| Directorate | Oversight | Report issued | Name of Audit / regulator | Recommendation / proposal for improvement | Action Update Q2 2022-23 | RAG (Q2) | Open/ Closed |
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| Cex | COSC | Oct-22 | Audit Wales, Springing Forward – Strategic Workforce Management | R1 The Council needs to urgently develop its strategic workforce approach, embedding the sustainable development principle at its core, to enable it to address the significant workforce issues it faces. | The development of a strategic workforce plan has not progressed as quickly as hoped. The Human Resources (HR) management structure is extremely lean and key strategic managers have been heavily involved in operational issues to support corporate priorities, particularly Childrens Services. Many of the RED activities are operationally linked to workforce planning.  It is anticipated this work will develop further during the early part of 2023. | RED | Open |
| | | | | R2 The Council should develop a suite of strategic quantitative and qualitative measures to enhance its ability to understand the impacts and affordability of its workforce plans and actions. | Workforce plans will need to be developed, which are aimed at getting the right people in the right place at the right time to deliver corporate priorities (wellbeing objectives).  These will need to be aligned to financial planning. The current budgetary pressures will impact on the ability to fully implement an effective workforce plan on a corporate wide basis. | AMBER | Open |
| | | | | R3 The Council should also explore opportunities to benchmark its own performance over time and its arrangements with other bodies to provide a different dimension to its performance management data. Whilst also offering an insight to how other bodies are performing and discovering notable practice elsewhere. | This work is ongoing with the Welsh Local Government Association (WLGA). | AMBER | Open |
| Communities | SOSC3 | Oct-22 | Audit Wales, Springing Forward - Asset Management | R1 The Council needs to ensure the sustainable development principle is driving and shaping its approach to all its assets as it develops its strategy during 2022. | This is a key cornerstone of the Council's 2030 Strategy and within its commitments and action plan are significant areas where management of the council's assets should follow a sustainable approach in order to reach net zero by 2030. | BLUE | Closed |
| | | | | R2 The Council should address as a priority its health and safety related statutory building compliance performance so that it is meeting its statutory duties relating to electrical, gas, asbestos, legionella, and fire risk testing. | Corporate Landlord have increased capacity by appointing a compliance officer and Schools Surveyor.  In Q3 statutory compliance will have reached 90% for the first time.  A new Integrated Works Management Package (IWMS) is being procured. | AMBER | Open |
| | | | | R3 The Council should develop a suite of strategic quantitative and qualitative measures to enhance its ability to understand the impacts of its assets plans and actions as part of its strategy development during 2022. | This is being undertaken as part of the review of the Self-Assessment, Communities Business Plan and Asset Management Strategy and should be in place by April 2023. | AMBER | Open |
| | | | | R4 To strengthen its arrangements, during the next 12 months, the Council should explore how it can compare its data, arrangements, and the learning from other organisations, for example through existing professional networks. | This is being achieved by the procurement of a new Integrated Works Management Package (IWMS).  Working with colleagues regionally in the CCR and specifically at Cardiff Council to assist with this. | BLUE | Closed |
| | | | | 1. The Chair of the YJS Management Board should: consider the membership of the board, to ensure that it is attended by representatives with the right level of seniority and put in place a plan to develop the board so that its members understand their role and responsibilities | New Chair of Management Board (Corporate Director, Education and Family Support) in place. Membership reviewed but more work required to ensure appropriate seniority and consistent attendance. Management Board/BYJS staff development day planned for the Spring 2023. | AMBER | Open |

