

Directorate	Oversight and Date	Report issued	Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q4 2022-23	RAG Q4	Open/ Closed
SSWB	SOSC2 FWP 19 Jan 2024	Mar-23	CIW Bryn Y Cae Residential Home Priority Action Notices	The Provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the services	Group Manager, Residential Manager, Corporate Landlord	Sep-23	Survey completed. Required works are currently in progress and are scheduled to be completed week commencing 29th May 2023.	AMBER	Open
CEX	COSC FWP 23 Oct 2023	Feb-23	Audit Wales, Performance Management Review	R1 Ensure that service level business plans are complete, having a full range of performance indicators to support its wellbeing objectives.	Alex Rawlin	Aug-23	Corporate Plan was signed off by Council 1 March 2023. Delivery Plan to follow in July and Business Plans in August.	GREEN	Open
				R2 Ensure that all performance indicators are meaningful, outcome focused and have clear links to the Council's wellbeing objectives	Alex Rawlin	Jul-23	Corporate Plan Delivery Plan has been designed to do exactly this. Template and criteria were agreed March 23. Draft will go to CMB in June, COSC in July, and Cabinet and Council later in July	GREEN	Open
				R3 Put robust and consistent verification processes in place to ensure that performance information is accurate.	Alex Rawlin	Aug-23	A new data calculation and verification form has been developed which will need to be completed for all Corporate plan performance indicators by August 2023. Also, see info on performance framework below	GREEN	Open
				R4 Make better use of the performance information collected by prioritising more data analysis and a broader range of information to help understand performance	Alex Rawlin	Aug-23	A performance framework has been developed to clarify deadlines, and roles and responsibilities. This will allow time for better analysis. Broader information point has already been addressed through self-assessment	GREEN	Open
SSWB	SOSC2 8 Dec 2022	Oct-22	CIW Bryn Y Cae Residential Home Priority Action Notices	Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Provider Services & Policy Officer	Mar-23	PAN - A policies and procedures programme is in place to update and meet compliance; inspection completed in March and Priority Action Notice removed due to evidence of sufficient progress	BLUE	Closed
SSWB	SOSC2 27 March 2023	Nov-22	CIW Improvement Check Children's Social Care Services	Pe9 - Continue to work towards ensuring a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities	Director and Workforce Board	Continuou s	Fortnightly workforce planning meetings take place to closely monitor the workstreams and their impact. The challenges continue with ongoing reliance on agency staff (and their turnover). Some of the positive impacts will not be achieved until the medium/long terms e.g. 'grow our own', full team of international recruits etc.	RED	Open
				Pe10 - Continue to monitor the quality of social care records ensuring recording in relation to siblings, ethnicity, language, religion is strengthened, and a consistent approach taken	PO Training	Apr-23	No update currently Audit tools to be reviewed to ensure these factors are captured and monitored April 2023	AMBER	Open
				Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	HoS	Sep-23	Discussions are underway regarding a regional charter being developed with input from a third sector advocacy provider.	GREEN	Open
				Pr6 - Continue to closely monitor the position of children's social services and early help services to ensure any indicators of risks to achieving and sustaining improvement and compliance with statutory responsibilities, and pressure/ gaps in service provision are quickly identified and the required action is taken	Director/HoS/Depu ty HoS	Jun-23	Bronze silver and gold meetings are taking place as indicated where comprehensive data/dashboards are presented by every part of the service. In addition, monitoring and analysis of cross directorate activity and performance is monitored by the shared dataset that is presented at every EH and SG Board meeting	GREEN	Open
				PR7 - The local authority should ensure systems are in place to provide all staff, with up-to-date information regarding availability and accessibility of early help services and records relating to intervention of early help services	GM Early Help	n/a	The Early Help web pages on the BCBC website were updated in August 2022 to improve awareness of services available to support children and families. These pages are regularly reviewed to add new services or resources that may assist children, families, and professionals.	BLUE	Closed
				PR8 - Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements	GM Commissioning	Continuou s	Children's commissioning strategy to be finalised which will include placement/sufficiency. Children are only placed in unregistered services in exceptional circumstances and when this does happen the arrangements are closely monitored and reported to CIW for consideration by their enforcement panel. The process of developing a BCBC Strategic Commissioning Plan, which will be drafted by end of March and taken into Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services. A key element of the plan will be the updating of the Placement Sufficiency Strategy – which will be a standalone document with the key findings included in the above strategic plan.	GREEN	Open
