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Bridgend County Borough Council

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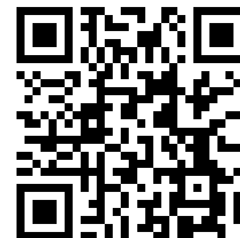

Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate
Deialu uniongyrchol / Direct line /: 01656 643148 / 643694 / 643513
Gofynnwch am / Ask for: Democratic Services

Dyddiad/Date: Tuesday, 12 May 2026

Dear Councillor,

CABINET

A meeting of the Cabinet will be held Hybrid in the Council Chamber - Civic Offices, Angel Street, Bridgend, CF31 4WB / remotely via Microsoft Teams on **Tuesday, 19 May 2026** at **14:30**.

AGENDA

1 Apologies for Absence

To receive apologies for absence from Members.

2 Declarations of Interest

To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from 1 September 2008.

3 Approval of Minutes 5 – 16

To receive for approval the Minutes of 10/03/2026

4 Scrutiny Recommendation from Social Services, Health and Wellbeing Overview and Scrutiny Committee regarding Healthy Living Partnership - Agency Model 17 – 20

5 Social Services and Wellbeing Directorate Supervision Policy 21 – 60

By receiving this Agenda Pack electronically you will save the Authority approx. £3.40 in printing costs

6 [Social Services and Wellbeing Directorate Medication Policy Review] 61 - 100

7 Special Guardianship Orders Financial Policy Review 101 – 130

8 Tennis Facilities Management Agreement update 131 – 148

9 Proposed dates for Meetings of Cabinet and Cabinet Committees 149 – 152

10 Exclusion of the Public

The following items are not for publication as they contain exempt information as defined in Paragraphs 12 and 14 of Part 4 and Paragraph 21 of Part 5, Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

If following the application of the public interest test Cabinet resolves pursuant to the Act to consider these items in private, the public will be excluded from the meeting during such consideration.

11 Approval of Exempt Minutes 153 – 156

To receive for approval the exempt minutes of 10/03/2026

12 Flying Start Childcare Arrangements (temporary arrangements with Commissioned Provider) 157 – 162

13 School Modernisation Programme: Welsh-Medium Secondary School Provision 163 – 170

14 Urgent Items

To consider any items of business that by reason of special circumstances the chairperson is of the opinion should be considered at the meeting as a matter of urgency in accordance with paragraph 2.4 (e) of the Cabinet Procedure Rules within the Constitution.

Note: This will be a Hybrid meeting and Members and Officers will be attending in the Council Chamber, Civic Offices, Angel Street Bridgend / Remotely via Microsoft Teams. The meeting will be recorded for subsequent transmission via the Council's internet site which will be available as soon as practicable after the meeting. If you would like to view this meeting live, please contact cabinet_committee@bridgend.gov.uk or tel. 01656 643148 / 643694 / 643513 / 643159.

Yours faithfully
K Watson
Chief Officer, Legal and Regulatory Services, HR and Corporate Policy

Councillors:

E L P Caparros	M J Evans	N Farr
J Gebbie	GC Haines	M Jones
JC Spanswick	HM Williams	

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MINUTES OF A MEETING OF THE CABINET HELD HYBRID IN THE COUNCIL CHAMBER - CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB / REMOTELY VIA MICROSOFT TEAMS. ON TUESDAY, 10 MARCH 2026 AT 14:30

Present

Councillor JC Spanswick – Chairperson

J Gebbie	N Farr	E Caparros	M Evans	G Haines	M Jones

Present Virtually

H Williams

Officers:

Jake Morgan	Chief Executive
Stephen Griffiths	Democratic Services Officer – Committees
Mark Galvin	Senior Democratic Services Officer – Committees
Kelly Watson	Monitoring Officer
Janine Nightingale	Corporate Director – Communities
Adam Provoost	Strategic Planning & Transportation Manager
Louis Pannell	Strategic Planning Policy Team Leader
Claire Marchant	Corporate Director – Social Services & Wellbeing
Nigel Smith	Chief Accountant
Lindsay Harvey	Corporate Director – Children, Early Years and Young People
Ryan Jones	Strategic Housing Commissioning Manager

Agenda Item 3

608. Apologies for Absence

Decision Made	Apologies for absence were received from the Corporate Director Finance and Transformation.
Date Decision Made	10 March 2026

609. Declarations of Interest

Decision Made	The following declarations of interest were made:- Cllr G Haines personal interest in Agenda item 5 Cllr E Caparros prejudicial interest in Agenda item 17. Councillor Caparros left the meeting whilst Agenda item 17 was being considered.
Date Decision Made	10 March 2026

610. Approval of Minutes

Decision Made	RESOLVED: That the minutes of a meeting of Cabinet dated 03/02/2026 and 17/02/2026 be approved as a true and accurate record.
Date Decision Made	10 March 2026

611. Connect to Work

Decision Made	The Cabinet Member Regeneration, Economic Development and Housing presented a report in order to provide Cabinet with an overview of the UK Government's Connect To Work programme, to agree a proposal that Cardiff Council act as the regional Grant Recipient Body, and to authorise officers to enter into required agreements to deliver Connect To Work in Bridgend County. The report explained that Connect to Work (CTW) is a new 5 year programme to be delivered by Local Authority areas in England and Wales, with funding being made available from the Department for Work

	and Pensions (DWP). In South-East Wales it has been proposed that the programme be led by Cardiff Council as Grant Recipient Body for 10 Local Authorities in South East Wales. Bridgend County Borough Council's (BCBC) funding allocation is £4,055,200 from 2025/26 to 2029/30 to support 1,096 participants. It is a voluntary, high fidelity Supported Employment programme connecting work, health and skills support. The aim is to help disabled people, people with health conditions and those with complex barriers, find and stay in work. Referring to paragraph 2.14 of the report, the Deputy Leader asked for some assurance that the administration fee of 10% of the overall grant allocation for the region charged by Cardiff Council equates to 'value for money', with each local authority being required to cover their own internal charges from their allocated funding, provided value for money. She also added that the continuation of the work in relation to this scheme, also involves the Local health Board, as the nature of the scheme was to assist people with health conditions and disabilities overcoming barriers so that they could obtain or regain employment opportunities. RESOLVED: That Cabinet: 1. Agreed that Cardiff Council act as the Regional Grant Recipient Body. 2. Agreed that The Enterprise and Employability Programme Manager represents BCBC on the CTW Strategic Group led by Cardiff Council and the Employability Team Leader represents BCBC on the CTW Operational Group. 3. Delegated authority to the Corporate Director Communities, in consultation with the Chief Officer – Legal & Regulatory Services & HR & Electoral and Corporate Director – Finance and Transformation to negotiate and enter into a regional CTW funding agreement and any further deeds and documents which are ancillary to the agreement or that are necessary to deliver CTW.
Date Decision Made	10 March 2026

612. Draft Supplementary Planning Guidance (SPG): Educational Facilities & Residential Development

Decision Made	The purpose of this report presented by the Cabinet Member Regeneration, Economic Development and Housing, was to seek Cabinet approval to consult on a draft Supplementary Planning Guidance (SPG) for

	Educational Facilities & Residential Development. Subsequent adoption of this SPG will support the effective implementation of the existing planning policy framework contained within the Replacement Local Development Plan adopted March 2024 (RLDP), the Council's statutory land-use Planning document. It explains in detail the Council's approach to the provision of educational facilities and outlines how the Council will, where appropriate, seek planning obligations to provide or enhance education and school facilities as part of new residential developments throughout the County Borough. The draft SPG was attached to the report at Appendix 1. A member referred to page 56 of the report and Table 2, headed Cost per Pupil Place and to paragraph 5.20 immediately below this table, that stated that the figures in the table had been tested against the costs of recently completed new school construction projects and that these will be regularly reviewed to reflect changes in school building costs. She asked when these figures were last reviewed and, being mindful of costs of construction works increasing year on year, she asked what the local authority were doing to adequately mitigate such costs. The Strategic Planning Policy Team Leader advised that the updated SPG would address points such as the above, through revising key areas of this, to include consideration of, for example, pupil yield rates and associated cost guidance. It was added that the latter was particularly necessary, as costs have increased since the existing SPG's adoption in 2021. The Leader stressed the importance of community facilities also being made available as part of the construction of new schools and that to look to ensure this is achieved wherever possible, it was important that dialogue took place prior to site works progressing, between the Education Department, the School Governing body and the site developer. RESOLVED: That Cabinet: 1. Approved the draft SPG for Educational Facilities & Residential Development (Appendix 1 of the report referred) as the basis for public consultation for a minimum period of 6 weeks. 2. Authorised the Corporate Director – Communities and Group Manager – Planning and Development Services to make minor presentational changes, typographical or factual corrections as necessary prior to public consultation. 3. Authorised the Corporate Director – Communities and Group Manager – Planning and Development Services to undertake the public consultation and to report back the results of the public consultation to Cabinet for approval to send the report to Council to seek its approval for the adoption of the final draft SPG.

Date Decision Made	10 March 2026

613. Social Services and Wellbeing Partnership Arrangement for Dementia Training

Decision Made	The Deputy Leader and Cabinet Member Social Services, Health and Wellbeing presented a report, to request Cabinet approval to enter into a partnership agreement with Cwm Taf Morgannwg University Health Board (CTMUHB), with the objective of supporting effective collaboration of the health and social care workforce through joint learning and development activity, in order to improve outcomes for people affected by dementia. This partnership agreement would require a suspension of the Council's Contract Procedure Rules (CPRs). A Member stated that it was positive news in that there was now being put in place a formalised arrangement for the above, rather than a local agreement, in order that individuals within the County Borough could live their lives with as much freedom and dignity as possible. He added that, hopefully in future there would be a situation whereby the report's recommendations would be incorporated within the overall National Care Service. RESOLVED: That Cabinet: 1. Noted the informal arrangement and approves entering into the partnership agreement with CTMUHB and suspends the relevant parts of the Council's CPRs in respect of the requirements relating to the procurement of the dementia training and development provision which CTMUHB shall fulfil; 2. Delegated authority to the Corporate Director – Social Services and Wellbeing, to approve the final terms of the collaboration agreement with CTMUHB on behalf of the Council and to arrange execution of the collaboration agreement on behalf of the Council, subject to such delegated authority being exercised in consultation with the Chief Officer – Legal & Regulatory Services and HR & Electoral.
Date Decision Made	10 March 2026

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

614. Treasury Management Quarter 3 Report 2025-26

Decision Made	The Cabinet Member Finance and Performance provided a report which updated the Cabinet of Treasury Management activity for the period 1 April 2025 to 31 December 2025. As at 31 December 2025 the Council had £93.50 million of long-term debt, £2.15 million of Salix loans (mostly interest free), £14.85 million of other long term liabilities and £56.95 million of investments. The overall net debt position at 31 December 2025 was £53.55 million, with the average interest rate for debt as at 31 December 2025 being 4.62%and for investments it being 3.66%. He confirmed that the Council has a manageable maturity structure of borrowing, with its current debt repayable at various points over the next 30 years, the next repayment being due in March 2026. The Council was required to set and report against Treasury Management Indicators, details of which are included at Appendix A to the report. These reflected that the Council was operating within its approved limits. The Council has also complied with the Chartered Institute of Public Finance and Accountancy's Treasury Management in the Public Services Code of Practice and Welsh Government Investment Guidance, during the period. RESOLVED: That Cabinet: 1. Noted the treasury management activities for the period 1 April 2025 to 31 December 2025. 2. Noted the Treasury Management Indicators for the period 1 April 2025 to 31 December 2025 against those approved in the Treasury Management Strategy 2025-26.
Date Decision Made	10 March 2026

615. Bridgend Social Housing Allocation Policy

Decision Made	The Cabinet Member Regeneration, Economic Development and Housing submitted a report, seeking Cabinet approval of the revised Social Housing Allocation Policy (SHAP) attached at Appendix 1 to the report, which has been updated following a period of public consultation.

	A Member referred to paragraph 5.2 of the SHAP which listed eleven options in bullet points via which the Council and its partners could facilitate a Local Letting Policy. With regard to this, he noted that accommodation consisting of a number of flats were intending to be let next to a new nursery in Bettws. He asked what safeguarding arrangements had been discussed with the Registered Social Landlord (RSL) V2C regarding the close proximity of these two facilities. It was confirmed that this point would be addressed by Housing Officers of BCBC and V2C, outside of the meeting. The Deputy Leader stated that Officers should also take up with RSL partners the number of 'void' properties situate in the Bridgend County Borough which should aim to be reduced and made available for occupancy, in order that these could be taken up by would-be tenants that were listed as awaiting accommodation. A Member also asked what efforts were being made for V2C to increase their vacancies from 75% to 100%, in-keeping with other RSL's and the Council's SHAP. It was confirmed that this issue had been taken-up with V2C who were looking to improve this percentage. The Leader concluded debate on this report by suggesting that the shortfall in the supply of local housing is something that possibly could be looked at in future by the Communities, Environment and Housing Overview and Scrutiny Committee, as part of it's Forward Work Programme (FWP). RESOLVED: That Cabinet: 1. Approved the Bridgend Social Housing Allocation Policy attached as Appendix 1 to the report. 2. Delegated authority to the Corporate Director – Finance and Transformation to make minor variations to the Policy to allow for any increase in the percentage of Valleys to Coast properties to be allocated via the Common Housing Register.
Date Decision Made	10 March 2026

616. Homelessness Temporary Accommodation

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Decision Made	The Cabinet Member Regeneration, Economic Development and Housing advised that a Housing Support Programme Strategy approved by Cabinet in December 2023, had set out the challenges the Council faces in terms of housing and homelessness services. A key challenge is the demand and associated cost of temporary accommodation. Today's report provided an update on temporary accommodation and sought approval to suspend the Council's Contract Procedure Rules (CPRs) and enter into further agreements with private accommodation providers, in order to enable continuation of short-term arrangements, to meet statutory duties in relation to temporary accommodation. The Leader advised that in relation to costs, the graph shown at paragraph 2.8 of the report, indicated that the measures shared with Cabinet previously as referenced at paragraph 3.1 (of the report) were making a positive impact. Whilst demand has continued to rise, costs were showing as being decreased by 21% (£1,092,919), between the period of 2023-24 and 2025-26. RESOLVED: That Cabinet: 1. Noted the contents of the report. 2. Agreed to suspend the relevant parts of the Council's Contract Procedure Rules (CPRs) with regards to the requirement to tender for a contract and delegate authority to the Group Manager Housing & Community Regeneration to enter into Service Level Agreements with existing accommodation providers for a period of 'up to' 12 months or 'up to' 3 years where there is a commercial benefit to do so in order to continue the provision of additional temporary accommodation as necessary to meet the Council's statutory duties. 3. Delegated authority to the Group Manager Housing & Community Regeneration to approve the final terms of the Service Level Agreements on behalf of the Council and to arrange execution of the agreements on behalf of the Council in consultation with the Chief Officer – Legal & Regulatory Services & HR & Electoral. 4. Noted that a further report will be presented to Cabinet to update on the position regarding temporary accommodation.
Date Decision Made	10 March 2026

617. Non-Domestic Rates: Discretionary Relief: Food and Drink Hospitality Rates Relief Scheme 2026-27

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Decision Made	The purpose of the report presented by the Cabinet Member Finance and Performance, was to seek approval from Cabinet to adopt the Welsh Government's Food and Drink Hospitality Rates Relief Scheme 2026-27. The Welsh Government will provide grant funding to local authorities in Wales to deliver the Food and Drink Hospitality Rates Relief scheme to eligible businesses for 2026-27. The scheme aims to provide support for eligible occupied properties by offering a discount of 15% on non-domestic rates bills for such properties. He advised those present, that while the Council can elect to adopt the Scheme, it cannot amend the Scheme. It was therefore proposed that the Council adopts the Scheme for 2026-27, by authorising the appropriate determination and decision, as required by the relevant legislation. Full details of the scheme were detailed at Appendix A to the report. The Leader noted that businesses who were eligible were required to make an application in order to benefit for any discount as part of the scheme, and therefore, all businesses needed to be aware of it in order to make such a suitable application. He therefore urged that it be publicised accordingly through the Council's web site or via the BCBC's Communications Team. RESOLVED: That Cabinet adopted the Non-Domestic Rates Food and Drink Hospitality Rates Relief Scheme 2026-27 as detailed within Appendix A of the report.
Date Decision Made	10 March 2026

618. Information Report for Noting

Decision Made	The purpose of this report of the Chief Officer – Legal and Regulatory Services, HR and Corporate Policy, was to inform Cabinet of the Information Report for noting that has been published since its last scheduled meeting. RESOLVED: That Cabinet acknowledged the publication of the report referred to in paragraph 3.1 0f the report.

Date Decision Made	10 March 2026

619. Urgent Items

Decision Made	There were no urgent items.
Date Decision Made	10 March 2026

620. Exclusion of the Public

Decision Made	RESOLVED: The following items are not for publication as they contain exempt information as defined in Paragraphs 14 and/or 16 of Part 4 and Paragraph 21 of Part 5, Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007. Following the application of the public interest test, Cabinet resolved pursuant to the Act to consider these items in private, with the public being excluded from the meeting during such consideration.
Date Decision Made	10 March 2026

621. Approval of Exempt Minutes

Decision Made	RESOLVED: That the exempt minutes of a meeting of Cabinet dated 3/02/2026, be approved as a true and accurate record.
Date Decision Made	10 March 2026

This document is available in Welsh / Mae’r ddogfen hon ar gael yn Gymraeg

622. Social Services and Wellbeing Recommissioning Care at Home Services

Decision Made	This item is exempt and the decision is therefore not open to the public
Date Decision Made	10 March 2026

623. Placement Commissioning Strategy 2025-2030 (Children and Family Services)

Decision Made	This item is exempt and the decision is therefore not open to the public
Date Decision Made	10 March 2026

624. Exempt Joint Report - School Modernisation Programme - Bridgend West

Decision Made	This item is exempt and the decision is therefore not open to the public
Date Decision Made	10 March 2026

To observe further debate that took place on the above items, please click this link

The meeting closed at 3.40pm.

This document is available in Welsh / Mae’r ddogfen hon ar gael yn Gymraeg

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Meeting of:	CABINET
Date of Meeting:	19 MAY 2026
Report Title:	SCRUTINY RECOMMENDATION FROM SOCIAL SERVICES, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE REGARDING HEALTHY LIVING PARTNERSHIP – AGENCY MODEL
Report Owner: Responsible Chief Officer / Cabinet Member	REPORT OF SOCIAL SERVICES, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
Responsible Officer:	MERYL LAWRENCE SENIOR DEMOCRATIC SERVICES OFFICER – SCRUTINY
Policy Framework and Procedure Rules:	This report has no effect on the Policy Framework and Procedure Rules.
Executive Summary:	The report presents Cabinet with the recommendation of the Social Services, Health and Wellbeing Overview and Scrutiny Committee from their meeting held on 23 January 2026, during consideration of a report on Healthy Living Partnership – Agency Model. Cabinet is requested to consider and respond to the recommendation of the Social Services, Health and Wellbeing Overview and Scrutiny Committee.

1. Purpose of Report

1.1 The purpose of this report is to present Cabinet with the recommendation of the Social Services, Health and Wellbeing Overview and Scrutiny Committee from their meeting held on 23 January 2026, during consideration of a report on Healthy Living Partnership – Agency Model.

2. Background

2.1 At its meeting on 23 January 2026, the Social Services, Health and Wellbeing Overview and Scrutiny Committee considered a report on the Healthy Living Partnership – Agency Model, when Members were advised that the Agency Model variation would amount to a modification to the procured terms of the contract and that there is a risk that such a modification could be subject to a procurement challenge.

3. Current situation / proposal

3.1 Following detailed consideration and discussions with a Cabinet Member and Senior Officers, the Committee made the following recommendation:

Members expressed concern regarding the risk highlighted in the report received of a procurement challenge arising from a modification to the contract terms if the Agency Model is implemented.

The Committee acknowledged that it is Cabinet's responsibility to explore the risk following the indemnified further external legal advice and recommended that Cabinet evidence consideration of the concerns expressed by the Committee in their deliberations.

3.2 Cabinet is requested to consider and respond to the recommendation above.

3.3 Furthermore, and for information, whilst the Committee were advised that any legal advice would be subject to legal professional privilege, they requested sight of the further indemnified legal advice that will be provided to Cabinet when they are asked to agree to the Agency Model being adopted, and a confidential Members' Briefing to provide reassurance regarding the risk from challenge.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

5.2 The Act provides the basis for driving a different kind of public service in Wales, with 5 Ways of Working to guide how public services should work to deliver for people. The scrutiny function contributes to the 5 Ways of Working set out in the Well-being of Future Generations (Wales) Act 2015 and how they contribute to the Council developing its own five ways of working, driving and measuring those ways of working.

5.3 The scrutiny arrangements assists in the achievement of the Council's 4 Well-being Objectives under the Well-being of Future Generations (Wales) Act 2015, listed below:

1. A prosperous place with thriving communities
2. Creating modern, seamless public services

3. Enabling people to meet their potential
4. Supporting our most vulnerable

6. Climate Change and Nature Implications

6.1 There are no climate change or nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 There are no direct financial implications arising from this report.

9. Recommendation

9.1 Cabinet is recommended to consider and respond to the recommendation of the Social Services, Health and Wellbeing Overview and Scrutiny Committee.

Background documents

None.