| EFS | SOSC1 | Jun-22 | HM Inspectorate of Probation, inspection of youth offending services in Bridgend | 2. The Chair of the YJS Management Board should: review the format and purpose of the Bureau, and ensure that it has the relevant information and input from the necessary agencies so that the out-of-court disposal meets the needs of the child. | Awaiting Youth Justice Board (YJB) guidance as the Bureau model in Bridgend was identified as an area of good practice in a previous HMIP inspection. Once YJB guidance is in place (currently out to consultation), the Bureau model in Bridgend will be reviewed | **AMBER** | Open |
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| | | | | 3. The YJS Management Board should: make sure that the partnership has a multi-agency framework in place for children who are at risk of, or subject to, child exploitation and ensure that there are clear procedures for practitioners to follow | Regional strategy for child exploitation being developed and shared practice guidance will be produced in early 2023. However, there is a local authority screening process in place and referral arrangements to the national referral mechanism is in place | **AMBER** | Open |
| | | | | 4. The YJS service manager should: improve the quality of planning and services to manage children's safety and wellbeing | Quality assurance peer audit and training on safety and wellbeing planning for all BYJS staff has been completed. The service now aligns the BYJS plan to children's services planning. | **BLUE** | Closed |
| | | | | 5. The YJS service manager should: review the quality assurance processes and improve the effectiveness of management oversight in all cases. | A peer quality assurance group is in place and there is regular managerial oversight for BYJS assessments which is monitored via the Management Board performance framework report. | **BLUE** | Closed |
| | | | | PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened | Consultation and engagement activity with Care Experienced Children and Care Leavers has involved focus groups and a specific event including: Consultation on what makes a good parent with the outcome of producing media clips used in member induction training. Consultation on what it is like to be 'in care' or 'a care leaver'. Consultation on identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners with the outcome to inform the priorities of the Bridgend Corporate Parenting Board Young People Interview Panels supporting recruitment Our young people volunteering to be Young Ambassadors with Voices from Care to discuss the future of the Care System in Wales at the Senedd with Ministers and the Children Commissioner for Wales Commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and a Care Leavers Forum that will both meet monthly from November 22 Outcome focused case recording policy and guidance is at final revision stage. Aim to launch by December 2022. Audit activity will take place 3 months after launch. | **GREEN** | Open |
| | | | | PE2 - Limited Evidence of Direct Work | Practice guidance has been reviewed. There is guidance on listening to and recording the voice of the child, and tools for practitioners to use when undertaking direct work with children and young people available on the children's social care web pages. This area will be strengthened further by the development of 'lived experience of the child' practice guidance. | **GREEN** | Open |
| | | | | PE3 - Inconsistent use of chronologies and genograms | Completed | **BLUE** | Closed |

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| PE4 - Strengthen business support for practitioners | New SWSO structure will be implemented in case management teams from 1st December 2022<br>Training plan in place for staff to commence Dec 22 – March 23<br>Proposed changes to the fostering service business support team have been prepared with job descriptions and capacity reviewed with an aim of commencing consultation in December 2022 | **GREEN** Open |
| PE5 - Variable evidence of management oversight/Quality of supervision | Review completed and revised policy is with SSWB SMT for approval w/c 21/11/22<br>An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards<br>Programme is underway<br>The new Q A framework makes clear roles and responsibilities in Q A and the role of QA in driving change and improvement through reflective action learning, training and development and practice guidance.<br>Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice. | **GREEN** Open |
| PE6 - Practice model – implementation of Signs of Safety | Back to basics training is being delivered to teams to introduce the concept of Signs of Safety in readiness for formal implementation of the full model.<br>Principal Officer appointed start date tbc<br>Implementation plan for first phase has been agreed with an appointed signs of safety consultant facilitating sessions with the leadership team to prepare for a service launch in February 23 | **GREEN** Open |
| PE7 - Review of direct payments scheme | Draft policy and strategy document is out for engagement with staff and key stakeholders.<br>A face-to-face engagement event with those individuals/carers in receipt of Direct Payments is due to be held on 12th December 22 | **GREEN** Open |
| PE8 - Consistent offer of a carers assessment | Following conclusion of the Direct Payments engagement, further engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy.<br>As an interim measure the managers of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems | **GREEN** Open |

