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Cyngor sir ddinbych denbighshire County Council

To: Members of the Governance and Audit Committee

Date: 19 September 2024

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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 **WEDNESDAY, 25 SEPTEMBER 2024** in the **COUNCIL CHAMBER, COUNTY HALL, RUTHIN AND BY VIDEO CONFERENCE**.

Yours sincerely

G. Williams
Monitoring Officer

AGENDA

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

1 APOLOGIES

2 DECLARATION OF INTERESTS

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

3 URGENT MATTERS

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

4 MINUTES (Pages 7 - 22)

To receive the minutes of the Corporate Governance Committee meeting held on 24 July 2024 (copy enclosed).

5 INTERNAL AUDIT UPDATE (Pages 23 - 58)

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

6 FINANCIAL SUSTAINABILITY THEMATIC REVIEW (Pages 59 - 74)

To receive an information report (copy enclosed) from the Head of Finance and Audit on the Financial Sustainability Review.

7 APPOINTMENT OF MEMBERS TO THE GOVERNANCE AND AUDIT COMMITTEE OF THE CORPORATE JOINT COMMITTEE (Pages 75 - 86)

To receive a report (copy enclosed) from the Corporate Director: Governance and Business on the Appointment of Members to the Governance and Audit Committee of the Corporate Joint Committee.

8 FOR INFORMATION: ANNUAL HEALTH AND SAFETY (Pages 87 - 138)

To receive an information report (copy enclosed) from the Senior Corporate Health and Safety Advisor regarding the Annual Health and Safety report.

9 FOR INFORMATION: ANNUAL PROPERTY COMPLIANCE REPORT (Pages 139 - 156)

To receive an information report (copy enclosed) from the Asbestos Property Manager regarding the Annual Property Compliance Report.

10 FOR INFORMATION: URGENT AND EMERGENCY CARE: FLOW OUT OF HOSPITAL - NORTH WALES REGION (Pages 157 - 224)

To receive an information report (copy enclosed) on the Urgent and Emergency Care: Flow out of Hospital – North Wales Region from the Corporate Support Services Business Co-ordinator.

11 ANNUAL WHISTLEBLOWING POLICY/REPORT (Pages 225 - 250)

To receive a report (which contains a confidential appendix) from the Corporate Director: Governance and Business on the Annual Whistleblowing Policy (copy enclosed).

12 GOVERNANCE AND AUDIT COMMITTEE WORK PROGRAMME (Pages 251 - 260)

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

MEMBERSHIP

Councillors

Ellie Chard
James Elson
Bobby Feeley
Carol Holliday
Arwel Roberts
Mark Young

Lay Member

Nigel Rudd
David Stewart
Paul Whitham

COPIES TO:

All Councillors for information
Press and Libraries
Town and Community Councils

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LOCAL GOVERNMENT ACT 2000

Code of Conduct for Members

DISCLOSURE AND REGISTRATION OF INTERESTS

I, (*name*)

a *member/co-opted member of
*(*please delete as appropriate)*

Denbighshire County Council

CONFIRM that I have declared a ***personal / personal and prejudicial** interest not previously declared in accordance with the provisions of Part III of the Council's Code of Conduct for Members, in respect of the following:-
*(*please delete as appropriate)*

Date of Disclosure:

Committee (*please specify*):

Agenda Item No.

Subject Matter:

Nature of Interest:

*(See the note below)**

Signed

Date

*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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GOVERNANCE AND AUDIT COMMITTEE

Minutes of a meeting of the Governance and Audit Committee held in Council Chamber, County Hall, Ruthin and by video conference on Wednesday, 24 July 2024 at 9.30 am.

PRESENT

Lay Members - David Stewart (Chair), Nigel Rudd, and Paul Whitham

Councillors James Elson, Bobby Feeley, Carol Holliday, Arwel Roberts and Mark Young (Vice-Chair)

ALSO PRESENT

Gary Williams – Corporate Director: Governance and Business / Monitoring Officer; Liz Thomas (Head of Finance and Audit (Section 151 Officer); Bob Chowdhury – Chief Internal Auditor; Nicola Stubbins - Corporate Director: Social Services and Education; Jenny Williams, Strategic Director Social Care and Education; Anest Gray Frazer, Service Manager, Conwy and Denbighshire Youth Justice Service; Dawn Anderson, Childcare and Play Development Manager, Craig Taylor Childcare supervisor, Katie Newe, Service Manager: Care and Support, and Responsible Individual (RI) Ann Lloyd, Head of Adult Social Care and Homelessness, Kath Jones, Senior Committee Administrator; and Rhodri Tomos-Jones, Committee Administrator.

Councillor Elen Heaton, Lead Member for Health, and Social Care and Councillor Gwyneth Ellis, Lead Member for Finance, Performance and Strategic Assets

Charles Rigby – Audit Wales representative

1 APOLOGIES

Apologies for absence were received from Councillor Ellie Chard.

2 DECLARATION OF INTERESTS

Councillor Arwel Roberts declared a personal interest as he was a board member for Menter Iaith Sir Ddinbych and had a close working relation with Urdd gobaith Cymru.

Councillor Arwel Roberts, declared a personal interest as he was a recipient of a Clwyd Pension fund pension.

Lay Member, Nigel Rudd, declared a personal interest as he was a member of the Conwy County Borough Council Governance and Audit Committee.

Lay Member, Paul Whitham, declared a personal interest as he was a recipient of a Clwyd Pension fund pension.

The Chair, Lay Member, David Stewart, declared a personal interest as he was a recipient of a Clwyd Pension fund pension.

3 URGENT MATTERS

Before the meeting, the chair requested an update regarding the new waste management rollout. The questions which were raised were the following –

1. The financial impact of rectification and investigation on this year's Budget and the Medium-Term Financial Strategy.
2. The effectiveness of the Council's project management arrangements. For the Transformation agenda to deliver there must be confidence in these.
3. Scrutiny—If questions were being asked as to whether the roll-out of the new system was subject to adequate Scrutiny, then assurance was needed that Scrutiny Chairs and Vice Chairs (SCVC) were made aware of such decisions and timescales and enabled to decide what goes to Scrutiny Committees based on the risks involved.
4. Investigation Terms of Reference—If the rollout was to be subject to an independent investigation, then GAC should have seen and been able to comment on the terms of reference before they were agreed upon.
5. The impact on corporate management morale.

The Corporate Director: Governance and Business / Monitoring Officer (MO) responded to the questions.

It was clarified that the financial impact of the matter was not yet fully visualised; however, when the details were available, they would be shared with elected and lay members.

The MO understood the matter was complex, and many issues had arisen during the rollout. However, assurances were given that the governance of the new model had been given and that additional resources had been allocated to alleviate the impact the new waste model had had on residents.

The committee were informed that SCVCs had discussed the rollout of the waste model and the terms of reference; they had agreed to discuss the terms of reference at the next meeting in September, which would then allow further discussion and an external investigation could be looked into, this process would also be used as a lessons learned exercise on the whole matter which they could be used for other large projects the council would be rolling out.

Members of the Governance and Audit Committee (GAC) queried whether they could be included as much as they could in the process, especially with regards to the terms of reference; the MO had no issues with the GAC having an overview of the process, the matter would be dealt with robustly and as transparent as possible. The matter of governance was vital as there was a transformation agenda with some large change projects; the authority must be confident in those arrangements moving forward.

The morale of all involved was discussed. The MO clarified that the matter was complex and challenging for all involved. The important thing was that all involved worked together to ensure the matter was dealt with as quickly as possible, and a complete and thorough review of the rollout was carried out to learn lessons from the process.

Members discussed the following further –

- The matter of what the SCVC chairs group had discussed previously and the understanding of some members that the matter would be addressed in a public enquiry. The MO clarified that the group had agreed to meet again and discuss the cost of an independent enquiry based on the draft terms of reference before proceeding with any decision; the MO wanted to ensure that members were more cautious with the terminology used, especially regarding enquiries; however, wanted to reassure the committee that members would be steering the decisions taken.
- The process and how information on such matters was conveyed to lay members moving forward; members were happy for the matter to be discussed further outside of the meeting; lay members believed this matter needed to be ironed out. The communication strategy was raised, and what policy had the council adopted three stages of the waste rollout: the before, the during and the after stages of the project. The MO stated that there was a large amount of communication before the rollout, that there had been communication throughout the rollout, and that when the issues were dealt with, there would be constant communication with all stakeholders. The MO clarified that the council aimed to be open and transparent with all involved throughout the process. Members were grateful for the response and highlighted that the communication should be reviewed for the lessons learnt.
- Members raised that the damage to the council's reputation needed to be addressed once the matter was dealt with.
- The committee raised the need for safeguarding for staff members who were dealing with the situation. The MO clarified that if staff members had issues, they should raise them through their managers and HR.
- The committee suggested summarising the matters and taking them to the September SCVC meeting; the MO stated that they would be included in the next meeting.

RESOLVED *the urgent matters raised by the chair were noted.*

4 MINUTES

The minutes of the Governance and Audit Committee (GAC) meeting held on 12 June 2024 were presented for consideration.

Matters of accuracy –

- Page 8—Councillor Holliday noted that Ysgol Clawdd Offa should be included in her declaration. She also raised the issue of her name being misspelt.

- Page 9—The third paragraph raised matters arising regarding not having Cabinet members on the GAC; it needed to be extended to state that the monitoring officer (MO) stated that the matter was allowable under the legislation. However, Denbighshire's constitution was against the matter; however, there was a presence from the Cabinet at the meeting through lead members being present.

Matters arising –

- Page 9—The Head of Finance, Liz Thomas, had contacted Arlingclose to provide alternative contact details outside of the Finance department should the need arise, but they had not issued a written response to confirm what had been previously discussed. They were aware of the expectations of the Council, and the chair of the GAC believed it would be good to have a response in writing from them.

- Page 9—Lay Member Nigel Rudd stated he had been experiencing issues with his email. He raised a point at the bottom of page 9, which was a comment on page 11/12, but he wanted to know if the Medium-Term Financial strategy and update had been circulated. The head of finance had not circulated the information but would circulate it as quickly as possible.

- Page 17: Members queried whether the Head of Service, Emlyn Jones, had contacted him regarding the service challenge; Nigel Rudd confirmed he had not heard anything relating to the matter. The MO would investigate the matter for the GAC.

- Page 18—When the issue of schools not inputting data onto Verto was raised, it was queried whether a system like Verto was used, which Audit could investigate. Bob Chowdhury, Chief Internal Auditor (CIA), was not aware of such a system; however, he would investigate the matter further.

- Page 20—Regarding the CAG forward work programme, officers stated that work was ongoing. The CIA was working on the matter of whether the new dates for 2025 would be included in the new programme. Data from the previous year was included to ensure the work programme was robust. The forward work programme would be sent to the next Scrutiny chairs and vice chairs group before being included at the September meeting.

- Page 15—The report relating to town plans and the potential delay was raised, which was included in the council's self-assessment; the MO would discuss the matter raised by Councillor Roberts with the relevant officers.

RESOLVED *that, subject to the above, the minutes of the Governance and Audit Committee held on 12 June 2024, be received and approved as a correct record.*

5 CONWY AND DENBIGHSHIRE YOUTH JUSTICE SERVICES

Nicola Stubbins, the Corporate Director of Social Services and Education (CDSSE), presented the Conwy and Denbighshire Youth Justice Services report (previously circulated). The report focused on feedback on the recently published His Majesty's Inspectorate of Probation Inspection of Conwy and Denbighshire Youth Justice Service (previously circulated).

The CDSSE introduced Jenny Williams, Strategic Director of Social Care and Education, and Anest Gray Frazer, Service Manager, Conwy and Denbighshire Youth Justice Service, and conveyed apologies from Rhiain Morrlle, Head Of Children's Service, who could not attend.

Youth Justice was a multi-agency partnership that delivered youth justice services in terms of Preventative intervention, out-of-court disposals, and Statutory court-ordered intervention to children and young people aged 10-17. The statutory youth justice partners were local authorities, police, probation, and health; the Crime and Disorder Act required those statutory partners to cooperate and coordinate the provision. The Conwy and Denbighshire Youth Justice Service is a dual Local Authority Multi-disciplinary service.

Conwy was the host authority, so the day-to-day line management of the service fell to them. However, Anest, the Service Manager, was a member of the Management Team within Social Services for both local authorities; she attends Denbighshire's Children's Services Management Team meetings and has direct access to Rhiain and all our service managers. Anest also sits on the Conwy and Denbighshire Community Safety Partnership.

The Youth Justice Management Board, chaired by Jenny Williams, provides the service's governance. The Board meets quarterly. All statutory partners, the third sector, and HM Courts and Tribunals Service were represented at a senior or Head of Service level. New terms of reference and a management board induction programme have recently been agreed.

The Youth Justice Management Board also has strategic links to the Community Safety Partnership Board for Conwy and Denbighshire, the North Wales Safeguarding Children Board, the North Wales Criminal Justice Board, the North Wales Vulnerability Board, and the North Wales Area Planning Board. A Youth Justice Operational Board has been set up to oversee the delivery of the Youth Justice Improvement Plan and operational practice.
Inspection:

This inspection report was presented to Conwy's Social Care Scrutiny on 17 July and would be sent to CCBC G&A. DCC requires all regulatory inspection reports to be presented to the G&A Committee in the first instance. This committee can recommend that Scrutiny consider the report in more detail.

The Conwy and Denbighshire Youth Justice Joint Inspection was a two-week fieldwork inspection that took place from January 15th to 19th and then from February 29th to March 2nd.

HMI Probation led the Inspection; however, during the second week, those Inspectors were joined by Care Inspectorate Wales, Health Inspectorate Wales, His Majesty Inspectorate of Police, Fire and Rescue and Estyn, and they all contributed to the inspection judgements; this was the first joint Inspection of a Youth Justice Service in Wales for several years and the last given that the Inspection Framework within HMIP was changing to a new Inspection Framework at the end of the Year.

During the first week, a team of inspectors from HMI Probation assessed the quality of practice in a representative sample of statutory cases that had been running for the past 12 months. For the second week, the HMIP Inspectors were joined by inspectors from partner inspectorates to explore and further understand the findings from the first week and to assess the quality of the partnership and the specific role of Partners in delivering intervention within their respective agencies to meet the needs of children and young people within the Youth Justice Services in Conwy and Denbighshire.

Of the 12 areas rated - 2 were deemed inadequate: Governance and leadership and Partnerships and services.

It is important to note that when the Inspection refers to aspects of Governance and Leadership, they refer to the arrangements within the more comprehensive strategic partnership, not internal to the YJS service. The leadership team has been instrumental in shaping the work of the service and the board. As a result, staff have been able to hold complex cases despite the absence of partnership workers embedded in the service.

As a Joint Service, the Management Board was fully aware of the challenges and issues facing service delivery, given the significant staffing and operational challenges the Service had faced over the 21 months. In that sense, there were no shocks. The Inspectors commended the Interim Managers within the Operational Service and commended them on their work. They recognised the improvements already implemented and were assured of their understanding and recognition of the challenge areas.

Seven recommendations have been made:

The Conwy and Denbighshire Management Board should:

1. . Undertake a detailed needs analysis to inform the Board and Partnership of the Services that need to be provided within the YJS
2. Make sure that there are effective information-sharing agreements with the virtual school so that children can access services without delay
3. Monitor children's access to partnership services and address any barriers promptly
4. The Heads of Children Services should make sure Services contribute effectively to keeping YJS children and young people safe and well by providing representation at the Court decision-making panel, Training Social Workers to understand their roles and responsibilities when co-working cases with YJS, and contributing to effective joint assessment and planning. Betsi Cadwaladr Health Board should:

5. Provide expedited access to Health Services for YJS children, which, as a minimum, should include speech, language and communication services, physical and Sexual health services, and emotional and mental health services. The National Probation Service should:
6. Provide a mandated Probation Worker for the YJS and make Interim arrangements to support YJS staff with risk management until the vacancy can be filled. Careers Wales should:
7. Provide adequate and accessible post-16 information advice and guidance to all children in the YJS who require it. An improvement plan has been agreed upon, and members, you have this within your pack. The plan was comprehensive and responded to the recommendations and findings within the inspection. It also merged some of the aspirational developments required to achieve outstanding service. The service already had an action plan in place following a management board developmental day held in October 2023, which the Youth Justice Board facilitated, and this has also been merged into the improvement plan.

Much of the work has commenced, and some actions have already been completed. e.g. the appointment of a New Service Manager, Review of the Board Membership, creation of a new Management Structure and joint working arrangements. There were ongoing challenges regarding Health and Probation and their ability to meet their statutory function and responsibilities. A Youth Justice Operational Board has been set up with representatives of all the Partner Agencies to oversee the delivery of the Youth Justice Improvement Plan and operational practice, to monitor further, and to ensure that all deliver improvements. It was clear that this Improvement plan depended on all statutory partners represented within the Multi-disciplinary Service working together to ensure that they fulfil their statutory and partnership responsibilities.

The committee discussed the following further –

- The committee acknowledged that the report did not contain good news; however, good comments ran throughout the report. The committee sought reassurance that the actions identified within the report would be carried out. The committee was informed that the actions would be handled by the board and reported to the justice board and the HIMP.
- The officers clarified that the main point of concern within the report was that the partnership work was not working as it should, that getting the relevant information was difficult, and that the concerns were from the health board and the probation team. The officers wanted to clarify that the work had been praised overall; however, as previously stated, the main issues were the two board members.
- The Governance and Audit committee queried whether any methods could be used to encourage attendance at the board meetings, especially from those who do not attend regularly; the committee was assured that work was ongoing.
- Both members and officers also acknowledged the challenges facing the sector/service due to resource and staff retention and hiring.
- The committee suggested the matter could be discussed at a relevant scrutiny committee to identify any issues and whether further assistance

could be given to the service. The monitoring officer (MO) informed the committee members they were welcome to discuss the matter as a scrutiny committee, following the procedure with the request form and scrutiny chairs and vice chairs. However, external organisations were not compelled to attend those meetings; they could be requested.

- The committee queried the budget for the service. Officers responded, stating that they had information relating to the report but did not easily have those figures. However, with all contributions from all the board members, the budget was roughly £1.5 million.
- Members queried the action plan, which was included within the report pack (pages 57-60). The query was regarding the provision of expedited health services and whether the action had been completed; the work was ongoing on the matter. Regarding the Make Sure Children Services contribution effectively to keeping YJS children and young people safe (page 63), the committee was informed that the matter had been resolved.
- The committee queried the chief inspector's meeting with the chief executives and its conclusions. Officers clarified that, overall, it was a good meeting. The main concern was the partnership arrangements; the worst-case scenario if the matter wasn't resolved would be the service being deemed inadequate and a total change needing to be carried out.

The chair suggested that the committee add a recommendation: 'The Governance and Audit committee request that the Denbighshire Youth Justice Service board and partnership be discussed at the relevant scrutiny committee. ' The proposal was agreed to by the committee.

RESOLVED *that –*

1. *The committee confirms it has read the understood and taken account of the contents of the report.*
2. *The Governance and Audit committee request that* the *Denbighshire Youth Justice Service board and partnership be discussed at the relevant scrutiny committee*

6 DRAFT GOVERNANCE AND AUDIT COMMITTEE ANNUAL REPORT FOR 2023-2024

The Chief Internal Auditor, Bob Chowdhury, presented the Annual Governance Statement 2023 – 2024 (previously circulated); the Council has a statutory duty to publish an AGS in compliance with the Accounts and Audit (Wales) Regulations 2014, as amended by the Accounts & Audit (Wales) (Amendment) Regulations 2018. The report allows the committee to comment on this year's annual governance statement separately from the Statement of accounts so that it may be given due consideration.

The statutory role of the Committee was to:

- Review and scrutinise the authority's financial affairs,
- Make reports and recommendations about the authority's financial affairs,

- Review and assess the risk management, internal control and corporate governance arrangements of the authority,
- Make reports and recommendations to the authority on the adequacy and effectiveness of those arrangements,
- Oversee the authority's internal and external audit arrangements,
- Review the financial statements prepared by the authority.

The committee discussed the following further –

- The chair highlighted that he was a co-author of the report. He also highlighted that the Governance and Audit (GAC) committee meeting was very well attended, and the observations raised by the members were commendable.
- The committee queried the good practice questions (page 102) and whether there had been a change from the previous year. Members were informed that following the training and the meetings they attended, their scores had raised to 180 out of 200.
- Lay member Nigel Rudd informed the chair and the chief internal officer that the report was well-rounded and well-structured and commended them both on it. However, he raised the Public Sector Internal Audit Standards (PSIAS) (page 90) and queried what value it added to the report. The chief internal auditor informed the member that the information had to be reported annually and would be monitored every five years.
- Members outlined the recent issues in the council, such as waste disposal; members queried whether the committee could influence the matter more. The chair highlighted that the matter with the bins was discussed as an urgent matter. However, he deferred to the monitoring officer; he clarified that the committee was to look at the council's governance and how it could stop the matter from happening again by looking at the matter and the lessons that could be learned from them.
- Members suggested that a footnote on annex 3 of the report (page 100) show the numbers required to be quorate be included.

The monitoring officer informed the committee that following this meeting and the comments raised, the report would be discussed at a future full council meeting (November)

RESOLVED *that the Committee approves the draft report and appendices.*

At this juncture, **the chair called for a comfort break (11:45 am–12pm)**

7 ANNUAL GOVERNANCE STATEMENT 2023 - 2024

The Chief Internal Auditor, Bob Chowdhury, presented the Annual Governance Statement 2023 – 2024 (previously circulated). The report aimed to demonstrate good governance; the Council must show that it complies with the core principles set out in the Framework for Delivering Good Governance in Local Government (Wales) 2016 edition. The Annual Governance Statement (AGS) is prepared using a self-assessment and reports on the council’s governance and improvement arrangements for 2023-24, along with progress in addressing the improvement

actions contained within the AGS 2022-23. The AGS is reported as part of the final Statement of Accounts.

The Annual Governance Statement 2023-24(Appendix 1) was developed by self-assessment of the Council's governance arrangements against the Framework for Delivering Good Governance in Local Governance (Wales)2016 edition. This was conducted with the support of key officers within the Council, who represent the key governance functions across the Council. The AGS referenced various evidence and assurance sources, such as the Internal Audit Annual Report, Annual Performance Report, External audit reports, and risk registers.

A summary of the cost-of-living crisis and the current budget pressures facing the Council have been considered, together with a review of the new ways of working for staff and members. The statement has also reviewed committee meetings and how they are now all online and webcast to ensure good governance arrangements.

The AGS highlights any areas for improvement to governance arrangements in an action plan. Progress against the previous year's improvement plan shows good progress, and any ongoing actions have been carried forward into the current year's improvement plan.

The committee discussed the following further –

- The committee highlighted the corporate risk register, how they would like to show the risk from most significant risk to lowest, and the process used to deal with those risks; the committee wanted to make the information more palatable for the public if they choose to engage with the information. The Chief Internal Auditor understood the concerns raised by the members; he stated that there used to be a Governance and Audit (GAC) board, which was good at getting statements written out more effectively and better structured. Still, with the staff workload, it was hard to input all GAC's concerns. Bringing back the board was something the chief internal officer had thought about for a while, and the Monitoring Officer (MO) agreed that bringing it back would be beneficial. Relating to the comments regarding the information being palatable, officers clarified that all documents needed to be accessible to all and, therefore, were more text-based. However, they would investigate the matter if a solution could be found.
- The committee queried whether the reduction in staff and the mounting workload had an impact on the audit team and the work they could carry out. The chief internal officer clarified that there was work stress; however, staff have been assisting with the bin issue, which he believed was good for them to get away from work and to assist.
- The MO added that, regarding the capacity issue, the council did not expect staff to do additional work. However, work would need to be prioritised appropriately.
- The committee suggested that all meeting webcasts be held for longer than six months. The MO would investigate the matter, as previously older webcasts had been uploaded onto YouTube.

- The committee suggested sending the AGS to the standards committee for them to comment on the matter. The MO would be happy to include the draft AGS for future standard committee meetings.
- Lay member Nigel Rudd queried the Cost-of-Living Crisis and its inclusion in the report. Officers clarified that it had been included due to its impact on residents.
- The table on page 131 of the report was highlighted. The committee wanted to ensure they could see any changes and improvements identified, as they could impact the GAC.
- The committee queried the auditing of Denbighshire Leisure Limited (DLL); they were informed that they would not be audited by the internal audit team, but an external would carry out the work. The committee was reassured that the audit could be reviewed by the internal audit team, and the members were also informed that if there were any concerns regarding DLL, any area could be audited at any time.

RESOLVED *that the committee* review *and* approve *the draft annual governance statement for 2023-24 and the action plan for 2022-23, as well as committee endorse the* creation *of a Governance and Audit board*.

8 TREASURY MANAGEMENT UPDATE AND REVIEW

The Head of Finance and Audit (HFA), Liz Thomas, introduced the Annual Treasury Management (TM) Report 2023/24 and the TM Update Report 2024/25 Quarter 1 (previously circulated); The Annual TM Report 2023/24 (Appendix was about the Council's investment and borrowing activity during 2023/24. It also provides details of the economic climate during that time and shows how the Council complied with its Prudential Indicators. The TM Update Report (Appendix 2) provides details of the Council's TM activities during 2024/25 to date.

The Annual TM Report 2023/24 (Appendix 1) was about the Council's investment and borrowing activity during 2023/24. It also provides details of the economic climate during that time and shows how the Council complied with its Prudential Indicators. The TM Update Report (Appendix 2) provides details of the Council's TM activities during 2024/25 to date.

On 27 October 2009, the Council agreed that the Governance and Audit Committee would scrutinise TM's governance. Part of this role was to receive an update on TM activities four times a year and review the enclosed Annual TM Report for 2023/24.

The committee discussed the following further –

- The committee queried the external borrowing and whether the amount was likely to reduce; the HFA clarified that the borrowing for 23/24 had increased mainly due to the coastal defence work being undertaken; the revenue costs of the project, however, would be covered in the main by increased funding by the Welsh Government. The borrowing would not likely reduce as there were other projects, such as the school building programme. However, this had not been reduced in scope, but the cost would be spread over a more

extended period. Responding to whether there were any concerns about the grants not being honoured, the HFA did not have any.

- The committee queried whether the recent change in Westminster could impact TM. Officers were not aware of any changes; however, if there were any substantive changes in the future, those details would be circulated.
- The committee requested the possibility of having a short report on financial stress testing revenue impact of the capital programme. The matter had been requested at a previous meeting. The HFA would look into the matter and circulate the information to the CAG members.

RESOLVED *that*

1. *The Governance and Audit committee note the performance of the TM function during 2023/24 and its compliance with the required Prudential Indicators as reported in the Annual TM Report 2023/24*
2. *That members note the TM update report for performance to date in 2024/25.*
3. The *Committee confirms that it has read, understood*, and considered *the Well-being Impact Assessment.*

9 UPDATE TO MEDIUM TERM FINANCIAL STRATEGY AND PLAN FOR 2025/26 - 2027/28

The Head of Finance and Audit (HFA), Liz Thomas, introduced the Update to Medium-Term Financial Strategy and Plan for 2025/26 – 2027/28 report (previously circulated). The report provides an update to the Medium-Term Financial Strategy and Plan for 2025/26 – 2027/28.

Part of the role of the Governance and Audit Committee is to seek assurance that the Council has effective and robust processes in place for setting balanced budgets. The report updates the Committee on

- proposed budget strategy for setting the budget for 2025/26 as set out in the Medium-Term Financial Strategy (MTFS)
- financial projections for the three years 2025/26 to 2027/28 in the high-level Medium Term Financial Plan (MTFP).

The HFA informed the members that the areas highlighted in yellow were the key areas of change within the report.

The committee discussed the following further –

- The committee queried T1 on the new financial system and whether there were any teething issues. The HFA stated there had been some issues, but it was to be expected to change from a system that had been in use since 1996; reserve revenue budgets covered the cost implications of the change. The process was taking longer than anticipated, but confidence was growing in the system.
- The cost implications of the new waste model were queried. Officers were working through the costs and will share with Members as soon as possible.

However, the HFA would circulate the information to both members and lay members once it was known to keep them informed on the matter as it progressed.

- Members queried whether officers had confidence in the saving tracker. Officers were confident of the system; however, to preface the matter, the tracker was only as good as the information that was inputted and updated.
- The potential salary increases to align with inflation was queried, as was whether the Council had the finances to accommodate the upcoming increases. The decision on the finances was ultimately down to the Welsh Government and the UK government.
- Lay member Nigel Rudd commended the report and queried whether the council had a reserve target. The HFA indicated that it was a significant challenge to increase reserves in the current financial climate, and the ideal target was for a 5% saving, but that may not be practically achievable.
- Council Workshops which discussed finance, it was queried whether lay members could be included, they could be included if the business was relevant to them.

RESOLVED *that the Governance and Audit Committee have considered the Update to Medium Term Financial Strategy and Plan For 2025/26 - 2027/28.*

10 LITTLE ACORNS AT CHRIST THE WORD

The Corporate Director of Social Services and Education, Nicola Stubbins, introduced the Care Inspectorate Wales Inspection (CIW) & Estyn Inspection Report—Little Acorns at Christ the Word (previously circulated). Alongside the corporate director to present the report were the Childcare and Play Development Manager, Dawn Anderson, and Childcare supervisor, Craig Taylor.

The report aimed to provide information regarding the recent CIW and Estyn Inspection at Little Acorns at Christ the Word. Little Acorns at Christ the Word is a Playgroup, Afterschool and Holiday Club providing full-day and sessional care based at Christ the Word Catholic School in Rhyl, opened in August 2019. This was the first joint CIW & Estyn inspection of Little Acorns. CIW and Estyn evaluate a provider's effectiveness using a four-point judgement scale – excellent, good, adequate, and poor. Four themes were judged as excellent and one as good; no areas of non-compliance were identified during this inspection, and the summary of these findings was included in the report.

The committee discussed the following further –

- The committee fully supported the positive inspection report and commended all involved for their hard work and dedication.
- The committee queried how much Welsh Language was encouraged around Rhyl; officers informed the committee that five fluent Welsh speakers were within the childcare team. There was a cylch in the little acorns. The inspection also praised the amount of Welsh language and culture encouraged by Christ the Word.
- The provision's capacity was raised, but it was not at capacity, and there was ample space for the new cohort in September.

- The committee wanted to ensure the good news article was circulated to highlight good work. The positive reports would be circulated to staff and to wider childcare providers throughout the county, and the information would be voiced through press releases.

RESOLVED *that the Governance and Audit committee has read, understood, and* considered the report's contents*.*

11 CARE INSPECTORATE WALES - INSPECTION REPORT ON DOLWEN, DENBIGH

The Corporate Director of Social Services and Education, Nicola Stubbins, introduced the Care Inspectorate Wales Inspection (CIW) Report—Dolwen Care Centre, Denbigh (previously circulated) alongside Katie Newe, Service Manager: Care and Support and Responsible Individual (RI), Ann Lloyd, Head of Adult Social Care and Homelessness, and Councillor Elen Heaton, Lead Member for Health and Social Care.

The report was to provide information regarding the recent CIW Inspection carried out in Dolwen Care Centre, Denbigh. Dolwen offers services with experienced staff within an adapted environment to meet the needs of the individual residents. Dolwen was purpose-built in 1966 and provides a 32-bed residential facility. 4.3. Placements include long-term care and short-term respite and reablement care. The last inspection was carried out on 28th February 2022. CIW carried out an unannounced inspection on 29th February 2024. The inspection took place on-site over one day, and there was a desktop review of policies, procedures, and key documents used in the service, such as care plans, risk assessments, staff training induction, and supervision records. Verbal feedback was given to the Registered Manager (RM) and the Responsible Individual (RI) on 8th April. During this meeting, the inspector advised that the service would have achieved a silent rating of good. No areas of improvement were identified because of the inspection. The summary of the findings could be found within the report.

The committee fully supported the positive inspection report and commended all involved for their hard work and dedication.

The committee again suggested that the report be circulated as a good news story for the item. Officers clarified that the press release would be circulated following the meeting. The committee queried what a silent rating was, and it was clarified that it was not shared, as was verbal feedback.

RESOLVED *that the Governance and Audit committee has read, understood, and* considered the report's contents*.*

12 FOR INFORMATION - CORPORATE RISK REGISTER

The chair informed the committee the item was for information purposes; the substantial report would be brought back to the committee at the November meeting.

RESOLVED *that the Governance and Audit Committee note the Corporate Risk Register information report.*

13 CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME

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

Members were informed that a piece of work was being undertaken by Internal Audit, which included mapping all the items which had been presented to GAC since 2020, so now had the frequency of when reports were put forward to GAC. Hopefully, this piece of work would be completed and available for the September meeting to ensure a full and thorough forward work programme.

The statement of accounts was still planned for September. The Monitoring officer also stated that the Code of Governance and Audit was scheduled for September but could change depending on workload.

Training—dates to be provided. The Chief Internal Auditor will liaise with Democratic Services and get dates in the diary for training sessions.

RESOLVED *that, subject to the above, the Governance and Audit Forward Work Programme be noted.*

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Report to	Governance & Audit Committee
Date of meeting	25 September 2024
Lead Member / Officer	Cyng **/** Cllr Gwyneth Ellis / Bob Chowdhury – Chief Internal Auditor
Report author	Bob Chowdhury – Chief Internal Auditor
Title	Internal Audit Update

1. What is the report about?

1.1. This report provides an update for Governance and 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 Terms 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 2024.

4.2. Since the last Governance and Audit Committee update in March, 10 internal audit reports have been completed with six being awarded a high assurance rating and four receiving a medium assurance rating.

4.3. On 3 June, the Council's waste service rolled out a new waste collection and recycling service across the whole of the county. The new service moved away from comingled recycling waste to kerbside collections via a trolly system. The roll out encountered several issues which has resulted in the service requiring support from services across the Council.

4.4. As a result, three members of the Internal Audit team were seconded over to support the waste service initially a part-time basis, two of them then went over on full-time basis for a short period. This has resulted in the Audit Plan falling behind schedule. Now we are fully staffed we are working towards completing the plan again.

4.5. Since April this year we have had two special investigations that have been very challenging and demanding on Internal Audit resources. Neither investigation has been completed. The first one was following a whistleblowing complaint and the second investigation was via a service request.

4.6. I am pleased to inform the Committee that the two Career Pathway Senior Auditors have passed the level 2 qualification with the Association of Account Technicians (AAT) and have enrolled onto level 3 which starts on 11 September 2024. The Principal Auditor is still on target to complete and pass her level 4 qualification with the Institute of Leadership and Management (ILM) and the third Career Pathway Senior Auditor is due to start study for the Institute of Internal Auditors qualification at the end of this year.

4.7. Internal Audit monitors performance to address actions arising from audit reviews. It is management's responsibility to address these 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.

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?

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.

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Internal Audit Update

September 2024

Contents

Internal Audit Reports Recently Issued

Since the last Internal Audit update report in March 2024, Internal Audit has completed:

- Ten reviews and a full copy of each report has been circulated to members of the committee.
- The team have also been involved in two special investigations that have taken up a considerable amount of time and currently are still on going.
- Between Middle of June through to the middle of August, three members of the Internal Audit Team have been seconded to the Waste project to support. Initially staff went over on a part time basis, but then two were seconded full time.
- Work has started on the NFI data matching exercise and this work is on-going.

The assurance given and number of issues raised for each review is summarised below:

Reference Number	Area of work	Assurance Level	Critical Issues	Major Issues	Moderate Issues
D2232422	Revenue & Benefits - NNDR	High ●	0	0	0
D2232402	ICT Contract Management	Medium ●	0	1	1
D232446	Wellbeing Impact Assessment	Medium ●	0	0	2
D232445	Climate and Ecological Change	Medium ●	0	1	1
D232448	Risk Management	High ●	0	0	0
D242502	Rhuddlan Town Council	High ●	0	0	0
D232438	Flood Risk Strategy	Medium ●	0	0	4
D242504	AONB 2023-24	High ●	0	0	0
D242503	HSG 2023-24	High ●	0	0	0
D242528	Liberty Gas	High ●	0	0	1

Revenues and Benefits – NNDR – March 2024

High Assurance ● Number of Risk Issues: None

Our review confirmed relevant controls continue to be effective. Process documentation is currently being updated to comply with relevant legislations coming in force in April 2024. It was evident throughout testing that processes are being followed and the service are compliant with UK legislation. Further training is being provided to staff to strengthen business continuity arrangements within the service.

Day-to-day processes have not changed and continue to be effective. Processes include changes in liability, write offs, refunds, valuations and reconciliations, which was confirmed as part of our testing.

Controls continue to be effective for data protection, including appropriate system access, staff compliance with data protection guidance and completion of mandatory training.

The service regularly monitors performance, Key Performance Indicators (KPIs) are being achieved with no areas of concern/risks raised in the last 3 years.

ICT Contract Management – March 2024

Medium ● Number of Risk Issues: 1 Major ● 1 Moderate ●

Our review identified effective controls in place, which include training for officers on contract management and Contract Procurement Rules (CPRs) refresher training. Testing of a sample of seven contracts included one contract over £1,000,000 and three contracts over the Official Journal of the European Union (OJEU) threshold. Where documentation was available, testing confirmed that all contracts met the minimum requirements for the CPRs; however, full documentation for a contract over the value of £1,000,000 could not be located. In some cases, key documentation relating to procurement and contract monitoring was not captured on the Proactis system. (See Issue 1)

The CPRs clearly document what is expected of services in relation to processes and

documents, including thresholds for contracts, detail contract requirements which is dependent on the value of the contract. For contracts over £25,000 community benefits1 are encouraged and for contracts over £1,000,000 community benefits are mandatory unless the Crown Commercial Services (CCS) Framework makes an exception. Community benefits should be monitored during the contract term; however, our review did not identify that such monitoring was in place. Our testing identified good practice with community benefits being included in one contract under £1,000,000.

For contracts issued from 2022 onwards, the CPRs state that regular contract performance reviews should be captured on Proactis when the risk level is high or medium (CPR 6.3.1); this applied to two of the contracts sampled, both of which are still in the implementation phase, therefore monitoring is not yet in progress. The contract over £1,000,000 was also tested for monitoring arrangements. In all cases, there was evidence that contract monitoring and management were in place to mitigate risk, but formal records were not always retained. The Proactis system should be systematically updated with records of monitoring activity (see issue 2).

The Well-Being of Future Generations (Wales) Act 2015 came into force in 2016 where public bodies were required to review well-being objectives every year and are part of the procurement process for contracts. Wellbeing Impact Assessments are mandatory for contracts over £1,000,000 and optional for contracts under this threshold. Our review identified good practice with Wellbeing Impact Assessments being completed even in cases where this was not required.

Wellbeing Impact Assessment – April 2024

Medium ● Number of Risk Issues: 2 Moderate ●

Well-being Impact Assessments (WIAs) are integrated screening assessments, which assess the impact of proposals on the social, economic, environmental, and cultural well-being of Denbighshire, Wales, and the wider community. Completion of WIAs demonstrates compliance with legislation such as the Wellbeing of Future Generations

(Wales) Act 2015, the Equality Act 2010, and the Environment Act. Further changes to the Public Health Wales Act will be implemented in 2024, making the publication of Health Impact Assessments a legislative requirement.

Guidance documents and videos are available for officers and members, however signposting to these resources is unclear and needs strengthening. Refresher training is advised to ensure officers and members are familiar with the new legislative requirements, and also provides an opportunity to re-emphasise the function of WIAs and best practice in completing them.

Training was provided to responsible officers completing WIAs in 2016 when the tool was launched, however further training is unavailable. Training for members was provided in June 2022, although take-up was only 27%. Interviews with members and officers identified that there is a need for additional training. (See risk issue 1).

WIAs are completed for all projects and contracts over £1,000,000 in value as well as reports to relevant committees when WIA assessments are required. Our review tested a sample of WIAs to assess the quality of the reports, which identified a significant level of variation in the way that WIAs are completed and used. Testing also identified no quality assurance process is in place currently. Scrutiny and committee members assume WIAs have been completed according to guidance and best practice. (See risk issue 2).