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Meeting of:	CABINET
Date of Meeting:	19 MAY 2026
Report Title:	SOCIAL SERVICES AND WELLBEING DIRECTORATE SUPERVISION POLICY
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING DEPUTY LEADER AND CABINET MEMBER FOR SOCIAL SERVICES, HEALTH AND WELLBEING
Responsible Officer:	JOE BOYLE COMMISSIONING AND SERVICE DEVELOPMENT OFFICER
Policy Framework and Procedure Rules:	There is no effect upon the policy framework and procedure rules.
Executive Summary:	This report sets out the work that has been undertaken to update the Social Services and Wellbeing Directorate Supervision Policy and Practice Guidelines. This report also seeks Cabinet approval to implement the revised policy.

1. Purpose of Report

1.1 The purpose of this report is to seek Cabinet approval for the implementation of the revised Social Services and Wellbeing Directorate Supervision Policy and Practice Guidelines (**Appendix A**).

2. Background

2.1 In 2023 two Supervision Policies were approved for implementation into the Social Services and Wellbeing Directorate (SSWB) which focused on both direct care services and social work teams.

2.2 The reason for the two policies was to reflect the differences in reporting and recording requirements for the two areas of the directorate.

2.3 Following the expansion of the directorate, along with the need to ensure the policy reflects and covers all areas and teams within the SSWB directorate, work has been completed to review, refine and combine these policies back into one policy that is applicable to all services and teams within the directorate.

2.4 The regulatory requirements for supervisions are set out in the following legislations and Codes of Practice:

- Social Care Wales Codes of Practice for social workers, residential child care workers, social care managers, domiciliary care workers, and adult care home workers
- Regulation and Inspection of Social Care (Wales) Act 2016 (regulations 35, 36, 38,39, 47, and 66)

2.5 Although other areas of the directorate are not covered by these regulations, such as business support and early help and commissioning, it is best practice for these areas to follow the principles and practices set out in the revised policy.

3. Current situation/ proposal

3.1 Following the expansion of the directorate, and identification of the ways in which the previous policies did not accurately cover all services and teams within the directorate, review work to combine and create one policy for the directorate was undertaken.

3.2 Review work has been completed on the associated appendices to reduce the number of forms that have to be completed on a supervision, especially for social work supervisions, where significant numbers of forms were being required to be completed before uploading to WCCIS where case discussions have taken place.

3.3 The proposed policy and its reviewed appendices can be found at **Appendix A** of this report.

3.4 Work has been undertaken across the directorate to ensure supervisions are being saved in the appropriate places to enable accurate audit activity to be undertaken which will ensure effective and appropriate supervision practice.

3.5 The policy sets out the standards for supervisions to take place within the SSWB directorate.

3.6 Concerns had also been raised regarding certain practices relating to the old policy whereby ineffective and inefficient discussions were taking place due to all tasks or cases a practitioner may be working on were being discussed which was leading to supervisions being a lengthy and time-consuming process to complete. A suggested triage system has been adopted from practice in other local authorities across Wales, where not a compulsory requirement of the policy, has been included as a suggested action to support the supervision process. This way supervisors are given oversight of all cases and tasks the supervisee is working on at each supervision, but enables triaging of cases/tasks to ensure the most challenging ones are given due time and consideration for support.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected

characteristics, on socio-economic disadvantage or the use of the Welsh Language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The Well-being of Future Generations (Wales) Act 2015 provides the framework for improving the social, economic, environmental and cultural well-being of Wales. The five ways of working have been considered in the development of the revised policy as follows:

Involvement	Representatives from across the directorate have fed into this report.
Long term	There will be a positive long-term impact of this policy review given the link between quality of supervision and quality of performance.
Prevention	To prevent high turnover of directorate staff by providing higher quality supervision practice.
Integration	This policy will be implemented and used directorate wide.
Collaboration	Work has taken place across the directorate to update and improve practice relating to supervision in the SSWB directorate.

6. Climate Change and Nature Implications

6.1 There are no climate change and nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no direct safeguarding or Corporate Parenting Implications arising from this report, however the implementation of appropriate supervisory practice will enhance and support the directorates responsibilities towards safeguarding vulnerable individuals by enhancing and supporting practice and by providing effective supervision to practice.

8. Financial Implications

8.1 There are no financial implications as a result of this report. All relevant training relating to SSWB supervision is met within existing Social Care Workforce Development Programme (SCWDP) budgets.

9. Recommendation

9.1 It is recommended that Cabinet approve the implementation of the revised Social Services and Wellbeing Directorate Supervision Policy and Practice Guidelines (**Appendix A**).

Background documents

None

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Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
www.bridgend.gov.uk

SOCIAL SERVICES & WELLBEING DIRECTORATE

SUPERVISION POLICY & PRACTICE GUIDELINES 2026

DRAFT

Policy Review Date: TBA

Revised ……..

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DRAFT

1. Introduction

Supervision is a formal and accountable process which supports, motivates and enables the development of good practice for individuals working in their relevant roles across the SSWB directorate.

This policy sets out the approach to Supervision for the Social Services and Wellbeing Directorate. This applies to all permanent, full-time, part-time, casual and agency staff. For allied professional staff in integrated health and social care teams and multi-disciplinary teams, supervision will be in conjunction with and parallel to any clinical or professional supervisory requirements of each profession.

This policy provides clear principles which ensures that all Directorate staff are aware of their responsibilities for delivering and actively participating in reflective personal and professional supervision that balances individual well-being and effective workload oversight with the overall aim of improving outcomes for those whom we support.

There is a link between supervision quality and the outcomes of individuals and families that we support, with higher quality supervision being shown to lead to higher levels of outcomes for individuals.

In line with the ethos of the Social Services and Well-Being (Wales) Act 2014, supporting well-being, prioritising safety, and promoting independence and choice is at the heart of the work undertaken in partnership with children, adults, families, and carers. This work can only be effective and safe when supported by regular, quality supervision.

The supervision and appraisal process are interlinked, but separate processes. supervision is an ongoing process, appraisal consists of an annual meeting between a member of staff and their line manager during which several objectives will have been agreed. Progress towards agreed targets should be monitored during supervision.

2. Aims, Commitment and Principles

The Aims of and Commitment to Supervision

Supervision in the Social Services and Wellbeing Directorate will:

- Provide high quality, regular supervision to all staff working within the Social Services and Well-being directorate. Ensure that all supervisors and supervisees have the necessary skills to engage in effective supervision through the provision of training as appropriate.
- Audit the effectiveness of supervision to ensure standards are met and take action where required to improve the supervision process.
- Keep outcomes at the centre of what we do – by monitoring, reviewing, and evaluating progress through supervision.

- Value the contribution made by staff and promote and support personal and professional development.
- Ensure staff know what is expected of them.
- Ensure staff actively contribute to the organisations outcomes by undertaking their responsibilities and duties effectively and efficiently.
- Promote and supports professional development.
- Promote equality and values diversity.
- Ensure appropriate management oversight giving assurance that tasks are being effectively managed and completed within legal and practice frameworks.
- Encourage critical reflection and analysis whilst offering guidance and promoting a learning culture.
- Enhance staff confidence in analysis, decision making and reflective practice.
- Provide an opportunity for celebrating good practice, offering constructive feedback, and addressing areas for development.
- Ensure workloads are manageable, to safeguard the wellbeing of the supervisee, and ensures supported individuals receive a good quality of service to meet their identified outcomes, where relevant.
- Address any concerns regarding health and safety.

Within supervision staff members' ongoing understanding of relevant procedures, codes of practice, and relevant guidance must be reviewed.

The Principles Underpinning Supervision

- Supervision is an accountable two-way process.
- Supervision provides a supportive environment where workers can discuss challenges, reflect on practice and receive guidance.
- Supervision should identify and address training needs and promote professional development to enhance their skillsets.
- Regular Supervision ensures services are delivered to a high standard and in line with regulatory requirements
- Regular, planned, and competent supervision is both a right and a requirement for all members of staff working for the Directorate regardless of role or grade.
- Staff are accountable for the quality of their work and take responsibility for maintaining and developing their knowledge and skills.
- Managers should provide supervision that supports and motivates staff to meet their role, responsibilities and accountabilities.

3. Types of Supervision and Related Activity

The following sets out the potential supervision activity that may take place across the Directorate. Given the wide-ranging nature of services provided, different settings may opt to use one or more of these supervision methods.

One to One

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This is the standard model of supervision where the supervisor and supervisee follow an agenda for personal supervision and workload reflection/discussion. In social work teams, any alternatively qualified social work staff must be supervised by a qualified social work or social care practitioner.

Reflective workload discussions are required to provide management oversight as well as ensuring the current workload is manageable. This must be done in enough depth to ensure effective progress is being made towards targets/outcomes, risks are being addressed and managed, and that any barriers to progress are considered.

Due to workload demands, for example high caseload numbers or number of projects worked on, it may not be possible to review every task/case during each supervision. The supervisor and supervisee should carefully consider which cases they want to bring for discussion prior to the session. It is recommended that the supervisee complete the Supervision One-to-One Update Form found in Section A of the Supervision Record (Appendix 1 of this policy) prior to the supervision, with a brief update (1/2 sentences) relating to each ongoing case/individual/task. This will allow for a triaged model of Supervision, with the Supervisor being provided with an overview of all work underway, and enable focused discussions about specific high-priority/risk cases/tasks/projects to take place during the supervision.

Group Supervision

This involves a group setting to enable members to reflect on their work. By pooling skills, experience and knowledge, the aim of the session is to improve the skills and capability of both individuals and the group.

Group supervision:

- Encourages open and professional attitudes to learning
- Uses the various abilities within the group
- Offers a range of perspectives and skills to individuals
- Supports the concept of collective practice and service delivery
- Reflects the group approach of residential and day care services
- Focuses on direct work with users and carers

Group supervision is <u>not:</u>

- ***a Team Meeting (concerned with team business).***
- ***to be used as a substitute for one-one supervision***

Group supervision will be necessary in some settings and can be used to support maximum learning and development alongside ensuring service quality. A record of the group session should be kept by the facilitator *(see Appendix 2)* and individual supervisees should complete a 'reflective log' following the group session *(see Appendix 3)*

The following link offers additional guidance on group supervision.

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Joint co-worker supervision

Joint supervision may provide an opportunity to have discussions with other team members who co-work individuals/cases/tasks/projects to ensure clarity of roles and responsibilities and monitor progress outside of formal review mechanisms. The date, participants, details and what resulted from the discussion should be added by the responsible worker to the relevant records for the individual/case/task/project.

Unplanned/Informal Supervision

Due to the complex nature of the work undertaken by the Social Services and Wellbeing Directorate, there may be occasions where formal discussions regarding guidance and support cannot wait and take place outside of a formal supervision setting. It is important that these conversations are still viewed as supervisory activity and that any discussions or decision making is clearly recorded on the individuals/case/task/project record as relevant to ensure a log of this has been maintained. This would usually be completed by the responsible worker, but if possible and relevant the supervisor may wish/choose to do so themselves.

These informal/unplanned discussions are not a substitute for formal supervision and where possible, supervisees should be encouraged to reflect on the issue and more in-depth discussions can take place in formal supervision if appropriate.

4. Supervision Organisation

Supervision Agreements

There should be a signed agreement between each supervisee and each supervisor taking part in one-to-one supervision using the model agreement – *see Appendix 4*

The supervision agreement forms the basis of the supervision sessions, and sets out the basics of supervisions, covering record keeping, confidentiality, expectations and responsibilities, duration of sessions, circumstances under which supervision can be cancelled, and timescales for rearranging cancelled supervision.

The Supervision Agreement should be created at the outset of new supervision arrangements such as during staff induction or where there is a change of supervisor.

The agreement should be reviewed annually or as required if sooner.

Frequency

The standard for the frequency of supervision may vary in different settings, and for different staff groups, also considering complexity of work, and the experience of staff,

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but must be defined and agreed between managers of services, supervisors, and supervisees.

Supervision on a one-to-one basis should take place every 4 weeks for full-time staff, and 4-6 weeks for part-time staff. This will also apply to agency staff.

Who Will Your Supervisor Be?

All staff will have a named supervisor with whom they will have a supervision agreement. This will usually be their line manager, unless another individual with suitable status, relevant training, and experience has been identified.

Supervisors of staff offering professional supervision will be registered in the same profession.

Recording

A written record of the supervision session must be made in line with service expectations. The record must be signed and dated by both following the end of the session – *see Appendix 1*

This form can be used flexibly and may not cover all aspects in every session, depending on priorities.

All recording must be completed and stored in the relevant place in a timely manner. Any additional associated records specified for any service or role completed within the relevant timescales. Supervision records are not to be stored on private drives as this disables the ability to conduct Quality Assurance activity.

Where discussions have taken place regarding a child or individual, this must be recorded on the Local Authority's case management system. This also includes non-case management services (such as early help or fostering for example) and the child/individual's social worker must be made aware of the record.

Confidentiality and Access to Supervision Records

Supervision is a private but not confidential process as the supervisor has the responsibility to share information of concern. Any details of personal issues contained within the record will only be potentially shared within the line management structure if relevant and required. These must always be redacted in respect of audit or inspection activity.

Supervision agreements, records and evaluation forms may all be read by the supervisor's line manager and other appropriate stakeholders as required e.g., where there is a change of manager, audit/quality assurance/inspection staff, the coroner, serious case review investigations, Social Care Wales, and the Disclosure and Baring Service, where there may be concerns regarding conduct and registration. They may also be used as evidence to evaluate supervisees' progress at appraisal or in the event of capability, resolution (or grievance) or disciplinary procedures.

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The supervisor has the responsibility to share information that arises in supervision if:

- the supervisee's works breaches agreed standards of practice – in this case, supervision records could be used in a discussion about training and development needs or when dealing with capability or disciplinary or resolution procedures.
- the supervisee's behaviour gives rise for concern – the supervisor might need to refer to the line manager or Human Resources.
- the supervisee's physical or emotional health requires referral to a medical or staff care professional.

Cancellation

Supervision should be prioritised with cancellation only happening in exceptional circumstances. If cancellation must happen it should be rearranged at the earliest opportunity (preferably within 5 working days) and must not wait until the following month.

Areas Of Complaint and Disagreement

If there are any disagreements between the supervisor and supervisee about what goes in the record, these should be noted. The supervisee may complete an electronic copy and send it to the supervisor within two working days. Both should provide electronic signatures.

Once both signatures have been included, the copy should be 'protected' i.e. locked.

Supervisees have a responsibility to discuss any concerns with their supervisor's manager if they cannot be resolved together. These will include concerns about such as:

- The supervisor not adhering to the supervision agreement.
- Concerns about the quality of supervision offered.
- Concerns about the supervisor's standards of practice.
- Concerns about the supervisor's attitude and behaviour.

Where a supervisee does not feel able to raise concerns with a supervisor's line manager, he/should contact the line manager's own line manager or another senior manager.

Storage Of Records

The supervision record remains the property of the Directorate.

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Where discussions have taken place regarding a child or individual, this must be recorded on Local Authority's case management system.

Supervision records for staff within Children and Family Services are stored within the Supervision Folder on the Children and Family Services shared Drive. Access to this folder is restricted to the supervisor and Team Manager.

Supervision records for staff within Adult Social Care are stored within the Team's Folder on the Adults Shared Drive with restricted access for the supervisor, and Team Manager.

ICT must be approached by the manager to manage who can access the supervision folder.

It is recommended that staff save the record in their own Y drives for their own records.

It is the responsibility of Senior and Service Managers to ensure all supervising staff have the relevant access to the correct folders and drives to enable appropriate supervision record storage.

When a person moves from their post, it is the responsibility of the line manager to notify ICT if there are changes required in relation to their permissions on the Supervision folders within the drive

5. Responsibilities in Supervision

Responsibilities of the Supervisor

- Create an open and 'learning' environment in supervision.
- Ensure that supervision is held in a private place, free of interruptions.
- Celebrate and acknowledge good practice.
- Use approaches consistent with the models of practice to support the supervisee to analyse any presenting problems, clarifying and summarising both the content and the perceptions of the issues under discussion
- If there are concerns about professional competence or behaviour of the supervisee address these early, giving specific and concrete examples of these concerns.
- Promoting anti-discriminatory practice and behaviour and challenging unconscious bias.
- Ensure that supervision does not become just a checklist, look beyond caseload management, encouraging creative approaches to the discussion of work issues.
- Identify training and development needs and the need to consolidate practice.
- Assist with generating solutions and realistic action plans.
- Make any disagreements with the record of supervision known.

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Responsibilities of the Supervisee

* Accepting the requirement to be supervised and accountable.
* Actively and honestly participate.
* Maintain a competent standard of practice, seeking help and guidance to do so where required.
* Express opinions, disagree where appropriate to learn from mistakes and be honest if unsure of what to do.
* Make the supervisor aware of their own work and development needs.
* Be open to feedback both about good practice and areas of concern.
* Be open to challenge about anti-discriminatory practice or areas of bias in relationships with individuals or colleagues.
* Engage in exploring options, finding solutions, and making realistic action plans.
* Make any disagreements with the record of supervision known.
* Be honest where practice or performance is affected by personal circumstances or workload demands. Seeking health and wellbeing support should be considered.

Shared Responsibilities in Supervision

* Prioritising supervision and attending on time.
* Abiding by the supervision agreement.
* Modelling a positive attitude to supervision, listening attentively and actively.
* Having an agreed joint agenda and participating fully
* Clarifying and agreeing standards of practice based on professional and Directorate guidelines
* To support anti-oppressive practice
* Identifying evidence that will demonstrate competent practice
* Reviewing the supervision process itself
* Developing action plans and timescales
* Agreeing who will record the supervision session.

Breakdown Of the Supervision Relationship

Both parties should work to establish a respectful, trusting, purposeful and effective relationship within supervision. If the supervision relationship breaks down and the problem cannot be resolved by the supervisor and supervisee, the supervisor's line manager should investigate, consider solutions or alternative options and take appropriate action. The supervisee may approach the line manager's own line manager if appropriate.

All Team Managers Have a Responsibility

* To be familiar with and follow the supervision policy and guidelines.
* To ensure that supervisors and supervisees are fulfilling their responsibilities and that the desired outcomes are being achieved.

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* That supervision within their team is taking place in line with expected guidance and is of a high standard, contributing to achieving positive outcomes.
* To ensure that records are stored in an appropriate manner to enable audit activity to take place.

The Directorate Management Team (Heads of Service, Deputy Heads of Service and Group Managers) have a responsibility

* To monitor and evaluate the standard of the supervisory process across their service area, ensuring that it is taking place regularly and meets the requirements of delivering a consistent and quality service that safeguards those that are vulnerable and promotes the attainment of personal well-being outcomes.
* Prioritising supervision and demonstrating their own commitment as required.
* For undertaking or supporting audit activity that monitors and reviews the effectiveness of supervision across their service area.
* To ensure appropriate storage activity is taking place to enable audit activity to accurately reflect supervision activity.

6. Quality Assurance, Monitoring & Review

Management and Leadership Quality Assurance activity in which practice actions and timescales are identified must be recorded within formal supervisions in line with the Assuring Quality Framework.

7. Training and CPD

Training is mandatory, with a refresher required every three years. Training is provided for both staff providing supervision and receiving supervision.

Learning and development is acknowledged as playing a key part in effective practice and professional progression. It is expected that staff should be undertaking relevant learning and development to maintain and improve their knowledge and skills to ensure they are fit to practice, and contribute to the learning and development of others. This discussion as a part of the supervision will help identify learning and development needs that may be addressed by formal training, E-learning, or directed personal research and reading.

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APPENDIX 1

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Personal Supervision – Directorate

Name of Supervisee:	
Name of Supervisor:	
Date:	

Section A - To be completed for all Supervisions

Personal well-being Discussion Eg. Annual Leave/Sickness Health and Well-being Personal Matters	Actions / Next Steps	Timescales

Reflective Discussion – Practice & Performance: • Updates from previous supervision • Workload (if relevant include Case ID numbers) • Any relevant follow up discussions following QA • What have you achieved / are you proud of? • What hasn't worked so well? How have you responded? • What might you do differently? • What outcomes do you want to achieve?	Next Steps

Professional Learning and Development Activity	Date	Relevant learning that can be applied to practice:

APPENDIX 1

Relevant updates on Appraisal targets	Further Actions / Next Steps Timescales

Areas of Disagreement	Actions / Next Steps

Any Other Matters/Comments (including DBS/SCW registration renewal dates)	Actions / Next Steps

Signature of Supervisor:	Date:
Signature of Supervisee:	Date:
Date of next meeting:	

APPENDIX 1

Section B – Case Management Discussion Record
Only to be completed by case holding, Early Help and Edge of Care teams. Once complete forward a copy of this page to Business Support for uploading to the system via the relevant form.

Staff Initials:
Supervisor Initials:
Date:

Case ID number	Case Discussion	Actions agreed and timescale for completion

APPENDIX 1

APPENDIX 2

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Record of Case Supervision (WCCIS)

One record per individual

Name of Individual and Case Record Number	

Date of last visit / individual last seen	

Date of Supervision Discussion	

Practitioner Name	
Manager/Supervisor Name	

Areas of Concern relating to current actions or plan	Agreed amended or new actions and plans to be implemented and timescale	Manager/Supervisor comments	Action updates (to be updated by practitioner following relevant action towards the new action/plan)

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Supervision Update Form
Staff Member:
Line Manager/Supervisor:

Date:

Time:

Venue: Teams/In-person

Pre-Supervision Updates

Task number/Case ID Number	Update	Need for prioritisation?
	UPDATES ON PROFESSIONAL DEVELOPMENT OR WELLBEING AREAS TO DISCUSS	

APPENDIX 4

Morrisons 4x4x4 Supervision Model

The policy utilises Tony Morrison's 4x4x4 model of reflective supervision as it's basis, whilst also acknowledging and incorporating the use of different operational models of practice across the directorate, including Signs of Safety and Outcomes Focussed, Strengths based practice, both operational models are compatible with reflective supervision.

