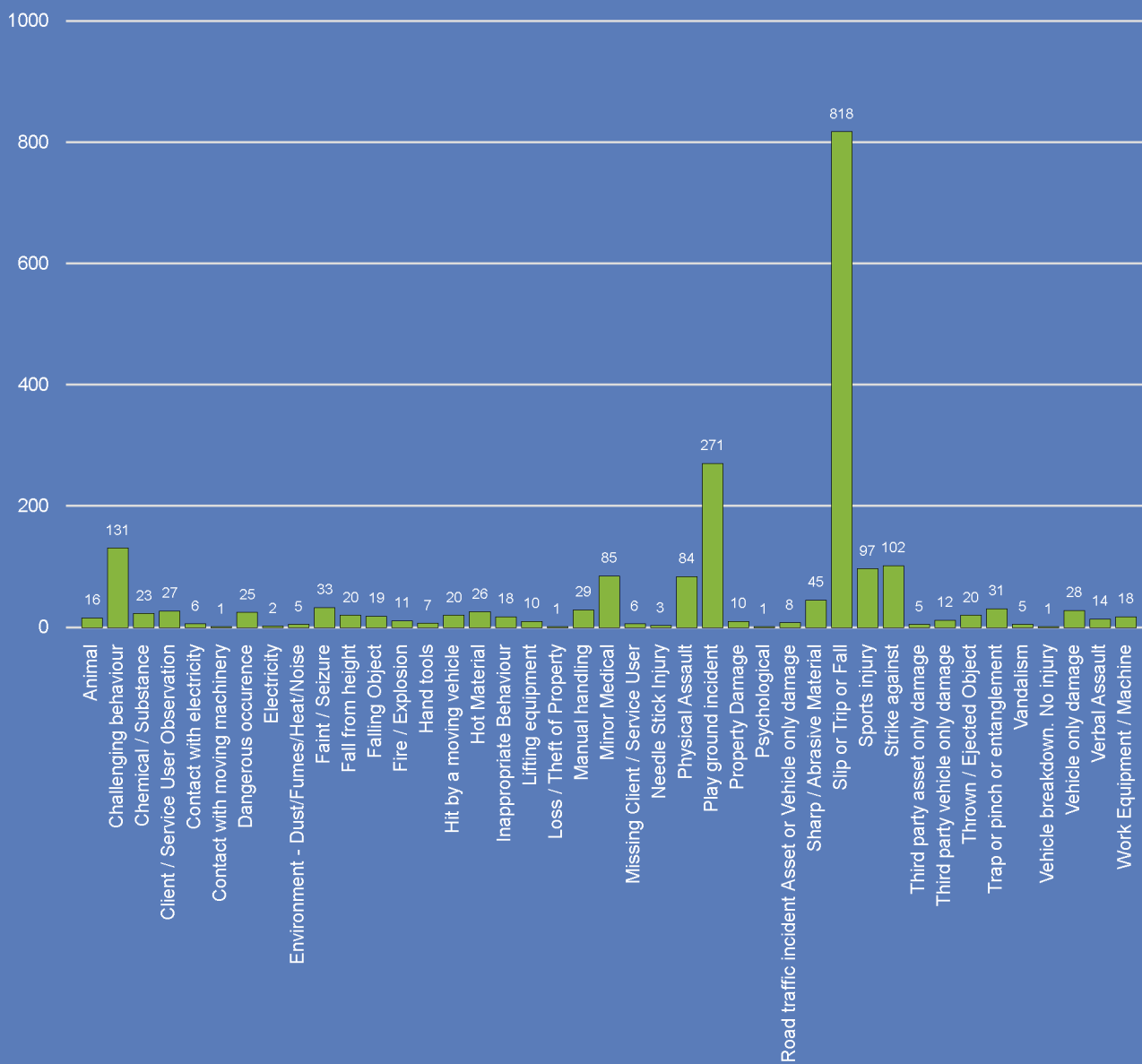
Total Incidents Last Quarter: April 2022 - June 2022	
Department	Total
Business Improvement & Modernisation	1
Community Support Services	424
Co-optees	2
Customers, Communications & Marketing	19
Denbighshire Leisure Limited	842
Education - Primary Schools	199
Education - Secondary Schools	186
Education - Special Schools	102
Education & Children Services	18
Facilities, Assets & Housing	52
Highways & Environmental Services	115
Planning & Public Protection	17
Schools	111
<b>Total</b>	<b>2088</b>
Total Incidents Last Year: January 2021 - December 2021	
Department	Total
Community Support Services	402
Co-optees	1
Customers, Communications & Marketing	20
Denbighshire Leisure Limited	647
Education - Primary Schools	135
Education - Secondary Schools	136
Education - Special Schools	76
Education & Children Services	18
Facilities, Assets & Housing	53
Highways & Environmental Services	109
Planning & Public Protection	12
Schools	122
<b>Total</b>	<b>1731</b>
Total Incidents Last Year (Financial): April 2021 - March 2022	
Department	Total
Business Improvement & Modernisation	1
Community Support Services	424
Co-optees	2
Customers, Communications & Marketing	19
Denbighshire Leisure Limited	842
Education - Primary Schools	199
Education - Secondary Schools	186
Education - Special Schools	102
Education & Children Services	18
Facilities, Assets & Housing	52
Highways & Environmental Services	115
Planning & Public Protection	17

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

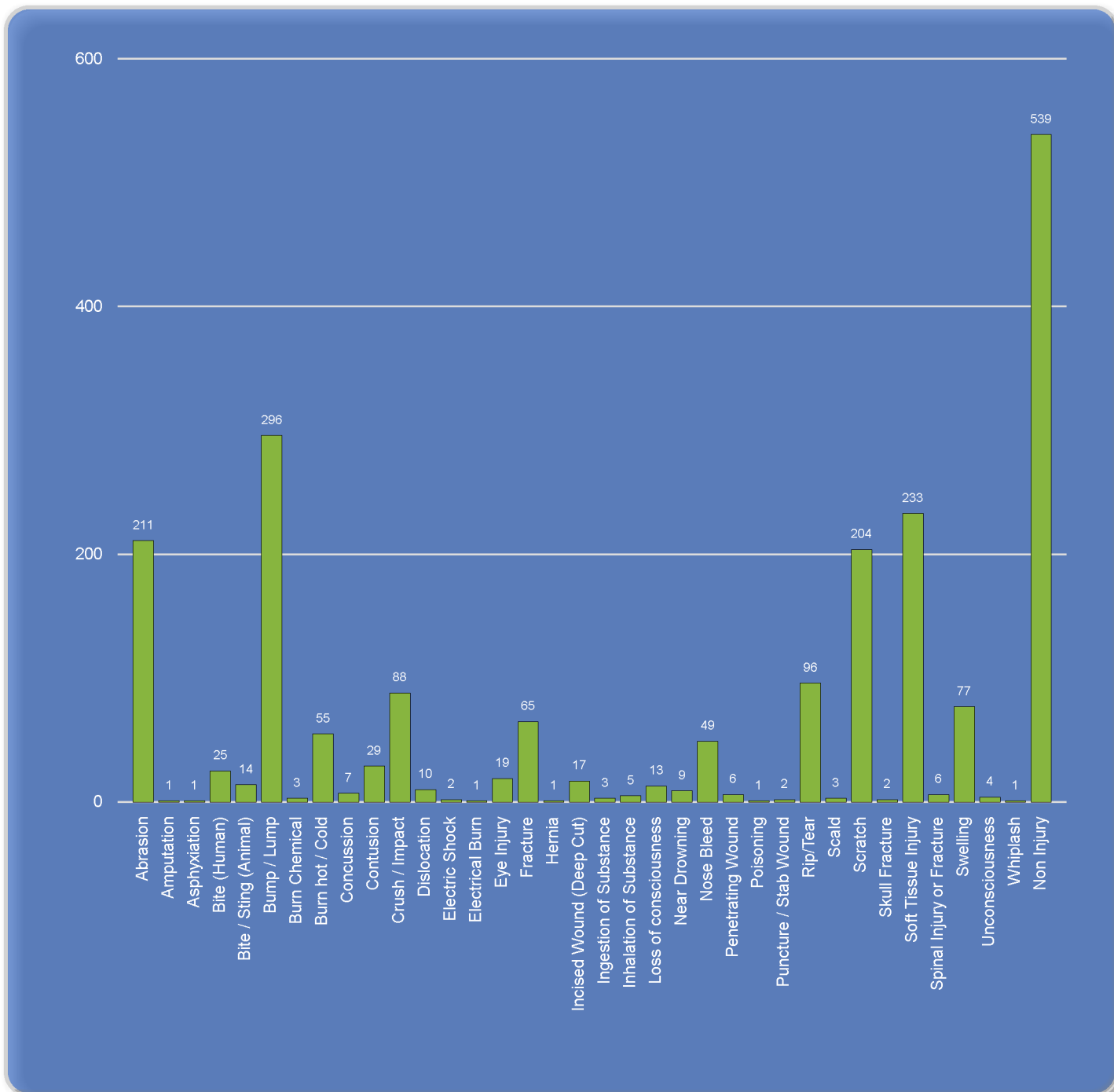
<b>Schools</b>	111
<b>Total</b>	<b>2088</b>

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

## Total Incidents Overall Based on Incident Type



## Total Incidents Overall Based on Injury Type





# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

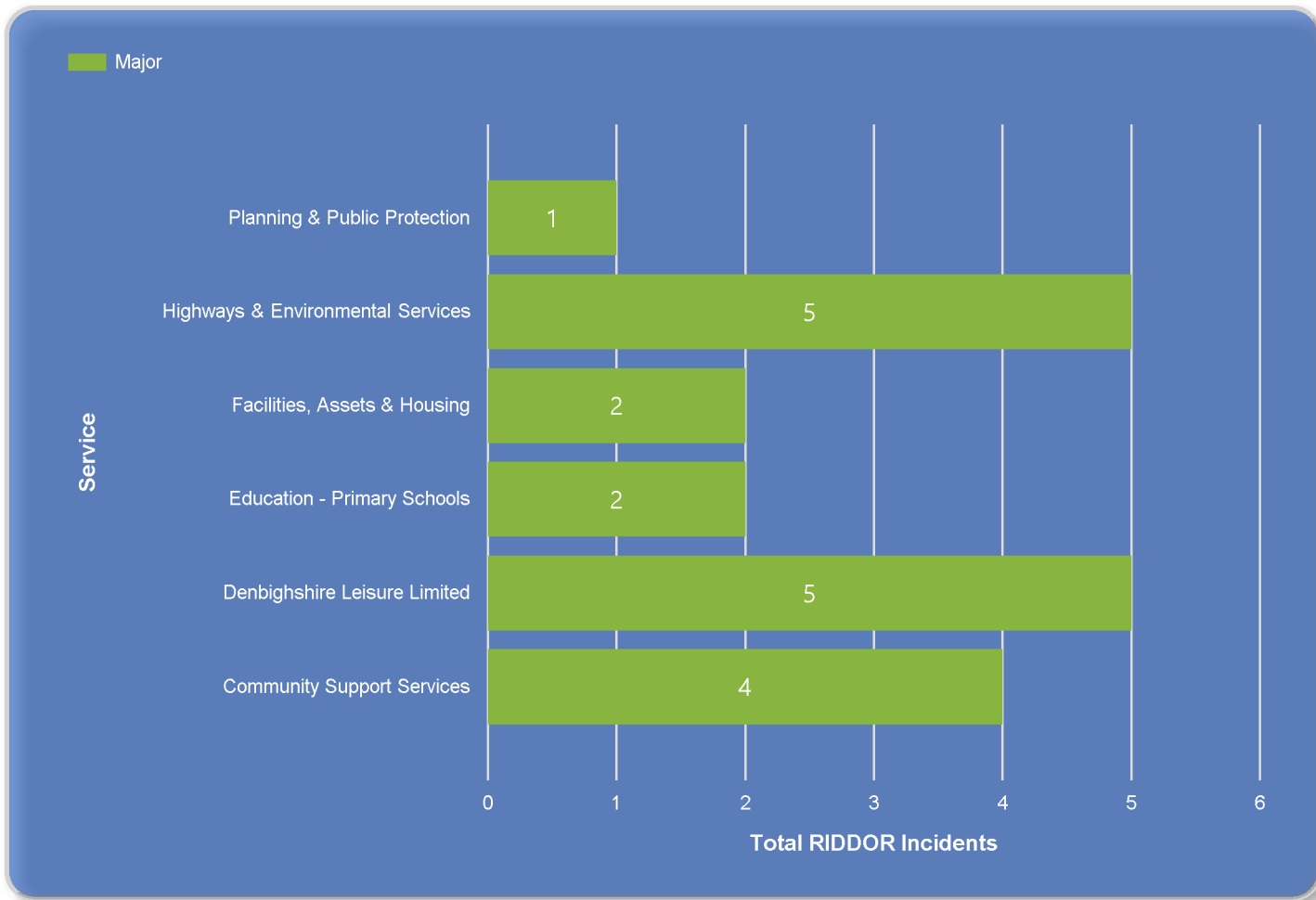
## Cause Of Incident by Location

Accident Incident Type	Denbighshire property	Public Place	Road traffic incident	School	School Offsite Incident	Third party Private property	Total
Animal	4	3	0	7	0	2	16
Challenging behaviour	25	3	1	98	0	4	131
Chemical / Substance	6	2	0	15	0	0	23
Client / Service User Observation	21	2	0	0	0	4	27
Contact with electricity	4	0	0	2	0	0	6
Contact with moving machinery	1	0	0	0	0	0	1
Dangerous occurrence	18	3	1	3	0	0	25
Electricity	0	0	0	1	0	1	2
Environment - Dust/Fumes/Heat/Noise	4	0	0	1	0	0	5
Faint / Seizure	20	1	0	10	0	2	33
Fall from height	13	3	0	4	0	0	20
Falling Object	9	1	0	8	0	1	19
Fire / Explosion	5	3	0	3	0	0	11
Hand tools	2	1	0	4	0	0	7
Hit by a moving vehicle	2	5	8	3	1	1	20
Hot Material	14	0	0	12	0	0	26
Inappropriate Behaviour	7	1	0	10	0	0	18
Lifting equipment	9	0	0	1	0	0	10
Loss / Theft of Property	0	1	0	0	0	0	1
Manual handling	11	4	0	9	0	5	29
Minor Medical	63	0	1	12	0	9	85
Missing Client / Service User	6	0	0	0	0	0	6
Needle Stick Injury	3	0	0	0	0	0	3
Physical Assault	7	0	0	76	1	0	84
Play ground incident	195	1	0	74	1	0	271
Property Damage	6	1	2	0	0	1	10
Psychological	0	0	0	1	0	0	1

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

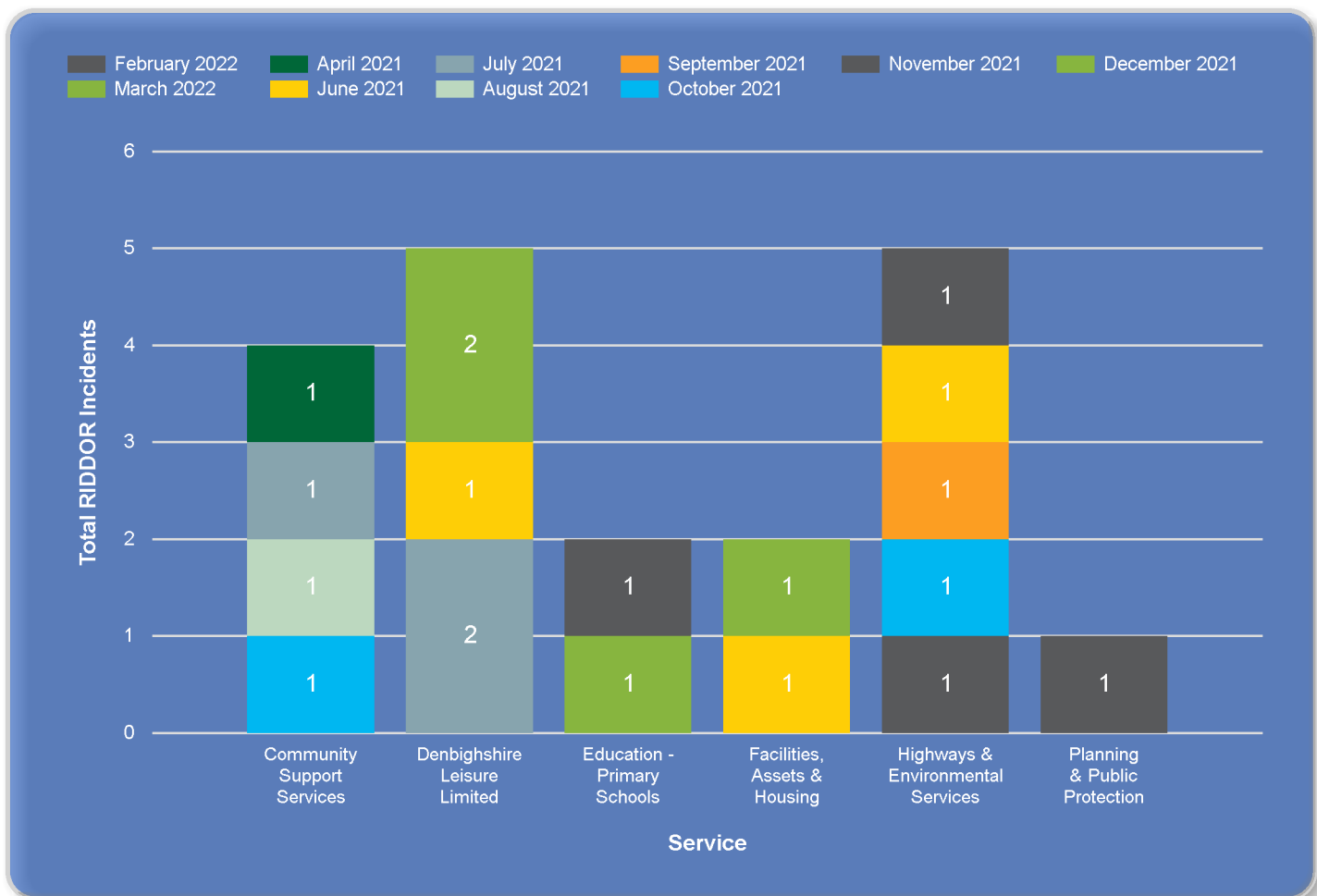
Road traffic incident Asset or Vehicle only damage	0	2	5	1	0	0	8
Sharp / Abrasive Material	35	4	0	6	0	0	45
Slip or Trip or Fall	602	12	0	128	1	75	818
Sports injury	43	0	0	54	0	0	97
Strike against	67	6	1	27	1	0	102
Third party asset only damage	0	3	1	0	0	1	5
Third party vehicle only damage	2	3	7	0	0	0	12
Thrown / Ejected Object	3	0	0	17	0	0	20
Trap or pinch or entanglement	12	1	0	17	0	1	31
Vandalism	2	3	0	0	0	0	5
Vehicle breakdown. No injury	0	0	0	0	0	1	1
Vehicle only damage	6	14	7	0	0	1	28
Verbal Assault	8	3	0	1	0	2	14
Work Equipment / Machine	8	1	4	5	0	0	18
<b>Total</b>	<b>1241</b>	<b>85</b>	<b>38</b>	<b>608</b>	<b>5</b>	<b>111</b>	<b>2088</b>

## RIDDORs



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

## RIDDORS



RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Number of Incidents
Community Support Services	Major	Bump / Lump	2021/0015126	
		Fracture	2021/0014790	
		Soft Tissue Injury	2021/0014265	
			2021/0015380	
			Total	4
Denbighshire Leisure Limited	Major	Bump / Lump	2021/0014683	
			2021/0014805	
		Electrical Burn	2022/0016194	
		Rip/Tear	2021/0014651	
	2022/0016167			
		Total	5	
Education - Primary Schools	Major	Fracture	2021/0015602	
			2021/0015709	
			Total	2
Facilities, Assets & Housing	Major	Burn Chemical	2022/0016382	

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

Facilities, Assets & Housing	Major	Soft Tissue Injury	2021/0014498		
			Total	2	
Highways & Environmental Services			2021/0014497		
		Concussion	2021/0015136		
	Major	Crush / Impact		2021/0014497	
				2021/0015698	
			Incised Wound (Deep Cut)	2021/0015485	
		Swelling	2022/0015944		
		Total	5		
Planning & Public Protection	Major	Soft Tissue Injury	2022/0015995		
			Total	1	
		<b>Total</b>		<b>19</b>	

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

## RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Detail
Community Support Services	Major	Bump / Lump	2021/0015126	The IP was using a pallet truck to move a pallet. Object became stuck. IP applied extra force and load released unexpectedly causing him to fall back onto the pointed end of forks of his FLT. The IP also banged his head on the FLT guard.
		Fracture	2021/0014790	Whilst walking on the first floor Deborah tripped over her own foot and fell onto right side hurting her knee, lower leg and right arm.
		Soft Tissue Injury	2021/0014265	On dissembling a community bed the IP felt a pain in his back and was unable to lift following this. 9th April returned to work 12th April unable to work and went off 19th returned but still the same signed off from work 2 weeks.
			2021/0015380	Pendant Call -Flat 46 called and stated she had vomited in her bed .On arrival service user was hanging out of bed . I asked if we could reposition her and she agreed, Mrs Howley used the bed ladder and then stood up using the Mackworth stand aid , Mrs Howley did struggle to stand , but when she stood she was leaning over the bar and was not in a good position , so I asked her to sit down on the bed , and as she did so she fell sideways onto me , and I twinged my back .I made her as comfortable as possible , as I was unable to use the hoist as I was working alone .
			<b>Total</b>	<b>4</b>
Denbighshire Leisure Limited	Major	Bump / Lump	2021/0014683	Carol was cleaning the sports hall and tripped up over the football net when it was up against the side and hurt her left arm. Carol could move her wrist and arm on inspection but had bit of an impact injury it seemed. On filled out Carols accident form she said the pain was now in her shoulder.
			2021/0014805	( back and spin/Buttocks.) Measha was rotating off the structure where she slipped and fell down the stairs injuring her back and ankle

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

Denbighshire Leisure Limited	Major	Electrical Burn	2022/0016194	Stephen was assisting his son in the communal showers. The lighting in the hall and shower area started to flicker and as he pressed the shower button to call more water he immediately received an electric shock. Stephen was unable to let go of the button for a number of seconds until the power on the site went completely out. During this time he bravely continued to warn children and others in this area not to touch the showers. Unfortunately three children did touch these showers and received a jolt which resulted in minor injury as they were thrown to the floor. Stephen and others were evacuated as by this time the power on site had gone off completely. Stephen injuries were much more serious with an entry burn on his right palm and an exit burn on his right elbow. He has a `tingling` sensation in his right arm and could not move it. Could not grip or had no power in this right arm.
		Rip/Tear	2021/0014651	Chris was using a safety knife to cut some cable ties that were attached to a Velcro sling that was holding up the orange ball inside the Play Area. Whilst Chris was doing this, the knife broke causing it to slip and lacerate Chris` left hand.
			2022/0016167	David was in the kitchen cutting a panini when he accidentally cut his left hand.
			<b>Total</b>	<b>5</b>
Education - Primary Schools	Major	Fracture	2021/0015602	Ms Hawkes had been off work with a sprained inner thigh.(3/11/2021) She felt much improved and returned to work on 8/11/21 Ms Hawkes slipped on her crutches after she had mopped a floor.
			2021/0015709	Gwenno holding the door open to get the children into school, Gwenno turned round and the wind closed the door on Gwenno`s finger.
			<b>Total</b>	<b>2</b>
Facilities, Assets & Housing	Major	Burn Chemical	2022/0016382	IP was doing paperwork & got distracted. Went back to carry on with the washing up, not looking what she was doing & put right hand into the steriliser sink. Ran hand under cold water & rang lan. Right hand scalding & skin blistered.



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

Facilities, Assets & Housing	Major	Soft Tissue Injury	2021/0014498	Dafydd was exiting a Loft space of a bungalow approx. 2.4m high, there was a brick wall in the attic space which he held for balance a brick came loose causing him to loose balance and fall from the opening to the ground level, the access to the loft was provided by a loft access ladder fixed in the loft. this was down at the time of the fall, the hallway was narrow and Dafydd's foot has become caught in the ladder while falling. when i arrived on site Dafydd had moved away from the loft hatch and was lying between the kitchen and lounge doorways his boot and sock were off and there was swelling to the ankle. Dafydd had minor cuts and bruises and mentioned he had hit is head but it was fine and no lumps or bruises. Photographs of the areas can be provided
			<b>Total</b>	<b>2</b>
Highways & Environmental Services	Major		2021/0014497	Came out off Tower Court, turned down towards Dianne Drive. Stopped wagon for Peter to het out, he got out, off wagon fell to floor all I could hear was him screaming got out of wagon to see what was wrong, he said he twisted his ankle ended up on floor and I ran over his leg, but I don't think i was moving at the time it happened.
		Concussion	2021/0015136	See statement attached
		Crush / Impact	2021/0014497	Coming up Dianne Drive where we normally go to the top and reverse down. This time, we turned right into Tower Court (cul-de-sac), told Neil to wait for those two bins. Came out of Tower Court, to turn left into Dianne Drive, where the agency lad was waiting, behind the vehicle. Told John III get out and go up there, walking towards the front of the vehicle, John had to pull forward to get into position to then reverse back at the right angle. I moved towards the front of the vehicle and after a step or two towards the front the wagon started moving, running over my right foot first, pinned me in the position, trapping my foot. I started screaming at that point, and then he caught the left foot, in the upright position went over my foot and stopped. As he drove over my first foot, I turned myself to try and get away and went over. As I hit the floor I then dragged myself out from the vehicle to the kerbside, breaking my braces.
			2021/0015698	Pauline was leaving work and opened the main school gate when the wind caught it and it swung and hit her right arm.
		Incised Wound (Deep Cut)	2021/0015485	Mr Roberts was dropping the tail board on his trailer when he trapped his thumb
		Swelling	2022/0015944	Gareth has hit his hand against the side of the stationary food vehicle while unloading a food waste caddy and bend this thumb back.
		<b>Total</b>		<b>5</b>

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2021 - 31/03/2022

Planning & Public Protection	Major	Soft Tissue Injury	2022/0015995	Georgina had her pole in the upright position, a person driving a Vauxhall Astra failed to stop and hit the top of the pole. Georgina said her upper arm was hurting, she is going to the hospital for x-ray at 1:30 today. She thinks it has jarred her arm.
			<b>Total</b>	<b>1</b>
	<b>Total</b>			<b>19</b>

# Accident Incident Report

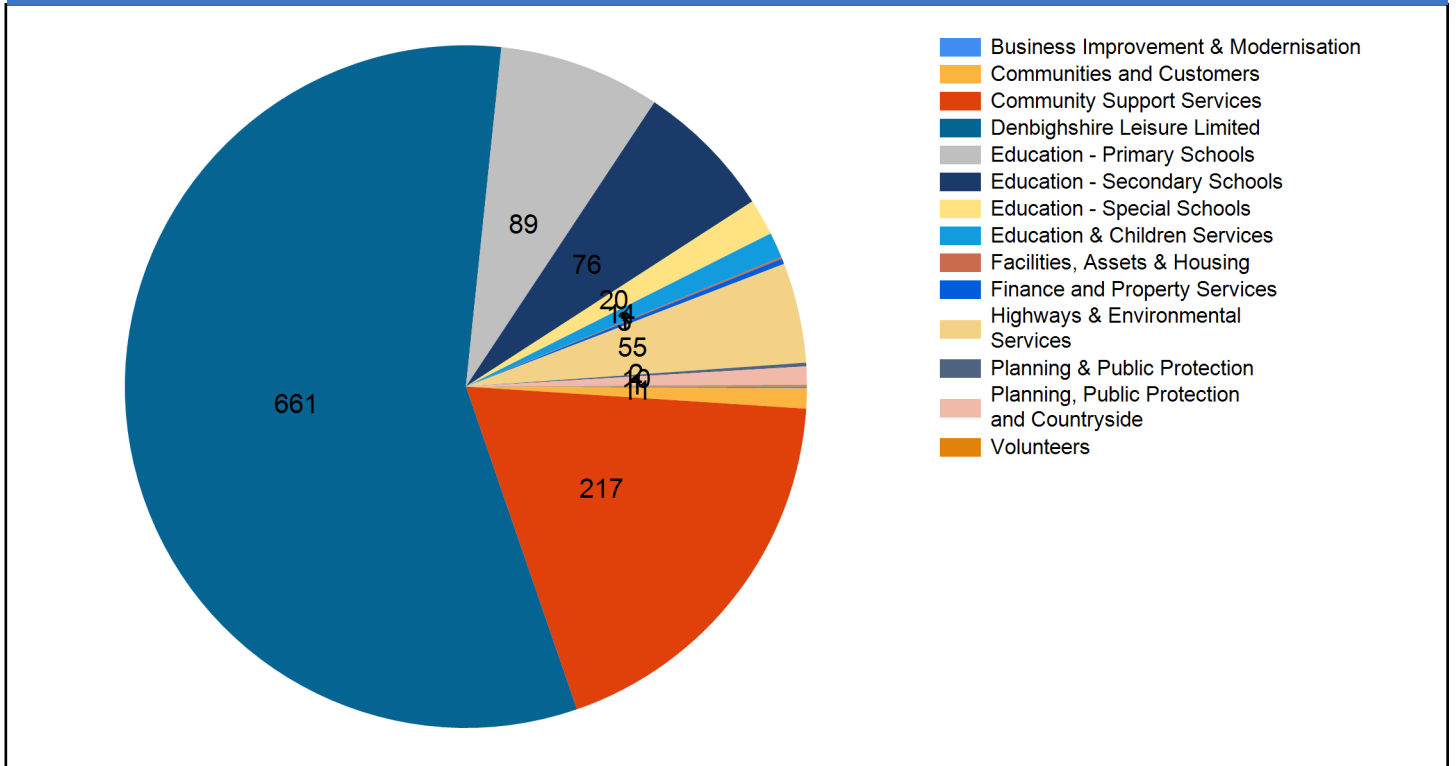
01/04/2022 - 31/08/2022

**\*\*Total Accidents and Incidents within this report are an accurate representation of the number reported to Corporate Health and Safety within the dates specified. Where a breakdown by person type, Injury type or location is provided, these numbers may vary to reflect such circumstances where more than one person has been involved in a single reported Accident or Incident.\*\***