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| | | | | PR1 - Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the complexity of needs of children and families, and workforce challenges | Edge of Care / IFSS<br>Increase of 4.5 posts to support increased demand and prevent escalation<br>Further work has been undertaken to understand specific needs within BCBC, including one programme offering emotional regulation and distress tolerance for parents who are struggling to manage the demands of parenting, another called Family Connections which focuses on conflict resolution skills for whole families<br>A case tracker has been developed within edge of care services / IFSS to monitor timescales and length of support offered to a family to ensure there is no drift in support offered, this is used as a tool in supervision to support staff in developing appropriate exit strategies to alternative services.<br>Commissioning further staff to be trained in 'train the trainer' evidence-based parenting programmes so numerous groups can run simultaneously to offer support to parents.<br>Family Group Conferencing<br>Since October 2022 the LA has committed to funding FGC's for all families who are open to statutory services for at least 3 months<br>The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to embedded for the longer term.<br>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up starting December.  A priority focus of the planning group is family support services and intervention<br>Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23. 4 social work trainees have been recruited and have | **AMBER** | Open |
| SSWB | SOSC2 | May-22 | CIW, Report of Performance Evaluation Inspection of | PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity | Ongoing programme of Back-to-Basics Training is in place with dates scheduled through to March 2023. Back to Basics Training is mandatory.<br>8 Professional curiosity training courses have taken place this year with two further courses scheduled for Nov and Dec 22.<br>Signs of Safety training to commence from Jan 23.  Training activity is evaluated initially at engagement with and reaction to an individual event. How learning has been transferred by an individual into their role and how new skills and knowledge have been used are less tangible and harder to measure. Discussion within supervision and performance data are mechanisms used to gauge the wider impact of learning on the individual and the organisation | **GREEN** | Open |

| Children's Services | | | | |
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| PR3 - Placement sufficiency and support | Prior to opening a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose<br>Building work has commenced on the new Home based in Brynmenyn.<br>A Bid has been submitted to Welsh Government to support the review and development of the right multi-agency therapeutic model which will include access to psychological assessments where required and we are currently awaiting the outcome to find out if we have been successful.<br>Hillsboro Residential Home for Children and Young People looked after and in crisis has been registered and provides a solo placement to a young Person.<br>Regional Development of Accommodation Options for UASC in Treforest.<br>Foster Wales Bridgend Recruitment and Retention Strategy has been completed and is awaiting sign off from CSC SMT.<br>Meeting arranged in November 2022 for Regional Leads to discuss Regional Fostering arrangements in respect of Parent and Child Placements, Family Link Placements and Supported Lodgings Providers<br>Bid submitted to Welsh Government to support the development of the MYST approach in BCBC. In the interim scoping has begun in readiness to take the work forward. | **AMBER** | Open |
| PR4 - Accessibility of information, advice and assistance | Draft review document produced for consideration and presented to CMB.<br>Final report to be produced on options and resource implications by Dec 22.<br>IAA focused plan implemented and continues to be reviewed | **GREEN** | Open |
| PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems | Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board<br>Review completed and new framework is on agenda for Directorate management team sign off w/c 21/11/22. It will then be launched with teams in December 22 – Jan 23<br>Q and A activity will be reported to the monthly Directorate performance meeting chaired by the statutory Director<br>Internal audit and review of the framework and its impact will be carried out 12 months after implementation | **GREEN** | Open |
| PI1 - Inconsistent thresholds and standards of practice | A programme of core and specialist training is on-going covering Back to Basics and subject specific courses as listed above.<br>Ref Pe 6<br>Practice development plans completed and are reviewed in silver meetings on a weekly basis | **AMBER** | Open |
| PI2 - The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children's services and the many developments taking place/planned to take place | Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. Consideration will be given to partner involvement in the improving outcomes for children board. | **GREEN** | Open |
| PI3 - Share learning from audits and reviews with staff and partners | Learning from Child Practice Reviews is incorporated into relevant training courses.   Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports published.<br>Three practice learning events in relation to Child T are arranged for Dec 22 | **GREEN** | Open |