Morrison's model identifies four functions of supervision that the supervisor should address, although it is recognised that it may not be possible to cover all four aspects in every supervision session. The four functions
Quality of assessment, decision-making and intervention is at the heart of the 4x4x4 approach to reflective supervision and hinges on e four main functions of supervision:

Managerial and Accountability Function

Developmental and Educational Function

Supportive Function

Mediation/ Advocacy Function

It is not necessary to have a complete balance of the four functions in every supervision session, but it is important not to let any one of them consistently dominate. Supervisors and supervisees should monitor any tendency to concentrate on one function and think about why this may be happening.

The Managerial and Accountability Function

…is concerned with ensuring that the work of the supervisee is carried out to the Directorates expectations and standards:

Managers taking responsibility for supervising their staff and monitoring the quality of their work

Ensuring supervisees are clear about their roles, responsibilities and statutory obligations

Ensure supervisees understand and follow all Directorate policies, procedures and adapt to changes and developments in practice

Ensure supervisees act in the best interests of indivudals

Ensure supervisees are clear about the purpose and practice of supervision

Promoting reflection, establishing clear and appropriate priorities and subsequent action plans for evaluation

Supervisees can develop bespoke outcomes focussed plans in partnership with individuals/families

Maintain case records that demonstrate anaylsis, decision making and professional judgement

Balancing feedback on positive practice and performance and identifying and addressing areas for development

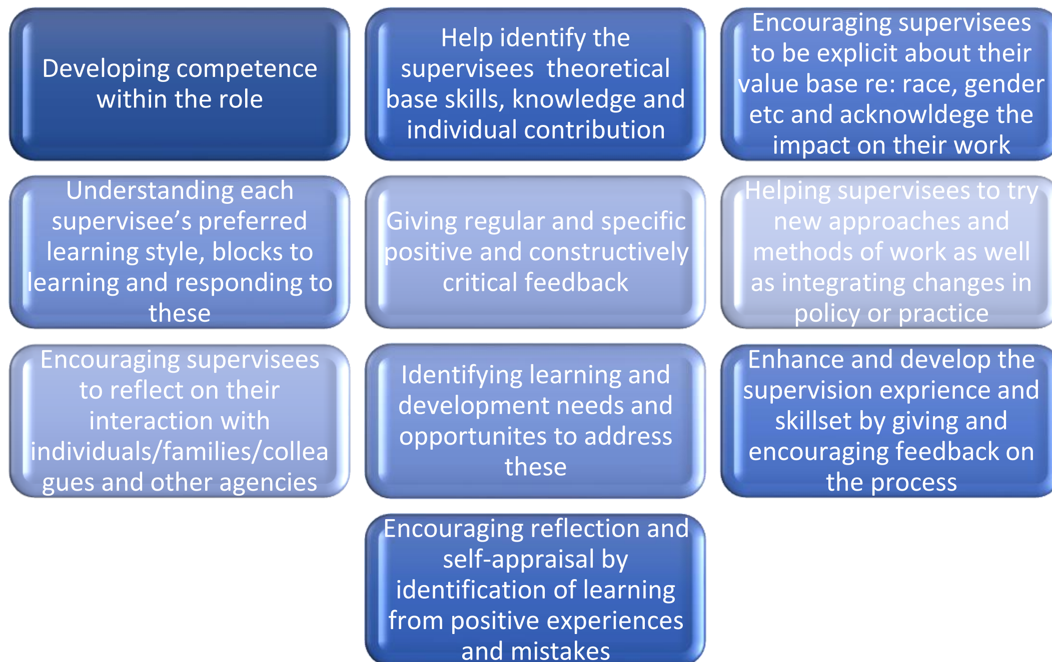
Embedding and promting equlity and anti-discriminatory practice

Promoting team cohesion and multi-agency working

Promote the management of professional difference constructively

The Development/Educational Function

The supervisory process is a key element in the continuing professional development and education of staff. Supervisors can help staff reflect on their current performance, identify development and education needs including:



The Supportive Function

The nature of the work carried out in the Directorate can mean that staff are faced with difficult situations, uncertainty, and stress. An important function of supervision is to help staff cope with these difficulties by:

The Mediation/Advocacy Function

This function is concerned with building the relationship between the individual and the Directorate as an organisation, and includes:

The link below is to a short video that explains the model simply.

https://www.researchinpractice.org.uk/all/content-pages/videos/the-4x4x4-supervision-model/

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APPENDIX 5

SOCIAL SERVICES & WELL-BEING DIRECTORATE STAFF SUPERVISION AGREEMENT

Name of Supervisee:	
Name of Supervisor:	

The purpose of this agreement is to set out the agreed arrangements for supervision so that the requirements and expectations are clear for all concerned.

Practical Arrangements

Supervision will be held every …………………. as a minimum and last approximately one to two hours. Sessions will be planned in advance at a mutually convenient time. Supervision will be held in private and be free from interruptions.

To ensure supervision is effective both parties agree to:

- Participate fully and in a professional manner, being open, honest and respectful towards each other and sensitive to issues of diversity and difference.
- Prioritise supervision sessions and keep to agreed arrangements. Sessions will only be cancelled in exceptional circumstances and will be immediately rescheduled, taking place within five working days, if possible.
- Prepare for supervision sessions by contributing to the joint agenda (see template) and reviewing the record from the previous session in advance.

As a supervisor, I agree to:

- Make sure supervision meetings take place in a quiet, private space and there are no interruptions.
- Provide constructive feedback and honest and meaningful advice and support.
- Create a safe environment for my supervisee to bring any uncertainties, issues or dilemmas they may have.

* Support and encourage my supervisee to reflect on their day-to-day practice, values and attitudes.
* Work with my supervisee to identify the outcomes that matter to them, focus on their strengths and skills and support them with areas for development.

As a supervisee, I agree to:

* Prepare for the supervision session by reflecting on how the learning and development activities I've carried out have changed my practice.
* Use the session to discuss my workload and cases, critically reflecting on what has worked well and what hasn't.
* Identify any situations that are beyond my ability or I'm unsure about.
* Follow up any agreed actions, including completing any training or learning and development activities.

Record Keeping, Confidentiality and Information Sharing

* The supervisor is responsible for recording the sessions unless it is agreed otherwise between supervisor and supervisee and is in line with Directorate expectations.
* Information shared about cases, decisions in respect of individual cases, agreed actions, the rationale, timescales and who is responsible for carrying them out will be shared according to Bridgend County Borough Council Information Sharing Protocol. Details will be stored on WCCIS within the child/individual/carers record.
* Supervision is a private but not confidential process, though details of any personal issues contained within the record will only be potentially available within the line management structure (and can be redacted in respect of audit or inspection activity).
* Supervision agreements, records and evaluation forms may all be read by the supervisor's line manager and other appropriate stakeholders as required e.g. audit/quality assurance/inspection staff. They may also be used as evidence to evaluate supervisees' progress at appraisal or in the event of capability or grievance procedures.

Absence

Supervision will be re-arranged for planned absences. In the case of unexpected absence, the Line Manager will make alternative arrangements for supervision.

Resolving Difference

If there are differences in viewpoint which cannot be resolved through discussion, the supervisor will discuss with their line manager who will enable a solution to be found.

This agreement will be reviewed annually or upon a change in supervisor.

I agree to and will carry out the supervision arrangements as described above to make supervision as effective as possible. We have read and understood the BCBC Social Services and Wellbeing Supervision Policy and Guidance.

Signature of Supervisor	Date:
Signature of Supervisee:	Date:
Review date:	

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APPENDIX 6

Record of Group Supervision or Action Learning Set

Service Area/Team	
Group Supervisor/Facilitator	
Attendees	

Issue Discussed	Actions / Next Steps	Person Responsible	Timescales

Signature of Supervisor:	Date:
Date of next meeting:	

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APPENDIX 7

Group Supervision –
Personal Reflective Log

Use this form help you to reflect on the session and discuss with your supervisor in your next one-to-one supervision.

What have you learned?
How might this impact on your work?
Have you identified any learning and development needs?

Name	
Service Area/Team	
Group Supervision Date:	

How has the group supervision session impacted on your practice and/or improved your knowledge/understanding?
1.
2.
3.

Please detail any learning and development needs the session has highlighted and how this will be addressed:

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APPENDIX 8a

Annual Supervision – Supervisee Self-Evaluation

Supervision	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
Takes place regularly					
Is well structured, planned and both parties are prepared					
Take places in a quiet place, free from interruption					
Clarifies roles and responsibilities – I understand what is expected of me					
Supports with time management and workload - I clearly understand my work plans					
Promotes anti discriminatory practice					
Encourages identification of outcomes / strengths / risks / contingency plans					
Provides clear feedback on practice and identifies areas of concern					
Supports continuous improvement and opportunities for growth and development					
Identifies training and development needs and ways to address these					
Is supportive and assists in managing well-being					
Explores options and develops realistic action plans					
Is a means by which issues, ideas and concerns can be voiced to higher management					
Is a two-way process, I can speak freely and feel listened to					
Makes me feel valued in my role					
Is motivating					
Is worthwhile and beneficial					
Reviews what we agreed at the previous session					
Helps me understand how my job fits in the ‘big picture’ of the Directorate					

What benefits do you gain from supervision?

How could your supervision be improved?

Additional comments

Please share your answers with your supervisor and based on the discussion, please detail agree any changes required to the supervision agreement.

Supervisor comments

Signature of Supervisor:	Date:
Signature of Supervisee:	Date:

Annual Supervision – Supervisor Self-Evaluation

APPENDIX 8b

Supervision	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
Takes place regularly					
Is well structured, planned and both parties are prepared					
Take places in a quiet place, free from interruption					
Clarifies roles and responsibilities – I ensure the supervisee understands what is expected of them					
Assists with the management of time and workload - I clearly communicate work plans					
Promotes anti discriminatory practice					
Encourages identification of outcomes / strengths / risks / contingency plans					
Provides clear feedback on practice and identifies areas of concern.					
Supports continuous improvement and opportunities for growth and development					
Identifies training and development needs and ways to address these					
Is supportive and assists in managing well-being					
Explores options and develops realistic action plans					
Is a means by which issues, ideas and concerns can be voiced to higher management					
Is a two-way process, I can speak freely and feel listened to					
Makes the supervisee feel valued in my role					

Is motivating					
Is worthwhile and beneficial					
Reviews what we agreed at the previous session					
Helps the supervisee understand how their job fits in the 'big picture' of the Directorate					

What benefits do you gain from supervision?

How could your supervision be improved?

Additional comments

Please share your answers with your supervisee and based on the discussion, please detail agree any changes required to the supervision agreement.

Supervisee comments

Signature of Supervisor:	Date:
Signature of Supervisee:	Date:

Meeting of:	CABINET
Date of Meeting:	19 MAY 2026
Report Title:	SOCIAL SERVICES AND WELLBEING DIRECTORATE MEDICATION POLICY REVIEW
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING DEPUTY LEADER AND CABINET MEMBER FOR SOCIAL SERVICES, HEALTH AND WELLBEING
Responsible Officer:	JOE BOYLE COMMISSIONING AND SERVICE DEVELOPMENT OFFICER
Policy Framework and Procedure Rules:	There is no effect upon the policy framework and procedure rules.
Executive Summary:	This report sets out the work that has been undertaken to update the Social Services and Wellbeing Directorate Medication Policy. This report also seeks Cabinet approval to implement the revised Policy.

1. Purpose of Report

1.1 The purpose of this report is to seek Cabinet approval for the implementation of the revised Social Services and Wellbeing Directorate (SSWB) Medication Policy (**Appendix A**) as required under the Registration and Inspection of Social Care (Wales) Act 2016 (RISCA).

2. Background

2.1 Regulatory requirements for Medication administration are set out in the following legislation and Codes of Practice:

- Social Care Wales Codes of Practice for social workers, residential childcare workers, social care managers, domiciliary care workers, and adult care home workers
- Regulation and Inspection of Social Care (Wales) Act 2016

2.2 As per the above legislation, it is a requirement of Regulated Services to have an up-to-date Medication Policy in place.

2.3 In April 2023, an initial Medication Policy was approved by Cabinet for implementation across SSWB Direct Care services.

2.4 In the 2023 report, reference was made relating to work to create a regional Medication Policy, however this work is ongoing.

3. Current situation/ proposal

3.1 This reviewed Policy builds upon the Policy which was implemented in 2023.

3.2 Following audit activity completed by a Community Dispensing Pharmacy Team, it was identified that there were areas of the existing Policy that needed reviewing to improve the accuracy.

3.3 These areas were:

- The Warfarin support and administration section
- The process for receiving changes to prescribed and Medication Administration Record (MAR) chart information, including information received via the telephone
- The role of the dispensing pharmacist and their audit activity
- Use of E-MAR Charts

3.4 Following the completion of all these areas of updates, whilst reviewing with relevant team managers, additional actions relating to the possible requirement for cutting or splitting of medication by direct care staff were identified.

3.5 Collaborative work alongside Community Pharmacy colleagues and senior leaders across Bridgend County Borough Council (BCBC) and Cwm Taf Morgannwg University Health Board took place to identify the best route forward to support this, with the resulting practice to request medication in the correct and required size from the dispensing pharmacy where possible to reduce the likelihood of this action being required.

3.6 Whilst work reviewing the Policy has been undertaken, the NHS and Care Inspectorate Wales have issued the All Wales Guidance to support integrated medicines management in community settings. Work has been undertaken, alongside Community Pharmacy colleagues, to ensure the content of the Policy matches the requirements set out in this All Wales guidance.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh Language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The Well-being of Future Generations (Wales) Act 2015 provides the framework for improving the social, economic, environmental and cultural well-being of Wales. The five ways of working have been considered in the development of the revised policy as follows:

Involvement	Representatives from across the Directorate have fed into this report.
Long term	There will be a positive long-term impact of this Policy review as this will ensure high quality medication practice by our direct care staff.
Prevention	To prevent medication errors and issues related to medication for the people we support through our direct care services.
Integration	This Policy will be implemented and used directorate wide.
Collaboration	Ongoing collaborative work is in place regarding Medication practices, including collaboration and partnership working with the local health board's Community Pharmacy Team.

6. Climate Change and Nature Implications

6.1 There are no climate change and nature implications as a result of this report or its associated policy.

7. Safeguarding and Corporate Parent Implications

7.1 There are no direct Safeguarding or Corporate Parenting Implications arising from this report, however the implementation of an appropriate Medication Policy will support in reductions of referrals to Safeguarding services as staff will have a clear policy framework to support the Medication Administration and Support tasks they are required to do as a part of their direct care roles, thus safeguarding vulnerable individuals.

8. Financial Implications

8.1 There are no financial implications as a result of this report or associated policy. All relevant training relating to Medication is met within existing Social Care Workforce Development Programme (SCWDP) budgets.

9. Recommendation

9.1 It is recommended that Cabinet approve the revised Social Services and Wellbeing Directorate Medication Policy (**Appendix A**).

Background documents

None

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SOCIAL SERVICES AND WELLBEING DIRECTORATE

Medication Policy

May 2026

DEFINITION OF TERMS

Administering medication

Administering medication is where the care/support worker is responsible for selecting, preparing and giving (by applying, or placing in the person's hand or mouth as appropriate) where the person is not aware of and is unable to understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.

Residential Home

Covers the provision of 24-hour accommodation with non-nursing care or nursing care, such as in a residential home or a care home with nursing. This term applies to accommodation provided to both Adults and Children.

Domiciliary Services

Care and support services provided to individuals in their own homes or supported living services.

Day Services

Day Services provided to individuals in Bridgend Resource Centre and community hubs across the borough

Controlled Drugs (CD)

A Controlled Drug (CD) is a medicine which is controlled under the Misuse of Drugs legislation. CDs have additional safety and legal requirements for their prescribing, supply, receipt, storage, administration, and disposal.

Covert Medication

Covert is the term used when medicines are administered without the knowledge or consent of the person receiving them.

Medication Administration Record (MAR) Chart

A Medication Administration Record (either printed or in electronic format) used by workers in health and social care that serves as a legal record of the drugs administered to an individual and where a medicine that was supposed to be given was refused or missed. The MAR is a part of an individual's permanent record on their medical chart.

Medicine

All prescription and non-prescription (over the counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances, and vaccines.

Medicines Review

A structured, critical examination of an individual's medicines with the objective of reaching an agreement with the individual about treatment, optimising the impact of medicines, minimising the number of medicines related problems and reducing waste.

Medicines Support

Any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

Monitored Dosage System (MDS)

A system for packing medicines supplied by community pharmacies. Medication is repackaged from their original containers into a storage device to assist the person take their medication.

Original Packaging

The packaging in which the medicine is supplied by the supplying pharmacy.

Over The Counter Medicine (OTC)

Also known as a 'homely remedy', over-the-counter medicine is a non-prescription medicine that a care home can purchase over the counter for the use of its residents to assist with common ailments such as colds etc.

Individual Information Leaflet (PIL)

A legally required document included in the package of a medication that provides information about that drug and its use.

Care and Support Plan

A written plan prepared by the Regulated Service Provider in accordance with Regulation 15 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, that sets out the actions required to meet the individual's well-being, care and support needs on a day-to-day basis, including those actions relating to medication.

Personal Protective Equipment (PPE)

Personal Protective Equipment, which may include latex gloves, disposable apron, disposable face mask etc.

Person We Support / Individual

Adults or children under the age of 18 who are in receipt of social care services either in their own home, a residential care service or foster service.

Self-Administration

When an individual can look after and take their own medicines, this is referred to as 'self-administration'.

Social Care Staff

Staff who are employed to provide care and support to people in receipt of regulated services.

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1. INTRODUCTION

1.1 People supported by regulated care services such as residential homes, domiciliary care services and foster care services are among the most vulnerable members of our society and are more likely to require some level of assistance from social care staff to manage their medication appropriately. This includes both children and adults who are supported for a wide range of reasons. Support that may be required to manage medication may range from verbal prompting, through to assistance with the safe administration of oral and topical medicines.

1.2 This policy seeks to direct the management of medicines within regulated care settings and services and ensure that best practice is adhered to in line with current legislation.

1.3 This policy replaces all previously published policies and guidance and has been comprehensively revised by officers in Adult Social Care; Children's Social Care and the Clinical Lead Pharmacist Cwm Taf Morgannwg University Health Board (CTM UHB) Integrated Services.

1.4 A professional duty of openness and honesty is promoted and staff are supported to raise concerns that may impact on an individual or public safety and to take the necessary action to address these concerns where appropriate. However, a breach of the policy and procedures may result in action being taken within the terms of the Council's Disciplinary Policy.

1.5 In accordance with current guidance laid down in national standards, legislation and statutory requirements, this document must be readily available to all staff providing support with medication in all Bridgend County Borough Council (BCBC) regulated care settings.

2. KEY PRINCIPLES

2.1 Bridgend County Borough Council (BCBC) is committed to the wellbeing and safeguarding of the people we support. The overall aim of this policy is to ensure that the people we support have the opportunity to make informed decisions about their care and treatment and are supported safely and effectively by trained and competent social care staff to take their medicines safely.

2.2 The wider aims and objectives of this policy are to:

1. Ensure legal compliance and best practice in the management of medication by social care staff.
2. Provide a safe framework for social care staff to work within when supporting individuals to manage their medication.
3. Ensure that the people we support are treated equitably, maintaining dignity, privacy, choice and respect.
4. Reinforce the principle of consent in relation to the management and administration of medication.
5. Support risk reduction systems in relation to the management and administration of medication.
6. Ensure accurate and comprehensive documentation of all procedures.

3. LEGAL AND REGULATORY FRAMEWORK

3.1 In the formulation of this policy, the Council has considered the applicable legislation and guidance including:

- Health Act 2006
- Misuse of Drugs Act 1971
- Regulation and Inspection of Social Care (Wales) Act 2016
- Social Services and Well-being (Wales) Act 2014
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- National Institute for Health and Care Excellence (NICE) Quality Standards and Guidelines
- Control of Substances Hazardous to Health Regulations 2002
- Local Authority Fostering Services (Wales) Regulations 2018
- Local Authority Fostering Services code of practice relating to the Local Authority Fostering Services (Wales) Regulations 2018 as amended
- Care Planning, Placement and Case Review (Wales) Regulations 2015
- Health and Safety at Work etc Act 1974
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Controlled Waste (England and Wales) Regulations 2012
- All Wales Guidance to Support Integrated Medicines Management in Community Settings 2025

3.2 Other legislation such as the Data Protection Act 2018, the Mental Capacity Act 2005, the Mental Health Act 2007, the UK General Data Protection Regulation, and the Equality Act 2010 may also be relevant to specific circumstances, such as providing accessible information or explanations about medicines that can be

understood by people we support with various disabilities.

4. CONTEXT

4.1 This policy, and the associated service specific procedures as referenced below, provides guidance and a framework for safe practice for social care staff to operate within when providing medication-related support to people receiving support from regulated services. These services include people residing in Adults and Children's residential home settings, being provided care from domiciliary services such as Support at Home and Supported Living, as well as Respite, Short Break and Fostering Services. This enables the people we support to feel involved, informed and in control of their medicines. The following service specific procedures should be read in conjunction with this policy: .