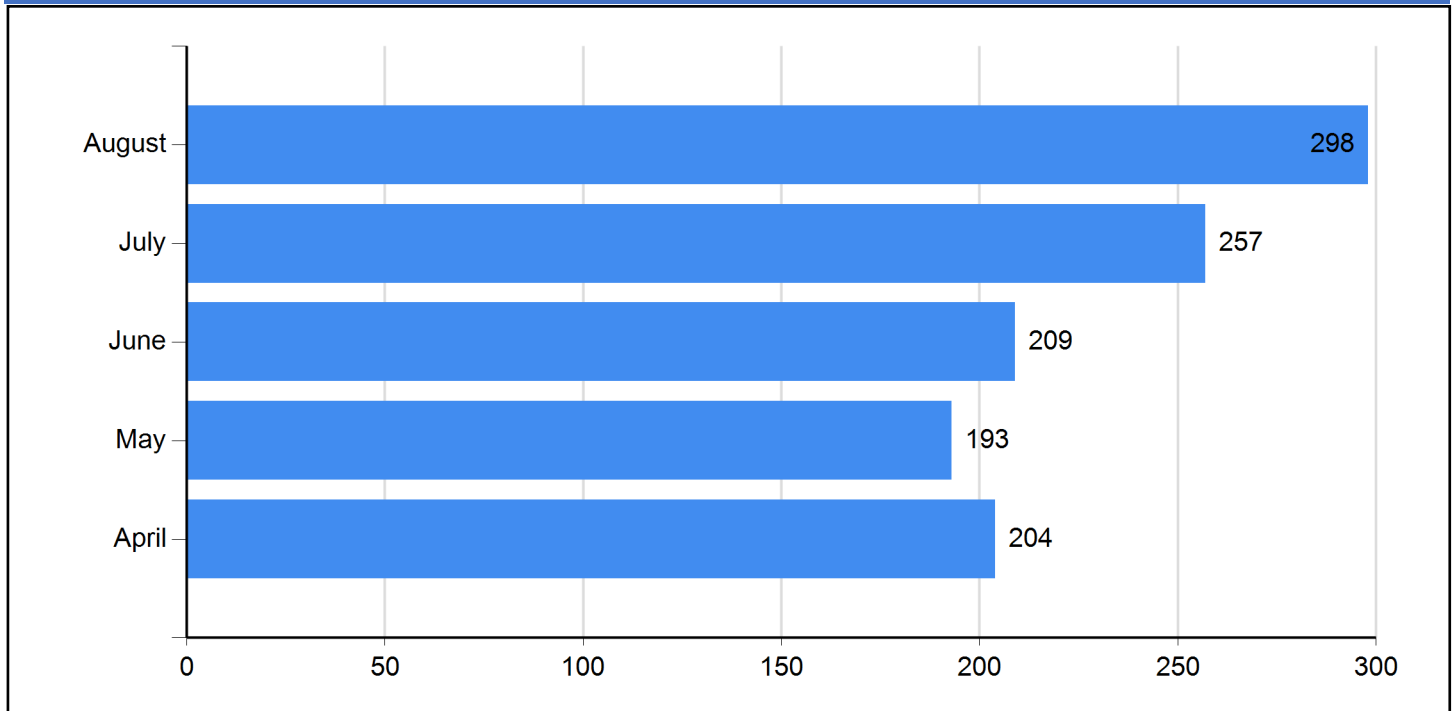
## Total Number of Incidents

Total Incidents	Non Injury	Asset Damage
1161	254	14
Total Minor	Total Major	Vehicle
862	7	24
Total Fatality		
0		

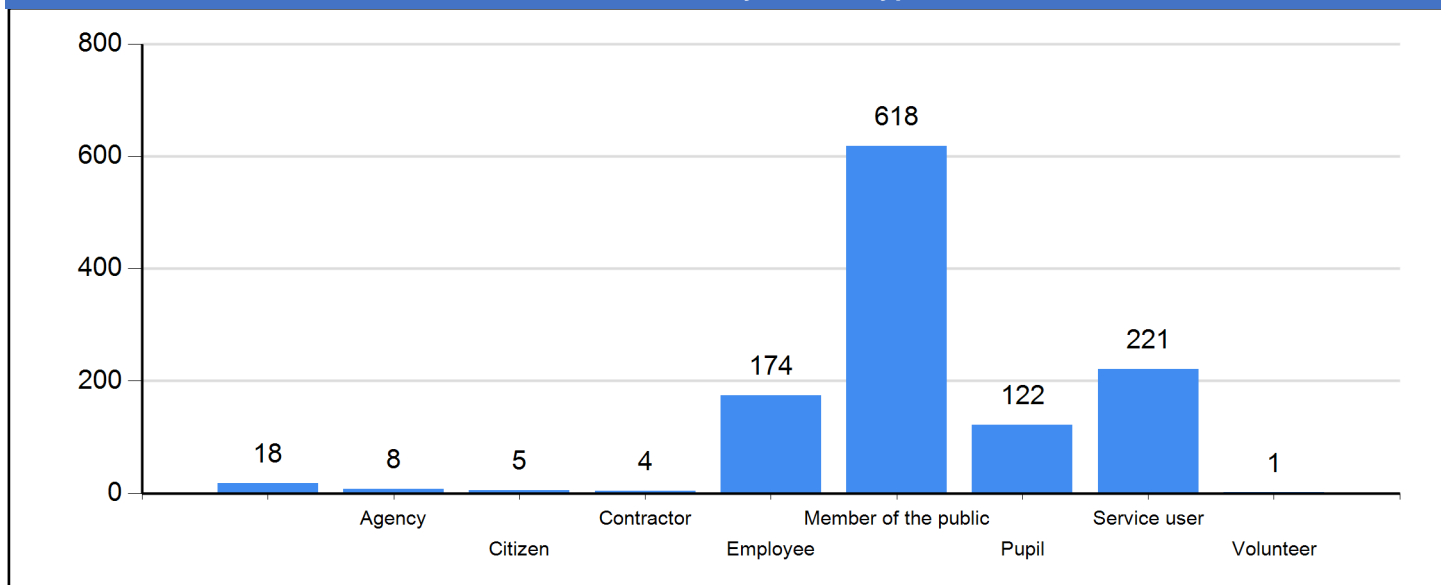
Total Incidents By Service



Total Incidents By Month



### Total Incidents By Person Type



# Denbighshire County Council

## Health & Safety - Overview Extract

### Between 01/04/2022 - 31/08/2022

#### Total Incident Count

Total Incidents Last Quarter: April 2022 - June 2022	
Department	Total
Business Improvement & Modernisation	1
Communities and Customers	11
Community Support Services	217
Denbighshire Leisure Limited	661
Education - Primary Schools	89
Education - Secondary Schools	76
Education - Special Schools	20
Education & Children Services	14
Facilities, Assets & Housing	1
Finance and Property Services	3
Highways & Environmental Services	55
Planning & Public Protection	2
Planning, Public Protection and Countryside	10
Volunteers	1
<b>Total</b>	<b>1161</b>

Total Incidents Last Year: January 2021 - December 2021	
Department	Total
Community Support Services	402
Co-optees	1
Customers, Communications & Marketing	20
Denbighshire Leisure Limited	647
Education - Primary Schools	135
Education - Secondary Schools	136
Education - Special Schools	76
Education & Children Services	18
Facilities, Assets & Housing	53
Highways & Environmental Services	109
Planning & Public Protection	12
Schools	122
<b>Total</b>	<b>1731</b>

Total Incidents Last Year (Financial): April 2021 - March 2022	
Department	Total
Business Improvement & Modernisation	1
Community Support Services	424
Co-optees	2
Customers, Communications & Marketing	19
Denbighshire Leisure Limited	842
Education - Primary Schools	199
Education - Secondary Schools	186
Education - Special Schools	102
Education & Children Services	18
Facilities, Assets & Housing	52
Highways & Environmental Services	115

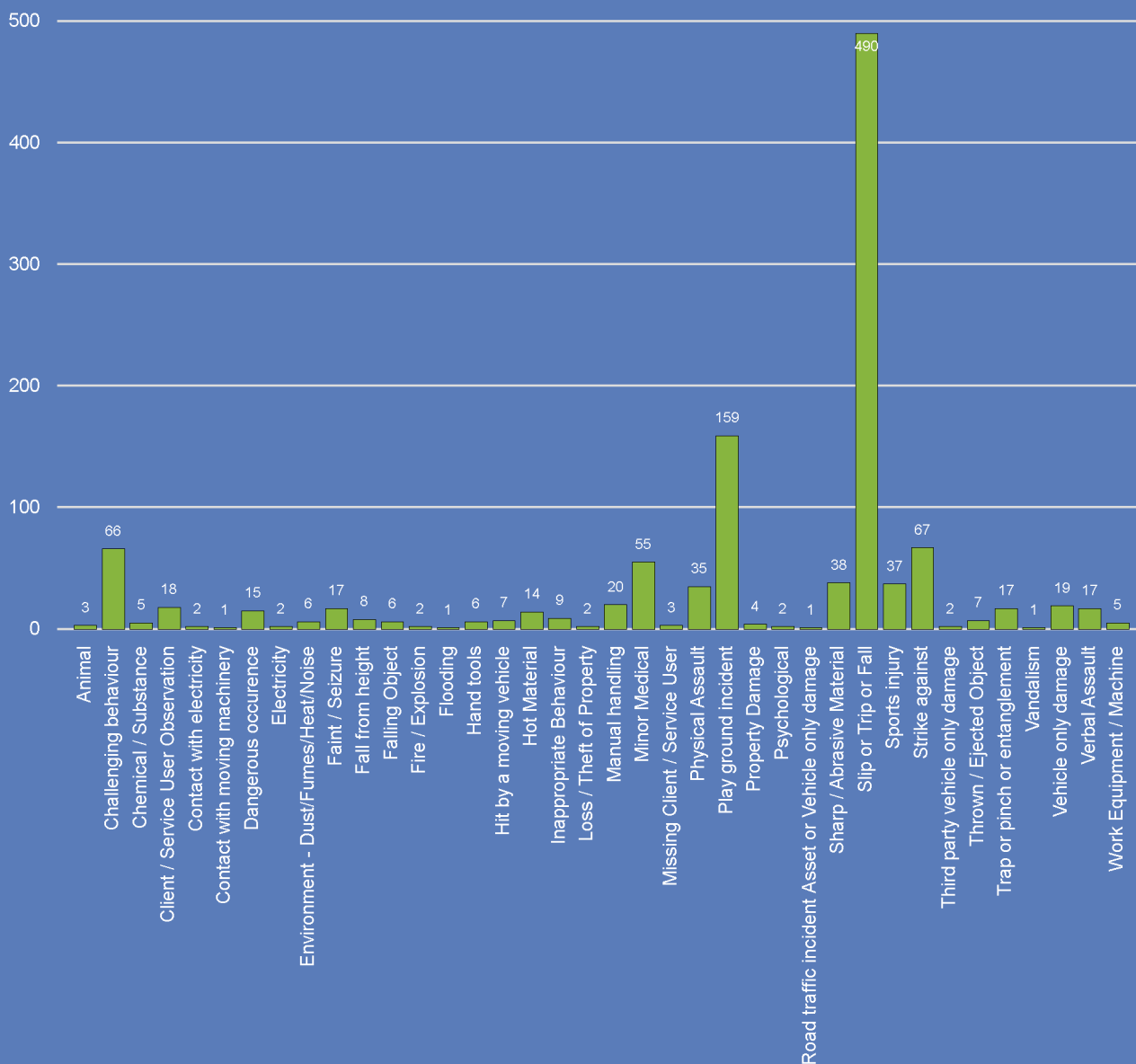
# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

Planning & Public Protection	17
Schools	111
<b>Total</b>	<b>2088</b>

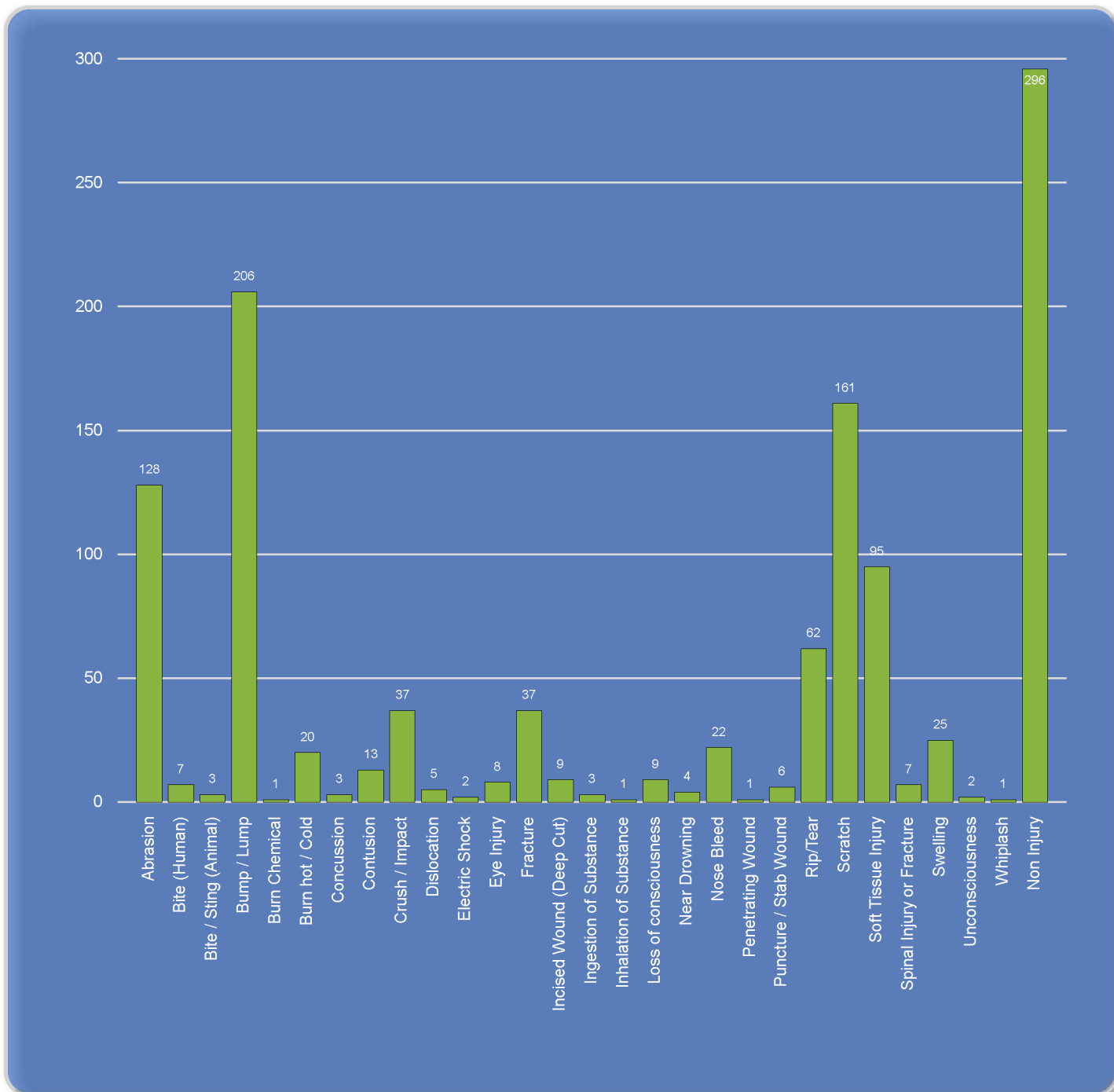


# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

## Total Incidents Overall Based on Incident Type



## Total Incidents Overall Based on Injury Type



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

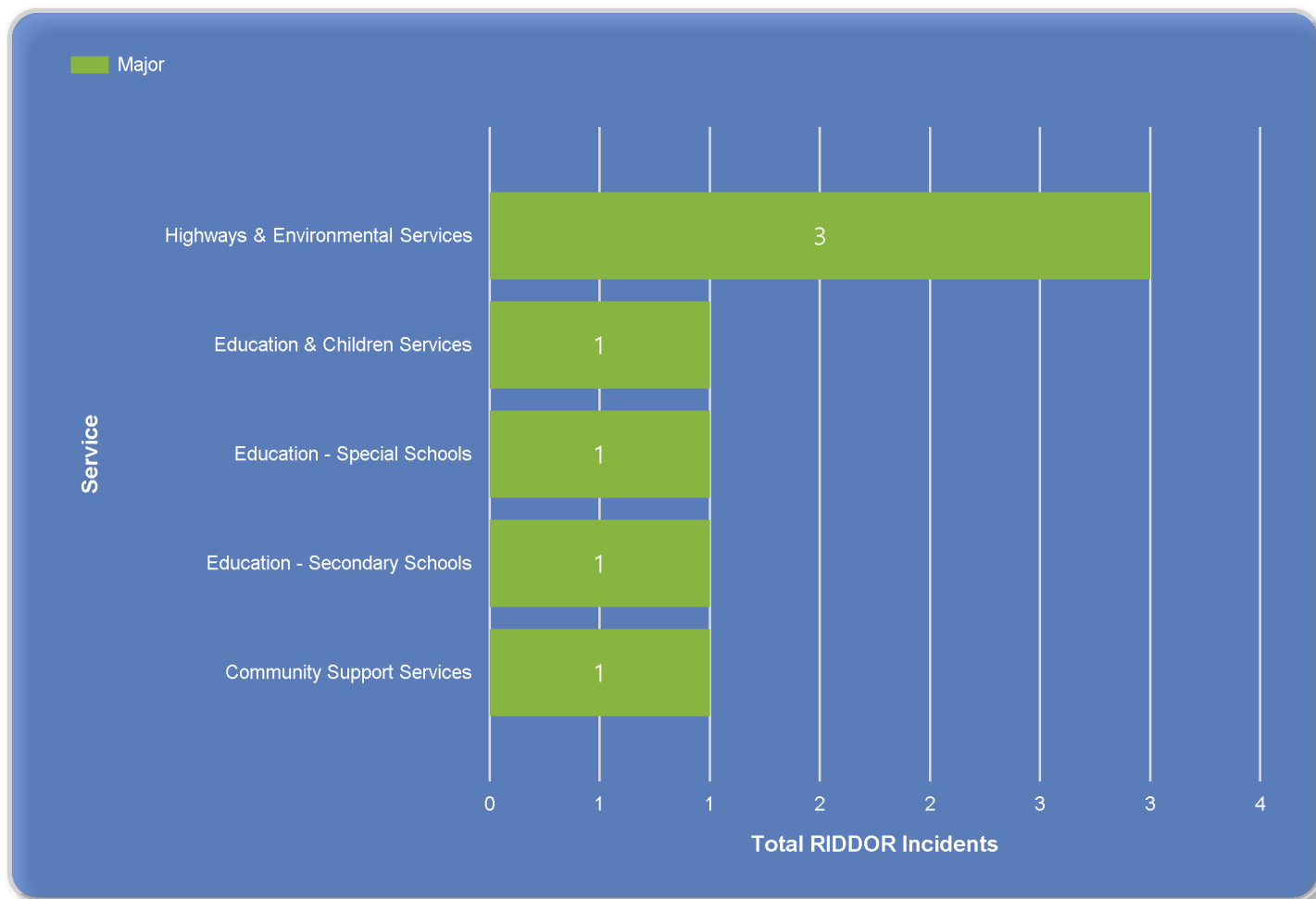
## Cause Of Incident by Location

Accident Incident Type	Denbighshire property	Public Place	Road traffic incident	School	School Offsite Incident	Third party Private property	Total
Animal	1	2	0	0	0	0	3
Challenging behaviour	27	3	0	33	0	3	66
Chemical / Substance	2	0	0	3	0	0	5
Client / Service User Observation	17	0	0	0	0	1	18
Contact with electricity	1	0	0	1	0	0	2
Contact with moving machinery	0	0	0	1	0	0	1
Dangerous occurrence	13	0	1	0	1	0	15
Electricity	1	0	0	1	0	0	2
Environment - Dust/Fumes/Heat/Noise	5	1	0	0	0	0	6
Faint / Seizure	15	1	0	0	0	1	17
Fall from height	8	0	0	0	0	0	8
Falling Object	3	0	0	3	0	0	6
Fire / Explosion	1	0	0	0	0	1	2
Flooding	1	0	0	0	0	0	1
Hand tools	2	1	0	3	0	0	6
Hit by a moving vehicle	0	1	5	1	0	0	7
Hot Material	8	0	0	6	0	0	14
Inappropriate Behaviour	4	1	0	4	0	0	9
Loss / Theft of Property	2	0	0	0	0	0	2
Manual handling	9	4	0	4	0	3	20
Minor Medical	49	0	0	3	0	3	55
Missing Client / Service User	3	0	0	0	0	0	3
Physical Assault	6	2	0	26	0	1	35
Play ground incident	134	1	0	24	0	0	159
Property Damage	3	0	1	0	0	0	4
Psychological	2	0	0	0	0	0	2
Road traffic incident Asset or Vehicle only damage	0	0	1	0	0	0	1

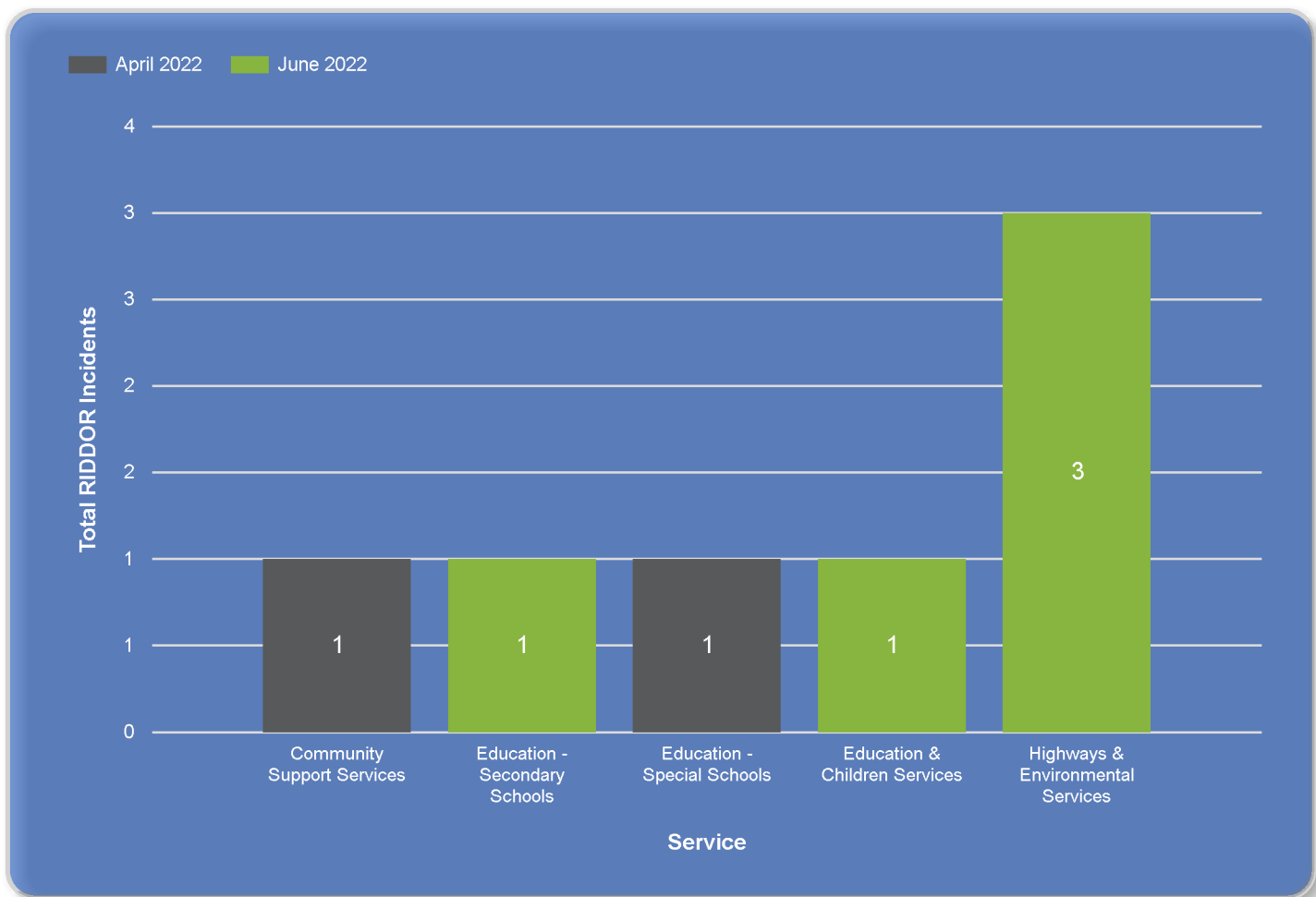
# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

Sharp / Abrasive Material	36	0	0	1	0	1	38
Slip or Trip or Fall	431	11	0	45	2	1	490
Sports injury	26	0	0	11	0	0	37
Strike against	56	1	1	9	0	0	67
Third party vehicle only damage	0	1	1	0	0	0	2
Thrown / Ejected Object	2	1	0	4	0	0	7
Trap or pinch or entanglement	12	0	0	5	0	0	17
Vandalism	0	0	0	0	0	1	1
Vehicle only damage	9	6	3	1	0	0	19
Verbal Assault	7	5	0	3	0	2	17
Work Equipment / Machine	2	1	0	1	0	1	5
<b>Total</b>	<b>897</b>	<b>43</b>	<b>13</b>	<b>186</b>	<b>3</b>	<b>19</b>	<b>1161</b>

## RIDDORs



## RIDDORS



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

## RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Number of Incidents
Community Support Services	Major	Fracture	2022/0016714	
			Total	1
Education - Secondary Schools	Major	Soft Tissue Injury	2022/0016905	
			Total	1
Education - Special Schools	Major	Fracture	2022/0016504	
			Total	1
Education & Children Services	Major		2022/0016770	
		Spinal Injury Or Fracture	2022/0016770	
		Total	1	
Highways & Environmental Services	Major	Soft Tissue Injury	2022/0016921	
		Spinal Injury Or Fracture	2022/0016967	
		Swelling	2022/0016898	
		Total	3	
<b>Total</b>				<b>7</b>

# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

## RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Detail
Community Support Services	Major	Fracture	2022/0016714	Working from home; got up from chair turned back to answer my phone on my computer as I turned my knee give way and I lost my balance and fell over landing on my right side, I put my hand out to break the fall but could not stop myself and my hand took the whole of my body weight jolting my neck resulting in a broken scaphoid fracture pain and swelling. Pain in my neck and headache. I persevered with the pain in my wrist thinking that it was just sprained the pain got worse as did the swelling. I contacted minor injuries in Holywell and I attended for an xray.
			<b>Total</b>	<b>1</b>
Education - Secondary Schools	Major	Soft Tissue Injury	2022/0016905	Nicholas was climbing a fence (when he shouldn't of been) over on the sports field, he has caught his hand on the top of the fencing and caused severe laceration of the left middle finger and into the palm of his hand.
			<b>Total</b>	<b>1</b>
Education - Special Schools	Major	Fracture	2022/0016504	Ellen was rolling down a hill with a pupil as part of a play activity with a pupil. During this Ellen felt a sharp pain in her ribs.
			<b>Total</b>	<b>1</b>
Education & Children Services			2022/0016770	Tracey was the Teacher in Charge at the scene and managed the incident throughout.
	Major	Spinal Injury Or Fracture	2022/0016770	This incident happened at the Stepping Stones South base which is part of Plas Cefndy, however not listed on the H&S drop downs. During morning break Audra (known as Mel) was playing swing ball with a pupil on the yard. She fell backwards, hit her head on the concrete and heard a loud crack in her head. She was lying on the ground, initially refused an ambulance but the Senior Staff member made the decision to call for an ambulance. Maintained the recovery position. Deterioration led to shaking, head pain, confusion.
			<b>Total</b>	<b>1</b>



# Denbighshire County Council Health & Safety - Overview Extract Between 01/04/2022 - 31/08/2022

Highways & Environmental Services	Major	Soft Tissue Injury	2022/0016921	repetitive strain of back
		Spinal Injury Or Fracture	2022/0016967	Monday Morning it was a Rainy day. Inside of cabin was wet form our boots. I slipped form inside the cab to the metal step. Fall was not a noticeable fall but I jerked my back as I regained my balance then got out of the wagon i felt a pain down both legs that got worse as I carried on working to the point I couldn` t stand up straight as spine had locked.
		Swelling	2022/0016898	Whilst stepping down from the wagon i have placed my foot half on the cub edge and my ankle has rolled over, resulting in a large pop and excruciating pain. My colleague realised, and quickly rang our line manager, who then arrived to take me to the local infirmary at Denbigh for an x-ray.
			<b>Total</b>	<b>3</b>
	<b>Total</b>			<b>7</b>

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# Polisi Iechyd, Diogelwch a Lles Corfforaethol 2022

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## Datganiad Polisi

Mae Cyngor Sir Ddinbych yn cydnabod ei ddyletswyddau moesol a chyfreithiol mewn perthynas ag Iechyd, Diogelwch a Lles. Bydd y cyngor yn sicrhau Iechyd, diogelwch a lles ei weithwyr pan fyddant yn y gwaith, i'r graddau bod hynny'n bosibl yn ymarferol. Bydd hefyd yn sicrhau diogelwch a lles pobl eraill a allai gael eu heffeithio gan ei weithredoedd a'i weithgareddau, i'r graddau bod hynny'n bosibl yn ymarferol.