The Wellbeing Impact Assessment web tool was developed to guide officers through the process of assessing the impacts and risks of planned projects and changes to services. The WIA tool provides prompts and guidance to officers as they complete WIAs. Guidance is also provided by Planning and Performance Officers according to service demand and capacity.

Our review confirmed all services are completing WIAs with good engagement with the web tool. All WIAs are stored on the cloud-based web tool. Our testing identified a high volume of WIAs on the system are incomplete or abandoned and old reports must be archived manually. Further improvements to the web tool would provide services with greater functionality. (See risk issue 3).

Wellbeing and Ecological Change – June 2024

Medium ● Number of Risk Issues: 1 Major ● 1 Moderate ●

There are robust governance arrangements in place, including all relevant documents in place such as carbon impact and biodiversity impact statement reports, good knowledge and awareness of policies and legislation. The climate and ecological change strategy is currently under review and a public consultation has started, where it is predicted that some actions will be changed to help achieve the agreed target.

Carbon literacy training is now requested for all SLT officers and elected members, with middle managers and key officers having been encouraging to complete the course previously. While we were able to confirm that 68% of elected members had completed the course, we were unable to confirm how many of the current middle managers had completed the course due to training records not being regularly reviewed and maintained. A separate climate change e-learning module is available to all staff, which is currently non-mandatory. Our testing confirmed only 11% of staff have completed the e-learning module. Further work is required to raise awareness to all staff and elected members (See issue 1).

Effective performance monitoring is in place with good evidence of monitoring performance captured on the corporate performance monitoring system. Highlight reports are authorised and reported on a quarterly basis to Senior Leadership Team (SLT) with appropriate reporting to internal working groups, such as the Climate Change and Ecological Emergency Political Working Group and Greener Denbighshire Board.

The council have introduced new processes to become a net carbon zero council by 2030, including the New Ways of Working strategy. Good progress is being made in some areas to achieve the target of net carbon zero by 2030, examples include meeting targets for waste and street lighting emissions, fleet and business travel emissions. Progress in some areas is slow and the Council is experiencing difficulties in meeting the agreed timescales, including supply chain and non-domestic building emissions. (See issue 2).

Effective communications are in place with evidence that the service is proactively engaging with staff, members and other stakeholders. Examples include communication platforms like council internet and intranet pages, social media and local press. A Climate Champion Staff group is currently being developed with Climate champions from all services to raise awareness and educate staff and services of their roles and responsibility.

Risk Management – June 2024

High Assurance ●	Number of Risk Issues:	None

A comprehensive Risk Management Strategy is in place and accessible to officers and members, which provides clear support and guidance that managers and officers can use as a toolkit for managing risks. The strategy is currently being reviewed to reflect changes in reporting risk to the appropriate committees, which was confirmed during our review, that there is appropriate consultation process in place.

The Corporate Risk Register has recently been reviewed with the number of corporate risks reducing from 20 to 13 corporate risks. The revised Corporate Risk Register includes risks in relation to additional budget and financial pressures, following a reduction in the funding settlement. The Corporate Risk Register is supported by Services, Programme and Project Risk Registers that ensure all risks to the council's business are monitored by appropriate risk owners.

Testing of a sample of corporate risks was performed to confirm appropriate controls are in place to manage risks identified. We reviewed the inherent risk score, controls in place to manage or mitigate risks from materialising and the residual risk score, which confirmed there were effective controls in place and are regularly monitored by relevant risk owners.

Training and support for risk management has been provided to managers, members and relevant officers managing risks. The Strategic Planning and Performance team provide

regular support and guidance to officers and members as appropriate and officers new to the council are given one to one training when requested. It would be beneficial to maintain and update records for training and support that has been provided to members and officers.

Testing confirmed there are robust controls in place for monitoring risks. Effective mechanisms include: capturing progress of corporate and service risks on the corporate monitoring system, regular reports to the Corporate Executive Team (CET), Senior Leadership Team (SLT), and Governance and Audit Committee. Services also produce highlight reports on a quarterly basis, which feeds into the Corporate Risk Register.

The council declared a climate change and ecological emergency in July 2019 and has committed to becoming a Net Carbon Zero and Ecologically Positive Council by 2030. A corporate risk for climate change has been captured in the Corporate Risk Register and has also been included in the relevant Service Risk Registers. The council has introduced new processes to manage the risks, which include the new ways of working strategy, strengthening procurement processes and strengthening business cases to include climate control plans.

Rhuddlan Town Council – June 2024

High Assurance ●	Number of Risk Issues:	None

Our review of Rhuddlan Town Council for the financial year 2023/24 found that they have robust governance and financial controls in place with an effective standard of record keeping, supported by the electronic financial system ‘Rialtas’.

Comprehensive policies including financial regulations, are in place and available on the town council’s website which are reviewed regularly and complied with, and terms of reference are in place for committees.

Testing confirmed compliance with financial regulations, with effective controls in place over income and expenditure, including the treatment of VAT. Regular reconciliations are performed and presented at Town Council meetings on a quarterly basis for approval, which are minuted. Further improvements of the reconciliation process have been identified by appointing a second signatory to sign off the accounts each month. The review of the Annual Return for 2023/24 identified larger variances than expected, however where variances were identified, valid explanations were provided to support the variances.

An asset register is in place and insurance has been reviewed to ensure sufficient cover for assets recorded. There is a comprehensive risk assessment in place to identify and manage risks, which was last reviewed in June 2023.

Flood Risk Strategy – June 2024

Medium ● Number of Risk Issues: 4 Moderate ●

Our review identified satisfactory governance arrangements for flood risk management. The council are still working to the 2013-17 Flood Risk Strategy while work is progressing in drafting the new 2024-29 Flood Risk Strategy. There have been delays in the new strategy being drafted due to Welsh Government not releasing their new strategy template until 2022 and day-to-day working pressures within the team.

A task and finish group has been established to progress the new Flood Risk Strategy, which includes a combination of officers and members. Terms of reference are in place and the group have only met twice so far and no date has been agreed for the next meeting. We were unable to view the minutes of the group as they were not available at time of audit.

While work is progressing on the new Flood Risk Strategy, there are no milestones or agreed timescales to ensure the new strategy is on target for completion and all risks and issues are considered. (See Risk Issue 1)

The service are representative on the North Wales flood management group and Risk Management Authorities group, which has provided opportunities to work with other local authorities, National Resource Wales and Welsh Government in a collaborative way to ensure Flood Risk Strategies are aligned.

There is no completed communication strategy in place for the new Flood Risk Strategy. A communications strategy would support in stakeholder engagement to ensure all key stakeholders are identified. (See Risk Issue 2)

Testing of documentation identified the Flood Risk Strategy for 2013-17 was approved by Cabinet in 2014. However, information is not readily available in relation to the 2013-17 strategy and we couldn't evidence that all the consultation process was completed. This was due to the officer involved in the previous strategy has left the council and this therefore demonstrates a lack of business continuity. (See Risk Issue 3)

There are effective processes in place for monitoring, identifying and reducing areas where there is a risk of flooding, where proactive works have been carried out to reduce the risk of flooding. Examples include repair work carried out at Barkby Beach and Ffrith beach in Prestatyn. All completed work is recorded on the service's data management tool, AMX system. To strengthen the overall process, it would be beneficial to have written procedures as there are currently no formal written procedures in place for the management and monitoring of flood assets. (See Risk Issue 4)

The team deliver smaller scale projects for the delivery preventative flood work, which is not promoted effectively. There is a need to strengthen communication with key stakeholders such as residents, members and the relevant committees to promote works on smaller scale projects.

AONB 2023 -24 – September 2024

High Assurance ● Number of Risk Issues: None

Our review identified effective controls in place for monitoring of income and expenditure with supporting documentation in place. Examples include providing financial reports to

the Clwydian Range and Dee Valley AONB Committee on a quarterly basis and regular reconciliations of AONB accounts. Appropriate treatment of VAT, National Insurance and PAYE were in place and comply with corporate financial regulations for purchases.

We reviewed petty cash transactions which identified that a small number of VAT receipts were not correctly treated. While the unclaimed VAT amount was not significant with a value of £30.18 further guidance has been provided to the service on the treatment of VAT when purchasing through petty cash. We will perform further testing in our next review to verify VAT is properly accounted.

The AONB committee meet regularly using both virtual and in person platforms and have detailed supporting documentation in place for recording discussion and decisions agreed.

A review of the completed annual returns for 2023-2024 identified some variations in income and expenditure in comparison to 2022-2023. Through discussion with officers, we were satisfied that the variances were reasonable and have no concerns.

The AONB risk register is regularly reviewed to ensure risks and mitigating actions are effective.

Our review identified that the service is working towards the sustainable development principles and supporting the council to achieve carbon net zero targets by 2030.

HSG 2023 -24 – August 2024

High Assurance ●	Number of Risk Issues:	None

Our review confirmed there are still effective arrangements in place to ensure compliance with the Housing Support Grant (HSG) terms and conditions and guidance, which was

updated in January 2023. Testing confirmed the grant has been allocated to relevant projects.

Regular reports are provided to Welsh Government (WG), which include an outcomes framework, quarterly claims, six-monthly update reports, expenditure statements and end of year progress report. With the exception of one claim, reports and claims have been submitted within the agreed timescales.

The service has produced a statement of needs, which captures current and future demands on the service as well as regional needs where the needs are met by the council. This is due to be reviewed by the service through a light touch review and submitted by June 2024. The HSG delivery plan is also regularly updated where a light touch review was performed and submitted to WG in January 2024.

The service are representatives on the Regional Housing Support Collaborative Group (RHSCG), where discussions include updates from WG, updates on local delivery, sharing best practice and risks. Previously Conwy County Borough Council were the strategic lead for this group, but the post is now vacant. During the audit, Denbighshire County Council were in discussions to become the strategic lead on this group, this is yet to be confirmed. This group meets bi-annually with the last meeting held in December 2023. Comprehensive minutes are in place, with the exception of December 2023 minutes due to regional lead not yet in post.

Testing of expenditure confirmed compliance with the council's Contract Procurement Rules and the grant terms and conditions with supporting evidence in place, which included purchase orders and invoices.

The management costs for external projects are currently 10.2%, however, internal projects do not charge management costs as per the definition in the grant conditions. Therefore, it is likely that the overall percentage of management costs in relation to the total grant award is lower than 10%. Management costs will be monitored for the grant going forward and not split between internal and external projects, which will give a true reflection in line with the grant conditions and total grant award.

In June 2023 the service made the decision to decommission the projects which were funded by the grant. There is sufficient evidence in place to demonstrate appropriate processes were followed and shared with relevant individuals as part of the decommissioning process.

The service has areas of good working practice to demonstrate contribution to working sustainably, which is included in quarterly progress report submitted to WG. The service is working towards contributing to achieving Denbighshire's Climate and Ecological Change strategy, which includes implementing carbon reduction plans for all provider contracts and reduction in staff commuting.

Liberty Gas – August 2024

High Assurance ●	Number of Risk Issues:	1 Moderate ●

The current contract with Liberty Gas was awarded through the delegated decision process under the Fusion 21 Framework Agreement, which provides annual gas safety checks and routine maintenance, repairs and replacement of gas appliances in council-owned housing. The review showed that Liberty Gas is performing at a high level and is meeting contractual requirements. The framework agreement provides additional checks on performance and Key Performance Indicators (KPIs), where the contractors are regularly audited by an independent auditor.

A review of KPIs was performed, which identified high levels of compliance with gas safety check requirements. Safety checks are generally completed early, and robust mitigation measures are in place to ensure that safety is not compromised when access to properties cannot be obtained before certificates expire. Works in relation to emergency and non-emergency repair rates are also very high, and missed appointments are rare. A full audit trail with photographic evidence is provided by Liberty Gas to show their attempts to access properties and the work completed, which provides additional assurance in case of Health and Safety Executive investigations or legal proceedings.

Liberty Gas maintain good levels of stock of parts for the most common boilers so that the majority of repair work is completed in one appointment. Testing confirmed that follow-up work is not often required. Boiler and radiator replacements constitute most of the additional work commissioned, and the programme of replacements to install new, hydrogen-ready and energy efficient boilers forms part of the service's work towards the sustainable development plan.

Performance and contract monitoring takes place through monthly meetings with regular contact with Liberty Gas by email and phone. However, meetings are not rearranged when cancelled, and minutes do not always give a comprehensive record of discussions. Additional measures to strengthen business continuity would be beneficial, as the day-to-day management of the contract relies on a small team (see Risk Issue 1).

The service follows the corporate complaints procedure for the handling of complaints received. A minimal number of complaints and feedback has been received in relation to Liberty Gas, where responses were provided within corporate timescales. Complaints received directly by Liberty Gas are reported to the council through KPIs, and this was confirmed in testing. Monitoring meetings should also be used to track and manage the complaints and feedback that goes directly to Liberty Gas.

Our review confirmed that the contract with Liberty Gas is running well. Service delivery levels are excellent and a constructive and efficient working relationship is established between the council and Liberty Gas.

WAO reports specific to Denbighshire County Council that have either been completed or are due to be undertaken in 2024/25

Review	Report status	Link to report
Audit of the Council's 2022-23 statement of accounts		
Audit of the Council's 2023-24 statement of accounts		
Grants certification 2021-22		
Local Report on Council's Corporate Support Functions	Draft went to Governance & Audit Committee on 14 June 2023.	3461A2023_Denbighshire_Draft_Corpor
Assurance and Risk Assessment	Fieldwork to start in January 2024.	
Cross-sector review focusing on the flow of patients out of hospital	Report issued February 2024	4081A2024 NW Regional Report - M
Examination of the Setting of Well-being Objectives by Denbighshire County Council	Report issued February 2024.	AUDIT WALES REPORT - SETTING C
Use of Performance Information – Service	Report issued December 2023	3811A2023 Report Use of performance
Welsh Housing Quality Standard local project	Looking at completing in quarter 4.	

National WAO reports that are due to be undertaken in 2023/24, for the 22 LA in Wales

All 22 local authorities will be audited on an agreed review area and then the 22 local authority reports will be pulled into one national report that will be issued to each local authority. This generic report will be produced and shared across the 22 local authorities highlighting good / bad practice identified.

Review	Report status	Link to report
Thematic review – Digital	Report issued January 2024.	AUDIT WALES - DIGITAL STRATEGY R
Thematic review – Financial Sustainability	Report issued August 2024.	4441A2024_Financial Sustainability Rev
Thematic review – commissioning and contract management		

Local government national studies planned/in progress

The local government national studies are undertaken by a specific team within WAO who will not look at all 22 local authorities in Wales. They will select a sample of local authorities across Wales and carry out the review. Once completed, a generic report will be produced and shared across the 22 local authorities highlighting good / bad practice identified.

Review	Link to report
Building Social Resilience and Self reliance	https://www.audit.wales/sites/default/files/publications/Together_we_can_Community_resilience_and_self_reliance_English_2.pdf
Building safety	Published August 2023
Planning for sustainable development – Brownfield regeneration	Sustainable_development_making_best
Governance of special purpose authorities – National Parks	https://audit.wales/publication/governance-national-park-authorities
Corporate Joint Committees (CJCs)	https://audit.wales/publication/corporate-joint-committees-commentary-their-progress

Estyn visits / reports update within the last 12 months

School Name	Report status	Link to report
Christ the Word	Special Measures	https://www.estyn.gov.wales/provider/6635902
Denbigh High School	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-07/Monitoring%20report%20Denbigh%20High%20School%202023.pdf
Ysgol Frongoch	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-07/Outcome%20of%20Estyn%20review%20Ysgol%20Frongoch%202023.pdf
Ysgol Emmanuel	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-07/Inspection%20report%20Ysgol%20Emmanuel%202023_0.pdf
Ysgol Christchurch	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-10/Inspection%20report%20Ysgol%20Christchurch%202023.pdf
Ysgol Bro Dyfrdwy	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-12/Inspection%20report%20Ysgol%20Bro%20Dyfrdwy%202023_0.pdf
Ysgol Brynhyfryd	No Follow Up	https://www.estyn.gov.wales/system/files?file=2023-12/Inspection%20report%20Ysgol%20Brynhyfryd%202023_2.pdf
Ysgol Hiraddug	No Follow Up	https://www.estyn.gov.wales/system/files?file=2024-01/Inspection%20report%20Ysgol%20Hiraddug%202023_0.pdf
Ysgol Bryn Collen	No follow up	https://www.estyn.gov.wales/system/files?file=2024-04/Inspection%20report%20Ysgol%20Bryn%20Collen%20Llangollen%202024.pdf
Ysgol Llanfair Dyffryn Clwyd	No follow up	https://www.estyn.gov.wales/system/files?file=2024-04/Inspection%20report%20Ysgol%20Llanfair%20Dyffryn%20Clwyd%202024_0.pdf
Ysgol Clawdd Offa	Significant Improvement	https://www.estyn.gov.wales/system/files?file=2024-03/Inspection%20report%20Ysgol%20Clawdd%20Offa%202024.pdf
St Brigid's School	No follow up	https://www.estyn.gov.wales/system/files?file=2024-03/Inspection%20report%20St%20Brigid%27s%20School%202024.pdf
Ysgol Plas Brondyffryn	No follow up	https://estyn.gov.wales/system/files/2024-04/Inspection%20report%20Ysgol%20Bryn%20Collen%20Llangollen%202024.pdf

School Name	Report status	Link to report
Ysgol Gymraeg Henllan	No follow up	https://estyn.gov.wales/system/files/2024-06/Inspection%20report%20Ysgol%20Gymraeg%20Henllan%202024_0.pdf
Adult Learning in the Community (ALC)	No follow up	https://estyn.gov.wales/education-providers/conwy-denbighshire-adult-learning-in-the-community-partnership/#inspection-reports

CIW / Other reports update for 2024/25

Area Reviewed	Link to Report
Dolwen Care Home	CIW - INSP00064565MBHM
Joint Inspection of Child Protection Arrangements: Denbighshire County Council, Betsi Cadwaladr University Health Board, North Wales Police	230517-Denbighshire-JICPA-en-easyread 230517-Denbighshire-JICPA-en.pdf
An Estyn Rep[ort on little Acorns at Christ the Word	Inspection report Little Acorns at Christ the Word 2024 (gov.wales)

Progress in Delivering the Internal Audit Assurance

The HoS for Finance and Audit has been in post for just over 10 months and regular meetings are in place with the Chief Internal Auditor to discuss current issues and monitor progress against the internal audit plan. The week commencing the 9 September the Council had an independent Panel Peer Assessment carried out and CET, SLT, Cabinet, key officer and Chair and Vice Chair of the Governance and Audit Committee were interviewed. The initial feedback was good and the Council are now waiting for the report.

We have now been fully staffed for approximately 14 months and the new members of the team have settled into their new roles and are enjoying the variety of work. Training is being provided to support and progress the three career pathway auditors and two of them just completed and passed their level two Association Accounting Technicians exams and are starting the level three course on the 11 September 2024.

On 3 June, the Council's waste service rolled out a new waste collection and recycling service across the whole of the county. The new service moved away from comingled recycling waste to kerbside collections via a trolly system. The roll out encountered several issues which has resulted in the service requiring support from services across the Council.

As a result, three members of the Internal Audit team were seconded over to support the waste service initially a part-time basis, two of them then went over on full-time basis for a short period. This has resulted in the Audit Plan falling behind schedule. Now we are fully staffed we are working towards completing the plan again.

Since April this year we have had two special investigations that have been very challenging and demanding on Internal Audit resources. Neither investigation has been completed. The first one was following a whistleblowing complaint, and the second investigation was via a service request.

Work is progressing in completing the NFI exercise for 2022-23. A total of 1475 matches were identified at the beginning of the exercise, with 1202 matches processed to date equating to 81.5% and 272 (18.5%) are currently being investigated. The remaining matches to be processed are Housing, which are in progress. To date a total of £55,741.88 in overpayments has been identified and in the process of being recovered by the council with all overpayments identified through the council tax matches.

Internal audit monitors performance to address actions arising from audit reviews. It is management's responsibility to address these 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.

Audits due to commence shortly include:

- Closure of Caledfryn;
- 3% budget cuts in schools;
- Asset Management; &
- Financial Service Audits

Internal Audit FWP

The five tables below provide a list of all projects required to be completed within the financial year 2024/25. The status level provides you with progress made on the outstanding projects:

Table 1 – Major savings proposals / non-strategic savings

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Fostering - changes coming into force at the end of 2024	Not yet started	-	-	-	-	
Libraries (Q1) savings of 21% costs looking back at 2023/24 savings	Scoped	-	-	-	-	
Impact of budget cuts for schools (3% based on school budget)	Scoped	-	-	-	-	
Closure of Caledfryn	Fieldwork	-	-	-	-	
Maintenance of DCC properties in portfolio including school and non-school properties	Not yet started	-	-	-	-	
Tracking of budget savings	Not yet started	-	-	-	-	
Car parking fees	Fieldwork	-	-	-	-	
Public conveniences	Fieldwork	-	-	-	-	
Homelessness prevention service	Not yet started	-	-	-	-	
Review of adult social care and double-handed care packages	Not yet started	-	-	-	-	
Overtime and Agency Payments	***Fieldwork***	**-**	**-**	**-**	**-**	

Table 2 – Process Reviews and Advisory work

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Liberty protection safeguards	Not yet started	-	-	-	-	
Grant funding – Children and Communities Grant (CCG)	Not yet started	-	-	-	-	
RIF funding due to end 2027	Not yet started	-	-	-	-	
Edge of Care Team	Not yet started	-	-	-	-	
Review of Building Control	Draft Report	-	-	-	-	
School transport	Draft Report	-	-	-	-	
Local bus service funding commission	Scoped	-	-	-	-	
To consider options available to fleet services to maximise commercial fleet usage	Draft Report	-	-	-	-	
To review the processes in place for making decisions around commission within specific services	Not yet started	-	-	-	-	

Table 3 – Service reviews

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
New CRM system for customer services.	Not yet started	-	-	-	-	
Liberty Gas	Final	High ●	0	0	1	
Housing Contact Centre	Final	High ●	0	0	2	
Review of Planning Applications	Scoped	-	-	-	-	
AONB 2023-24	Final	High ●	0	0	0	
AONB	Not yet started	-	-	-	-	
Schools in financial difficulty (SIFD)	Fieldwork	-	-	-	-	
EAL - use of agency staff for English as an additional language	Not yet started	-	-	-	-	
PLASC post-16	Scoped	-	-	-	-	
Procurement - to cover legislative changes, processes, and strategy	Not yet started	-	-	-	-	
Blue badges process	Not yet started	-	-	-	-	
Staff Pay Scale Review	Not yet started	-	-	-	-	
Contracts where 90% of work completed and waiting for retention work to be completed	Not yet started	-	-	-	-	
Levelling Up Funding (LUF 1)	Not yet started	-	-	-	-	

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Disposal of property under Community asset policy as policy does not include timeframes for disposing of assets.	Not yet started	-	-	-	-	
Cash Collection	Not yet started	-	-	-	-	
Direct Payments/Court of Protection	Not yet started	-	-	-	-	
Community Equipment Service	Not yet started	-	-	-	-	
Use of corporate purchasing cards	Not yet started	-	-	-	-	
Budget setting process	Not yet started	-	-	-	-	
Technology One	Scoped	-	-	-	-	
Asset Management	***Scoped***	**-**	**-**	**-**	**-**	

Table 4 – Assurance for the Annual Governance Statement

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Risk Management	Not yet started	-	-	-	-	
Programme and Project Management	Not yet started	-	-	-	-	
Partnerships	Draft	-	-	-	-	
DLL - review of Teckle agreement	Not yet started	-	-	-	-	
General Ledger	Scoped	-	-	-	-	
Payroll	Scoped	-	-	-	-	
Accounts payable (AP)	Scoped	-	-	-	-	
Treasury Management	Scoped	-	-	-	-	
Bank Reconciliation	Scoped	-	-	-	-	
Council Tax	Scoped	-	-	-	-	
Sundry Debtors	Scoped	-	-	-	-	
Housing Benefits	Scoped	-	-	-	-	
NNDR	Scoped	-	-	-	-	
NFI 2022-24	Fieldwork	-	-	-	-	
Whistleblowing	Fieldwork	-	-	-	-	
Follow up reviews	Fieldwork	-	-	-	-	

Table 5 – Other projects

Area of work	Current status	Assurance level	Critical issues	Major issues	Moderate issues	Comment
Tackling poverty	Not yet started	-	-	-	-	
Housing First follow-up	Not yet started	-	-	-	-	
Cefndy follow up	Not yet started	-	-	-	-	
Cynnig follow up	Not yet started	-	-	-	-	
Christ the Word Follow up	Fieldwork	-	-	-	-	
Rhuddlan Town Council	Completed	High ●	0	0	0	
School funds	Not yet started	-	-	-	-	

Items in lists above in bold and italic have been identified since the start of the financial year and added to the plan

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.
2. National Fraud Initiative (NFI) update – Work has started on the 2024-25 exercises and as we complete the financial reviews additional work will be undertaken on the matches.
3. Education Support continue to prompt schools to maintain up-to-date school fund certificates. We are currently looking at on-line banking arrangements for school fund as schools are looking to move away from cheques.
4. The Strategy for the Prevention and Detection of Fraud, Corruption and Bribery and Fraud Response Plan are available on the Council's website

5. We have purchased a Fraud Corruption and Bribery E-learning module that we are currently working with the provider to tailor to Denbighshire County Council's requirements.
6. Alerts from the National Anti-Fraud Network (NAFN) reviewed with the relevant service and response taken accordingly.
7. Responding to a whistleblowing response and counter response of concerns of potential fraud. These are on-going investigations, and the findings will be shared with relevant officer.

Referrals 2024/25

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.

During the first 6 months of 2024/25 financial year, we have been asked by three separate services to investigate potential frauds. The first request was around a whistleblowing complaint, and it was agreed that the service manager would carry out the investigation and report back on completion of the investigation.

The second referral was a whistleblowing complaint around governance arrangements, and we are currently carrying out an investigation. The third complaint was as request from the Head of HR around potential fraud and misappropriation of funds and following discussions with the service manager it was agreed that Internal Audit would carry out the work and this review is again on-going.

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 2024/25.

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	13 days
Issue final report within 5 days after agreeing the draft report and action plan	Average days less than 5	3.15 days
Percentage of audit agreed actions that have been implemented by services recorded on the performance management system (Verto)	75%	Information not available
Percentage of audit agreed actions that have been implemented by schools	75%	Information not available

Due to staff being seconded to waste and on their return, we have been concentrating on one special investigation and plan, the follow up spreadsheet and school e-mails have not been completed. This will be addressed and reported in the next update.

Also the issue draft report within 10 days of the closing meeting has gone above the target 10 days due to staff having the closing meeting and then being seconded to waste.

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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Archwilio Cymru
Audit Wales

Financial Sustainability Review – Denbighshire County Council

Audit year: 2023-24

Date issued: August 2024

Document reference: 4441A2024

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

Contents

Summary report

Why we did this audit

Our audit duties

1 The Council has to put in place arrangements to get value for money for the resources it uses, and the Auditor General has to be satisfied that it has done this.

2 We undertook this audit to help discharge the Auditor General's duties under section 17 of the Public Audit (Wales) Act 2004. It may also inform a study for improving value for money under section 41 of the 2004 Act, and/or an examination undertaken by the Auditor General under section 15 of the Well-being of Future Generations Act (Wales) 2015.

Our objectives for this audit

3 To provide assurance that councils have proper arrangements to support their financial sustainability.

4 To explain councils' financial position and the key budget pressures and risks to their financial sustainability.

Why financial sustainability is important

5 A combination of factors including the rising cost of delivering services and increased demand for some services is placing significant pressure on local government finances.

6 Despite these pressures, councils are still required to set a balanced budget whilst delivering a number of statutory services. Councils also provide a range of non-statutory services that communities rely on.

7 In this context, it is important that councils develop a strategic approach to their financial sustainability over the longer term to help them to secure value for money in the use of their resources.

What we looked at and what does good look like[1]

8 We reviewed the Council's strategic approach to support its financial sustainability, its understanding of its current financial position, and its arrangements for reporting and oversight of its financial sustainability. This audit was limited to a consideration

[1] Defined as 'what should be' according to laws or regulations, 'what is expected' according to best practice, or 'what could be', given better conditions.

of the arrangements that the Council has put in place to support its financial sustainability. It was not a review of the Council's wider financial management, or of the individual financial decisions that the Council has made or intends to make.

9 We recognise that some factors which will impact on councils' financial sustainability will be beyond the scope of this audit, as this audit focused on the arrangements that councils are putting in place. However, where we identified common issues through our fieldwork that go beyond the arrangements that councils have put in place, we will report on these in our planned national summary report.

10 We also recognise the unprecedented financial challenges that councils have faced for many years and are likely to continue to face for at least the medium term. This includes the public sector funding pressures that followed the financial crisis in 2008 and the impact of the pandemic both at the time and its continued aftereffects. More recently councils have also faced significant real-terms reductions in spending power as a consequence of the fastest increase in inflation for decades. Alongside all of these events there have also been significant increases in the demand for some services, including for example the impact of an ageing population and the resulting increased demand for some services. These factors are largely outside the control of any individual council.

11 Against this longer-term background of financial challenges councils have needed to respond to more recent challenges at pace and we understand that inevitably in many, if not all councils, some of the specific details of how financial pressures will be tackled over the medium-term are still to be determined. This report sets out our view on the council's financial arrangements, and where appropriate where we think these could be strengthened to help improve the council's financial sustainability over the medium-term. Our report should be viewed in the context of these wider and longer-term financial pressures.

12 The audit sought to answer the overall question – **Does the Council have proper arrangements to support its financial sustainability?** To do this we looked to answer the following questions:

- Does the Council have a clear strategy for its long-term financial sustainability?
- Is the Council's financial strategy supported by a clear understanding of its financial position?
- Do the Council's reporting arrangements support regular oversight of its financial sustainability?

13 The audit criteria that we used to assess the Council's arrangements against each of our questions is set out in **Appendix 1**. This has been informed by our cumulative knowledge, as well as drawing on some publications produced by the Chartered Institute of Public Finance and Accountancy (CIPFA).

Our audit methods and when we undertook the audit

14 Our findings are based on document reviews and interviews with a sample of councillors and senior officers. The evidence we have used to inform our findings is limited to these sources. We undertook this work during April to May 2024.

15 We are undertaking this work at each of the 22 principal councils in Wales and, as well as reporting locally to each council, we also intend to produce a national report.

What we found

16 Overall, we found that **the Council engages well with Members and officers when setting its budget but it currently lacks an approach to find sufficient savings or an implemented transformation plan to bridge its funding gap..** We set out below why we reached this conclusion.

17 The Council has a clear strategy for its medium-term financial sustainability, which is well communicated to Members and officers, but has weaknesses in how it currently identifies efficiencies and is at an early stage of longer-term transformation. A clear, robust, and agreed financial strategy is important to identify how the Council will respond to anticipated future funding pressures, and particularly how the Council will meet its projected funding gap in the short, medium, and long term.

18 However, we identified risks within the Council's approach. The Council engages in existing peer networks but is limited in wider engagement, such as with CIPFA, to learn from others and identify opportunities for finding savings.

19 The Council plans to find efficiencies for its 2025-26 budget with a revised approach and is also developing a transformation agenda to support its medium and long-term financial planning. However, both workstreams are not fully developed and untested for their impact and effectiveness.

20 In recent years the Council has made unplanned use of reserves to balance in year budget pressures. As the Council is aware using reserves to balance annual budgets does not address underlying issues, it has a policy to avoid using reserves to balance its budget. This, in turn, increases pressure on savings identification and transformation to address the underlying issues. As a result, there has been additional pressure on savings identification. As the Council's initial approach did not identify the required level of savings, this led to services being asked to find non-strategic savings from their budget areas to balance the budget. Many of these non-strategic savings were not assessed for impact and lack an ongoing assessment.

21 Critically, these weaknesses mean that the Council does not fully understand the longer-term impact of all decisions. This may cost more in the longer-term or work against corporate objectives, both of which risk the Council's broader value for money. In taking a more robust, complete approach to savings identification and assessment, the Council can take greater assurance in mitigating this risk.

22 The Council's understanding of its financial position is clear, supported by assumptions and identified risks. The Council is aware that its recent use of reserves is unsustainable going forward. A thorough understanding of current and future funding pressures, alongside other risks to financial sustainability is important to ensure that the Council's financial strategy is well informed and appropriate to the scale of the financial challenge it faces.

23 The Council bases its Medium-Term Financial Plan on good information with appropriately benchmarked assumptions and a good understanding of key budget pressures. The Council updates its calculations regularly and communicates the changes to members. Risks to the financial position are also reviewed regularly, with monthly updates provided to Cabinet.

24 In its draft MTFP for 2024-25 to 2026-27, the Council projected a shortfall in funding of £15 million in 2025-26 and a further £13 million in 2026-27. This comes on top of the £10.4 million of savings identified to balance the 2024-25 budget. The cumulative saving required of £38.4 million within three years is equal to 15% of the total 2023-24 revenue budget.

25 The Council has overspent against the budget in the last two years, which demonstrates it is grappling to deal with key pressures and risks, which include:

- Pay awards for school and non-school staff, for example it is assumed the non-school pay award for 2024-25 will cost the Council an extra £4 million.
- Adult social care and homelessness has shown an additional pressure of £7.97 million for the 2024-25 budget (gross of savings). This is due to various causes, increase in demand and complexity of cases.
- Budgeted school pressures from inflation, pay awards, and increased pension contributions totalled £7.6 million alone for 2024-25.

26 As the demand for savings increases over the medium-term plan the risk of overspending is heightened, further increasing pressure on reserves if not delivered successfully. Identifying pressures and mitigations in a timely manner is critical to managing this risk and supporting the Council in delivering its plan.

27 The Council needs to ensure that its scrutiny and monitoring arrangements provide clarity across the responsible Committees and will need to review the effectiveness of recently introduced reporting and tracking arrangements. Clear, regular, and transparent reporting arrangements are important to enable effective oversight of the Council's financial position, the action it is taking to ensure its financial sustainability and the impact of this on its local communities.

28 Both officers and members identified confusion in previous arrangements for the oversight of financial performance, primarily between committee roles. Despite the

constitution stating the role of Performance Oversight and Scrutiny Committee, this has not taken place. Whilst members have been able to ask questions during Cabinet financial updates, this is not formal scrutiny.

29 The Council has taken steps to amend the constitution to provide clarity, as well as introduce new arrangements to support the financial strategy, such as a detailed savings tracker. As these arrangements are newly introduced at the time of reporting, we have been unable to assess their effectiveness currently.

Our recommendations for the Council

Exhibit 1: our recommendations for the Council

Recommendations
R1 We identified weaknesses in how the Council planned its financial approach. To address this the Council should: 1.1 – Look to learn from others to identify good practice and potential savings proposals to ensure a wide range of ideas are considered. 1.2 – Establish an approach to the identification of savings which is informed by an assessment of impact and sustainability against corporate objectives, whilst ensuring that the identified savings will bridge the identified gap. 1.3 – When identifying savings, the Council should ensure the impact of all savings are understood and monitored during implementation.
R2 We identified some confusion in the arrangements and clarity of responsibilities for financial oversight by members. Whilst the Council is acting to address this, it should review any changes introduced to ensure they provide the impact they want and are effective.
R3 The Council is introducing new arrangements to support financial oversight, such as a financial and savings tracking system. It is planned that this will help develop a process for tracking and reporting savings to officers and Members. The Council should review these changes once fully developed to ensure they provide assurance to officers and Members and allow for proper scrutiny of progress against planned savings.

Appendix 1

Audit questions and criteria

Exhibit 2: overall question: Does the Council have proper arrangements to support its financial sustainability?

Level 2 questions	Criteria
Does the Council have a clear strategy for its long-term financial sustainability?	• The Council has clearly set out its strategic approach to support its financial resilience over the short, medium, and long term. • The Council has a medium-term financial plan. • The Council's strategic approach is widely understood and supported by senior officers. • The Council has considered a wide range of options to improve its long-term financial sustainability, including comparison with other bodies. • The Council has identified all the savings it intends to make to meet its funding gap over the medium term, supported by well-evidenced plans based on reasonable assumptions. • The Council's strategy includes the strategic use of reserves to manage its savings programme over the medium term. • The Council has modelled the anticipated impact of its financial strategy over the medium term (eg potential service reductions and council tax levels on local communities).
Is the Council's financial strategy supported by a clear understanding of its financial position?	• The Council has calculated its funding gap over the short to medium term based on reasonable assumptions. • The Council has benchmarked its assumptions with appropriate comparator bodies. • The Council has a good understanding of its key budget pressures in the medium and long term. • The Council has a track record of successfully addressing key budget pressures. • The Council has identified the key risks to its financial sustainability and has put in place mitigations.

Level 2 questions	Criteria
Do the Council's reporting arrangements support regular oversight of its financial sustainability?	• It is clear who is responsible for monitoring the Council's financial position, including its sustainability over the medium to long term. • The Council regularly reports its financial position to members to enable oversight and scrutiny. • The Council has arrangements to transparently report the impact/anticipated impact of its financial strategy on the achievement of its corporate objectives and on local communities to members and other stakeholders. • The Council's savings plan includes what has been agreed, how much progress has been made in implementation, and links to both its budget and medium-term financial plan. • The Council regularly reports progress in delivering planned savings to members to enable oversight and scrutiny.

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

Management response form

Report title: Financial Sustainability

Completion date: August 2024

Document reference: 4441A2024

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	We identified weaknesses in how the Council planned its financial approach. To address this the Council should: • 1.1 – Look to learn from others to identify good practice and potential savings proposals to ensure a wide range of ideas are considered. • 1.2 – Establish an approach to the identification of savings which is informed by an assessment of impact and sustainability against corporate objectives, whilst ensuring that the identified savings will bridge the identified gap.	As part of developing the Council's transformation programme the Budget and Transformation Board have been considering options to identify further opportunities for savings. Agreed to explore further services on offer from CIPFA, and assistance in reviewing digital opportunities for savings available to the Council. All savings made in setting the 2024/25 budget that were categorised as 'major savings' were subject to individual impact assessments and a cumulative understanding of the cumulative impacts of all savings proposals for people and	December 2025	Head of Finance and Audit

• 1.3 – When identifying savings, the Council should ensure the impact of all savings are understood and monitored during implementation.	places in Denbighshire as a whole was undertaken as part of budget setting process in 2024/25. The recommendation refers to the additional savings that were being developed at the time the budget was set in January and therefore the impacts of these savings individually and collectively were unknown at the time the budget was set. Since the budget was set work has continued on individual and collective impact assessments for example a review of the impact assessment on schools was conducted at a Head Teacher conference in June, and an update on the cumulative impact of proposals to date with a particular focus on equality and diversity is planned for the Strategic Equality and Diversity Group in October. The Council therefore has established a process to assess impacts and sustainability of savings proposals but needs to ensure sufficient time to conclude the process in full within the budget setting framework in 2025/26. This is planned for 2025/26, however it is important to recognise the high level of uncertainty within the forecasts that are outside of the Council's control for example - cost pressures (pay etc) and funding level for governments. The council is also responding to an Internal Audit Review of well-being impact assessment		

		(April 2024) to further strengthen our approach to impact assessments and their use in decision making.		
R2	We identified some confusion in the arrangements and clarity of responsibilities for financial oversight by members. Whilst the Council is acting to address this, it should review any changes introduced to ensure they provide the impact they want and are effective.	To be clear the recommendation relates to responsibilities for scrutiny. The terms of reference of the Governance and Audit Committee have since been updated and approved by Council, with changes made to clarify the role and responsibility of the GAC. The roles and responsibilities of GAC and Performance Scrutiny Committee have also been clarified. Regular reports to update both committees on the Medium-Term Financial Strategy and Plan are made with opportunity for both committees to provide comments / feedback to be considered by Cabinet.	June 2024 – completed.	Head of Finance and Audit
R3	The Council is introducing new arrangements to support financial oversight, such as a financial and savings tracking system. It is planned that this will help develop a process for tracking and reporting savings to officers and Members. The Council should review these changes once fully developed to ensure they provide	A savings tracker was under development at the time of the audit. This was first reported publicly to Members in April 2024, and then again in July 2024. It will be subject to further development refinement as the year progresses providing assurance that individual savings have been achieved / or how they are progressing, and how the Council is performing overall in	First completed in April 2024, but ongoing throughout 2024/25 financial year.	Chief Accountant

	assurance to officers and Members and allow for proper scrutiny of progress against planned savings.	achieving the savings given the scale that needed to be found in 2024/25 (£10.4m). The process will also be reviewed by Internal Audit as part of the Internal Audit Plan to provide assurance over the process.		