- Childrens Residential Medication Procedures
- Operational Procedure - Medicines administration in Learning Disability, Mental Health and Specialist Services
- Operational Procedure- Medicines administration in the Community
- Residential Home Medication Procedure

4.2 These detailed service specific procedures define how medication support is to be provided and encompass most medication issues that are likely to arise in that regulated setting, but they cannot predict every situation. **If in doubt about the right course of action to take, staff must always consult their line manager and/or an appropriate health care professional.**

5. SCOPE

5.1 This policy and its associated procedures should be adhered to by all social care staff involved in the assessment and delivery of medicines support to people receiving care and support from Bridgend County Borough Council's regulated services.

5.2 Primary responsibility for prescribed medication rests with the individual's clinician i.e. GP, consultant, nurse or pharmacist and the dispensary that has supplied/dispensed the medication.

5.3 Community pharmacies are expected to support individuals to manage their medication where possible in accordance with the Equality Act 2010. This could be through the provision of compliance aids like blister packs. However social care

staff may be expected to assist people with medication that is provided in its original dispensed packaging.

5.4 Social care staff will only provide medication support with the informed consent of the individual, or their relative or representative who may give consent on the individual's behalf and in accordance with the individual's care and support plan. If a person is unable to give consent due to their physical and cognitive needs, a Best Interests meeting in accordance with the Mental Capacity Act 2005 would need to be considered.

5.5 Typical Medication-Related Tasks

5.5.1 Only staff who have been appropriately trained and assessed as competent will administer or assist people with:

1. Taking medicines by mouth, in liquid or solid dosage form i.e. tablets including sub-lingual and capsules and including controlled drugs.
2. Inserting drops/sprays to ear, nose, or eye.
3. Administering common inhaler devices, including spacers and nebulisers. Social care staff will need further instruction from a qualified healthcare professional on any devices outside of those discussed in standard training. It is the responsibility of the Registered Manager or their delegated individual to ensure all staff are familiar with the inhaler device and its use.
4. Application of any ointment, cream, lotion, or patches e.g HRT, opioid *(painkiller)* to skin that is unbroken.
5. Use or administration of adrenaline (e.g Epipen) in the event of emergency treatment of severe allergic reactions *(anaphylaxis)* to insect bites or stings, medicines, foods, or other substances. Staff should have a clear awareness and training on how to administer the Epipen and a clear risk assessment/protocol must be in place setting out when staff should administer adrenaline and what the outcome is. Please note, untrained staff may, in emergency situations, administer an Epipen if under the guidance of a 999 operator or other medical professional.
6. Emptying/changing urine bags following instructions and/or training given by a health care professional.
7. Use of over-the-counter medication as required. See section 5.10.
8. Use of thickeners should only be used when recommended by a Speech and Language Therapist (SALT) after a diagnosis of dysphagia has been made, or by a GP if there is an immediate need. The choice of thickener and directions must be documented in the individual's Care and Support Plan.

9. Medicines that require specialist techniques/enhanced support as described at 5.7 but **<u>ONLY</u> where the arrangements set out at 5.7.3 to 5.7.4 are in place.**

5.6 Under this policy, social care staff must not carry out any invasive or other clinical procedures which require the skills, knowledge and competence of a registered nurse, or other healthcare professional **unless the arrangements set out at 5.7.1 to 5.7.4 apply**. This includes:

- The administering of insulin injections, or other injections other than Adrenaline (Epipen) (please see 5.5 above).
- Bladder washouts and other medicines administered via urinary catheters.
- Insertion of rectal or vaginal suppository, pessary or enema.
- Administering pain relief medication via syringe pump or driver.
- Administering medication via naso-gastric / PEG feeding tubes.
- Creams prescribed where application requires an invasive procedure.
- Changing wound dressings (however, it is acceptable to apply a dry dressing over a wound to protect the wound until a registered nurse is available).
- The insertion of catheters.
- Managing oxygen therapy (including regulating oxygen therapy).
- Treatment for certain conditions, for example skin lesions, pressure sores, leg ulcers, open wounds, etc. which must be undertaken by a registered nurse, not by social care staff.
- Giving specific advice about medication or making judgements about their use.
- Administering medicines from containers supplied by anyone other than the supplying pharmacist, dispensing doctor, or hospital pharmacy.
- Administering medication not included on the MAR chart.
- Covertly administering medication *(unless the need to do so has been fully documented in the person's care and support plan/care and treatment plan following a decision made by a multi-disciplinary team/GP and the person's representative)*.
- Undertaking any task not included in the Care and Support Plan.

5.7 **Specialised techniques/enhanced medicines support**

5.7.1 This policy does **not routinely** include medication support that requires specialised techniques or enhanced support. For example, social care staff would not routinely be expected to support with: internal medicines

(suppositories and pessaries that are invasive), injections of any type, medicines delivered down tubes or via alternate methods (e.g., crushing tablets, opening capsules, cutting medication or using medication cutters), nebulised therapy, or regulating oxygen therapy. This may also include the provision of Warfarin administration. However, these actions may be permissible where specific Care and Support Plans have been completed alongside advice from SALT and GP/Pharmacists. This will be completed on an individual case-to-case basis and in accordance with any service specific procedure that relates to the specific medications or process.

5.7.2 Certain care processes and procedures do not involve the use of medication but require varying degrees of precaution and training, such as the changing of stoma bags, assistance with prostheses or gastronomy tube peg feeding.

5.7.3 Under this policy, such specialised techniques/enhanced support described above at 5.7.1 and 5.7.2 can **only** be permitted in exceptional circumstances where this has been jointly agreed between the Health Board and Registered Manager or their delegated individual and is reflected in the care plan, with appropriate training for staff and where a jointly agreed risk assessment between the Health Board and the Registered Manager or their delegated individual is in place, which is signed, dated and subject to regular review. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.

5.7.4 Warfarin support and administration may be permissible under this policy in accordance with the service specific protocol relating to Warfarin Administration. Where individuals require support with Warfarin administration in services where staff are lone working, a risk assessment will be implemented as per the Warfarin Protocol and in accordance with lone working principles.

5.7.5 Social care staff are permitted to support with the modification of medication such as crushing of medication, if this has been deemed a requirement as set out by a Speech and Language Therapist, or other relevant medical professional, to provide support to individuals who require levels 1 or 2 medication administration support. All details for this must be

clearly documented within the individual’s care and support plan and kept under regular review as set out in the All Wales guidance.

5.7.6 Where any individual is identified as requiring tablet splitting or crushing requirements, authorisation must also be confirmed from the pharmacy and prescribing practitioner that the medication is appropriate for this purpose. This authorisation and confirmation, along with the identification of need, must be documented and recorded in the individual’s care and support plan before any medication alteration is completed.

5.8 Social care staff should not administer medicines to any individual who are acutely unwell or present a change in their overall health and wellbeing without seeking advice from a healthcare professional. Any advice sought must be clearly documented.

5.9 Covert administration of medicines

5.9.1 Social care staff must not administer medicines to an individual they support without their knowledge if the individual has capacity in accordance with the Mental Capacity Act 2005 to make decisions about their treatment and care.

5.9.2 To protect the individual and social care staff, covert administration must only take place within the context of existing legal and good practice frameworks. Social care staff must not give, or make the decision to give, medicines covertly without clear authorisation and documented instructions to do so.

5.9.3 All practices relating to covert administration must follow the guidance set out in section 5.5 of the All Wales Guidance.

5.9.4 The Registered Manager or their delegated individual should ensure that the process for covert administration of medication is implemented and includes:

- Assessing mental capacity in accordance with the Mental Capacity Act 2005.
- Holding a Best Interests meeting involving social care staff, the manager or Team Leader, relevant health and social care professionals, family member or advocate to agree whether administering medication covertly is in the individual’s best interests.

- MDT and prescriber authorisation must be sought before the implementation of Covert Administration, pharmacy confirmation must also be confirmed, and ensure relevant reviews and processes in accordance with the Mental Health Act 1985 and / or Deprivation of Liberty Safeguards are also in place.
- MAR chart documentation must be appropriately in place for all covert administration
- Covert administration may involve the splitting or crushing of tablets and so processes relating to this must be followed.
- Appropriate safeguarding plans must be put in place to ensure only the named individual is able to consume the medicated food or drink with appropriate oversight and governance in place.
- Recording the reasons for mental incapacity and the proposed management plan.
- Planning how medication will be administered without the individual knowing.
- Regularly reviewing whether covert administration is still needed.

5.10 Use of non-prescription and over-the-counter (OTC) products (homely remedies)

5.10.1 Services must follow the requirements for supporting individuals with OTC products as set out in the All Wales Guidance. Services should assess and implement an appropriate self-care framework to support individuals in accessing OTC products.

5.10.2 Services should incorporate and implement a risk-based approach towards supporting the individual with accessing OTC products and ensure that any required support is provided in line with the level of support the individual requires. A risk assessment must be given to assess the potential impacts of the OTC medication on the individual's prescribed medication and additional advice should be sought as and when required. If appropriate and dependent on the individual's relevant required level of support, this medication is to be added to the MAR chart following approval.

5.10.3 Where services purchase OTC products on behalf of the person or are provided by an individual's family or friend, these should not be prompted or administered by social care staff unless a medical professional has agreed it is safe to do so with the prescribed medication in line with the

services Risk Management approach. If this is the case the OTC should be:

- Checked to make sure they are suitable for use.
- In date.
- Stored in accordance with the manufacturer's instructions.
- Recorded.

5.10.4 When administering OTC products, only staff members that have received training and been assessed as competent in administering medication, will administer over-the-counter products in line with their normal training procedures.

5.10.5 Consideration must also be given as to how long the OTC medicine or product should be used before referring the individual to a GP.

5.11 Self-administration of controlled drugs

5.11.1 Individuals who can self-administer their own medicines, can self-administer controlled medication if they wish to. The Care and Support Plan must reflect this and be regularly reviewed. It is not necessary for a MAR to be completed by the resident, or social care staff, as staff are not administering the medication.

5.11.2 Individuals who self-administer in a residential or supported living setting, will be required to store and lock their prescribed controlled medication in a lockable, non-portable receptacle in their individual bedroom.

5.11.3 A risk assessment must be in place and reviewed regularly in the event of an individual's circumstances changing. The risk assessment should include whether the resident understands:

- Why the medicine is prescribed
- How much and how often to take it
- What may happen if they do not take the medicine or take too much

5.11.4 If the residential home or supported living setting is ordering and receiving prescribed controlled medication on behalf of the individual, it must be noted on the MAR chart and administered and audited in the same way as any other prescribed medication.

5.12 Emergency prescriptions over the telephone

5.12.1 Verbal instruction should only be received via the telephone for emergency situations such as to provide an emergency prescription or medication amendments. An immediate record of the telephone conversation must be recorded in the individual's daily recordings, clearly stating date, time, who the staff member spoke to, and what the instruction given was. Staff must also complete a record on the reverse of the MAR chart.

5.12.2 If a GP prescribes new or makes amendments to an individual's existing medication during a telephone call, this must be followed up via an email from that GP received within 24 hours of the telephone call. This provides the evidence for the instruction that was received, and an audit trail. The specific staff member with Key Holder responsibilities will be responsible during out of hours to check the email has arrived in the regulated service or relevant manager's email account. Managers/Team Leaders are responsible for checking receipt of email when on duty.

5.13 Ordering and receiving medication

5.13.1 Where regulated services are responsible for ordering medicines on behalf of individuals, they should retain the responsibility for ordering medicines from the GP practice. The individual's Care and Support Plan details at what frequency and how early medication should be ordered prior to an individual running out.

5.13.2 A minimum of one member of staff will have the training and skills to order medicines and staff must be given protected time to order and check medicines when delivered.

5.13.3 The detailed procedure for ordering and receiving medication is included in an individual's care and support plan.

5.13.4 Where an individual's medication is received by the service, and they receive administration support requiring a MAR chart, the original MAR chart must be checked and confirmed against the new MAR chart. Where any inconsistencies are found, these must be raised with both the prescribing and dispensing practitioner, in line with the All Wales Guidance.

5.14 When Required Medication (PRN)

5.14.1 Supported individuals may require the use and support with the use of when required or PRN medication. This may be in the form of an OTC medication where staff must follow the process as set out in section 5.10.

5.14.2 If the PRN medication is a prescribed medication all instructions from the prescribing professional must be followed and included in the individual's Care and Support Plan and recorded on the MAR chart.

5.14.3 Staff must be aware of and have recorded the individual's known non-verbal cues for the need for their PRN medication.

5.14.4 Where PRN medications are included on the MAR chart staff must only sign where and when the medications are actually administered. All other information relating to the use of PRN medication, such as when it was offered and refused, must be recorded in the individual's daily notes, as set out by the All Wales guidance.

6. CONSENT

6.1 The individual's consent and any additional requirements to support safe medication administration will form part of the initial assessment (see 7.1).

6.2 The individual must:

- be made fully aware of the medication tasks that will be undertaken
- be made fully aware that social care staff must have access to their prescribed medicines and any information, which will enable them to carry out their duties safely
- be made fully aware of the implications of refusing the service
- consent to social care staff assisting with their medicines in accordance with the Care and Support Plan/service delivery plan and be provided with enough information to enable them to make that decision.

6.3 All persons unable to give consent who require ongoing treatment under the terms of the Mental Capacity Act 2005 must have a documented 'Best Interests Decision' available on file and recorded within their care and support plan.

7. ASSESSMENT FOR MEDICINES SUPPORT

7.1 On admission to the regulated service, all individuals should have their support needs assessed, including the support they will require with their medicines and an accurate listing of all the individual's medicines. This assessment will be completed by an appropriate staff member who has received training and been assessed as competent in assessing support needs. All individuals supported should have the same opportunity to be involved in decisions about their treatment and care.

7.2 The Mental Capacity Act 2005 requires that all people we support are presumed to have the capacity to make decisions on their own behalf about all aspects of their life unless proven otherwise. Where there is reason to question an individual's capacity to make decisions on their own behalf, e.g., where the individual has a learning disability, an assessment of capacity must be undertaken.

7.3 Where the individual is self-sufficient to manage their own medicine, an agreement should be reached at their planning meeting about the level of assistance and support required, if any.

7.4 The following assessment scale provides guidance for staff that are responsible for, and that have received training in and been assessed as competent at assessing medication support requirements. The Registered Manager or delegated persons will identify the level of support that an individual will need with their medication. The level of need should be documented in the individual's Care and Support Plan.

Level 0 – Self administration (Independent) Independent – no medicines support is required; the individual is able to manage their own medicines with no support.
Level 1– General support or Assistance (Assist) The individual person is aware of and understands their medicines regime and retains responsibility for their medicines but may have difficulties with undertaking the task. **Remind/prompt** – the responsibility of social care staff is to remind/prompt the person to take their medicines and they are able to self-administer without

physical assistance. If it is found that the person does not take their medicines following this reminder, it should be recorded, and if happening with regularity the level of medicines support required should be reviewed. AND/OR **Physical assistance** – the individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask staff to help carry out certain tasks. Social care staff are responsible for assisting the person in taking their medicines (opening packaging and/or containers etc). The person is still responsible for their own medicines and should be directing social care staff in this activity regarding what they need, how often and how this medication is to be taken. Assistance provided by social care staff must be completed within the sight of the individual at all times. Although it would be considered an exceptional circumstance, where the individual is competent and retains responsibility for their medication additional support can be given. Support by placing the medicines directly in the person's mouth/hand would still be classed as Level 1 if the individual felt it necessary and the action remains under the direction of the individual. The individual must be able to demonstrate they are aware of what medication they need, how often and how this medication is to be taken. This ensures that the independence of people who lack manual dexterity (such as those with Parkinson's disease or arthritis) is not compromised when they otherwise would be able to self-administer. i.e. People with a physical impairment should not be disadvantaged and elevated to level 2 when they are competent.
Level 2– Administering medicines (Administer) The individual is not aware of and is unable understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. Social care staff will have the responsibility of selecting the right medicine at the right time from packets and preparing the medicines for administration by the person after gaining consent (including placing in the person's hand or mouth if appropriate). This includes oral, topical, inhaled medicines, buccal and transdermal patches.

Social care staff will administer medicines from original packs, although there may be occasions where administration from a pharmacy filled Monitored Dosage Systems (MDS) may be appropriate to reduce waste during a transition period from MDS to MAR chart. Such circumstances should be risk assessed by an appropriate healthcare professional. Social care staff will document administration/non-administration fully using a printed/electronic MAR chart. Full training and the competency assessment of care worker providing this level of support will be required.

N.B. Social care staff, NOT the individual, are responsible for the medicines management and administration.

7.5 Although it is acknowledged that most individuals will likely fall into one of these categories, services must be mindful of the need for flexibility to be incorporated into any assessment for support needs. Support plans for medication can be tailored to meet the needs of the individual and must be clearly set out and recorded in their care and support plan.

8. REVIEW OF MEDICINES

8.1 All individuals in receipt of medicines management support provided by internal services for Adult's Social Care, will be subject to a medicines review on an annual basis, or when required if sooner and circumstances necessitate this, by a relevant and qualified medical professional.

8.2 Medication reviews in domiciliary services will be based in the individual's home or appropriate alternative healthcare setting, and will take place as a part of the overall annual care review, or as required.

8.3 Medicines reviews for children and young people supported by Children and Family Services will take place on an individualised basis depending on different factors including the age and needs of the child/young person.

9. RISK MANAGEMENT

9.1 The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees and others which includes people we support, and any others affected by what is done. Therefore, prior to the start of support the Registered Manager

or their delegated individual must undertake a risk assessment and risk management plan, particularly where medications contain flammable substances, or require the use of PPE.

9.2 As part of an individual's care and support and to minimise the potential for harm and guide future care, social care staff are encouraged to report any concerns they have to their line manager about medicines management, including a deterioration in the individual's health, or a reduction in their ability to manage medicines. In such cases, the Registered Manager or their delegated individual will arrange for a medication review to be undertaken by the appropriate health professional.

9.3 Where the Registered Manager or their delegated individual is unable to answer queries from their staff, they are responsible for seeking advice from the relevant healthcare professional as needed.

9.4 Individuals are entitled to decline to take their medication, but this is to be documented on the MAR chart. If the individual is declining with regularity this will also be discussed with an appropriate health care professional to decide further action. Agreement should be reached with the individual's medical practitioner on what to do when medication is refused, and this should be clearly set out in the individual's care and/or support plan.

9.5 Services may need to consider the need to provide individualised person-centred and flexible timing in line with the individuals choices and wishes, where this is possible and applicable in that setting. Services must implement risk assessments along with setting out all processes to be followed where continued refusal of medications occur.

9.6 This policy, in line with the All Wales Guidance, does allow for medication to be left out for later if the individual requires this. There must be a risk assessment put in place with regular reviews undertaken to ensure this practice is done safely and appropriately. This process must be clearly set out in the individual's care and support plan and kept under regular review.

9.7 Storage of medication in Residential Settings

9.7.1 Medicines must be stored in a way that means they are safe and will be effective when administered. The Registered Manager or their delegated individual should ensure that there is suitable and sufficient storage space for all medicines held. The temperature of the medication room must be

maintained between 0-25˚c. Where medicines are stored in a locked trolley, this must be securely fastened to a wall when not in use or stored securely in a locked medicines room. Medicines cupboards and storage areas must be kept locked and secure.

9.7.2 If the individual self-administers their medicine, this must be stored in a locked, non-portable cabinet or drawer in the individual's room if they reside in a residential setting.

9.7.3 In the case of controlled drugs, the CD safe or cabinet must comply with the requirements specified in the Misuse of Drugs (Safe Custody) Regulations 1973. It must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall or floor with rag or rawl bolts. The CD cupboard must only be used for the storage of controlled drugs and no other medicine. Access to the CD cabinet must be restricted. The CD cupboard keys must be kept under the control of a designated person and there should be a clear audit trail of the holders of the key. The keys to the CD cupboard should be kept on a separate fob.

9.7.4 Where an individual is in receipt of Level 2 administration of medication, Schedule 2 controlled drugs (as listed in Schedule 2 of the Misuse of Controlled Drugs Act) must be stored in a controlled drugs cupboard and records kept in a controlled drug register. Common examples of Schedule 2 controlled drugs include: morphine, diamorphine, methadone, fentanyl, alfentanil, oxycodone, methylphenidate, dexamphetamine, ketamine and tapentadol. Where an individual is self-administering a risk assessment must be completed, and the medicines stored in a suitable, lockable container.

9.7.5 Some Schedule 3 controlled drugs must be stored in the controlled drugs cupboard, however a record of these does not need to be kept in the CD register. Examples of Schedule 3 drugs include buprenorphine and temazepam.

9.7.6 Other Schedule 3 controlled drugs do not need to be stored in the controlled drugs cupboard, although the Registered Manager or their delegated individual's preference may be to do so. Common examples include midazolam, tramadol, and barbiturates (phenobarbitone).

9.7.7 Schedule 4 and 5 controlled drugs are not required to be stored in the controlled drugs cupboard, although the registered manager or their delegated individual may prefer to do so. Examples include morphine sulfate solution (Oramorph), zopiclone, codeine and benzodiazepines.

9.7.8 Thickeners must be stored securely in a cupboard to prevent untrained members of staff or the individual's relatives giving food or fluids inappropriately. If thickeners are not stored securely or are left in areas which are readily available to individuals, this must be following the completion of a risk assessment which assesses the risk of accidental ingestion by any resident.

9.7.9 A fridge to store medicines must be kept at a low temperature. All medicines must be isolated if non-medicines are also stored in a fridge. To ensure that correct temperatures (between 2° to 8°C) are maintained, the fridge should be cleaned and defrosted regularly, with its temperature recorded daily using a min/max thermometer; records should be kept of this. The temperature probe must be reset following each daily reading.