				Pi4 - Ensure clarity and consistency of thresholds for access to early help and statutory services. The local authority must prioritise this work to ensure children and families access the right support at the right time and ensure smooth access to services, and where required smooth transition between early help / preventative and statutory services	Director/Head of Service	Jun-23	The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance, and performance directorates, and it will address key questions in the following areas: Whether front door arrangements and pathways protocols and systems can be more effective in delivering outreach, assessment, referral, signposting, and support for families. This will include whether there should continue to be multiple front doors for children, families, and professionals for IAA Whether and how more effective joint working across Directorates can be achieved at each levels of the continuum of need above. Whether more can be done to deliver and co-ordinate services in locality hubs and clusters to better support schools and other universal services Whether Council resources are best targeted and will meet future demand Whether commissioning and joint work with partners can be improved.	GREEN	Open

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				W6 - Performance indicators in relation to timeliness of meeting statutory requirements - maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities	Director/GM Business	Continuou s	Performance framework and associated monitoring mechanisms to be embedded across the Directorate. A Performance framework is in place and ensures that monitoring takes place through the regular meetings with the Director and Heads of Service and scrutiny by the Improvement Board.	GREEN	Open
				W7 - Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency	GM Practice improvement	Jun-23	Regional exploitation strategy has been signed off A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway. A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training. The concept of the Exploitation Prevention Panel has been presented to partners; further work is ongoing to develop the Terms of Reference for the Panel which will meet monthly, the first Panel meeting is scheduled for May 2023. 2 senior practitioner posts have been appointed in March 2023 one to be based in the IAA and one in the localities. These officers will be responsible for screening. A Social work support officer role is being developed for advert to support the exploitation lead and 2 senior practitioners in this area of work. Training – all teams have been trained in the use of the screening and assessment documents, a presentation to all teams on the BCBC exploitation strategy was completed in Nov 22. A further half day training on exploitation and direct intervention will be supported by SCDWP and delivered to the Youth Justice team, as well as Education and Family Support colleagues together with Social Care staff to ensure that there is a common understanding of how services manage exploitation.	AMBER	Open
				W8 - Closely monitor contact arrangements for children and their families	GM Case management and transition	Jun-23	Short term – a report went to CMB in November 2022, the recommendations in this report were implemented and alleviated some of the short-term pressure. Long term- This is part of the review by IPC currently awaiting final report.	GREEN	Open
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.	Kelly Watson	Jun-23	Draft corporate workforce strategy now completed and being shared for feedback before final approval	GREEN	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.	Kelly Watson	Sep-23	Work to develop appropriate measures is ongoing aligned to the new workforce strategy	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.	Kelly Watson	Jun-23	Work is ongoing to explore the way in which other organisations manage performance data and learn from best practice, in particular, how we measure and manage the new corporate plan commitments and also the way in which we are able to articulate to the public the most relevant performance issues, potentially, setting out more clearly what we do and what they can do, to jointly help our overall performance. Many LAs have set this out as a sort of a 'deal' between the Council and the public.	GREEN	Open
COMM	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.	n/a	n/a	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.	Kjustin Kingdon	Sep-23	Corporate Landlord have increased capacity by appointing a compliance officer and Schools Surveyor. In Q4 statutory compliance will be over 90% for the first time on 4 of the 5 Big Risk areas (Gas, Electricity, Fire and Asbestos). A new Legionella Officer has been appointed and it is expected that compliance in this area will also improve rapidly in 2023-24. A new Integrated Works Management Package (IWMS) is being procured.	GREEN	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.	Janine Nightingale	Apr-23	This is still being undertaken as part of the review of the Self-Assessment, Communities Business Plan and Asset Management Strategy and should be in place by August 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.	n/a	n/a	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