Report to	Governance and Audit Committee
Date of meeting	25 September 2024
Lead Member / Officer	Gary Williams, Corporate Director: Governance and Business
Report author	Gary Williams, Corporate Director: Governance and Business
Title	Nomination of members to the Governance and Audit Committee of the North Wales Corporate Joint Committee

1. What is the report about?

1.1. The report is about the establishment of a Governance and Audit Committee('GAC') for the North Wales Corporate Joint Committee ('the CJC') and the nomination of members to serve on it.

2. What is the reason for making this report?

2.1. The Council has been asked to nominate members of the Committee to serve on the GAC of the CJC. The reason for this report is to seek nominations from the Committee.

3. What are the Recommendations?

3.1. That the Committee nominates one councillor to serve on the Governance & Audit Committee of the North Wales Corporate Joint Committee and one councillor to act as a substitute for that member.

3.2. That the Committee decides whether it wishes to nominate a Lay Member to the Governance & Audit Committee of the North Wales Corporate Joint Committee.

4. Report details

4.1. The North Wales Corporate Joint Committee Regulations 2021 ('the Regulations') provided for the creation of the CJC in accordance with the provisions of the Local Government and Elections (Wales) Act 2021 ('the 2021 Act').

4.2. The Local Government (Wales) Measure 2011 provided that every principal council in Wales should have an Audit Committee. These committees were later renamed by the 2021 Act as Governance and Audit Committees.

4.3. The Regulations provide that the CJC must have its own GAC. The GAC must have one third of its membership made up of lay members.

4.4. The CJC has resolved to create a GAC. There are to be nine members of the GAC. The membership is to consist of six councillors, one from each of the constituent councils, and three lay members. The quorum for the GAC will be seven. A quorum will exist when there is a councillor from each of the constituent councils plus one lay member in attendance.

4.5. The GAC is expected to meet quarterly and each meeting is expected to last for approximately two hours. Meetings will take place remotely.

4.6. The CJC wishes to appoint members from the existing Governance and Audit Committees of the constituent councils. Each of the constituent councils has been asked to nominate a councillor from its own Governance and Audit Committee as its principal nominee plus a second councillor to act as a substitute in order that a quorum can be achieved when the principal nominee is unavailable.

4.7. The has also asked each of the constituent councils whether it would wish to nominate a lay member to serve on the GAC. The CJC has resolved to pay lay members the hourly rate prescribed by the Independent Remuneration panel for Wales for the work that they undertake.

4.8. If there are more nominations from across the constituent councils than the three required, then the CJC will select lay members based upon their resumés.

4.9. There is appended to this report as Appendix 1 a document produced on behalf of the CJC which contains a role description for lay members together with a terms of reference for the GAC.

5. How does the decision contribute to the Corporate Plan 2022 to 2027: The Denbighshire We Want?

5.1. The decision has no direct impact upon the Corporate Plan.

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

6.1. The costs of the GAC will be borne by the CJC, although the CJC budget is provided by the six councils.

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

7.1. An assessment is not required for this report.

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

8.1. There have been no consultations in respect of this report.

9. Chief Finance Officer Statement

9.1. Text here

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

10.1. There is a risk that the GAC of the CJC will be inquorate if no nominations are made.

11. Power to make the decision

11.1. Local Government and Elections (Wales) Act 2021

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North Wales Governance and Audit Sub-Committee

Background information for Independent (lay) Members

The North Wales Corporate Joint Committee (NWCJC) is a new public regional body established by the North Wales Corporate Joint Committee Regulations 2021 further to the Local Government and Elections (Wales) Act 2021. The NWCJC's membership is comprised of 6 Council Members, one for each local authority in NW Wales, and a member from Eryri National Park Authority.

The NWCJC has responsibility for preparing Strategic Development Plans, Regional Transport Plans, and for doing whatever is deemed necessary to enhance or promote the economic well-being of the area.

NWCJC is looking for three independent members to join our new Governance and Audit Sub-Committee for a term of 4 years.

The Governance and Audit Sub-Committee will be a key component of NWCJC's corporate governance. The purpose of the Governance and Audit Sub-Committee will be to review and scrutinise the NWCJC's financial affairs and to provide an independent focus on the audit, assurance, performance and reporting arrangements that underpin good governance and financial standards.

The Governance and Audit Sub-Committee will have 9 members, including 6 Councillors and 3 independent (lay) members. The meetings are held quarterly in any calendar year, and are currently on-line.

Please find enclosed:

- The Sub-Committee's terms of reference - it will operate with due regard to the Chartered Institute of Public Finance and Accountancy's (CIPFA) good practice guidance.

- A role description and person specification – we are looking for independent-minded professionals, willing to support the Sub-Committee through their accumulated personal knowledge and experience in areas relevant to its role.

Whilst a detailed knowledge of local government is not necessary it would be expected that potential candidates would be interested in matters relating to the public sector and audit. Induction training will be provided to all new members. The Governance and Audit Sub-Committee will be chaired by a Lay Person, so a willingness and ability to fulfil this role is desirable.

North Wales Corporate Joint Committee

Governance and Audit Sub-Committee

Independent (Lay) Member Role Description and Person Specification

Accountabilities:

- To the CJC
- To the Chair of the Sub-Committee

General Responsibilities for Lay Members:

- Actively participate in Committee meetings and be objective, independent and impartial
- Have regard to the requirements of the Chair of the Sub-Committee and the professional advice of senior officers of the NWCJC
- To work according to the Terms of Reference of the Sub-Committee
- Contribute to the development of the forward work programme for the Sub-Committee
- Participate in any training and development required for the role
- Demonstrate independence, integrity, and impartiality in decision making according to legal, constitutional and policy requirements
- Uphold the Nolan principles of behaviour and act in accordance with the Constitution of the NWCJC and its Code of Conduct
- To report as required to the CJC
- To respond to any recommendations made by the Auditor General for Wales

Role purpose and activity

Review, scrutinise make reports and recommendations on the NWCJC's financial affairs:

- Oversee the authority's internal and external audit arrangements
- Work with internal and external auditors
- Review the financial statements prepared by the CJC

Review, assess make reports and recommendations on the NWCJC's performance management and corporate governance arrangements and its effectiveness:

- Contributing to the effective performance of the CJC
- Review the draft report of the CJC's annual self-assessment and make recommendations for changes to the conclusions or actions that the CJC intends to take
- Make recommendations in response to the draft report of the CJC's Panel Assessment

Review, assess make reports and recommendations on the NWCJC's complaints management process:

- Review and assess the CJC's ability to handle complaints effectively.
- Make reports and recommendations in relation to the authority's ability to handle complaints effectively.

Review and assess the Governance, Risk Management and Control of the CJC:

- Review and assess the risk management, internal control, and corporate governance arrangements of the CJC
- Make reports and recommendations to the CJC on the adequacy and effectiveness of those arrangements
- Review and assess the financial risks associated with corporate governance, and be satisfied that the CJC's assurance statements, including the Annual Governance Statement, reflects the risk environment and any activities required to improve it

Skills of Governance and Audit Committee Member

To provide challenge and support in your role of being an independent source of support for the Governance and Audit Sub-Committee:

- An ability to analyse complex information, question, probe and seek clarification to come to an independent and unbiased view.
- Strong interpersonal skills and the ability to work with, influence and advise diverse stakeholders
- Excellent communication skills and the ability to contribute to discussions
- Confidence to challenge and hold senior staff accountable
- Independence, objectivity, and discretion with sound judgment
- Ability to maintain strict confidentiality

Qualifications and Experience

You will ideally have experience of one or more of the following:

- A financial or audit type background and/or appropriate experience of financial management.
- Strong appreciation of governance principles, risk management and control, and their practical application
- Sound understanding of the roles of internal and external audit
- Knowledge of external reporting requirements under UK accounting standards
- Budget management and business planning experience
- Understanding of organisational structures, strategies, and objectives.

- Experience of working in or with large, complex organisations with an understanding of the political environment within which local government operates

Time Commitment

- Attending and preparing for Governance and Audit Sub-Committee meetings held virtually.
- The Sub-Committee will meet on a quarterly basis within any calendar year.
- Supporting the lay chair in their role and contributing on a regular basis as issues arise.
- Attending training/events by agreement.

Terms

- The successful candidate will be appointed for a four year term. Lay Members may spend up to a maximum of eight years on the committee.
- You will be expected to attend approximately four Sub-Committee meetings a year.
- The Sub-Committee will meet during the day, normally starting at 10am or 2pm. Meetings last 2 to 3 hours (but may be longer on occasion) and you would also need to allow for some preparation time. Formal meetings are held online and are webcast for the public to view.
- The position is a voluntary role, however you are entitled to remuneration for time preparing and attending the Sub-Committee. Lay chair of the Governance & Audit Sub-Committees hourly rate is £33.50; ordinary lay members hourly rate is £29.75.

Restrictions

You should not:

- Hold a current or prospective paid office or employment, appointment, or elected to the NWCJC or one of its sub-committees
- Be disqualified from being a Member of a constituent Council or Eryri NP
- have any criminal convictions or be an un-discharged bankrupt
- have any significant business dealings with the NWCJC or any of the six constituent councils

The Governance and Audit Sub-Committee

The North Wales CJC is required to establish a sub-committee to be known as the Governance and Audit Sub-Committee in accordance with paragraph 16(1) CJC Established Regulations. (It is noted that in local government legislation this is referred to as a 'governance and audit committee', however as the North Wales CJC is itself a committee it is appropriate to refer to it as a sub-committee in relation to CJCs.)

Functions

The terms of reference of the sub-committee are stated in the CJC Establishment Regulations which state that the governance and audit sub-committee must:

a) Functions under the Local Government Measure (Wales) 2011

b) The committee is responsible for fulfilling the following statutory functions under Section 81 of the Local Government Measure (Wales) 2011 as amended:

c) review and scrutinise the CJC's financial matters,

d) make reports and recommendations in relation to the CJC's financial matters.

e) review and assess the CJC's risk management, internal control performance assessment and corporate governance arrangements,

f) make reports and recommendations to the CJC regarding the adequacy and effectiveness of those arrangements,

g) review and assess the CJC''s ability to handle complaints effectively,

h) make reports and recommendations in relation to the CJC''s ability to handle complaints effectively,".

i) inspect the CJC's internal and external audit arrangements, and

j) review the financial statements prepared by the CJC.

k) Undertake the further functions of the Governance and Audit Committee under Chapter 1 pf Part 6 of the Local Government and Elections (Wales) Act 2021 (performance and governance of principal councils)

l) The committee will also be responsible for fulfilling the following functions:-

1(i) to promote internal audit, establishing a timetable to conduct review control, develop an anti-fraud culture and review financial operations;

2(ii) to consider observations and concerns on individual services at a county level, on the basis of reports by Council officers, the Audit Commission or the District Auditor and monitor the response and actions on the recommendations and findings.

Membership

Members of a CJC Governance and Audit Sub-Committee cannot be a member of the CJC, a member of the executive of a constituent council or a co-opted member (co-opted member in this case means a person co-opted on to the CJC, or to participate in activities of the CJC, other than the Governance and Audit Sub-Committee).

Membership of the Governance and Audit Sub-Committee must be at least one third lay member and at least two thirds membership from the constituent councils. The appointment(s) will be made by the North Wales CJC.

The Chair of the Governance and Audit Sub-Committee must be a lay member.

Members of a CJC Governance and Audit sub-Committee cannot be a member of the CJC, a member of the executive of a constituent council or a co- opted member (co-opted member in this case means a person co-opted on to the CJC, or to participate in activities of the CJC, other than the governance and audit committee).

The Governance and Audit Sub-Committee should be established by the CJC comprising of lay members to be drawn from constituent councils governance and audit committees (or externally advertised if this is not possible) and members from each constituent council.

The Governance and Audit Sub-Committee may not exercise it's functions if the membership contravenes these requirements.

Guidance of the Welsh Ministers

The Governance and Audit Sub-Committee must have regard to any guidance given by the Welsh Ministers under Section 85(1) Local Government (Wales) Measure 2011.

Quorum

The quorum for the governance and audit sub-committee shall be 7 members with at least one member present from each Constituent council and at least one Lay Member.

Standing Orders

2.22 Governance and Audit Sub-Committee

2.22.1 The CJC must establish a sub-committee (known as the Governance and Audit Sub-Committee)

2.22.2 The Terms of Reference of the Governance and Audit Sub-Committee are set out in Part 4 of this Section 5 and those terms of reference may be amended by the CJC from time to time within statutory requirements.

2.22.3 The membership of the Governance and Audit Sub-Committee shall consist of 9 Members 6 of whom shall be elected members drawn from and nominated by the Governance and Audit Committees of each of the 6 Constituent Councils and 3 of whom shall be Lay Members.

Meetings

2.23 The Governance and Audit Sub-Committee are required to meet once every calendar year as a minimum.

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Report to	Governance and Audit Committee
Date of meeting	25th September 2024
Lead Member / Officer	Julie Matthews Deputy Leader and Lead Member for Corporate Strategy, Policy and Equalities / Gary Williams, Corporate Director for Governance & Business
Head of Service	Catrin Roberts, Head of Corporate Support Services: People
Report author	David Roberts, Corporate Health & Safety Manager
Title	Annual Corporate Health and Safety report 2023/24

1. What is the report about?

1.1. Annual Corporate Health and Safety report for 2023/24.

2. What is the reason for making this report?

2.1. To provide information regarding Health and Safety management within DCC during 2023-2024

3. What are the Recommendations?

3.1. That the committee reviews the contents of the report and comments on them.

4. Report details

4.1. Summary. The details related to this summary are available as Appendix 1.

The overall assessment of DCC's implementation of H&S systems and of employee engagement in H&S has not changed and are both given medium assurance (yellow). The 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.

Points of note. The health safety and Welfare culture in DCC has been on a continuous improvement path for a number of years. The Covid 19 pandemic was a significant challenge to the way we carried out our business and managed workplace safety, and the following “New Ways of Working” has continued this challenge.

In response to this challenge, a H&S action plan was proposed in October 2023.
As part of this plan, a self-assessment questionnaire has been distributed and completed by all Operational Managers to identify areas of improvement with respect to their local H&S management systems.

In addition to this gap analysis, a revised H&S Committee structure has been agreed and implemented. This now consists of the JCC/Corporate H&S Committee, supported by three Director led H&S groups with a number of additional Service and Team H&S Groups where required.

The renewed focus on H&S management is intended to raise H&S awareness, improve communications, encourage employee participation and promote a positive H&S culture.

The HSE carried out an unannounced visit to Meifod Wood Products (July 2023) to look at dust controls in a wood working environment. The inspector identified that the workplace was generally well managed although two dust related concerns were raised. The concerns we dealt with promptly by the onsite management team and the HSE has closed the incident with no action being taken and no follow up required.

The HSE also carried out a visit to Ysgol Trefnant (Mar 2024) following the identification of reinforced autoclaved aerated concrete (RAAC) at the site, to examine the arrangements for RAAC removal and the duty to manage Asbestos. The HSE were satisfied with all management activities and no further action was taken.

There was an educational visit incident in November 2022 where a pupil and teaching assistant were separated from their main group and became lost. Following an investigation, CH&S implemented an action plan for 2023/24 to review the ‘Evolve’ process and to provide school staff with training for the educational visit management processes and risk assessments. This process has been completed with over 90

school staff trained in educational visit risk assessment with further training offered for 2025.

Hand Arm Vibration sampling has continued throughout the year with teams using vibrating equipment being monitored periodically using wearable devices for 4-6 week periods. There have been no additional diagnoses of HAVS or Carpel Tunnel Syndrome being reported to CH&S. The current level of risk associated with employee exposure to HAV has been assessed as medium assurance.

The CH&S Team have spent considerable time supporting the new Colomendy waste & recycling depot from the construction phase, through plant commissioning to live operation. Assistance has been provided with risk assessments and safe systems of work, process improvement, indicative environmental noise monitoring and accident investigation. This work is on-going.

4.2. Health and Safety support in DCC is provided by the Corporate Support Services: People. Corporate Health and Safety team:

- Corporate Health and Safety (CH&S) is a small team 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.
- The CH&S team structure (to April 2024) consisted of
  1x H&S Manager, 1x Senior H&S Officer, 1x H&S Officer,
  1x Assistant H&S Officer, 1x Road Risk Officer,
  1xTechnical Officer (3xday/week).
- The CH&S team structure now consists of five officers (From May 2024).

Other Health and Safety support in DCC is provided by Service based Officers: Corporate Support Services: Performance, Digital and Assets.

- 1x Construction specialist Manager
- A buildings compliance team looking after facility safety including gas, electricity, water systems, asbestos and fire.

Other H&S Support in DCC is provided by Union Health and Safety representatives who work throughout DCC.

4.3. Accident and Incident statistics are provided as the following appendices:

- The financial year 01-04-2023 to 31-03-2024 included as Appendix 2.
- The period 01-04-2024 to 31-08-2024 included as Appendix 3.
- The trend for 2020, 2021 and 2022 are included as Appendix 4

5. How does the decision contribute to the Corporate Plan 2022 to 2027: The Denbighshire We Want?

5.1. Good Health & Safety standards are expected in all areas controlled by the Local Authority and underpins all Corporate Priorities. If we are properly managing Health Safety and Welfare in our workplaces it supports the aspiration of a well-run council and indicates a culture where people matter.

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

6.1. There is no additional cost to properly managing Health Safety and Welfare in our workplaces, in fact it can help with efficiency.

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

7.1. This is an annual update report and therefore an impact assessment is not required

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

8.1. N/A

9. Chief Finance Officer Statement

9.1. N/A

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

10.1. This is an annual report looking back on the last financial

11. Power to make the decision

11.1. This is a Governance and Audit report, and decisions deemed necessary rest with the committee.

Appendix 1

Corporate Health and Safety

Annual report to Corporate Governance and Audit Committee

April 2023 to September 2024.

Contents

Glossary

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.
HAVS	Hand Arm Vibration Syndrome.
CTS	Carpel Tunnel Syndrome.
RA	Risk Assessment
COSHH	Control of Substances Hazardous to Health.

1. Assessment of DCC safety standards 2022-2023

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

Green	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.
Yellow	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.
Amber	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.
Red	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 the range of activities we carry out.

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

2. Summary

The overall assessment of DCC's implementation of H&S systems and of employee engagement in H&S has not changed and are both given medium assurance (yellow). The 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.

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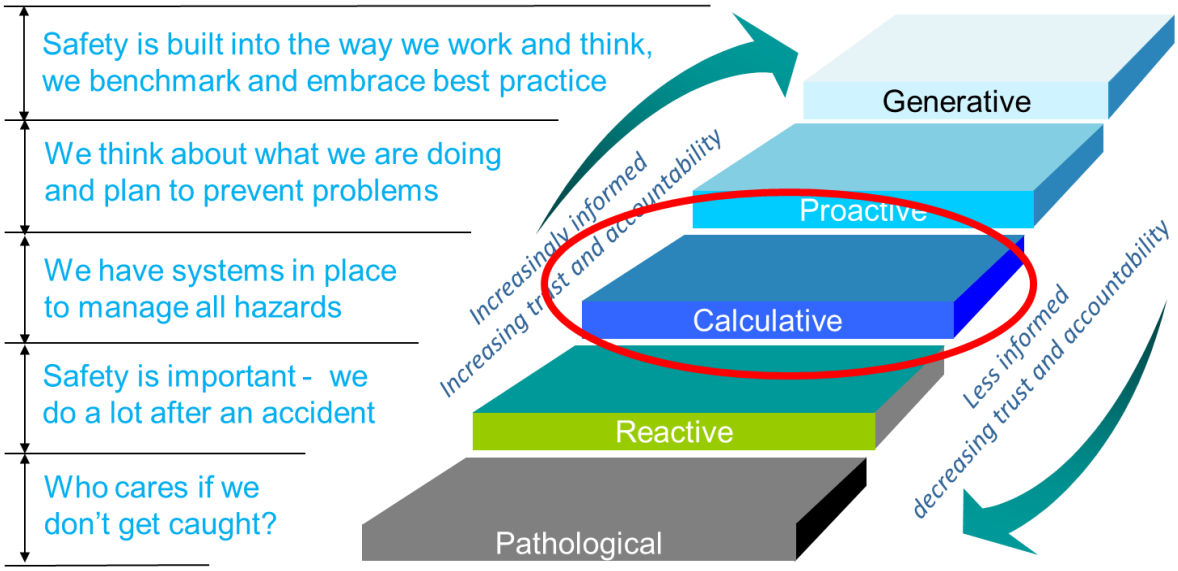
3. DCC Safety culture.

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. As identified in October 2023, there was an indication that following Covid/New ways of working and with the current organisational pressures, there was a need to reinvigorate our safety management message to ensure that we do not allow our position to degrade.



Adapted from a Lattitude Productions Ltd. presentation

Over the years that this model has been used to make an assessment of the DCC H&S culture, we have seen gradual but continuous improvements in H&S culture. The long-term goal of being a fully "proactive" organisation where H&S is concerned remains a target.

Practically, 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.

There has been no evidence of a “pathological” response to H&S management during our many monitoring activities, investigations, reactive work or provision of advice.

Our regular monitoring activities have identified that we need to review and reinvigorate H&S management in DCC. To this end, an action plan was developed and shared with CET and SLT in October 2023 who both endorsed the plan. The Corporate H&S Team have commenced the activities identified in the plan. The details are in section 9.

4. Points of note during 2023 – 2024

Health & Safety Plan, Gap analysis and H&S Group review

As part of the October 2023 H&S Plan, a self-assessment questionnaire has been distributed and completed by all Operational Managers to identify areas of improvement with respect to their local H&S management systems. In addition to this gap analysis, a revised H&S Committee structure has been agreed and implemented. This now consists of the JCC/Corporate H&S Committee, supported by three Director led H&S groups with a number of additional Service and Team H&S Groups where required. The renewed focus on H&S management is intended to raise H&S awareness, improve communications, encourage employee engagement and promote a positive H&S culture.

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Hand Arm Vibration (HAV)

Hand Arm Vibration sampling has continued throughout the year with teams using vibrating power tools being monitored periodically using wearable HAV devices for 4-6 week periods. Although still a significant activity for the CH&S team, the team is able to manage the current sampling process. Local managers are provided with a report following each monitoring

cycle with template documents so that they can take more responsibility for ongoing HAV management, and it is expected that the work plan going forward will further reduce the input required from CH&S.

There have been no additional diagnoses of HAVS or Carpel Tunnel Syndrome being reported to CH&S however, the risk of further HAVS diagnosis is always 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 current risk to individuals and the organisation from further HAVS diagnosis and the potential for enforcement action is assessed as a medium assurance.

HSE Enforcement Actions/Visits

The HSE carried out an unannounced visit to Meifod Wood Products (July 2023) to look at dust controls in a wood working environment. The inspector identified that the workplace was generally well managed although two dust related concerns were raised. The concerns we dealt with promptly by the onsite management team and the HSE has closed the incident with no action being taken and no follow up required.

The HSE also carried out a visit to Ysgol Trefnant (Mar 2024) following the identification of reinforced autoclaved aerated concrete (RAAC) at the site, to examine the arrangements for RAAC removal and the duty to manage Asbestos. The HSE were satisfied with all management activities and no further action was taken.

Educational Visits (EV)

There was an educational visit incident in November 2022 where a pupil and teaching assistant were separated from their main group and became lost. Following an investigation, CH&S implemented an action plan for 2023/2024 to review and monitor the ‘Evolve’ management process and to provide school staff with EV responsibilities, training for the educational visit management processes and EV risk assessments. This process has been completed with over 90 school staff trained in educational visit risk assessments with further training offered for each term of 2024/25.

A selection of CH&S investigations, reports and significant project involvement examples for 2023/2024

- All accident/incident reports are reviewed. All RIDDOR reports are investigated to an appropriate level
- Hand Arm Vibration monitoring
- School traffic management assessment reviews
- Supporting the development of the risk assessment for the installation of electric vehicle charging points
- Completion of monitoring action plan & training for Education following Nant BH educational visit incident.
- Traffic incident investigations
- Support for freedom of St Asaph for Royal Welsh Fusiliers.
- Support for HSE visits and interventions.
- Safety Tours of Highways and Environmental Services Depots and workshops to support ISOQAR accreditation.
- Support for construction phase & H&S systems for new waste & recycling Depot.
- Completion of H&S Gap analysis including the development, roll-out and feedback of Manager self-assessment questionnaires to identify Departmental H&S improvements.

Building related elements.

All building related elements are covered by the Property H&S team which is a buildings compliance team covering, Fire, Asbestos, Legionella and water generally, gas, oil and electrical installations.

5. Accident \ Incident Statistics.

A breakdown of accidents and incidents is available in Appendices 2, 3 and 4.

Appendix 2 = Financial year statistics 01-04-2023 to 31-03-2024

Appendix 3 = Part year statistics 01-04-2024 to 31-08-24

Appendix 4 = Three-year trend lines April 2021 to March 2024

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 obtain additional information to a thorough and extensive investigation depending on the circumstances.

Incidents.	2023/2024	April to August 2024
• The total number of recorded incidents	1371	531
• The number of RIDDOR incidents	29	15

6. Monitoring projects 2023/2024 to date

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

- School monitoring – specifically Educational Visits, School Workplace Traffic Management and Gap analysis self-assessment process.
- Workplace monitoring - Management and Gap analysis self-assessment process, Site safety tours.
- Cefndy Healthcare – Dangerous Substances and Explosive Atmospheres compliance (DSEAR), COSHH, HAV,
- Colomendy Recycling Depot – supporting staff with commissioning phase, H&S risk assessments, safe working procedures and environmental noise monitoring.

7. Health and Safety training.

- The CH&S team have again offered a range of in-house H&S training that is available in person to any DCC employee or elected members. This is developed in house by the CH&S team to ensure the information provided is tailored to ensure its relevance to DCC. and is constantly reviewed to ensure it remains current and that the content is comparable to the IOSH equivalent courses. There is a significant cost saving in this approach.
- All the courses identified in this report contain an element of delegate assessment and an attendance certificate is provided on completion of all elements of the course.

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/Caretakers H&S awareness
- H&S in care homes – for care home staff
- Personal Safety and Lone working – for any employee
- Bespoke courses for individual teams.

Subject specific courses include: -

- Control of Substances Hazardous to Health
- Manual Handling of Objects
- Confined Spaces
- Hand Arm Vibration
- Noise at Work
- Work at height, working with ladders and step ladders
- Vocational Licence Acquisition Cat C1, C, C+E, D1, D
- Various Plant equipment certification

8. CH&S team Structure and approximate time allocation (excluding Technical/Admin officer role)

Health and Safety support in DCC is provided by the Corporate Support Services: People. Corporate Health and Safety team:

The Corporate Health and Safety (CH&S) is a team of six 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.

The CH&S team structure (to April 2024) consisted of:-

1x H&S Manager, 1x Senior H&S Officer, 1x H&S Officer,
1x Assistant H&S Officer, 1x Road Risk Officer,
1xTechnical Officer (3xday/week).

The CH&S team structure (from April 2024) now consists of five Officers.

Time Allocation (Approx.)	2023/24	1/4/2024 to date
• H&S training (development and delivery)	20%	20%
• Driver and plant training	15%	5%
• Monitoring	20%	20%
• Reactive work	35%	45%
• Back office and admin (other than Tech. officer)	10%	10%

9. Update on H&S Plan (2 Year) put forward in October 2023

H&S action plan 2023

1. **Repeat the operational team Self-assessment and gap analysis as used during the HSE Strong Leadership program in 2012 and repeated in 2018.** Update – Self assessment/Gap analysis process has been completed with feedback provided to all operational team Managers and Schools.
2. **Ensure that all new employees receive induction training and ensure employees placed into new roles also receive updated induction relating to their new workplace and work activities. Make the recording of this mandatory on ITrent.** Update – To be advised.
3. **H&S training in DCC will continue to be provided by the CH&S team.** Update – H&S Training has been offered throughout the year. Additional training courses have been scheduled for Q3 /Q4 2024 and Q1 2025 due to demand following gap analysis.
4. **Monitor and record the number, frequency and attendance of the Joint Consultative Committee (JCC) and Service H&S committees at corporate level.** Update – JCC Committee has continued to take place quarterly. New Directorate and Service H&S group meetings & have taken place for Q1 and Q2 (2024/2025) with appropriate records and minutes.
5. **Due to the potential increase in health surveillance requirements, monitor and if necessary review the Occupational health resource provision.** Update – To be advised.
6. **Make every effort to fill the vacant H&ES H&S Officer vacancy with a competent person as soon as possible or review other means to support H&ES.** Update – To be advised.

7. **Collaborative working arrangements and responsibilities with NHS should be discussed by senior level managers of NHS and DCC and where other organisations share premises with us. Working methods and infrastructure should be included in the discussions.** Update - To be advised.
8. **The management process for the DCC grey fleet must be reviewed to bring it more in line with industry best practice. Accidents or incidents that occur whilst driving for work must become routinely reported.** Update – To be advised.
9. **Consider developing an in-house SPR that complies with the requirements of the General Data Protection Regulations (GDPR).** Update – Request has been made to ICT, waiting on availability of in-house ICT Developers to build software estimated start Q4 2024/2025
10. **Review the Service Health and Safety groups** Update – All Service H&S Groups have been reviewed & revised following the restructure of Directorates/Services/Teams and are now meeting quarterly.
11. **Review and update the Accident/Incident (A/I) reporting software** Update – A/I reporting software has been reviewed and revised to reflect new teams following restructure of Directorates/Services/Teams. The EDRMS reporting dashboard has also been updated to reflect organisational changes.

Responsibilities as part of the Action Plan

Senior Leaders (CET / SLT) • Make attendance at the H&S training identified in this report mandatory for Leaders, Managers and Supervisors at any level and in all work areas.

- Education Leadership support the pragmatic delivery of H&S training in educational premises.

Corporate Health and Safety Team (CH&S)

- Develop and deliver the H&S training. The current content will be reviewed to focus more on H&S culture, ownership and involvement.
- Record course attendance details on iTrent for HR reporting.

Human Resource Team (HR)

- Support CH&S with administration and monitoring of course attendance/nonattendance (as currently applied to E. learning)
- A Corporate Resource to produce an up-to-date spreadsheet identifying all employees in each of the groups identified above.
- Collaborate with CH&S to update CET/SLT on an agreed frequency.

Line managers:

- Attend the identified H&S training
- Take ownership of H&S management within your sphere of responsibility
- Ensure that all new staff and staff with changed roles or responsibilities receive induction training. Record the training on ITrent.
- Communicate and consult with your staff in matters pertaining to H&S
- Take action when non-compliance to H&S standards is identified.

All employees

- Attend appropriate H&S training in consultation with your line manager.
- Make H&S arrangements personal. Get involved, ask questions, challenge standards.

10. CH&S Work Plan for 2024 – 2025

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

1.H&S Committees and local H&S meetings Management, Employee & Union representatives to communicate & consult on H&S issues in a range of forums supported by CH&S	Provide information & statistical data to advise H&S committees e.g. • Joint Consultative Committee for H&S and employee relations. • Director led Service Group H&S committees. • Operational level H&S meetings.
2.H&S training programme	Usual training offer planned throughout the year plus additional training as a result of H&S action plan & gap analysis. • Leading H&S for Senior Leaders (half day) for CET and SLT • Managing Safely in DCC (2 days) for all employees who manage people. • Working safely in DCC (half day) for any employee. • Risk assessment. • Lone Working.
3.Driver training and assessment, Plant & equipment training	Professional driver certificate of professional competence (DCPC) training. Vocational Licence Acquisition. Continue to deliver plant operator training on a range of machines e.g. Tele-handler, JCB etc.
4.Hand arm vibration (HAV) monitoring programme	Continuing to support periodic sampling of operational teams that use powered tools.

5.Schools monitoring	School Traffic management. Educational visits process (EVOLVE system and risk assessment training). Planned Safety Tours Support for H&S management system development following Gap Analysis
6.Workplace monitoring	Planned Safety Tours Support for H&S management system development following Gap Analysis
7.Reactive work response	Continued response to all reactive work requests.
8.Accidents / Incidents	Monitor and review accident/incident reports, investigate RIDDORS, drive reporting of all accidents in timely manner
9.Continuing development of targeted H&S guidance	Standard H&S guidance and templates now in place but there is always something new to add or review
10.Continuing Professional Development	All advisors are required to maintain professional registration.

David Roberts. CMIOSH.

Rheolwr Iechyd a Diogelwch Corfforaethol / Corporate Health and Safety Manager

31 August 2024

Accident Incident Report

01/04/2023 - 31/03/2024

****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.****

Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Number of Incidents

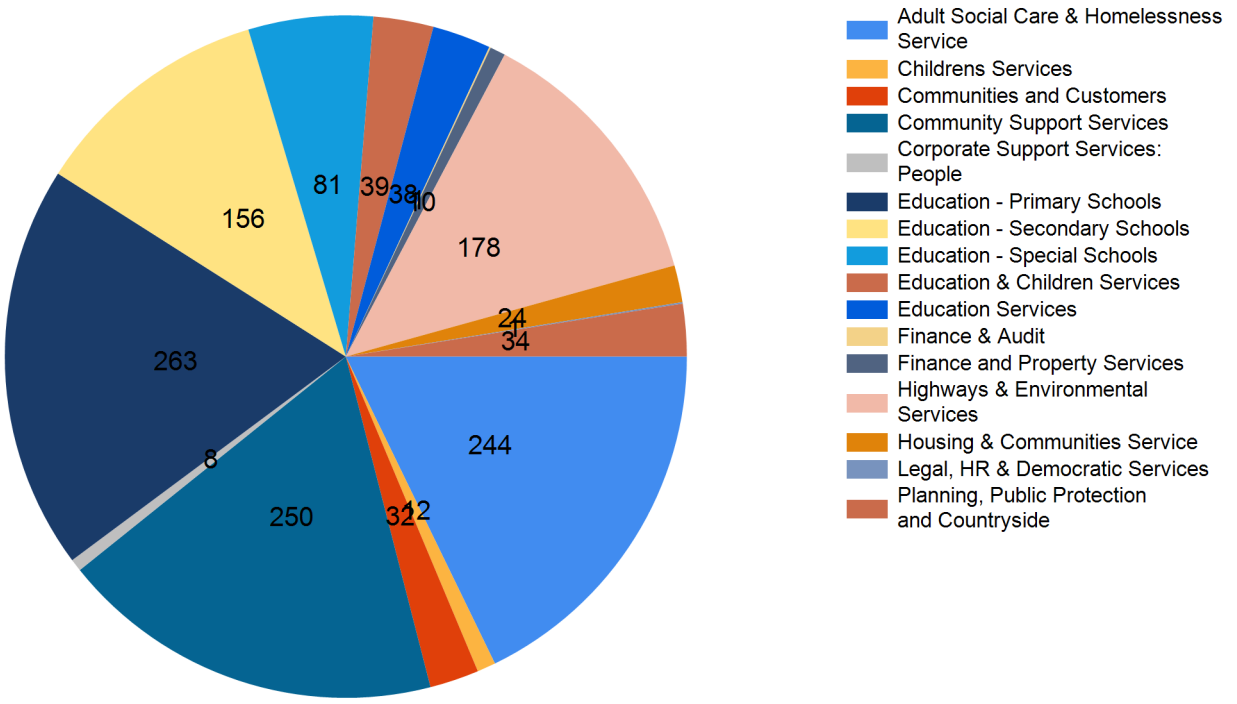
Total Incidents	Non Injury	Asset Damage
1371	522	35

Total Minor	Total Major	Vehicle
684	29	100

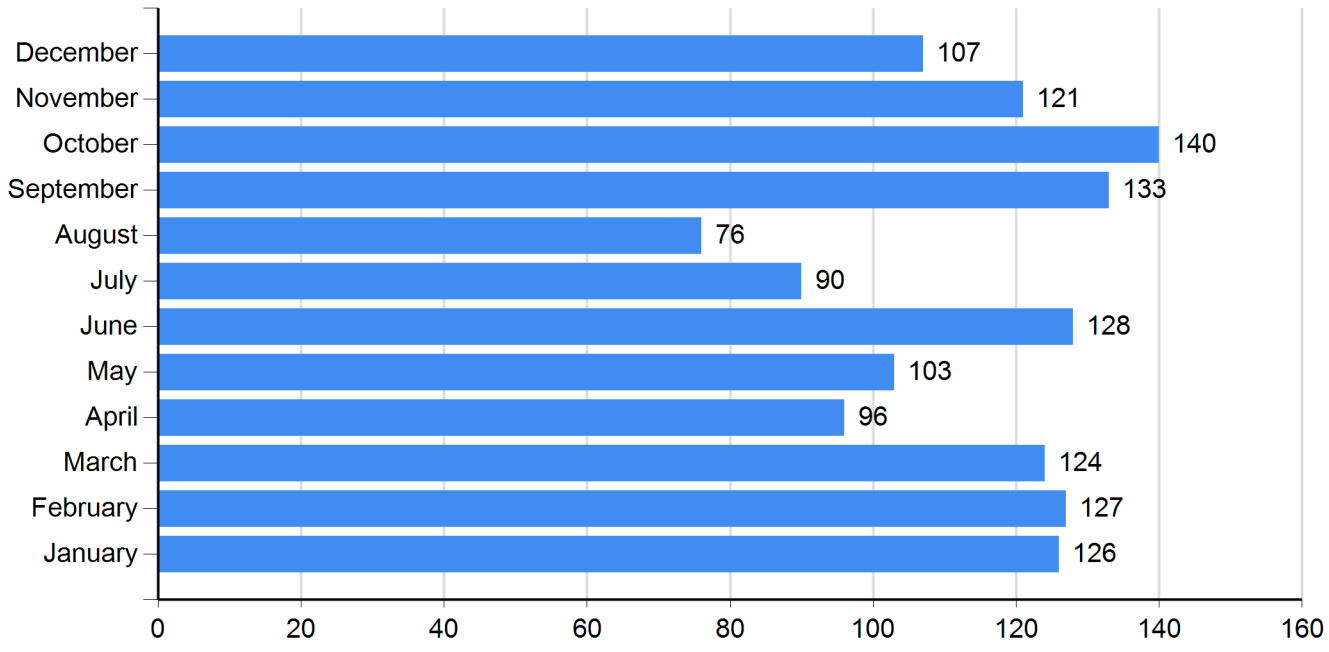
Total Fatality
0

Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Incidents By Service

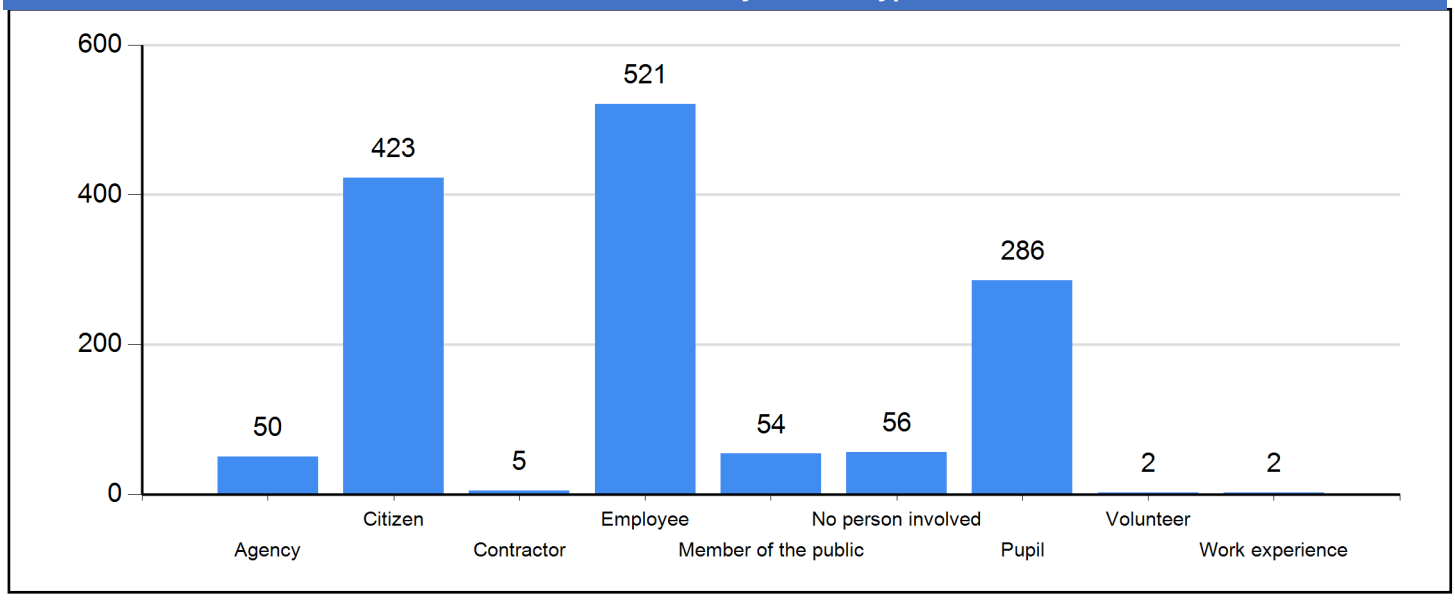


Total Incidents By Month



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Incidents By Person Type



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Incident Count

Total Incidents Last Quarter: April 2024 - June 2024

Department	Total
Adult Social Care & Homelessness Service	244
Childrens Services	12
Communities and Customers	32
Community Support Services	250
Corporate Support Services: People	8
Education - Primary Schools	263
Education - Secondary Schools	156
Education - Special Schools	81
Education & Children Services	39
Education Services	38
Finance & Audit	1
Finance and Property Services	10
Highways & Environmental Services	178
Housing & Communities Service	24
Legal, HR & Democratic Services	1
Planning, Public Protection and Countryside	34
Total	**1371**