9.7.10 In the case of controlled drugs that need to be refrigerated, these can be stored separately within the fridge within a separate lockable box.

9.8 **Storage of medication in domiciliary services**

9.8.1 The arrangements for storing medicines and MAR charts will be documented in the Care and Support Plan and associated care notes.

9.8.2 The initial medicines risk assessment completed will highlight all issues relating to safe storage of medicines.

9.8.3 The safe storage of medicines is the responsibility of the individual unless their competency assessment states otherwise. Social care staff will assist this where required and will raise any concerns with their service supervisor who may then contact the pharmacist or other appropriate health care professional or the individual's family.

9.8.4 Medicines must be stored as documented in their original container as provided by the pharmacy unless alternative dispensing methods have been provided for the individual such as blister packs.

9.8.5 More guidance for storing medication in domiciliary services can be found in the service specific procedures (see 4.1).

9.9 Administration of Medication

9.9.1 Staff must follow their training provided to them regarding the administration of medication support they provide to an individual.

9.9.2 Staff must also be aware and follow the individual's personal medication plan which has set out what level of support they require, as set out in section 7.

9.9.3 In care home settings, and services where multiple staff are on shift, when completing medication related tasks, staff should complete these in pairs to provide an independent double checking practice to ensure accuracy and the correct medicines are being administered to the correct individual.

9.9.4 This must be done in line with the requirements as set out in the All Wales Guidance.

9.10 Disposal of medication

9.10.1 It is a legal requirement that all waste is disposed of correctly. The disposal of medicines is regulated by The Controlled Waste (England and Wales) Regulations 2012. Under these regulations medicines fall under the category of 'clinical waste'. Controlled drugs must be destroyed in such a way that the medicine is denatured or rendered irretrievable so that it cannot be reconstituted or reused. Regulated services must ensure that medicines are not disposed of unnecessarily each month and any medicines which can be used the following month are carried forward.

9.10.2 The regulated service must keep records of medicines (including controlled drugs) that have been disposed of or are waiting for disposal where appropriate. Controlled drugs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction.

9.10.3 The Registered Manager or their delegated individual or their delegate, who is trained and competent should record the forms and quantities of

controlled drugs they are returning, and the pharmacist/dispensing doctor should sign for them on receipt. If pharmacy staff collect the controlled drugs, they should sign for them in the controlled drugs register at the time of collection. Relevant details of any such transfer for disposal should be entered into the controlled drugs register and signed by the delegate, returning the drug.

9.10.4 In a residential setting, medicines for disposal should be stored securely in a tamper-proof container where possible within a locked cupboard until collected and must not be used for other individuals. Medicines awaiting disposal must also be clearly identified and separate from usable current medicines.

9.10.5 Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the regulated service's disposal of medicines procedure.

9.10.6 In the event of an individual's death, their medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigations into the death. The medicines can be disposed of when the death certificate has been signed.

9.10.7 In Support at Home domiciliary settings, it is expected that the individual or representatives will hold responsibility for disposal of medicines or return to the pharmacy as appropriate. Where this is not possible, and it is safe to leave medication in the individual's home for the community pharmacy to collect, social care staff must bag the medication up and contact the Team Leader to collect and return to the community pharmacy.

9.10.8 In Supported Living domiciliary settings, medicines must be stored securely and separated from other medicines until a representative from the service can return them. In the event of an individual's death, the medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigation into the death. The medicines can be disposed of when the death certificate has been signed.

9.11 Medication errors

9.11.1 All staff must immediately report all incidents, however minor. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence.

9.11.2 Social care staff must contact a healthcare professional to ensure that appropriate action is taken to safeguard any individual involved in a medicines-related incident.

9.11.3 All medication errors must be immediately reported to the line manager, or if the line manager is not available, the Registered Manager or their delegated individual for information to be gathered in an effective and timely manner and for corrective action to be taken in accordance with agreed procedure. Safeguarding referrals may also be made for investigative processes to take place. In these instances, the safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In these cases consultation will take place with the Registered Manager or their delegated individual.

9.11.4 In Children's services all medication errors require the completion of a safeguarding referral and submission to the safeguarding team. The safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In all cases consultation must take place with the Registered Manager or their delegated individual.

9.11.5 Health and safety incident report forms must be used to report all incidents of error in the management, control and administration of medication and medical processes, including near misses.

9.11.6 Medication errors are defined as:

- Failure to administer a medicine (unless where the individual has expressed their right to refuse).
- Administration of the wrong medicine
- Administration of the wrong dose of medicine (greater or less than the amount prescribed).
- Administration by the wrong route (administering a medicine by a route other than that prescribed or taken by the correct route but at the wrong site e.g., left eye instead of right eye).

- Failure to administer a medicine at the prescribed time (within an hour either side of the prescribed time).
- Failure to make an accurate, up to date record of the administration or omission of a medicine.
- Failure to have prescribed medication readily available.

9.11.7 The Registered Manager or their delegated individual must ensure that medication-related incidents are analysed to identify trends and minimise re-occurrence. Evidence to show that appropriate action has been taken must be documented.

9.12 Medicines Reconciliation

9.12.1 Medicines Reconciliation is a core aspect of medicines management and support provided by residential staff. The purpose of this is, through comparison with the accurate list of an individual's medication held on their MAR chart, to allow for an accurate count of the medicine held by the service for that individual to ensure no medication errors have occurred or medication has gone missing. It allows for discrepancies to be identified and rectified, where possible, ensuring an individual receives the correct medication, correct dose and at the correct time, if necessary.

9.12.2 Services must identify the frequency at which Medicines Reconciliation and Medicines Counts take place, but this must not be done on a less than weekly basis. Service and individual requirements and risk assessments may require this to be done on a more frequent basis, for example daily or even every shift handover. Where this is the requirement identified by the service, risk assessments must be in place and stored with the individual's files detailing the relevant information. Mandatory Medicines Reconciliation must be completed following any and all hospital discharges and all care transitions to different services, settings and providers.

9.12.3 In Residential Services, a weekly stock take of medication will be completed by the service. Daily medication counts will take place of the medication that is contained and held in the medicines trolley in order to ensure accuracy of medicines administration and support, along with ensuring there have been no medication errors or near misses.

9.12.4 If an individual has been discharged from hospital following an admission, or there is a change of care provider, service or provision, a mandatory medicines reconciliation process must take place.

9.13 Incident and Yellow Card Reporting

9.13.1 Where adverse reactions to medicines are found, this must be reported to safeguarding and to the MHRA in line with pharmacovigilance and Yellow Card guidance procedures.

9.13.2 This must also be escalated to safeguarding in line with the requirements set out in the All Wales Guidance.

9.13.3 Where an incident occurs services must follow regulatory requirements set out in RISCA relating to the requirement to notify the appropriate authority following incidents, as well as the Responsible Individual's requirement to assess monitor and improve the service following incidents or near misses relating to medication.

9.13.4 All services must implement a lessons learnt approach following all incidents and near misses in order to learn from events and improve to aim to avoid these from happening in the future.

10. SAFEGUARDING

10.1 In the event of a medication safeguarding issue arising that has resulted in: a death; an injury; hospital admission; abuse or an allegation of abuse; an incident reported to or investigated by the police, this must be immediately reported to the Director of Social Services, Care Inspectorate Wales (CIW) and the submission of a safeguarding referral.

10.2 National Institute for Health and Care Excellence (NICE) - Managing medicines in care homes guidance (NICE Guidance SC1) indicates that a safeguarding issue in relation to the above could include:

- The deliberate withholding of a medicine without a valid reason.
- Incorrect use of a medicine for reasons other than the benefit of an individual.

- Deliberate attempt to harm through use of a medicine.

10.3 Any medication safeguarding issue will require the Registered Manager or their delegated individual to carry out a risk assessment to eliminate or minimise the risk in future.

10.4 Where adverse reactions to medicines are found in an individual, this must be reported to safeguarding and to the MHRA in line with pharmacovigilance and Yellow Card guidance procedures.

11. RECORD KEEPING

11.1 The Medicines Administration Record (MAR)

11.1.1 The Medicines administration record (MAR) is a legal document for recording the administration and non-administration of prescribed and purchased medicines in regulated settings. Social care staff must sign each time a medicine or device is administered to an individual and records should be complete, legible, up-to-date, non-erasable, dated and signed to show who has made the record. Changes to the MAR must only be made and checked by people who have been trained, assessed and competent to do so.

11.1.2 If the instructions or information on a MAR are not clear, the Registered Manager or their delegated individual must immediately contact the pharmacy or GP Practice for further clarification. Social care staff must not administer the medicine until clarification has been sought.

11.1.3 The Registered Manager or their delegated individual must keep a record of signatures/initials of staff involved with administering medication to individuals and completed MAR charts must be returned to the regulated service office for auditing and archiving and kept with the person's file.

11.1.4 In the event of an individual being admitted to hospital this must be recorded on the MAR and a copy of the MAR must be sent to the hospital with the individual, or provided as soon as practically possible. The original MAR must stay with the service.

11.1.5 It is the Local Health Board's responsibility to identify how the MAR is presented and in what form it is provided. This is currently a paper-based

process as set out by the CTM Health Board. However, this policy does allow for the development, implementation and use of electronic e-MAR systems across care services, as directed and identified by the Health Board. All use of e-MAR systems must be approved by health colleagues, and for community based services conducted in accordance with section 6.1.3 of the All Wales guidance to support integrated medicines management in community settings. Services must ensure they have appropriate and formal e-MAR chart governance, transcription controls, audit trails, and must also develop service specific e-MAR guidance created.

11.1.6 **Distinction between MAR chart and prescription label**

The following has been adopted from the All Wales Guidance to set out the differences between a prescription label and MAR chart.

	Prescription Label	**MAR Chart**
Primary purpose	Provides instructions to the individual or caregiver on how to administer the medicines. Also serves as the authority for support workers to administer medicines, as it mirrors the prescriber's intention.	Part of the care record documenting the administration or non-administration of medicines by support workers. Does not grant authority; it is a record of what has been administered.
Intended audience	Individual or caregiver.	Care staff, used to record support provided.
Content focus	Dosage instructions, frequency, and administration route per the prescriber's directions.	Records each dose given, time administered, the administering staff's signature, and reasoning for any non-administration.
Legal requirement	Must follow strict legal guidelines for labelling, as per prescriber instructions. There may be a dispensing signature on the label, but no prescriber signature is required on	Must be accurately maintained as a legal document for care provided and compliance audits. Signatures of the person administering the medicines will be

	the label itself (the prescriber signature is recorded on the original prescription).	recorded, but no prescriber signature is required.
Format	Typically printed directly on a medicines bottle or packaging.	A form or chart, paper-based or electronic.

11.2 The Controlled Drugs Register

11.2.1 The CD register is a legal document and must be a bound book with pages clearly numbered. It is used to record the receipt, administration, transfer (e.g., when an individual goes into hospital) and disposal of CDs by the regulated service where appropriate. Entries must be written in black indelible ink and a running balance must be kept. Errors must not be crossed out and under no circumstances should correction fluid be used.

11.2.2 It is a legal requirement to keep the CD register for a minimum of two years from the last entry or seven years if it contains records of destruction.

11.3 Records relating to an individuals medication must be retained for the minimum durations as set out in the RISCA and the All Wales Guidance, specifically 8 years for adults services, and 15 years post last entry for children's services.

12. TRAINING AND COMPETENCY

12.1 Social care staff involved in providing medicines support must receive appropriate information, training, supervision, and support to enable them to competently carry out their duties. No member of staff will be permitted to administer medication unsupervised unless they are fully aware of this policy and have been trained in the relevant procedures and are assessed as competent and work within the limitations of their competence.

12.2 All staff will be required to complete an online e-learning module which provides a base level of understanding of the principles of medication administration. Staff that are then required to administer medication as part of their daily practice will be registered for face-to-face training where they will be required to pass a classroom-based assessment on completion. This face-to-face training

is then followed up by a competency-based workplace assessment conducted by a supervisor or manager who has been trained to assess competency.

12.3 Staff competency in the administration of medication will be evaluated at a minimum of twelve-monthly intervals, or sooner if circumstances indicate, for example, if there has been a medication error. This policy, its associated procedures and subsequent training will be clearly specified in Training and Staff Development Plans.

12.4 Where a need for specialised techniques/enhanced support has been identified and agreed between all parties (see 5.10), approved training will firstly be required. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.

12.5 The registered practitioner with the occupational competency to delegate the task is responsible for the decision to delegate and cannot delegate that accountability. They must provide training or arrange for the provision of training, competency sign-off, review and ongoing support, which should be funded by the NHS.

12.6 Following training, the Registered Manager should know who to contact if they have any queries or concerns regarding the delegated task. There should also be an agreed review process. If the task needs daily supervision – either because of the task itself, or the lack of competency of the social care staff, the task should not be delegated.

12.7 All Social care staff are entitled to refuse to administer medication if they do not feel confident in their ability to do so. If a care worker does not feel confident, or competent in administering medication, they must inform their line manager accordingly and ask for additional support and training before they undertake such a task.

13. CONFIDENTIALITY AND SHARING INFORMATION

13.1 Information regarding an individual's medication and health **must** be treated confidentially and respectfully. Information about an individual should only be disclosed with their consent unless the service is legally obliged to share the information in accordance with the Data Protection Act 2018 and any

information shared must be relevant, necessary, and proportionate.

13.2 Information should be shared with health and social care professionals involved in the direct care of the individual where it is needed for safe and effective care unless they have refused to share the information. The individual's refusal should be documented in their assessment/care and support and social care staff should ensure that the individual is aware that such a refusal may compromise their safety if relevant information is not shared.

13.3 If it is unclear whether information can be shared or not in a specific circumstance the advice of the line manager must be sought. The line manager (or deputy) will need to make the decision in conjunction with the individual concerned and may seek further advice from legal services

13.4 Medication arrangements during temporary absence from receipt of service

13.4.1 There may be instances where a person we support by regulated services is absent from receipt of medication administration support from the service for a short period of time such as admission to hospital or for social leave. The following processes are to be followed.

13.4.2 In the event of admission to hospital, an accurate and 'up to date' copy of the individual's current MAR must be sent into the hospital with the individual along with their medication, if possible. The appropriate admissions to hospital forms from residential services are to be completed by the Registered Manager or their delegated individual.

13.4.3 In the event an individual has social leave from a residential or supported living service, medication will be given as normal in the morning. Social leave will be recorded on the MAR chart at the time when the medication would be due. The medication administration would be the family's responsibility whilst the individual is on social leave. A comment is to be included at the back of the MAR chart with a date and signature about the social leave to provide more detail about where and who the individual is with.

14. QUALITY ASSURANCE

14.1 There will be suitable arrangements in place to assess, monitor and improve the quality and safety of medicines management. This will include:

- Issues and lessons learned from the analysis of complaints and safeguarding matters
- Patterns and trends identified through the analysis of incidents or near misses in terms of medication errors.

14.2 Services must also implement service specific medicines audits and medicines optimisation review processes, including relevant optimisation tools.

14.3 **Pharmacy Audit Inspection**
The identified Community Pharmacy that has been commissioned by Cwm Taf Morgannwg University Health Board (CTM UHB) will provide a range of medicines management support services in relevant settings, this includes an annual audit and inspection

15. AGENCY SOCIAL CARE WORKERS AND MEDICINES ADMINISTRATION

15.1 This policy recognises that, due to the nature of direct care services, it is from time to time a necessity to use agency staff to ensure that services do not operate under minimum operating staff levels. Agency Staff should be procured through the Council's procured Agency staff provider, following the appropriate process.

15.2 Service Managers must ensure that they follow the required process regarding the engagement of Agency worker in order to ensure the appropriateness of the agency staff that have been provided. This includes gaining knowledge of the medication training that the Agency worker has undertaken in order to ensure that practical application of medication administration has been covered. A theory based e-learning is not suitable or substantial enough for an Agency worker to support with medication administration tasks in BCBC direct care services.

15.3 Agency social care staff that have provided evidence of their medication training that has contained practical application of medication administration, may only undertake medication related tasks following confirmation of observed competency by a service manager. Service managers should use the Competency Checklist set out in Appendix B to ensure the competency of all

social care staff who administer medication as well as agency workers.

15.4 As set out above, and in accordance with legislation, staff must be trained and competent prior to the delivery of any medication related task. It is the responsibility of the service manager, or their delegated individual, to ensure this training and competency is in place prior to the agency worker administering and/or supporting with medication related tasks.

15.5 The RISCA statutory guidance states “Where agency staff are deployed service providers ensure that they are subject to the same checks as permanently employed staff and have evidence to demonstrate that the checks have been undertaken. This may include confirmation and checklists supplied by any agency, where sufficiently reliable and robust. In addition to this, guidance states “Where agency staff are deployed an introduction to the service is provided which includes, but is not limited to, the statement of purpose; core policies and procedures; and management and supervision arrangements”.

16. POLICY IMPLEMENTATION

16.1 Bridgend County Borough Council will:

1. Ensure the effective application of this policy and its associated procedures through regular support and monitoring.
2. Provide social care staff with documented training to equip them with the necessary skills, knowledge and understanding to manage medication.
3. Monitor the effectiveness of training.
4. Monitor and update the procedures as required.
5. Liaise with appropriate external agencies from time to time to ensure that the policy and procedures are kept up to date.

17. COMMISSIONED PROVIDERS

17.1 All contracts that are put in place with commissioned services and providers, set out BCBC’s expectation to provide a service in line with all current national, regional and local legislation, guidance and frameworks.

18. POLICY REVIEW

18.1 This policy will be reviewed at no longer than a 3-year timeframe unless there are changes to relevant legislation, guidelines, and policies. The Council is

committed to the continuing development of the policy and procedures and will endeavour to maintain their accuracy and relevance in response to any proposed additions or changes to best practice.

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Meeting of:	**CABINET**
Date of Meeting:	**19 MAY 2026**
Report Title:	**SPECIAL GUARDIANSHIP ORDERS FINANCIAL POLICY REVIEW**
Report Owner: Responsible Chief Officer / Cabinet Member	**CORPORATE DIRECTORSOCIAL SERVICES AND WELLBEING** **DEPUTY LEADER AND CABINET MEMBER FOR SOCIAL SERVICES, HEALTH AND WELLBEING**
Responsible Officer:	**DAN BOLTON** **GROUP MANAGER PROVIDER SERVICES**
Policy Framework and Procedure Rules:	**There is no effect upon the policy framework or procedure rules.**
Executive Summary:	**This report sets out the outcome of a review of the Bridgend County Borough Council Special Guardianship Order (SGO) Financial Policy, undertaken to modernise the Council's approach to financial support for Special Guardians, addressing issues associated with the current means-tested system, including complexity, inconsistency, and administrative burden.** **The revised policy introduces a "No Financial Detriment" model, removing means testing and aligning SGO allowances with fostering allowances, subject to appropriate legislative deductions. This approach improves clarity, supports permanence for children, and aims to ensure carers are not financially disadvantaged when providing long-term care for children within their families.** **The proposal supports the Council's Care-Experienced Children (CEC) Reduction Strategy by encouraging transitions from kinship fostering and general fostering to Special Guardianship, strengthening stability and improving long-term outcomes for children.** **Cabinet approval is sought to implement the revised policy.**

1. Purpose of Report

1.1 The purpose of this report is to seek Cabinet approval for the implementation of the revised Bridgend County Borough Council Special Guardianship Order (SGO) Financial Policy (**Appendix 1**).

2. Background

2.1 The current Special Guardianship financial policy (2020) operates a means-tested model requiring detailed financial assessment and annual reassessment.

2.2 In practice, this approach has resulted in:

- Administrative complexity and delays
- Inconsistent financial outcomes for carers
- Increased workload for staff
- Complaints and reduced confidence from carers

2.3 Feedback from carers and service data has identified that financial uncertainty can act as a barrier to progressing from fostering to Special Guardianship.

2.4 The existing model does not align with the Council's strategic direction set out the Children and Families 3-year strategic plan 'Think Family' approved by Cabinet in September 2023, which prioritises permanence through family-based arrangements.

2.5 A full review of the policy has therefore been undertaken to ensure it reflects current best practice, supports permanence, and provides a clear and consistent financial framework.

3. Current situation/ Proposal

3.1 Following completion of the review, a revised Special Guardianship Financial Policy has been developed.

3.2 The key change is the introduction of a "No Financial Detriment" model, which:

- Removes means testing as a standard requirement
- Aligns SGO allowances with fostering allowances
- Applies appropriate deductions for Child Benefit and Universal Credit in line with legislation

3.3 Under the revised model:

- Payments are stable and predictable
- Annual reviews focus on eligibility and changes in circumstances rather than full financial reassessment
- Administrative burden for both carers and staff is significantly reduced

3.4 A proportionate safeguard remains in place to review financial support in exceptional circumstances where a carer's financial position changes significantly.

3.5 Transitional arrangements will be implemented to ensure existing Special Guardians are moved onto the revised model in a planned and transparent way.