Fel cyflogwr cyfrifol, ein nod yw cydymffurfio â gofynion Deddf Iechyd a Diogelwch yn y Gwaith 1974, is-reoliadau'r Ddeddf ac unrhyw godau ymarfer a gymeradwywyd. At hyn, ein nod yw cyflawni ein dyletswydd gofal o dan gyfraith gwlad.

Byddwn yn gweithredu fel a ganlyn:-

- Asesu a rheoli'n ddigonol y risgiau sy'n codi o ganlyniad i'n gweithgareddau.
- Gweithredu systemau diogel addas.
- Ymgynghori â'n gweithwyr ar faterion sy'n effeithio ar eu Hiechyd, Diogelwch a Lles.
- Darparu gwybodaeth, cyfarwyddyd, hyfforddiant a goruchwyliaeth addas ar gyfer ein gweithwyr.
- Darparu a chynnal peiriannau ac offer diogel
- Cynnal amodau gwaith diogel ac iach i'r graddau bod hynny'n bosibl yn ymarferol.
- Ymdrechu i atal damweiniau ac achosion o salwch yn gysylltiedig â gwaith.
- Sicrhau bod sylweddau peryglus yn cael eu trin, eu defnyddio a'u storio yn ddiogel.
- Sicrhau bod pob gweithiwr yn gymwysedig ac yn gallu gwneud ei waith.
- Cofnodi damweiniau a digwyddiadau a rhoi gwybod amdanynt i'r awdurdod gorfodi yn unol â gofynion deddfwriaethol.
- Monitro ac adolygu unrhyw systemau rydym yn eu rhoi yn eu lle at ddibenion rheoli Iechyd, Diogelwch a Lles.
- Gweithredu os bydd unrhyw fethiant i gydymffurfio â'n safonau a gytunwyd.

Er mwyn sicrhau bod y polisi hwn yn cael ei weithredu'n llwyddiannus, byddwn yn rhoi arweiniad ac ymrwymiad cadarn o haen uchaf y sefydliad ac ar hyd y gadwyn reoli. Rydym yn disgwyl yr un ymrwymiad gan ein holl weithwyr, ni waeth beth yw eu gwaith.

Byddwn yn dweud wrth ein holl weithwyr beth yw'r safonau disgwyliedig a byddwn yn rhoi system rheoli diogelwch ar waith i'w cefnogi.

Byddwn yn ymdrechu'n barhaus i wella ein diwylliant diogelwch.

Bydd y polisi hwn yn cael ei adolygu yn rheolaidd.



Graham Boase

Prif Weithredwr

Cyngor Sir Ddinbych

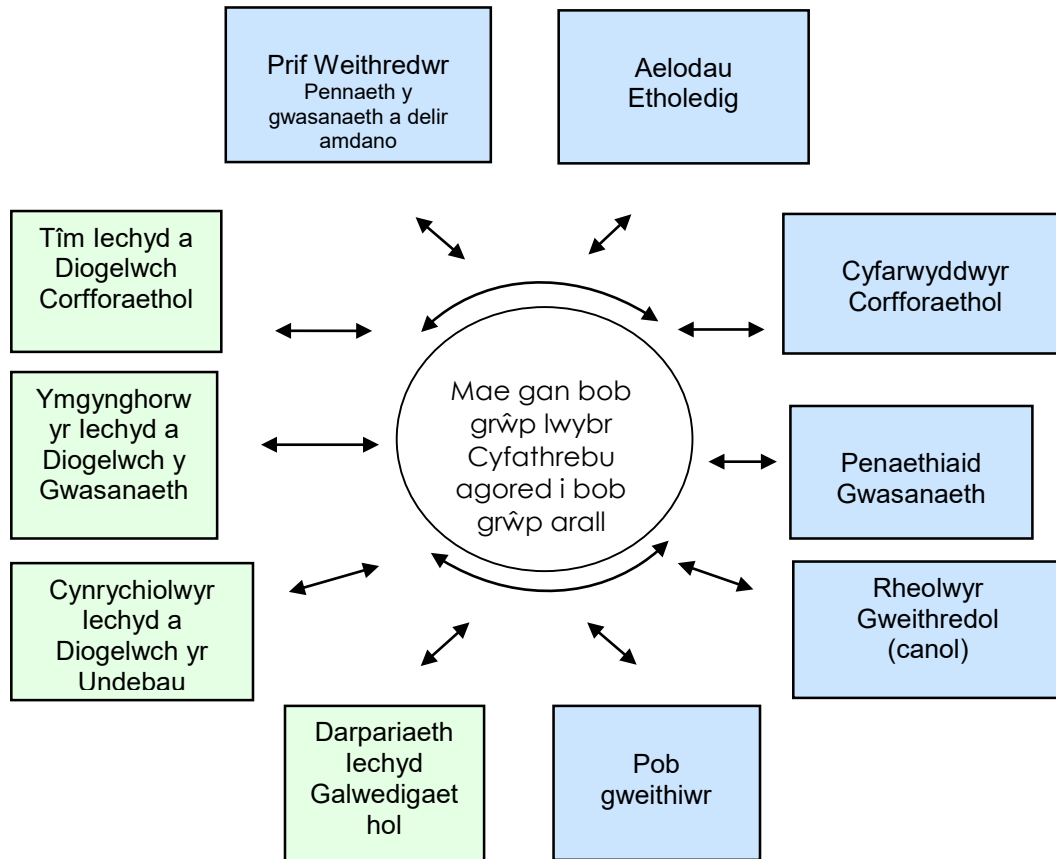
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## Geirfa

PSG	Prif Swyddog Gweithredol
IaDC	Iechyd a Diogelwch Corfforaethol
CSDd	Cyngor Sir Ddinbych
IaD	Iechyd a Diogelwch
HSE	Awdurdod Gweithredol Iechyd a Diogelwch / <i>Health and Safety Executive</i>
IDaLI	Iechyd, Diogelwch a Lles
Linc	Mewnrwyd CSDd
RIDDOR	Rheoliadau Rhoi Gwybod am Anafiadau, Clefydau neu Ddigwyddiadau Peryglus / <i>Reporting of Injuries Diseases and Dangerous Occurrences Regulations</i>
SSOW	Systemau Gwaith Diogel / <i>Safe Systems of Work</i>

## Trefniadaeth

Diagram Trefniadaeth yn ymwneud ag Iechyd, Diogelwch a Lles



### Allwedd

Llwybrau cyfathrebu	↔
Rheolaeth	■ (Blue)
Cyngor Iechyd, Diogelwch a Lles	■ (Green)

## Rolau a Chyfrifoldebau

Mae dyletswyddau a chyfrifoldebau penodol yn ymwneud ag Iechyd, Diogelwch a Lles ynghlwm â'r rolau canlynol yng Nghyngor Sir Ddinbych (CSDd).

### 2.1 Prif Weithredwr

Y Prif Weithredwr, fel yr Uwch Swyddog, sy'n gyfrifol am Iechyd, Diogelwch a Lles yn y sefydliad yn gyffredinol. Bydd y Prif Weithredwr yn gweithredu fel a ganlyn : -

- Ceisio sicrhau bod y sefydliad yn cydymffurfio â gofynion deddfwriaeth Iechyd a Diogelwch ac yn cyflawni ei ddyletswydd gofal o dan gyfraith gwlad.
- Rhoi arweiniad ac ymrwymiad cadarn i hybu gwelliannau parhaus yn niwylliant diogelwch y sefydliad
- Rhoi strwythur rheoli uwch yn ei le sy'n dynodi unigolion â chyfrifoldebau Iechyd, Diogelwch a Lles penodol.
- Sicrhau bod adnoddau digonol yn cael eu darparu mewn perthynas ag Iechyd, Diogelwch a Lles
- Sicrhau bod prosesau cyfathrebu priodol yn ymwneud ag Iechyd, Diogelwch a Lles rhwng y cyflogwr a'r gweithwyr yn eu lle a'u bod yn effeithiol

### 2.2 Cyfarwyddwyr Corfforaethol

Mae Cyfarwyddwyr Corfforaethol yn atebol i'r Prif Weithredwr. Byddant yn gweithredu fel a ganlyn : -

- Rhoi arweiniad ac ymrwymiad cadarn i hybu gwelliannau parhaus yn niwylliant diogelwch y sefydliad
- Cefnogi'r gwaith o gyflenwi a chynnal trefniadau rheoli diogelwch y sefydliad.
- Sicrhau bod adnoddau digonol yn cael eu dyrannu i reolaeth Iechyd, Diogelwch a Lles.
- Bydd y Cyfarwyddwr Corfforaethol a ddynodwyd yn swyddog arweiniol Iechyd, Diogelwch a Lles yn rhoi cefnogaeth i'w is-swyddogion sydd â rolau Iechyd, Diogelwch a Lles penodol ac yn gweithredu fel canolbwynt lefel uwch ar gyfer materion Iechyd, Diogelwch a Lles



## 2.3 Cynghorwyr Sir

- Cynghorwyr Sir yw arf gwleidyddol yr Awdurdod Lleol, mae ganddynt gyfrifoldeb ar y cyd i gynnig arweiniad a chyfeiriad, sy'n golygu bod gan yr holl aelodau etholedig gyfrifoldeb dros sicrhau iechyd a diogelwch o fewn yr awdurdod.
- Mae'r aelod arweiniol a enwebwyd i fod yn gyfrifol dros Iechyd a Diogelwch yn gweithredu fel 'pencampwr' ac yn arwain yn y maes hwn.
- Mae'r aelod arweiniol yn gweithredu fel pwynt cyswllt ar gyfer rhannu gwybodaeth rhwng swyddogion a chynghorwyr sir

## 2.4 Penaethiaid Gwasanaeth

Mae Penaethiaid Gwasanaeth yn atebol i'r Cyfarwyddwyr Corfforaethol. Byddant yn gweithredu fel a ganlyn : -

- Rhoi arweiniad ac ymrwymiad cadarn i hybu gwelliannau parhaus yn niwylliant diogelwch eu gwasanaeth
- Cefnogi'r gwaith o gyflenwi a chynnal trefniadau rheoli diogelwch eu gwasanaeth.
- Sicrhau bod cyfrifoldebau Iechyd, Diogelwch a Lles yr holl weithwyr yn cael eu cyfathrebu'n glir
- Sicrhau bod cyfarfodydd pwyllgor Grŵp Iechyd a Diogelwch y Gwasanaeth yn cael eu cynnal er mwyn rhannu gwybodaeth sy'n bwydo i'r cyfarfodydd Iechyd a Diogelwch Corfforaethol
- Monitro ac adolygu effeithlonrwydd unrhyw brosesau sy'n cael eu rhoi yn eu lle

## 2.5 Rheolwyr a Goruchwylwyr

Mae'r holl Reolwyr a Goruchwylwyr yn atebol, drwy eu rheolwr llinell, i'w Penaethiaid Gwasanaeth am sicrhau bod y trefniadau sydd yn eu lle ar gyfer Iechyd, Diogelwch a Lles yn cael eu dehongli'n gywir a'u gweithredu'n gadarn. Byddant yn gweithredu fel a ganlyn : -

- Rhoi arweiniad ac ymrwymiad cadarn i Iechyd, Diogelwch a Lles eu gweithwyr drwy nodi'r peryglon sy'n gysylltiedig yn eu gweithrediadau a'u gweithle. Asesu, gwerthuso a chofnodi'r risgiau a lliniaru'r risgiau hynny drwy weithdrefnau adrannol addas a dulliau gweithio diogel.
- Darparu gwybodaeth, hyfforddiant a goruchwyliaeth addas a digonol i weithwyr ynghylch peryglon, risgiau a mesurau rheoli a ddefnyddir yn y gweithle.

- Sicrhau cyfathrebu effeithiol rhwng y cyflogwr a'r gweithwyr
- Annog amgylchedd o gydweithio rhwng y cyflogwr a'r gweithwyr
- Sicrhau bod yr holl ddamweiniau a digwyddiadau yn cael eu hadrodd a'u cofnodi cyn gynted ag y bo'n bosibl yn ymarferol
- Ymchwilio i bob anaf a digwyddiad a sicrhau bod camau adferol yn cael eu rhoi ar waith lle bo'r angen.
- Monitro cydymffurfiaeth ag unrhyw brosesau sy'n cael eu rhoi yn eu lle, ac adolygu eu heffeithiolrwydd
- Gweithredu os daw unrhyw achosion o ddiffyg cydymffurfio â safonau i'r amlwg

## 2.6 Penaethiaid Ysgolion

Mae ein hysgolion yn cael eu rheoli gan Benaethiaid sy'n gweithio'n agos gyda Llywodraethwyr ysgolion. Mae Penaethiaid a Llywodraethwyr yn gyfrifol ar y cyd am Iechyd, Diogelwch a Lles eu lleoedd gwaith. Mae Penaethiaid a Llywodraethwyr yn derbyn cymorth gan Gyngor Sir Ddinbych ac maent yn derbyn cymorth Iechyd, Diogelwch a Lles gan y tîm Iechyd a Diogelwch Corfforaethol. Bydd Penaethiaid yn gweithredu fel a ganlyn : -

- Rheoli pob agwedd ar reolaeth Iechyd, Diogelwch a Lles eu hysgol yn unol â'r disgrifiad o gyfrifoldebau "Penaethiaid Gwasanaeth" a "Rheolwyr a Goruchwylwyr"

## 2.7 Gweithwyr

Mae gweithwyr yn atebol i'w Rheolwr Llinell a byddant yn cydymffurfio â'n systemau gwaith a chyfarwyddiadau a roddir er budd Iechyd, Diogelwch a Lles. Mae ein gweithwyr yn cael eu grymuso i weithredu er mwyn lleihau risgiau Iechyd, Diogelwch a Lles. Byddant yn gweithredu fel a ganlyn : -

- Disgwylir iddynt ofalu amdanynt eu hunain a phobl eraill a allai gael eu heffeithio gan eu gweithredoedd neu anweithredoedd, o fewn rheswm.
- Cydweithio gyda'u cyflogwr mewn perthynas â bodloni eu dyletswyddau statudol a chyflawni eu dyletswydd gofal o dan gyfraith gwlad
- Rhoi gwybod i'w rheolwr llinell am bob anaf, digwyddiad a digwyddiad peryglus.

## 2.8 Tîm Iechyd a Diogelwch Corfforaethol

Bydd y Tîm Iechyd a Diogelwch Corfforaethol yn darparu cyngor ac arweiniad i'r Prif Weithredwr, Cyngorwyr Sir, Penaeithiaid Gwasanaeth, Rheolwyr, Goruchwylwyr a Gweithwyr fel sy'n briodol. Byddant yn gweithredu fel a ganlyn : -

- Darparu canolbwynt ar gyfer canllawiau, cyngor a chymorth ym maes Iechyd, Diogelwch a Lles i holl weithwyr Cyngor Sir Ddinbych
- Datblygu ac adolygu polisi Iechyd a Diogelwch a chanllawiau Iechyd, Diogelwch a Lles priodol.
- Datblygu a chyflenwi rhaglen hyfforddiant Iechyd, Diogelwch a Lles.
- Sicrhau bod trefniadau effeithiol yn eu lle ar gyfer adrodd am ddamweiniau /digwyddiadau ac ymchwilio iddynt ynghyd â threfniadau adrodd i'r Awdurdod Gweithredol Iechyd a Diogelwch (HSE) yn unol â Rheoliadau Adrodd am Anafiadau, Clefydau neu Ddigwyddiadau Peryglus (RIDDOR).

## 2.9 Iechyd Galwedigaethol

Darperir cymorth Iechyd Galwedigaethol gan Ddarparwr Cymorth Cyflogwyr ac Ymgynghorydd Iechyd Galwedigaethol a Phresenoldeb CSDd. Ei rôl yw darparu arweiniad a chymorth ar Iechyd Galwedigaethol a Lles. Pan ofynnir iddo, bydd yn : -

- Rhoi cyngor i reolwyr a gweithwyr ar faterion Iechyd yn ymwneud â'r gwaith ac yn ymchwilio i bryderon Iechyd ar ôl iddynt gael eu hatgyfeirio
- Cydweithio gyda rheolwyr i gynghori ynghylch addasiadau rhesymol ac ymarferol ar gyfer gweithwyr â chyflyrau meddygol
- Cynnal goruchwyliaeth Iechyd lle bo'n gymwys yn unol â gofynion asesu risg rheolaethol
- Trefnu cwrs fel sy'n briodol
- Darparu gwybodaeth addysgol ar faterion Iechyd a Lles e.e. alcohol, ysmegu, deiet, ac ati.

## 2.10 Ymgynghorwyr Iechyd a Diogelwch y Gwasanaethau

Mae Ymgynghorwyr Iechyd a Diogelwch y Gwasanaethau yn darparu cyngor cymhwysedig i reolwyr a gweithwyr o fewn eu meysydd cymhwysedd a Gwasanaeth penodol. Byddant yn gweithredu fel a ganlyn :-

- Rhoi cyngor gweithredol ar Iechyd, Diogelwch a Lles yn eu maes harbenigol.
- Sicrhau bod systemau effeithiol yn eu lle ar gyfer Iechyd, Diogelwch a Lles yn eu meysydd gwasanaeth.
- Gweithio a chyfathrebu gyda'r tîm Iechyd a Diogelwch Corfforaethol lle bo'n briodol

## 2.11 Cynrychiolwyr Diogelwch yr Undebau

Mae Cynrychiolwyr Diogelwch yn cynrychioli gweithwyr ar faterion yn ymwneud ag Iechyd, Diogelwch a Lles yn y gwaith. Byddant yn gweithredu fel a ganlyn :-

- Rhoi cymorth i weithwyr ar faterion yn ymwneud ag Iechyd, Diogelwch a Lles fel sy'n briodol
- Ymgynghori a chydweithio gyda rheolwyr ac Ymgynghorwyr Iechyd a Diogelwch i hyrwyddo a datblygu mesurau i sicrhau Iechyd, Diogelwch a Lles eu cydweithwyr.
- Mynychu pwyllgorau a chyfarfodydd Iechyd, Diogelwch a Lles pan ofynnir iddynt wneud hynny

## Trefniadau

Mae adran drefniadau'r polisi yn disgrifio'r hyn rydym yn ei wneud i gyflawni ein hamcanion Iechyd, Diogelwch a Lles. Mae gennym System Rheoli Diogelwch yn ei lle er mwyn rheoli pob agwedd ar ddiogelwch yn y sefydliad. Mae'r System Rheoli Diogelwch yn cynnig proses systematig, benodol a chynhwysfawr sy'n rhan annatod o'n sefydliad. Mae'r System Rheoli Diogelwch yn cynnwys yr elfennau canlynol :-

- Y Polisi Iechyd a Diogelwch Corfforaethol ei hun
- Gweithwyr uwch â chyfrifoldeb dynodedig dros Iechyd, Diogelwch a Lles (aelod etholedig arweiniol y cyngor, Cyfarwyddwr a Phennaeth Gwasanaeth enwebedig)
- Tîm Iechyd a Diogelwch ymgynghorol proffesiynol
- Ymgynghorwyr gwasanaeth a chynrychiolwyr diogelwch yr undebau
- Proses ar-lein \ Linc ar gyfer adrodd am ddamweiniau \ digwyddiadau ac ymchwilio iddynt

- Cofrestr amddiffyn staff ar-lein \ Linc
- Cofrestr risg gorfforaethol
- Dogfennau arweiniol ar-lein \ Linc yn darparu cymorth i gynnal asesiadau risg a systemau gweithio diogel
- Cynllun gweithredu a chynllun hyfforddiant Iechyd a Diogelwch Corfforaethol
- Proses reoli ar gyfer comisiynu a monitro contractwyr

## 3.1 Polisi a Chynllunio

### Polisi Iechyd a Diogelwch Corfforaethol

Lluniwyd y Polisi Corfforaethol mewn perthynas ag Iechyd, Diogelwch a Lles.

Mae'r Polisi Iechyd, Diogelwch a Lles Corfforaethol yn datgan mai nod Cyngor Sir Ddinbych yw cydymffurfio â gofynion Deddf Iechyd a Diogelwch yn y Gwaith 1974 a'i his-ddeddfau, felly nid oes angen datganiadau polisi ychwanegol ar gyfer darnau o ddeddfwriaeth unigol. Yn hytrach, mae'r pwyslais ar ddarparu gwybodaeth ac arweiniad ar sut i gadw pobl yn ddiogel ac iach yn y gwaith, cydymffurfio â deddfwriaeth Iechyd a Diogelwch a chyflawni ein dyletswydd gofal o dan gyfraith gwlad.

### Cofrestr Risg Gorfforaethol

Mae Cofrestr Risg Gorfforaethol yn ei lle sy'n cynnwys manylion am risgiau busnes a rheoleiddiol allai effeithio ar bob Gwasanaeth yn y sefydliad. Mae'r gofrestr yn seiliedig ar wybodaeth a gesglir gan yr holl risgiau busnes a chynlluniau busnes ar lefel Gwasanaeth ac mae'n cael ei chynnal gan y Tîm Gwella a Moderneiddio Busnes.

### Cynllun Rheoli Iechyd a Diogelwch Corfforaethol

Mae'r amcanion a nodir yn y Cynllun Rheoli Iechyd a Diogelwch Corfforaethol yn cyd-fynd ag anghenion y sefydliad. Mae'r cynllun yn cael ei ddatblygu gan ddefnyddio gwybodaeth a gesglir gan y gwasanaethau ac mae'n defnyddio amcanion a dangosyddion perfformiad allweddol sy'n gyraeddadwy, amserol, mesuradwy, penodol, uchelgeisiol, a synhwyrol (CAMPUS).

## Cynllunio rhag Argyfwng a Gwydnwch Corfforaethol

Mae trefniadau corfforaethol ar gyfer cynllunio rhag argyfwng a pharatoi am argyfyngau sifil posibl a digwyddiadau mawr yn cael eu hwyluso gan yr Uned Cynllunio at Argyfwng Rhanbarthol ar y Cyd.

## Cyd-bwyllgor Ymgynghori ar Iechyd a Diogelwch a Chysylltiadau Gweithwyr.

Mae'r pwyllgor hwn yn cynnwys cynrychiolwyr o blith yr Uwch Reolwyr, Aelodau etholedig, Cynrychiolwyr Iechyd a Diogelwch Corfforaethol a Chynrychiolwyr y Gweithwyr. Mae'r pwyllgor yn cyfarfod sawl gwaith y flwyddyn i drafod materion yn ymwneud ag iechyd a diogelwch a pherfformiad ar draws yr Awdurdod. Cytunwyd ar gylch gorchwyl y pwyllgor. Bydd y pwyllgor yn ystyried materion corfforaethol, yn archwilio cofnodion pwyllgorau Iechyd a Diogelwch y Grwpiau Gwasanaeth, ac yn adolygu camau gweithredu a nodwyd. Bydd aelodau'r pwyllgor yn craffu ar unrhyw gamau gweithredu nad ydynt wedi'u cyflawni ac ar adroddiadau statws y rheolwyr sy'n gyfrifol am y camau gweithredu hynny.

## Pwyllgor Iechyd a Diogelwch y Grwpiau Gwasanaeth

Mae'n ofynnol i bob Gwasanaeth unigol fonitro ac adolygu ei berfformiad Iechyd a Diogelwch yn rheolaidd. Er hwylustod, mae'r Gwasanaethau wedi'u cyfuno yn Grwpiau Gwasanaeth â diddordebau a phroffiliau risg tebyg. Mae tri Grŵp Gwasanaeth ar hyn o bryd, ac mae gan bob un Swyddog Iechyd a Diogelwch ar y cyd yn cynnwys cynrychiolwyr o blith yr Uwch Reolwyr, Cynrychiolwyr y Gweithwyr ac o leiaf un Ymgynghorydd Iechyd a Diogelwch Corfforaethol, lle bo'n bosibl.

Bydd pob Pwyllgor Grŵp Gwasanaeth yn cyfarfod sawl gwaith y flwyddyn i drafod perfformiad Iechyd a diogelwch ar draws y Gwasanaethau ac Adrannau o dan eu rheolaeth. Bydd cofnodion y cyfarfodydd yn cael eu cofnodi at sylw'r Pwyllgor Corfforaethol.

## Cyfarfodydd Iechyd a Diogelwch Adrannol

Lle bydd Pennaeth Gwasanaeth a Rheolwyr yn nodi'r angen i gynnal cyfarfodydd Iechyd a Diogelwch Adrannol, bydd y cyfarfodydd hynny yn cael eu rheoli o fewn strwythur Fframwaith Iechyd a Diogelwch y Gwasanaeth lleol. Bydd cofnodion y cyfarfodydd yn cael eu cofnodi at sylw Pwyllgor y Grŵp Gwasanaeth a'u cyfathrebu i'r gweithwyr.

## Rheoli Iechyd a Diogelwch Cyfleusterau Unigol

Lle bydd cyfleuster yn gweithredu'n annibynnol o dan reolaeth leol (e.e. ysgol, ffatri neu gartref gofal), bydd trefniadau lleol yn eu lle. Byddai cyfeiriad at ddatganiad polisi'r Prif Weithredwr fel amcan cyffredin ynghyd â threfniadaeth reoli a threfniadau lleol wedi'u rhestru ar ffurf addas yn lleol.

## 3.2 Trefniadau Sefydliadol

### Dogfennau Canllawiau Iechyd a Diogelwch Corfforaethol

Mae dogfennau canllawiau Iechyd, Diogelwch a Lles Corfforaethol yn cael eu llunio gan y Tîm Iechyd a Diogelwch Corfforaethol i amlygu gofynion deddfwriaeth Iechyd a diogelwch allweddol e.e. asesu risg, rheoli sylweddau peryglus, gyrru yn y gwaith a threfniadau ar gyfer gweithio ar eich pen eich hun. Mae'r dogfennau hyn ar gael yn ddwyieithog ar dudalen gwe Iechyd a Diogelwch Linc. Mae'r dogfennau Canllawiau Corfforaethol yn berthnasol i bob gwasanaeth a phob gweithiwr.

### Ffurflenni a thempledi Iechyd a Diogelwch Corfforaethol

Mae dogfennau, ffurflenni, templedi ac enghreifftiau manwl ar gyfer gweithgareddau Iechyd, Diogelwch a Lles, fel asesiadau risg, adrodd am ddamweiniau a theithiau diogelwch, ac ati, ar gael yn electronig ac yn ddwyieithog ar Linc. Mae cymorth a chynghor personol ar gael yn ôl yr angen.