Total Incidents Last Year: January 2023 - December 2023

Department	Total
Adult Social Care & Homelessness Service	105
Childrens Services	8
Communities and Customers	48
Community Support Services	401
Corporate Support Services: People	4
Education - Primary Schools	273
Education - Secondary Schools	178
Education - Special Schools	74
Education & Children Services	47
Education Services	24
Finance and Property Services	12
Highways & Environmental Services	165
Housing & Communities Service	8
Legal, HR & Democratic Services	2
Planning, Public Protection and Countryside	29
Total	**1378**

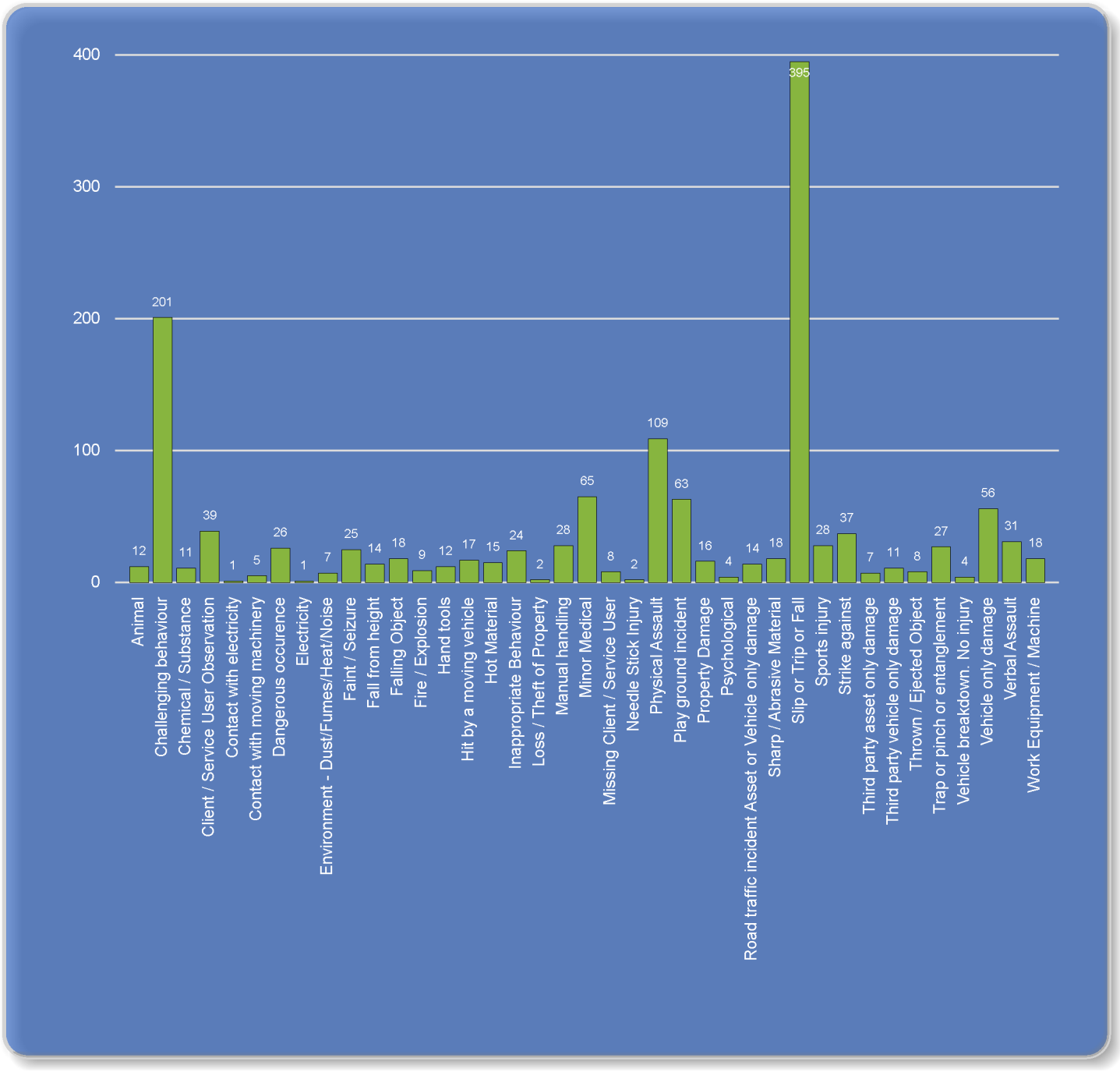
Total Incidents Last Year (Financial): April 2023 - March 2024

Department	Total
Adult Social Care & Homelessness Service	244
Childrens Services	12
Communities and Customers	32
Community Support Services	250
Corporate Support Services: People	8
Education - Primary Schools	263

Education - Secondary Schools	156
Education - Special Schools	81
Education & Children Services	39
Education Services	38
Finance & Audit	1
Finance and Property Services	10
Highways & Environmental Services	178
Housing & Communities Service	24
Legal, HR & Democratic Services	1
Planning, Public Protection and Countryside	34
Total	**1371**

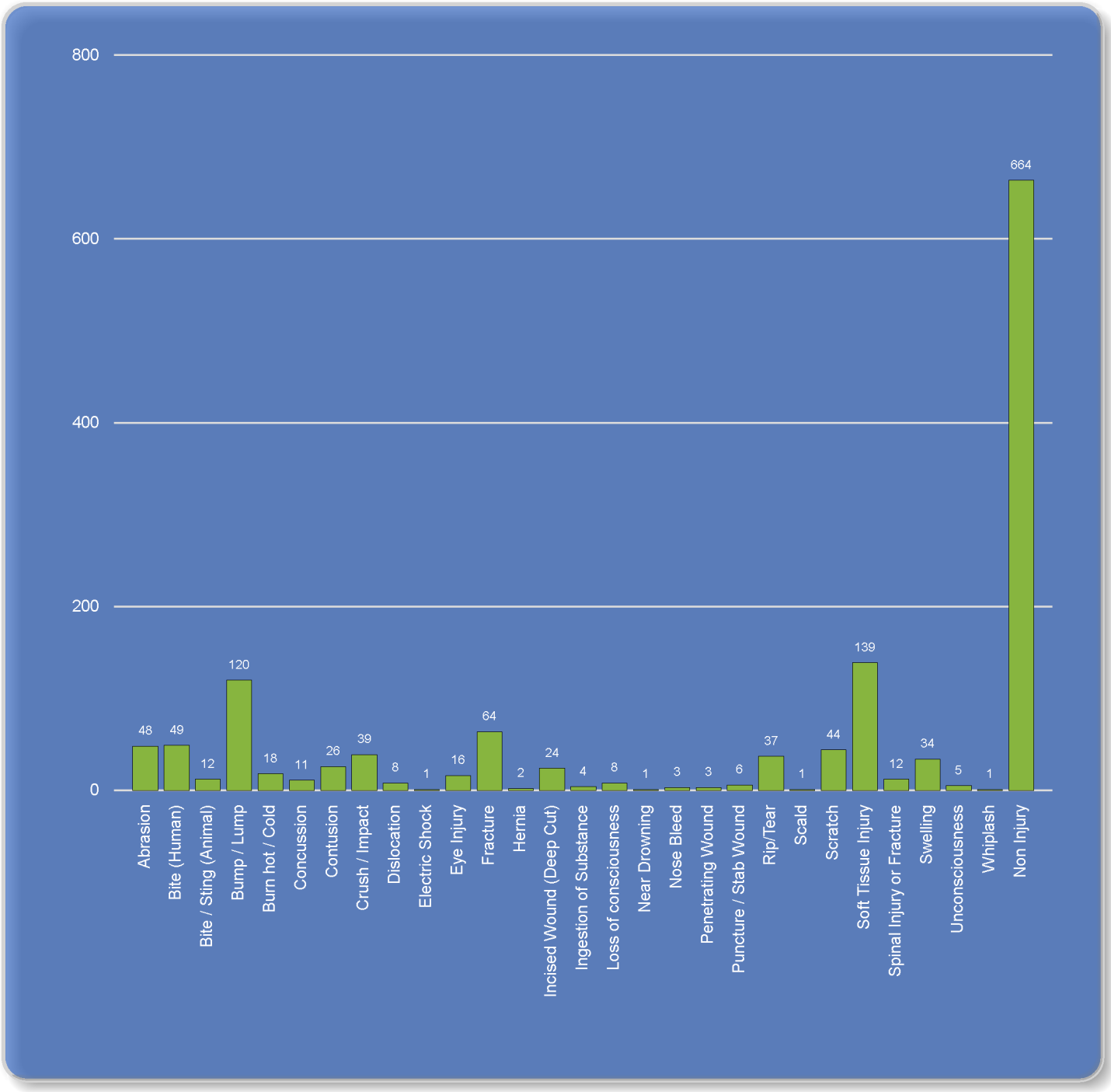
Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Incidents Overall Based on Incident Type



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

Total Incidents Overall Based on Injury Type



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

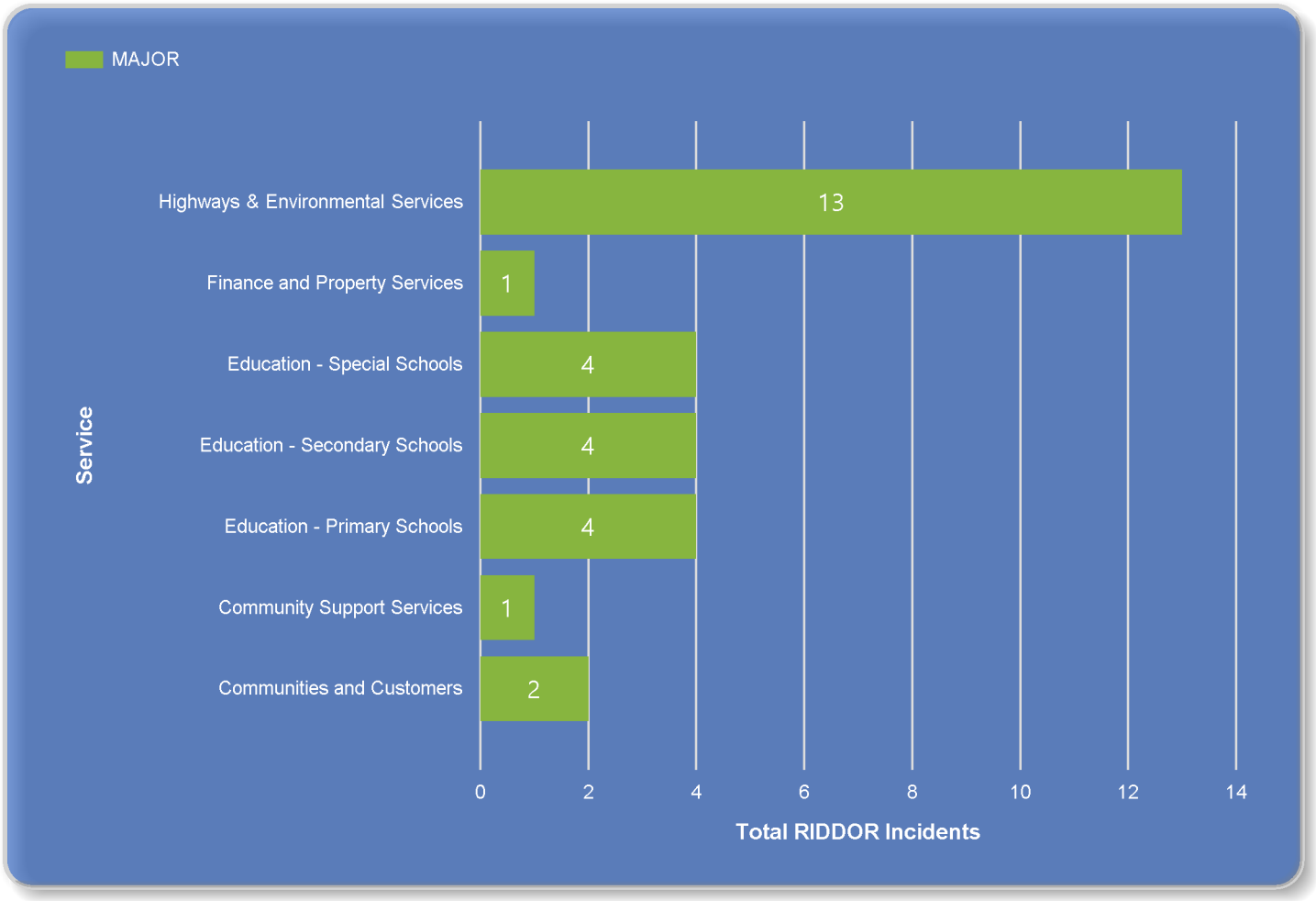
Cause Of Incident by Location

Accident Incident Type	Denbighshire property	Home Working	Public Place	Road traffic incident	School	School Offsite Incident	Third party Private property	Total
Animal	1	1	2	1	3	0	4	12
Challenging behaviour	29	2	2	0	160	2	6	201
Chemical / Substance	4	0	2	0	4	0	1	11
Client / Service User Observation	29	1	2	1	2	0	4	39
Contact with electricity	0	0	0	0	1	0	0	1
Contact with moving machinery	2	0	3	0	0	0	0	5
Dangerous occurence	4	0	9	6	2	1	4	26
Electricity	1	0	0	0	0	0	0	1
Environment - Dust/Fumes/Heat/Noise	1	0	2	0	4	0	0	7
Faint / Seizure	13	0	1	0	10	1	0	25
Fall from height	0	0	3	0	10	0	1	14
Falling Object	3	0	1	0	13	0	1	18
Fire / Explosion	4	0	1	0	4	0	0	9
Hand tools	2	0	4	0	5	0	1	12
Hit by a moving vehicle	1	0	2	12	0	0	2	17
Hot Material	4	0	1	0	9	0	1	15
Inappropriate Behaviour	11	0	3	0	9	1	0	24
Loss / Theft of Property	2	0	0	0	0	0	0	2
Manual handling	16	0	6	0	4	0	2	28
Minor Medical	47	0	3	0	6	1	8	65
Missing Client / Service User	6	0	1	0	0	0	1	8
Needle Stick Injury	0	0	1	0	1	0	0	2
Physical Assault	6	0	1	0	102	0	0	109
Play ground incident	0	0	0	0	63	0	0	63
Property Damage	3	0	3	1	2	0	7	16
Psychological	3	0	1	0	0	0	0	4

Road traffic incident Asset or Vehicle only damage	1	0	0	12	0	0	1	**14**
Sharp / Abrasive Material	10	0	0	0	7	0	1	**18**
Slip or Trip or Fall	258	0	15	0	83	1	38	**395**
Sports injury	0	0	2	0	26	0	0	**28**
Strike against	13	0	4	3	14	2	1	**37**
Third party asset only damage	1	0	2	3	0	0	1	**7**
Third party vehicle only damage	1	0	0	8	1	0	1	**11**
Thrown / Ejected Object	0	0	0	0	8	0	0	**8**
Trap or pinch or entanglement	12	0	5	0	9	1	0	**27**
Vehicle breakdown. No injury	0	0	2	2	0	0	0	**4**
Vehicle only damage	16	0	25	12	0	0	3	**56**
Verbal Assault	10	2	7	0	5	0	7	**31**
Work Equipment / Machine	10	0	1	5	2	0	0	**18**
Total	**524**	**6**	**117**	**66**	**554**	**10**	**94**	**1371**

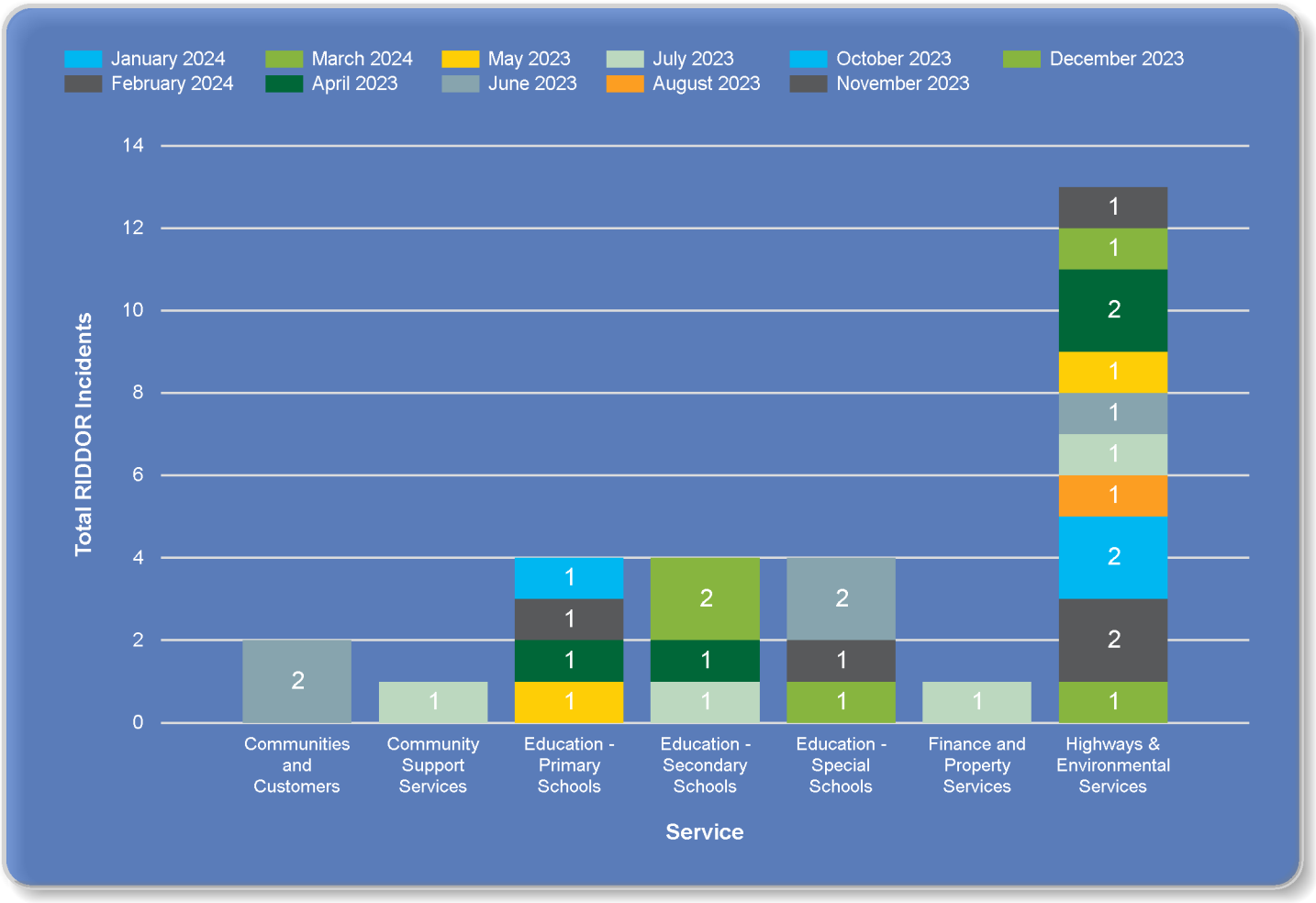
Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

RIDDORs



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

RIDDORs



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2023 - 31/03/2024

RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Number of Incidents
Communities and Customers	Major	Bite / Sting (Animal)	2023/0019342	
		Soft Tissue Injury	2023/0019266	
			Total	2
Community Support Services	Major	Soft Tissue Injury	2023/0019813	
			Total	1
Education - Primary Schools	Major	Penetrating Wound	2023/0019136	
		Soft Tissue Injury	2024/0020572	
			2024/0020841	
		Spinal Injury Or Fracture	2023/0019185	
			Total	4
Education - Secondary Schools	Major	Fracture	2023/0019031	
			2023/0019560	
		Soft Tissue Injury	2024/0020886	
		Spinal Injury Or Fracture	2024/0020916	
			Total	4
Education - Special Schools	Major	Bump / Lump	2023/0020352	

Education - Special Schools	Major	Concussion	2023/0019445	
		Rip/Tear	2023/0019375	
		Soft Tissue Injury	2024/0020561	
			Total	4
Finance and Property Services	Major		2023/0019513	
			Total	1
Highways & Environmental Services	Major	Bump / Lump	2023/0020365	
		Contusion	2023/0019537	
		Fracture	2023/0020305	
			2023/0020350	
			2024/0021016	
		Incised Wound (Deep Cut)	2023/0019013	
		Nose Bleed	2023/0019316	
		Soft Tissue Injury	2023/0019069	
			2023/0019311	
			2023/0019947	
			2023/0020319	
		Spinal Injury Or Fracture	2023/0020513	

Highways & Environmental Services	Major	Swelling	2024/0020807	
			Total	13
Total				29

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Accident Incident Report

01/04/2024 - 31/08/2024

****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.****

Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Number of Incidents

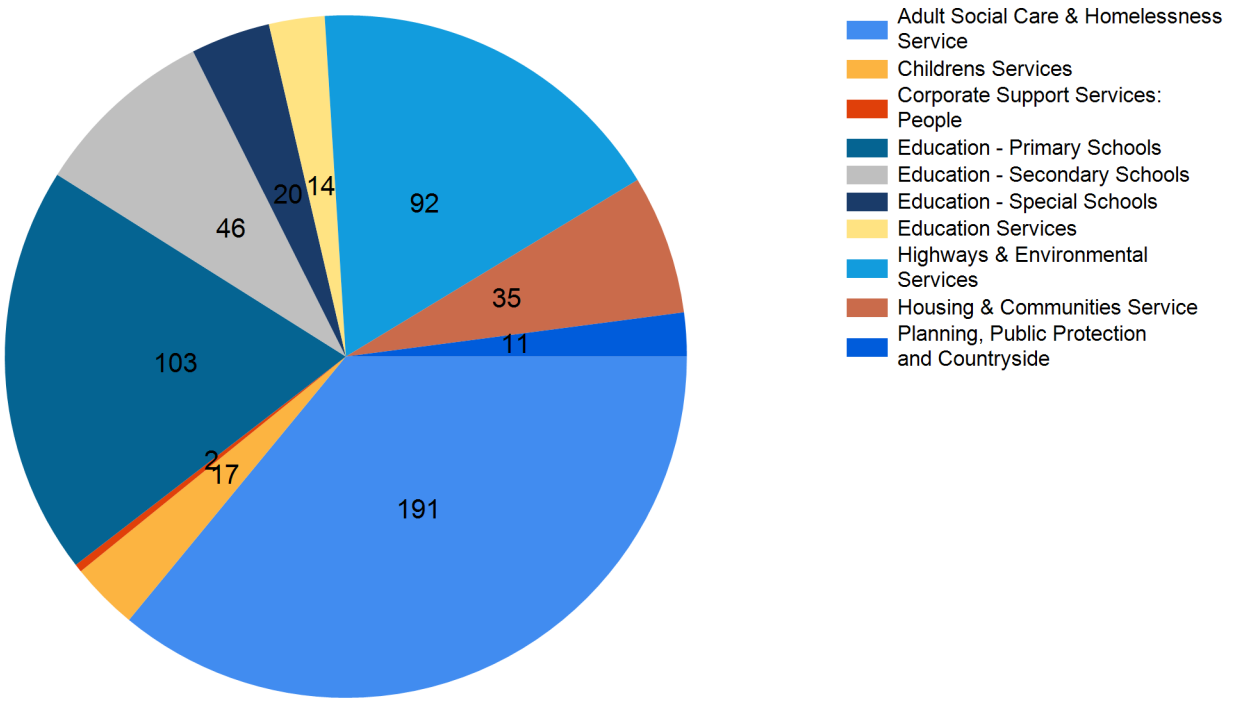
Total Incidents	Non Injury	Asset Damage
531	188	21

Total Minor	Total Major	Vehicle
262	15	45

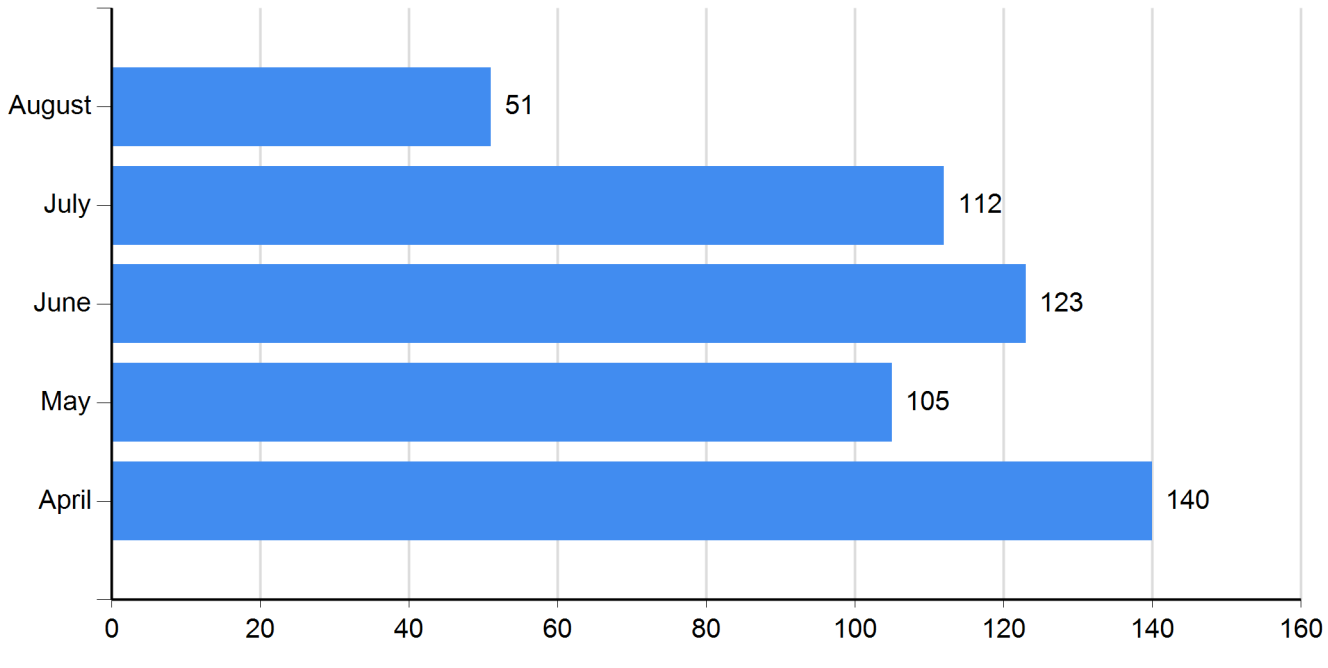
Total Fatality
0

Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Incidents By Service

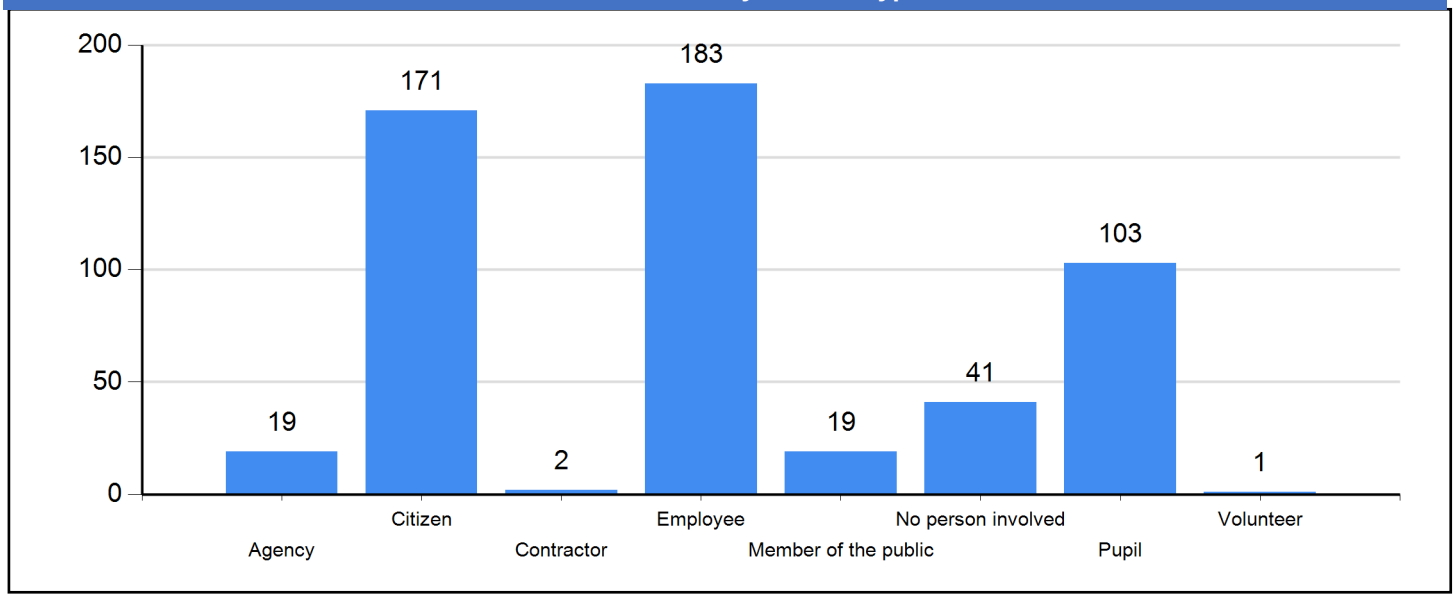


Total Incidents By Month



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Incidents By Person Type



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Incident Count

Total Incidents Last Quarter: April 2024 - June 2024

Department	Total
Adult Social Care & Homelessness Service	191
Childrens Services	17
Corporate Support Services: People	2
Education - Primary Schools	103
Education - Secondary Schools	46
Education - Special Schools	20
Education Services	14
Highways & Environmental Services	92
Housing & Communities Service	35
Planning, Public Protection and Countryside	11
Total	**531**

Total Incidents Last Year: January 2023 - December 2023

Department	Total
Adult Social Care & Homelessness Service	105
Childrens Services	8
Communities and Customers	48
Community Support Services	401
Corporate Support Services: People	4
Education - Primary Schools	273
Education - Secondary Schools	178
Education - Special Schools	74
Education & Children Services	47
Education Services	24
Finance and Property Services	12
Highways & Environmental Services	165
Housing & Communities Service	8
Legal, HR & Democratic Services	2
Planning, Public Protection and Countryside	29
Total	**1378**

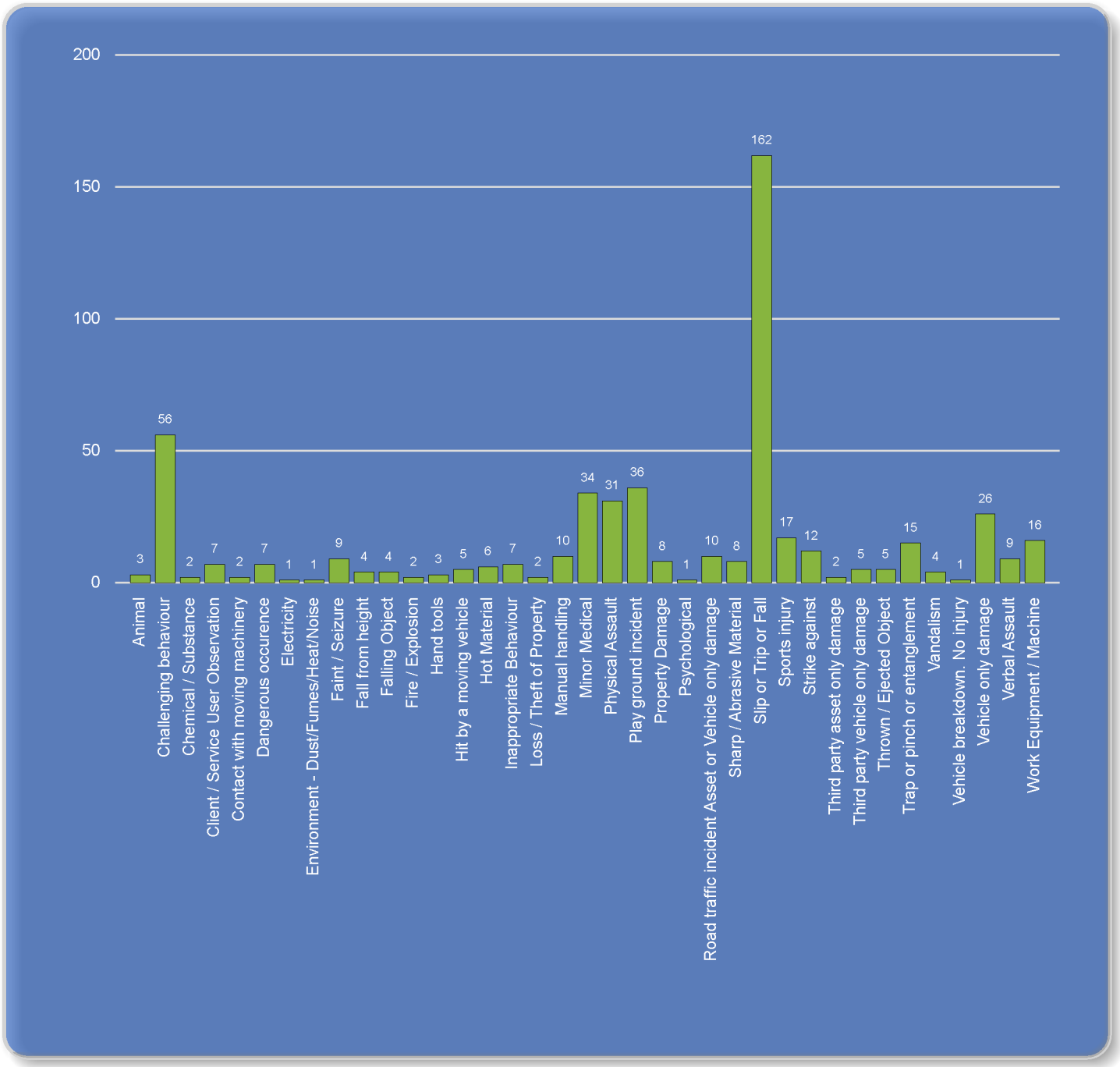
Total Incidents Last Year (Financial): April 2023 - March 2024

Department	Total
Adult Social Care & Homelessness Service	244
Childrens Services	12
Communities and Customers	32
Community Support Services	250
Corporate Support Services: People	8
Education - Primary Schools	263
Education - Secondary Schools	156
Education - Special Schools	81
Education & Children Services	39
Education Services	38
Finance & Audit	1
Finance and Property Services	10

Highways & Environmental Services	178
Housing & Communities Service	24
Legal, HR & Democratic Services	1
Planning, Public Protection and Countryside	34
Total	**1371**

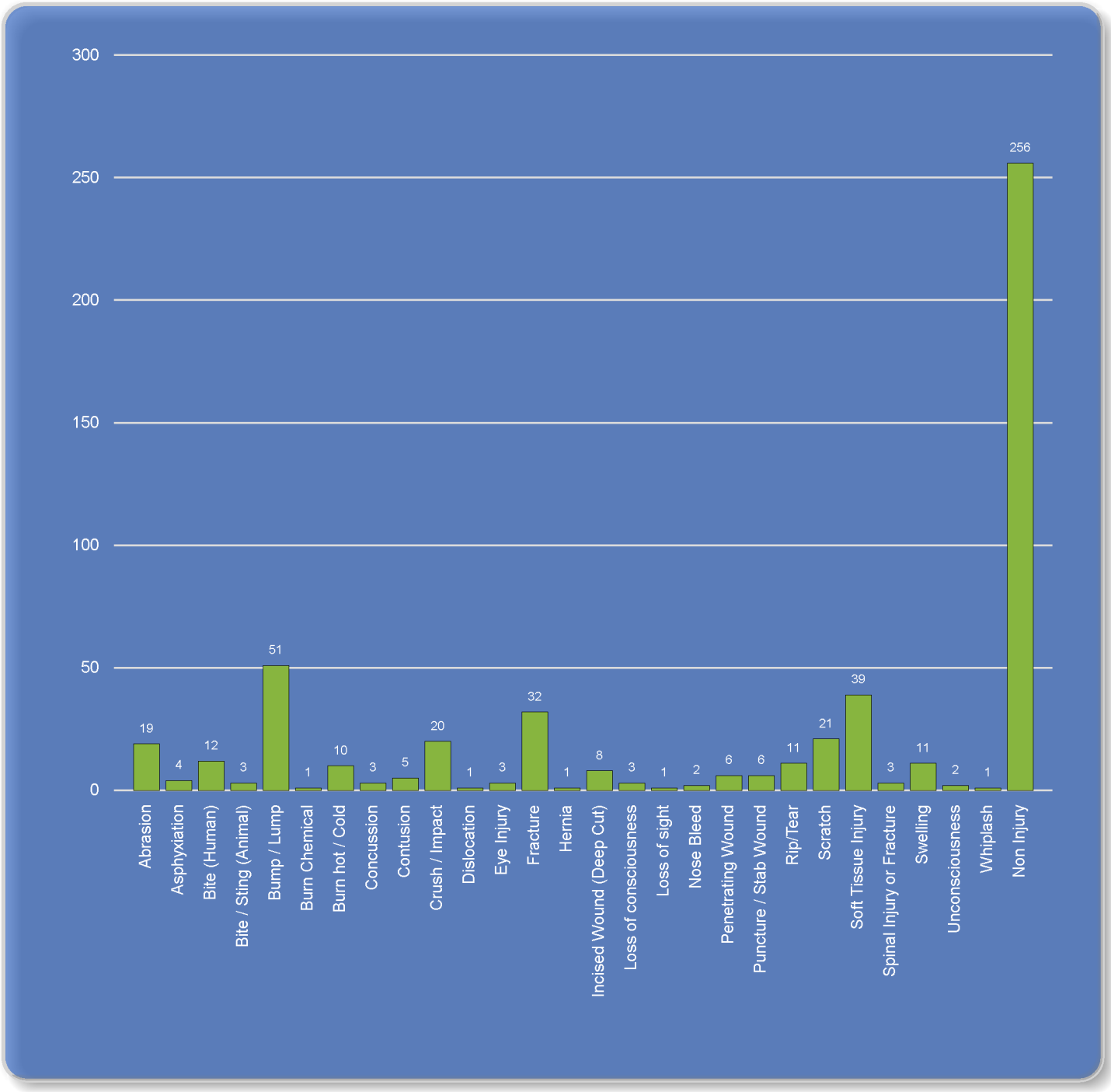
Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Incidents Overall Based on Incident Type



Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Total Incidents Overall Based on Injury Type



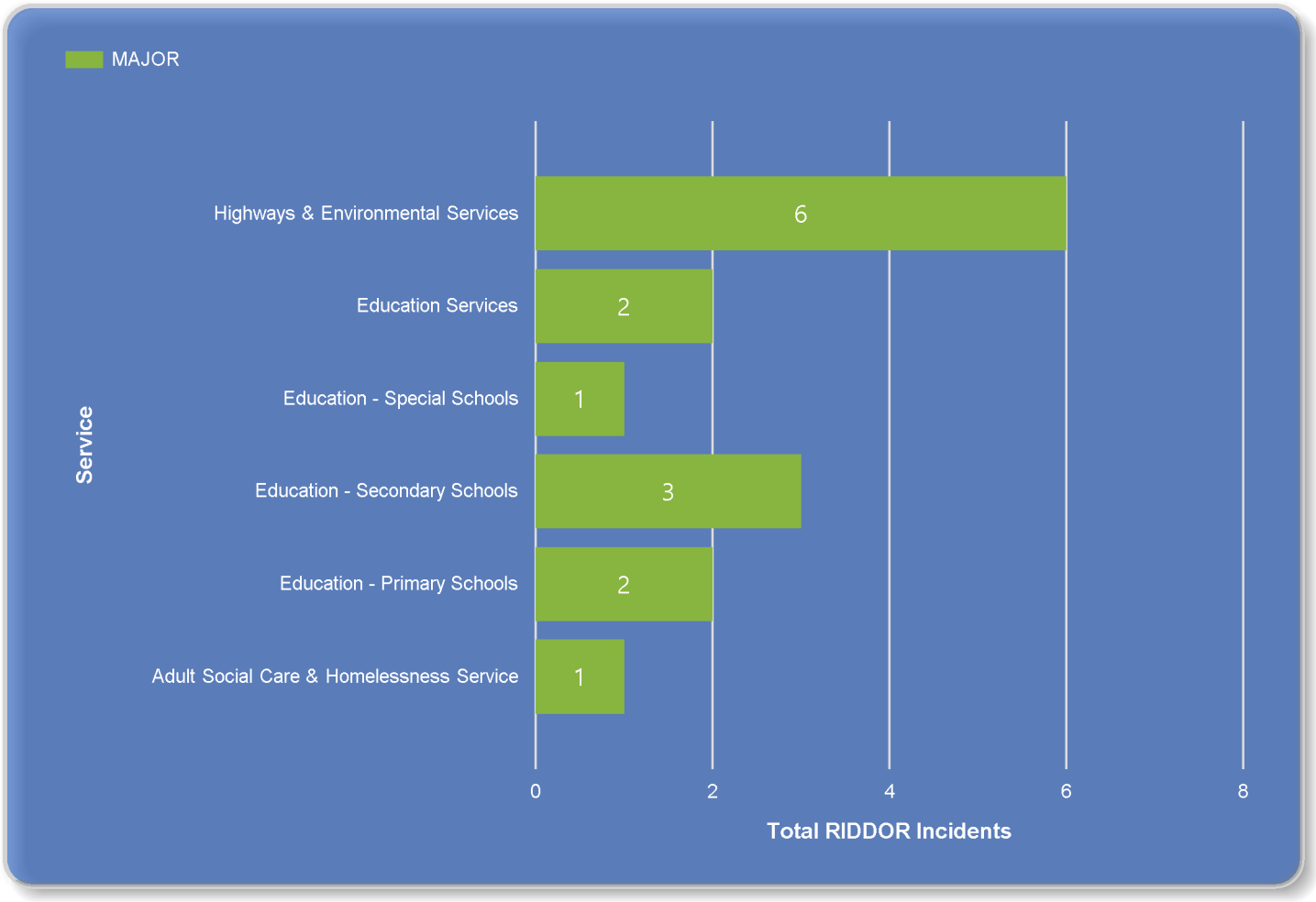
Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

Cause Of Incident by Location

Accident Incident Type	Denbighshire property	Home Working	Public Place	Road traffic incident	School	School Offsite Incident	Third party Private property	Total
Animal	0	0	0	0	0	0	3	3
Challenging behaviour	19	0	0	0	36	0	1	56
Chemical / Substance	0	0	1	0	1	0	0	2
Client / Service User Observation	6	0	0	0	0	0	1	7
Contact with moving machinery	2	0	0	0	0	0	0	2
Dangerous occurence	4	0	1	1	1	0	0	7
Electricity	0	0	0	0	1	0	0	1
Environment - Dust/Fumes/Heat/Noise	0	0	0	0	1	0	0	1
Faint / Seizure	4	0	3	0	2	0	0	9
Fall from height	2	0	0	0	1	1	0	4
Falling Object	0	0	0	0	2	1	1	4
Fire / Explosion	2	0	0	0	0	0	0	2
Hand tools	0	0	2	0	1	0	0	3
Hit by a moving vehicle	3	0	1	1	0	0	0	5
Hot Material	2	0	0	0	3	0	1	6
Inappropriate Behaviour	4	0	1	0	1	0	1	7
Loss / Theft of Property	0	0	1	0	0	0	1	2
Manual handling	3	0	4	1	0	0	2	10
Minor Medical	25	0	0	0	5	1	3	34
Physical Assault	1	0	0	0	29	0	1	31
Play ground incident	0	0	2	0	34	0	0	36
Property Damage	5	0	0	1	1	0	1	8
Psychological	1	0	0	0	0	0	0	1
Road traffic incident Asset or Vehicle only damage	2	0	2	6	0	0	0	10
Sharp / Abrasive Material	2	0	1	0	5	0	0	8
Slip or Trip or Fall	96	0	9	0	37	0	20	162
Sports injury	0	0	0	0	17	0	0	17

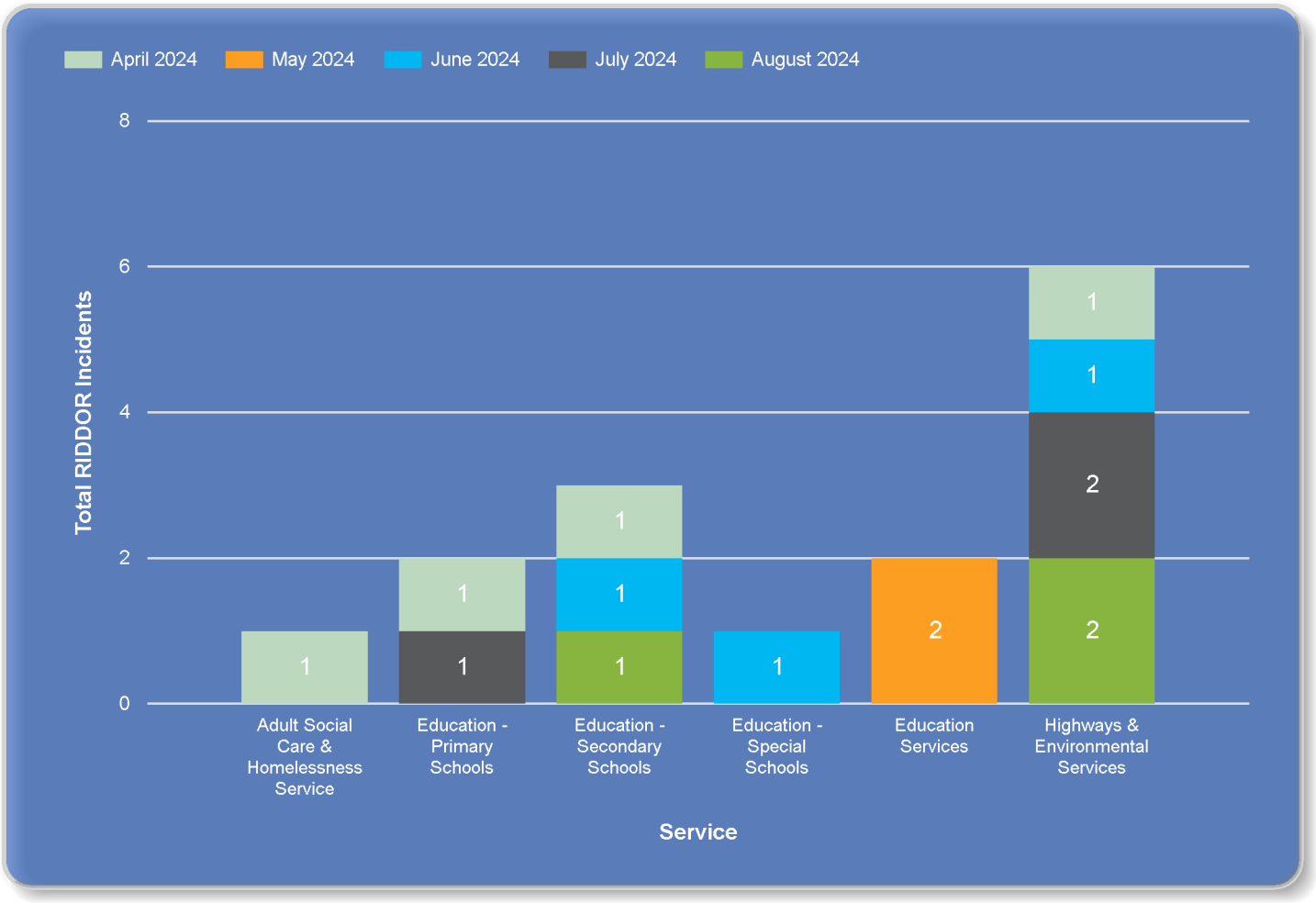
Strike against	6	0	2	0	4	0	0	**12**
Third party asset only damage	0	0	0	1	0	0	1	**2**
Third party vehicle only damage	0	0	1	4	0	0	0	**5**
Thrown / Ejected Object	3	0	0	0	2	0	0	**5**
Trap or pinch or entanglement	7	0	2	0	6	0	0	**15**
Vandalism	4	0	0	0	0	0	0	**4**
Vehicle breakdown. No injury	1	0	0	0	0	0	0	**1**
Vehicle only damage	4	1	8	12	1	0	0	**26**
Verbal Assault	4	0	4	0	0	0	1	**9**
Work Equipment / Machine	10	0	2	0	3	0	1	**16**
Total	**221**	**1**	**47**	**27**	**193**	**3**	**39**	**531**

RIDDORs


MAJOR
Highways & Environmental Services
6
Education Services
2
Education - Special Schools
1
Education - Secondary Schools
3
Education - Primary Schools
2
Adult Social Care & Homelessness Service
1
Service
0
2
4
6
8
Total RIDDOR Incidents

Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

RIDDORs

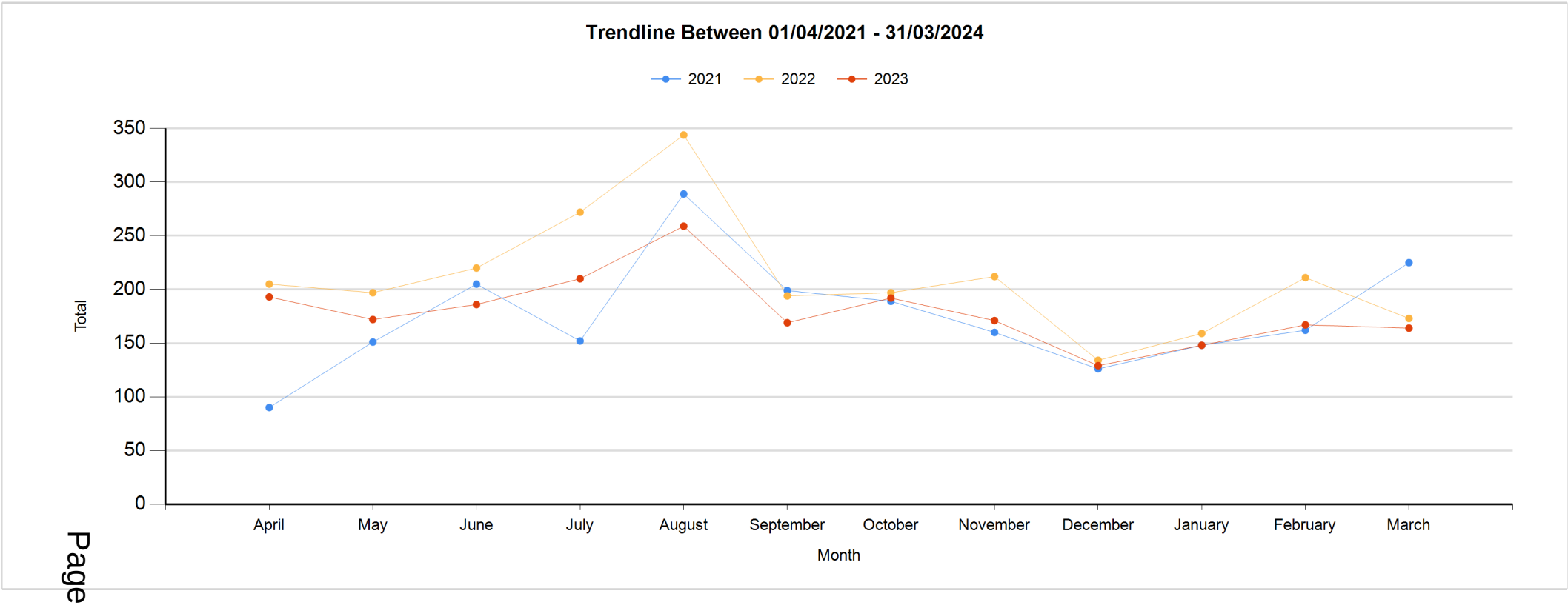


Denbighshire County Council
Health & Safety - Overview Extract
Between 01/04/2024 - 31/08/2024

RIDDORs

Incident Location	Accident Type	Injury	Accident Incident Reference	Number of Incidents
Adult Social Care & Homelessness Service	Major	Soft Tissue Injury	2024/0021182	
			Total	1
Education - Primary Schools	Major	Eye Injury	2024/0021180	
		Penetrating Wound	2024/0021579	
			Total	2
Education - Secondary Schools	Major	Concussion	2024/0021483	
		Crush / Impact	2024/0021736	
		Swelling	2024/0021191	
			Total	3
Education - Special Schools	Major	Bump / Lump	2024/0021457	
			Total	1
Education Services	Major	Fracture	2024/0021240	
			2024/0021242	
			Total	2
Highways & Environmental Services	Major	Crush / Impact	2024/0021131	
		Fracture	2024/0021684	
		Soft Tissue Injury	2024/0021578	

Highways & Environmental Services	Major	Soft Tissue Injury	2024/0021655	
			2024/0021706	
			2024/0021774	
			Total	6
Total				15


Trendline Between 01/04/2021 - 31/03/2024
2021
2022
2023
350
300
250
200
150
100
50
0
Total
April
May
June
July
August
September
October
November
December
January
February
March
Month

Financial Year

Month Name	2021	2022	2023	Total
April	90	205	193	488
May	151	197	172	520
June	205	220	186	611
July	152	272	210	634
August	289	344	259	892
September	199	194	169	562
October	189	197	192	578
November	160	212	171	543
December	126	134	129	389
January	148	159	148	455
February	162	211	167	540
March	225	173	164	562
Total	**2096**	**2518**	**2160**	**6774**

Report to	Governance and Audit Committee
Date of meeting	29th August 2024
Lead Member / Officer	Gwyneth Ellis / Sarah Wainwright
Head of Service	Helen Vaughan-Evans
Report author	Sarah Wainwright (in consult with relevant department Heads)
Title	Property Compliance Report

1. What is the report about?

1.1. To brief the committee on the previous years' work in relation to Property Compliance. To provide an insight into the improvements and work planned for the remainder of 2024/25

2. What is the reason for making this report?

2.1. To provide information regarding how Property Compliance is being proactively managed within our corporate property stock.

3. What are the Recommendations?

3.1. For information only.

4. Report details

4.1. Please see the appendix: V2 Compliance Annual Report 2024

5. How does the decision contribute to the Corporate Plan 2022 to 2027: The Denbighshire We Want?

5.1. Not Applicable

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

6.1. No additional budget required.

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

7.1. Not Required (report is for information only)

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

8.1. Contact with departments responsible for compliance areas to ensure report was an accurate reflection of the work carried out in relation to property compliance. List below:

- Andrew Ward - Principal Building Surveyor
- Toni Daly – M&E Administrator
- Kristal Butler – Asbestos Project Manager
- Debby Pritchard - Systems Officer and Compliance Assistant
- Holly Thomas – Fire Safety Manager

9. Chief Finance Officer Statement

9.1. Not Applicable

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

10.1. Not Applicable

11. Power to make the decision

11.1 Not applicable

Compliance Report
Autumn 2024

Executive Summary

This report will cover the compliance performance across the corporate portfolio over the last 12 months. The corporate portfolio consists of only public properties where Denbighshire are responsible for the repair and maintenance.
Each section will detail the legal responsibilities as set out in current legislation and highlight the previous 12 months' performance.

Scope

Definition of corporate buildings

Where DCC own a property or are responsible for the maintenance and servicing of the building, Denbighshire County Council remains the Duty Holder for that property. However, the location manager retains responsibility for maintenance and safety, and is legally required to cooperate with measures or processes implemented to manage the risk.

Each property will have different compliance requirements (i.e. not all properties DCC own will need to have an Asbestos re-inspection or some properties may not have mains Gas so will not require an annual service) so the totals for each compliance area will be presented at the start of that section.

ADM Denbighshire Leisure

The current position with Denbighshire Leisure is that individual Service Level Agreements are in place in order to finance the legal compliance elements of the building management.

Compliance Areas

We currently monitor the top 5 main areas of property compliance across the corporate portfolio. These include:

- Gas Servicing
- Electrical Testing
- Asbestos Re-Inspection
- Legionella
- Fire

Structure of the team

The compliance management is currently divided across 2 departments, the Property Maintenance team who coordinate and manage the Electrical Testing and Gas

Servicing. And the Property Health and Safety Team, who manage Legionella, Asbestos and Fire.
Structure charts can be found:
Appendix 1 – Property Maintenance Structure
Appendix 2 – Compliance Structure
Appendix 3 – Compliance Admin Support

KPIs

In order to monitor progress, Key Performance Indicators (KPIs) are reported on a monthly basis by Sam Jones and distributed to all relevant stakeholders. In addition, a monthly meeting is held with the managers of the compliance areas to discuss performance these meetings are minute'd

KPIs are colour coded based on a set of performance thresholds. These thresholds were established in 2018 when monitoring of KPIs fell within the Property Health and Safety Team and were presented and agreed by the Asset Management Group.

The thresholds differ based on their perceived potential risk and are as follows:

KPIS	RED	AMBER	GREEN
Percentage properties with a valid electrical test certificate	<85%	>85%	>90%
Percentage properties with a valid gas safety certificate	<95%	>95%	>98%
Percentage of properties with a valid Water Risk Assessment	<85%	>85%	>95%
Percentage of properties with a valid Fire Risk Assessment (FRA)	<85%	>85%	>95%
Percentage of properties with a valid Asbestos Report	<95%	>95%	>98%

The data presented below is from 12 months' worth of KPI data for each compliance area. Each section details a brief summary of what the item is (if necessary) then the legislative framework is presented. Following this the Performance is shown and any commentary on performance will be included in this section. Finally, Key Priorities are listed including any future changes or improvements to be made.

ASBESTOS

'Asbestos' is a naturally occurring mineral which is made up of thin fibres. These fibres were historically mixed with other compounds in varying quantities and widely used in construction pre 2000.

Asbestos comprises of 6 types, but primarily, the most commonly used were: Crocidolite, Amosite and Chrysotile.

Asbestos fibres pose the most significant risk when airborne and inhaled or ingested. The diseases stemming from Asbestos can take anywhere between 15-60 years to develop.

LEGISLATIVE FRAMEWORK

Asbestos is governed by a number of regulations. The Health and Safety Executive (HSE) Approved Code of Practice (ACOP), L143 entitled "Managing and Working with Asbestos" sets out the primary principles.

ACOP L143 is a working document based on the Control of Asbestos Regulations 2012 (referred to hereafter as CAR 2012) which details the need to eliminate or reduce so far as reasonably practicable any potential risks associated with Asbestos whilst complying with all legal responsibilities required under Health and Safety Act 1974 (HSAWA 1974) and Control of Substances Hazardous to Health 2002 (COSHH 2002).

Denbighshire County Council will ensure they are compliant with the requirements of CAR 2012. This includes maintaining an Asbestos Register, ensuring all staff and contractors who may disturb Asbestos have access to the register, the completion of a series of periodic reviews of Asbestos Containing Materials (ACMs) in situ and repair, protect or remove ACMs based on that review.

Currently the Asbestos Team have 2 formal contracts one for Surveying and Analytical and one Licensed Contractor for Asbestos Removal.

PERFORMANCE

Over the previous 12 months, the Asbestos Project Manager Kristal Butler has completed her additional training and become the Asbestos and Legionella Project Manager having completed her career pathway. All contracts are running smoothly. The contracts are monitored during monthly contractor meetings and KPIs managed against the contractual terms.

The Asbestos Team are considering the possibility of offering their services out to other councils at cost to generate potential revenue into the team.

The thresholds for performance are highlighted below and the previous 12 months' performance.

KPIS	RED	AMBER	GREEN
Percentage of properties with a valid Asbestos Report	<95%	>95%	>98%

ASBESTOS	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of Properties which have Asbestos and should be re-inspected as part of the management programme	101	99	99	99	90	90	90	87	87	87	87	87
Number of properties with a valid Re Inspection carried out	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

KEY PRIORITIES 24/25

The key priorities for the team are as follows:

- Identify mechanisms to share knowledge and collaborate with other councils at cost in order to compensate for the revenue deficit.
- Work to maintain the high performance in Re-Inspections

ELECTRICAL TESTING (EICR)

LEGISLATIVE FRAMEWORK

Denbighshire County Council have a policy and procedure in place which sets out to satisfy, so far as reasonably practicable, The BS7671 Regulations and all Health and Safety Executive (HSE) approved guidance. Including but not limited to the Electricity at Work Regulations 1989 which places further duties on the commissioning and management of Electricity in the workplace.

The regulatory guidance produced highlights the required standards needed in order to eliminate or reduce so far as reasonably practicable any potential risks associated with work or contact with electricity across Denbighshire County Council's property portfolio. DCC currently coordinate a programme of electrical testing, conducted by an NICEIC accredited contractor and does this every 5 years.

PERFORMANCE

Over the last 12 months' performance in this area has been very good, maintaining a 90 percentile throughout the full 12 months. The thresholds for performance are highlighted below.

KPIS	RED	AMBER	GREEN
Percentage properties with a valid electrical test certificate	<85%	>85%	>90%

ELECTRICAL TESTING	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of properties requiring an Electrical Installation Condition Report	145	145	146	147	147	147	148	149	149	150	149	149
Percentage of properties with a valid EICR	99%	99%	98%	99%	98%	97%	99%	99%	98%	96%	99%	98%

KEY PRIORITIES 24/25

The key priorities for the team are as follows:

- Work to maintain the high performance in Electrical Condition Testing
- Review current inspection list to identify if new properties need to be added/others removed.

FIRE

LEGISLATIVE FRAMEWORK

Denbighshire County Council ensure they are compliant with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (referred to hereafter as the RRFSO). This includes carrying out, updating and regularly reviewing fire risk assessments of all relevant accommodation we own, manage or occupy, to identify the risks to which customers are exposed and take appropriate measures to minimise the risk to life and property from fire.

We ensure that all properties where Denbighshire County Council are responsible are appropriately equipped with fire protection equipment and emergency lighting, fire doors, and safety signs, as advised by the FRA.

PERFORMANCE

Progress as well as performance has been exemplary over the last 12 months. Holly Thomas our new Fire Safety Manager has completed the implementation of digitally completed FRAs, including the management of digitised reports on Actions. Currently, Holly is training Sam Jones to cover Risk Assessments in order to continue with our efforts on succession planning.

At DCC Fire Risk Assessments are categorised into 3 priorities. Category 1 requiring an annual review of fire safety, Category 2 – biennially, Category 3 every 3 years. The details are as follows:

Fire Risk Assessments Data		
1	Number of Properties Requiring a Fire Risk Assessment (FRA)	**164**
2	Number of Properties Categorised as FRA 1	**74**
3	Number of Properties Categorised as FRA 2	**56**
4	Number of Properties Categorised as FRA 3	**34**

The thresholds for performance are highlighted below and the previous 12 months' performance

KPIS	RED	AMBER	GREEN
Percentage of properties with a valid FRA	<85%	>85%	>95%

The below table and chart highlights the overall performance across all areas and demonstrates that there is a consistant pattern of completion. These are arguably the most important KPIs as it shows the performance across the whole council and monitors the completion of all 166 sites.

FIRE RISK ASSESSMENT	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of Properties Requiring a Fire Risk Assessment (FRA)	166	165	165	165	165	165	165	164	164	165	164	164
Percentage of total properties with a valid FRA	99%	98%	99%	99%	99%	99%	100%	100%	100%	98%	99%	98%

KEY PRIORITIES 24/25

Fire Safety 24/25:

- Maintain the excellent completion rates.
- Progress with improvements to record and allocate FRA actions building a formal process to monitor completion
- Review options for online fire awareness training programs
- Professional development and support for the Fire team, whilst on career pathways.

GAS

LEGISTLATIVE FRAMEWORK

Denbighshire have a Policy in relation to servicing of heating appliances. The procedure sets out to satisfy so far as reasonably practicable The Health and Safety Executive (HSE) Approved Code of Practice (ACOP), L56 entitled "Safety in the installation and use of gas systems and appliances" and is in line with current practice within Denbighshire County Council (DCC). ACOP L56 details the requirement to ensure a test is undertaken in order to ensure the appliance in situ is safe and suitable for use.

Further to this INDG265 further details landlord responsibilities, along with the standard legal obligations included under both the Health and Safety at Work Act 1974 (HSAWA 1974) and the Gas Safety (Installation and Use) (Amendment) Regulation 2018.
Keeping occupiers and visitors safe from harm is paramount. As responsible landlords,Denbighshire County Council will take all reasonable steps to prevent accidents or incidents associated with Gas Services and appliances in the properties that we own or manage.

PERFORMANCE

DCC have a range of heating appliances, Oil, LPG and mains gas. Oil has the requirement to be serviced every 6 months. The KPIs are calculated by due date and at site level.

Performance has remained in the 80th and 90th percentile for the previous 12 months. However, as the KPI threshold is set fairly high and is in line with the housing thresholds, the Red Amber Green system does mean the stats look unfavourable.

There were previous issues with the existing contractor, so the Maintenance Team have started using another contractor and performance is improving.

KPIS	RED	AMBER	GREEN
Percentage properties with a valid gas safety certificate	<95%	>95%	>98%

HEATING SERVICES	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of Units requiring a Service Certificate	106	106	106	106	106	106	105	105	105	105	105	105
Percentage Oil, Gas, LPG Properties with a valid Service Certificate	88%	90%	91%	91%	90%	92%	92%	91%	81%	95%	93%	97%

KEY PRIORITIES 24/25

The key priorities for the team are as follows:

- Review current inspection list to identify if new properties need to be added/others removed.
- Continue to work at improving contractor performance and achieve higher percentages.

LEGIONELLA

The bacterium Legionella pneumophila and related bacteria are common in natural water sources such as rivers, lakes and reservoirs, but usually in low numbers. They may also be found in purpose-built water systems such as cooling towers, evaporative condensers, hot and cold water systems and spa pools.

Legionella bacteria are widespread in natural water systems, however, the conditions are rarely right for people to catch the disease from these sources. Outbreaks of the illness occur from exposure to legionella growing in purpose-built systems where water is maintained at a temperature high enough to encourage growth, e.g. cooling towers, evaporative condensers, hot and cold water systems and spa pools used in all sorts of premises (work and domestic).

Certain conditions can increase the risk from Legionella:

- A suitable water temperature for growth (25 – 45°C)
- A source of nutrients for the organism e.g. sludge, scale, rust, algae etc
- A way of creating and spreading a breathable droplets e.g. aerosol created when using a shower, spa pool, air conditioning systems etc
- However, most people exposed to legionella do not become ill, and Legionnaires' disease is an uncommon event.

If conditions are favourable, the bacteria may grow increasing the risks of Legionnaires' disease and it is therefore important to control the risks by introducing appropriate measures outlined within Denbighshire County Council's procedures.

LEGISTLATIVE FRAMEWORK

Our Procedural documentation sets out to satisfy so far as reasonably practicable The Health and Safety Executive (HSE) Approved Code of Practice (ACOP), L8 entitled "The control of Legionella Bacteria in water systems".

ACOP L8 details the Water hygiene's standards which need to be achieved in order to eliminate or reduce so far as reasonably practicable any potential risks associated with poor water hygiene and the spread of legionella within all of Denbighshire County

Council's property portfolio whilst complying with all legal responsibilities required under the Health and Safety at Work Act 1974 (HSAWA 1974) and the Control of Substances Hazardous to Health (COSHH Regulations)

As the duty holder for many premises, DCC will establish controls to ensure any exposure to Legionella is prevented or kept as low as is reasonably practicable.

PERFORMANCE

In 2022 The Legionella Team submitted a capital bid in order to find the additional funds needed to bring the corporate property stock up to the required standard. We are now 18 months into this refurbishment programme and it will run for a further 6-12 months.

After which time it is hoped that the revenue funding will be enough to maintain the water systems and ensure that our buildings remain fit for the future.

Over the last 12 months' performance in this area has been very good, maintaining a 90 percentile throughout the full 12 months. The thresholds for performance are highlighted below.

KPIS	RED	AMBER	GREEN
Percentage of properties with a valid Water Risk Assessment	<85%	>85%	>95%

LEGIONELLA	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of properties requiring a Water Risk Assessment	143	143	143	144	144	142	143	143	144	144	145	144
Percentage Properties with a valid Water Risk Assessment which is in date	99%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%

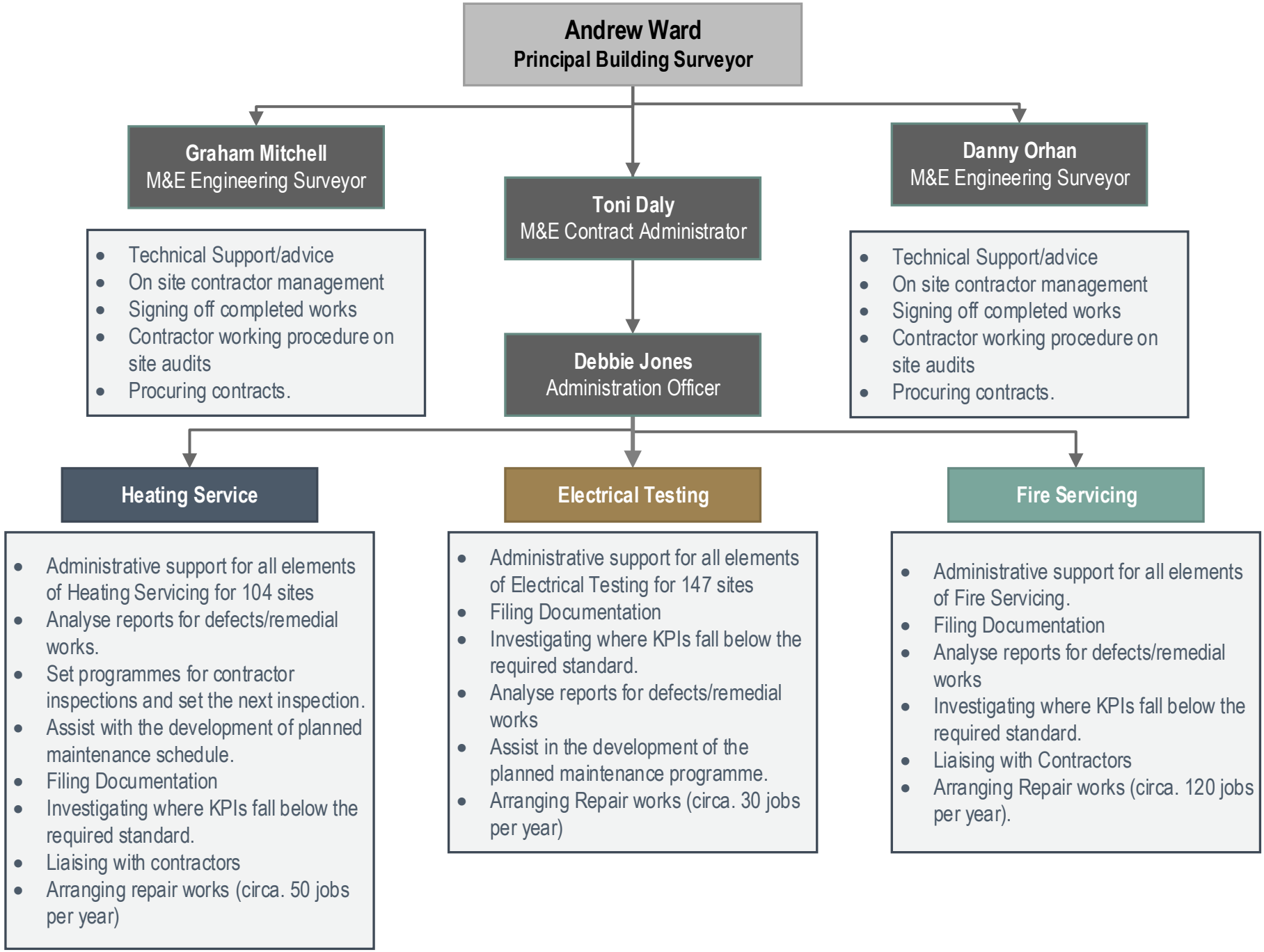
KEY PRIORITIES 24/25

The key priorities for the team are as follows:

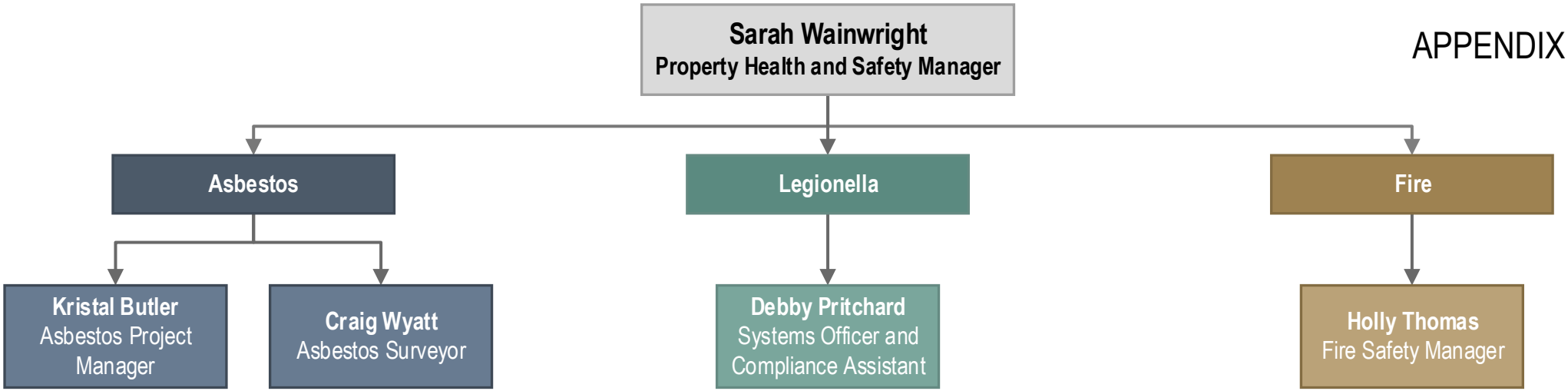
- Progress with the Risk Assessment Improvement Works
- Continue the consistent pattern of Legionella Risk Assessment performance
- Continue to manage the contractor effectively.

Heating Servicing, Electrical Testing, Fire Servicing

APPENDIX 1



APPENDIX 2



Asbestos Management is managed across all corporate properties (circa 534 properties).and all Domestic Properties (Circa.3,300)

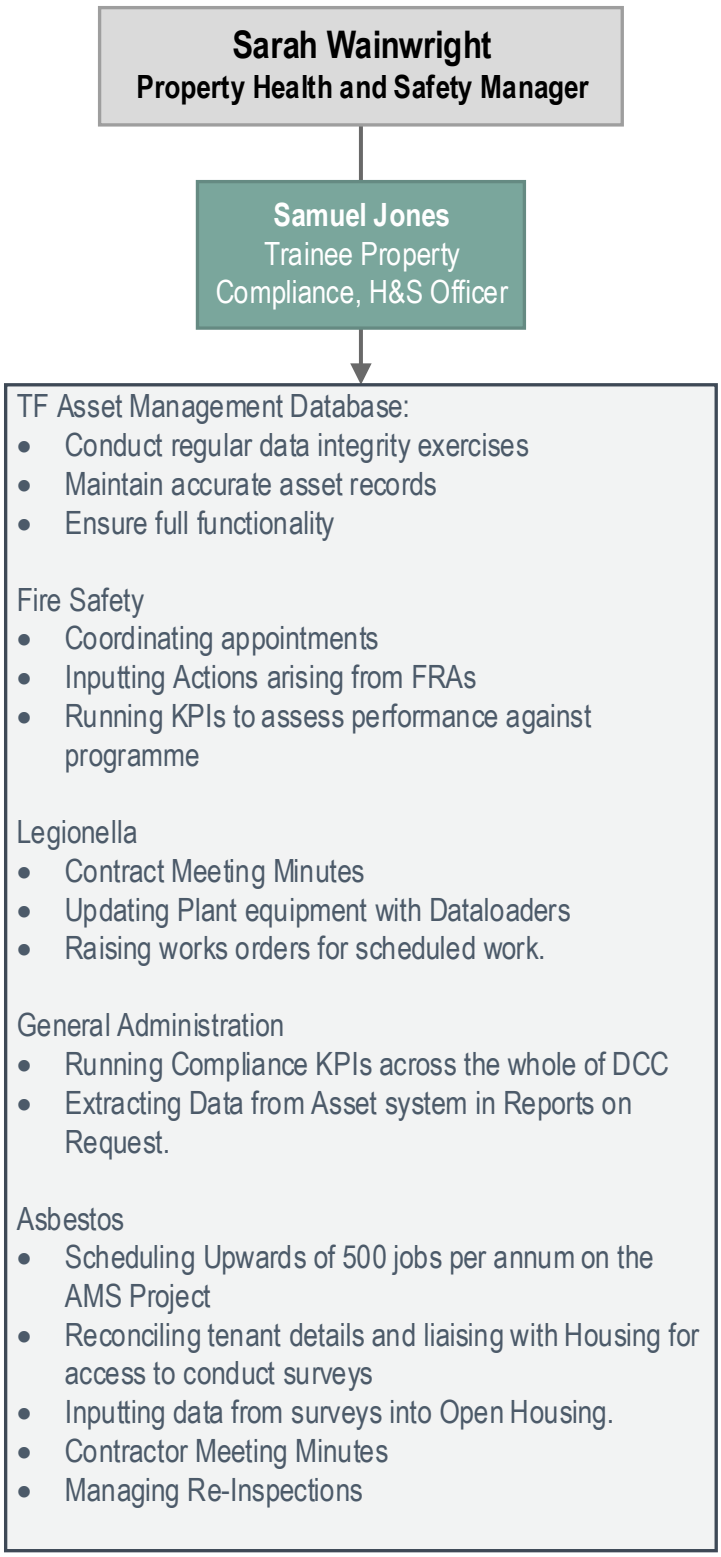
- Coordinating a programme of 87 Asbestos Re-inspections
- Managing a programme of Asbestos Management Surveys (AMS project)
- Managing Corporate and Domestic Removals of both licensed and non-licensed materials
- Coordinating upwards of 1000 works orders each year
- Managing the Capital Budget
- Procuring Removal and Surveying and Analytical Contracts
- Contract Management including the production of KPIs and Coordinating meetings
- Ensuring legal compliance
- Liaising with HSE for Asbestos Audits
- Working with different departments to provide advice and guidance including V&E, D&C & Housing teams
- Developing strategies for departmental direction
- Developing & maintaining policies & procedures

- Legionella Management is managed across all corporate properties (circa 534 properties).
-
- Coordinating a programme of 143 Legionella Risk Assessments
- Coordinating the Monthly Monitoring programme across all 143 sites.
- Managing Thermostatic Mixer Valve (TMV) servicing 1923 over 123 sites.
- Managing a service programme for all expansion vessels totalling 397 over 111 sites
- Managing servicing of Booster Pump sets 11 over 9 sites
- Coordinating all remedial works totalling approx. 150 jobs per year
- Managing the Capital Budget
- Procuring Legionella Contracts
- Contract Management including the production of KPIs and Coordinating meetings
- Ensuring legal compliance
- Working with different departments to provide advice and guidance including V&E, D&C & Housing teams
- Developing strategies for departmental direction
- Developing & maintaining policies & procedures

Fire Safety is managed across corporate properties (circa 534 properties).