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| | | | | W1 - Furtherwork is required to improve the timeliness of meeting statutory responsibilities | A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. To further strengthen these arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements | **GREEN** | Open |
| | | | | W2 - Facilitation of supervised contact | A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23. In the interim there is has been a rapid review of the current arrangements that are in place, and a report on the findings and interim recommendations will be presented to CMB in Nov 22 | **GREEN** | Open |
| | | | | W3 - Consistent high quality written records | Cross reference to Pe 1 The guidance on the use of chronologies has been included in the revised recording policy.<br><br>Review of foster carer handbook which includes guidance in relation to recording for foster carers, and further training will be undertaken to support the guidance.<br><br>Policy Officer appointed start date 7/11/22 | **AMBER** | Open |
| | | | | W4 - CSE and CCE – strengthen interventions and mapping | The regional subgroup is established, and the Group Manager for Development and Improvement is engaged in this area of work. The pathway document and underpinning toolkit is finalised, and a phased implementation plan is under development. This has been presented to CSC EMT on 16/11/22 and implementation plan is being developed. | **GREEN** | Open |
| | | | | W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight | The programme has been reviewed and revised. 14 NQSW's (including agency workers) commenced the programme in October 22. All NQSW's are required to complete a mandatory training pathway and an additional development programme. This includes reflective learning on areas relevant to social workers in both Adult and Childrens Social Care NQSW's will have: Support from a mentor based within their team Reflective professional supervision by a qualified social worker. Weekly for the first four weeks then every 4 weeks for the remainder of their first year in practice | **GREEN** | Open |
| CEX | COSC | Aug-21 | Audit Wales, Financial Sustainability Assessment | P1 Accurate forecasting of expenditure Officers should provide full Council with its annual outturn to budget report to improve transparency and provide members with opportunities to compare and challenge budget to outturn. | The final out turn report for 2021/22 was presented to both Council and the Governance and Audit Committee in June this year. | **BLUE** | Closed |

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| CEX | COSC | Jun-21 | Audit Wales, Review of Arrangements to Become a 'Digital Council' | P1 The Council could improve its digital strategy | A light touch review of the Digital Strategy was completed in 2022. A full review will be undertaken in 2023 when the Digital priorities for the Council have been reaffirmed | AMBER | Open |
| | | | | P2 The Council should strengthen some governance arrangements to deliver the strategy | A digital Transformation Board is now in place, consisting of representation from across all service areas. Updates from each Board meeting is fed back to Directorate DMT meetings and to CMB on a quarterly basis. | GREEN | Open |
| | | | | P3 - The Council should consider improving communication with staff / members to evoke the culture necessary to change | When the new digital strategy is agreed, it is proposed to launch the new strategy and then a regular update will be included in the staff news letter. Work is also being done to develop an Extranet/Intranet to aid communication with employees that don't have corporate ICT so that they can access via their own ICT equipment | AMBER | Open |
| EFS | SOSC1 | Mar-19 | Estyn, Inspection Report, March 2019 | R1 Raise standards of literacy in primary schools | Reporting is no longer possible as there have been significant changes to national reporting on educational outcomes/qualifications over the last few years. This is now superseded by local strategy to improve standards of literacy in primary schools | BLUE | Closed |
| | | | | R2 Improve outcomes for post-16 learners in sixth forms | Reporting is no longer possible as there have been significant changes to national reporting on educational outcomes/qualifications over the last few years. This is now superseded by local strategy to improve outcome for post-16 learners. | BLUE | Closed |
| | | | | R3 Increase the pace of improvement in schools causing concern | There are currently no schools causing concern. | BLUE | Closed |
| | | | | R4 Strengthen the role of the Welsh Education Strategic Forum to ensure timely progress in delivering the priorities identified in the Welsh in Education Strategic Plan | There has been significant progress in developing the Welsh in Education Forum (WEF) following the approval of the Welsh in Education Strategic Plan (WESP). | BLUE | Closed |
| SSWB | SOSC2 | Jun-22 | Ty Cwm Ogwr Residential Home Priority Action Notices | Regulation 80 - The responsible individual must prepare a report to the service provider including and assessment of the standards of care and support and recommendations for improvement at the service. | Q1 - A position statement has been completed on all areas of improvement to meet Reg 80