### Negeseuon brys gan Iechyd a Diogelwch Corfforaethol

Bydd negeseuon brys yn cael eu paratoi a'u cyfathrebu'n ddwyieithog i feysydd perthnasol y sefydliad drwy e-bost, system fewnrwyd Cyngor Sir Ddinbych a llwybrau rheoli lleol fel sy'n briodol. Bwriad y negeseuon brys yw cyfathrebu gwybodaeth frys yn gyflym o amgylch y sefydliad.

### Dogfennau Ymgynghorol Iechyd a Diogelwch Corfforaethol

Bydd y Polisi Iechyd a Diogelwch Corfforaethol yn cael ei adolygu a'i addasu'n rheolaidd. Bydd fersiwn diweddaraf y polisi ar gael yn ddwyieithog i holl aelodau'r Cyd-bwyllgor Ymgynghori ar Iechyd a Diogelwch a Chysylltiadau Gweithwyr, Aelodau'r Cyngor, yr Uwch Arweinwyr, Cynrychiolwyr yr Undebau a gweithwyr er mwyn ymgynghori â hwy cyn i'r Cyngor ei gadarnhau yn llawn ac yna ei gyhoeddi'n ehangach. Bydd yr holl ddogfennau eraill sy'n cael eu llunio gan Iechyd a Diogelwch Corfforaethol ar gael i'r pwyllgorau perthnasol a phartïon â diddordeb er mwyn ymgynghori â hwy, cyn iddynt gael eu cyhoeddi'n ehangach.

## **Dogfennau Iechyd a Diogelwch Corfforaethol (Gweinydd y Rhwydwaith a Mewnwyd)**

Bydd dogfennau Iechyd, Diogelwch Iechyd a Diogelwch Corfforaethol sy'n rhan o'r system rheoli Iechyd a diogelwch yn cael eu storio'n ganolog ar yriant adrannol cyffredin. Bydd holl gynnwys a fersiynau'r dogfennau yn cael eu rheoli mewn dull priodol a byddant ar gael yn ddwyieithog ar dudalen Iechyd a Diogelwch Corfforaethol system fewnwyd Cyngor Sir Ddinbych. Bydd ffurflenni a thempledi ar gael ar ffurf electronig heb ei rheoli, y gellir eu golygu a'u lawrlwytho i'w defnyddio ar unwaith.

## **CIVICA**

CIVICA yw enw System Electronig Adalw a Rheoli Dogfennau (EDRMS) a ddefnyddir i yrru a chofnodi'r holl brosesau Iechyd a diogelwch gan gynnwys adrodd am ddamweiniau/digwyddiadau.

## **Poster Deddfau Iechyd a Diogelwch a Hysbysfyrdau**

Bydd posteri deddfau Iechyd a diogelwch yn cael eu harddangos mewn lle amlwg yng nghyfleusterau Sir Ddinbych. Yn y cyfleusterau hynny lle nad yw gweithwyr yn defnyddio cyfrifiaduron yn rheolaidd, a lle bo hynny'n ymarferol mewn cyfleusterau eraill, bydd hysbysfyrdau Iechyd a diogelwch yn cael eu gosod er mwyn arddangos copiâu caled o wybodaeth Iechyd a diogelwch.

## **Cymhwysedd**

Bydd gofynion cymhwysedd swyddi unigol wedi'u diffinio yn y disgrifiadau swyddi fel rhan o broses recriwtio Adnoddau Dynol (AD).

## **Matrics Hyfforddiant Corfforaethol**

Er mwyn sicrhau bod hyfforddiant yn cael ei ddarparu i wella cymhwysedd, datblygwyd matrics hyfforddiant Iechyd a Diogelwch yn rhestru gwahanol fathau o swyddi (o'r Prif Weithredwr i Wirfoddolwyr). Nodir yr hyfforddiant argymelledig ar gyfer pob grŵp swyddi ar y matrics. Mae cyrsiau hyfforddiant yn ymwneud ag Iechyd a Diogelwch yn cael eu cyflenwi neu eu trefnu gan y Tîm Iechyd a Diogelwch Corfforaethol. Bydd rheolwyr llinell a gweithwyr yn cytuno ar yr anghenion hyfforddiant fel rhan o'r system gwerthuso perfformiad blynyddol neu byddant yn cael eu nodi yn sgil asesiad risg a'u harchebu gyda'r tîm Iechyd a Diogelwch Corfforaethol.



## Rhaglen Cwrs Hyfforddiant Corfforaethol

Datblygwyd rhaglen flynyddol o hyfforddiant iechyd a diogelwch i ateb y galw yn sgil y Matrics Hyfforddiant. Mae'r rhaglen yn cynnwys cyrsiau mewnol ac allanol ac mae'n cael ei rheoli gan Iechyd a Diogelwch Corfforaethol. Bydd cyrsiau hyfforddiant penodol a phwrpasol ychwanegol neu sgysiau blwch cymorth yn cael eu datblygu a'u cyflenwi, yn dibynnu ar y galw.

## Cymhwysedd Darparwyr Hyfforddiant

Bydd cymhwysedd darparwyr hyfforddiant allanol a hyfforddwyr unigol yn cael ei gadarnhau cyn cynnal unrhyw gyrsiau hyfforddiant. Darperir yr holl hyfforddiant iechyd a diogelwch mewnol gan Ymarferwyr Iechyd a Diogelwch cymwysedig. Bydd cymhwysedd yn cael ei gadarnhau drwy aelodaeth barhaus o'r Sefydliad Iechyd a Diogelwch Galwedigaethol (IOSH), datblygiad proffesiynol parhaus (DPP) a hyfforddiant priodol i hyfforddwyr.

## Cofnodion Hyfforddiant Iechyd a Diogelwch

Trent yw enw'r system AD Corfforaethol ar gyfer cofnodi gwybodaeth bersonél am weithwyr unigol. Bydd manylion unrhyw ddigwyddiadau hyfforddiant iechyd a diogelwch y bydd gweithwyr yn eu mynychu yn cael eu cofnodi gan Reolwyr Llinell gan ddefnyddio system cronfa ddata Trent.

## Cynrychiolwyr Iechyd a Diogelwch yr Undebau

Byddwn yn ymgynghori â gweithwyr a chynrychiolwyr Undebau Llafur cydnabyddedig ar faterion iechyd a diogelwch sy'n effeithio arnynt.

## Asesu Risg

Yn unol â Rheoliadau Rheoli Iechyd a Diogelwch yn y Gwaith, bydd yr holl Reolwyr Gwasanaeth a Gweithredol yn sicrhau y cynhelir asesiadau risg addas a digonol er mwyn asesu risgiau i Iechyd, Diogelwch a Lles gweithwyr a phobl eraill nad ydynt yn cael eu cyflogi gan Gyngor Sir Ddinbych. Bydd yr asesiadau risg yn cael eu cofnodi a'u hadolygu yn achlysurol, fel sy'n briodol. Cyfrifoldeb rheolwyr llinell yw cynnal asesiadau risg ond gellir dirprwyo'r gwaith i unigolyn neu unigolion cymwysedig sydd â gwybodaeth a phrofiad perthnasol ac sydd wedi derbyn hyfforddiant yn y maes gwaith.

## Asesiadau Risg Tân

Rheolwr Diogelwch Tân y tîm Rheoli Asedau Strategol sy'n gyfrifol am gynnal asesiadau risg tân arbenigol ym mhob eiddo sy'n berchen i'r Cyngor ac eiddo eraill y gall Gweithwyr y Cyngor neu Ddefnyddwyr Gwasanaeth eu defnyddio. Mae'r asesiadau risg tân hyn yn ofynnol o dan y Gorchymyn Diwygio Rheoleiddio (Diogelwch Tân).

## Camau Rheoli

Bydd asesiadau risg yn anorfod yn nodi camau gweithredu ychwanegol i leihau risg ymhellach. Bydd yr holl fesurau rheoli a'r camau gweithredu hyn yn cael eu cofnodi, eu dynodi i unigolyn penodol ynghyd â dyddiad disgwylidig ar gyfer eu cwblhau. Defnyddir mesurau i nodi peryglon, risg a chamau rheoli i hwyluso'r broses o ddatblygu systemau gweithio diogel.

## Systemau Gweithio Diogel (Gweithdrefnau gweithio diogel)

Lle bydd angen mesurau rheoli risg mwy ffurfiol, bydd systemau gweithio diogel yn cael eu datblygu, eu gweithredu, eu monitro a'u hadolygu yn ôl yr angen. Bydd y rheolwr llinell yn sicrhau bod unrhyw systemau gweithio diogel yn cael eu rhannu gyda gweithwyr a bod y cyfarwyddiadau yn cael eu dilyn. Mae systemau gweithio diogel yn cael eu paratoi gan unigolion cymwysedig. Bydd y systemau gweithio diogel yn mynd i'r afael â'r peryglon a'r risgiau a nodwyd yn yr asesiadau risg, y bobl sy'n gysylltiedig, yr offer, deunyddiau a'r dulliau a ddefnyddir a gallant gynnwys gweithdrefnau ysgrifenedig a systemau trwyddedau gwaith mwy ffurfiol yn achos gweithrediadau risg uchel. Bydd y systemau gweithio diogel yn rhesymegol ac yn ddulliau y meddyliwyd amdanynt yn ddwys i gyflawni'r gwaith yn ddiogel a bydd cyfarwyddiadau addas yn cael eu rhoi i'r unigolion sy'n cyflawni ac yn goruchwyllo'r gwaith.

## Gweithdrefnau a Systemau Trwyddedau Gwaith

System trwydded waith yw system ffurfiol, ysgrifenedig a ddefnyddir fel rhan o system gweithio diogel i reoli rhai mathau o waith sydd o bosibl yn beryglus. Mae gan Iechyd a Diogelwch Corfforaethol dempled trwydded waith ar gyfer y math o waith sy'n cael ei ystyried yn waith risg uchel (e.e. gweithio mewn manau cyfyng, mynd ar ben toeau), ac mae'r templed ar gael ar Linc. Gall Iechyd a Diogelwch Corfforaethol roi cymorth i reolwyr gweithredol weithredu systemau rheoli digonol os byddant yn gwneud cais am y cymorth hwn.

## Systemau Gweithio ar eich Pen eich Hun

Mae rhywun sy'n gweithio ar ei ben ei hun yn gweithio heb oruchwyliaeth agos neu uniongyrchol am gyfnod byr neu gyfnodau estynedig. Gan ddefnyddio'r gadwyn rheoli llinell ar lefel weithredol, bydd Cyngor Sir Ddinbych yn sicrhau bod y risgiau sy'n gysylltiedig â gweithio ar eich pen eich hun yn cael eu hasesu a bydd yn cymryd camau priodol i reoli'r risgiau.

## Gweithio'n Hyblyg/Hybrid/Gartref

Gweithio'n hyblyg/hybrid/gartref yw'r cyfuniad o weithio yn y swyddfa ac o leoliadau eraill. Bydd y rhaniad yn wahanol ar gyfer pob maes gwasanaeth ond mae disgwyl i weithwyr weithio o fwy nag un lleoliad yn ystod yr wythnos, gan gymryd camau priodol i reoli'r risgiau. Mae dogfennau canllaw a thempledi dwyieithog ynghlwm â gweithio'n hyblyg/hybrid/gartref ar gael ar dudalen Iechyd a Diogelwch Corfforaethol ar Linc.

## Gweithdrefnau Rheoli Contractwyr

Bydd cymhwysedd yr holl Gontractwyr, Ymgynghorwyr a Chyflenwyr sy'n gweithio i Gyngor Sir Ddinbych yn cael ei asesu gan y swyddogion comisiynu. Defnyddir holiadur cyn-gymhwyso fel rhan o broses gaffael Proactis. Bydd swyddogion comisiynu, rheolwyr prosiect a'u timoedd yn gyfrifol am sicrhau cymhwysedd contractwyr a monitro perfformiad contractwyr yn ystod eu contract. Bydd yn ofynnol i gontractwyr gynnal asesiad risg o'u gweithgareddau a darparu systemau gweithio diogel a gytunir. Caiff gwaith contractwyr ei ddiffinio a'i gyfyngu gan amserlen.

## Parodrwydd am Argyfwng

Hwylusir gweithdrefnau brys ar gyfer digwyddiadau mawr ac argyfyngau sifil posib' ar lefel gorfforaethol gan yr Uned Cynllunio Rhag Argyfwng ar y Cyd ranbarthol. Bydd y Sefydliad yn paratoi gweithdrefnau a chanllawiau at argyfwng.

Ar gyfer cynlluniau argyfwng lleol, mae templed generig wedi'i ddarparu ar Linc. Mae meysydd Gwasanaeth ac Adrannol yn paratoi gweithdrefnau argyfwng lleol ar gyfer eu gweithrediadau yn seiliedig ar eu risgiau unigol dynodedig. Bydd Rheolwyr Adeiladau'n paratoi gweithdrefnau argyfwng yn seiliedig ar y risgiau lleol sydd wedi'u dynodi yn eu cyfleusterau.

## 3.3 Mesur ac Adolygu

Bydd y trefniadau a roddwyd yn eu lle ar gyfer iechyd a diogelwch yn cael eu hadolygu gan gyfuniad o waith monitro rhagweithiol ac adweithiol er mwyn sicrhau eu bod yn effeithiol a bod modd cyflawni amcanion y polisi iechyd a diogelwch.

### Adrodd am Ddamweiniau/Digwyddiadau

Mae Cyngor Sir Ddinbych yn defnyddio proses ar-lein ar Linc i adrodd am ddamweiniau/digwyddiadau.

Bydd yr holl ddamweiniau a digwyddiadau yn cael eu cofnodi a'u hadrodd i'r Tîm Iechyd a Diogelwch Corfforaethol gan ddefnyddio'r system gofnodi ar-lein. Os nad yw'n ymarferol i gysylltu'n uniongyrchol â'r system adrodd ar-lein mae ffurf debyg ar gael y gellir ei defnyddio dros dro nes bydd modd cael mynediad at y system ar-lein. Bydd digwyddiadau yn cael eu hadrodd cyn gynted ag y bo'n ymarferol bosibl ar ôl y digwyddiad.

Bydd digwyddiadau y mae'n rhaid adrodd amdanynt o dan Reoliadau Adrodd am Anafiadau, Clefydau neu Ddigwyddiadau Peryglus (RIDDOR) yn cael eu hadrodd gan y tîm Iechyd a Diogelwch Corfforaethol i'r Awdurdod Gweithredol Iechyd a Diogelwch.

Bydd gwybodaeth ystadegol yn ymwneud â'r holl ddamweiniau/digwyddiadau ac adroddiadau RIDDOR yn cael eu casglu a'u hadrodd i'r pwyllgorau diogelwch.

Bydd y data hefyd yn cael ei ddefnyddio i nodi tueddiadau a gwybodaeth arall a ddefnyddir er mwyn targedu, dileu a lleihau'r tebygolrwydd o broblemau ailadroddus.

### Ymchwilio i Ddamweiniau ac Adrodd amdanynt

Bydd y rheolwr llinell/goruchwyliwr gweithredol yn ymchwilio i bob damwain a digwyddiad yn y lle cyntaf. Bydd lefel yr ymchwiliad a'r adrodd yn gymesur i ddifrifoldeb y digwyddiad. Bydd y tîm Iechyd a Diogelwch Corfforaethol yn ymchwilio i unrhyw ddigwyddiadau yr ystyrir bod angen ymchwilio ymhellach iddynt a phob digwyddiad RIDDOR.

Lle bydd ymweliad, ymchwiliad neu fenter gan yr Awdurdod Gweithredol Iechyd a Diogelwch yn arwain at yr angen i weithredu, bydd y tîm Iechyd a Diogelwch Corfforaethol yn rhoi ymateb addas, ynghyd ag adnoddau digonol i gydlynu ymateb Lefel Gwasanaeth i'r Awdurdod Gweithredol Iechyd a Diogelwch fel sy'n briodol. Bydd unrhyw wersi a gaiff eu dysgu o ddigwyddiadau ac ymchwiliadau yn cael eu defnyddio i gefnogi camau cywirol i atal unrhyw achosion eraill yn y dyfodol.

## Cwynion

Cynhelir ymchwiliad i unrhyw gwynion a dderbynnir mewn perthynas â darpariaethau neu arferion Iechyd, Diogelwch a Lles a chymerir camau priodol.

## Teithiau diogelwch

Mae teithiau diogelwch yn rhan o'r broses fonitro ragweithiol. Cynhelir teithiau diogelwch ar lefel weithredol a byddant yn cynnwys rheolwyr, cynrychiolwyr yr undebau a'r gweithwyr, fel sy'n briodol. Bydd y Tîm Iechyd a Diogelwch Corfforaethol hefyd yn cynnal teithiau diogelwch fel rhan o'r broses o fonitro'r timau. Bydd teithiau diogelwch yn cael eu cofnodi a byddant yn arwain at gynllun gweithredu, cyngor ar ddiogelwch ac, os oes angen, adroddiad ffurfiol yn cynnwys camau gweithredu ac amserlenni ar eu cyfer .

## Ymgyrchoedd diogelwch

Bydd ymgyrchoedd diogelwch yn cael eu datblygu a'u cyflwyno mewn ymateb i faterion amserol.

## Iechyd sy'n gysylltiedig â'r Gwaith

Asesir risgiau iechyd galwedigaethol. Lle bydd risg sylweddol i iechyd yn dod i'r amlwg, bydd camau yn cael eu cymryd i atal, lleihau neu reoli'r risgiau i lefel derbyniol. Lle nodir yr angen i oruchwylio iechyd yn sgil asesiad risg neu ar ffurflen datganiad iechyd gweithiwr newydd bydd goruchwyliaeth iechyd addas yn cael ei rhoi ar waith gan y darparwr Iechyd Galwedigaethol. Bydd canlyniadau'r Goruchwyliaeth Iechyd yn cael eu hadrodd i'r gweithiwr a'i reolwr llinell ynghyd â chamau gweithredu argymelledig. Cofnodir y canlyniadau ar nodiadau achos y gweithwyr gan ddefnyddio cronfa ddata cofnod meddygol OPAS a bydd y gweithiwr yn cael ei fonitro ymhellach yn ysbeidiol ar amseroedd a gytunir.

## Archwilio

Cynhelir archwiliadau ffurfiol o systemau a phrosesau rheoli Iechyd, Diogelwch a Lles gan y Tîm Archwilio Mewnol fel rhan o'i broses archwilio barhaus. Bydd cynllun archwilio yn cael ei ddatblygu a'i roi ar waith i fonitro gweithgareddau a chydymffurfiad o fewn adrannau.

## Asesiadau o Systemau Diogelwch

Mae'r asesiadau o systemau diogelwch cyfleusterau gan y tîm Iechyd a Diogelwch Corfforaethol yn cael eu cynllunio a'u cynnal pan fydd yn gyfleus i'r ddau barti. Bydd meysydd wedi'u targedu yn cael eu hasesu yn ystod yr ymweliadau. Amcanion asesiadau Iechyd a diogelwch yw : -

- Cymharu cyfleusterau neu weithgareddau unigol o fewn y sefydliad ag arfer gorau.
- Darparu tystiolaeth bod y sefydliad yn bodloni gofynion statudol. (Bydd lefel y dystiolaeth sy'n ofynnol yn dibynnu ar lefel y risg, cymhlethdod y gweithgareddau sy'n cael eu cynnal, a'r ymatebion a dderbyniwyd yn sgil y broses asesu.)
- Ei gwneud yn bosibl i systemau rheoli gael eu gwerthuso, nodi unrhyw ddiffygion a rhoi atebion cost effeithiol ac effeithlon ar waith,
- Gwirio arferion yn erbyn gweithdrefnau a dogfennu unrhyw wahaniaethau,
- Nodi safonau, canllawiau neu bolisiau newydd neu rai sydd wedi gwella, a allai hyrwyddo amgylchedd fwy diogel yn y sefydliad.

Bydd yr asesiadau Iechyd a diogelwch yn sail ar gyfer adroddiad ffurfiol gyda chynllun gweithredu ar gyfer rheolwyr perthnasol. Defnyddir canlyniadau'r broses asesu wrth adolygu'r Polisi Iechyd a Diogelwch.

## 3.4 Adolygu'r Polisi

Bydd y Polisi Iechyd a Diogelwch Corfforaethol yn cael ei adolygu'n rheolaidd gan y Tîm Iechyd a Diogelwch Corfforaethol. Bydd yr adolygiad yn sicrhau bod y sefydliad a'r trefniadau yn dal i fod yn berthnasol ac yn cynnwys yr wybodaeth ddiweddaraf. Ar ôl ei adolygu bydd y polisi yn cael ei rannu gyda'r Cyd-bwyllgor Ymgynghori ar Iechyd a Diogelwch a Chysylltiadau Gweithwyr i'w gadarnhau cyn iddo gael ei ailgyhoeddi.

Bydd y Polisi wedi'i ddiwygio, ei ddyddio a'i lofnodi yn cael ei ailgyhoeddi ar Linc.



# Corporate Health, Safety and Welfare Policy 2022

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## Policy statement

Denbighshire County Council recognises its moral and legal duties with regard to Health, Safety and Welfare. The council will ensure, so far as is reasonably practicable, the health, safety and welfare of its employees whilst at work. It will also ensure, so far as is reasonably practicable, the health, safety and welfare of others who may be affected by its operations and activities.

As a responsible employer, we aim to comply with the requirements of the Health and Safety at Work etc. Act 1974, its subordinate regulations and approved codes of practice. We also aim to fulfil our common law duty of care.

We will : -

- Assess and adequately control the risks arising from our activities
- Put in place appropriate safe systems of work
- Consult with our employees on matters affecting their Health, Safety and Welfare
- Provide appropriate information, instruction, training and supervision for our employees
- Provide and maintain safe plant and equipment
- Maintain safe and healthy working conditions so far as is reasonably practicable
- Endeavour to prevent accidents and cases of work-related ill health
- Ensure safe handling, use and storage of hazardous substances
- Ensure all employees are competent and capable of carrying out their work
- Record accidents and incidents and report them to the enforcing authority where required by legislation
- Monitor and review any systems we put in place for the purposes of Health, Safety and Welfare management
- Apply consequences for non compliance to our agreed standards

To ensure successful implementation of this policy, we will provide strong leadership and commitment from the very top of the organisation and throughout the management chain. We expect the same commitment from all our employees irrespective of what they do.

We will inform all employees of the expected standards and put in place a safety management system to support them.

We will strive to continuously improve our safety culture.

This policy will be reviewed periodically.



Graham Boase

Chief Executive

Denbighshire County Council

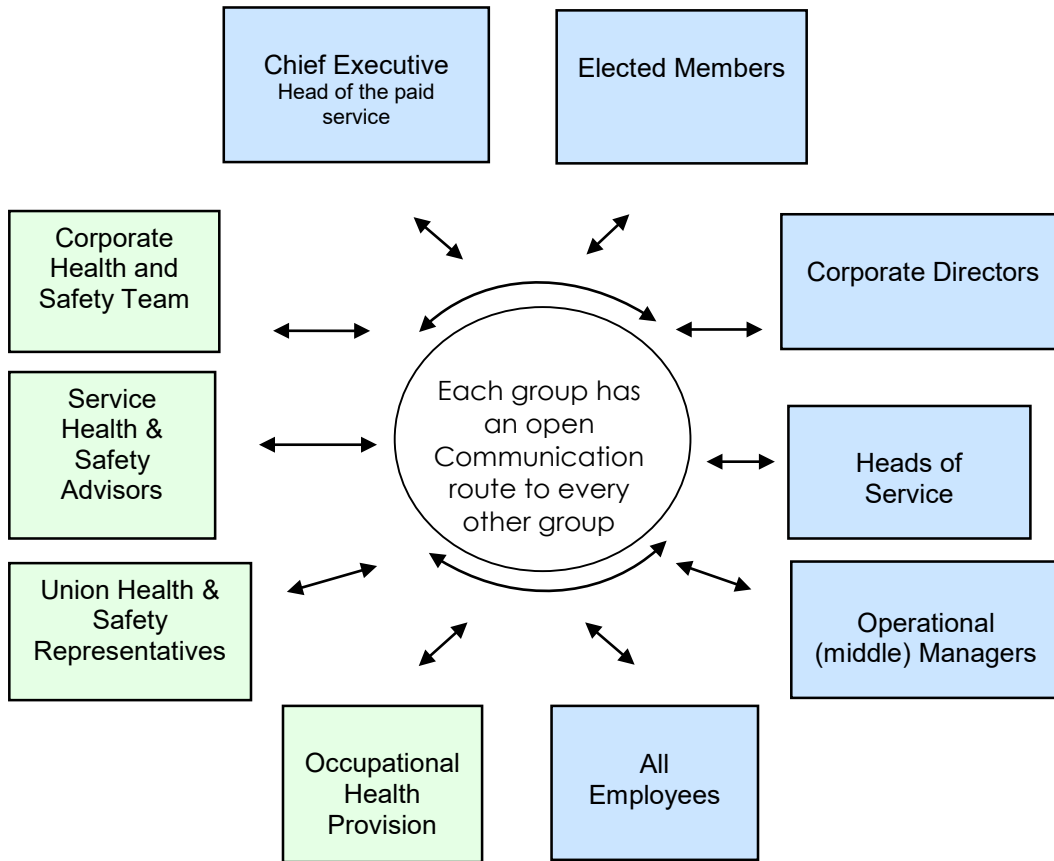
September 2022

## Glossary

CEO	Chief Executive Officer
CH&S	Corporate Health and Safety
DCC	Denbighshire County Council
H&S	Health and Safety
HSE	Health and Safety Executive
HS&W	Health, Safety and Welfare
Linc	DCC Intranet
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
SSOW	Safe Systems of Work

## Organisation

### Organisation Diagram related to Health, Safety and Welfare



### Key

Lines of communication	↔
Management control	■ (Blue)
HS&W advice	■ (Green)

## Roles and Responsibilities

The following roles have specific duties and responsibilities regarding Health, Safety and Welfare (HS&W) within Denbighshire County Council (DCC).

### 2.1 Chief Executive Officer

The Chief Executive Officer (CEO), as the Senior Officer has overall responsibility for HS&W within the organisation. The CEO will : -

- Aim to ensure that the organisation complies with the requirements of Health & Safety legislation and fulfils its common law duty of care
- Provide strong leadership and commitment to drive the continuous improvement of the organisation's safety culture
- Put in place a senior management structure identifying individuals with specific HS&W responsibilities
- Ensure that adequate resources are provided in respect of HS&W
- Ensure that appropriate communication processes regarding HS&W between the employer and the employees are in place and are effective

### 2.2 Corporate Directors

Corporate Directors are accountable to the CEO. They will : -

- Provide strong leadership and commitment to drive the continuous improvement of the organisation's safety culture
- Support the delivery and maintenance of the organisations safety management arrangements
- Ensure that adequate resources are allocated to HS&W management
- The Corporate Director identified as the HS&W lead will support their subordinates who have specific HS&W roles and provide a senior level focal point for HS&W issues

### 2.3 County Councillors

- County Councillors are the political arm of the Local authority, they have a collective responsibility for providing leadership and direction, which means that all elected members have a responsibility for ensuring health and safety within the authority

- The nominated lead member with responsibility for Health and Safety acts as the 'champion' and leads in this area
- The lead member acts a point of contact for the sharing of information between officers and county councillors

## 2.4 Heads of Service

Heads of Service are accountable to the Corporate Directors. They will : -

- Provide strong leadership and commitment to drive the continuous improvement of the safety culture within their service
- Support the delivery and maintenance of safety management arrangements within their service
- Ensure that the HS&W responsibilities of all employees are clearly communicated
- Ensure that Service Group Health and Safety committee meetings take place for sharing of information that feeds into CH&S meetings
- Monitor and review the effectiveness of any processes put in place

## 2.5 Managers and Supervisors

All Managers and Supervisors are accountable via their line manager to their Heads of Service for ensuring that the arrangements in place for HS&W are correctly interpreted and robustly implemented. They will : -

- Provide strong leadership and commitment to the HS&W of their employees by identifying the hazards involved in their operations and workplace. Assess, evaluate and record the risks and mitigate those risks by suitable departmental procedures and safe methods of work
- Provide suitable & sufficient information, instruction, training & supervision to employees regarding hazards, risks and control measures used in the workplace
- Ensure effective communication between the employer and employees
- Drive a cooperative environment between the employer and employees
- Ensure that all accidents and incidents are reported and recorded as soon as practicable
- Investigate all injuries and incidents and ensure remedial action is implemented where it is required
- Monitor compliance to, and review the effectiveness of any processes put in place
- Take action where none compliance to standards are identified

## 2.6 Head Teachers

Our schools are managed by Head Teachers who work closely with School Governors. Head Teachers and Governors are jointly responsible for HS&W in their work environments. Head Teachers and Governors are supported by DCC and receive HS&W support from the CH&S team. Head Teachers will : -

- Manage all aspects of HS&W management in their school as described in the responsibilities of “Heads of Service” and “Managers and Supervisors”

## 2.7 Employees

Employees are accountable to their Line Manager and will comply with our systems of work and instructions given in the interests of HS&W. Our employees are empowered to take action to minimise HS&W risks. They will : -

- Be expected to take reasonable care of themselves and others who may be affected by their acts or omissions
- Cooperate with their employer with respect to fulfilling their statutory duties and fulfil their common law duty of care
- Report all injuries, incidents and dangerous occurrences to their line manager

## 2.8 Corporate Health & Safety (CH&S) Team

The Corporate Health & Safety Team will provide advice and guidance to the Chief Executive, County Councillors, Heads of Service, Managers, Supervisors and Employees as appropriate. They will : -

- Provide a focus for HS&W leadership, advice and support for all DCC employees
- Develop and review a Corporate Health and Safety policy and appropriate HS&W guidance
- Develop and deliver a HS&W training programme
- Ensure that effective arrangements for accident/incident reporting and investigation are in place and that Health and Safety Executive (HSE) reporting is carried out in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

## 2.9 Occupational Health

Occupational Health support is provided via an Employee Assistance Provider (EAP) and a DCC Occupational Health and Attendance Advisor. Their role is to provide guidance and support on Occupational Health and Welfare. When requested they will : -

- Advise managers and employees regarding work related health issues and progress health concerns following referral
- Collaborate with managers to advise on reasonable and practicable adjustments for employees with medical conditions
- Conduct health surveillance when applicable in accordance with managerial risk assessment requirements
- Arrange counselling support as appropriate
- Provide educational information regarding health and wellbeing matters e.g. alcohol, smoking, diet etc.