Fire Management:

- Coordinating a programme of 164 FRAs
- Completing FRAs
- Creating and monitoring the completion of actions to ensure legal compliance
- Liaising with Fire Service on behalf of DCC
- Working with different departments to create Fire Safety processes including V&E, D&C and Building Surveyors
- Developing strategies for departmental direction
- Developing & maintaining policies & procedures


Sarah Wainwright
Property Health and Safety Manager
Samuel Jones
Trainee Property Compliance, H&S Officer
TF Asset Management Database:
• Conduct regular data integrity exercises
• Maintain accurate asset records
• Ensure full functionality
Fire Safety
• Coordinating appointments
• Inputting Actions arising from FRAs
• Running KPIs to assess performance against programme
Legionella
• Contract Meeting Minutes
• Updating Plant equipment with Dataloaders
• Raising works orders for scheduled work.
General Administration
• Running Compliance KPIs across the whole of DCC
• Extracting Data from Asset system in Reports on Request.
Asbestos
• Scheduling Upwards of 500 jobs per annum on the AMS Project
• Reconciling tenant details and liaising with Housing for access to conduct surveys
• Inputting data from surveys into Open Housing.
• Contractor Meeting Minutes
• Managing Re-Inspections

Archwilio Cymru
Audit Wales

Urgent and Emergency Care: Flow out of Hospital – North Wales Region

Date issued: February 2024

Document reference: 4081A2024

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

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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.

Contents

Summary report

About this report

1 Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.

2 When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the urgent and emergency care system[1] who need a hospital bed. Poor patient "flow" creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.

3 The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is set out in **Appendix 1.**

4 This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately in 2024.

5 The Auditor General's work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by sections 17 and 61 of the Public Audit Wales Act 2004.

6 This report sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the North Wales region (the region). The region encompasses:

- Betsi Cadwaladr University Health Board (the Health Board);
- Conwy County Borough Council;

[1] Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The unscheduled care system is complex with numerous organisations involved in providing services and it deals with acutely unwell, vulnerable, and distressed people in need of urgent assistance.

- Denbighshire County Council;
- Flintshire County Council;
- Cyngor Gwynedd;
- Isle of Anglesey Council; and
- Wrexham County Borough Council.

7 In undertaking this work, we have also considered progress made by the Health Board against previous recommendations made in our 2017 report on discharge planning. Our findings from this work are set out in a separate report to the Health Board.

Key messages

8 Overall, we found that **while partners understand and show a commitment to improving patient flow out of hospital, performance remains extremely challenging with adverse effects for patient experience and care. Partners must continue to work individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.**

9 The extent of discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024, each month there were on average 334 medically fit patients whose discharge was delayed, with completion of assessments the main cause for delay. For the year to date, up to and including February 2024, the total number of bed days that had been lost to delayed discharges was 71,871 with a full-year cost equivalent of £39.202 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024, there were over 8,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency departments was around 8.5 hours. Difficulties with discharge are also impacting on the ability of partner organisations to meet some patients needs effectively, especially in the west of the region where a significant proportion of patients are placed in temporary accommodation post hospital discharge.

10 Several factors are contributing to delayed discharges. Many patients, especially elderly people with mental health problems, have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. Our work identified numerous weaknesses in the practice and documentation of discharge planning and a need to implement the Discharge to Recover and Assess (D2RA) model as intended. Work is also needed to address an absence of jointly agreed training and guidance on discharge planning for

health and social care staff, and to overcome difficulties in communicating and sharing information across organisational boundaries.

11 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care[2]. Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies is leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. Whilst there is regular monitoring of the position within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system. This limits opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

12 Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice.

13 Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. Continued action is needed across a range of areas to secure the improvements which are necessary for patients, their families, and the wider urgent and emergency care system.

Recommendations

14 Recommendations arising from this audit are detailed in **Exhibit 1**. The combined organisational response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 4** once considered by the relevant committees.

Exhibit 1: recommendations

Recommendations
Improving training and guidance
R1 The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning

[2] Further information on the Welsh Government six goals for urgent and emergency care can be found via https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

Recommendations

process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.

R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.

Improving compliance with policies and guidance

R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.

R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.

Ensuring patient safety while awaiting care packages

R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such support is not in place at the time of discharge.

R6 The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.

Improving the quality and sharing of information

R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.

R8 The Health Board should improve record keeping by:

8.1. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.

Recommendations

8.2. establishing a programme of case-note audits focused on the quality of record keeping.

R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.

Addressing key gaps in capacity

R10 The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home.

Maximising the use of the Regional Integration Fund

R11 The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.

R12 The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.

R13 To help inform decision-making and discussions, the Health Board and local authorities should:

13.1. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages; and

13.2. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.

Improving oversight and impact

R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their

Recommendations

impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.

Embedding learning from actions taken to address delayed discharges

R15 The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.

R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:

16.1. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and

16.2. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.

Exhibit source: Audit Wales

Detailed report

What is the scale of the challenge?

15 This section sets out the scale of the challenge that the region is facing in respect of delayed discharges and the subsequent impact on patient flow and the patient experience.

16 We found that **there are significant numbers of delayed discharges across the region which are reducing patient flow through the hospitals with consequential impact on urgent and emergency care services and the ability to meet patients' needs.**

Delayed discharges

17 We found that **significant numbers of patients are not leaving hospital in a timely way once they are considered medically well enough to do so, with completion of assessments, social care worker allocations and waits for home care packages the main causes for delay.**

18 Delays discharging patients from hospital has been a longstanding issue for bodies in Wales and other parts of the UK. The available data shows that this issue has become significantly worse in recent years.

19 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other Health Boards across Wales. These relate to patients who are considered medically fit but remain in a hospital bed 48 hours after the decision was made that they were well enough to leave hospital. The rate of delayed discharges across the region is broadly in line with the average for Wales.

Exhibit 2: number of delayed discharges per 100,000 head of population (April 2023 – February 2024)

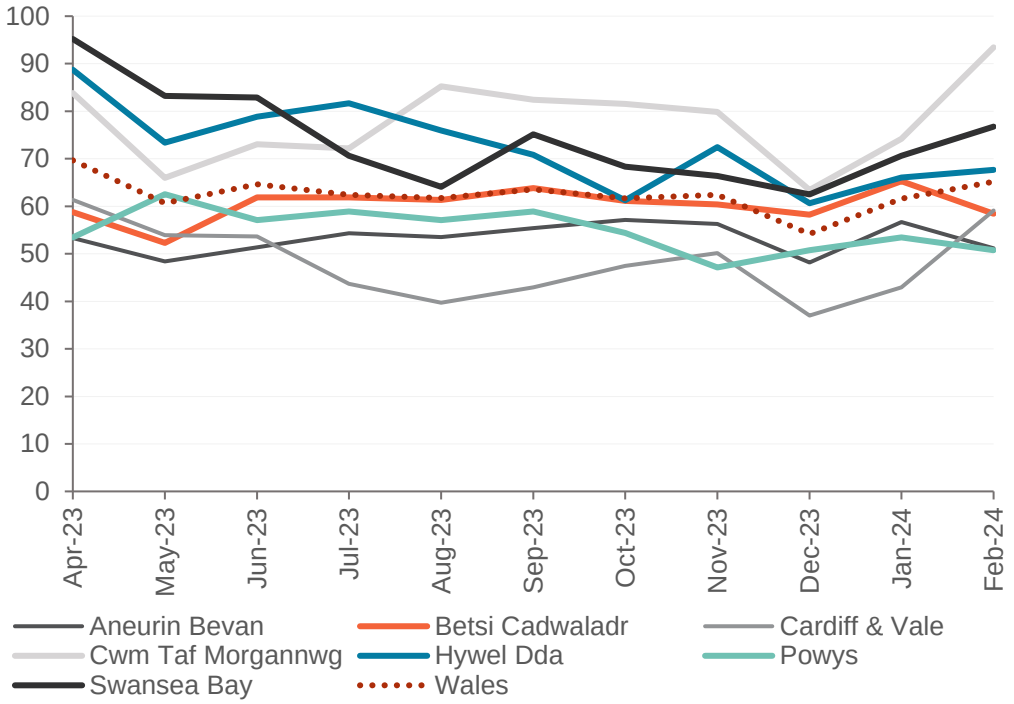


Exhibit source: Welsh Government

20 Since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as 'medically fit'.

21 Although not a direct comparison, in February 2020 the Health Board reported 81 delayed transfers of care. The position at the end of February 2024 of 324 delayed discharges equates to 16.1% of the Health Board's total bed capacity[3]. However, this is below the all-Wales average of 17.9% (ranging between 13.7% and 31.3%) and the second lowest in Wales.

[3] Based on general and acute bed availability data in July 2023, StatsWales website (https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-organisation-site)

22 The top five reasons for delays at the Health Board compared to the all-Wales position is set out in **Exhibit 3,** with the most common reasons being awaiting a joint assessment (between health and social care) and awaiting a social worker allocation. A full list of reasons for delay in the Health Board are set out in **Appendix 2,** and by local authority.

Exhibit 3: top five reasons for delayed discharge (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	15.7	9.0
Awaiting social worker allocation	15.1	8.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	13.3	10.3
Awaiting start of new home care package	10.5	8.0
Awaiting completion of assessment by social care	5.6	15.7

Exhibit source: Welsh Government

23 When broken down by local authority, the rate of delayed discharges per 100,000 head of population is generally higher than the all-Wales position except for Flintshire. Awaiting joint assessment is the highest cause of delay in the west of the region, and in Denbighshire. Awaiting social worker allocation is the highest cause of delay in the east of the region. Awaiting clinical assessments is the highest cause of delay in Conwy, accounting for a quarter of all delays.

24 Based on data reported in February 2024, the total number of patients accounted for 6,524 bed days. Based on a typical cost per bed day[4], this equates to costs in the region of £3.262 million, and a full year effect of £39.202 million.

25 Our hospital patient case note review relating to a sample of medical emergency patients identified that the length of time patients remained in a hospital bed after 48 hours of being declared medically fit varied across the Health Board's main hospital sites, with the average number of days patients remained in a hospital bed the longest at Ysbyty Maelor (**Exhibit 4**).

[4] Based on £500 per bed-day as set out in the NHS Confederation briefing for the statement by the Minister for Finance and Local Government on the 2023-24 financial position

Exhibit 4: average length of time after 48 hours of being declared medically fit (based on a sample of patients with a length of stay greater than 21 days)

Hospital site	Average number of days
Ysbyty Glan Clwyd	16
Ysbyty Gwynedd	20
Ysbyty Maelor	43

Source: Audit Wales

Impact on patient flow

26 We found that **delayed discharges are having a significant impact on patient flow with worrying knock-on effects elsewhere in the urgent and emergency care system.**

27 Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability of patients to access services when they need them. Beds being used by patients who no longer need them means that they are not available for those who do, resulting, for example, in longer waits in emergency departments. This in turn impacts on the ability for ambulance crews to handover patients and respond to 999 calls in the community.

28 **Appendix 3** sets out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022. In summary:

- the percentage of ambulance red calls responded within 8 minutes has broadly been in line with the all-Wales position at around 50%, but below the national target of 65% (**Exhibit 20**);
- the median amber response time has been significantly above the target of 20 minutes at around 3.5 hours, falling to around an hour over the summer of 2023, but rising again in recent months (**Exhibit 21**);
- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments is generally below the all-Wales average and some of the lowest in Wales, particularly at Ysbyty Glan Clwyd and Ysbyty Maelor, and significantly below the national target (**Exhibit 22**);
- the percentage of ambulance handovers taking over one hour has broadly been above the all-Wales average fluctuating between 38.5% and 55%, compared to a national target of zero (**Exhibit 23**);
- the total number of hours lost following notification to handover over 15 minutes is well above the all-Wales average, fluctuating between 6,000 and 10,000 hours per month over recent months (**Exhibit 24**);

- once the patient is in the emergency department, the median time from arrival to triage has reduced and is now just below the all-Wales position at 21 minutes (**Exhibit 25**);
- the median time from arrival to being assessed by a senior clinical decision maker has been significantly higher than all other health boards, at around five and a half hours, but since March 2023 has reduced to around two hours which remains above the all-Wales average (**Exhibit 26**);
- the percentage of patients seen within 4 hours in a major emergency department is some of the lowest in Wales. Performance varies across the three hospital sites, with performance better in Ysbyty Maelor (**Exhibit 27**);
- the percentage of patients spending less than 12 hours in an emergency department is also some of the lowest in Wales, with performance worse at Ysbyty Glan Clwyd and Ysbyty Gwynedd (**Exhibit 28**); and
- the proportion of bed days accrued by patients with a length of stay over 21 days has been better than the all-Wales average (**Exhibit 29**).

29 Based on our analysis of Health Board data relating to all emergency medicine patients discharged in October 2022, we found the average total length of stay for patients staying over 21 days in the acute sites was 51 days (compared to 56 days across Wales). This varied across the three acute sites, with the average total length of stay increasing to 64 days at Ysbyty Maelor. The average total length of stay at Ysbyty Glan Clwyd and Ysbyty Gwynedd was 39 and 50 days, respectively.

30 The Health Board's total bed capacity has fluctuated over recent years, with 2,123 total beds available in 2022-23, with just under half allocated to acute medicine (975). Bed occupancy in the acute medicine beds has been at 88.3%, compared with an optimal level of 85%. The Health Board is one of four health boards to have community hospital beds managed by GPs. These beds provide step-down facilities for patients who no longer need acute care. However, the number of these beds available in the Health Board has reduced from 109 in 2019-20 to 88 in 2022-23, and occupancy levels have been running high at 97.2%. Most of these beds are in Denbighshire and Gwynedd.

31 Pressure on available beds because of delayed discharges means that health boards are not always able to ensure that patients are placed on the best wards for their clinical needs. For example, health boards will usually hold vacant beds on stroke units to ensure that stroke patients have fast and direct access, enabling them to access stroke specialists and equipment.

32 Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for non-stroke patients. Over the last 12 months, only a quarter of stroke patients admitted to the Health Board have had direct admission to a stroke unit within four hours. Performance, however, is marginally better than the all-Wales position.

33 The impact of poor patient flow is also often felt within scheduled (or planned) care, as patients with their booked procedures are increasingly having their treatments cancelled due to the lack of available beds. During 2022-23, 641 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with over half of those during December 2022 and January 2023. For the period, 2023-24 up to and including February 2024, 1,036 planned care admissions were cancelled. This level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

Meeting patients' needs

34 We found that **delayed discharges are impacting on the ability of organisations to meet some patients needs effectively with a significant proportion of patients in the west of the region being discharged into temporary accommodation.**

35 The pressure to discharge patients and the lack of available care options can lead to patients being discharged to settings that are not always the most appropriate ones for their needs including:

- being discharged home before a proper care package is in place;
- being discharged to a residential care home when they could have gone home with a support package;
- being discharged to a temporary residential care home to await availability of longer-term placement;
- being discharged to a community hospital bed to await availability of a package of care; and
- being discharged to a setting which is far away from family and friends.

36 Patients who are delayed within hospital can become deconditioned, are at higher risk of experiencing an injury from a fall or contracting a hospital acquired infection which can exacerbate their care needs, lengthening their hospital stay and making them more vulnerable to re-admission after they have been discharged.

37 Within the region, the impact of delays on patient experience and outcomes is something we found that both health and social care staff are very aware of and working hard to avoid. However, patient choice and experience are increasingly being compromised to secure a timelier patient discharge, and staff we spoke to often cited the increased need to manage patient and family expectations. With limited options for ongoing care, we found that staff are often left looking at alternative options to enable patients to be discharged. We heard examples of staff adding patients to multiple waiting lists, such as for reablement[5], home care

[5] Reablement describes services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living.

packages and residential care, to facilitate a timelier discharge regardless of patients' specific needs**.**

38 We also heard of examples where patients were discharged home without support to await a package of care to become available. Partners work to minimise such cases as much as possible, adopting a risk-based approach and exploring various options to bridge gaps in the provision of formal support such as by requesting the patients' families or friends provide short-term support. While some councils, including Conwy, Gwynedd, and Wrexham, have arrangements in place to monitor the wellbeing of patients awaiting a package of care, some do not. We also heard of rare but concerning situations where patients are discharged home to await a package of care without social service teams being notified**.**

39 **Exhibit 5** sets out the extent to which unplanned short-term care home accommodation is used across the region. Since July 2023, the region has had some of the highest number of adults per 100,000 population placed in unplanned short term care home accommodation. This is particularly the case in the west of the region. The proportion of adults in unplanned placements longer than 6 months in Gwynedd is the highest in Wales, with the proportion of adults staying in temporary placements between 3 and 6 months on the Isle of Anglesey the second highest in Wales.

Exhibit 5: number of adults per 100,000 head of population waiting in a care home with no planned end date, regardless of the reason they are waiting (+3 months) July 2023 – February 2024

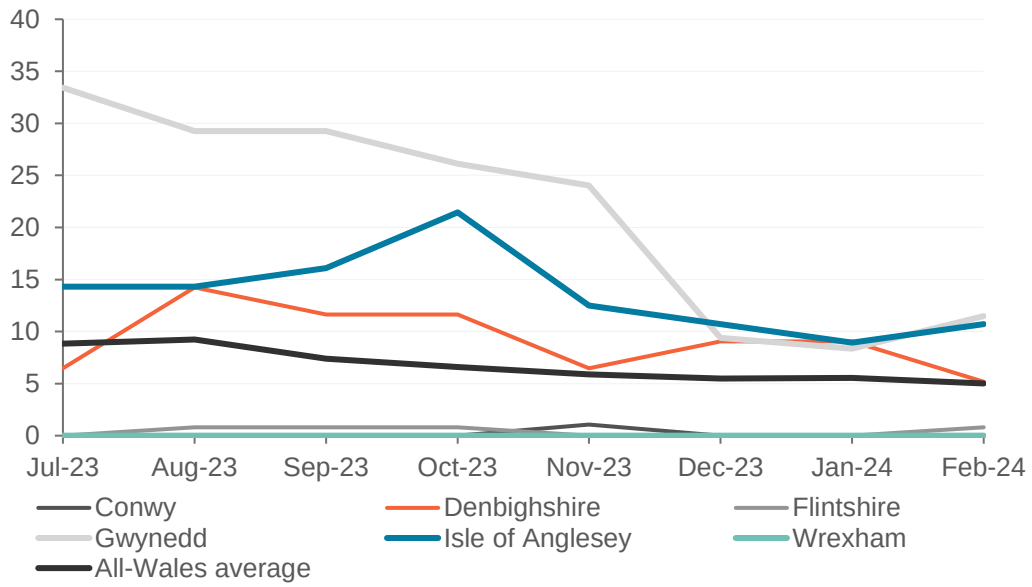


Exhibit source: Welsh Government

* Note – no data submitted for Wrexham for the period.

What is impacting effective and timely flow of patients out of hospital?

40 This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.

41 We found that **while complexity of demand is increasing, health and social care capacity has reduced leaving limited options for ongoing care and these challenges are exacerbated by a lack of information sharing and beginning discharge planning too late in a patient's journey.**

Volume and complexity of demand

42 We found that **there have been increases in the complexity of demand and the number of elderly patients with mental health problems.**

43 In North Wales people over the age of 65 accounted for 20% of the population in 2020, but that figure is expected to increase to 29% by 2040[6]. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs and who will therefore need to rely on health and care services for support.

44 Those we spoke to during this review spoke of significant increases they see in demand, particularly in terms of more complex, higher acuity demand. We were often told that patients come in with one problem, but routine tests can quickly uncover several other conditions that need to be treated and managed, which will typically require more complex discharge planning.

45 COVID-19 exacerbated this increase in complex demand. During the pandemic, demand for emergency departments declined rapidly as people followed national advice to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19. We were told that as the pandemic eased, demand began presenting through the emergency departments which was much more complex than before as people's conditions had deteriorated at home.

46 Care homes have also seen increasing complexity amongst their patients. Elderly mental health was often raised as a significant pressure, with greater numbers of elderly patients presenting at hospital with mental health conditions which care homes find increasingly difficult or impossible to accommodate post discharge.

[6] Population projection data sourced from the Older People's Commissioner for Wales https://olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf

Workforce capacity

47 We found that **there are workforce capacity challenges, particularly within the Health Board and in Gwynedd and Wrexham adult social services, with waits for social care assessments in some councils amongst the highest in Wales.**

48 Increasingly staff involved in discharge planning are finding their capacity stretched due to factors such as high vacancy rates and unplanned absence rates. Reduced numbers of staff leads either to a reliance on agency staff or to fewer permanent staff attempting to manage increasingly complex patients and organise the ongoing care they need for discharge. High usage of agency staff has inevitable impacts on continuity within the workforce.

49 As of January 2024, the Health Board was reporting 9.0% vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 11.7%, and medical vacancies at 6.2%. Vacancy rates were highest in the centre of the region. The unplanned absence rate was at 6.7% for nursing and midwifery staff, but much lower at 2.2% for medical staff. Bank and agency use accounted for 8.9% of nursing and midwifery posts, with the greatest use of bank and agency also in the centre of the region.

50 In June 2023, the North Wales councils were reporting between 0%-45% vacancies in adult social services, with the highest rate of vacancies in Wrexham and the lowest in Flintshire[7]. In February 2024, the unplanned absence rate in adult social services ranged between 6%-10%, as shown in **Exhibit 6**.

Exhibit 6: percentage of unplanned absence in adult social services (February 2024)

Local authority	Unplanned absence
Conwy	7
Denbighshire	10
Flintshire	6
Gwynedd	10
Isle of Anglesey	8
Wrexham	8
All-Wales average	**7.9**

Exhibit source: Welsh Government

[7] Flintshire 0%, Isle of Anglesey 5%, Conwy 6%, Denbighshire 6%, Gwynedd 9%, and Wrexham 45%. No data has been made available since June 2023.

51 Both Gwynedd and Wrexham have experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with Wrexham council carrying a significant level of vacancies for several months. The use of agency staff across the six authorities is generally low (ranging between 1%-3%), compared with the all-Wales position of 2%. The highest rate was reported in Conwy at 3%. For the previous six months, the agency rate in Gwynedd had been significantly higher, ranging between 11%-21% per month, reflecting the vacancy and unplanned absence rates that the council has been experiencing.

52 Workforce capacity constraints can adversely affect the discharge planning process. For example, pressure on ward nursing numbers means that time for proper discharge planning is constrained which may be exacerbated using agency staff who are less familiar with discharge processes, or social workers may not be able to complete assessments for a patient in a timely way. As highlighted in **Exhibit 3**, delays in joint assessments between health and social care staff and clinical assessments by hospital staff are some of the main reasons for delayed discharges across the region, accounting for 28% of all delays. Delays awaiting social care worker allocation and social care assessments account for a further 20.7% of all delays as of February 2024. **Exhibit 7** sets out the extent to which adult social services across the six local authorities can meet demand for assessment. The number of patients waiting for a social care assessment in hospital account for a small proportion of the total number of people waiting for assessment.

Exhibit 7: number of social care assessments completed and awaiting to be completed per 100,000 head of population per month (February 2024)

Local authority	Social care assessments completed	Adults waiting for a social care assessment	% of those waiting for a social care assessment that are in hospital
Conwy	252	48	4.3%
Denbighshire	263	178	0.7%
Flintshire	195	136	1.8%
Gwynedd	148	153	1.3%
Isle of Anglesey	298	226	3.1%
Wrexham	152	-	-
All-Wales average	**250**	**125**	**8.7%**

Exhibit source: Welsh Government

* Note - no data submitted by Wrexham for adults waiting.

53 Waiting lists for social care assessments are higher than the all-Wales average in Denbighshire, Flintshire, Gwynedd, and Isle of Anglesey, and some of the highest in Wales. The waiting list in Gwynedd is similar or higher than the number of assessments completed suggesting that it is struggling to keep on top of demand for social care assessments.

54 Conversely, although Wrexham has experienced a significant number of vacancies, the number of social care assessments completed during the summer of 2023 were some of the highest in Wales (at around 470 per month), dropping below the all-Wales average to be between 100 and 150 each month. To address staff shortfalls, Wrexham council has made use of micro enterprises to support its provision of social services, and complete social care assessments.

Care sector capacity

55 We found that **there is stretched capacity across the social care sector, particularly with respect to domiciliary care provision.**

56 Availability of home (domiciliary) care packages and long-term residential care home accommodation can be key causes of discharge delay across Wales. Within the region, during our interviews we repeatedly heard about the impact of shortages of domiciliary care staff across North Wales with delays starting new home care packages accounting for 10.5% of all delays in February 2024. Awaiting residential home availability accounted for a further 8.6% of all delays. **Exhibit 8** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social care assessments and care packages since November 2022.

Exhibit 8: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population per month (February 2024)

Local authority	Domiciliary care[8] in receipt (waits)	Reablement[9] in receipt (waits)	Long-term care home accommodation[10] in receipt (waits)
Conwy	896 (39)	56 (4)	677 (5)
Denbighshire	534 (66)	17 (0)	625 (9)
Flintshire	615 (42)	34 (18)	494 (-)
Gwynedd	796 (123)	73 (-)	752 (27)
Isle of Anglesey	585 (42)	18 (7)	536 (19)

[8] Includes domiciliary care both provided and commissioned by local authorities.

[9] Includes reablement provided by local authorities.

[10] Includes long-term care home accommodation commissioned by local authorities.

Local authority	Domiciliary care[8] in receipt (waits)	Reablement[9] in receipt (waits)	Long-term care home accommodation[10] in receipt (waits)
Wrexham	388 (21)	28 (21)	497 (-)
All-Wales average	**665 (34)**	**46 (9)**	**536 (11)**

Exhibit source: Welsh Government

57 The exhibit shows difficulties matching demand and capacity for domiciliary care and/or reablement services across most local authorities in North Wales, with the number of people waiting for care above the all-Wales position for some of these services. Conversely, the number of adults in receipt of domiciliary services in the Conwy and Denbighshire council and Cyngor Gwynedd areas, and reablement services in Conwy is higher than the all-Wales average, suggesting the availability of domiciliary care and reablement is greater in these areas than in other parts of Wales. The provision of long-term care home is also greater in the Conwy, Denbighshire, Gwynedd, and Isle of Anglesey council areas.

58 **Exhibit 9** indicates the extent to which there are domiciliary care hours unfilled, and the average number of hours provided per adult.

Exhibit 9: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (February 2024)

Local authority	Domiciliary care hours waiting to be filled	Average hours per adult in receipt of domiciliary care
Conwy	525	11.2
Denbighshire	875	9.5
Flintshire	481	12.7
Gwynedd	1001	10.9
Isle of Anglesey	356	12.7
Wrexham	165	15.3
All-Wales average	**353**	**13.2**

Exhibit source: Welsh Government

59 The data suggests a very mixed picture across the region with Wrexham reporting a low level of domiciliary care hours waiting to be filled, whilst the number of unfilled domiciliary care hours in Conwy, Denbighshire, Gwynedd, and Isle of Anglesey are amongst the highest in Wales. Interestingly the average number of domiciliary care hours provided per adult in some council areas is less than the all-

Wales average. Whilst this may reflect the care that people need, it could also be indicative of problems with the supply of domiciliary care with councils potentially trying to spread a limited resource thinly to ensure that as many people are being supported with domiciliary care but not necessarily at the level that they need.

Discharge process

60 We found that **there are weaknesses in the practice and documentation of discharge planning which are exacerbated by an overcautious approach and an absence of jointly agreed training and guidance.**

61 Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a patient is presented to services. Good discharge planning is also facilitated by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.

62 Our hospital patient case note review suggested that discharge planning is not considered early enough in the patient journey and is not well-documented. We found variable quality and completeness of discharge documentation between clinicians, wards, and sites. Referral information between specialties, as well as 'What Matters to Me'[11] forms were largely incomplete or absent in the notes we reviewed. Physiotherapy and occupational therapy notes were generally comprehensive and thorough, and we saw some notes had been completed by social workers.

63 However, further documentation that we expected to see, for example, Single Point of Access referrals or nursing assessments, were rare. None of the case notes we reviewed had a completed section within the Emergency Department form which gave an indication of a predicted date of discharge. Though we recognise it may not always be possible to provide this indication at such an early stage, it is good practice for discharge to be considered as soon as a patient encounters hospital services, and particularly at the point in which admission is deemed appropriate.

64 Largely, references to discharge planning within case notes occurred only once the patient was deemed medically fit for discharge, and often they simply referred to 'discharge planning' with lack of detail of what was required for ongoing care (if any) or what the patients and their families wishes were. While case notes showed some limited evidence of discussion with patients and families, insufficient use of 'What Matters to Me' conversations are hindering discharge planning as decisions for ongoing care are made without direct knowledge from the patient or their family of their capabilities, limitations, and usual home environment. Fewer than half the

[11] What Matters to me refers to conversations' hospital staff are expected to undertake with patients. The conversations are structured around what the patient can do for themselves and what they will require ongoing support with.

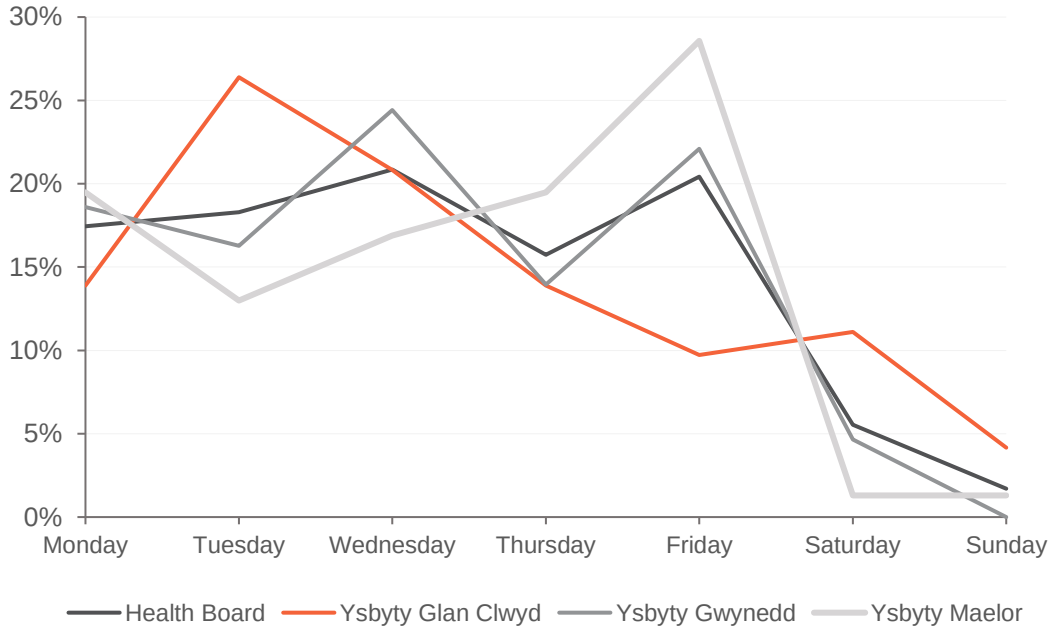
case notes reviewed showed the family was kept informed of the patient's care plan.

65 Delays to discharges were not well described within case notes, often limited to references to 'awaiting packages of care' or 'awaiting best interest meetings'[12] without describing what was causing the delay and when next steps were anticipated to take place. The results of best interest meetings were not formally recorded in the case notes we reviewed. Once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared. In some cases, it was unclear where the patient had been discharged to (i.e., lack of care transfer form or notes on form).

66 We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. A review of data relating to all patients discharged from the Health Board's acute sites in October 2022, indicated that only 7.2% of patients were discharged at the weekend (**Exhibit 10**). This is due to working patterns of staff within social services and within hospital settings, as well as the fact that most providers will not accept admissions over the weekend. During the week, discharges peak on a Friday across all the acute sites, with the greatest proportion of Friday discharges taking place at Ysbyty Maelor. Discharging on a Friday poses risks that necessary support services at home may not available over the weekend period.

[12] A Best Interest Meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

Exhibit 10: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges[13]



Source: Audit Wales

67 When we spoke to those involved in the discharge process from both a health and social care perspective, we found differences in perception about how the discharge process should work. Of primary concern were differences in opinion on when referrals should occur as part of discharge planning with concerns from social workers that they were either notified too early or too late to facilitate effective and timely flow out of hospital. These different perspectives are causing further delays in patient discharges as well as some tensions in the working relationships between health and social care workers.

68 Ward staff also spoke of a culture of risk aversion, whereby staff, particularly junior doctors, are reluctant to declare a patient medically fit and discharge them because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient's best interest. Keeping patients in hospital for longer than they medically need has a negative impact on patient experience and outcome as well as broader patient flow within the hospital. While many we spoke to recognise the negative impact that delayed discharging has on the independence and wellbeing of patients, there is a continued reluctance to take

[13] Excludes patients who died.

measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

69 Across North Wales, we found differences in arrangements between hospital sites and between local authorities in relation to discharging patients, including how referrals are made and to whom. High agency and bank staff usage in the Health Board adds to the challenge of maintaining a consistent and clear approach. Although training and guidance could address inconsistencies, during our fieldwork staff reported that they had not received discharge planning training. The Health Board recently introduced Criteria Led Discharge training, but awareness and completion rates vary across sites. A draft discharge standard operating procedure exists, specifying responsibilities and standards, but it appears unfinished, and many Health Board staff were unaware of its existence.

70 In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital. Implementation of the model was accelerated during the pandemic, and the Welsh Government has subsequently supported regions with additional monies to embed D2RA further.

71 National data submitted to Welsh Government in early 2023 indicates the Health Board has difficulty in discharging patients to an appropriate setting for their assessment, as is advocated by D2RA. Data for the Health Board showed it had high proportions of patients waiting to transfer to D2RA pathways. Many of these patients were waiting to be discharged to their own homes, which indicates delays due to factors such as awaiting social care assessments, packages of care or housing adaptations. Other patients are waiting to be discharged to step-down beds but are unable to leave hospital due to the lack of availability of such beds in the community.

72 The Health Board has been awaiting updated national guidance on D2RA before developing its own guidance which should support it to further embed the policy. However, given some of the disparities in understanding between health and social care about how the discharge process should work, jointly agreed guidance and training would help establish and clarify shared expectations to be used in practice by all staff involved in the discharge planning process. The national guidance was issued in December 2023.

Information sharing

73 We found that **difficulties in communicating and sharing information across organisational boundaries is adding to delays.**

74 Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our fieldwork, we found that while arrangements for sharing information between staff

within hospitals are improving, sharing of information between organisations appears to be a significant barrier.

75 For patients who are likely to require ongoing social care support, the sharing of information from the hospitals to social services is not starting early enough following admission. In most cases, social workers will not become aware of a patient until the point the patient is considered medically well enough to leave hospital. Given the social care capacity constraints described in **Exhibit 6**, and the delays in social care assessments (**Exhibit 7**), it is important that referrals are made as early as possible in the patients' admission to enable effective planning and assessment. Once a referral has been made, ward and social services staff reported difficulty in contacting one another to discuss the patient's case, which can also cause delays. The Health Board has implemented a Home First Hub to help co-ordinate referrals, but this is not yet fully embedded and consistently used.

76 Systems holding patient information have not been connected or viewable to all staff involved in the care of individual patients as various IT systems have not been accessible across organisations. While four of the local authorities have implemented the Welsh Community Care Information System[14], Denbighshire and Flintshire council have not and although the Health Board has committed to using the system and undertaken a small pilot in the community nursing and therapy teams, it has not yet implemented the system across the Health Board. While we saw the positive impact of the STREAM[15] system in place within some hospital wards, this useful patient information was not able to be shared more broadly across the organisation or with key partners, such as social services. Since the time of our review, we have heard that the Home First teams have begun to have direct access to local authority client systems to enable better information sharing.

77 Services run by the voluntary sector along with community-based services are fundamental to supporting discharge for many patients. It is therefore best practice to involve these services in the discharge planning process. Understanding of the landscape of services outside of hospital however was patchy, meaning opportunities to discharge earlier with support from services beyond social care were missed. We found that access to information on community and voluntary services was often variable and there was an absence of training to provide information to relevant staff**.**

What action is being taken?

[14] The Welsh Community Care Information System (WCCIS) is a single system and a shared electronic record for use across a wide range of adult and children's services. The idea being that all 22 local authorities and seven health boards should implement it, with the initial intended implementation date of the end of 2018.

[15] STREAM is a clinical discharge planning tool that supports patient flow in an acute setting.

78 This section considers the actions being taken by the statutory organisations, including through the RPB to improve the flow of patients out of hospital.

Strategic and operational plans

79 We found that **improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care.**

80 We reviewed relevant health board and local authority plans in relation to discharge planning and unscheduled and social care more generally. We found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps and limited care home availability. Plans are informed by data and demand projections, particularly from the North Wales Population Needs Assessment, developed by the RPB. Importantly, plans reflect key Welsh Government planning requirements, such as the six goals for urgent and emergency care, as well as the Welsh Government 1,000 bed challenge[16].

81 Introduced in 2021, the six goals for urgent and emergency care programme contains two goals that are linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. The Health Board's existing urgent and emergency care programme was reframed in 2022 to align to the six goals programme. The Health Board's plan contains a variety of schemes aligned to the six goals. For example, a commitment to maximising use of the discharge lounge, including developing a seven-day discharge lounge. The Health Board is also prioritising implementation of the STREAM system across each ward to consistently capture actions in patient care to facilitate discharge, as well as implementing the Optimal Flow Framework, including embedding SAFER[17] patient flow principles across the Health Board.