Q2 - A new Group Manager and Responsible Individual position for Direct Care Provider Services has been created and the person appointed commenced in post on 14/11/22. | BLUE | Closed |
| | | | | Regulation 60 - The Service Provider must notify CIW of events specified under Part 1 Schedule 3 | Q2 - Management team submitting Regulation 60 notifications in line with regulatory standards | BLUE | Closed |
| | | | | Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date. | Q2 – Action plan in progress for Adult Services co-ordinated by Policy Officer for the Social Care Workforce Development Team. | AMBER | Open |
| | | | | Regulation 19 - The service Provider must ensure the written guide is dated, reviewed and updated as needed. It also needs to include information about how to make a complaint and availability of advocacy support. | Q2 – The written guide has been reviewed, updated and is available in English and Welsh format. | BLUE | Closed |
| | | | | Regulation 69 - The service provider has made arrangements for the manager to manage a second service without discussing or agreeing this with CIW | The MTH Residential Manager will not be responsible for a second service (Hillsboro) as a Residential Manager is being recruited specifically for that home. | BLUE | Closed |

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| | | | | Regulation 18 - The service has not ensured the provider assessments are routinely reviewed and updated. | All Provider Assessments updated.<br>Staff training delivered in respect of Provider Assessments including regulatory requirements.<br>3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual. | **BLUE** | Closed |
| | | | | Regulation 80 - The responsible individual has not put suitable arrangements in place to monitor, review and improve the quality of care of care provided in the home. | A new Responsible Individual for Children's Residential Homes Post has been created and the person appointed commenced in post on 14/11/22.<br>The new post holder will undertake monthly Quality Assurance Visits to all homes.<br>The Quality Assurance Framework across children's residential care homes to be reviewed and updated. | **GREEN** | Open |
| | | | | Regulation 8 - The responsible individual has not established and maintained suitable performance and quality assurance systems, completed a review of the quality of care at the required intervals and has not consulted with individuals as part of the quality-of-care arrangements. | The Quality-of-Care Report has been completed.<br>The Quality Assurance Framework across children's residential care homes to be reviewed and updated. | **BLUE** | Closed |
| SSWB | SOSC2 | Jun-22 | Maple Tree House Children Residential Home Priority Action Notices | Regulation 36 - The service provider has not ensured care staff receive adequate training to be able to provide care and support for children. | All staff employed at MTH are registered with Social Care Wales or in line with regulatory requirements completing the All-Wales Induction Framework or AWIF (to enable them to Register).<br>All Casual and Agency staff being used are either registered with Social Care Wales or in line with regulatory requirements completing the AWIF.<br>A new training matrix was established including a number of mandatory/core training for staff to attend.<br>Staff have completed the training, but a large proportion have now left the role.<br>This core training will be delivered as part of a two week "induction" for all current and new staff prior to MTH being re-opened.<br>Core Training has been reviewed and mapped against the Statement of Purpose.<br>All staff continue to receive regular supervision despite having been re-deployed across the other children's homes (with MTH in Dormancy).<br>A daily/weekly structure has been developed to support consistency for staff and young people including opportunity for staff to receive skills training and support from the Behaviour Analyst. | **GREEN** | Open |
| | | | | Regulation 35 - The service provider has not conducted a safe or robust recruitment process | The BCBC recruitment process is sufficiently robust.<br>Prior to engaging any Agency staff, the Agency is required to provide the individuals profile, copy of references and relevant training certificates and the manager will check SCW Registration. | **GREEN** | Open |
| | | | | Regulation 34 - The service has not provided a sufficient or suitably qualified team of care staff to meet the assessed care and support needs of children. | All staff employed at MTH are registered with Social Care Wales or in line with regulatory requirements completing the All-Wales Induction Framework or AWIF (to enable them to Register).<br>All remaining staff hold the qualification relevant to their post.<br>When MTH re-opens there will need to be regular consideration within Supervision to ensure that staff have the necessary knowledge and skills to meet the young people's needs. | **GREEN** | Open |