3.6 The revised policy also:

- Improves clarity of entitlement
- Aligns with good practice across Wales
- Strengthens consistency between fostering and permanence frameworks

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh Language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The Well-being of Future Generations (Wales) Act 2015 provides the framework for improving the social, economic, environmental and cultural well-being of Wales. The five ways of working have been considered in the development of the revised policy as follows:

Involvement	The policy review has been informed by feedback from Special Guardians and kinship carers, alongside operational input from social work and finance colleagues, ensuring the revised approach reflects both lived experience and service delivery requirements.
Long term	The revised policy supports long-term placement stability by removing financial uncertainty and promoting permanence through Special Guardianship arrangements. This contributes to improved outcomes for children by enabling stable, family-based care.
Prevention	By removing means testing and simplifying the financial framework, the policy reduces the risk of placement breakdown linked to financial pressure and prevents delays in progressing permanence plans.
Integration	The policy aligns with the Council's Care-Experienced Children (CEC) Reduction Strategy and wider sufficiency agenda, supporting the strategic aim of increasing family-based placements and reducing reliance on higher-cost external provision.
Collaboration	The review has been undertaken in collaboration with internal stakeholders and has considered practice across Wales to ensure consistency and alignment with regional approaches.

6. Climate Change and Nature Implications

6.1 There are no climate change or nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 The revised policy strengthens the Council's safeguarding and Corporate Parenting responsibilities by supporting stable, long-term family placements for children who would otherwise remain looked after.

7.2 By reducing financial uncertainty and removing barriers to Special Guardianship, the policy promotes timely permanence planning and reduces the risk of placement disruption. Stable and secure care arrangements are a key protective factor for children, contributing to improved emotional wellbeing, continuity of relationships, and reduced likelihood of re-entry into care.

7.3 The policy also supports better use of social work capacity, enabling practitioners to focus on safeguarding, support and permanence planning rather than complex financial reassessment processes.

8. Financial Implications

8.1 Financial modelling has been completed to assess the impact of removing means testing from Special Guardianship Order (SGO) payments. The table below compares current expenditure, based on 145 SGO placements, with projected costs under the revised model.

SGO Allowances	Daily Cost £	Weekly cost £	Annual Cost of SGO £	Additional Cost £	Reduced Cost £
Current Cost including means testing	110.09 (current average)	15,963	832,287		
Proposed Cost excluding means testing and not in receipt of benefits	179.72	26,059	1,358,725	526,438	
Proposed Cost excluding means testing but child benefit deducted	153.67	22,282	1,161,779	329,492	
Proposed Cost excluding means testing but child benefit and universal credit deducted	86.10	12,484	650,930		- 181,358

8.2 The current weekly cost under the means-tested model is £15,963 (annual £832,287). Under the revised model, costs would increase to a maximum of £26,059 per week (annual £1,358,725) in the absence of benefit and other income deductions.

Where Child Benefit is deducted, the projected annual cost reduces to £1,161,779, and where both Child Benefit and Universal Credit are deducted, the projected annual cost reduces further to £650,930.

This demonstrates a variable financial impact, with potential cost increases where no deductions apply, and reductions below current expenditure where full benefit deductions are in place.

Removing means testing increases the base SGO payment, but in most cases, this is offset by the deduction of Child Benefit and, where applicable, Universal Credit. As the majority of Special Guardians currently receive these benefits, the overall cost impact is expected to be lower than the maximum modelled scenario.

8.3 Analysis of current claimant data provides assurance that the assumptions used within the financial modelling are robust. As at February 2026, 121 out of 122 Special Guardians claim Child Benefit, and 58 carers claim Universal Credit for 70 children. This indicates that the lower cost scenarios are reflective of current patterns of benefit uptake rather than theoretical assumptions.

8.4 Any additional costs arising from the revised model will be met from existing projected under spends across Special Guardianship (projected £104,074 under spend at quarter 3), in-house fostering (£196,601 projected under spend at quarter 3), and independent fostering (£296,120 projected under spend at quarter 3).

8.5 The average weekly SGO payment under the revised model (£179.72) remains lower than the average kinship fostering rate (£216.10), ensuring continued value for money. This reflects the fact that Special Guardians are eligible for Child Benefit and, where applicable, Universal Credit due to their parental responsibility.

8.6 Overall, the revised approach is financially sustainable and represents an invest-to-save model, with the potential to reduce longer-term costs through increased permanence, reduced reliance on higher-cost placements, and improved placement stability.

9. Recommendation

9.1 It is recommended that Cabinet approve the implementation of the reviewed Special Guardianship Orders Financial Policy (**Appendix 1**)

Background documents

None

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Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

www.bridgend.gov.uk

Bridgend County Borough Council

Special Guardianship Orders

Financial Policy

March 2026

Appendix 1

Document Name and Location	Special Guardianship Orders Financial Policy
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Accessibility	This document can be made available in Welsh.

Updates, Revisions and Amendments

Version	Details of Change	Date
2	**Full review of policy, removing means tested financial assessments and moving towards a no detriment policy for SGO carers.**	**March 2026**

Appendix 1

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1. Introduction

1.1 This policy should be read in conjunction with the Bridgend County Borough Council (BCBC) Special Guardianship Policy, which outlines the legislative framework and procedural requirements in relation to Special Guardianship Orders (SGOs). This policy relates specifically to the provision of financial support to Special Guardians and the governance arrangements for that support

1.2 Support to Special Guardians, including financial provision, is set out within the Special Guardianship (Wales) Regulations 2005, as amended by the Special Guardianship (Wales) (Amendment) Regulations 2018, and the Special Guardianship Code of Practice on the exercise of social services functions in relation to Special Guardianship Orders (2018).

1.3 The Local Authority is required to make arrangements for the provision of financial support to Special Guardians where necessary to secure or maintain the SGO arrangement and to promote stability and permanence for the child.

1.4 This revised policy adopts a non-detrimental approach by removing the routine means testing calculation when determining the core Special Guardianship Allowance. The Local Authority will not routinely assess disposable income, household expenditure or capital in order to determine the weekly allowance payable. The core allowance will instead be determined by reference to Bridgend County Borough Council (BCBC) basic fostering allowance rates, subject to required child-related benefit deductions and, where applicable, the Universal Credit child element as required by legislation, and the review arrangements set out in this policy.

1.5 The purpose of this approach is to ensure that Special Guardians are not financially disadvantaged when providing permanence for children who would otherwise remain in foster care.

1.6 This document sets out:

- the basis on which the core allowance is determined and administered;
- the role of child-related benefit deductions to avoid duplication of child welfare support;
- the circumstances in which supplementary financial support may be provided;
- the responsibilities of Special Guardians receiving support;
- arrangements for review, variation, suspension and termination; and
- governance arrangements to support lawful and consistent decision-making.

2. Financial Support for Prospective Special Guardians

2.1 The Regulations provide that financial support may be provided where necessary to ensure that arrangements for an SGO can be secured or maintained. Financial support should not be the sole reason for a Special Guardianship arrangement failing to proceed or failing to survive.

2.2 The Local Authority will ensure that financial support arrangements are transparent and clearly communicated to prospective Special Guardians so that applicants can make informed decisions about the implications of Special Guardianship, including understanding the extent of parental responsibility and the changes from a looked after arrangement.

2.3 Financial support can be provided as:

- a single lump sum payment to meet a specific assessed need;
- a series of lump sum payments to meet a specific assessed need; or
- a periodic or regular payment payable at intervals determined by the Local Authority to meet an assessed ongoing need.

2.4 The type, amount, duration, conditions and review arrangements for financial support must be set out in the Special Guardianship Support Plan.

2.5 The Local Authority may begin providing financial support in circumstances including (but not limited to):

- where a child subject to an SGO is living with the Special Guardian and financial support is necessary to enable the Special Guardian to continue to care for the child; and
- where a child in respect of whom an SGO is sought lives with a prospective Special Guardian and financial support is necessary to enable the prospective Special Guardian to continue to care for the child pending the Court’s decision.

2.6 Financial support must be linked to the child’s needs and the sustainability of the arrangement. The Local Authority will ensure that the financial support offered complements and does not duplicate financial support available through the child benefits and tax credits systems.

2.7 Financial support must not include an element of remuneration for the care of the child, except where permitted by Regulation (including circumstances where the Special Guardian was previously the child’s foster carer and transitional arrangements for a fee element may apply).

2.8 The Local Authority will maintain operational documentation to support the implementation of this policy, including the *Special Guardianship Financial Assessment and Review Form* (Appendix 1). These documents may be updated from time to time to reflect changes in operational practice or administrative processes. Such updates will not constitute a change to this policy.

3. Overview of the Financial Support Process

3.1 Financial support assessments will be initiated:

- following a decision that a full assessment for an SGO will proceed;
- as part of a Connected Persons assessment; or
- where a potential eligible applicant requests a provisional financial determination to inform decision making.
- Any allowance payable will be paid into a nominated special guardian bank account.
- The financial assessment and subsequent reviews will be completed using the BCBC Special Guardianship Financial Assessment and Review Form (see Appendix 1).

3.2 The allocated Assessing Social Worker is responsible for ensuring that financial support arrangements are considered as part of the assessment and are recorded within the Special Guardianship Support Plan.

3.3 Under this policy, the Local Authority will determine the proposed core allowance by reference to the relevant basic fostering allowance rate (age-banded) and the required benefit deductions set out in Section 5.

The Assessing Social Worker must ensure that:

- the applicant(s) understand the basis of the allowance and deductions;
- the applicant(s) understand their responsibility to claim relevant benefits;
- any proposed supplementary support is identified, evidenced and authorised; and

- transitional arrangements for former foster carers (where applicable) are considered.

3.4 The Assessing Social Worker must ensure that the Support Plan includes:

- the proposed amount of financial support;
- the start date and frequency of payments;
- the deduction child related benefits
- the arrangements for review, variation and termination; and
- any conditions attached to the financial support and the consequences of not meeting them.

3.5 Financial arrangements must be authorised at the appropriate level prior to submission to Court, in accordance with Section 6.4 (supplementary support and transitional fee arrangements) and internal financial delegation requirements.

3.6 Following the granting of the SGO, written confirmation must be provided to the Special Guardian(s) setting out:

- the amount, start date and frequency of payments;
- the deductions applied and the basis for those deductions;
- the requirement to claim benefits and provide evidence;
- the requirement to provide annual statements and supporting documentation; and
- the circumstances in which support may be varied, suspended or terminated.

3.7 A copy of correspondence and supporting documents must be retained on the child’s electronic record within the Council’s electronic case management system.

4. Required Documentation

4.1 Although routine means testing is removed, the Local Authority must administer financial support lawfully and in accordance with the Regulations, including

ensuring that support does not duplicate benefits and that annual review requirements are met.

4.2 Documentation requirements are therefore limited to what is necessary to:

- verify benefit entitlement and apply deductions correctly;
- confirm that the child continues to reside with the Special Guardian; and
- identify any material and exceptional financial windfall that may trigger a review of the continued necessity of support.

4.3 Special Guardians are required to apply for Child Benefit within the first 3 months of the SGO being granted and provide evidence of the award.

4.4 Where applicable, Special Guardians are required to apply for and provide evidence of the Universal Credit child element awarded in respect of the child.

4.5 Where benefits are pending at the time SGO payments commence, the Local Authority will apply a practical approach to avoid delay in establishing support and will adjust deductions once benefit entitlement is confirmed. This will include deducting Child Benefit from the date the SGO was granted as this is a universal benefit eligible to everyone who has a child in their care which will be backdated by HMRC; and adjusting payments should Universal Child Elements payments be awarded by the Department for Work and Pensions (DWP). Any necessary adjustment will be communicated in writing.

4.6 Special Guardians in receipt of financial support must provide an annual statement of their circumstances, including:

- a written disclosure of household income sources
- any changes to a Special Guardian’s name, address or other contact information.
- evidence of benefits relevant to deductions; and
- a signed declaration confirming that the information provided in and for the annual statement is complete and accurate, and that they understand their responsibility to notify the Local Authority of any exceptional financial change.

4.7 Special Guardians must provide three months' bank statements for all active current accounts held by the Special Guardian(s).

4.8 Bank statements are required to enable the Local Authority to:

- identify any significant one-off capital receipt that may constitute a material and exceptional financial windfall;
- identify evidence that the child may no longer reside with the Special Guardian; and
- support statutory annual review obligations and the proper administration of public funds.

4.9 The review of bank statements is limited to identifying obvious exceptional windfall events or indications relevant to residency. Officers are not required to undertake routine analysis of income patterns, assess disposable income, or apply means testing in determining the core allowance. Bank statements are reviewed solely to identify exceptional one-off financial windfalls or indications that the child may no longer reside with the Special Guardian.

4.10 Where documentation indicates a material transaction that may represent an exceptional financial windfall (for example, a large settlement payment), the Local Authority may request proportionate clarification.

4.11 For the purposes of this policy, an exceptional financial windfall refers to a substantial one-off financial receipt that materially alters the household's financial circumstances. Examples may include inheritance, lottery winnings, or significant legal settlements. The existence of such a payment will trigger a review of whether financial support remains necessary to secure or maintain the Special Guardianship arrangement.

4.12 Any such request must:

- be reasonable and proportionate to the issue identified;
- be authorised by a Team Manager (or above where appropriate);
- be recorded on the Council's electronic case management system; and
- be communicated to the Special Guardian in writing, setting out what is required and why.

5. Determining the Core Allowance and Deductions

5.1 The maximum rate of the core Special Guardianship Allowance is the equivalent of the basic fostering allowance rates, applied by age band. This approach reflects the Local Authority's commitment to supporting permanency arrangements while ensuring that Special Guardians are not financially disadvantaged in comparison with kinship foster care arrangements.

5.2 The Local Authority will not apply routine means testing of household income to determine whether the core allowance is payable.

5.3 In accordance with the Regulations, financial support must complement and not duplicate support available through the child related benefits or allowance system.

5.4 The core allowance will therefore be calculated as:

- the applicable basic fostering allowance (age banded), less
- Child Benefit payable in respect of the child; and
- the Universal Credit child element payable in respect of the child (where applicable).

5.5 Deductions will be applied based on evidence provided by the Special Guardian. Where entitlement changes, the Special Guardian must notify the Local Authority promptly.

5.6 The core allowance will increase in line with any approved annual uplift applied to BCBC fostering allowance rates, subject to the Council's annual approval of fostering allowance levels.

5.7 The uplift will be applied administratively from the same date as fostering allowance changes. This uplift will not require an annual review to be completed.

5.8 All existing Special Guardians in receipt of financial support at the date of implementation will transfer to the revised calculation arrangements from the effective date.

5.9 No Special Guardian will receive a reduction in their existing level of financial support as a result of implementation of this policy.

5.10 Payments will not be backdated. Changes will take effect from the implementation date of this policy once approved by Cabinet.

6. Supplementary Allowance

6.1 The Local Authority may provide supplementary financial support where it is necessary to meet an assessed need in order to secure or maintain the Special Guardianship arrangement.

6.2 Supplementary support:

- is not automatic;
- must be based on assessed need and supported by evidence;
- must be set out within the Support Plan, including purpose, amount and duration; and
- must be authorised at the appropriate management level.

6.3 Supplementary support may be provided as a one-off payment, a series of payments, or periodic payments, depending on the nature of the assessed need.

6.4 Where an SGO is granted to an applicant who previously provided foster care for the child, the core allowance will be determined in accordance with Section 5.

6.5 Where the applicant previously received a fostering fee/skill element in respect of the child, the Local Authority may, in accordance with Regulation, provide a transitional periodic payment equivalent to the relevant fee element for a period of up to two years to support adjustment from Fostering to Special Guardianship.

6.6 The continuation of any fee element:

- must be authorised by the Head of Children’s Social Care;
- must be recorded within the Support Plan, including the duration and end date;

- will not automatically increase in line with inflation or fostering fee changes unless explicitly authorised; and
- will cease at the end of the agreed period unless an extension has been approved.

6.7 In exceptional circumstances, where cessation of the fee element would place the arrangement at risk, an extension beyond two years may be authorised by the Head of Children's Social Care. Any extension must be supported by a written rationale and reviewed annually.

6.8 Supplementary support may be considered for needs including (but not limited to):

- setting up costs and essential equipment required to meet a child's assessed needs;
- adaptations to the home to support a child with a disability;
- therapeutic services required to meet the child's assessed needs;
- facilitation of contact arrangements where costs are necessary to maintain the arrangement and support the child's welfare;
- mediation or other support where necessary to preserve stability; and
- court-related costs where evidenced and necessary to secure the arrangement.

6.9 Supplementary payments must not duplicate provision that can reasonably be expected to be met through benefits or other sources.

6.10 Authorisation must be obtained in accordance with delegated authority and internal financial procedures. As a minimum:

- supplementary payments up to £500 per financial year require Team Manager authorisation;
- supplementary payments exceeding £500 per financial year require Group Manager authorisation; and
- significant or exceptional arrangements (including transitional fee continuation) require Head of Children's Social Care authorisation.

6.11 These thresholds operate alongside the Council's Financial Procedure Rules and may be updated in line with corporate financial governance arrangements.

6.12 Where supplementary support is time-limited, the end date must be explicit within the Support Plan and review arrangements must be recorded.

6.13 BCBC will provide an annual incentive payment equivalent to 50% of council tax paid by Special Guardians, subject to:

- proof of payment being provided;
- Special guardians having offered care for 90 days or more in the previous financial year;
- payment being made annually in arrears; and
- eligibility ceasing where the SGO ceases.

6.14 Operational arrangements for this reimbursement are governed by the Cabinet decision approving the scheme and associated implementation guidance. The policy does not replicate procedural detail that may be updated through operational delivery.

7. Special Guardian(s) Responsibilities

7.1 Special Guardians in receipt of financial support must notify the Local Authority within 14 days of:

- any change of address or contact details;
- changes in household composition that are relevant to the child's living arrangements;
- the child ceasing to reside permanently with them;
- the child ceasing full-time education (between 16 and 18) and commencing employment;
- the SGO ceasing to have effect; and
- any exceptional financial change in circumstances (for example inheritance, lottery win or significant settlement).

7.2 The Local Authority must also be notified immediately if:

- the child dies; or
- the child no longer resides permanently with the Special Guardian.

7.3 Special Guardians must notify the Local Authority of changes to benefit entitlement promptly to ensure deductions are correctly applied.

7.4 Special Guardians must complete and submit the annual statement and supporting documentation required under Section 4 within the timescales set by the Local Authority.

7.5 Failure to comply may result in suspension or termination of payments in accordance with Sections 8 and 9.

8. Financial Support Review

8.1 The Local Authority will review the provision of financial support at least annually, in accordance with statutory requirements.

The review will be undertaken using the BCBC Special Guardianship Financial Assessment and Review Form (Appendix 1).

8.2 Annual reviews will focus on:

- confirming the child continues to reside with the Special Guardian;
- confirming benefit entitlement and deductions are correctly applied;
- confirming completion of the annual statement and documentation requirements; and
- identifying any exceptional financial windfall that may require a review of the continued necessity of support.

8.3 The annual review documentation will be issued three months in advance of the review due date. Business Support will record the issue and return of documents on the Council's electronic case management system.

8.4 Upon receipt, the reviewing officer will:

- verify benefit evidence to ensure deductions remain accurate;
- confirm residency status through case record information and the annual statement; and

- conduct a proportionate review of bank statements limited to identifying obvious exceptional windfall events or indications relevant to residency.

8.5 Where there is no indication of an exceptional windfall event and benefit deductions are correctly applied, the allowance will continue.

8.6 Where review documentation is not returned by the required date, the Local Authority will:

- in accordance with Regulation, issue a 28 day notice letter advising that unless the documentation and information for the annual Review is received by the end of the notice period, payments will cease on said date until the documentation is received; and
- record all contact attempts on the Council's electronic case management system.

8.7 Failure to provide documentation may result in suspension of payments. Payment will not be reinstated until the required documentation is received and the review has been completed.

8.8 Where an annual statement or documentation indicates a material and exceptional financial windfall (for example inheritance, lottery win or significant settlement), the case will be escalated to the Team Manager.

8.9 Any decision to undertake an exceptional review must be proportionate and authorised at Group Manager level or above.

8.10 Following an exceptional review, the Local Authority may determine that:

- support remains necessary and will continue; or
- support should be varied or ceased because it is no longer necessary to secure or maintain the arrangement.

8.11 Any decision to vary or cease support following an exceptional review must be confirmed in writing with reasons and must be recorded on the child's electronic record.

9. Termination of Payments

9.1 Payment of financial support will terminate on the earliest occurrence of:

- the SGO ceasing to have effect (including discharge or variation by the Court where relevant);
- the child attaining the age of 18, subject to Section 9.2;
- the child ceasing to reside permanently with the Special Guardian;
- the death of the child;
- the Special Guardian refusing to submit required documentation for the annual review; or
- a decision following an exceptional financial change review that support is no longer necessary.

9.2 Where the child is aged 16 to 18, the Local Authority may require confirmation of the child's educational status to determine whether support remains payable in accordance with statutory requirements and the Support Plan.

9.3 The Special Guardian must provide evidence of enrolment in full-time education when requested. If the child ceases full-time education and enters employment post 16 years old, financial support will cease.

9.4 Where a household receives financial support in respect of more than one child under an SGO, termination for one child will not automatically terminate payments for other children. A review will be undertaken to confirm ongoing eligibility for the remaining child(ren).

9.5 Termination must be confirmed in writing to the Special Guardian(s) and must include:

- the reason for termination;
- the date the payment will cease; and
- information about overpayment recovery where applicable.

10. Overpayments and Recovery

10.1 An overpayment may arise where financial support has been paid in excess of the amount properly due under this policy.

10.2 Circumstances in which an overpayment may occur include, but are not limited to:

- failure to notify changes in circumstances in accordance with Section 7;
- delay in notifying that the child has ceased to reside permanently;
- delay in notifying changes to benefit entitlement leading to incorrect deductions;
- payments continuing after termination conditions have been met; or
- administrative error.