## 2.10 Service Health & Safety Advisors

The Service Health & Safety Advisors provide competent advice to managers and employees within their specific competence and Service areas. They will : -

- Provide operational HS&W advice within their area of expertise
- Ensure that effective systems for HS&W are in place within their service area
- Work and communicate with the CH&S team where appropriate

## 2.11 Union Safety Representatives

Safety Representatives represent employees regarding matters of HS&W at work.

They will : -

- Support employees on HS&W matters as appropriate
- Consult and co-operate with managers and Health & Safety Advisors to promote and develop measures to ensure the HS&W of their colleagues
- Attend HS&W committees and meetings when requested

## Arrangements

The arrangements section of the policy describes what we do to achieve our HS&W objectives. We have in place a Safety Management System (SMS) as a means of managing all aspects of safety throughout the organisation. The SMS offers a systematic, explicit and comprehensive process which is woven into the fabric of our organisation. The elements of the SMS include : -

- The Corporate H&S Policy itself
- Senior people with delegated responsibility for HS&W (Lead elected council member, nominated Director and Head of Service)
- Professional H&S advisory team
- Service advisors and union safety representatives
- An on line \ Linc based accident \ incident reporting and investigation process
- On line \ Linc based staff protection register
- A Corporate risk register
- On line \ Linc based guidance documents supporting risk assessment and safe system of work development
- CH&S action plan and training plan
- Control of contractor commissioning and monitoring process

## 3.1 Policy & Planning

### Corporate Health and Safety Policy

The Corporate Policy is written with respect to HS&W.

The Corporate HS&W Policy states that DCC aim to comply with the requirements of the Health and Safety at Work etc. Act 1974 and subordinate legislation, therefore further policy statements for individual pieces of legislation are not necessary. Emphasis is instead placed on providing information and guidance on how to keep people safe and healthy in the workplace, comply with Health and Safety legislation and fulfil our common law duty of care.



## **Corporate Risk Register**

A Corporate Risk Register is in place to detail business and regulatory risks that potentially affect all Services within the organisation. This register is collated from all identified Service level business risks and business plans and is maintained by the Business Improvement and Modernisation Team.

## **Corporate Health and Safety Management Plan**

The objectives detailed in the CH&S Management plan are aligned with the needs of the organisation. The plan is developed using information gathered from the services and uses objectives and key performance indicators that are specific, measurable, achievable, realistic and time limited (SMART).

## **Corporate Emergency Planning & Resilience**

Corporate level emergency planning and civil contingency preparedness for major incidents is facilitated by the regional Joint Emergency Planning Unit.

## **Joint Consultative Committee for Health and Safety and Employee Relations.**

This committee is made up of representatives of the Senior Management, elected Members, Corporate Health & Safety and Employee's Representatives. The committee meets a number of times per year to discuss health and safety issues and performance across the Authority. The committee has agreed terms of reference. The Committee will consider corporate issues, examine the minutes of Service Group Health & Safety committees and review completed actions identified. Committee members will scrutinise outstanding actions and status reports from managers responsible for those actions.

## **Service Group Health and Safety Committee**

Each individual Service is required to monitor and review its own HS&W performance regularly. For convenience, the Services are combined into Service Groups with similar interests and risk profiles. There are currently three Service Groups, each with a combined Health and Safety Committee made up of representatives of Senior Management, Employee's Representatives and where possible, at least one Corporate Health & Safety Officer.

Each Service Group Committee will meet a number of times a year to discuss health and safety performance across the Services and Departments under their control. The minutes of the meetings will be recorded for the attention of the Corporate Committee.

## **Departmental Health and Safety Meetings**

Where a Head of Service and Managers identify the need for Departmental Health and Safety meetings, those meetings will be managed within the structure of the local Service Health and Safety Framework. The minutes of those meetings will be recorded for the attention of the Service Group Committee and communicated to employees.

## **Individual Facility Health and Safety management**

Where a facility operates autonomously under local management control (e.g. a school, factory or care home), local arrangements will be in place. The Chief Executive's Policy statement would be referred to as a common aim with local management organisation and arrangements listed in an appropriate local format.

## **3.2 Organisational Arrangements**

### **Corporate Health and Safety Guidance Documents**

Corporate HS&W guidance documents are prepared by the CH&S team to highlight key requirements of health and safety legislation e.g. risk assessment, managing hazardous substances, driving for work and lone working etc. The documents are available bilingually on the Health & Safety web page on Linc. Corporate Guidance documents are relevant to all services and all employees.

### **Corporate Health and Safety forms and templates**

Documents, forms, templates and worked examples for HS&W activities such as risk assessments, accident reporting and safety tours etc. are available electronically and bilingually on Linc. Where necessary, personal support and advice is available.

### **Corporate Health and Safety Newsflash**

Newsflashes will be prepared and communicated bilingually to relevant areas of the organisation by email on Linc and local management routes as appropriate. The newsflash is intended as a means of rapidly communicating urgent information around the organisation.

## Corporate Health and Safety Consultation Documents

The Corporate H&S Policy will be reviewed and revised periodically. The revised policy will be made available bilingually to all members of the Joint Consultative Committee for Health and Safety and Employee Relations, Members of the Council, Senior Leadership, Union Representatives and employees for consultation prior to formal Council ratification and general issue. All other documents prepared by the CH&S team will be made available to relevant committees and interested parties for consultation prior to general issue.

## Corporate Health and Safety Documents (Network Server and Intranet)

CH&S documents that make up the health and safety management system will be stored centrally on a common departmental drive. All document content and revisions will be suitably controlled and made available bilingually on the CH&S page on Linc. Forms and templates will be made available in an uncontrolled, editable electronic format which can be downloaded for immediate use.

## CIVICA

CIVICA is an Electronic Document Retrieval and Management System (EDRMS) which is used to drive and record all health and safety processes relating to accident/incident reporting.

## Health and Safety Law Poster and Notice Boards

Health and safety law posters, will be prominently displayed at Denbighshire facilities. At facilities where employees do not have routine access to computers and where practicable at other facilities, health and safety notice boards will be installed to display hard copies of health and safety information.

## Competence

Competence requirements for individual job roles will be defined in job descriptions as part of the Human Resources (HR) recruitment process.

## Corporate Training Matrix

To ensure the training element of competence, a Health and Safety training matrix has been developed listing job roles (from Chief Executive to Volunteers). Recommended training for each role group is indicated on the matrix. H&S related training courses are delivered or organised by the CH&S team. Training needs are agreed between Line Managers and employees as part of the annual performance appraisal system or identified by risk assessment and booked with the CH&S team.

## Corporate Training Course Program

An annual health and safety training program has been developed to satisfy the demand generated by the Training Matrix. The program includes both internal and external courses and is managed by CH&S. Additional specific and bespoke training courses or tool box talks will be developed and delivered, depending on demand.

## Training Provider Competence

The competence of external training providers and individual trainers will be confirmed prior to any training courses. All internal health and safety training will be provided by competent Health and Safety Practitioners. Competence will be confirmed through continued membership of the Institution of Occupational Safety and Health (IOSH), continuing professional development (CPD) and appropriate trainer training.

## Health and Safety Training Records

Trent is the Corporate HR system for recording an individual's personnel information. Records of health and safety training events attended by employees will be recorded by Line Managers using the Trent database system.

## H&S Union Representatives

Employees and Recognised Trade Union Representatives will be consulted on health and safety matters that impact on them.

## Risk Assessment

In line with the Management of Health and Safety at Work Regulations, all Service and Operational Managers will ensure that suitable and sufficient risk assessments are undertaken for the risks to the HS&W of employees and others not employed by DCC.

The risk assessments will be recorded and reviewed at appropriate intervals. The risk assessments are a line management responsibility but the task may be delegated to a competent person(s) who has relevant knowledge, training and experience of the work activity.

## Fire Risk Assessments

The fire Safety Manager in the Strategic Asset Management team is tasked with undertaking specialist assessments for fire risk in all County owned premises and other premises that Council Employees or Service Users may use. These fire risk assessments are required under the Regulatory Reform (Fire Safety) Order.

## Control Measures

Risk assessments will invariably identify additional actions to further reduce risk. All such control measures and actions will be recorded, be assigned to an action owner and be given an expected completion date. Identification of hazards, risk and control measures are used to facilitate the development of safe systems of work.

## Safe Systems of Work (Safe working procedures)

Where more formal risk control measures are required, safe systems of work (SSoW) will be developed, implemented, monitored and revised as necessary. The line manager will ensure that any SSoW are shared with employees and the instructions followed. SSoW are prepared by competent persons. The safe system of work will address the hazards and risks identified in the risk assessments, the people involved, the equipment, materials and methods to be used and may include written procedures and more formal permit to work systems for high risk operations. The safe system of work will be a logical and well thought out method for carrying out the work safely with suitable instructions communicated to the persons carrying out and supervising the work.

## Permit to Work Procedures and Systems

A permit-to-work system is a formal, written system used as part of a SSOW to control certain types of work that are potentially hazardous. CH&S have a template permit to work for identified high risk work (e.g. work in confined spaces, roof access), this can be found on Linc. CH&S will support operational managers to implement adequate systems of control where requested.

## Lone Working Systems

A lone worker is someone who works by themselves without close or direct supervision for brief or extended periods of time. DCC through the line management chain at operational level will ensure that the risks involved with lone working are assessed and will take appropriate steps to manage the risks.

## Agile/Hybrid/Home Working

Agile/Hybrid/Home working is the combination of working in the office and working remotely. The split will be different for each service area but employees are expected to work from more than one location during the week, with appropriate steps taken to manage the risks. Bilingual guidance documents and templates covering Agile/Hybrid/Home working can be found on the CH&S page on Linc.

## Control of Contractor Procedures

All Contractors, Consultants and Suppliers undertaking work for DCC will have their competence assessed by the commissioning officers. A pre-qualification questionnaire is used as part of the Proactis procurement process. Commissioning officers, project managers and their teams will be responsible for ensuring contractor competence and monitoring contractor performance throughout their term of engagement. Contractors will be required to risk assess their activities and provide agreed safe systems of work. Contractors work will be defined and limited by a schedule.

## Emergency Preparedness

Corporate level emergency procedures for major incidents and civil contingency are facilitated by the regional Joint Emergency Planning Unit. The Organisation will prepare emergency procedures and guidance.

For local emergency plans, a generic template is provided on Linc. Service and Departmental areas prepare local emergency procedures for their operations based on their individual identified risks. Building Managers will prepare emergency procedures based on the local risks identified at their facilities.

## 3.3 Measurement & Review

The arrangements put in place for health and safety will be actively reviewed by a combination of proactive and reactive monitoring to ensure that they are effective and enable the objectives of the health and safety policy to be met.

## Accident/Incident Reporting

DCC uses an on line based accident \ incident reporting process, via the CH&S page on Linc.

All accidents and incidents will be recorded and reported to the CH&S team using the on line reporting system. Where it is not practicable to directly access the on line reporting system, an emulated form is available as an interim measure until access to the on line system is available. Incidents will be reported as soon as reasonably practicable after the event.

Incidents that are reportable under the Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR) will be reported by the CH&S team to the HSE.

Statistical information regarding all accident/incidents and RIDDOR reports will be collated and reported to the safety committees. The data will also be used to identify trends and other information that will be used as a means of targeting, eliminating and reducing the likelihood of reoccurring problems.

## Accident Investigation and Reporting

All accidents and incidents will initially be investigated by the Operational line manager/supervisor. The level of investigation and reporting will be proportional to the severity of the event. Incidents where a fuller investigation is deemed necessary and all RIDDOR incidents will be investigated by the CH&S team.

Where a HSE visit, investigation or initiative, results in a requirement for some action, the CH&S team will provide a suitable and sufficiently resourced response or co-ordinate a Service Level response to the HSE as appropriate. Any lessons learned from incidents and investigations will be used to support corrective action to prevent recurrences.

## Complaints

Any complaints received regarding HS&W provisions or practices will be investigated and appropriate action taken.

## Safety Tours

Safety tours form a part of the proactive monitoring process. Safety tours will be carried out at the operational level and involve management, union representatives and employees as appropriate. The CH&S team will also undertake safety tours as part of the teams monitoring program. Safety tours will be recorded and will result in an action plan, safety advice and if necessary a formal report with time limited actions.

## Safety Campaigns

Safety campaigns will be developed and delivered in response to topical issues.

## Work Related Health

Occupational health risks will be assessed. Where a significant risk to health is identified, action will be taken to prevent, reduce or control the risks to an acceptable level. Where the need for health surveillance is identified by risk assessment or highlighted in a new starter health declaration form, appropriate health surveillance will be implemented by the Occupational Health provider. The results of the Health Surveillance will be reported to the employee and their line manager with recommended actions. Results will be recorded on the employee's case notes using the OPAS Medical record database and the employee will be further monitored at an agreed frequency.



## Audit

Formal audits of HS&W management systems and processes will be undertaken by the Internal Audit Team as part of their continuous auditing process. An audit plan will be developed and implemented to monitor activities and compliance within departments.

## Safety Systems Assessments

Facility safety systems assessments carried out by the CH&S team are planned and carried out when mutually convenient. Targeted subjects are assessed during the visits. The objectives of health and safety assessments are to : -

- Compare individual facilities or activities within the organisation to best practice
- Provide evidence that the organisation is satisfying statutory requirements. (The level of evidence required will depend on the level of risk, the complexity of the activities being undertaken, and the responses received from the assessment process)
- Enable evaluation of management systems, determine any deficiencies and action cost effective and efficient solutions
- Check practices against procedures and to document any differences
- Identify new or improved standards, guidance or policies which could promote a safer environment within the organisation

The health and safety assessments will generate a formal report with an action plan for relevant managers. The results of the assessment process will be used in the review and revision of the Health and Safety Policy.

## 3.4 Policy Review

The Corporate Health and Safety Policy will be reviewed periodically by the CH&S team. The review will ensure that the organisation and arrangements remain relevant and up to date. The reviewed policy is shared with the Joint Consultative Committee for Health and Safety and Employee Relations for ratification before being reissued.

The revised, dated and signed Policy will be re-issued on Linc.

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## 2022 Policy Amendments

Page (2021 doc)	Page (2022 doc)	Changes from	Changed to	English	Welsh
Throughout document		2021	2022	✓	✓
Throughout document		Reference DCC Intranet / Mewnwyd CSDd	Linc	✓	✓
Contents page		Corresponding page numbers		✓	✓
4 (en) 4 (cy)	3 (en) 3 (cy)	November 2021 /Tachwedd 2021	September 2022 / Medi 2022	✓	✓
N/A	4 (en) 4 (cy)		Glossary added	✓	✓
8 (en) 8 (cy)	9 (en) 9 (cy)	2.9 O/H - Bullet point 4 - Removed the words '... and physiotherapy' from sentence		✓	✓
9 (en) 10 (cy)	10 (en) 11 (cy)	3.1 Policy & Planning – 2 <sup>nd</sup> para, 3 <sup>rd</sup> sentence '...unnecessary'	.....not necessary	✓	N/A
10 (en) 10 (cy)	11 (en) 11 (cy)	Corporate Health and Safety Management Plan – Removed last sentence, 'The CH&S plan is available on the DCC Intranet system'.		✓	✓
Page 107 (en) 16 (cy)	16 (en) 17 (cy)	Lone Working Systems – Removed Sentence, 'Following the current COVID-19 pandemic, this becomes more significant for the increased number of home working employees.'		✓	✓
N/A	16 (en) 17 (cy)		Added – Agile/Hybrid/Home Working	✓	✓
15 (en) 16 (cy)	17 (en) 17 (cy)	Sub-Title - Emergency Procedures / Gweithdrefnau Argyfwng	Sub-Title - Emergency Preparedness / Parodrwydd am Argyfwng  1 <sup>st</sup> Para, 2 <sup>nd</sup> Sentence added - The Organisation will prepare emergency procedures and guidance.  2 <sup>nd</sup> Para, 3 <sup>rd</sup> sentence – removed 'All Facilities...'. Added the word '..will' after Building Managers.	✓	✓
15 (en) 16 (cy)	N/A	Removed – Pandemic Preparedness		✓	✓

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<b>Report to</b>	Governance & Audit Committee
<b>Date of meeting</b>	04 October 2022
<b>Lead Member / Officer</b>	Cllr Gill German / Nicola Stubbins
<b>Report author</b>	Rhiain Morrle
<b>Title</b>	Care Inspectorate Wales – Inspection of Intake and Intervention Service, November 2021

## 1. What is the report about?

1.1. This report outlines the findings of the ‘follow up’ inspection of the Intake and Intervention Service that sits within Education and Children’s Services. The purpose of this inspection was to measure progress following the CIW Assurance Check that took place in June/July 2021.

## 2. What is the reason for making this report?

2.1. To ensure that the Committee is aware of this evaluation and the ongoing improvement agenda within the service.

## 3. What are the Recommendations?

3.1. That the Committee considers the CIW findings letter, understands the areas for improvement and considers whether any further scrutiny is required.

## 4. Report details

4.1. CIW conducted an Assurance Check from 28 June to 2 July 2021. The findings of this check are attached as Appendix A. The purpose of the assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

- 4.2. CIW found several areas of good practice across Education and Children's Services, including services for Looked After Children, Therapeutic & Edge of Care Service and across Early Intervention and Prevention.
- 4.3. The Assurance Check also highlighted some concerns regarding inconsistency of practice within a specific area of the service and it was this area that was subject to a follow up inspection in November 2021. The findings of this inspection is attached as Appendix B.
- 4.4. The practice issues within this area of the service had been recognised by Senior Managers prior to the Assurance check. The service was subject to additional scrutiny and improvements actions were underway.
- 4.5. The follow up inspection highlighted some areas of improvement, but recognised the impact of a high number of vacancies across the service was having on the improvement journey.
- 4.6. The national crisis in the recruitment of qualified social workers remains a significant issue with the service with staff under increasing pressure due to vacant posts.

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

- 5.1. This Inspection provides an external perspective of the Council's performance in relation to a specific service area within Education and Children's Services.

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

- 6.1. The response to delivering improvement actions is integrated into the Service Business Plans. The delivery of these plans will be managed within existing financial resources and additional finance requested, if required, as part of the agreed budget process.

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

- 7.1. A Well-being impact assessment is not required for this report.

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

8.1. Scheduled engagement meetings take place with the Corporate Director, Heads of Service and CIW which help inform this evaluation as well as assess progress in delivering improvement.

## **9. Chief Finance Officer Statement**

9.1. Statement not required for the purpose of this report.

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

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

## **11. Power to make the decision**

11.1 There is no decision being asked in this report.

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Nicola Stubbins  
Director of Social Services  
Denbighshire County Council  
County Hall  
Wynnstay Road  
Ruthin  
LL15 1YN

Dyddiad/Date: 17 August 2021

Dear Director,

## **Care Inspectorate Wales (CIW) – Assurance Check 2021: Denbighshire County Council**

This letter summarises the findings of our assurance check undertaken 28 June to 2 July 2021. The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

### **Overview**

In March 2020, CIW suspended its routine programme of work in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme with local authorities recommenced in September to provide assurance about how well people are safeguarded and their well-being promoted during the pandemic. We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. We always remain mindful of the four principles of the Social Services and Well-being (Wales) Act 2014: People - Voice and Control, Well-being, Prevention, Partnerships and Integration, and frame our letters and reports within those headings.

### **Our focus was on:**

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?

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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.

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

## **Summary of findings and priorities for improvement:**

**People - voice and control - We asked:** How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives?

Most people who contact Denbighshire social services have their voices heard and maintain control over the care and support they receive. Practitioners regularly use informal advocacy to help develop an understanding of the needs of adults and children and the well-being outcomes they each want to achieve. While we found some good examples of practitioners engaging well with children, we found some examples where the voices of children need to be strengthened.

The voices of carers were also seen in some case files and we saw a good example of support provided to the carer alongside support for the cared for person. There is room for improvement to ensure practitioners always record all identified needs in care and support plans; including those needs deemed eligible if the carer/family members were not meeting them.

Concerns remain about how to best to maintain supportive relationships with adults and children when it is not always possible to meet face-to-face. In these instances, garden visits and other creative opportunities are tried to maintain support; including providing access to information technology and providing support to increase skills.

We heard that despite some initial reluctance from adults and children to engage via technology, challenges over lack of equipment, and some people choosing to dial into meetings, communication channels have largely remained open and in some instances have improved.

Despite many competing pressures it is evident practitioners continue to focus assessments upon what matters to people and rightly place emphasis on encouraging and supporting people to consider how they can use their own strengths and resources to improve their own well-being.

The contents of assessments reflect an ongoing conversation between the individual, carer, and practitioner and sometimes their wider family. We found this to be the result of a positive culture where practitioners are encouraged to work with people who need support as equals and co-produce solutions tailored to individual circumstances.

We heard how practitioners have made adaptations to their practice and ways of working to maintain engagement with children and adults through what has been an incredibly difficult time for almost everyone. Including, working hard to create a range of opportunities through social media and apps to ensure people can maintain contact with their social workers and continue to capture what matters to them.

The local introduction of a new 'integrated care and support plan' assessment tool in adult services is a positive step in supporting practitioners ensure their response to individuals is proportionate and person centred. However, managers must ensure practitioners are able to capture the outcome of the assessment and any advice or guidance they have given on the assessment and eligibility tool. As services move further towards integration of service delivery, it is also essential managers work with wider partners to ensure positive improvements and amendments in assessment tools are consistent across the footprint of the local health board.

**Well-being - We asked:** To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

The use of assistive technology has continued and been increasingly explored during pandemic as a means to reduce isolation for some people and provide help to overcome physical and sensory barriers for people with complex disabilities or chronic conditions. There is a new understanding of how people with learning disabilities, physical and sensory impairments and older people can benefit and enjoy using technology in a way not previously considered possible and with positive outcomes not previously appreciated. The local authority will want to continue to explore this area of work.

Practitioners understand the importance of the Mental Capacity Act 2005 to the well-being of the most vulnerable people in our society. Practitioners for adults appropriately considers people's mental capacity to engage in safeguarding enquiries, their assessments and care and support planning. Practitioners do respect the right of individuals to make what others may consider unwise decisions and record those decisions appropriately.

We recognise the continuing positive culture of improvement this represents in adult safeguarding in Denbighshire. We acknowledge the challenges overcome by the team in maintaining the safeguarding function during the move to virtual working for the benefit of protecting people who may be the most vulnerable in our communities and at risk of neglect abuse or harm.

Maintaining the well-being of people who work in services is essential to their ability to continue to care and support others. It was clear in discussions with managers and practitioners that at this point in the COVID-19 pandemic, despite ongoing positive support from managers, many people who work in social services are tired. Some told us they are exhausted and feel drained by what has been a very distressing time for them at home and at work. The fact that so many practitioners and managers have continued in their roles and taken on new duties to help protect others is a credit to them and the local authority.

We recognise and encourage positive efforts to provide practitioners with consistent opportunities for reflective practice, shared learning and peer support. The peer support meetings in community resource teams are a very positive example of how by working together as a team, shared learning can lead to the right response at the right time and a more efficient means of improving outcomes for people.

Despite the challenges, practitioners in the local authority told us they feel supported by the significant efforts made to promote their well-being. Communication within and between teams is good and individuals reiterated how services overall continue to benefit from positive leadership. An early move to using information technology was a positive initiative that enabled people to settle quickly into new ways of maintaining positive working relationships within and between teams.

It is clear managers and practitioners already recognise the benefits of virtual working to more effective and efficient use of their time and are balancing the benefits with an empathetic understanding of how adapting to virtual working has been easier for some than others. We heard how working from home has left some people feeling isolated and how some have adapted very quickly and been able to motivate themselves far better than even they anticipated.

Specifically, increased use of virtual working has freed up travel time. Practitioners and managers describe how freeing up travel time has improved accessibility of colleagues, managers and external partners. The majority of people we spoke with told us they appreciate the benefits of less time spent driving.

Increased attendance of external partners at key meetings including safeguarding meetings for adults and children and community resource team meetings is as one of the key benefits of virtual working. This supports the local authority wider responsibility for sustainable development and is worthy of consideration for retention as services move towards a new normal.

**Prevention - We asked:** To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

Key challenges arising from the Social Services and Well-being (Wales) Act 2014 are the importance of timely preventative services and the importance of making support available to promote the upbringing of children within their families in their own communities.

Leaders and managers recognise the importance of keeping children within their families where possible, and have developed a culture where promoting support and early intervention is recognised as presenting the best opportunity for children to remain within their families.

There is strong focus on exploring opportunities to provide kinship care for children and a significant number of children are placed with parents and receiving high levels of support from a range of agencies; including health visitors, school nurses, and family support services to ensure good outcomes for children.

We saw evidence of some very positive work supporting looked after children and their foster parents demonstrating a good understanding of the benefits of therapeutic work for with children and families. We saw examples of children's emotional well-being improving with such intervention, including 72 hour assessments and the concerted efforts made by

practitioners to enable families to build their skills and raise their children within their own families.

However, social work professional curiosity, recording and decision making is not consistently good across all areas of children's services. We saw a number of credible referrals submitted and resubmitted for the same children before referrals were accepted and appropriate action taken.

We found managers in children's services are aware of this inconsistency and have already begun to take steps to drive improvement. With the added information provided during this assurance check, we found senior managers acting decisively to ensure children are safeguarded and strengthen their plan to deliver sustainable improvements in social work practice in this area of the service.

The action plan must quickly deliver improved focus on individual children, more robust analysis, and recording of risk and of key decisions. Management oversight must be strengthened and quality audits temporarily halted during COVID-19 should be reinstated.

We raised inconsistencies of practice with the director of social services who provided immediate assurance of a rapid response to any deficits identified. We recognise there is very good work happening in the local authority and the skills and knowledge necessary to address concerns already exist within the service. Immediate improvements must ensure children are protected, and to do this practitioners must develop or refresh their skills quickly. Attempts must be made to ensure this is a positive learning experience and sustainable improvements in practice are the result.

The challenges of recruiting suitably qualified practitioners to both adults and children's services adds to the importance of developing the skills and knowledge of people who already work within the service. Current job vacancies in adults and children's services are adding to work load pressure on individuals in teams and delaying some service improvements.

In response, managers describe an increased recognition of need for the local authority to 'grow their own' professional workforce and the start of their plan for doing so. The plan stems from a recognition of the skills and experience of support workers who have the knowledge and skills to step up into professional roles but without the financial security to be able to leave employment and attend university.

Senior management arrangements for children's services remain in a period of transition following natural progression of previous post holders. Leaders will need to ensure respective vacancies and interim management arrangements are prioritised for resolution.

**Partnership and Integration - We asked:** To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

There is evidence of positive partnership working between practitioners in different agencies and between practitioners and families. We saw evidence of practitioners developing professional working relationships with people, built upon co-operation and shared understanding of what matters. The links developed between education and children's social services provides positive examples of how partnership working can support children and families to stay connected and access services when they need them.

Providers of care and support told us how they work well with social services and find them to be open and honest willing to be flexible and help to resolve challenges as they arise. Some providers consider the relationship with social services has improved over the last year as the number of necessary meetings have increased and communication flowed freely to the benefit of people who need support and those who provide care and support.