| | Action/Comment | RAG | Status |
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| Regulation 43 - The service provider does not ensure the premises and facilities are safe, suitable and well maintained. | All identified work within MTH has now been completed.<br>A site visit that includes the new RI, Group Manager and GM Corporate Landlord needs to be undertaken to compile a "snagging" list to ensure work completed is of a high standard.<br>The construction of the new home to replace MTH continues and is currently within timescale. | GREEN | Open |
| Regulation 21 - The service provider does not ensure care and support is provided to promote and maintain the safety and wellbeing of children. | An independent audit was undertaken and gaps on the children's records were addressed.<br>All updated documents were disseminated amongst the staff team.<br>Systems to monitor this were reviewed and updated to support on-going oversight.<br>Daily structures have been developed to ensure a consistent routine is delivered within MTH when is emerges from dormancy.  These will form part of the two week "Induction".<br>Regular unannounced visits were undertaken to monitor staff interaction with young people outside of normal office hours. | GREEN | Open |
| Regulation 6 - The service does not have clear arrangements for the oversight and governance of the service. | Additional Management Capacity has been established with the implementation of a new Responsible Individual role.<br>The Post Holder will have direct line management of all Residential Managers and have the capacity to provide robust oversight and governance. | BLUE | Closed |
| Regulation 7 - The service provider does not ensure a service is provided in accordance with their statement of Purpose. | The Statement of Purpose was reviewed and updated in September 2022.<br>Completion of all Priority Action Notices alongside Delivery of a Development Plan prior to recommencing service delivery at MTH will ensure compliance in this area. | GREEN | Open |
| Regulation 26 - The service provider has failed to ensure children living in the home have been safeguarded from harm. | All outstanding Safeguarding Matters pertaining to MTH have been actioned as required and there are no outstanding issues.<br>Safeguarding training has been delivered to staff at MTH.  However, given the turnover of staff this will need to be delivered as part of the two week "induction" prior to re-opening. | GREEN | Open |
| Regulation 14 - The service has not ensured provider assessments are regularly updated and reviewed and risks to others suitably mitigated. | All Provider Assessments updated.<br>Staff training delivered in respect of Provider Assessments including regulatory requirements.<br>3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual. | BLUE | Closed |
| Regulation 15 - The service has not created personal plans that promote positive outcomes, capture all necessary information and do not consult with children about their views, wishes and feelings. | The personal plans of Young People were reviewed as part of an independent audit and all gaps addressed.<br>Training has been undertaken with the staff team and will be re-visited prior to re-opening of MTH. | GREEN | Open |

| SSWB | SOSC2 | Aug-22 | Transformation Leadership Programme Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board | sustainable development principle<br>Our work found opportunities for the TPLB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TPLB's thinking and genuinely shaping what it does by:<br>A) taking a longer-term approach to its planning beyond five years,<br>b)ensuring greater integration between the long-term plans of the four statutory bodies of the TPLB, and<br>c)improving involvement of all members of the TPLB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally. | New - RAG and Action update to be provided for Q4 | | Open |
| | | | | R2 Governance Arrangements<br>The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model.  The TPLB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB | New - RAG and Action update to be provided for Q4 | | Open |
| | | | | R3 Performance Management<br>The outcomes and performance framework was still being finalised at the time of our review. The TPLB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact | New - RAG and Action update to be provided for Q4 | | Open |
| | | | | R4 Risk Management<br>Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TPLB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated. | New - RAG and Action update to be provided for Q4 | | Open |

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| | | | | R5 Regional Commissioning Unit<br>Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TPLB. The TPLB needs to consider how it can build capacity and maximise resources to support the TPLB and minimise overreliance on a small team. | New - RAG and Action update to be provided for Q4 | Open |
| | | | | R6 Use of Resources<br>Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TPLB needs to explore more innovative ways of sharing and pooling core resources across the region to maximise its impact and outcomes for the Cwm Taf Morgannwg population | New - RAG and Action update to be provided for Q4 | Open |
| | | | | Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities. | New - RAG and Action update to be provided for Q4 | Open |