82 The North Wales regional plan 2023-28 sets out high level principles, outcomes, and priorities for regional working across health and social care in North Wales, based on the Population Needs Assessment. While the plan does not discuss issues in relation to flow out of hospital directly, among its key priorities are working together to support people at home, as well as addressing the impact of wider social care workforce recruitment and retention on unpaid carers. It identifies that partners are committed to address these challenges through the RPB structure.

[16] In July 2022 the Health and Social Care Minister set a challenge for Health Boards and Local Authorities to establish an additional 1,000 bed spaces or their equivalents to support timely discharge https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

[17] Further information on the SAFER model can be found via https://www.adss.cymru/en/blog/view/patient-flow/fileAttachment

83 In our fieldwork, we examined the Health Board's winter plan for 2022-23, aligning with its urgent and emergency care and urgent and emergency care programme. However, some plan components aimed at enhancing routine practices rather than addressing surge demand. Examples include internal professional standards and a standard operating procedure for medically fit patients. The plan was approved by partners through the RPB in December 2022, potentially limiting its impact on managing demand for the winter. Local authorities' winter plans mirrored the Health Board's activities, emphasising capacity increase and providing alternatives for patients ready to leave the hospital. All plans acknowledged the need to boost staff capacity to handle demand.

84 Challenges in terms of recruitment and retention were recognised by partners as having a direct impact on service provision, particularly in relation to availability of domiciliary care and care home placements. The North Wales Social Care and Community Health Workforce Strategy 2018-21 aimed to develop a joined-up approach to the workforce challenges and opportunities. At the time of our fieldwork, the RPB's Workforce Board was working to refresh the strategy. Workforce challenges were referenced in most plans, strategies and reports we reviewed and was the focus of much activity including projects funded by the Regional Integration Fund (RIF) (such as Step into Work[18]) and activity commissioned by several groups and boards across the region.

Partnership working

85 We found that **partners are working together, both strategically and operationally, to improve patient flow, however pressures on the system create an unhelpful blame culture between the different parties involved in discharge planning.**

86 The structure and governance of the North Wales RPB is complicated due to the high number of groups locally and sub-regionally. However, feedback from members suggests that it has been successful in facilitating joint working on specific workstreams and partnership working more generally. More recently changes to membership following turnover of senior leadership, particularly within the Health Board, has presented a challenge in clarifying accountabilities and building relationships.

87 Minutes from the RPB, and the Leadership Group which reports to the RPB, reflect regular discussions around urgent and emergency care pressures and discharge planning, including regular updates surrounding the 1,000-bed challenge during late 2022. The Welsh Government requirement was for North Wales to supply 243

[18] Step into Work is a collaborative project between Health and Social Care to provide training and placements for individuals that are interested in pursuing a career in care with the aim that they can secure employment and become part of the care workforce. https://www.northwalescollaborative.wales/step-into-work/

of the 1,000-beds by October 2022. In November 2022, the region reported that it had identified 203 beds. These beds remain in place for 2023-24.

88 We found evidence that partners are investing their time heavily in facilitating timely flow, particularly within hospitals. Our observations of the discharge process at the Health Board's acute hospitals showed significant attention and resource being deployed to manage flow across the site. We observed a multitude of operational meetings including site manager meetings and ward rounds which take place several times a day and include a wide range of professionals. There are also various meetings between the Health Board and local authorities either daily or several times a week to escalate and manage delayed discharges in each of the areas.

89 Operationally, relationships between health and social care staff appeared to vary. Due to the high volume of complex discharges which require input from various professionals, health and social care staff are in very regular contact, and many told us they had positive working relationships. However, it was clear from our fieldwork that as problems with discharge delays have become more acute, there is increased tension in working relationships. Staff spoke of the pressure they face to get patients out of hospital, and how that can lead to a blame culture between health and social care wherein another professional or their organisation is seen as the cause of the delay. This blame culture, in turn creates a defensiveness which can have a negative impact on how staff interact with each other during the discharge process.

Use of funding

90 We found that **financial resources are being applied to improve discharge planning, however, there are some challenges with RIF funded schemes and an overall need to report more clearly on whether the funded initiatives have had the desired impact.**

91 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed to improve discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions. There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual.

92 For 2022-23, the region received £32.5 million of RIF funding in total, some of which was ringfenced at a national level to support specific services including dementia. The RPB approved its regional 2022-23 RIF programme with allocations to each of the six models of care. The 2022-23 programme included 40 regional

schemes aligned to the six models of care. Five schemes related to Home from Hospital Services which received over £5.6 million in investment (including £261,650 match funded money) and four schemes related to Accommodation Based Solutions with over £1 million in investment (including £40,739 match-funded money). A small number of projects also continued previous Right-sizing Communities[19] work aimed at rebalancing care provision to meet demand. According to the RIF end of year report for 2022-23, partners contributed £13 million in total to schemes by way of match funding.

93 Although approved by the RPB, we found some limitations to the schemes that used RIF funding in 2022-23. For example, some schemes could be considered core services rather than new innovative projects, such as step-up beds, community resource teams and single point of access teams. We also found examples of schemes funded in 2022-23 which had previously been funded by the predecessor Integrated Care Fund in 2017-18. The continuous roll forward of schemes limits the potential to introduce new, innovative schemes to better manage demand. Those we spoke to explained that the requirement to match fund projects can create a reluctance to commit to new projects that will require match-funding in future years. In the context of the ongoing financial difficulties facing the partners in the region, they are finding it increasingly difficult to commit to future spending via new RIF projects.

94 The region submits financial information on how it is managing the RIF to Welsh Government each quarter and reports the latest position to its RPB meetings. At quarter three of 2022-23, the region was reporting slippage of £4.4 million. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. We also heard that partners do not have an agreed process for utilising slippage, which is not covered by the national guidance. Some seek slippage to support community capacity in general, while others wish for slippage to be reallocated to existing successful projects for them to be expanded. Lack of an agreed process can be a cause of tension within the region and the risk that monies are not being used for their intended purposes.

95 The RIF Annual Report presents performance data for schemes, including the positive impact from two Home from Hospital schemes on 215 individuals[20]. Although the region has collected over 70 case studies highlighting the positive impact of funded schemes on individuals, these are not included in public reports submitted to the RPB or partner bodies. Incorporating these case studies would enhance transparency. Additionally, collaborative efforts between the Health Board

[19] Right-sizing communities refers to work to ensure that services are in line with true demand. It aims to ensure people are assessed in the most appropriate settings, that assessments are timely and are outcome focussed to maximise individual outcomes and patient flow.

[20] One scheme positively supported 146 individuals, and one scheme positively supported 69 individuals.

and local authorities outside the RPB structure focus on joint solutions for capacity, such as NHS-funded care homes and an integrated workforce. However, progress and impact of these initiatives are minimally reported within partner bodies.

Scrutiny and assurance

96 We found that **while there is regular monitoring within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system, embed learning and papers lack focus on the impact of activity.**

97 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital and found a mixed picture. The Health Board monitors several indicators relating to urgent and emergency care and patient flow via the Board and, more specifically, the Performance, Finance, and Information Governance Committee, including:

- % of emergency ambulance responses to calls categorised as 'red' arriving within (up to and including) eight minutes;
- median time from a patient's arrival at an emergency department to triage by a clinician;
- % of patients who spend less than four hours in emergency units from arrival until admission, transfer, or discharge;
- number of patients who spent 12 hours or more in emergency units from arrival to admission, transfer, or discharge; and
- number of ambulance handovers over one hour.

98 Commentary within performance reports to the Committee provides additional information, such as numbers of medically fit patients remaining in a hospital bed. However, reports rarely discuss the differences between hospital sites. Reports do describe the actions that are in place across pathways to try and improve patient flow. The Committee also receives updates on Urgent and Emergency Care which include actions under the six goals programme. The Health Board's Partnerships, People and Population Health Committee routinely received updates relating to the work of the Regional Partnership Board during 2022. However, following the resignation of all the Health Board's previous Independent Members in February 2023, the committee was suspended, meaning that regular reporting of RPB activities to the Health Board was not received from March 2023. A new Planning, Population Health and Partnerships Committee has since been established and met for the first time in January.

99 Papers received by committees and Cabinets within the six local authorities contain many references to challenges related to social care aspects of patient flow. Performance reports contain indicators including the numbers of adults either accessing services or waiting to access services. More generally, papers often reference challenges in relation to lack of domiciliary care and care home provision. We found some instances of discussion within local authority papers of

the broader impact that lack of provision within social care and care homes has on patient flow. For example, Wrexham County Council's July and September 2023 meetings included updates on the challenges faced by Ysbyty Maelor Emergency Department and the activity underway to mitigate those challenges, including joint work between the Council and the Health Board.

100 Generally, however, partners' focus is on metrics and activity within their remit, rather than on the broader whole system picture. In addition, while we found evidence within some local authorities that they operationally monitor expenditure in relation to the RIF, we found little evidence of reporting of RIF schemes and their impact within the Board, Cabinet or committees of local authorities or the Health Board.

101 The RPB receives regular updates on RIF progress and periodic papers on key priority areas but does not receive regular operational performance reports. Consideration of performance reports would be valuable in understanding the impact of RIF activities on addressing long-standing performance challenges.

102 While partners generally have mechanisms to record key risks relating to delayed discharges, these again were very separate. Risks in relation to poor patient flow are documented within the Health Board with four tier one risks noted on the Corporate Risk Register, which includes a risk relating to the fragility of the independent sector, where activity taken with partners through the RPB is listed. There are also two strategic risks on the Health Board's Board Assurance Framework relating to the impact of poor flow on quality of care, safety, and patient experience. Challenges relating to aspects such as the fragility of the care home market and difficulty recruiting domiciliary care are documented on most local authority corporate risk registers. There is currently no mechanism for partners to agree and monitor shared risks in relation to delayed discharges. This is a weakness as it drives partners to focus on mitigating their own risks without consideration of how mitigation could impact on partners.

103 In line with the six goals for urgent and emergency care programme, the Health Board has established the Urgent and Emergency Care Board, chaired by the Executive Director of Operations[21]. This Board oversees the planning and delivery of the six goals programme, aiming to ensure collaborative planning and ownership among system-wide stakeholders. It replaces the previous six goals programme group which was in place prior to our fieldwork. Despite several requests to the Health Board, we were unable to observe the Board nor receive any relating documentation and as such, we were not able to review its effectiveness.

104 Various mechanisms exist within and between partners for monitoring and escalating issues related to discharge planning, but their effectiveness varies. Social services, in particular, use 'Adverse Discharge' forms to highlight poorly managed discharges. However, at Ysbyty Glan Clwyd, there was a lack of response to these forms, raising concerns about the accountability for discharge

[21] Previously the Executive Director of Clinical Services

planning at a corporate level for this hospital. The Health Board did not respond to our requests to clarify the arrangements for processing these complaints or the accountability for discharge planning at a corporate level for this hospital**.**

105 The region took part in several Multi Agency Discharge Events (MADE) in 2022, which aimed to improve patient flow by providing protected time for partners to jointly recognise and agree to address challenges collaboratively. Those we spoke to as part of our fieldwork indicated that MADE discussions provide valuable opportunities for partners to work together and focus their resources on ensuring effective discharges take place. However, we found that areas for improvement that are identified through these events are not consistently actioned, with service pressures seemingly causing partners to continue with existing behaviours and practices. This was demonstrated through reports from the November 2022 MADE which reiterated several key issues that had been raised in September 2022 but not actioned, such as needing to use a multi-agency discharge approach and to continually monitor performance.

What more can be done?

106 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to sort them out, the right focus within strategies and plans, and the use of funding targeted schemes, none of these have driven any significant or sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken which would help improve timely and effective flow out of hospital across the region and reduce some of the challenges currently being experienced by the health and social care system. These actions are explored in the following exhibit and align with the recommendations that are set out earlier in the report.

Exhibit 11: further actions for partners to help tackle the challenges for patient flow out of hospital

Improving training and guidance	Having access to **jointly agreed guidance** which clearly sets out roles and responsibilities, and expectations around when and how staff should share information, including referrals, is vital to ensuring consistency between wards, hospitals, professions, and organisations. Offering a **comprehensive training programme** for everyone involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded.

Improving compliance with policies and guidance	Having a **regular cycle of audit** to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA. **Minimising multiple referrals** and ensuring only those people who need the service are on waiting lists for reablement, home care packages and residential care, minimises inefficiencies resulting from inappropriate referrals and provides better outcomes for patients.
Ensuring patient safety while awaiting care packages	Having **clear communication processes** in place to notify social services staff when patients are discharged to minimise the risks that patients are discharged without services in the community being notified. Maintaining **regular communication with patients** awaiting packages of care once discharged home ensures that patients are safe whilst waiting and provides better outcomes.
Improving the quality and sharing of information	Having an improved **understanding of the range of community services** that could support effective and timely discharge and how these can be accessed, enables staff to make more informed decisions when planning for discharge. Having **clear and comprehensive information** within patient case-notes which sets out the actions being taken to support discharge, enables a clearer understanding of what is happening with a patient and supports effective discharge planning by all professionals involved in the care of patients whilst in hospital. Having **joined-up systems** that are accessible by all staff (regardless of organisation) involved in the care of individual patients enables effective and efficient methods of communication between organisations and supports effective flow out of hospital.
Addressing key gaps in capacity	Looking at joint solutions across sectors to **address key gaps** such as domiciliary care and reablement services would enable timelier discharge of patients' home.

Maximising the use of the Regional Integration Fund	The additional regional money provides opportunities to develop **innovative and transformational schemes** that can support effective and timely discharge. These opportunities are lost when the fund is used to support core services which should be mainstreamed. Having clear processes in place to **manage slippage RIF money** enables streamlined decision-making which is supported by all partners. Regularly considering **operational performance and capturing risks** at a regional level, enables more effective decision making across partners when considering how best to use the regional funding.
Improving oversight and impact	Ensuring that all initiatives being undertaken to support timely and effective flow out of hospital (both within and outside the Regional Partnership Board) and their associated impacts are **collated and reported openly**, minimises the risk of duplication and provides transparency.
Embedding learning from actions taken to address delayed discharges	**Building in time after learning events** such as the MADE to embed learning into day-to-day practice minimises the risk of repeatedly facing the same challenges and improves patient experience and outcomes. **Adverse incidents or concerns** provide an opportunity to learn from when things go wrong with respect to discharge planning. Having clear processes to ensure consistent reporting of adverse incidents and concerns, along with timely responses enables lessons to be learnt.

Appendix 1

Audit methods

Exhibit 12 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 12: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Board, Cabinet, and committee papers • Updates on the six goals programme and urgent and emergency care to committees • Operational and strategic plans relating to urgent and emergency care • RPB papers, including case studies • Standard Operating Procedure for discharge planning • Corporate risk registers • MADE reports
Interviews	We interviewed the following: • Hospital Directors, East and Central • Interim Director of Regional Delivery • Programme Director for Urgent and emergency care • Clinical Lead for Urgent and emergency care • Deputy Executive Medical Director • Business Planning and Improvement Manager • Health Board lead for Ysbyty Glan Clwyd improvement work. • Health Board lead on care homes • Operational Leads for Emergency Department, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor • Directors of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham • Heads of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham • Lead for Regional Partnership Board • Chief Officer North Wales Community Health Council

Element of audit methods	Description
Observations	We observed the following meeting(s): • North Wales Regional Partnership Board • North Wales Leadership Group • Health Board Performance, Finance, and Information Governance Committee We also observed the following individual(s): • Head of Nursing and Site Manager, Ysbyty Gwynedd • Progress Chaser and Home Hub Officer, Ysbyty Maelor • Site Manager and Home First Officer, Ysbyty Glan Clwyd
Data analysis	We analysed the following national data: • Monthly social services dataset submitted to the Welsh Government • Monthly delayed discharges dataset submitted to the NHS Executive • StatsWales data • Ambulance service indicators We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died)
Focus groups	We undertook focus groups with social workers from each of the local authority areas, except for Isle of Anglesey.
Case note review	We reviewed a sample of 32 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).

Appendix 2

Reasons for delayed discharges

The following exhibit sets out the reasons for delayed discharges in the Health Board compared to the all-Wales position.

Exhibit 13: reasons for delayed discharges as a percentage of all delays (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	15.7	9.0
Awaiting social worker allocation	15.1	8.5
Awaiting completion of clinical assessment (nursing /allied health professionals / medical / pharmacy)	13.3	10.3
Awaiting start of new home care package	10.5	8.0
Awaiting completion of assessment by social care	5.6	15.7
Awaiting nursing home availability	4.6	2.6
Awaiting residential care home manager to visit and assess (Standard 3 residential)	4.6	2.5
Awaiting Elderly Mental Illness (EMI) residential availability	4.3	2.3
Awaiting residential home availability	4.3	2.8
Awaiting reablement care package	3.1	3.0
Awaiting health completion of assessment/provision for equipment	2.8	1.4
Awaiting EMI nursing availability	1.9	2.0
Awaiting funding decision (funded nursing care (FNC) / continuing health care (CHC))	1.5	1.5
Awaiting completion of arrangements prior to placement	0.9	3.5
Awaiting funding decision	0.9	0.8
Awaiting nursing care home manager to visit and assess (Standard 3 residential)	0.9	2.1
Awaiting specialist bed availability	0.9	1.1
No suitable abode	0.9	2.3
Patient / family refusing to move to next stage of care/ discharge	0.9	1.6

Source: Welsh Government

Note: where the reasons for delay relate to two or less patients, these have been excluded to minimise any risk of identifying individual patients.

Top five reasons for delayed discharges by local authority

The following exhibits set out the top five reasons for delayed discharges for each of the local authorities compared to the Health Board wide and all-Wales position.

Exhibit 14: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Conwy

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	25.5	13.3	10.3
Awaiting health completion of assessment/ provision for equipment	12.8	2.8	1.4
Awaiting residential care home manager to visit and assess (Standard 3 residential)	12.8	4.6	2.5
Awaiting joint assessment	8.5	15.7	9.0
Awaiting start of a new home care package	6.4	10.5	8.0

Source: Welsh Government

Exhibit 15: top five[22] reasons for delayed discharges as a percentage of all delays (February 2024) – Denbighshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	18.8	15.7	9.0
Awaiting residential care home manager to visit and assess (Standard 3 residential)	15.6	4.6	2.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	12.5	13.3	10.3

Source: Welsh Government

[22] All other reasons related to two or less patients

Exhibit 16: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Flintshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting social worker allocation	20.4	15.1	8.5
Awaiting joint assessment	18.5	15.7	9.0
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	16.7	13.3	10.3
Awaiting start of new home care package	11.1	10.5	8.0
Awaiting completion of assessment by social care	5.5	5.6	15.7

Source: Welsh Government

Exhibit 17: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Gwynedd

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	15.7	15.7	9.0
Awaiting start of new home care package	15.7	10.5	8.0
Awaiting nursing home availability	13.7	4.6	2.6
Awaiting social worker allocation	9.8	15.1	8.5
Awaiting EMI residential availability	7.8	4.3	2.3

Source: Welsh Government

Exhibit 18: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Isle of Anglesey

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	22.7	15.7	9.0
Awaiting social worker allocation	18.2	15.1	8.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	11.4	13.3	10.3
Awaiting completion of assessment by social care	9.1	5.6	15.7
Awaiting start of new home care package	9.1	10.5	8.0

Source: Welsh Government

Exhibit 19: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Wrexham

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting social worker allocation	21.6	15.1	8.5
Awaiting joint assessment	13.4	15.7	9.0
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	11.3	13.3	10.3
Awaiting start of new home care package	11.3	10.5	8.0
Awaiting completion of assessment by social care	6.2	5.6	15.7

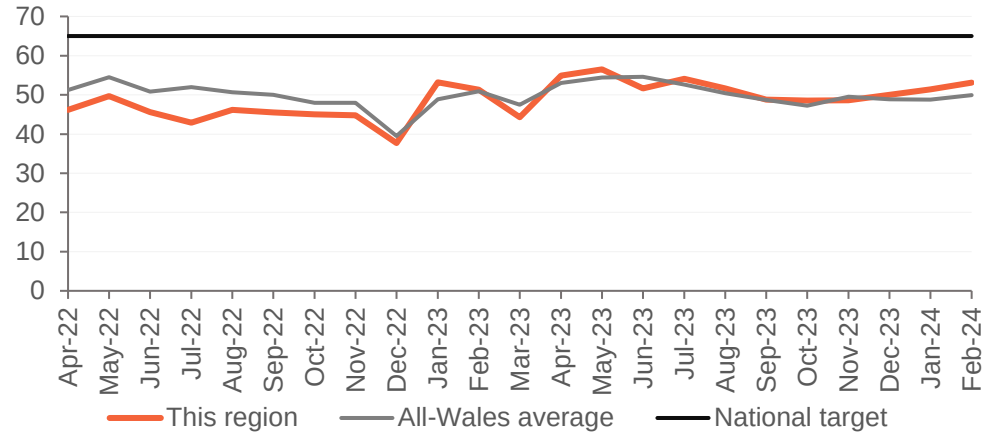
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

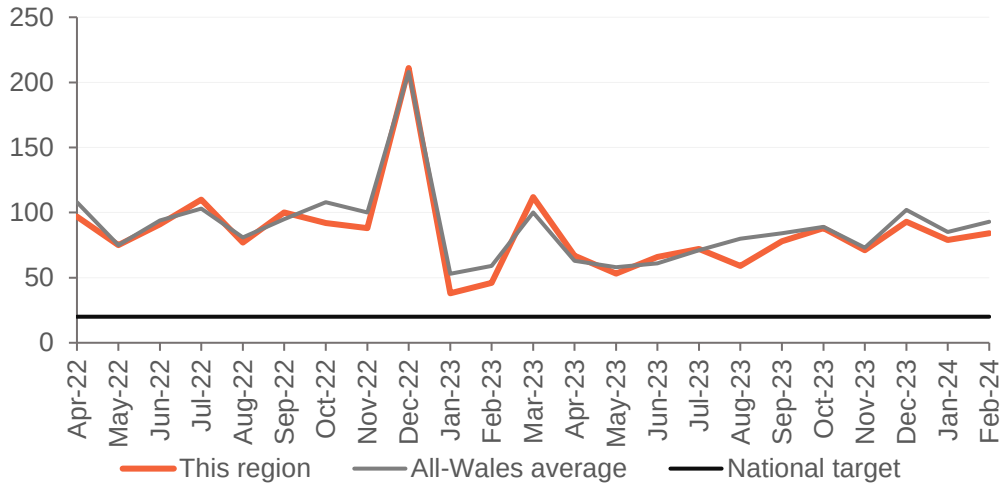
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

Exhibit 20: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%



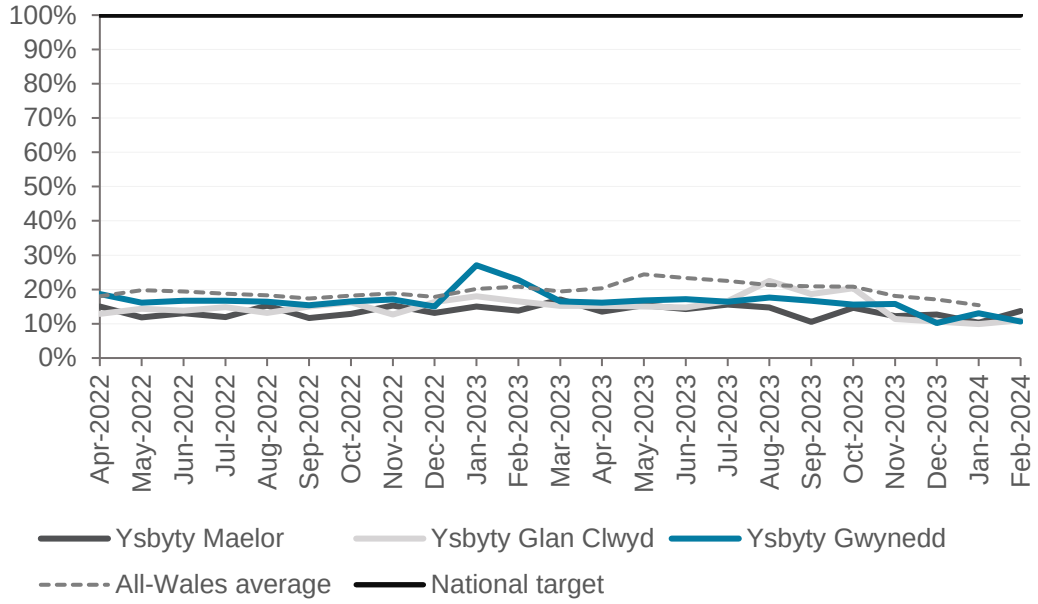
Source: Ambulance Services Indicators

Exhibit 21: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



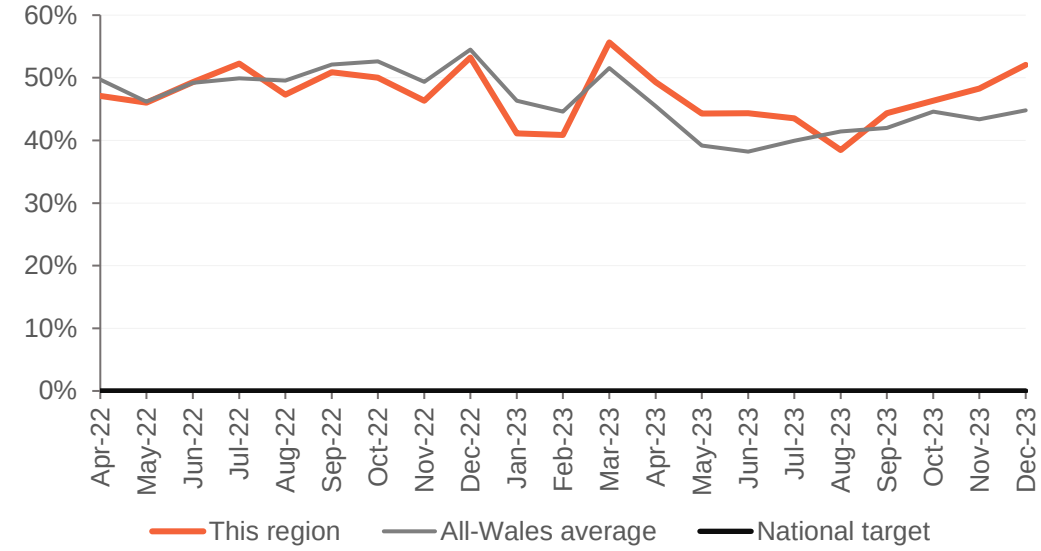
Source: Ambulance Services Indicators

Exhibit 22: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%



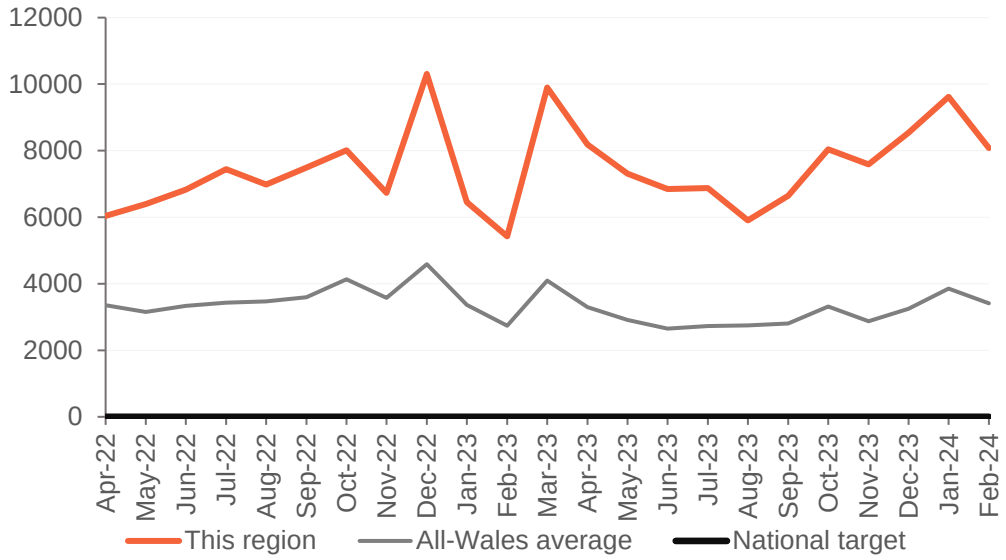
Source: Welsh Ambulance Services NHS Trust

Exhibit 23: percentage of ambulance handovers over 1 hour – national target of zero



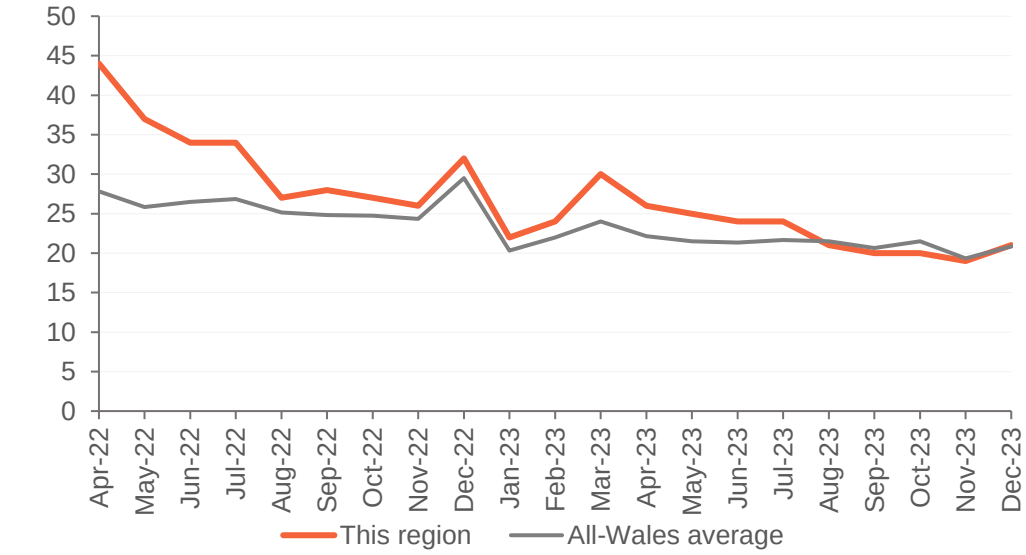
Source: Ambulance Services Indicators

Exhibit 24: total number of hours lost following notification to handover over 15 minutes



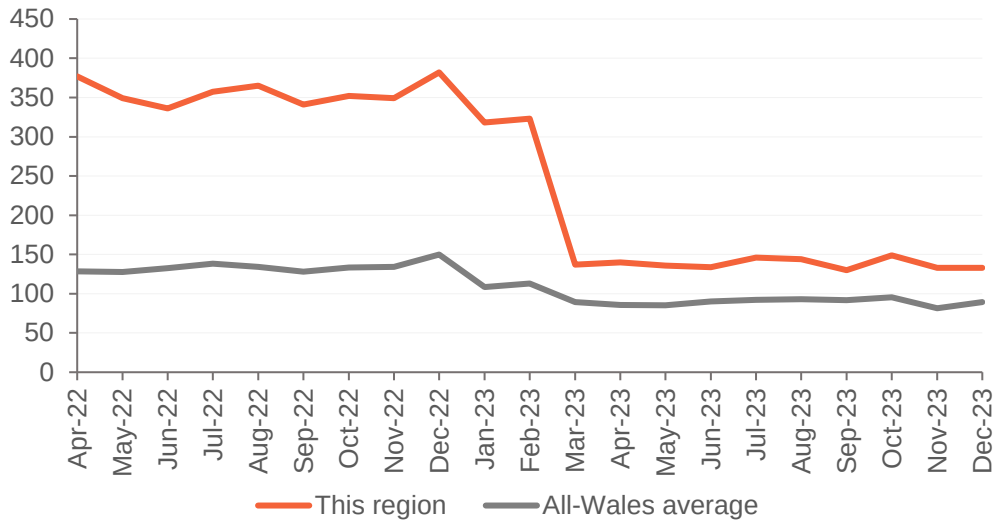
Source: Ambulance Services Indicators

Exhibit 25: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



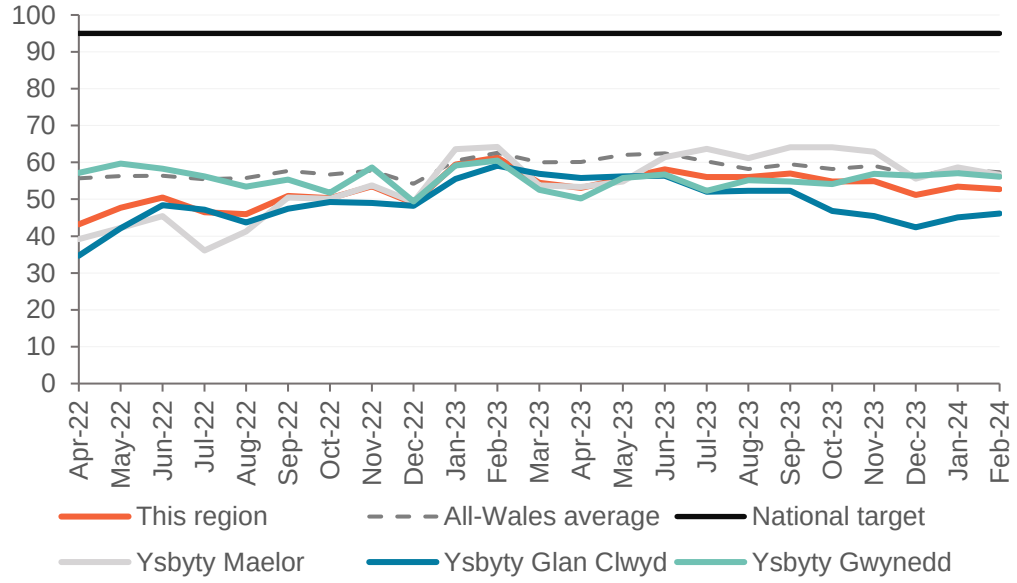
Source: StatsWales

Exhibit 26: Median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



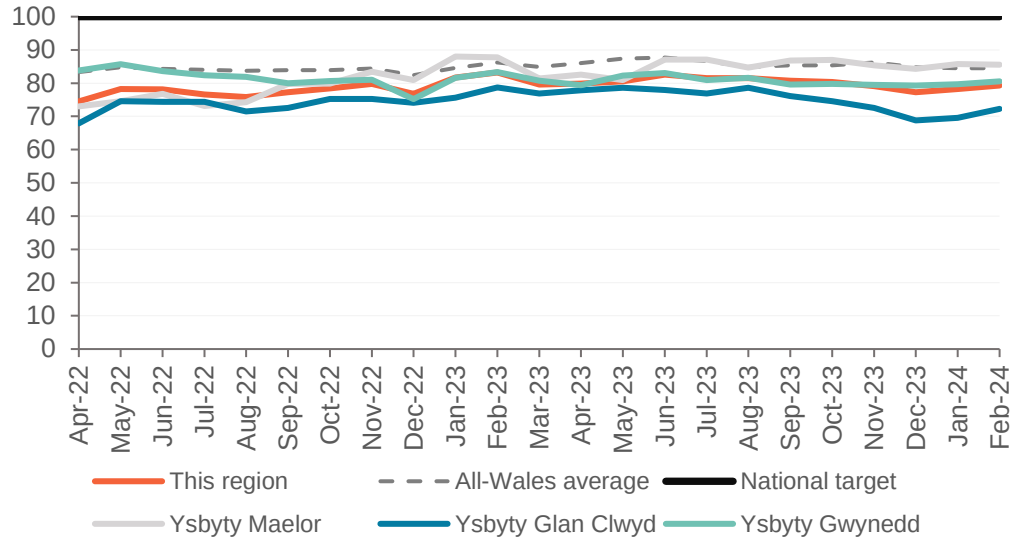
Source: StatsWales

Exhibit 27: Percentage of patients spending less than four hours in a major emergency department – national target of 95%



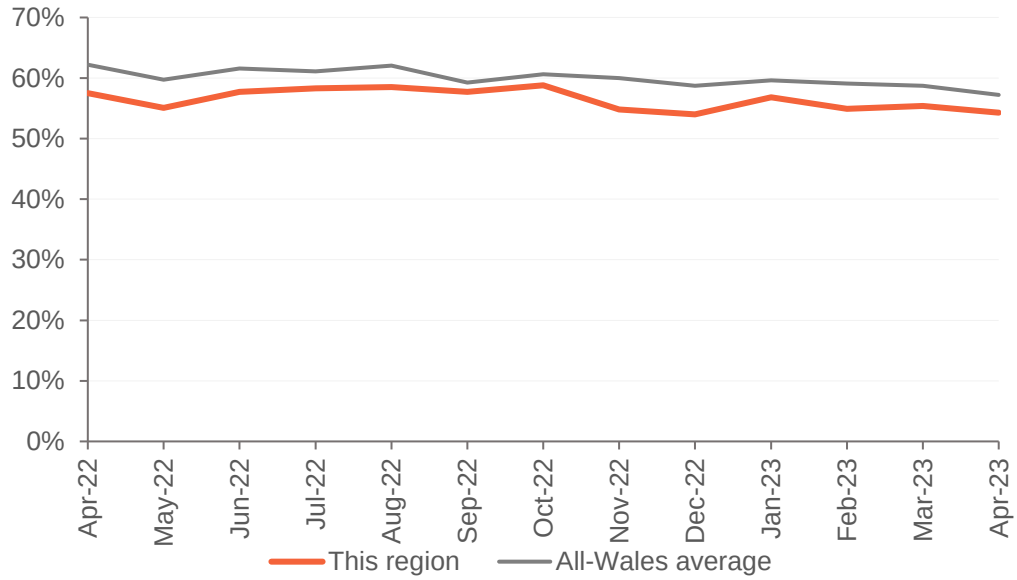
Source: StatsWales

Exhibit 28: Percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 29: Percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



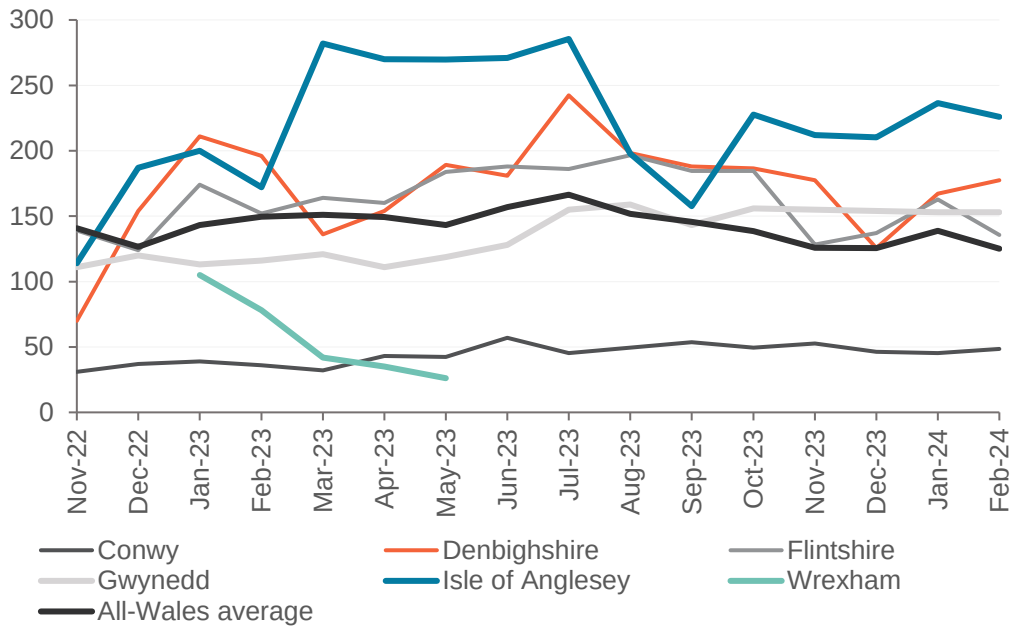
Source: StatsWales

Appendix 5

Waits for social care assessments and care packages

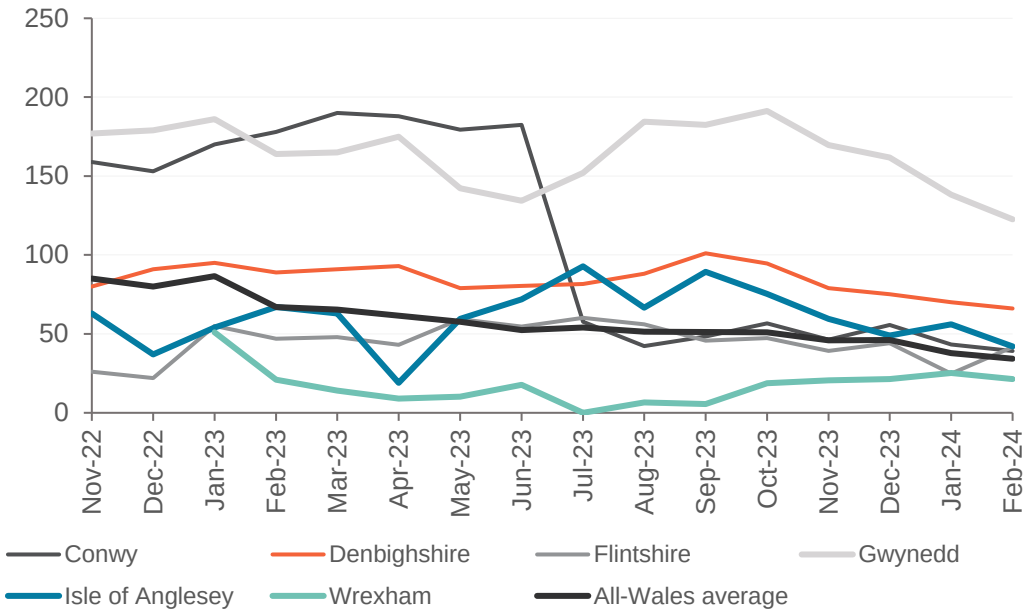
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