10.3 As per section 8, where an overpayment is identified, this must be recorded on the Council's electronic case management system and referred to the Team Manager without delay.

10.4 The Local Authority will consider whether recovery is appropriate, taking account of:

- the cause of the overpayment;
- whether misrepresentation or non-disclosure is indicated;
- the financial impact on the household; and
- the potential impact on the stability of the arrangement.

10.5 The Local Authority may determine that recovery in full, recovery in part, or waiver is appropriate depending on the circumstances and the duty to safeguard public funds.

10.6 Where recovery is appropriate, the Local Authority may:

- agree a repayment plan with the Special Guardian;
- offset the overpayment against future payments; and/or
- recover through corporate debt recovery procedures.

10.7 Any recovery arrangement must be confirmed in writing and recorded on the child's electronic record.

11. Fraud and Misrepresentation

11.1 Special Guardians have a continuing responsibility to provide accurate information in relation to financial support, including disclosure of exceptional financial windfall events and relevant changes of circumstance.

11.2 Where the Local Authority has reasonable grounds to believe false or misleading information has been knowingly provided, or that material information has been deliberately withheld, it may:

- suspend payments pending investigation;
- cease payments;
- recover overpayments; and
- refer the matter in accordance with corporate fraud procedures.

11.3 Any decision to cease support on the basis of misrepresentation must be authorised at Group Manager level or above and confirmed in writing with reasons.

12. Recording and Governance

12.1 All decisions relating to financial support must be documented within the Support Plan and recorded on the Council's electronic case management system. Records must include:

- the basis for support;
- the amount and frequency of payment;
- deductions applied and the evidence relied upon;
- any supplementary support, including purpose and duration;
- authorisation level; and
- review dates and outcomes.

12.2 All correspondence confirming commencement, variation, suspension or termination of support must be retained on the child's electronic record.

12.3 The Directorate will maintain oversight of:

- compliance with statutory review requirements;
- consistency in application of this policy;

- expenditure against budget; and
- authorisation and governance compliance.

12.4 Financial support arrangements may be subject to internal audit and must be capable of audit scrutiny.

13. Data Protection

13.1 All personal and financial information obtained for the purposes of administering financial support will be processed in accordance with UK GDPR, the Data Protection Act 2018, and Council information governance requirements.

13.2 Information will be used only for the lawful purposes of administering support, applying deductions, undertaking required reviews, and safeguarding public funds.

13.3 Information will be stored securely, accessed only by authorised personnel, and retained in accordance with corporate retention schedules.

14. Equality and Fair Application

14.1 The Local Authority will apply this policy consistently and fairly.

14.2 Decisions to vary, suspend or terminate financial support will be based on evidence, authorised appropriately, and confirmed in writing with reasons.

14.3 In exercising discretion under this policy, the Local Authority will have regard to the welfare of the child and the impact on the stability of the arrangement.

15. **Appendix 1**

Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
www.bridgend.gov.uk

Special Guardianship Financial Assessment and Review Form

Name of 1st Special Guardian
____(Mr/Mrs/Miss/Other)

Date of birth:____

Home Address:
____
____
____
____

Home Tel No: ____

Mobile No: ____

Email Address:____

Name of 2nd Special Guardian
____(Mr/Mrs/Miss/Other)

Date of birth:____

Home Address:
____
____

____
____

Home Tel No: ____

Mobile No: ____

Email Address:____

Details of Income

Income Sources	Frequency Wkly/fortnightly/4 weekly	Amount Applicant 1	Amount Applicant 2
Salary			
If self-employed: please provide a copy of your latest tax return and any confirmation these have been accepted.			
Benefits/Allowances Please stat			
Income Support			
Job Seekers Allowance			
Universal Credit			
State Pension			
Pension Credit			
Occupational Pension			
Private Pension			
Chid Benefit			
Universal Credit Child Element			
Employment Support Allowance			
Other:			
Other:			
Other:			
Savings/Investments/ISA Please list details of all savings and investments and provide your latest 3 month statements for each account or yearly statement if applicable			
Type of Income received	Frequency	Amount	Amount
Name			
Name			
Name			
Name			
Do you have any other source of Income?	Frequency	Amount	Amount

Have you gained a significant income as described in the SGO Financial Policy that you need to declare? Please provide details including amounts and frequency received.			
Name			
Name			
Name			
Name			

Please provide copies of bank statements for the last 3 months for all accounts

Please read this declaration carefully before you sign and date it.

- I/We declare that the information I/We have given on this form is correct and complete.
- I/We understand that you will use the information provided to assess if I/We remain entitled to financial support. I/We agree to you, where needed, checking some of the information with other council departments within Bridgend County Borough Council and with other councils. You may give some information to other council departments and government organisations as required by law.
- I/We know that I/We must let the Benefits Team and/or Permanence Team of the council know immediately in writing about any changes in my circumstances which might affect the amount of support I/We receive.
- I/We understand that if I/We knowingly give false information, action may be taken against me/us to recover all of part of the financial support I/We have been paid.

Signature of 1st Applicant: ____ Date: ____________

Signature of 2nd Applicant: ____ Date: ____________

How we collect and use information

- We will use the information we collect, both on this form and from supporting evidence you give us, to process your claim for a support allowance. Once we collect your information we may share it with other council departments to help provide a complete service to you.

- We may check information you (or anybody else) have provided with other information we hold. We may also get information from other bodies and organisations, or give information to them to check the accuracy of your information, to prevent or detect crime, to protect public funds in other ways or for reasons allowed by law.

- We will use your information in line with the General Data Protection Regulations 2016 and the Data Protection Act 2018. We (Bridgend County Borough Council) are the data controller for the purposes of the Data Protection Act 2018.

- If you want to know more about what happens to the information that we hold about you and your rights and our obligations to you, the councils Fair Processing statement is available on the data protection pages of our website.

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Meeting of:	CABINET
Date of Meeting:	19 MAY 2026
Report Title:	TENNIS FACILITIES MANAGEMENT AGREEMENT UPDATE
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR COMMUNITIES CABINET MEMBER CLIMATE CHANGE & THE ENVIRONMENT
Responsible Officer:	MARTIN MORGANS HEAD OF SERVICE – PUBLIC REALM
Policy Framework and Procedure Rules:	This report has no effect on the Policy Framework and Procedure Rules.
Executive Summary:	Tennis Court Improvements have been made across the borough in partnership with the Lawn Tennis Association in the sum of £519,469.68 and an updated decision is required in relation to the appointment of an external operator for the management and maintenance of the courts via an Operator Agreement (Concession Contract).

1. Purpose of Report

1.1 The purpose of this report is to update Cabinet on progress made with regards to the development of an Operator Agreement in respect of the new tennis facilities across the borough, which were developed in conjunction with the Lawn Tennis Association (LTA), and to secure an updated decision regarding the particulars of the proposed agreement to appoint an external operator for the management and maintenance of the courts.

2. Background

2.1 In March 2023, Cabinet approved a recommendation to provide funding via the Community Asset Transfer (CAT) fund in the sum of £191,231.90 to enable the refurbishment of nine tennis courts at four locations across the borough: Maesteg Welfare Park, Griffin Park, Caedu Park and Heol Y Cyw. The approval of this funding enabled a further sum of £328,237.78 to be committed by the Lawn Tennis Association via the LTA Park Refurbishment Programme, which sought to refurbish park courts across the UK having received £21.9 million of funding directly from UK Government's Department for Digital, Culture, Media & Sport (DCMS) and an additional £8.4 million from the LTA Tennis Foundation to deliver the programme.

2.2 The tennis court improvements were commissioned by Bridgend County Borough Council (BCBC) under a framework agreement that had been arranged by the LTA

and assessed by our Procurement and Legal Services Teams to determine compliance with procurement regulations.

2.3 At the time of installation, the intention was for an external operator to take over the management and maintenance of the courts, which included the establishment of a sinking fund to enable refurbishment and resurfacing in the coming years, in line with the Operations and Maintenance Manual provided by the specialist contractor upon completion.

2.4 In September 2024, Cabinet approved a request to

1. Approve the award of a concession contract in the form of an Operator Agreement to Tennis Wales Limited, based on the principles set out in the presented report.

2. Delegate authority to the Corporate Director – Communities to negotiate the final terms of an operator agreement in consultation with the Chief Officer Finance, Housing and Change and the Chief Officer – Legal and Regulatory Services, HR and Corporate Policy to enter into the Operator Agreement and any supplementary agreements and to grant any necessary consents required on behalf of the Council.

3. Note that Tennis Wales Limited will be subject to a lease or licence agreement with the Council to reflect the site-specific requirements.

3. Current situation/ proposal

3.1 At present, the courts are monitored by the Council, which includes regular inspections and identified remedial works.

3.2 The report approved by Cabinet in September 2024 outlined an intention for BCBC to collect and ringfence the income from the courts to ensure a sinking fund was generated for the replacement of the court surfaces approximately 10 years from the date of installation. The approved operation of the sinking fund was defined as:

> *The operation of the sinking fund involves a mechanism whereby a set amount is to be transferred by the operator to BCBC on an annual basis and ringfenced, to enable sufficient funds to be available at the end of the contract for the refurbishment of the courts to their original standard, in line with the obligations in the Grant Agreement.*

3.3 Following the approval by Cabinet to proceed with the appointment of an operator as outlined in the report dated September 2024, the concession agreement has been developed to incorporate the following aspects:

- Maintenance of the courts in line with LTA recommendations

- Confirmation that the courts are to be handed back in a condition reflecting LTA recommended maintenance and resurfacing schedule (court-surfaces-guidance.pdf (lta.org.uk) at the point the agreement ends.

- All coaching services, Pay and Play, subscription (annual passes) income will be retained by the operator.

- Provision of a minimum 15 hours and maximum 30 hours of tennis activity and coaching sessions each week across the three park sites, on a maximum of two tennis courts (where available).

- Funding of annual Gate access charges (currently £536 excluding-VAT) per park to be paid for by the operator (price subject to change).

- The development of a comprehensive tennis development programme, to include free provision for underrepresented groups.

The concession arrangement also requires any operator to comply with the following LTA specific requirements:

- All sites to show LTA UK Government Branded Material.
- All sites to be registered with the LTA (free for the period of this agreement).
- All sites to offer LTA accredited Coaching Activities.
- All sites to be bookable through LTA Play **https://www.lta.org.uk/play/book-a-tennis-court/.**
- All sites should be operated through Club Spark and linked to online booking, annual passes, and coaching programmes.
- A launch plan should be delivered to raise the awareness of sites in the local communities, which should include a promotional Open Day.
- All sites to participate in Local Tennis Leagues.
- All sites to offer a free LTA Free Park Tennis Programme on Saturday or Sunday Mornings and operator to support the recruitment of Volunteers (Activators) to Lead the programme.
- Courts are strictly for the sole use of tennis activities.

The agreement includes monitoring, reporting and financial management controls to ensure the effective operation of the sinking fund.

3.4 During the development of the draft Operator Agreement, Tennis Wales proposed an amendment to the sinking fund arrangements, whereby they would collect and pool income from courts across their remit to appoint a suitable court maintenance contractor and ringfence a wider sinking fund in respect of **all** courts under their management across Wales.

3.5 Tennis Wales are responsible for a mixture of high-incoming producing courts and lower-income producing courts in Bridgend and in other local authorities and it is proposed that the income generated from the higher fee generating courts could be used to offset the lower income generating courts in respect of the maintenance requirements.

3.6 As the Council will no longer hold the sinking fund required under the grant agreement, Tennis Wales have agreed to indemnify the Council to the extent set out in paragraph 8.5 for the clawback of any funding for breach of the maintenance and restoration obligations, which leads to clawback of funding by the LTA. In

addition, they have agreed in principle to a general indemnity for losses in line with standard requirements included in Council contracts.

3.7 Due to the length of time that negotiations have taken and a desire from Tennis Wales for consistency in the length of its operator agreements, it is proposed to move to a 12-year agreement term, rather than 15 years.

3.8 Property services have confirmed that no separate lease or license will be required as this will be factored into the terms of the Operator Agreement.

3.9 As a result of the changes outlined above, the agreement will differ from the principles originally approved by Cabinet in September 2024.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh Language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 This report assists in the achievement of the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015:

- Long Term – The appointment of the operator will enable the specialised maintenance and upkeep of the newly-installed facilities in the short term, as well as providing provision for the resurfacing of the courts after 8-10 years, ensuring a high-quality facility is available for future generations.

- Prevention – The operator identified is a Wales-based organisation, providing employment to local people and will work with established groups to provide a service appropriate for the local community in each area identified. The transfer of the responsibilities in relation to the maintenance and resurfacing of the courts would enable an experienced organisation to ensure the safeguarding of the facilities for future generations and reduce the need for reliance on BCBC for the provision of this service.

- Integration – The contract for this service has been awarded via a concession contract. Any income received by the operator will be utilised for the maintenance and upkeep of the facilities, as well as resurfacing the courts after 8-10 years, ensuring a high-quality facility is available for future generations. The inclusion of Welsh language has been considered, and a requirement of the agreement will include the need for services to be provided bilingually where possible.

- Collaboration – BCBC will work with the operator to ensure that a fit-for-purpose service is being provided with consideration to the needs of the local

communities. The concession contract will be implemented via a management agreement, which will include consideration of community engagement (e.g. inclusive tennis sessions). An opportunity for the operator to work in conjunction with the established tennis clubs in Bridgend has already been identified and will be implemented upon appointment of the operator. A strong relationship has already been established between the LTA and BCBC and the LTA and Tennis Wales have a long-running partnership in place.

- Involvement – The appointed operator will provide a professional coaching service, which includes the provision of sessions to encourage a diverse range of individuals in our community to participate in exercise sessions free of charge, ensuring an inclusive opportunity for these communities. The service will actively encourage its users to engage with the activities that take place within their community and support contact with friends, family and other members of the public. Through greater engagement individuals should be able to contribute to their communities for longer.

5.2 The appointment of an operator also assists in the achievement of the following corporate well-being objectives:

1. A County Borough where we protect our most vulnerable – by providing an opportunity for our communities to access outdoor sporting facilities and encouraging people to lead healthy lives and supporting the wellbeing of unpaid carers, including young carers, to have a life beyond caring, through the provision of free tennis sessions open to all. Coaches appointed by the LTA are subject to rigorous screening procedures, to ensure the safeguarding of our communities.

2. A County Borough with fair work, skilled, high-quality jobs and thriving town – by providing opportunities for residents to undertake coaching qualifications with the LTA, to develop skills which are transferable to the work environment.

3. A County Borough with thriving valleys communities – the refurbishment of tennis courts in four areas across the borough (Caedu Park – Ogmore Vale, Maesteg Welfare Park – Maesteg, Heol-Y-Cyw and Griffin Park – Porthcawl) has already contributed to improving community facilities and making them more accessible, as well as investing in our parks and supporting tourism to the valleys. This contribution will be sustained via the implementation of the proposed operator agreement and the granting of the relevant licences to occupy via a Community Asset Transfer.

4. A County Borough where we help people meet their potential - by providing the opportunity for residents to undertake training to enable them to support their communities and develop transferable skills, as well as the provision of free sessions and other programmes for our young people.

5. A County Borough that is responding to the climate and nature emergency - by encouraging residents to use our County Borough's parks and green spaces to get out, have fun and improve their own health and wellbeing.

6. A County Borough where people feel valued, heard and part of their community – By helping clubs and community groups to become involved in the control and improvement of their facilities and protecting them for the future.

7. A County Borough where we support people to live healthy and happy lives – By offering attractive leisure and cultural activities and improving children's play opportunities, as well as encouraging residents of all ages to lead active and healthy lives and get involved in sports, thus increasing participation in leisure activities.

6. Climate Change and Nature Implications

6.1 There are no climate change and nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 The current agreement between BCBC and the LTA includes a standard obligation period, which refers to the maintenance requirements over the proposed term of the agreement (**Appendix A**).

8.2 These responsibilities would be transferred to the operator via the proposed Operator Agreement.

8.3 Based on the LTA projected calculations in relation to the income and sinking fund requirements (shown at **Appendix B**), there is unlikely to be any financial implication to the authority, as the income from the courts would be retained and utilised by the operator for the operation, maintenance and future resurfacing of the courts via a wider sinking fund. The LTA have undertaken the projected calculations of the income and wider sinking fund based on their previous experience with courts developed across South Wales and the risk of the wider sinking fund being insufficient is low, with any potential risks being further mitigated by the updated proposal for the operator to retain and ringfence the wider sinking fund as outlined in this report. Tennis Wales also have the support of the Lawn Tennis Association and the potential for access to further funding streams in the future.

8.4 Tennis Wales have committed to saving the required sinking fund as per LTA recommendations (**Appendix C)** at £1,200 per court (7 courts x £1,200 = £8,400 per annum), per year which over a 12-year agreement totals £100,800 for the three Bridgend sites outlined in this report.

8.5 Tennis Wales has agreed to indemnify the Council for clawback of any funding from breach of the Council's funding agreement with the LTA to the value of this sinking fund, i.e. £108,000. The total LTA grant for the three courts was £267,261.78, which potentially leaves the Council facing an indemnity shortfall of £159,261.78, should LTA clawback the full value. The shortfall would have to be met from the existing CAT capital budget if the LTA were to clawback the full value of the grant.

8.6 However, prior to refurbishment, the courts were in poor condition and at risk of loss. They are now usable and would be maintained through Tennis Wales' external cleaning and maintenance contract to be implemented alongside the Operator Agreement, ensuring compliance with the original funding conditions, which provides mitigation against the risk of full clawback. In the absence of a management agreement with Tennis Wales, BCBC will remain fully liable for all costs and funding risks, including maintenance, surface replacement, and compliance with funding conditions relating to provision and promotion.

8.7 To date, minimal promotion of the courts has been undertaken, which has still resulted in the purchase of a total of 250 annual memberships at a value of £4,755 and individual non-member bookings of 3,704 at a value of £16,742.97 across all four Bridgend locations since the opening of the courts in 2022-2023. A total of 6,838 bookings have been made by members and non-members to date. Promotion would be significantly increased upon appointment of an operator and include additional opportunities for professional coaching, which is anticipated to significantly increase income.

9. Recommendations

9.1 It is recommended that Cabinet:

1. Note the contents of this update report, specifically in reference to the changes outlined to the proposed sinking fund arrangements and approve the award of a concession contract in the form of an Operator Agreement to Tennis Wales Limited.

2. Delegate authority to the Corporate Director – Communities to negotiate the final terms of an operator agreement in consultation with the Chief Officer Finance, Housing and Change and the Chief Officer - Legal & Regulatory Services & HR & Electoral, to approve entry into the final Operator Agreement and any supplementary agreements and to grant any necessary consents required on behalf of the Council.

Background documents
None

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ANNEX 2

Tennis Terms and Conditions

1) Periods during which these obligations apply

The following table shows which Standard Obligation Period applies to any Site.

Category	*Grant funding amount/type of Site-Specific Works*	*Standard Obligation Period end date*
A	Gate access works only (ie no other works)	The date falling 5 Years after Completion of the final Individual Site-Specific Works relating to that Site
B	Repainting works only (ie no other works)	The date falling 10 years after Completion of the final Individual Site-Specific Works relating to that Site
C	Any works (not covered by categories A or B above)	The date falling 15 years after completion of the final Individual Site-Specific Works relating to that Site, unless the resurfacing and repainting works (as required in terms of paragraph 3 below) are carried out and completed after more than 10 years (from the start date of that 15 year period) and, in which case, the end date will be the date of completion of those resurfacing and repainting works

You shall meet the following requirements, in relation to any court/s in question and more widely as applicable, for at least the applicable Standard Obligation Period.

2) Maintenance, Repair, Refurbishment and Use

A court maintenance schedule shall be implemented to ensure that the:-

- Playing surface is kept clean to preserve its playing characteristics.
- Free drainage of surface water is maintained throughout the life of the court.
- Court looks attractive and well cared for at all times and achieves a reasonable life span.
- Court is kept to a standard that tennis can be played at all times.
- Signage is kept in good condition at all times.

These objectives shall be achieved by measures including:-

- Making repairs to (and replacing and/or renewing, as necessary) courts and nets as required to maintain the court playing characteristics at all times.
- Regular sweeping or vacuuming leaves and other debris from the surface.
- Periodic power washing of the surface.
- Applying both moss and weed killer when required.

Notwithstanding the involvement of the Contractor, You shall at all times retain ultimate responsibility, and be primarily liable, for the repair, maintenance and eventual replacement of the Assets.

You must ensure that the gate access systems are satisfactorily maintained. For the avoidance of doubt, You must not use the Grant or any part of it for this purpose.

You shall not during the Standard Obligation Period assign, sell, transfer, dispose of, license or otherwise part with any interest in the relevant Site without Our prior written approval which (if given) may be subject to one or more conditions, including the condition that any such successor agrees to be bound by the obligations in this Annex 2 for the remainder of the Standard Obligation Period.

3) Court Refurbishment and Replacement

- For all Sites in category B - To undertake as a minimum a repaint of the courts within the Standard Obligation Period to the standard of the works originally undertaken as part of the Project. However where identified seek to utilise income generation to resurface courts as required.
- For all Sites in category C – To undertake as a minimum a resurface and a repaint of the courts within the Standard Obligation Period to the standard of the works originally undertaken as part of the Project.

4) Digital Journey to Court: online booking

- Ensure all courts are available for public booking.
- Ensure all Your tennis venues, courts and activities are promoted on and accessible through LTA Play online booking using Clubspark (or any future LTA Operations-approved alternative booking system or aggregator). Booking access to be available through the LTA website and booking app.