The flourishing of positive working with statutory partners during COVID-19 is in part due to the good foundations laid during early planning and development for Community Resource Teams. It appears a shared external crisis has added impetus and driven change far more quickly than previously possible.

Increased engagement of a range of colleagues in virtual Community Resource Team meetings is one very good example we saw working in practice. Leaders will now seek to capitalise on recent achievements to review strategic plans and seek new opportunities to deliver rights services at the right time.

External pressures upon the service including diminished resources and complex demand are creating significant challenges. Some issues are reaching crisis point and the creativity of the management team is regularly tested.

In some geographical areas of Denbighshire, the inability to recruit domiciliary care staff results in demand outstripping supply and some people having to wait too long for services they are eligible to receive. At times, this places further pressure on family carers and can result in relationship or family breakdown and escalation of need. Lack of availability of domiciliary care services generally means the local authority is unable to promote voice and choice for people who need care and support and want to remain in their own homes.

Accommodation options for individuals continues to be a challenge in Denbighshire. We reviewed two case files for young people whose home address is bed and breakfast accommodation. The local authority and wider partners must consider how a more suitable response to young people who are at risk of homelessness neglect and abuse is provided in Denbighshire.

Opportunities to build community capacity have emerged as council officers from across the local authority have helped to provide a response to vulnerable people who need support. We heard how some people found new rewards from engaging directly with people who need support and wanted to consider how they may continue to do so. A solid achievement on which local authority officers want to build opportunities for volunteering.

Driven by external challenges and their own commitment to succeed, social services senior managers in Denbighshire continue to lead with confidence and develop increasingly creative solutions at pace. Adults services benefit from having an experienced and stable management team. They have a good understanding of their statutory duties and demonstrate ongoing commitment to ensure services deliver positive outcomes for people.

We heard how all managers work well with a range of statutory and third sector partners maintaining open and honest dialogue with clear benefits for people. In the face of the challenges, leaders and senior managers must not lose sight of the importance of meeting their statutory duties.

#### **Method:**

- we reviewed documentation supplied in advance of our visit
- we spoke with people, some people who are supported by services, their families and their carers.
- we reviewed 33 case files
- we held case tracking discussions on 11 case files
- we spoke with over five professional staff
- we held seven focus group discussions

#### **Next Steps**

We have identified strengths and areas for priority improvement and we will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

Please see our Privacy Notice at <https://careinspectorate.wales/how-we-use-your-information>

Yours sincerely,



**Lou Bushell-Bauers**

Head of Local Authority Inspection

**Care Inspectorate Wales**

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Nicola Stubbins  
Director of Social Services  
Denbighshire County Council  
County Hall  
Wynnstay Road  
Ruthin  
LL15 1YN

Date: 22 December 2021

Dear Director,

### **Care Inspectorate Wales (CIW) – Follow up inspection**

An Assurance Check was undertaken in Denbighshire local authority between 28 of June and 02 of July 2021. Positive areas of practice were identified across both adults and children’s social services as well as areas requiring improvement within children’s services. The local authority promptly responded and submitted an action plan to CIW that included specific actions and audits to assess the standard of decision-making and management oversight in children’s services.

The aim of this inspection was to assess progress made in relation to those areas identified as requiring improvement. Our focus was on the safety and well-being of children and families. This included the local authority’s practice of reviewing, analysing and decision-making in relation to risk. In addition, whether the local authority was meeting its statutory responsibilities in line with the requirements of the Social Services and Well Being (Wales) Act 2014.

### **Lines of Enquiry**

The following questions were considered in line with the principles of the 2014 Act:

1. **People voice and control** - How well the local authority is working to support children and families to have their voices heard?
2. **Prevention** - To what extent the local authority is successful in promoting prevention and reducing need for increased or formal support from statutory agencies. Including

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taking all necessary steps to support the upbringing of the child by the child's family, and preventing a pattern of re-referrals?

3. **Well-being** - To what extent the local authority is meeting its statutory duty to promote the well-being of children; ensuring protection of children from foreseeable harm, neglect and abuse and supporting families to achieve positive outcomes that matter to them?
4. **Partnerships** - To what extent are local authorities able to assure themselves opportunities for partnership working are positively exploited to maximise person centred planning, ensure integrated service delivery and drive service sustainability?

**People voice and control** - How well the local authority is working to support children and families to have their voices heard?

Files reviewed evidenced variable practice in how well children's voices were heard. There were examples of children being seen and spoken with and where appropriate had being spoken with alone. However, we saw examples whereby parents and children had not been spoken with, where they should have been. This means practitioners did not always have an understanding of children's lived experience. In some examples, files were abruptly closed without ascertaining people's views.

The local authority must ensure the voice of individual children and their family is consistently sought, and prioritised within assessments of children's care and support needs, as well as within the compilation of care and support plans, and care and support protection plans.

The recruitment and retention of social care staff is a national area of concern. It is a particular area of concern within intake and intervention teams in children's services in Denbighshire local authority. The current situation places significant pressure on staff who we found to be dedicated, aiming to ensure the best outcomes for children and their families. Staff are working incredibly hard to try to meet demand, and are often working long hours. The local authority must ensure a sufficient and suitably qualified workforce.

The local authority recognises this duty and has responded strategically by acknowledging that lack of capacity within the social care workforce is a risk and have highlighted this in their corporate risk register. Positively, a project group is underway to review recruitment and retention of social care staff across the whole of social services. The aim is to identify how the local authority can become more competitive in the recruitment market. We heard from the director about steps that will be taken in the meantime to support timely recruitment. This to include the appointment of a Human Resources personnel staff member to focus solely on recruitment of staff to social care. A further positive development is the permanent appointment of suitably qualified, experienced and competent Head of Children's Service. Staff in teams with most staff absences and vacancies told us how there was whole service support to assist them in their practice with staff and managers from other teams promptly responding to requests for assistance.

Staff we spoke with were complimentary about both managerial and peer support, noting there was a consistent focus on staff well-being. This was corroborated in supervision records seen, with appropriate emotional support provided by managers. Care First (Employee Assistance Programme) is also available to staff within the local authority as an additional emotional support resource.

Staff described how the implementation of practice improvement sessions in line with the local authority's action plan were beneficial. Such opportunities identify positive practice but also areas where practice could have been done differently, and more effectively. Despite caseloads being very high in some teams, staff had been supported to attend relevant training, which they said had been positive for their learning and development.

The Head of Children's Service has an active role in monitoring the progress of the action plan along with oversight from the Director of Social Services. Both reported they recognised progress had been hampered by the significant workforce capacity issues, including the need for managers to be more operational to support children and families, rather than focussing on strategic development issues.

We found some files would have benefitted from greater management oversight to further support unregistered practitioners. The local authority must assure itself all practitioners undertaking assessments are suitably skilled, trained and qualified in undertaking assessments.

The local authority has introduced a quality assurance approach to identify areas for improvement and build on positive practice. The local authority is committed to identifying areas for improvement, and equally building on positive practice. Since the Assurance Check between 28 of June and 02 of July 2021, file audits have been completed which has assisted the service to identify gaps, prioritise risk and highlight where further monitoring is required. This work is ongoing with audit reports for collation, analysis and reporting purposes scheduled for the beginning of January 2022.

**Prevention** - To what extent the local authority is successful in promoting prevention and reducing need for increased or formal support from statutory agencies. Including taking all necessary steps to support the upbringing of the child by the child's family, and preventing a pattern of re-referrals?

We heard from the principal manager responsible for the early intervention and prevention service, of clear ambitions to identify additional support for children and families at the earliest opportunity. This includes the provision of information, advice and assistance and signposting to universal or targeted support services alongside consideration of people's own resources, and that available from families and communities. The local authority recognise greater resource is required to be able to identify additional support for children and families at the earliest opportunity and have utilised grant funding to expand capacity at the front door. The intention is that this will strengthen the local authority's ability to meet its

statutory responsibility to provide a range of preventative services. This is an area that we will revisit to assess the impact of this development on outcomes for children and families.

We found the preventative practice we reviewed varied in quality. The best examples enabled families to be fully supported at home. For example support from the therapeutic team avoided the need for a child to come into the care of the local authority. However, we saw examples where children and families would have benefitted from practitioners undertaking more consistent critical thinking about the potential for harm to be repeated, contingency plans and the availability of wider support. The local authority must ensure that opportunities to support children and families are not missed or delayed.

**Partnerships** - To what extent are local authorities able to assure themselves opportunities for partnership working are positively exploited to maximise person centred planning, ensure integrated service delivery and drive service sustainability?

Parents spoken with referred positively to their relationship with practitioners and in relation to the support provided. However, we found some parents were unclear about the reasoning for the local authority's involvement. The local authority must ensure that parents are consistently clear on what is expected of them to achieve positive outcomes. Furthermore, there was lack of consistent evidence to demonstrate care and support plans and care and support protection plans were shared with children, families, and partners in a timely manner. Doing so would provide further clarity on reason for involvement, aims, outcomes and responsibilities.

The Care and Support Plan/ Protection Plan must be co-produced with children and families to ensure there is an agreed understanding of how the needs will be met and personal outcomes achieved. The local authority must ensure that relevant copies are consistently shared with young people, families as well as other professionals.

At an operational level, on merit there is good communication between children's services and external partners. The quality of referral information provided by partners has clarity and relevant detail, which assists early decision-making.

The police and health representatives told us of the positive relationship they have with the local authority in relation to information sharing and joint working. Health representatives referenced the positive impact the recently established pre-birth meetings instigated by the local authority are having on children and families, providing clear opportunity to share information and plan timely intervention and support. Similarly, an education representative referenced how multi-agency panels in schools serve as a useful forum for sharing information to ensure that all partner agencies are sighted on children's needs and how they may be supported.

The local authority is committed to working strategically with partners to support children and families in their area. We heard from managers and practitioners how the local authority are working with regional partners using transformation grant to develop new services to provide timely and appropriate support to children and families. For example, the Local Integrated Family Team established in January of this year with the local authority

working strategically with a neighbouring local authority as well as Betsi Cadwaladr University Health Board Trust to support parents. Children and families benefit from the input of staff from multiple disciplines and the approach and support is tailored to meet individual children and families' needs.

**Well-being** - To what extent the local authority is meeting its statutory duty to promote the well-being of children; ensuring protection of children from foreseeable harm, neglect and abuse and supporting families to achieve positive outcomes that matter to them. Including timely step down of children from local authority care.

We found variable practice in how well the local authority was addressing the safety and well-being of children. We saw examples of children receiving a swift response in relation to safeguarding, and appropriate decisions made to escalate to child protection investigations. This included an understanding of risk and decision-making at the front door with prompt referral on to the intake team with evidence of further analysis of risk and consistent decision making at that point. Strategy discussions and meetings are always held with the police. The local authority needs to ensure it considers involving other practitioners especially when they are involved with the child or the professional making the report. This is essential to support with robust decision-making.

We also saw some files where opportunities to be assured about children's safety were missed, and in others there was a lack of recording about how the risks had been addressed. Safeguarding practice following the initial intervention stage was often fragmented with important elements of safety missing.

In order to comply with the social care code of practice and legal requirements the local authority must improve file recording to evidence management of risks to children's safety. Without this, the local authority cannot be assured these risks are being addressed effectively by the local authority.

It is acknowledged that due to the challenges associated with insufficient staffing, the local authority has prioritised immediate intervention when safeguarding children, but this has been to the detriment of engaging and spending time with children and families, and the recording of vital information. Managers told us they are clear this practice should not continue in the longer term but emphasised the fine balance of supporting staff and not placing further pressures on an already fragile workforce. The local authority must increase the workforce in key positions to meet its statutory responsibilities. The local authority must review how it monitors and addresses key safeguarding practice areas.

**Method:**

- we reviewed documentation supplied in advance of our visit
- we spoke with 4 parent/carers and one young person
- we reviewed 37 case files
- we spoke with 5 representatives of partner agencies to include education, police and health

- we observed an intake managers meeting, a performance improvement meeting, a strategy meeting
- we spoke with practitioners, managers and senior managers

### **Next Steps**

We have identified strengths and areas for priority improvement and we will review the progress of these areas through our performance evaluation review meetings with the heads of service and director.

During our next performance review period, (2022 – 23) CIW will continue to monitor progress alongside the local authority through routine performance review activities. Progress will be regularly reviewed internally through CIW local authority risk based approach to inspection planning.

We would like to extend our thanks to all those who helped with the arrangements for this follow up inspection and to those people and staff who spoke with us.

Please see our Privacy Notice at <https://careinspectorate.wales/how-we-use-your-information>

Yours sincerely,

**Lou Bushell-Bauers**

Head of Local Authority Inspection

**Care Inspectorate Wales**

<b>Report to</b>	Governance and Audit Committee
<b>Date of meeting</b>	04 October 2022
<b>Lead Member / Officer</b>	Cllr Gwyneth Ellis, Lead Member for Finance, Performance and Strategic Assets / Nicola Kneale, Joint Acting Head of Business Improvement and Modernisation
<b>Report author</b>	Iolo McGregor, Strategic Planning and Performance Team Leader
<b>Title</b>	Audit Wales Report - Delivering Sustained Performance Improvement

## **1. What is the report about?**

- 1.1. To give an overview of the Audit Wales report on Delivering Sustained Performance Improvement, and subsequent management response. This cover report provides highlights from the review, including its scope and key outcomes.

## **2. What is the reason for making this report?**

- 2.1. To detail the review conducted by Audit Wales on the council's arrangements for managing its performance.
- 2.2. To detail the management response that responds to the recommendations made by Audit Wales.

## **3. What are the Recommendations?**

- 3.1. That the Committee confirms it has read, understood and taken account of the content and recommendations in the Audit Wales report on Delivering Sustained Performance Improvement (Appendix 1).

- 3.2. That the Committee notes the agreed actions in the management response (Appendix 2).

## **4. Report details**

- 4.1. Between June 2021 and September 2021, Audit Wales carried out a review of the Council's corporate performance management arrangements, involving document reviews, interviews and focus groups with officers and councillors, and virtual meeting observations. The review examined in particular Environmental and Young People's services as tracers to evidence how the corporate arrangements were being deployed in service areas.
- 4.2. The review sought to answer the question: Are the Council's performance management arrangements robust and likely to support continuous and sustainable improvement as it rebalances from the impact of Covid-19?
- 4.3. The review concluded that the council's Performance Management Framework and arrangements for measuring and reporting performance are effective, with some opportunities to improve the use of the performance management software. The council could also look to improve performance reporting of non-priority areas; how finance and performance information are considered simultaneously; and that staff 1:1s are recorded in an accurate and timely manner.
- 4.4. Four recommendations were made by Audit Wales, and appendix 2 outlines the council's intended action in response to these.

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

- 5.1. The report does not have a direct impact upon the current Corporate Plan priorities for 2017 to 2022. However, it does provide assurance that our processes for measuring the progress of our priorities are good, giving us something to build upon as we take forward our next Corporate Plan framework for 2022 – 2027.

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

- 6.1. There is no financial or resource implications arising from this report.



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

7.1. A Well-being Impact Assessment is not required for this report – no change or decision is required.

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

8.1. The Audit Wales review has been undertaken with relevant officers and lead members across the council. Likewise, the report and management response has been agreed with input from key officers and lead members prior to publication.

## **9. Chief Finance Officer Statement**

9.1. A statement is not required for this report.

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

10.1. There are no significant risks arising from this report.

## **11. Power to make the decision**

11.1. No decision is required.

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## Delivering Sustained Performance Improvement – Denbighshire County Council

Audit year: 2021-22

Date issued: January 2022

Document reference: 2784A2022-23

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

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

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# Summary report

## Summary

### What we reviewed and why

- 1 Performance management provides an opportunity to plan for improvements, measure success, learn from the experience and drive improvement. Done well it is a positive experience – done badly it can promote blame and a culture where poor performance is hidden and kept from those who can support and drive improvement.
- 2 The Council's performance management framework aims to help managers and councillors deliver improvement, demonstrate that they are delivering efficient and effective services and use resources effectively. Performance management is an integral part of the Council's approach to driving sustainable improvement.
- 3 In December 2019, an Internal Audit report on performance management gave a rating of high assurance overall. The report concluded that the performance management framework within the Council was managed well, and appropriate support was available. No major or critical risks were identified in the report.
- 4 Although the Council has a good track record of managing performance, it does face some significant challenges. The Council's Annual Performance Review 2020-21 shows that delivery against performance indicators is mixed with some rated as 'good' or 'acceptable' and many shown as being 'priorities for improvement'. A lack of data in some areas makes comparisons difficult. Whilst officers have prioritised dealing with the recent COVID-19 pandemic (the pandemic), which will affect performance in many service areas, it is important that the performance management arrangements continue to provide assurance and alert managers about variations around delivery of core services and outcomes.
- 5 The impact on the Council's 'business as usual' because of the pandemic has been considerable. Many services changed and adapted in response to the pandemic. The Council has been redefining, 'business as usual' recognising that the pandemic may also have changed demand for services and the ways in which the Council delivers them.
- 6 The Council has reviewed its priorities because of the pandemic but decided they remain unchanged. The Council also established a separate set of COVID recovery priorities which it has now either achieved or will form part of its New Ways of Working project.
- 7 Our review took place between June 2021 and September 2021, and involved document reviews, interviews and focus groups with officers and councillors, and virtual meeting observations. The review focussed on the Council's corporate performance management arrangements and examined Environmental and Young People's services as tracers to evidence how the corporate arrangements were being deployed in service areas.

## What we found

- 8 Our review sought to answer the question: Are the Council's performance management arrangements robust and likely to support continuous and sustainable improvement as it rebalances from the impact of COVID-19?
- 9 Overall, we found that: **The Council's performance management arrangements are supporting the delivery of the Council's corporate priorities, with opportunities to strengthen arrangements in some areas.** We reached this conclusion because:
- The Council has an effective performance management framework in place
  - The Council's arrangements for measuring and reporting performance are effective with some opportunities for improving its performance management software
  - The Council has good arrangements for reporting on performance against its priorities but could improve its performance reporting in non-priority areas and report financial and performance data together

## Recommendations

### Exhibit 1: recommendations

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

Recommendations	
R1	<p>The Council should consider how it can better support staff to use the Verto system. It needs to:</p> <ul style="list-style-type: none"><li>• review the content and frequency of the training and support available to staff; and</li><li>• consider whether the new Verto contract allows it to make the system more user friendly.</li></ul>
R2	<p>The Council needs to present financial and performance information simultaneously, to provide elected members and officers with greater understanding and context of the links between performance and spend/cost.</p>

## Recommendations

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R3 The Council should consider ways in which it makes service level performance information regularly available to councillors and for public scrutiny.

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R4 The Council needs to ensure that staff one-to-one meetings are taking place as planned and are being accurately recorded in a timely manner.



# Detailed report

## The Council's performance management arrangements are supporting the delivery of the Council's corporate priorities, with opportunities to strengthen arrangements in some areas

### The Council has an effective performance management framework in place

- 10 The Council's priorities are set out in its Corporate Plan 2017-2022. Each priority is supported by defined actions and expected outcomes. The five priorities are:
  - Everyone is supported to live in homes that meet their needs
  - Communities are connected and have access to goods and services locally, online and through good transport links
  - The Council works with people and communities to build independence and resilience
  - The environment is attractive and protected, supporting wellbeing and economic prosperity
  - Younger people want to live and work here and have the skills to do so
- 11 The Council has a clear and transparent process to set targets for each priority area which considers all-Wales performance data. If the Council's performance is in the upper quartile compared to other councils in Wales it is categorised as 'excellent'. If the Council's performance is between median and upper quartile it will be categorised as either 'good' or 'acceptable' performance and if the Council's performance is below the all-Wales median it is categorised as a 'priority for improvement'. However, the publication of fewer national data sets in recent years has challenged this methodology. Where national comparator data is not available, targets are set following discussions between heads of service and performance officers about what represents an acceptable level of performance. Inevitably, this process is more subjective. Councils will need to ensure that a suitable range of comparator information is available, if not nationally then regionally in the future, as it is an important component of self-evaluation/self-assessment.
- 12 Each service has a service plan that supports delivery of the corporate plan priorities. Service plans are agreed annually and rarely change significantly from year to year because they are linked to the corporate priorities, which are set for a five-year period. Service plans set out an overview of the service and the outcomes the service is aiming to achieve. The plans include the performance indicators, measures and activities that will be used to assess progress against achievement of the objectives. Each outcome is allocated a red, amber, or green (RAG) rating, which indicates the level of improvement needed, and these are updated when the service plans are reported each quarter. Service plan reports are considered as

part of the service challenge process, although this has not taken place in the usual way during the pandemic.

- 13 The Council's Strategic Planning Team supports managers with the development of service plans. The process takes account of intended outcomes, indicators, and targets for performance. This process typically begins in December, with the plan being agreed by the Head of Service and lead portfolio members by the beginning of the next financial year.
- 14 Both the Education and Children's Services plan and the Highways and Environmental Services plans support delivery of their relevant corporate priority although the links could be clearer. The Highways and Environmental Services plan references the Corporate Plan priorities but does not explicitly set out how the service plan objectives link to the Corporate Plan. The Education and Children's Services plan does not explicitly reference the Corporate Plan, although it is apparent that the service priorities are linked to the Corporate Plan objective 'Younger people want to live and work here and have the skills to do so'.
- 15 Targets for the service plans are reviewed annually, in June or July by Senior Leadership Team and Cabinet, supported by performance officers. If a target has been met easily, or if a target is no longer achievable, it can be revised as part of this process.

To link delivery of performance of corporate and service priorities to individual staff, the Council uses monthly one-to-one meetings, instead of an annual appraisal process. Officers we spoke to during this review were positive about this methodology, as the monthly one-to-one meetings were said to be more effective in terms of managing staff and their performance. However, in Education and Children's Services and Highways and Environmental Services, the percentage of staff who had at least three one-to-one meetings in the last 12 months was assessed as 'red'. Officers believed this was a recording issue rather than an actual reflection of the frequency of one-to-one meetings.

## **The Council's arrangements for measuring and managing performance are effective with some opportunities for improving its performance management software**

- 16 Where performance is below the Welsh median, as noted above, it is categorised as red and triggers higher levels of scrutiny at a senior level. If performance is above the median or in the first quartile, it is categorised as amber or green and no further consideration is required.
- 17 The Council collates and records performance data using a bespoke performance management software system, called Verto which has many advantages over more generic software. For example, Verto can generate reports directly, and has greater stability when dealing with large data sets. However, many managers told us that they found Verto difficult to use. Internal Audit also identified difficulties

using and navigating the system as a risk in their December 2019 report on performance management.

- 18 Many staff only use Verto quarterly to provide the data used to report on performance to Senior Leadership Team and Cabinet. As a result, they have limited opportunities to become familiar with the system. Staff we spoke to did not consider Verto to be intuitive and described needing to take several steps to access the relevant section, which can be difficult for users to remember. The Council has provided staff training and made user guides available. The guides are available on Verto and also bilingually on the Council's intranet. We spoke to officers who had attended training, but still found the system difficult to use. Corporate performance officers are available to assist, but clearly it is more efficient if users can do their work independently.
- 19 Due to the length of time that Verto has been in place, (approximately seven years) the Council recently completed a tendering exercise for performance management software. The Council concluded that Verto continues to offer the Council the best functionality and value for money. The Council will therefore continue to use Verto, with some additional developer time incorporated into the new contract.
- 20 Having decided to continue to use Verto, the Council has an opportunity to reflect on the experience of staff using the system. By engaging with staff, the Council will better understand what additional support officers might benefit from and whether this can be accommodated with the additional developer time in the new contract. This could result in performance data being added to the system and accessed more easily and efficiently.

### **The Council has good arrangements for reporting on performance against its priorities but could improve its performance reporting in non-priority areas and report financial and performance data together**

- 21 Performance against the corporate plan and service plan priorities is reviewed quarterly by Senior Leadership Team, by Cabinet and by the Performance Scrutiny Committee. The reports are publicly available as part of the scrutiny committee and Cabinet agenda papers. The reports provide a narrative update on progress against the priorities and report performance on specific measures. The reports include whether current performance indicates the measures should be a priority for improvement, acceptable, good or excellent. Whilst the information provided is comprehensive, it could be presented in a more visual way, for example, with the use of charts, tables, and colour coding to highlight variations between the target and actual performance.
- 22 The Council's Performance Scrutiny Committee meets every six weeks. The Committee considers the performance reports prior to their consideration by Cabinet. It also looks at items such as the Director of Social Services' Annual Plan,

the corporate risk register, Library standards and other service specific strategies and plans.

- 23 Where cabinet and scrutiny committee members request further clarification as part of the quarterly performance reporting process, the explanation for poor performance and remedial action can be discussed at the time. Where further clarity or detail is required, but cannot be provided immediately in the meeting, it can be reported back to members following the meeting, through the committee support officers. Councillors also have the option to add items to the scrutiny forward work programme.
- 24 The processes the Council has in place to manage and report performance are mostly effective but are clearly focussed on Corporate and Service Plan priorities. Historically, performance of corporate health areas such as sickness absence, or payment of invoices within agreed timescales, has not been reported to Cabinet or scrutiny committees and was therefore not accessible to the public. In June 2021, the Council added a new set of measures to its Annual Performance Report, which included performance in areas such as financial health, customer service, member attendance, gender pay and sickness absence. The Council intends that subsequent quarterly reports will continue to present this data.
- 25 The Council has established an annual service challenge process, where officers, Cabinet members and scrutiny chairs consider the performance of a particular service area. These service challenge sessions cover all council services and provide managers with an opportunity to share important information about their services and to be challenged about recent, current, and planned performance. At the service challenge sessions, attendees receive an overview of the whole service.
- 26 For this year, the information provided to councillors was less detailed as the intention was to focus on the impact of and response to the pandemic. This means that there was less information provided about service level performance. Feedback from attendees about the revised approach was positive, as under the previous format, some attendees found the level of detail and volume of information challenging to absorb and understand.
- 27 It is understandable and appropriate that the Council's response to the pandemic will have meant less focus on business as usual. However, when arranging future service challenge sessions, the Council will want to consider what information will help to facilitate effective challenge and ensure this opportunity to focus on the Council's broader performance is not lost.
- 28 Whilst officers report quarterly performance reports to Cabinet alongside finance updates and the Annual Performance Report contains some high-level financial information, the Council does not effectively align financial and performance information in its reporting. Internal Audit identified this as a risk and the Council accepts Internal Audit's findings, although it has not yet acted on the recommendation. Demonstrating the link between spending/costs and impact can be complex, but that should not prevent the Council from taking a more pragmatic

approach to presenting budget/spend and performance information simultaneously. That would allow officers and councillors to see the connection between output/activity and spend and would be a useful step forward from the current situation in terms of providing additional context for performance data.



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

## Management response

**Report title:** Delivering Sustained Performance Improvement – Denbighshire County Council

**Completion date:** January 2022

**Document reference:** 2784A2022-23

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Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R1	<p><b>The Council should consider how it can better support staff to use the Verto system. It needs</b></p> <ul style="list-style-type: none"> <li>review the content and frequency of the training and support available to staff; and</li> <li>consider whether the new Verto contract allows it to make the</li> </ul>	Better quality performance reporting, increased user satisfaction with the Verto system and improved system functionality.	Yes	<ul style="list-style-type: none"> <li>The election of the new council in May will be an opportunity for the Strategic Planning and Performance Team to review training materials and schedule new training events for councillors and staff.</li> <li>We will progressing discussions with Verto's developer to ascertain</li> </ul>	<p>November 30, 2022</p> <p>December 31, 2022</p>	<p>Nicola Kneale, Strategic Planning and Performance Manager</p> <p>Nicola Kneale, Strategic Planning and Performance Manager</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
	system more user friendly.			what improvements can be made to the system.		
R2	<b>The Council needs to present financial and performance information simultaneously, to provide elected members and officers with greater understanding and context of the links between performance and spend/cost.</b>	More joined up decision making where links between activity and cost are more transparent.	Yes	The Council's Statement of Accounts includes reference and links to the Self-Assessment of Performance, and vice versa. Our Corporate Health Outcome within the latter now specifically includes measures on service variance and council reserves. Additionally, budget reports to Cabinet are presented alongside tabled performance reports.	July 31, 2022	Nicola Kneale, Strategic Planning and Performance Manager



Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R3	<b>The Council should consider ways in which it makes service level performance information regularly available to councillors and for public scrutiny.</b>	Wider coverage of performance reporting capable of identifying variations to plans where corrective action may be required.	Yes	The council will progress discussions with its Senior Leadership and Cabinet to explore options for the publication of Service Plans, and performance against them.	March 31, 2023	Nicola Kneale, Strategic Planning and Performance Manager
R4	<b>The Council needs to ensure that staff one-to-one meetings are taking place as planned and are being accurately recorded in a timely manner.</b>	Improved accountability for delivery of council priorities.	Yes	The completion of one-to-one meetings is regularly reviewed with HR business partners at management team meetings. Business partners will continue to work with services to ensure that they are accurately recorded in iTrent.	Ongoing	Louise Dougal

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<b>Report to</b>	Governance & Audit Committee
<b>Date of meeting</b>	04 October 2022
<b>Lead Member / Officer</b>	Cllr Gwyneth Ellis / Bob Chowdhury – Chief Internal Auditor
<b>Report author</b>	Bob Chowdhury – Chief Internal Auditor
<b>Title</b>	Internal Audit Update

## 1. What is the report about?

- 1.1. This report provides an update for Governance & Audit Committee on Internal Audit's latest progress in terms of its service delivery, assurance provision, reviews completed, performance and effectiveness in driving improvement.