Exhibit 30: number of adults waiting for a social care assessment (per 100,000 head of population)



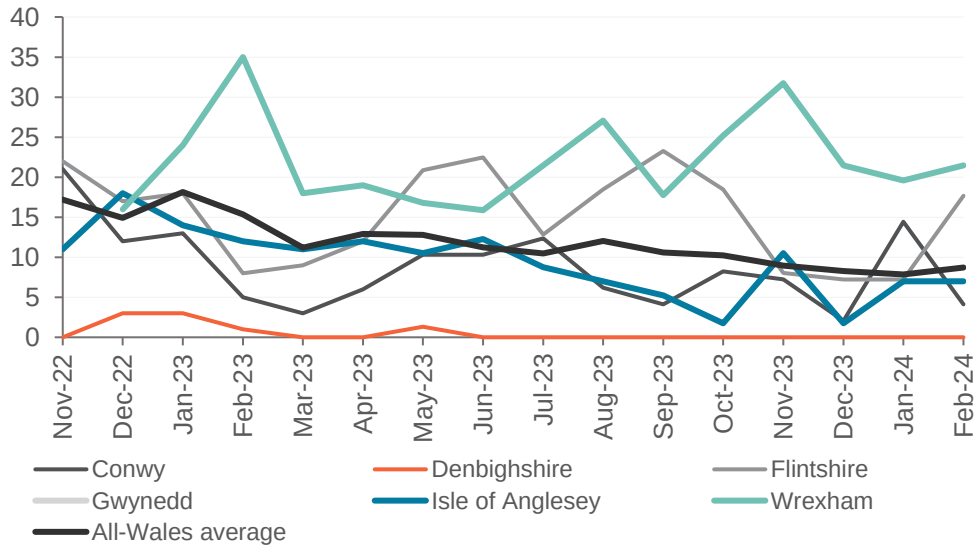
Source: Welsh Government

Exhibit 31: number of adults waiting for domiciliary care (per 100,000 head of population)



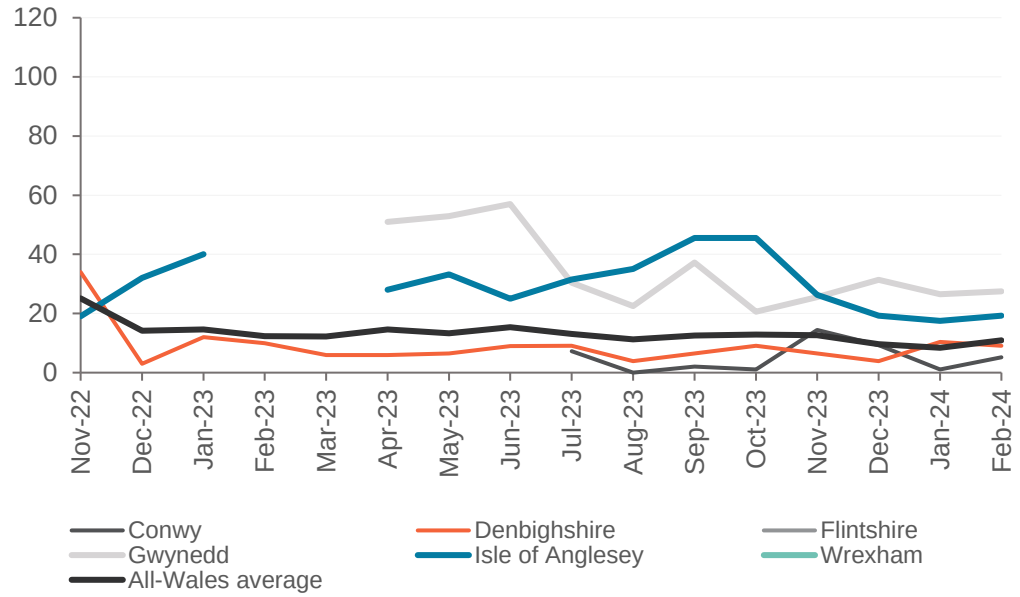
Source: Welsh Government

Exhibit 32: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

Exhibit 33: number of adults waiting for long-term care home accommodation (per 100,000 head of population)



Source: Welsh Government

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Combined organisational response to audit recommendations

Recommendation	Organisational response	Completion date	Responsible officer
Improving training and guidance R1 The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.	**Sub-regional:** The national guidance document will be utilised to create a summary of the key considerations. This summary will provide a reference to the full document on-line and refer to additional support and guidance available for specific circumstances such as when Best Interest Decisions are required which has been a focus of recent activity. The guidance will focus on the imperative for effective MDT and multi-agency working and incorporate references to support avoidance of adverse discharges. Central Denbighshire Conwy and Flintshire County Council and BCUHB will work together to develop a guidance adhering to the national guidance, in line with optimal patient Flow. Considering any existing guidance that may already be in place across BCUHB to support consistency across the Health Board with pathway of care delay reporting. Ynys Môn Council, Cyngor Gwynedd, and BCUHB West will further develop such a guidance adhering to the national guidance, having considered existing guidance that may	July 2024	Community Services Transformation Mgr, East IHC.

Recommendation	Organisational response	Completion date	Responsible officer
	already be in place in other parts of north Wales. Building upon existing arrangements the Local Authorities and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above.		
R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.	**Sub-regional:** The East area guidance document referred to in relation to R1 will be: • Distributed to all social workers who support discharge planning in Wrexham and Flintshire • Incorporated into return to work discussions, supervision and other management approaches to ensure that team members are informed by the most up to date guidance. • Guidance will be referenced in induction information and staff bulletins and similar. • Home First leads will provide a constant reminder to all key staff members within East Area hospitals who support and lead on discharge planning.	From August / Sept 2024	Senior Manager for Adults FCC, Heads of Service for Older People WCBC, Associate Directors, Community Services BCUHB East

Recommendation	Organisational response	Completion date	Responsible officer
	• Opportunities explored to include guidance within training programme for all staff including wider teams such as Safeguarding and Commissioning. Building upon existing arrangements and those noted previously, the Local Authorities (East, Central & West) and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above.		
Improving compliance with policies and guidance R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.	**Health Board:** Draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements. The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee. Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation.	September 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

Recommendation	Organisational response	Completion date	Responsible officer
	As part of the discharge policy an audit cycle will be agreed and implemented	December 2024	
R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.	**Health Board:** As part of the D2RA Audit plan Management establish formal overarching policy or Standard Operating Procedure to support the operational management and controls to prevent patients on multiple waiting lists	December 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning
Ensuring patient safety while awaiting care packages R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such	**Health Board:** Review of process and ensure this is included in the Discharge SOP	December 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

Recommendation		Organisational response	Completion date	Responsible officer
	support is not in place at the time of discharge.			
R6	The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.	**Sub-regional:** Where appropriate and capacity allows, Home First support patients with an assessed need for a package of care who are awaiting the start of an arranged POC as a bridging the gap Where family/friends provide short term support or where patients self-discharge, telephone numbers are provided to report escalated needs. All people with assessed needs will have a point of contact once home and will be supported as soon as capacity is available. If individuals are transferred home from hospital without an assessment and required care package in place, the Local Authorities will monitor those situations. Completing adverse discharge form where required to support Learning across the services and improved patient journey cross ref R16	On-going June 2024 On-going	Head of Nursing, Community. Senior Manager for Adults Heads of Service for Older People

Recommendation	Organisational response	Completion date	Responsible officer
Improving the quality and sharing of information R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.	**Sub-regional:** Dewis as the central point of information will continue to be promoted across all organisations. Guidance developed in response to R1 will refer to the fact that there are a broad range of community-based support on discharge and where to find information – direct to Dewis Councils operating sub-regionally operating together with the Health Board share such information on a regular basis via integrated working within the SPOA's of the Community Resource Teams, clinically optimised and length of stay and will continue to do so.	On-going July 2024 On-going	BCU Associate Directors Community Services and LA Heads of Service for Older People.
R8 The Health Board should improve record keeping by: a. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.	**Health Board:** As noted in R3, a draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements. The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee.	September 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

Recommendation	Organisational response	Completion date	Responsible officer
b. establishing a programme of case-note audits focused on the quality of record keeping.	Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation As part of the discharge policy an audit cycle will be agreed and implemented	December 2024	
R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.	**Sub-regional:** Cyngor Sir Ynys Môn, Cyngor Gwynedd and the Health Board already have an information sharing pilot in place awaiting evaluation. Conwy, Denbighshire & Flintshire local authorities and the Health Board have a WASPI in place since the implementation of the SPOAs Further work required to improve information sharing on presentation in ED due to organisational systems not available to all. An integrated information sharing systems.is required to support this	October 2024 October 2024	Heads of Services for Older People Director of Allied Health Professionals

Recommendation	Organisational response	Completion date	Responsible officer
	Central Area will consider how this can be incorporated into the scope of the new Connecting Care procurement process Seek options for Home First to be able to access Council WCCIS system in the East. Revisit schedule of multi-agency meetings to verify that those contact points achieve a shared position re updates on discharge planning as part of the ongoing Home First Review in the East Consider how the use of STREAM is consistently updated with potential for local authority access Actively seek ways to increase local authority access for systems held within BCUHB.		
Addressing key gaps in capacity R10 The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home.	**Sub-regional:** Utilise Further Faster Funding and action planning In Central, D2RA team at the front door working as Trusted Assessors to address the gaps in assessment capacity working together with local authorities to support reablement provision ongoing work to support more timely discharge required for POC with agreed Trusted assessment pathways	On-going	Leadership Group

Recommendation	Organisational response	Completion date	Responsible officer
	Central Area Integrated Services Board considers the development of joint solutions to address key gaps in service capacity e.g the Denbigh Health and Social Care Programme. The Health Board have developed the Tuag Adref service in the West to provide for a reablement service and domiciliary care is now jointly commissioned by Local Authorities and the Health Board.		
Maximising the use of the Regional Integration Fund R11 The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.	**Regional Partnership Board:** RPB and partners continue to make progress to mainstream long standing schemes funded through RIF. In 2023/24 there was £16.9m of investment in mainstreamed schemes.	On-going	Regional Head of Collaboration

Recommendation	Organisational response	Completion date	Responsible officer
R12 The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.	**Regional Partnership Board:** The importance of appropriate use of slippage has been acknowledged and in response the *'Change Notification'* process was developed. The process is being audited and will be reviewed by the RPB's Leadership Group.  RIF Change Notification Template	On-going. Process to be reviewed Autumn 2024	Regional Head of Collaboration
R13 To help inform decision-making and discussions, the Health Board and local authorities should: a. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the	**Regional Partnership Board:** Quarterly data re: flow out of hospital to be presented to the RPB's Leadership Group (inclusive of IHC Directors)	On-going quarterly	Regional Head of Collaboration / Assistant Director – Care Homes Support & CHC Commissioning

Recommendation	Organisational response	Completion date	Responsible officer
Health Board and waiting lists for social services and care packages; and b. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.	Risk register related to delayed discharges to be completed and presented to RPB twice annually	October / April annually	Regional Head of Collaboration
Improving oversight and impact R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their impact and how they collectively	**Sub-regional:** The Pan Cluster Planning Group will become the leadership group to oversee partnership activity in this regard in the East. In addition to circulation of Key Performance Indicators outside of meetings (e.g Pathway of Care Delays Census Information), a standing item will be added to each agenda to consider current position, trends and responses required. Regular reporting mechanisms and performance and progress monitoring across the Local Authorities and Health Boards to continue with added focus in the West & Central.	From September 2024 onwards	PCPG Chair

Recommendation	Organisational response	Completion date	Responsible officer
contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.	This information is also considered at strategic integrated planning meetings. Work is ongoing to improve data analysis and reporting in order to provide further assurance across Local Authority governance.		
Embedding learning from actions taken to address delayed discharges R15 The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.	**Regional Partnership Board:** Aligned to R13. and the associated work, regular learning events and sharing of good practice to be considered regularly.	Quarterly – on-going	Head of Regional Collaboration / Assistant Director – Care Homes Support & CHC Commissioning

Recommendation	Organisational response	Completion date	Responsible officer
R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by: a. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and b. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.	**Health Board:** Each IHC to establish an Adverse Discharge Group with clear ToRs Hold Discharge webinars with Care Homes across each IHC to improve communication and build trust between Health and Providers	October 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

Report to	Governance and Audit Committee
Date of meeting	25th September 2024
Lead Member / Officer	Gary Williams, Monitoring Officer
Report author	Gary Williams, Monitoring Officer
Title	Annual Report – Whistleblowing Policy

1. What is the report about?

1.1. This report is about the operation of the Council's Whistleblowing Policy since the last annual report to Committee on 20th September 2023.

2. What is the reason for making this report?

2.1. This report is submitted in accordance with the Council's Whistleblowing Policy which contains a requirement that the Monitoring Officer bring an annual report to this Committee on the operation of the Policy and any changes in practice introduced as a result of concerns raised under the Policy.

3. What are the Recommendations?

3.1. That the Committee considers and comments upon the information provided in this report.

4. Report details

4.1. In April 2016 Council approved an updated and amended Whistleblowing Policy. As with the previous policy there is a requirement for the Monitoring Officer to report once each year to the Corporate Governance Committee on the operation of the Policy. The Policy was last reviewed in October 2023. A copy of the Policy is attached as Appendix 1 to this report.

4.2. The last report to the Committee was made in September 2023. That report covered the period 1st January 2021 to 30th April 2023. During that reporting period there had been six new concerns raised.

4.3. This report covers the period 1st May 2023 to 30th April 2024. During this period there have been five new concerns raised, two of which are related.

4.4. The attached Appendix 2 contains an anonymised summary of the concerns that have been raised during this period as well as the outcome of the concern that was referred to in the last annual report but which had not at that time been resolved. Further information can be provided to the committee at the meeting.

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

5.1. Robust whistleblowing arrangements support good governance throughout the Council which in turn enables effective delivery of priorities

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

6.1. There are no direct costs associated with this report.

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

7.1. There is no requirement for an assessment in respect of this report.

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

8.1. There have been no consultations in respect of this report.

9. Chief Finance Officer Statement

9.1. Although there are no direct financial implications of this report robust whistleblowing arrangements do help to support good governance throughout the Council.

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

10.1. In the absence of a robust and effective Whistleblowing Policy and Procedure with which employees and third parties engaging with the Council are familiar, there is a risk that concerns about malpractice will not come to the attention of the Council. It is essential that employees understand that they will be protected if they raise a concern in the reasonable belief that their report is made in the public interest.

11. Power to make the decision

11.1. No decision is required

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Whistleblowing Policy

Approved by	Full Council
Date approved	**12/04/16**
Date implemented	**12/04/16**
Owner	AM
Review date	31/10/26

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

Version control

This document is subject to regular review due to legislative and policy changes. The latest versions of all our publications can be found on our website. Before contacting us about the content of this document, we recommend that you refer to the most recent version on the website and any relevant guidance.

Version	Date approved	Approved by	Notes / changes
v1.0	12/04/2016	Full council	New Policy
v2.0	06/08/2018	Andrea Malam	Reformatting
V2.1	13/07/2021	David Kennedy	Reformatting
V2.2	31/10/2023	Andrea Malam	Policy Review

Contents

TIMESCALES

Within 3 working days. The person who you report your concerns under this policy must report them to the Monitoring Officer.

Within 10 working days of your concern being raised. You will receive a letter (or information in your preferred format)

One page whistleblowing overview

Whistleblowing is for:

- All employees, including contractors, voluntary workers, consultants and those providing services via contract or other agreements.
- Genuine concerns about malpractice or impropriety that you believe to be in the public interest, including but is not limited to fraud, theft, mismanagement, bribery and health and safety failures.

Whistleblowing is not for:

- Raising employment concerns
- Complaints related to bullying, harassment and victimisation issues
- Questioning financial and/or business decisions made by Denbighshire County Council
- Raising issues that have already been addressed under the disciplinary, grievance or other procedures. An individual can however raise a concern about failure to follow these procedures

Who can I contact to blow the whistle?

- Your Line Manager
- A Senior Manager
- Chief Executive, Monitoring Officer, Head of Finance and Audit
- Any person listed in the internal contacts list.

Details on how to raise a concern can be found in How to raise a concern.

Can I keep my identity a secret?

You are encouraged to give your name when making a disclosure. You can make an anonymous disclosure but these will be less credible. Any concern raised will be treated in confidence and every effort will be made not to reveal the whistleblowers identity.

What will happen to me if I blow the whistle?

The council has a duty to protect whistleblowers and to ensure that any concerns can be raised without recrimination or reprisal.

I don't feel that I am able to blow the whistle – how can I get help?

- You can contact Public Concern at Work (PCaW) for free confidential advice about the best way to raise a concern. You can contact PCaW via their website www.pcaw.co.uk
- Speak to your Trade Union representative

ROLES AND RESPONSIBILITIES

HEAD OF SERVICE AND MONITORING OFFICER

- Responsible for overall maintenance and operation of this policy
- Ensuring the policy is followed and implemented.
- Provide advice and guidance on how matters of concern may be pursued.
- Liaise with the Head of Finance and Audit to consider the most appropriate method of investigating the matter of concern.
- Maintain record of concerns and outcomes ensuring that concerns have been investigated in accordance with this policy.
- To report to Corporate Governance Committee on the operation of this policy annually.

INTERNAL AUDIT

- Overall responsibility (along with the Monitoring Officer) for the monitoring of the procedures and advising on the application of this policy, maintaining a register, monitoring all whistleblowing concerns and reporting details to relevant stakeholders.

MANAGERS

- Ensure that any concerns are taken seriously and reported to the Monitoring Officer with immediate effect.
- Ensure that all employees are aware of this policy
- Support employees/workers who raise a concern under this policy to ensure that they do not suffer detriment as a result of their action.

HR

- Advise on the application of this policy and the support arrangements for employees.

EMPLOYEES AND OTHER WORKERS

- Use this procedure to raise genuine concerns when they believe that to do so is in the public interest.

Introduction

People who work for or with the council are often the first to realise that there may be something wrong within the Council. However, they may feel unable to express their concerns because they feel that speaking up would be disloyal to their colleagues, managers or to the council. They may also fear harassment or victimisation. They may be worried about raising such issues or they may want to keep the concerns to themselves, perhaps feeling it's none of their business or that it's only a suspicion. They may decide to

Say something but find that they have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The council has introduced this policy to enable you to raise your concerns at an early stage and in the right way. We would rather that you raised the matter when it is just a concern rather than wait for proof.

This policy makes it clear that you can raise your concerns without fear of harassment, victimisation, subsequent discrimination or disadvantage and is intended to encourage and enable people working for or with the council to raise concerns within the Council rather than overlooking a problem or “blowing the whistle” outside. If something is troubling you which you think we should know about or look into, please use this policy.

This policy applies to all:

- Employees of Denbighshire County Council
- Employees of contractors working for the council on council premises, for example, agency staff, builders, drivers
- Those providing services under a contract or other agreement with the council in their own premises, for example care homes
- Voluntary workers working with the council
- Consultants engaged by the council

Aims and scope of the policy

This policy aims to:

- encourage you to feel confident in raising concerns and to question and act upon concerns about malpractice
- provide avenues for you to raise concerns and receive feedback on any action taken
- ensure that you receive a response to your concerns and that you are aware of how to pursue them if you are not satisfied
- reassure you that you will be protected from reprisals or other action if you have a reasonable belief that you have made any disclosure ‘in the public interest.’

The Whistleblowing Policy is intended to cover concerns other than your employment, where the interests of others or of the council itself are at risk. These include (but are not limited to):

- conduct which is an offence or a breach of law
- disclosures related to miscarriages of justice
- health and safety risks, including risks to the public as well as other employees
- unlawful discrimination
- damage to the environment
- the unauthorised use of public funds
- possible fraud and corruption
- sexual or physical abuse of clients,
- the neglect, emotional, physical or sexual abuse of children or other inappropriate behaviour towards them
- general safeguarding concerns
- other unethical conduct
- a deliberate attempt to conceal any of the above

Any concerns that you have about any aspect of service provision or the conduct of officers or members of the Council or others acting on behalf of the council can be reported under the Whistleblowing Policy. This may be about something that:

- makes you feel uncomfortable in terms of known standards, your experience or the standards you believe the Council subscribes to; or
- is against the council's Standing Orders, Financial Regulations and policies; or
- falls below established standards of practice; or
- amounts to improper conduct.

The Officers Code of Conduct provides that if an employee becomes aware of activities which he or she believes to be illegal, improper or unethical, the employee should report the matter in accordance with this procedure.

This policy does not apply in the following circumstances:

Employment Issues

If you are an employee, there are existing procedures in place to enable you to raise concerns relating to your own employment. Refer to the Grievance policy.

Elected Members Conduct

General concerns relating to the behaviour and/or conduct of elected Members should be raised in accordance with the Member's Code of Conduct.

Complaints

This policy does not replace the Corporate Complaints Procedure which is concerned with addressing complaints about council services.

Other Services

If you have any concerns about another organisation that provides services on behalf of the council you should contact the service provider in the first instance. In cases where the council contracts with a private organisation it may be appropriate to notify the relevant Service Area of the council. In some cases it may also be necessary to inform the appropriate regulatory organisation.

Please note that if you are unsure where the issue falls then speak to the responsible officer.

Safeguards – our assurances to you

The council is committed to good practice and high standards and wants to be supportive of employees and others using this policy.

Your legal rights

The Public Interest Disclosure Act (PIDA) (1998) was introduced to protect employees who want to raise a concern about something happening in work in a responsible manner. The Act makes it unlawful for the council to dismiss anyone or allow them to be penalised or

victimised on the basis that they have made an appropriate lawful disclosure in accordance with the Act.

The Enterprise and Regulatory Reform Act (2013) brought about a number of changes which impact on whistleblowing. The three key changes are the following:

- Only disclosures made ‘in the public interest’ are protected. Employees now have to show that they ‘reasonably believe’ that the disclosure they are making is in the ‘public interest.’
- The removal of the requirement for disclosures to be made in ‘good faith’ in order to be protected.
- Making employers liable for the acts of employees (such as harassing a colleague who has raised a concern) and making employees personally liable.

Please refer to the below section if you require advice or support on the above.

Support to you

The council recognises that the decision to report a concern can be a difficult one to make. If you believe what you are saying is true, you have nothing to fear because you will be doing your duty to your employer and those for whom you are providing a service. You will not be at risk of losing your job or suffering any form of punishment as a result.

The council will not tolerate discrimination, harassment or victimisation (including informal pressures) and will take appropriate action, including disciplinary action to protect you when you raise a concern ‘in the public interest’.

Any investigations into allegations of potential malpractice raised by you will not influence or be influenced by other procedures such as investigations and hearings under the disciplinary, sickness, capability, redundancy or any other procedures that already affect you or may affect you in the future.

At all times during the raising and investigation of your concerns:

- you will be given full support from Senior Management

- your concerns will be taken seriously
- the council will do all it can to help you throughout the investigation, e.g. provide advocacy services, interpreters etc.

If appropriate, after full consultation, the council will consider temporarily redeploying you or others for the period of the investigation.

Confidentiality

All concerns will be treated in confidence and every effort will be made not to reveal your identity if you so wish. If the situation arises where we are not able to resolve the concern without revealing your identity you will be informed of this and the reasons why.

Anonymous disclosures

This policy encourages you to put your name to your disclosure whenever possible.

Concerns expressed anonymously are much less powerful, but will be considered at the discretion of the Monitoring Officer. In exercising this discretion, the factors to be taken into account would include:

- the seriousness of the issues raised
- the credibility of the concern; and
- the likelihood of confirming the disclosure from attributable sources.

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter, or to protect your position, or to give you feedback. Accordingly, this policy is better suited to concerns not raised anonymously.

If the Monitoring Officer decides not to pursue an anonymous disclosure he/she will record the reasons for this decision in writing. These decisions will be included in the Monitoring Officer's annual report to Corporate Governance Committee referred to in section10 below.

Untrue disclosures

If you make a disclosure ‘in the public interest’, but it is not confirmed by the investigation, no action will be taken against you. If, however, you make a disclosure frivolously, maliciously or for personal gain, disciplinary action may be taken against you.

The question of whether or not a disclosure has been made frivolously, maliciously or for personal gain will be determined by the outcome of the investigation into your concern.

How to raise a concern

The council wishes to ensure that people who have concerns that should be raised under this policy do so. The paragraphs below give examples of how to raise a concern, but are not compulsory. You should raise your concern with whomever you feel most comfortable raising it.

As a first step, we hope you will feel able to raise concerns with your immediate manager.

In some cases it may be more appropriate to raise concerns with someone more senior or directly with one of the internal contacts listed at the end of this document.

This depends, however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if you believe that your management is involved you should approach the Chief Executive, the Monitoring Officer or the Head of Finance and Audit.

If any information raises concern about harm or potential harm to either children or adults at risk, then these concerns should be reported immediately to the appropriate team. For concerns relating to children contact the Children’s’ Gateway (01824 712200). For concerns relating to adults at risk, contact or the Single Point of Access Team (0300 456 1000).

If you have serious concerns which you feel unable for whatever reason to raise within the council, you should raise the matter with one of the external contact points referred to at the end of this document.

Concerns may be expressed verbally or in writing. If you wish to make a written report you are invited to use the following format:

- The background and history of the concern (giving relevant dates)
- The reason why you are particularly concerned about the situation

If you prefer you may use the Whistleblowing policy report form attached to this document and give this to the person with whom you raise your concern.

The earlier you express your concern the easier it is to take action.

Although you are not expected to prove the truth of an allegation, you will need to demonstrate to the person contacted that there are sufficient grounds for your concern. Advice and guidance on how matters of concern may be pursued can be obtained either from your Head of Service, or the Director of Governance and Business (Monitoring Officer).

You may invite your trade union professional association representative, a friend, or someone from an advocacy or translation service to be present during any meetings or interviews in connection with the concerns you have raised.

How the council will respond

The council will respond to your concerns. Do not forget that testing out your concerns is not the same as either accepting or rejecting them.

The person to whom you report your concerns under this policy must, in turn, report them to the Monitoring Officer within three working days.

The Monitoring Officer will liaise with the Head of Finance and Audit to consider the most appropriate method of investigating the matters of concern raised by you. Please do not attempt to investigate these matters yourself once they have been raised as this could compromise any subsequent investigation into your concern.

In order to protect individuals and those accused of misdeeds or possible malpractice, initial enquiries will be made to decide whether an investigation is appropriate and, if so, what

form it should take. The overriding principle which the council will have in mind is the public interest. Concerns or allegations which fall within the scope of specific procedures (for example, child protection or discrimination issues) will normally be referred for consideration under those procedures.

Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required this will be taken before any investigation is conducted.

Where appropriate, the matters raised may:

- be investigated internally by management, internal audit, or through the disciplinary process
- be referred to the Police
- be referred to the External Auditor
- form the subject of an independent inquiry

Within ten working days of a concern being raised, you will receive a letter (or information in your preferred format):

- acknowledging that the concern has been received
- indicating how we propose to deal with the matter
- giving an estimate of how long it will take to provide a final response
- telling you whether any initial enquiries have been made;
- supplying you with information on staff support mechanisms, and
- telling you whether further investigations will take place, and if not, why not.

The amount of contact between the officers considering the issues and you will depend on the nature of the matters raised, the potential difficulties involved and the clarity of the information provided. If necessary, further information will be sought from you.

Where any meeting is arranged, off-site if you so wish, you can be accompanied by a Trade Union representative or workplace colleague.

The council will take steps to minimise any difficulties which you may experience as a result of raising a concern. For instance, if you are required to give evidence in criminal or

disciplinary proceedings, the council will advise you about the procedure and provide you with the necessary support.

The council accepts that you need to be assured that the matter has been properly addressed. You will, subject to legal constraints, receive information about the outcome of any investigations.

Whilst we cannot guarantee that we will respond to all matters in the way that you might wish, we will try to handle the matter fairly, properly and without undue delay. By using this policy, you will help us to achieve this.

Independent advice

If you are still unsure whether or how to raise a concern or you want confidential advice, you can contact the independent charity Public Concern at Work on 020 7404 6609 or at www.pcaw.co.uk

Their Lawyers can give you free confidential advice on how to raise a concern about serious malpractice at work.

You may prefer to speak to your Trade Union to seek advice about how to raise a concern under this policy. The contact details for the trade unions recognised by the council for collective bargaining purposes are contained in the External contact list attached.

Maintenance and operation of policy

- The Monitoring Officer (Director of Governance and Business) has overall responsibility for the maintenance and operation of this policy.
- The Monitoring Officer maintains a record of concerns raised and the outcomes of investigations in a form which does not end anger your confidentiality.
- The person who receives your concerns must report them to the Monitoring Officer in accordance section 8 above.
- The person who receives the report into the investigation of your concerns must report the outcomes to the Monitoring Officer.

- The Monitoring Officer will pursue the outcomes of the investigation if they are not reported promptly in accordance with section10 above.
- The Monitoring Officer will review all concerns and outcomes on a periodic basis to ensure that they have all been investigated in accordance with this policy.
- The Monitoring Officer will report, in a format that does not compromise confidentiality, at least once a year to the Corporate Governance Committee on the operation of this policy, the outcome of the reviews conducted under section 10 above and any changes in practice introduced as a result of a concern raised under this policy.

How the matter will be taken further

This policy is intended to provide you with an avenue within the council to raise concerns. The council hopes you will be satisfied with any action taken. If you are not and if you feel it is right to take the matter outside the council, further possible contact points are given in the External Contact List attached to this document.

If you do take the matter outside the council, you should ensure that you do not disclose information which should properly remain confidential. You will need to confirm this with the person or organisation you decide to contact.

Additional information

Grievance raised during other proceedings e.g. disciplinary, redundancy etc

There may be occasions where an employee, who is subject to another procedure, raises a grievance. The way in which this is handled will depend on the facts of each case. An assessment of the facts should take into account how the grievance is related (if at all) to the matter in hand.

Whether or not the grievance and the ongoing case are associated will be determined by the appointed Deciding Officer of the case.

Where the grievance and the other case are related

In exceptional circumstances it may be appropriate to temporarily hold the ongoing proceedings while the grievance matter is investigated further. The aim here is to establish whether the complaint has a material impact on the case and eventual outcome.

Be mindful that other ongoing proceedings should not be delayed unnecessarily.

Where the grievance and the other case are not considered to be related

In such cases it is advised that both cases are dealt with separately and that they run concurrently. The proceedings of the case in question may not be impacted by the grievance raised and should therefore be able to continue as planned.

Internal contact list

Advice or guidance about how to pursue matters of concern may be obtained from any of the people named below:

- Chief Executive
- Corporate Director (Economic and Community Ambition)
- Corporate Director (Communities)
- Monitoring Officer, Head of Legal and Democratic Services
- Deputy Monitoring Officer
- Head of Finance and Audit
- Head of Internal Audit
- Chair of Corporate Governance Committee
- Any Head of Service or any local trade union official

Concerns about harm or potential harm to either children or adults at risk should be reported immediately to:

- Children’s and Families Gateway (Children) – 01824 712200
- Single Point of Access (Adults) - 0300 456 1000or
- Emergency Duty Team (out of hours) - Tel. No. 0845 0533116

External contact list

If you have used the appropriate internal procedures and are not satisfied with any action taken in relation to your concerns and if you feel it is right to take the matter outside the Council, further possible contact points are given below. It is stressed that the list below is not exhaustive and you are free to contact any organisation which you feel will be able to deal properly with your concerns.

Organisation	Contact Details
Public Services Ombudsman for Wales	0300 790 0203
Wales Audit Office	02920 320500
North Wales Police	101 or 0300 330 0101
Professional Bodies	
The Chartered Institute of Public Finance and Accountancy	020 7543 5600
Regulatory Organisations	
Environment Agency	03708 506 506
Health and Safety Executive	0300 003 1747
Care and Social Services Inspectorate for Wales	0300 7900 126
Equality and Human Rights Commission	0808 800 0082
Citizens Advice Bureau	08444 772020
Recognised Trade Unions	
UNITE	01352 733611
UNISON	0800 0 857 857
GMB	01492 535313

If you are unsure whether or how to use this procedure or want independent advice, you may contact the independent charity Public Concern at Work on 020 7404 6609 or at

www.pcaw.co.uk. Their lawyers can give you free confidential advice at any stage on how to raise a concern about serious malpractice at work.

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Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
20 November 2024	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
	4	Approval of Statement of Accounts 2022/23	To receive the opinion of Audit Wales and approve 2022/23 accounts.	Liz Thomas- Head of Finance and Audit Audit Wales	
	5	Statement of Accounts 2023/24	To consider draft accounts prior to audit.	Liz Thomas-Head of Finance and Audit	
Reports					
	6	Treasury Management 2024/25 update.	To approve the mid-year update.	Liz Thomas- Head of Finance and Audit	
	7	Medium Term Financial Strategy and Plan 2025/26-2027/28.	To update the committee on progress in setting a balanced budget for 2025/26	Liz Thomas- Head of Finance and Audit	
	8	Corporate Risk Register Review		Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	
	9	Annual SIRO Report		Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
	10	DCC Local Code of Corporate Governance	Deferred from June Meeting	Gary Williams- Monitoring Officer	
	11	Tekal Agreement	Deferred from June Meeting	Gary Williams- Monitoring Officer	
For Information	12	Annual RIPA Report		Gary Willaims- Monitoring Officer	
22 January 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
	4	Treasury Management Strategy	To approve the annual Treasury Management Strategy for 2025/2026 and the quarterly update for 2024/25	Liz Thomas- Head of Finance and Audit	
	5	Medium Term Financial Strategy and Plan 2025/6-2027/28	To update the committee on progress in setting a balanced budget for 2025/26	Liz Thomas- Head of Finance and Audit	
Reports					
	6	Internal Audit Update	To update the Committee on the Internal Audit's latest progress	Bob Chowdhury-Chief Internal Auditor	
19 March 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
Reports					
	4	Statement of Accounts 2023/24	To receive the opinion of Audit Wales and approve 2023/24 accounts.	Liz Thomas- Head of Finance and Audit	
30 April 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
Reports					
	4	Medium Term Financial Strategy and Plan 2026/27-2028/29	To update the committee on the revised 3 year strategy and budget projections.	Liz Thomas- Head of Finance and Audit	
	5	Internal Audit Update		Bob Chowdhury-Chief Internal Auditor	
	6	Annual Internal Audit Report		Bob Chowdhury-Chief Internal Auditor	
	7	Internal Audit Charter, Strategy and Quality Assurance Improvement Programme 2025-2026		Bob Chowdhury-Chief Internal Auditor	

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
Update	8	Treasury Management 2024/25 update.	To approve the quarterly update.	Liz Thomas- Head of Finance and Audit	
For information	9	Corporate Risk Register Review		Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	
For information	10	Terms of Reference Governance and Audit Committee			
For information	11	Council's Performance Management Guide			
11 June 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
	4	Medium Term Financial Strategy and Plan 2026/27-2028/29	To update the committee on progress in setting a balanced budget for 2026/27	Liz Thomas- Head of Finance and Audit	
Reports					
	5	Council Performance Self-Assessment		The Lead Member for Finance, Performance and Strategic Assets- Councillor Gwyneth Ellis	
	6	Annual Governance Statement 2023-2024		Bob Chowdhury-Chief Internal Auditor	
	7	Annual GAC Report 2024/25		Bob Chowdhury-Chief Internal Auditor	

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
23 July 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
	4	Statement of Accounts 2024/25	To consider draft accounts prior to audit.	Liz Thomas- Head of Finance and Audit	
Reports					
	5	Treasury Management 2025/26 update.	To approve the 2024/25 year-end report and to approve the 2025/26 quarterly update.	Liz Thomas- Head of Finance and Audit	
	6	Annual Complaints Report/Your Voice			
24 September 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Governance and Audit Committee Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
Reports					
	4	Approval of Statement of Accounts 2024/25	To receive the opinion of Audit Wales and approve 2024/25 accounts.	Liz Thomas- Head of Finance and Audit	

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
	5	Internal Audit Update	To update the Committee on the Internal Audit's latest progress	Bob Chowdhury-Chief Internal Auditor	
	6	Annual Corporate Health and Safety Report		Corporate Health and Safety Manager	
	7	Annual Property Compliance Report		Sian Wainwright	
	8	Annual Whistleblowing Policy/Report		Gary Williams- Monitoring Officer	
26 November 2025	1	Issues Referred by Scrutiny Committees (If Any)	To receive any issues raised at Scrutiny	Rhian Evans/Karen Evans- Scrutiny Co-ordinators	**Standing Item**
	2	Recent External Regulatory Reports Received (If Any)	To consider any reports received	Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	**Standing Item**
	3	Forward Work Programme	To review the work programme	Democratic Services	**Standing Item**
Reports					
	4	Governance and Audit Committee Work Programme	To review the work programme	Democratic Services	
	5	Treasury Management 2025/26 update.	To approve the mid-year update.	Liz Thomas- Head of Finance and Audit	
	6	Medium Term Financial Strategy and Plan 2026/27-2028/29.	To update the committee on progress in setting a balanced budget for 2026/27.	Liz Thomas- Head of Finance and Audit	
	7	Corporate Risk Register Review		Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	
	8	Annual SIRO Report		Helen Vaughan Evans- Head of Corporate Support Services, Digital and Assets	

Meeting	Item (Description/Title)		Purpose of Report	Author/Contact Officer	Date Entered/Updated By
	9	Annual RIPA Report		Liz Thomas- Head of Finance and Audit	

Future Items

			Date Entered/Updated By
1	Changes to the Committee's Terms of Reference	Monitoring Officer	
2	Housing Revenue Account	Head of Finance to liaise with relevant department	
3	JICPA Assessment Update	To receive any updates. Corporate Director; Social Services and Education	

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

Future Training Dates

Date and Time	Topic	Officer
	Assurance Rating/Scoping of Audits/Status of Internal Audit	Chief Internal Officer
October 2024	Procurement Rules and Regulations	Monitoring Officer
	Risk Management	Strategic Planning and Performance Team Leader

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