5) Gate Access Systems (for a minimum period of 5 years)

- Ensure the gate access control system is operational at all times, completing any repairs as required with immediate effect or as soon as possible, where operational means that end-users of the tennis facility at the Site can access the facility remotely – ie, by enabling end-users to book the tennis courts via Clubspark (or the LTA's preferred booking system from time to time) and be provided with an access code remotely to allow the end-user to open the gate and gain access to the tennis facility using the access code.
- Ensure access codes are provided to users as per agreement with a gate supplier approved by Us. For the avoidance of doubt, You must not use the Grant or any part of it to purchase access codes or to pay any cancellation charge arising from any termination of any order/relevant Call Off Contract.
- Ensure that the gate access control system provides end users access to the courts remotely, both generating access codes and providing onward transmission to end users in order to open the gate.
- Ensure an annual service of the gate and access control system, including: (i) testing the keypad and replacing the batteries (or, in the case of premium gates which operate without batteries, testing the power supply); and (ii) checking the gate and access control system are operational, including the internal manual exit and self-closer function of the gate.

If You do not purchase the "Maintenance Programme" available from the applicable Contractor, You must obtain Our prior written approval of Your alternative maintenance programme (provided however that any such approval from Us shall not restrict or limit Your other obligations under this paragraph 5).

6) Sustainability and Pricing

- A pricing policy to be set by You across the courts owned or operated by You that is open and affordable to everyone, through a mix of free and charged provision which is appropriate to the local community, and the courts operated in a way that ensures sustainability.

- A charging model can help develop resources that can be re-invested into on-going maintenance and repairs and future court refurbishments. Using the features of Clubspark, charging can be flexible to include coaching, season ticket, be venue specific or court time specific to contribute to on-going costs/replacement.
- As a minimum there must be a clear sustainability plan that shows how court maintenance and replacement is funded by You over the Standard Obligation Period to meet the conditions in paragraphs 2 and 3 above.

7) Operating, Coaching, Free Park Activities & Competition Provision

- All tennis courts with tennis markings only (at the completion of refurbishment) to continue for the sole use of tennis post refurbishment.
- You shall appoint a designated person/department within Your organisation or an Operator to manage the courts and any associated tennis facilities, where "Operator" means an external third party organisation or independent coach approved by LTA Operations.
- You shall organise a quarterly meeting to review progress and data with LTA Operations and appointed Operators.
- Each park containing courts to be categorised as either available for booking of courts only or available for booking of courts and coaching activities and then operated accordingly.
- All parks containing courts to be attached to a Local Tennis League and You shall notify Local Tennis League participants and users of Your other sporting facilities (together "potential users") before each launch accordingly (subject in each case to You having an appropriate marketing consent, and details of such launch date), including providing each potential user with the option to make the necessary consent to receive marketing and promotional materials from the LTA via e-mail;
- For all parks identified and categorised for coaching, You commit to working with LTA Operations to deliver a free tennis offer either through an Operator or a charity like Tennis For Free.
- You shall support the launch of all Sites following Completion of any Individual Site-Specific Works and thereafter may display promotional material relating to the LTA's national tennis campaigns and promotions to increase opportunities to drive tennis participation.
- You shall display signage which promotes how players can access the courts and (in a form agreed with us in advance) recognises DCMS and LTA Tennis Foundation as project funders.
- You shall comply with the Site-Specific Special Conditions (if any) in respect of the Site.

8) Registration

Each venue to be registered for the Standard Obligation Period with LTA Operations (or its relevant group company) under its venue registration scheme, or replacement thereof. Registration to be free for the Standard Obligation Period.

9) Clawback in the event of non-compliance

You agree to notify us of any non-compliance with the terms of this Annex 2. In such circumstances, or if We become aware of any non-compliance, You agree to meet with us to seek to agree an appropriate way to remedy such non-compliance. If, however, such non-compliance continues for a period of more than 60 days, We are entitled to require You to repay the Grant paid under this Grant Agreement (increased in line with inflation using the Consumer Prices Index or any comparable successor index), or such part of the Grant as we consider appropriate in light of the non-compliance in question.

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LTA Local Authority Parks Toolkit - Site Maesteg

It is recommended that this form is completed with the assistance of a PDP, in order to produce the most accurate forecast. As a guide there are case studies online that will help with operating models and court rates.

The Local Authority should complete one tab per venue. Please fill in all of the relevant light green boxes.

Site Background

Local Authority	Bridgend County Borough Council	
Site Name	Maesteg	
Postcode	CF34 0AZ	
Deprivation Index	2	*Use this tool to determine the index: http://imd-by-postcode.opendatacommunities.org/*
Penetration	253	*Pre-set to 700, will be updated by your local Participation Development Partner*
Court upgrade works required?		
Venue operations outsourced?		*If you plan to lease out all operations (court bookings, season tickets & coaching) please select "yes" here*

Court Information

Courts at the venue

Number of non floodlit courts	3	*Total at the end of the project*
Number of floodlit courts	0	*Total at the end of the project*
Total available court hours	10,512	

Gates required

Number of gates required	1	*All gate access systems must be the same at each venue*
Type of gate system required	SmartAccess Lite	*See the LTA website for details of the different gates*

Income assumptions

			Comparison Range for IMD levels 2 - 4
Court cost per hour (non FL)	£4.50	*Pay and play for non floodlit courts*	*£5 - £10.6*
Court cost per hour (FL)	£0.00	*Pay and play for floodlit courts. Usually £2-£3 more expensive than non floodlit*	*£5 - £11*
Season ticket cost	£39.00	*Annual price for a household*	*£0 - £75*
Court hours committed to being free	5%	*% of court hours you expect to be free for use*	
Expected % of court hours sold for pay and play	8%	*Based on total court hours across the year*	*7%*
Expected % of households that buy a season ticket	28%	*Comparative figures are based on the average for all areas of deprivation. Note that the number of households can be calculated by taking the penetration and dividing by 2.4*	*23%*

Plausable annual profit — £289 profit

Income		
- Pay and play	£3,595	
- Season tickets	£1,151	
- Coaching		*Enter the annual income expected if there is an agreement to hire courts to a local coach*
Total income	**£4,746**	

Costs		
- Clubspark and Payment Fees	£321	*ClubSpark (booking platform) charge 1.4% + 5p per transaction, Stripe (payment platform) charge 1.4% + 20p per transaction*
- Gate access maintenance	£380	
- Code lock generator *(lite systems only)*	£156	
- Court sinking fund	£3,600	
- Registration fees	£0	*LTA Venue Registration is free for any venue receiving grant funding for court renovation, for the duration of the funding agreement. After this period, LTA Venue Registration costs are currently £60 per court where charging takes place, otherwise it is FOC.*
- Staffing costs		*Enter any staff costs specific to the site / reallocated from support costs*
- Marketing costs		*Enter any specific marketing costs expected to reach participation levels*
Total costs	**£4,457**	

Net annual profit	**£289**
Net annual profit per court	**£96**

Plausable cashflow — £527 by year 5

Projected cashflow forecast is calculated below assuming:
1. Starting cash position is £0
2. Pay and play and season tickets sales in year 1 are at 70% of target
3. Sales reach target stated above by year 2
4. From year 5 onwards sales increase by 1%
5. Any loan is repaid over 10 years
6. Click here for sinking fund calculator

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 10	Year 20
Starting cash position	£0	(£1,038)	(£749)	(£460)	(£171)	£7,413	£53,276
Projected profit / (loss)	(£1,038)	£289	£289	£289	£698	£2,745	£4,382
LTA loan repayments	£0	£0	£0	£0	£0	£0	£0
Net annual cashflow	(£1,038)	£289	£289	£289	£698	£2,745	£4,382
Closing cash position after sinking fund	**(£1,038)**	**(£749)**	**(£460)**	**(£171)**	**£527**	**£10,158**	**£57,658**

LTA Local Authority Parks Toolkit - Site Caedu Park, Ogmore Vale

It is recommended that this form is completed with the assistance of a PDP, in order to produce the most accurate forecast. As a guide there are case studies online that will help with operating models and court rates.

Site Background

Local Authority	Bridgend County Borough Council	
Site Name	Caedu Park, Ogmore Vale	
Postcode	CF32 7DH	
Deprivation Index	5	*Use this tool to determine the index: http://imd-by-postcode.opendatacommunities.org/*
Penetration	82	*Pre-set to 700, will be updated by your local Participation Development Partner*
Court upgrade works required?		
Venue operations outsourced?		*If you plan to lease out all operations (court bookings, season tickets & coaching) please select "yes" here*

Court Information

Courts at the venue			
Number of non floodlit courts	2	*Total at the end of the project*	
Number of floodlit courts	0	*Total at the end of the project*	
Total available court hours	7,008		
Gates required			
Number of gates required	1	*All gate access systems must be the same at each venue*	
Type of gate system required	SmartAccess Lite	*See the LTA website for details of the different gates*	
			Comparison Range for IMD levels 4 - 6
Income assumptions			
Court cost per hour (non FL)	£4.50	*Pay and play for non floodlit courts*	*£5 - £10.6*
Court cost per hour (FL)	£0.00	*Pay and play for floodlit courts. Usually £2-£3 more expensive than non floodlit*	*£5 - £11*
Season ticket cost	£39.00	*Annual price for a household*	*£0 - £75*
Court hours committed to being free	5%	*% of court hours you expect to be free for use*	
Expected % of court hours sold for pay and play	8%	*Based on total court hours across the year*	*7%*
Expected % of households that buy a season ticket	28%	*Comparative figures are based on the average for all areas of deprivation. Note that the number of households can be calculated by taking the penetration and dividing by 2.4*	*23%*

Plausable annual profit — -£373 loss

Income		
- Pay and play	£2,397	
- Season tickets	£373	
- Coaching		*Enter the annual income expected if there is an agreement to hire courts to a local coach*
Total income	**£2,770**	
Costs		
- Clubspark and Payment Fees	£207	*ClubSpark (booking platform) charge 1.4% + 5p per transaction, Stripe (payment platform) charge 1.4% + 20p per transaction*
- Gate access maintenance	£380	
- Code lock generator *(lite systems only)*	£156	
- Court sinking fund	£2,400	
- Registration fees	£0	*LTA Venue Registration is free for any venue receiving grant funding for court renovation, for the duration of the funding agreement. After this period, LTA Venue Registration costs are currently £60 per court where charging takes place, otherwise it is FOC.*
- Staffing costs		*Enter any staff costs specific to the site / reallocated from support costs*
- Marketing costs		*Enter any specific marketing costs expected to reach participation levels*
Total costs	**£3,143**	
Net annual loss	**-£373**	
Net annual profit per court	**-£187**	

Plausable cashflow — £-2,361 by year 5

Projected cashflow forecast is calculated below assuming:
1. Starting cash position is £0
2. Pay and play and season tickets sales in year 1 are at 70% of target
3. Sales reach target stated above by year 2
4. From year 5 onwards sales increase by 1%
5. Any loan is repaid over 10 years
6. Click here for sinking fund calculator

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 10	Year 20
Starting cash position	£0	(£1,142)	(£1,515)	(£1,888)	(£2,261)	(£21)	£24,988
Projected profit / (loss)	(£1,142)	(£373)	(£373)	(£373)	(£99)	£1,269	£2,364
LTA loan repayments	£0	£0	£0	£0	£0	£0	£0
Net annual cashflow	(£1,142)	(£373)	(£373)	(£373)	(£99)	£1,269	£2,364
Closing cash position after sinking fund	**(£1,142)**	**(£1,515)**	**(£1,888)**	**(£2,261)**	**(£2,361)**	**£1,248**	**£27,352**

LTA Local Authority Parks Toolkit - Site Heol y Cyw Park

It is recommended that this form is completed with the assistance of a PDP, in order to produce the most accurate forecast. As a guide there are case studies online that will help with operating models and court rates.

Site Background

Local Authority	Bridgend County Borough Council	
Site Name	Heol y Cyw Park	
Postcode	CF32 7DH	
Deprivation Index	8	*Use this tool to determine the index: http://imd-by-postcode.opendatacommunities.org/*
Penetration	551	*Pre-set to 700, will be updated by your local Participation Development Partner*
Court upgrade works required?		
Venue operations outsourced?		*If you plan to lease out all operations (court bookings, season tickets & coaching) please select "yes" here*

Court Information

Courts at the venue			
Number of non floodlit courts	2	*Total at the end of the project*	
Number of floodlit courts	0	*Total at the end of the project*	
Total available court hours	7,008		
Gates required			
Number of gates required	1	*All gate access systems must be the same at each venue*	
Type of gate system required	SmartAccess Lite	*See the LTA website for details of the different gates*	
			Comparison Range for IMD levels 7 - 9
Income assumptions			
Court cost per hour (non FL)	£4.50	*Pay and play for non floodlit courts*	*£3 - £9*
Court cost per hour (FL)	£0.00	*Pay and play for floodlit courts. Usually £2-£3 more expensive than non floodlit*	*£3 - £8*
Season ticket cost	£39.00	*Annual price for a household*	*£29 - £50*
Court hours committed to being free	5%	*% of court hours you expect to be free for use*	
Expected % of court hours sold for pay and play	8%	*Based on total court hours across the year*	*7%*
Expected % of households that buy a season ticket	23%	*Comparative figures are based on the average for all areas of deprivation. Note that the number of households can be calculated by taking the penetration and dividing by 2.4*	*23%*

Plausable annual profit — £1,283 profit

Income		
- Pay and play	£2,397	
- Season tickets	£2,059	
- Coaching		*Enter the annual income expected if there is an agreement to hire courts to a local coach*
Total income	**£4,456**	
Costs		
- Clubspark and Payment Fees	£237	*ClubSpark (booking platform) charge 1.4% + 5p per transaction, Stripe (payment platform) charge 1.4% + 20p per transaction*
- Gate access maintenance	£380	
- Code lock generator *(lite systems only)*	£156	
- Court sinking fund	£2,400	
- Registration fees	£0	*LTA Venue Registration is free for any venue receiving grant funding for court renovation, for the duration of the funding agreement. After this period, LTA Venue Registration costs are currently £60 per court where charging takes place, otherwise it is FOC.*
- Staffing costs		*Enter any staff costs specific to the site / reallocated from support costs*
- Marketing costs		*Enter any specific marketing costs expected to reach participation levels*
Total costs	**£3,173**	
Net annual profit	**£1,283**	
Net annual profit per court	**£641**	

Plausable cashflow — £5,418 by year 5

Projected cashflow forecast is calculated below assuming:
1. Starting cash position is £0
2. Pay and play and season tickets sales in year 1 are at 70% of target
3. Sales reach target stated above by year 2
4. From year 5 onwards sales increase by 1%
5. Any loan is repaid over 10 years

6. Click here for sinking fund calculator

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 10	Year 20
Starting cash position	£0	£17	£1,300	£2,583	£3,865	£14,328	£55,498
Projected profit / (loss)	£17	£1,283	£1,283	£1,283	£1,553	£2,902	£3,982
LTA loan repayments	£0	£0	£0	£0	£0	£0	£0
Net annual cashflow	£17	£1,283	£1,283	£1,283	£1,553	£2,902	£3,982
Closing cash position after sinking fund	**£17**	**£1,300**	**£2,583**	**£3,865**	**£5,418**	**£17,231**	**£59,480**

LTA Local Authority Parks Toolkit - Site Griffin Park

LTA TENNIS FOR BRITAIN

It is recommended that this form is completed with the assistance of a PDP, in order to produce the most accurate forecast. As a guide there are case studies online that will help with operating models and court rates.

Site Background

Local Authority	Bridgend County Borough Council	
Site Name	Griffin Park	
Postcode	CF36 5DN	
Deprivation Index	3	*Use this tool to determine the index: http://imd-by-postcode.opendatacommunities.org/*
Penetration	314	*Pre-set to 700, will be updated by your local Participation Development Partner*
Court upgrade works required?		
Venue operations outsourced?		*If you plan to lease out all operations (court bookings, season tickets & coaching) please select "yes" here*

Court Information

Courts at the venue

Number of non floodlit courts	2	*Total at the end of the project*
Number of floodlit courts		*Total at the end of the project*
Total available court hours	7,008	

Gates required

Number of gates required	1	*All gate access systems must be the same at each venue*
Type of gate system required	SmartAccess Lite	*See the LTA website for details of the different gates*

Income assumptions

			Comparison Range for IMD levels 2 - 4
Court cost per hour (non FL)	£4.50	*Pay and play for non floodlit courts*	*£5 - £10.6*
Court cost per hour (FL)		*Pay and play for floodlit courts. Usually £2-£3 more expensive than non floodlit*	*£5 - £11*
Season ticket cost	£39.00	*Annual price for a household*	*£0 - £75*
Court hours committed to being free	5%	*% of court hours you expect to be free for use*	
Expected % of court hours sold for pay and play	7%	*Based on total court hours across the year*	*7%*
Expected % of households that buy a season ticket	23%	*Comparative figures are based on the average for all areas of deprivation. Note that the number of households can be calculated by taking the penetration and dividing by 2.4*	*23%*

Plausable annual profit — £138 profit

Income		
- Pay and play	£2,097	
- Season tickets	£1,174	
- Coaching		*Enter the annual income expected if there is an agreement to hire courts to a local coach*
Total income	**£3,271**	

Costs		
'- Clubspark and Payment Fees	£196	*ClubSpark (booking platform) charge 1.4% + 5p per transaction, Stripe (payment platform) charge 1.4% + 20p per transaction*
- Gate access maintenance	£380	
- Code lock generator *(lite systems only)*	£156	
- Court sinking fund	£2,400	
- Registration fees	£0	*LTA Venue Registration is free for any venue receiving grant funding for court renovation, for the duration of the funding agreement. After this period, LTA Venue Registration costs are currently £60 per court where charging takes place, otherwise it is FOC.*
- Staffing costs		*Enter any staff costs specific to the site / reallocated from support costs*
- Marketing costs		*Enter any specific marketing costs expected to reach participation levels*
Total costs	**£3,132**	

Net annual profit	**£138**
Net annual profit per court	**£69**

Plausable cashflow — £41 by year 5

Projected cashflow forecast is calculated below assuming:
1. Starting cash position is £0
2. Pay and play and season tickets sales in year 1 are at 70% of target
3. Sales reach target stated above by year 2
4. From year 5 onwards sales increase by 1%
5. Any loan is repaid over 10 years
6. Click here for sinking fund calculator

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 10	Year 20
Starting cash position	£0	(£784)	(£646)	(£507)	(£369)	£4,396	£34,292
Projected profit / (loss)	(£784)	£138	£138	£138	£410	£1,768	£2,854
LTA loan repayments	£0	£0	£0	£0	£0	£0	£0
Net annual cashflow	(£784)	£138	£138	£138	£410	£1,768	£2,854
Closing cash position after sinking fund	**(£784)**	**(£646)**	**(£507)**	**(£369)**	**£41**	**£6,164**	**£37,145**

LTA Sinking Fund Calculation BCBC

Sinking Fund Required

Club Sinking Fund Calculator

Type of facility	Number of courts	Club annual sinking fund
Macadam	9	£10,800
ⓘ **Overall Total Annual Sinking Fund Calculation**		**£10,800**

Annual Sinking Fund Details

What should the club's sinking fund allowance be?	Balance
Year 1	£10,800
Year 2	£21,600
Year 3	£32,400
Year 4	£43,200
Year 5	£54,000
Year 6	£64,800
Year 7	£75,600
Year 8	£86,400
Year 9	£97,200
Year 10	£108,000

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	CABINET
Date of Meeting:	19 MAY 2026
Report Title:	PROPOSED DATES FOR MEETINGS OF CABINET AND CABINET COMMITTEES
Report Owner: Responsible Chief Officer/Cabinet Member:	REPORT OF THE MONITORING OFFICER
Responsible Officer:	MICHAEL PITMAN – TECHNICAL SUPPORT OFFICER DEMOCRATIC SERVICES
Policy Framework and Procedure Rules:	There is no effect upon the Policy Framework and Procedure Rules.
Executive Summary:	To seek approval of the programme of meetings for Cabinet and Cabinet Committees for the municipal year 2026-2027.

1. Purpose of Report

1.1 The purpose of this report is to seek approval of the programme of meeting dates for Cabinet and Cabinet Committees for the municipal year May 2026 to April 2027.

2. Background

2.1 The approval of the programme of meetings of Council, Cabinet and their Committees is required in accordance with the Council's Constitution.

3. Current situation / proposal

3.1 The proposed programme of meeting dates for 2026–2027, is set out below. It should be noted that the date of the Budget Cabinet meeting could be subject to change, depending on the timeline of the Welsh Government Local Government Settlement.

Cabinet

19 May 2026
23 June 2026
21 July 2026
22 September 2026
20 October 2026
17 November 2026
15 December 2026
12 January 2027
02 February 2027
16 February 2027 (Budget)
09 March 2027

Cabinet Committee Equalities and Employee Relations

03 June 2026
02 September 2026
04 November 2026
03 March 2027

Cabinet Committee Corporate Parenting

28 May 2026
16 September 2026
20 January 2027

3.2 Subject to the programme of meeting dates being approved, the meetings will be placed in Members and Officers electronic calendars, in the usual manner.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

6.1 There are no climate change and nature implications associated with this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding and corporate parent implications associated with this report

8. Financial Implications

8.1 There are no financial implications associated with this report

9. Recommendation

9.1 It is recommended that Cabinet approve the programme of meetings as outlined in paragraph 3.1 of the report

Background documents

None

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By virtue of paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972.

Agenda Item 11

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