## 2. What is the reason for making this report?

- 2.1. To provide information on the work carried out by Internal Audit since the last Committee meeting. It allows the Committee to monitor Internal Audit's performance and progress as well as providing summaries of Internal Audit reports so that the Committee can receive assurance on other council services and corporate areas. This enables the committee to discharge its responsibilities as per its Term of Reference. Delivery of the audit plan will assist the committee with obtaining assurance that the Annual Governance Statement appropriately reflects the conditions of the Council.

## 3. What are the Recommendations?

- 3.1. That the Committee considers the report content, assesses Internal Audit's progress and performance.
- 3.2. That the Committee decides whether it needs further assurance on any of the audited areas to follow up progress with implementing the improvement action plans.

## 4. Report details

- 4.1. Appendix 1 provides an update on internal audit work carried out since the last update report to the committee in March 2022.
- 4.2. Since the last Governance & Audit Committee update report, eight audits have been completed, none of which received a low assurance rating. There have been two follow up reviews completed since the last update and summaries are included for information. One of the follow ups went to the Partnership Scrutiny Committee July 2022.
- 4.3. The service continues to make progress with delivering the Audit Plan for 2022/23, an update is provided within the Appendix 1 report. The report highlights key matters relating to the operation of the internal audit service, to include:
- The current vacancy for a Principal Auditor position has been filled by an internal promotion. The successful candidate is taking up the position with immediate effect,
  - This now leaves the team with two vacancies at Senior Auditor level and an advert is going out on the 9 September. If we are successful in appointing into these two positions, then this will leave the team with one vacancy for an Auditor.
  - This vacancy will remain vacant as the Interim Head of Service and Chief Internal Auditor are looking at restructuring the team and changing the position from Auditor to Senior Auditor. This is something that will need to go to the Council's Budget Board.
  - As of the 1 September, BIM has now moved under the New Corporate Director – Governance & Business, but the Interim management arrangements that were put in place in April have now been extended to the 31<sup>st</sup> December 2022 with Internal Audit still reporting to the Interim Head of Service for BIM.
- 4.4. The Internal Audit team continues to progress proactive counter fraud efforts. Internal Audit has been involved in an investigation arising from concerns raised by a number of employees, which has impacted progress on the delivery of assurance work. The Chief Internal Auditor continues to review the remaining

priority projects contained within the Audit Plan 2022-23 to ensure higher priority audits are delivered and suitable assurance coverage is provided for the Annual Governance Statement. This will consider assurance gained from other sources e.g. Audit Wales.

4.5. Internal audit monitors performance in relation to addressing actions arising from audit reviews. It is management's responsibility to address the actions and record progress on the performance management system (Verto). Internal Audit continues to perform a 'follow up' and reports on progress with implementing action plans arising from low assurance audits to ensure that necessary improvements are being made. Internal Audit Performance Standards show that the percentage of internal audit actions completed on time are still below target. Many actions continue to take longer to resolve than originally envisaged by services, but going forward this is an issue we are trying to address when actions are agreed with the relevant service managers.

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

5.1. There is no decision required with this report. There is no direct contribution to Corporate Priorities, but some projects in the audit plan will review Corporate Priority areas and will provide assurance on their delivery.

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

6.1. Not applicable – there is no decision or costs attached to the report.

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

7.1. Not applicable – this report does not require a decision or proposal for change.

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

8.1. Not required

## **9. Chief Finance Officer Statement**

9.1. There are no financial implications attached to this report.

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

### **Sub-heading (delete as needed)**

10.1. Should insufficient audit work be completed during the year, there is a risk that the Chief Internal Auditor is unable to draw on sufficient assurance to issue a complete annual opinion in accordance with the Public Sector Internal Audit Standards. Audits are prioritised to provide coverage of governance, risk management and internal controls and scopes for these audits will focus on key risks

## **11. Power to make the decision**

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

# Internal Audit Update

**September 2022**

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## Internal Audit Reports Recently Issued

Since the last Internal Audit Update report in March 2022, Internal Audit has completed:

- Eight reviews and a full copy of each report has been circulated to members of the committee.
- The NFI results 2020-22 has been completed and a report produced.
- Two follow-up reviews with a low assurance audit have also been completed with a reassessed assurance rating award based on the level of progress made with implementing the agreed action plan.

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
Revenues & Benefits	High ●	0	0	0
Equalities	Medium ●	0	0	3
Finance Services	High ●	0	0	2
Families First Funding	High ●	0	0	0
Ysgol Brynhyfryd	High ●	0	0	2
Ysgol Hirraddug	High ●	0	0	2
Ysgol Y Castell	High ●	0	0	1
Ysgol Tremeirchion	High ●	0	0	1
NFI	N/A	N/A	N/A	N/A
Accommodation Provision for the Homelessness follow up*	Medium ●	N/A	N/A	N/A
Queens Follow up 2*	High ●	N/A	N/A	N/A

\* Follow Up of audits previously awarded a low assurance rating. It should be noted that the updated opinion is based on the assumption that systems and controls as previously identified during the original audit remain in operation and are being complied with in practice. The purpose

of our follow up exercises is not to retest the operation of controls which have already been assessed, but to review how management has responded to the action plans following our initial work.

## Revenues & Benefits – March 2022

High Assurance ● Number of Risk Issues: None

Governance arrangements continue to be effective with the Operational Board meeting regularly and consists of reviews of service performance. Since our last review there have been improvements in arrears KPIs due to the reinstatement of the collections process for Council Tax and Business Rates.

The service has continued to administer a number of grants on behalf of the Welsh Government; examples include isolations grants and winter fuel payments. Our review of internal processes for these schemes and sample testing of transactions confirms that payments were processed in line with relevant terms and conditions.

The service has delivered a number of Business Rates grants during the Covid-19 pandemic to eligible businesses totalling 9,356 applications to the value of £54 million. A review of applications and payments processed confirmed effective controls were in place ensuring payments went to eligible customers. The service has been proactive in its approach to identify fraudulent applications, with regular communications with Internal Audit and National Anti-Fraud Network (NAFN) where suspicious applications were identified. A review of the NFI matches did not identify any suspicious payments requiring future investigation.

Processes for Council Tax, Business Rates, Sundry Debtors and Benefits continue to be effective with good system controls, regular reconciliations, quality assessment processes performed and clear separation of duties. There are written procedures for the majority of processes to enable service continuity and direct proper practices. The Revenues and Benefits Manager has identified some key tasks which are not documented and this is currently being addressed.

A review of Discretionary Housing Payments (DHP) confirmed the team have a good awareness of the overall process and eligibility criteria. Written procedures are currently being drafted by the team leader. Testing of a sample of DHP applications identified that payments made to claimants were appropriate and paid in accordance with DHP guidance.

Progress with implementing agreed actions arising from our previous reviews has been impacted as a result of the service prioritising its response to Covid-19:

- The agreed action relating to cleansing data held on the IT systems used is currently in progress. The service has provided a revised timescale for completion.
- Actions relating to Sundry Debtors low value invoices and invoices 'on hold' are yet to be addressed; the service has made attempts to resolve but there are factors beyond their control.

The council started working in partnership with Civica to provide its Revenues and Benefits service in April 2015. Since our last review, Civica has given notice of its intention to end the partnership with Denbighshire County Council early (contract term runs to March 2025). The council has undertaken an Options Appraisal to set out relative advantages and disadvantages of a number of service delivery options to inform Cabinet and enable them to make an evidence based decision. In January 2022, Cabinet decided to bring the service back in-house. We plan to review progress at our next review in 2022/23.

## Equalities – May 2021

Medium Assurance ●

Number of Risk Issues:

1 Moderate ●

Denbighshire's equality objectives were set out within the Corporate Plan 2017-21, which was extended to 2022. In line with regulations, and following feedback from the Equalities and Human Rights Commission (EHRC), an interim plan was drafted for 2021-22 to comply with the requirement to provide a new Strategic Equality Plan every four years. Denbighshire's interim report was published in Autumn 2021. Going forward, the Corporate Plan 2022-27 is being formulated and will include the equalities objectives;

however, it is acknowledged that these will need to feature more prominently within the plan.

The Denbighshire Strategic Planning & Performance Team partly coordinate the collation, monitoring and reporting of equality information as per the PSED. The Denbighshire Human Resource Team also collate equalities information relating to the workforce, including gender pay statistics and annual appraisal data; this is reported on an annual basis within the Denbighshire Annual Public Sector Duty Report. Consultation and engagement for developing the equality objectives have already taken place, with consultation exercises run throughout the Summer of 2021, and now running two further public consultations on the Corporate Plan and the Well-being Assessment. Consultation and input into development of equality objectives and coordination of equality for the council could improve together with active member representation; the following points are to be considered with this regard:

- Review and implement methods for engaging with representatives of people with protected characteristics.
- Establishing an equality forum to meet periodically to monitor achievement of equality objectives/outcomes. We acknowledge the Strategic Planning & Performance Team are already planning to establish such a forum, but it had yet to meet at the time of our review.
- Council reviews the ways in which it collects the equality information and performance data needed to assess compliance with its equality duty to identify areas in which action is required.

The Strategic Planning & Performance Team is currently developing the next Corporate Plan (2022-2027) and they acknowledge that equality objectives will need to be more explicit within the plan, also ensuring that advice and guidance provided by the EHRC is acted upon. Not all services are utilising the objectives settings within 1-2-1's effectively. Equality objectives related improvement actions should have clear links to service plans and staff objectives (e.g. 1-2-1s where applicable) to assist monitoring and reporting. The Council's Annual Performance Report does account for those with protected characteristics, giving detail on where they have been supported. The council needs to

strengthen how it monitors and reports in order to show how it is fulfilling its equality objectives (Regulation 3), particularly given the new socio-economic duty, so it can demonstrate its efforts to tackle poverty; this will be looked at within the next Corporate plan.

The council uses a Well-being impact assessment tool to measure the impact of decisions on matters including equality. Monitoring and evaluating the quality of their completion needs strengthening to comply with the equalities duty.

Community Cohesion themed works have worked well in 2020-21, and continuation would be of benefit, to include a review of the Community Tension Monitoring Form as it is not working as effectively as it could.

There are effective processes in place within Procurement; however, there could be more reporting on the effectiveness/outcomes of contracts with regards to meeting equality objectives. The council discussed adoption of Welsh Government's 'ethical employment in supply chains' in line with the associated code of practice; but the council has yet made a commitment as to their adoption. This was raised in our review of Ethical Culture.

Staff equalities training is available to all staff through e-learning (or briefing for those without access to the e-learning platform) and the Strategic Planning & Performance Manager delivered training to members and officers on the new socio-economic duty. The Communications Team is available to support with any queries; they are currently drafting an Engagement Policy, to be published at the end of next year, which may prompt further training on equalities. Policies are in place and occupational health is available to provide equality support to staff.

## Financial Services– September 2022

High Assurance ●

Number of Risk Issues:

2 Moderate ●

Procurement of a new financial system has been impacted by the Covid-19 pandemic, and a lack of dedicated resource. The project has now moved forward with the appointment of a project manager, who will assist in developing a clearer project timeframe and risk register. The business case is being redrafted before being taken for approval.

The financial projections in the Medium Term Financial Plan (MTFP) are regularly reviewed and discussed by the Budget Board, and they have been consulted on budget process amendments along with Cabinet Briefing, and Governance & Audit Committee. Full Council formally approves the Council's budget and our testing confirmed that the general ledger had been correctly updated in line with the MTFP.

Ongoing checks are completed on the current financial position. Proformas are completed by Management Accounts for individual service areas that highlight any budget variances, which is incorporated into the monthly reporting to Cabinet.

Action has been taken to improve existing business continuity and succession planning arrangements within Finance through the recruitment of two senior finance officers, and a replacement prior to the Finance & Assurance Manager retiring. The Head of Finance & Property plans to update the staffing structure to reflect recent changes once Civica staff have transferred back to the Council. Business continuity arrangements could be further strengthened through the development of documented procedures for key budgetary tasks, e.g. virements to provide clarity, particularly for newer staff, of the approvals and supporting documentation required.

Strengthening financial guidance is the main improvement from our review, both for finance staff but also for other staff. While amendments have been made to Financial Regulations, it has not been updated in its entirety since 2016, and is a lengthy document that is not easily accessible, e.g. via the intranet.

Staff are encouraged to make foreign payments through a corporate credit card, but payments can be made through the International Payments system (although following the conclusion of our review, the process was amended so while payments will continue to be made through this system, they are now recorded on the creditors system), which our sample-testing focused on. Payments were valid and authorised appropriately, but, it was not easy to determine the number and value of foreign payments the council makes, along with any resulting charge. Documented guidance also needs to be strengthened.

Effective controls are in place to ensure that payments are accurately transferred between feeder systems, Proactis, and the Accounts Payable systems. Processes generally require

manual input rather than automatic interfacing between the systems, but the checks carried out pre-payment reduce the risk of inaccurate, incomplete, or duplicate payments.

Bank reconciliations continue to be carried out regularly and are independently checked. Documented procedures and Financial Regulations will be updated to reflect that cheques will not be routinely issued.

The Covid-19 grant management process is being administered effectively. Our testing confirmed there is a clear audit trail with grant payments having a designated ledger code, are authorised appropriately, and there is adequate supporting documentation evidencing how the grant has been spent.

Progress with implementing agreed actions arising from our previous reviews has been impacted as a result of the Covid-19 pandemic and other priorities. See Appendix 3 for the results of our follow up review of previous actions raised.

## Families First Funding – August 2022

High Assurance ●

Number of Risk Issues:

0

Governance arrangements are effective with clear documentation provided by Welsh Government (WG) to the Families First team including programme guidance and funding terms and conditions. Roles and responsibilities are clearly defined and there are robust business continuity arrangements in place for key processes of the grant funding.

Following a review of General Data Protection Regulations (GDPR), work is progressing to ensure the Information Sharing Protocol (ISP) for Families First is relevant and up-to-date.

Key documentation is submitted to WG in line with the terms and conditions; including the annual delivery plan, signed grant acceptance letter, Statement of Expenditure for 2020-21 (the next statement is due by September 2022) and supporting financial claims. Where there have been minor delays in submitting the grant claims, WG were made aware in advance of the reason for this.

Regular monitoring of financial information and good separation of duty is in place within the grant funding process. Reporting on Families First performance is carried out both

internally and externally with third party contractors and WG. Real-time budget monitoring has been strengthened now that the relevant officers have access to the financial system.

There is good awareness of appropriate legislation within the team, including compliance with the Wellbeing of Future Generations Act 2015 and the Social Services and Wellbeing Act 2014. The Integrated Families First & Flying Start Programme Manager shares relevant information to officers to ensure the team is aware of any key changes to legislation or guidance.

The team currently use the council website as a mechanism for the promotion of accessible services, and have been successful in rolling out the 'Mind of My Own' app which children and young adults use as a support mechanism. Further use of social media platforms are being explored to promote services to service users.

## Ysgol Brynhyfryd – March 2022

High Assurance ●

Number of Risk Issues: 2 Moderate ●

Since the pandemic, the school's governing body's priority is to ensure the school remains safe for staff and pupils, which has changed ways of working. They have adapted mechanisms and processes where necessary to ensure the governing body and operations remains effective.

Our review identified effective controls in place for the governing body; with good record keeping. Examples include detailed minutes and supporting paper work, annual declarations of interests completed and statutory committees all have up-to-date terms of references. Furthermore, the governing body have discussed skills gap within the team to identify training and development needs. The governing body currently have no governor vacancies. All governors require a DBS check in accordance with the 'Disclosure and Barring Service (DBS) Checks; Guidance for Governing Bodies in Denbighshire Schools' - it is a requirement for the clerk to maintain a record of all DBS checks and ensure that they have been completed.



The chair, vice chair and the clerk have all completed appropriate training for their role. However, not all governors have completed the mandatory training.

Governing body meetings are now held virtually, which has proven effective. All the supporting documents, including agendas and minutes, are shared with the governors in advance of meetings. Regular monitoring of the budget is performed, this includes annual reviews of financial limits, staffing costs and the school's financial position. The latter is currently forecasting a surplus balance until 2023-24.

All statutory policies are reviewed annually and are accessible to staff and governors in electronic and paper format.

The school's focus has predominantly been on reviewing and monitoring Covid-19 risks to ensure compliance with Welsh Government guidelines and maintaining the safety of those attending the school. This has not impacted on the development of the school's development plan and regular reviews are still taking place.

Financial controls are effective for monitoring of income and expenditure. The school uses corporate systems for processing income, purchases and invoicing including purchasing card and petty cash transactions. There is appropriate separation of duty in place and regular reconciliations being performed. School fund certificates are audited annually and are up to date.

Works required on site are procured through the corporate buildings maintenance team who perform relevant checks of approved suppliers. Grant funding received by the school is monitored by the school and by Central finance to ensure compliance with relevant terms and conditions.

There are good security controls in place at the school, including CCTV camera installed, regular fire drills performed, and all visitors are required to 'sign in' when visiting the school using their electronic system. Fire safety and health and safety assessments are also in place. ICT security arrangements appear to be effective; staff have individual usernames and passwords and all external devices are encrypted and password protected. The school maintain an asset register for all ICT equipment purchased and have been advised

to record all new assets going forward. An agreement is in place between the school and Fleet Services, who perform regular safety checks of the school vehicle and arrange for appropriate vehicle insurance and road tax.

Corporate carbon targets have been agreed to help the council become a Net Carbon Zero and Ecologically Positive Council and to reduce carbon emissions by 2030, which include purchasing of goods and services in the council's supply chain. However, the governing body was not aware of the agreed targets. Audit Wales' recent review of climate change within the council highlighted a lack of awareness of the agreed targets within school. We confirmed that actions are already in the process of being implemented.

## Ysgol Hiraddug – April 2022

High Assurance ●

Number of Risk Issues: 2 Moderate ●

Since the pandemic, the school's governing body's priority is to ensure the school remains safe for staff and pupils, which has changed ways of working. They have adapted mechanisms and processes where necessary to ensure the governing body and operations remains effective.

Our review identified effective controls in place for the governing body, with good record keeping. Examples include: detailed minutes and supporting paperwork, completed DBS checks, annual declarations of interest completed and statutory committees all have up-to-date terms of references. Furthermore, the governing body has performed informal skills analysis exercises to identify training and development needs. The governing body currently has three governor vacancies and are in the process of recruiting.

The chair, vice chair and clerk have completed appropriate training for their roles. However, not all governors have completed the mandatory training. The newly appointed Child Protection Officer is yet to complete the relevant training for their role, as the council have not arranged the relevant training. This should be completed as soon as possible when the training course is next made available.

Governing body meetings are now held virtually. All the supporting documents, including agendas and minutes, are shared with the governors in advance of meetings. Regular monitoring of the budget is performed, which includes staffing costs and school's financial position.

All statutory policies are reviewed annually and are accessible to staff and governors in electronic and paper format. However, not all reviewed policies have been updated on the school's website. Although the Governing Body reviews the schools' policies, it would be beneficial to have a policy timetable in place to ensure policies are reviewed on a regular basis.

The school has continued to review the School Development Plan. Financial controls are effective for monitoring of income and expenditure. The school uses corporate systems for processing income, purchasing and invoicing. There is appropriate separation of duty in place and regular reconciliations being performed. School fund certificates are audited annually and are up to date.

Works required on site are procured through the corporate buildings maintenance team who perform relevant checks of approved suppliers. Grant funding received by the school is monitored by the school and by the Council's finance officers to ensure compliance with relevant terms and conditions.

There are good security controls in place at the school including CCTV cameras on site, regular fire drills and visitors are required to 'sign in' when visiting the school. The school's CCTV policy states that footage is retained for 365 days. However, council's retention guidance states that CCTV footage should be retained for a maximum of 30 days. It is advised that the CCTV policy is amended as per Council's retention guidance.

Fire safety and health and safety assessments are also in place. ICT security arrangements appear to be effective; staff have individual usernames and passwords and all external devices are encrypted and password protected. The school maintain an asset register for all ICT equipment purchased.

Corporate carbon targets have been agreed to help the council become a Net Carbon Zero and Ecologically Positive Council and to reduce carbon emissions by 2030, which include purchasing of goods and services in the council's supply chain. However, the governing body was not aware of the agreed targets. Audit Wales' recent review of climate change within the council highlighted a lack of awareness of the agreed targets within schools. We confirmed that actions are already in the process of being implemented.

## Ysgol Y Castell – March 2022

High Assurance ●

Number of Risk Issues: 1 Moderate ●

Since the pandemic, the governing body's priority is to ensure the school remains safe for staff and pupils, which has changed ways of working. Mechanisms and processes have been adapted to ensure the governing body and operations remain effective.

Our review identified effective controls in place for the governing body, with good record keeping. Examples include: detailed minutes and supporting paperwork, annual declarations of interests completed, and statutory committees have up-to-date terms of references. The governing body are arranging a Disclosure and Barring Service (DBS) check for two members of the governing body to ensure everyone has a DBS in place. Although the governing body perform an informal skills set analysis, this should be formally recorded to clearly identify any areas where further training and development is required.

The chair and the clerk have completed appropriate training for their roles; however, not all governors have completed the mandatory training.

Governing body meetings are now held virtually, which has proven successful. All supporting documents, including agendas and minutes, are accessible in advance of meetings for governors. The school has continued to review the School Development Plan. Regular monitoring of the budget is performed; including annual reviews of financial limits, staffing costs, and the school's financial position.

A policy reviewing schedule is in place; however, this was effected by Covid-19 causing delays in reviewing some policies. All statutory policies have now been reviewed and are

accessible to staff and governors in electronic and paper format and available on the school's website.

Financial controls are effective for monitoring of income and expenditure. The school uses corporate systems for processing income, purchasing and invoicing including purchasing card and petty cash transactions. There is appropriate separation of duty in place and regular reconciliations being performed. School fund certificates are audited annually and are up to date.

Works required on site are procured through the corporate buildings maintenance team who perform relevant checks of approved suppliers. Grant funding received by the school is monitored by the school and by the Council's finance officers to ensure compliance with relevant terms and conditions.

There are good security controls in place at the school, regular fire drills performed, and all visitors are required to 'sign in' when visiting the school. Fire safety and health and safety assessments are also in place. ICT security arrangements appear to be effective; staff have individual usernames and passwords and all external devices are encrypted and password protected. The school maintains an asset register for all ICT equipment purchased.

Corporate carbon targets have been agreed to help the council become a Net Carbon Zero and Ecologically Positive Council and to reduce carbon emissions by 2030, which include purchasing of goods and services in the council's supply chain. However, the governing body was not aware of the agreed targets. Audit Wales' recent review of climate change within the council highlighted a lack of awareness of the agreed targets within schools. We confirmed that actions are already in the process of being implemented.

## Ysgol Tremeirchion – April 2022

High Assurance ●

Number of Risk Issues: 1 Moderate ●

Since the pandemic, the governing body's priority is to ensure the school remains safe for staff and pupils, which has changed ways of working. Mechanisms and processes have been adapted to ensure the governing body and operations remain effective.

Our review identified effective controls in place for the governing body, with good record keeping. Examples include: detailed minutes and supporting paperwork, annual declarations of interests completed and statutory committees have up-to-date terms of references. The governing body all have a Disclosure and Barring Service (DBS) check in place. Although the governing body perform informal skills set analysis, a formal record is beneficial in recording any areas where further training and development is required.

The majority of governors have completed the mandatory training; with five new governors who have not yet completed mandatory training. Governors are required to complete the training within 12 months of being in post. This is being monitored by the governing body to ensure training is completed within the required timeframe.

Governing body meetings are now held virtually, which has proven successful. All supporting documents, including agendas and minutes are accessible in advance of meetings. The school has continued to review the School Development Plan. Regular monitoring of the budget is performed; including annual reviews of financial limits, staffing costs and the school's financial position.

Not all statutory policies have been reviewed; the governing body needs to ensure that all policies are reviewed on a regular basis and include date reviewed on all policies and updated on the school website.

Financial controls are effective for monitoring of income and expenditure. The school uses corporate systems for processing income, purchasing and invoicing including purchasing card and petty cash transactions. There is appropriate separation of duty in place and regular reconciliations being performed. School fund certificates for 2019/20 and 2020/21 have been audited by the Denbighshire Auditing team and no risks identified.

Works required on site are procured through the corporate buildings maintenance team who perform relevant checks of approved suppliers. Grant funding received by the school

is monitored by the school and by the Council's finance officers to ensure compliance with relevant terms and conditions.

The school has regular fire drills performed, and all visitors are required to 'sign in' when visiting the school. Fire safety and health and safety assessments are also in place. ICT security arrangements appear to be effective; staff have individual usernames and passwords and all external devices are encrypted and password protected. The school maintain an asset register for all ICT equipment purchased.

Corporate carbon targets have been agreed to help the council become a Net Carbon Zero and Ecologically Positive Council and to reduce carbon emissions by 2030, which include purchasing of goods and services in the council's supply chain. However, the governing body was not aware of the agreed targets. Audit Wales' recent review of climate change within the council highlighted a lack of awareness of the agreed targets within schools. We confirmed that actions are already in the process of being implemented.

## NFI Results 2020-22 – September 2022

Insurance rating – N/A

While a considerable resource is required for investigating the matches, which has been impacted by the Covid-19 pandemic, 5 fraudulent activities have been identified, together with 434 errors. Overpayments totalling £107,530.71 have been identified and are in the process of being recovered.

The NFI exercise also assists with identifying errors with data held in the Council's systems and provides an opportunity to put controls in place to prevent them happening again.

## Accommodation Provision for the Homelessness Follow up 2 – June 2022

Medium Assurance ●	Actions fully implemented:	18 (10 Major & 8 Moderate)
	Actions outstanding:	5 (2 Major & 3 Moderate)
	Actions not yet due:	0

Considerable progress has been made now that the staffing vacancies have almost been filled. Our last follow up review concluded that 37% of actions had been fully implemented, with 60% of actions relating to major risks/issues outstanding. Currently, 72% of actions have been fully implemented, with 20% remaining actions relating to major risks/issues.

There is a robust process in place for Community Housing to monitor up-to-date certification is in place, e.g. gas and electrical safety certificates, etc. Tenant arrears are being actively monitored, and action is being taken with historic and complex cases where there have been tenancy issues.

There was also improvement in the recordkeeping of homeless cases, e.g. having a documented assessment, and diary notes being kept up-to-date. Controls need to be strengthened with the authorisation of housing plans and demonstrating that these are regularly reviewed. A Quality & Performance Officer has been recruited who now monitors all key documentation is in place. Team leaders also carry out regular monitoring of cases, but need to provide a clearer audit trail for recording their checks.

Written procedures relating to the Rapid Rehousing Model are currently being drafted ready for circulation to Welsh Government, but further documented guidance is still needed for staff to ensure that they carry out processes consistently. Key performance indicators also need to be developed.

## Queens Building Follow up 2 – September 2022

High Assurance ●      Actions fully implemented:      12 (4 Major & 8 Moderate)

Our third follow up review established that progress has been made since our last review with all of the remaining four actions being completed. ICT are effectively monitoring and removing Verto user access as required, and there is an agreed mechanism for monitoring and measuring project benefits.

Project management guidance has been updated and published on the staff intranet, which impacts two corporate actions. This will strengthen governance arrangements at the



start of a project, and provides further clarification on the roles and responsibilities of the Stage Review Group Gateway process.

## Progress in Delivering the Internal Audit Assurance

Since the last Internal Audit update in March 2022, Internal Audit has now moved under the New Corporate Director – Governance & Business, but the Interim management arrangements that were put in place in April have now been extended to the 31<sup>st</sup> December 2022 with Internal Audit still reporting to Nicola Kneale one of the Interim Head of Service for BIM.

This arrangement is for the interim period while the Chief Executive continues his wider restructure of the Senior Leader Team, which is due to be completed early in 2023. The Chief Internal Auditor will keep this committee updated of changes as they happen and the Internal Audit Charter will be updated to reflect the change in reporting lines.

Following the departure of the Chief Internal Auditor in April, the post was advertised and the current Principal Auditor was appointed. This has resulted in the Principal Auditor post becoming vacant, however, the position has now been filled by one of our Senior Auditors.

An advert is currently going out for two Senior Auditor positions to fill a vacancy and a secondment, (where one of the Auditors had been acting up). This will still leave one Auditor vacancy which the Interim Head of Service and Chief Internal Auditor are looking to change to Senior Auditor through restructuring. This is something that will need to go to the Council's Budget Board.

Due to the vacancy during the year, the Internal Audit service has prioritised its audits to focus on areas of greater priority. After a slow start to the year, the team are now making good progress against the Audit Plan 2022-23. A couple of audits have needed to be postponed due to legislative delays or other accepted factors, and a few audits are no longer required due to assurance provided by the council's external regulators. The table on the next page provides an update on progress against the Audit Plan for 2022/23.

Based on the current trajectory, the Chief Internal Auditor is satisfied that internal audit will have provided adequate coverage of corporate risks and services areas, together with assurances gained from elsewhere e.g. Audit Wales, to enable the Internal Audit Annual Report 2022-23 to provide assurance without any limitations.

Audits due to commence shortly include:

- Revenue & Benefits
- Cefyndy
- Denbigh High School
- Esgob Morgan
- Bryn Clwyd and Gellifor
- Ysgol Carrog and Ygol Caer Drweyn
- Christ the Word
- Pentrecelyn
- Christchurch

# Internal Audit Update – September 2022

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
AONB Grant 2021/22	Draft	-	-	-	-	Annual accounts audit
Fostering	Not yet started	-	-	-	-	
Looked after children – Independent Reviewing Officer	Not yet started	-	-	-	-	
Programme & Project Management	Not yet started	-	-	-	-	
Liberty Protection Safeguards	Not yet started	-	-	-	-	
Procurement – pre tender stage	Not yet started	-	-	-	-	
Mediquip	Not yet started	-	-	-	-	
Rhuddlan Town Council 2022-23	Complete	N/a	N/a	N/a	N/a	External fee earning work
National Fraud Initiative	Complete	N/a	N/a	N/a	N/a	2020-21 exercise
Revenues & Benefits 2021/22	Complete	High ●	0	0	0	
Financial Services 2021-22	Complete	High ●	0	0	2	
Court of Protection	Not yet started	-	-	-	-	
Community Equipment Service	Not yet started	-	-	-	-	
Partnership Arrangements	Not yet started	-	-	-	-	
Youth Service	Not yet started	-	-	-	-	
Blue Badges	Not yet started	-	-	-	-	
Workforce Planning	Not yet started	-	-	-	-	
Tackling Poverty	Not yet started	-	-	-	-	

# Internal Audit Update – September 2022

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Equalities	Complete	Medium ●	-	-	3	
Asset Management	Not yet started	-	-	-	-	
IT Asset Management	Not yet started	-	-	-	-	
Health and Wellbeing	Not yet started	-	-	-	-	
Flood Risk Strategy	Not yet started	-	-	-	-	
Insurance	Not yet started	-	-	-	-	
Planning Applications	Not yet started	-	-	-	-	
Post 16 Education Grant	Not yet started	-	-	-	-	
Ysgol Brynhyfryd	Complete	High ●	-	-	2	
Ysgol Dewi Sant	Feildwork	-	-	-	-	
Ysgol Melyd	Draft	-	-	-	-	
Ysgol Hiraddug	Complete	High ●	-	-	2	
Ysgol Y Castell	Complete	High ●	-	-	1	
Ysgol Tremeichion	Complete	High ●	-	-	1	
Homelessness	Not yet started	-	-	-	-	
Financial Services 2022-23	Not yet Started	-	-	-	-	
Revenues & Benefits 2022-23	Scope	-	-	-	-	
Cefndy Healthcare	Scope	-	-	-	-	
Risk Management	Not yet started	-	-	-	-	
Highways Improvements	Draft	-	-	-	-	
Health & Wellbeing	Scoping	-	-	-	-	
Commercial Waste	Draft	-	-	-	-	
Families First	Complete	High ●	-	-	-	
Community Safety Partnership	Draft	-	-	-	-	

# Internal Audit Update – September 2022

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Denbigh High School	Scope					
Esgob Morgan	Scope					
Bryn Clwyd and Gellifor	Scope					
Ysgol Carrog and Yagol Caer Drweyn	Scope					
Pentrecelyn	Scope					
Christchurch	Scope					
Christ the Word	Scope					
Library fees & charges	Not yet started					
Cash Collection	Not yet started					
ALN	Not yet started					
Direct Payments for Children 2 <sup>nd</sup> follow up	Complete	Medium ●	-	-	-	
Payment Card Industry – Data Security Standards 3 <sup>rd</sup> follow up	Draft	-	-	-	-	
Project Management: Queen’s Building 2 <sup>nd</sup> follow up	Complete	High ●	-	-	-	
Contract Management 3 <sup>rd</sup> Follow Up	Fieldwork	-	-	-	-	
Exceptions, Exemptions and Variations from the Contract Procedure follow up	Not yet started	-	-	-	-	
Support Budgets & Direct Payments: Adults 3 <sup>rd</sup> Follow Up	Complete	Medium ●	-	-	-	
Provision of Homeless Accommodation 2 <sup>nd</sup> Follow Up	Complete	Medium ●	-	-	-	Partnership Scrutiny in July 2022
Whistleblowing Investigation	Fieldwork	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	

## 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.
2. We have just completed the National Fraud Initiative (NFI) exercise for 2020-21 and produced a report outlining the findings. No fraudulent matches were found; however, the service's own checking measures have identified potential fraudulent which they were able to mitigate.
3. Assist Education Support with ensuring that schools continue to complete school fund certificates promptly.
4. The Strategy for the Prevention and Detection of Fraud, Corruption and Bribery and Fraud Response Plan was endorsed by Cabinet in September 2021. This is now available on the Council's website. E-learning is being developed to advise staff on what to do should they suspect fraud.
5. A template Counter Fraud Policy and procedural guidance is being drafted for schools with training being arranged in conjunction with Education Support.
6. Alerts from the National Anti-Fraud Network (NAFN) reviewed with the relevant service and response taken accordingly.
7. Responding to an employee concerns which involve allegations of potential fraud. This involved an investigation into the concerns raised and concluded that no fraud had taken place.
8. Attending the newly formed North & Mid Wales Audit Partnership sub-group focusing on taking action to address the matters raised in the Audit Wales report 'Raising Our Game – Tackling Fraud in Wales'  
<https://www.audit.wales/publication/raising-our-game-tackling-fraud-wales>

## Referrals 2022/23

While it is not Internal Audit's role to identify or investigate fraud, as this responsibility rests with management, Internal Audit keeps abreast of potential fraud from a view of ensuring that any governance, risk management or control weaknesses are addressed in line with Financial Regulations and the Strategy for the Prevention and Detection of Fraud, Bribery & Corruption.

One allegation relating to a potential fraud has been referred to Internal Audit during the financial year 2022/23 and has been investigated and recommendations for internal controls to be put in place or strengthened, (Currently at draft stage).

Whistleblowing concerns are reported separately to Committee as part of the Annual Whistleblowing Report but are detailed above should there be an element relating to potential fraud.

## Internal Audit Performance Standards

The table below shows Internal Audit's performance to date for 2022/23.

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	18.6 days
Issue final report within 5 days after agreeing the draft report and action plan	Average days less than 5	9.7 day
Percentage of audit agreed actions that have been implemented by services	75%	54%

The audit agreed actions that have been implemented figure is considerable lower than expected at this time of year as certain services are still re-adjusting to work after the pandemic and other pressures. Also due to Internal Audit capacity during the four months of this financial year the Chief Internal Auditor was undertake a dual role of Chief Internal Auditor and Operational Lead for TTP and two of the senior auditors were pulled into an investigation review which has resulted in two projects having large over runs.

Internal Audit are prioritising the completion of assurance work and continue to follow up previous reviews awarded a low assurance to ensure that necessary improvements are being made. While many actions are taking longer to resolve than originally envisaged by services, we are satisfied that progress is still being made to implement the requisite change.



## 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 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.

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Meeting	Item (description / title)		Purpose of report	Decision required (yes/no)	Author – contact officer
23 Nov 22	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Forward Work Programme			Democratic Services
		<b>Reports</b>			
	4	Corporate Risk Register	To receive a review of the Corporate Risk Register.		Strategic Planning & Performance Team Leader - Iolo McGregor
	5	Annual SIRO Report			Barry Eaton/ Nicola Kneale
	6	Capital Projects -Contingency Report			Head of Finance – Steve Gadd
	7	Budget Process Update			Head of Finance – Steve Gadd
	8	Annual Whistleblowing Report			Gary Williams, Head of Legal, HR & Democratic Services
	9	Draft Annual Report			Gary Williams, Head of Legal, HR & Democratic Services
	10	Approval of the Statement of Accounts 2021/22	To receive the audited accounts	Yes	Head of Finance – Steve Gadd
	11	Audit of Accounts Report 2021-22			Head of Finance – Steve Gadd

Meeting		Item (description / title)	Purpose of report	Decision required (yes/no)	Author – contact officer
<b>25 Jan 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Internal Audit Update	To update committee on Internal Audit's latest progress		Internal Auditor
	4	Forward Work Programme			Democratic Services
		<b>Reports</b>			
	5	Follow up report – Internal Audit-Contract Management	To receive an update following a low assurance Internal Audit review		Chief Internal Auditor
	6	Follow up report – Internal Audit-Exceptions and Exemptions	To receive an update following a low assurance Internal Audit review		Chief Internal Auditor
<b>8 March 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business

Meeting		Item (description / title)	Purpose of report	Decision required (yes/no)	Author – contact officer
					Improvement & Modernisation - Strategic Planning Team Manager
	3	Forward Work Programme			Democratic Services
		<b>Reports</b>			
<b>26 April 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co- ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Internal Audit Update	To update committee on Internal Audit's latest progress		Internal Auditor
	4	Forward Work Programme			Democratic Services
		<b>Reports</b>			
	5	Draft Annual Governance and Audit Committee Report	To p[resent to Full Council- the annual report from Governance and Audit		Gary Williams, Head of Legal, HR & Democratic Services

Meeting		Item (description / title)	Purpose of report	Decision required (yes/no)	Author – contact officer
<b>14 June 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Forward Work Programme			Democratic Services
		<b>Reports</b>			
	4	Annual Whistleblowing Report			Gary Williams, Head of Legal, HR & Democratic Services
<b>26 July 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Internal Audit Update	To update committee on Internal Audit's latest progress		Internal Auditor
	4	Forward Work Programme			Democratic Services

Meeting		Item (description / title)	Purpose of report	Decision required (yes/no)	Author – contact officer
		<b>Reports</b>			
<b>20 Sept 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Forward Work Programme			Democratic Services
		<b>Reports</b>			
	5	Annual Corporate Health and Safety report	To consider the Health & Safety management within DCC during 2021-2022.		Corporate Health and Safety Manager – Gerry Lapington
	6	Fire Safety Report	To receive the annual report on the Fire Safety programme and performance.		Fire Safety Manager – Dawn Jones
<b>22 Nov 2023</b>					
	1	Issues Referred by Scrutiny Committees (if any)	To receive and issues raised at Scrutiny		Rhian Evans – Scrutiny Co-ordinator

Meeting	Item (description / title)		Purpose of report	Decision required (yes/no)	Author – contact officer
	2	Recent External Regulatory Reports Received (if any)	To consider any reports received		Nicola Kneale – Interim Head of Service Business Improvement & Modernisation - Strategic Planning Team Manager
	3	Internal Audit Update	To update committee on Internal Audit's latest progress		Internal Auditor
	4	Forward Work Programme			Democratic Services
		<b>Reports</b>			

FUTURE ITEMS			
	1	Audit Wales report- Update	Nicola Stubbins – Audit Wales
	2	Updates of Commissioning of older peoples care home placements.	Nicola Stubbins – To present to committee when an update is available.

NB The exact date of publication of occasional reports by for example Wales Audit Office or Annual Reports by the Ombudsman are not presently known. They will be assigned a meeting date as soon as practicable.

**Date Updated : 13/6/2022 SJ**





Arolygiaeth Ei Mawrhydi dros Addysg a Hyfforddiant yng Nghymru  
Her Majesty's Inspectorate for Education and Training in Wales

**A report on**

**Christ The Word Catholic School**

**Cefndy Road  
Rhyl  
LL18 2EU**

**Date of inspection: May 2022**

**by**

**Estyn, Her Majesty's Inspectorate for Education  
and Training in Wales**

**This report is also available in Welsh.**

## About Christ The Word Catholic School

Name of provider	Christ the Word Catholic School
Local authority	Denbighshire
Language of the provider	English Medium
Type of school	All age
Religious character	Catholic
Number of pupils on roll	781
Pupils of statutory school age	684
Number in nursery classes (if applicable)	51
Number in sixth form (if applicable)	-
Percentage of statutory school age pupils eligible for free school meals over a three-year average <i>(The national percentage of pupils eligible for free school meals over a three-year average in the secondary sector is 20.4%)</i>	46.0%
Percentage of statutory school age pupils identified as having additional learning needs (a) <i>(The national percentage of pupils identified as having an additional learning need in the secondary sector is 21.5%)</i>	26.9%
Percentage of statutory school age pupils who speak Welsh at home	*
Percentage of statutory school age pupils with English as an additional language	10.7%
Date of headteacher appointment	September 2019
Date of previous Estyn inspection (if applicable)	-
Start date of inspection	16/05/2022
Additional information	

Data reported is sourced from the latest available Pupil Level Annual School Census. These figures may be slightly different to those observed during the inspection.

Further information is available from the Welsh Government My Local School website: [mylocalschool.gov.wales](http://mylocalschool.gov.wales)

(a) The term 'additional learning needs' is being used to describe those pupils on the SEN/ALN register of the school.

## Overview

Staff at Christ the Word Catholic School are committed to creating a caring environment underpinned by its Catholic values. They have worked hard to help pupils settle back into school life following periods of lockdown. Despite this commitment, leaders are not proactive enough in addressing issues related to the well-being and safeguarding of pupils and arrangements to keep pupils safe need to be strengthened.

Many pupils are happy to be at school and move between lessons calmly, they are polite and courteous to visitors and are keen to share their views. They begin to explore their spiritual beliefs and develop empathy, respect and compassion for others.

Leaders have not done enough to ensure that high quality teaching and learning are at the heart of the school's work, and they do not have a strategic overview and vision that focuses sufficiently on pupils' learning and progress. Across the school, teaching is not effective enough in challenging pupils to do their best and develop as enthusiastic, inquisitive learners. As a result, many pupils across the age range do not make sufficient progress in developing their knowledge, skills and understanding. Teachers' expectations of what pupils can achieve are too low and they often plan tasks that keep pupils busy but do not support their learning.

The evaluation of classroom provision has not been effective. Leaders do not focus closely enough on the impact of provision on pupils' learning and as a result they have an overly positive view of the school's work. Overall, leaders have not been effective enough in improving important aspects of the school's work, such as the quality of classroom provision and its impact on pupil progress.

Leaders do not have a strategic approach to curriculum design and delivery and therefore pupils are not provided with a suitable depth and breadth of learning experiences. Furthermore, the planning for the progressive development of pupils' skills is not cohesive or effective enough. As a result, pupils do not get sufficient opportunities to improve their knowledge, understanding and skills throughout the school.

## **Recommendations**

- R1 Strengthen safeguarding arrangements and address the concerns identified during the inspection
- R2 Improve leadership at all levels, including leaders' ability to evaluate the quality of teaching and learning
- R3 Improve the quality of teaching so that pupils of all ages and abilities make strong progress
- R4 Ensure that the curriculum provides pupils of all ages with broad, balanced and relevant learning experiences
- R5 Strengthen the provision for the progressive development of pupils' skills

## **What happens next**

In accordance with the Education Act 2005, HMCI is of the opinion that special measures are required in relation to this school. The school will draw up an action plan to show how it is going to address the recommendations. Estyn will monitor the school's progress on a termly basis.

## Main evaluation

### Learning

A few pupils across all ages recall prior learning suitably. They apply this to new contexts and make appropriate progress in their learning. However, many pupils, including those with additional learning needs (ALN) make limited progress in lessons and do not develop their knowledge, understanding or skills well enough. In most cases this is due to the quality of teaching.

Many pupils sit quietly in lessons and a minority offer basic responses when they are asked questions. A very few pupils articulate their opinions well, for example when Year 7 pupils answer questions about the historical reasons for the colonisation of India. The majority of pupils offer only brief and underdeveloped verbal responses. This is mostly because they are not challenged well enough to improve their responses by their teachers.

In the foundation phase, pupils begin to associate the sounds that different letters and letter combinations make. A minority of pupils read short and simple texts suitably and extract basic information from them, for example when Year 5 pupils identify the key features of Egyptian civilisation. Overall, across the school, pupils' reading skills are underdeveloped. Too many pupils of all ages do not use a broad enough range of reading strategies well enough to support or improve their learning.

A very few pupils across the school produce well-structured writing and organise their work appropriately. These pupils use a suitably broad range of vocabulary to engage their audience. Overall, pupils do not have the opportunity to write at length independently, often enough, in all subjects across the curriculum. As a result, too many pupils' writing skills are underdeveloped, and they make many basic errors in their spelling, punctuation and grammar. The majority of pupils generally produce short and simplistic pieces of writing. This is largely due to over-reliance on worksheets or repetitive tasks that do not build well enough on pupils' prior learning and experiences.

A minority of pupils have a suitable grasp of place value and the four rules of number and use these appropriately to perform simple calculations. Overall, pupils make limited progress in mathematics, and this hampers their ability to apply these skills in other subject areas. When given the opportunity, the majority of pupils can construct a suitable range of graphs, although they rarely analyse these sufficiently.

In a very few cases, younger pupils make suitable progress in their ability to communicate in Welsh. However, pupils' Welsh language skills are limited. A few are beginning to develop their thinking and creative skills, but they do not get sufficient opportunities to develop or apply these skills across the age ranges.

The majority of pupils develop a limited range of information and communication technology (ICT) skills. For example, in the foundation phase, pupils produce animations to tell the story of 'Mr Gumpy's Outing'. Overall, pupils' ability to use more advanced ICT skills is underdeveloped due to the lack of suitable opportunities afforded to them.

## **Well-being and attitudes to learning**

Many pupils are happy to be at school with staff and friends. They move around the school calmly and behave appropriately at break and lunch times. Many pupils feel safe in school and say that they are free from bullying. They know who to go to if they have a problem.

Many pupils are compliant in lessons and a few show enthusiasm and interest in their learning in response to teaching that stimulates their engagement. Only a minority sustain concentration during lessons and a majority of pupils are allowed to remain indifferent and passive in their learning. Due to weaknesses in teachers' questioning, a majority of pupils are reluctant to participate in discussions about their learning and only give very brief responses. Pupils do not approach their learning with curiosity and inquisitiveness and do not develop their resilience and determination sufficiently. This is mainly because teaching does not encourage them to do so. A minority of pupils are not punctual to lessons, and this hinders their learning and disrupts that of others.

Opportunities for pupils to respond to feedback are limited. Consequently, only a very few pupils return to pieces of work to improve them.

Most pupils are polite and courteous to visitors and are enthusiastic about sharing their views about their school. A majority are keen to participate in a range of extracurricular activities. However, pupils do not develop leadership skills well enough due to limited opportunities. Currently, the school does not have pupil governors or an active school council.

Owing to the coronavirus pandemic, inspectors will not report pupils' rates of attendance during the academic years 2020-2021 and 2021-2022. Inspectors will, however, consider the school's provision for monitoring and improving attendance as part of inspection area 4 (care, support and guidance).

## **Teaching and learning experiences**

Teaching and assessment have insufficient impact on pupils' learning. In a few instances, teachers plan suitably engaging sequences of activities and lessons that are tailored appropriately to pupils' individual needs. These teachers know their pupils well and use this understanding to inform their planning. However, shortcomings in teaching across the age range restrict the progress that pupils make in their knowledge, understanding and skills.

Many lessons are characterised by low expectations of what and how much pupils can achieve. In these lessons, teachers plan too many undemanding tasks, such as colouring in or completing wordsearches. In general, teachers do not give pupils sufficient opportunity to develop their independence and resilience, for example by overly directing activities or being too quick to intervene. This means that pupils are unable to take responsibility for how they go about attempting tasks. Too often, teachers use resources that restrict pupils' progress, for example by limiting their ability to write at length. They do not use questioning well enough to develop pupils' thinking.

In a minority of lessons, teachers provide appropriate verbal feedback that helps pupils to understand how well they are doing. In a few instances, they set helpful targets that enable pupils to make suitable improvements to their work. Overall, assessment strategies have too little impact on pupils' progress. Teachers either write excessively lengthy comments to which pupils do not respond meaningfully, restrict their comments to the presentation or completion of tasks, or excessively praise modest work. Opportunities for pupils to assess their own progress or that of their peers are generally not well planned and do not help pupils to improve. Teachers across the curriculum do not use feedback strategies well enough to support the development of pupils' literacy and numeracy skills.

The school does not provide pupils with a suitably broad, balanced and relevant curriculum. It does not offer them an appropriate variety of learning experiences that are focused on meeting pupils' needs. In the lower school, teachers use a topic-based approach to deliver a range of areas of learning. The outdoor areas provide suitable opportunities to enhance the provision for younger pupils. However, too often, these pupils do not have sufficient opportunities to make choices about how and what they learn. Whilst the school provides suitable information to pupils to help inform their subject choices, arrangements in Year 9 hinder pupils' ability to make informed choices at the end of Key Stage 3. This is because pupils do not study a broad enough range of subjects throughout the year.

In the foundation phase and in Key Stage 2, teachers take suitable account of the need to develop pupils' early literacy and numeracy skills. Provision for the progressive development of pupils' literacy, numeracy and digital skills is weak across the school. Strategies are not sufficiently well planned or co-ordinated. As a result, pupils do not get sufficient opportunities to develop their skills meaningfully in relevant contexts. In addition, they do not have regular enough opportunities to study personal and social education. As a result, pupils have too few opportunities to develop, for example, their own values and opinions.

Provision for the development of pupils' Welsh language skills across all age ranges is not extensive or strategic enough. As a consequence, most pupils do not make suitable progress in their Welsh communication skills.

### **Care, support and guidance**

The school cares for its pupils and is committed to improving their personal development and well-being in keeping with a strongly-held Catholic ethos.

The school is beginning to establish a culture of safeguarding and, generally, staff are aware of their responsibility to keep pupils safe. This includes working with a range of partners to address concerns about the well-being and safety of pupils. However, leaders are not sufficiently proactive in addressing issues related to the well-being and safety of pupils. In addition, the process of reporting and recording safeguarding concerns is not sufficiently rigorous and does not always provide important information about actions taken to protect pupils.

All staff have received appropriate safeguarding training. However, staff do not have a strong enough understanding of the responsibility they have to protect pupils from

the dangers of radicalisation and extremism. Overall, arrangements to keep pupils safe do not meet requirements.

Across the school there are suitable opportunities for pupils to explore their spiritual beliefs and develop empathy, respect and compassion. The school is an inclusive community, which welcomes a diverse range of pupils from all backgrounds and faiths. There are regular opportunities for pupils to participate in charitable activities that benefit the local community and wider world, for example collections for local food banks. However, there are too few opportunities for pupils to celebrate their Welsh culture or to explore wider ethical considerations.

The strong, trusting and caring relationships between staff and pupils ensure that, generally, the school deals with incidences of bullying swiftly. In a few instances, the school does not deal with pupils' concerns well enough.

Procedures to monitor and track the progress of pupils with ALN are sound. This includes a valuable focus on pupils with ALN who are also eligible for free school meals, have English as an additional language or are looked after. Pupils with ALN, particularly those who access specialist provision or interventions, receive suitable support for their educational and well-being needs.

There are very few opportunities for pupils to take on leadership responsibilities and to contribute actively towards the development of the school community. Those opportunities that do exist, for example the 'Criw Cymraeg' or 'Healthy Heroes', are at a very early stage of development. There is an appropriate range of extra-curricular clubs including a variety of musical, artistic, and sporting activities, which provide opportunities for pupils to contribute creatively and to work as part of a team.

The school has appropriate links with partner organisations to guide pupils with their next steps, including local colleges and Careers Wales. Pupils are supported to continue into further education or to move directly to employment through apprenticeships, including placements at the school itself.

## **Leadership and management**

Leaders in Christ the Word Catholic School have developed a clear vision, guided by the Catholic ethos, that focuses predominantly on caring for pupils. This was particularly the case during periods of lockdown. However, they have not produced any strategic approach to develop pupils' learning, knowledge and skills. This has contributed to significant shortcomings in teaching and limited pupil progress. In addition, leaders have not secured sufficiently robust safeguarding processes or developed a coherent vision for the Curriculum for Wales.

The implementation of a comprehensive plan to restructure staffing has been delayed because of the pandemic. Currently, too many leaders do not understand and discharge their roles appropriately, and there is an overall lack of clarity regarding the specific aspects for which they are responsible. This has resulted in much of their work being ineffective.

Senior leaders do not hold middle leaders to account well enough. The absence of appropriate support and challenge hinders the development of middle leaders, most



of whom are unable to evaluate well enough the quality and impact of provision, particularly teaching, in their areas of responsibilities.

Since the pandemic, the school has restarted its self-evaluation processes, but it remains the case that there is no meaningful consideration of the impact of provision on pupils' knowledge, skills and understanding. Although leaders observe lessons, mostly as part of the school's performance management process, their evaluations and feedback are not focused on pupils' progress.

Leaders at all levels do not distinguish between the features of teaching and learning well enough, evaluate them with rigour and precision, or triangulate their findings from a reliable range of self-evaluation activities. Consequently, they have not recognised important weaknesses in provision to support the development of pupils' skills or aspects of teaching that are poor. These processes do not enable leaders to identify strengths or areas for improvement clearly or accurately, and do not feed into improvement planning.

Current self-evaluation processes are often unnecessarily protracted and senior leaders mostly offer a very descriptive view of provision that lacks evaluation. Middle leaders are not sufficiently involved in this process. These shortcomings contribute to leaders and governors having a far too positive view of the school, including the quality of teaching and learning, and the impact of leadership. The school's improvement priorities, which middle leaders do not contribute to, are not focused well enough on important shortcomings in provision and leadership. Improvement planning is not precise enough and does not include enough suitably challenging success criteria against which to judge progress.

The school is beginning to develop a range of suitable professional learning activities, including opportunities for staff to share their practice. However, leaders do not plan or evaluate these well enough. Professional learning arrangements are not aligned with the school's processes for line management, self-evaluation or performance management. As a result, professional learning has little impact on improving the quality of teaching or leadership.

Since the school opened, leaders have managed the school's inherited financial commitments successfully. However, leaders do not evaluate grant spending regularly or robustly enough. For example, currently leaders cannot identify the impact of the pupil development grant on improving outcomes for targeted pupils.

The governing body are enthusiastic supporters of the school. However, their observations of the school's work are overly positive and do not help it to improve. They do not fulfil their function as a critical friend well enough. For example, they do not ensure that the school meets requirements for healthy eating and drinking.

## Evidence base of the report

Before an inspection, inspectors:

- analyse the outcomes from the parent and pupil questionnaires and consider the views of teachers and the governing body through their questionnaire responses

During an inspection, inspectors normally:

- hold a meeting with parents to hear their views on the school and its effectiveness
- meet the headteacher, governors, senior and middle leaders (where appropriate) and individual teachers to evaluate the impact of the school's work
- meet pupils to discuss their work and to gain their views about various aspects of their school
- meet groups of pupils in leadership roles, such as representatives from the school council and eco-committee, where appropriate
- visit a broad sample of lessons, including learning support groups and undertake a variety of learning walks to observe pupils learning and to see staff teaching in a range of settings, including classrooms, support groups and in outdoor areas
- where appropriate, visit the specialist resource base within the school to see pupils' learning
- observe and speak to pupils at lunch and break times and at a sample of after-school clubs, where appropriate
- attend assemblies and daily acts of collective worship
- look closely at the school's self-evaluation processes
- consider the school's improvement plan and look at evidence to show how well the school has taken forward planned improvements
- scrutinise a range of school documents, including information on pupil assessment and progress, records of meetings of staff and the governing body, information on pupils' well-being, including the safeguarding of pupils, and records of staff training and professional development

After the on-site inspection and before the publication of the report, Estyn:

- review the findings of the inspection alongside the supporting evidence from the inspection team in order to validate, moderate and ensure the quality of the inspection

## Copies of the report

Copies of this report are available from the school and from the Estyn website ([www.estyn.gov.wales](http://www.estyn.gov.wales))

The report was produced in accordance with Section 28 of the Education Act 2005.

Every possible care has been taken to ensure that the information in this document is accurate at the time of going to press. Any enquiries or comments regarding this document/publication should be addressed to:

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