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SSWB	SOSC2 FWP 19 Jan 2024	Oct-22	CIW Domiciliary Services Priority Action Notices	Reg 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Providers Services Manager, Registered Managers & SCDWP	Apr-23	Area of improvement - Inspection in progress	BLUE	Closed
				Reg 60 – The provider must ensure regular supervision, appraisal and training to all staff in all parts of the service	Group Manager, Providers Services Manager, Registered Managers & SCDWP	Apr-23	PAN - Inspection in progress	BLUE	Closed
SSWB	SOSC2 8 Dec 2022	Sep-22	CIW Breakaway Short Stay Services Priority Action Notice	Reg 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Provider Services Manager & Registered Manager	Mar-23	PAN - Inspection completed by CIW on 18/04/23, Group Manager met with Inspector for feedback and service is awaiting report Achieved and removed as a PAN	BLUE	Closed
				Reg 36 - Care staff need to be up to date in mandatory training in order to provide the best possible care	Provider Services Manager & Registered Manager	Mar-23	Achieved	BLUE	Closed
SSWB	SOSC2	Aug-22	Transformational Leadership Programme Board – Baseline Review – Cwm Taf Morgannwg Regional Partnership Board	R1 Strategic planning and applying the sustainable development principle 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: A) taking a longer-term approach to its planning beyond five years, b) ensuring greater integration between the long-term plans of the four statutory bodies of the TPLB, and 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.	Head of Regional Commissioning Unit	2023-24	Welsh Government has an ambition to deliver 'Further, Faster' – Our mission to build an Integrated Community Care Service for Wales accelerating Integrated Community Services activity and plans to jointly develop and put in place a community care service and workforce model to make a significant positive impact on our system ahead of Winter 2023/24. Establishing a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. Building on successful models service specifications will be developed nationally upon which to benchmark and model regional delivery. A Partnership Leadership Team (PLT), made up of Directors, was established to support and oversee development for CTM.	AMBER	Open
				R2 Governance Arrangements 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	Head of Regional Commissioning Unit	2023-24	In response to 'Further, Faster' – building an Integrated Community Care Service for Wales Implementation the RPB governance has been refreshed. A Partnership Leadership Board has been established of Directors from Across LA and Health board to drive integration at pace and under the Adult board an Integrated Community Care Group established aligning a number of programmes; •6 goals for urgent and emergency care •Work under the 1000 bed days •Accelerated Cluster developments	AMBER	Open
				R3 Performance Management 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	Head of Regional Commissioning Unit	n/a	CTM piloted new performance framework for Q4. Performance presented to Adult board and Leadership Team meetings on 22nd May.	BLUE	Closed
				R4 Risk Management 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.	Head of Regional Commissioning Unit	ongoing	Further Faster will establish a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. Building on successful models service specifications will be developed nationally upon which to benchmark and model regional delivery. Risk registers are maintained centrally and reported to Leadership Board.	AMBER	Open
				R5 Regional Commissioning Unit 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.	Head of Regional	2023-24	To deliver the integration agenda at pace a Director for Integration post has been agreed at Chief Executive level between the health board and Local Authorities. RCTCBC have agreed to host the post on a two-year fixed term. The grading for the post will need to reflect the expectation of the role. In addition to the Director role consideration has been given to existing infrastructure that can be realigned to support as well as top slicing additional infrastructure and wider RIF resource. External Consultant short term capacity has also been considered however determined that local knowledge of existing service configuration is critical. Costed staffing structure to be developed as a priority.	AMBER	Open

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				R6 Use of Resources 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	Head of Regional Commissioning Unit	2023-24	Welsh Government officials are currently working to review Part 2 and Part 9 Codes of Practice (Social Services and Wellbeing Act 2014) which will further strengthen partnership arrangement and collaborative service delivery (Consultation planned Autumn 2023). As part of the amendments to codes of practice the duty to co-operate will be established as lying equally on Local Authorities and Health Boards and the role of the RPB as a key vehicle through which that duty should be exercised. Furthermore, within chapter 5, pooled funds positioned more clearly within joint commissioning context and greater flexibility given in relation to pooling resources at Regional, sub-regional pan cluster, cluster and individual levels. Section 33 agreement in Bridgend.	AMBER	Open
				R7 Regional workforce planning 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.	Head of Regional Commissioning Unit	ongoing	One of the four quadruple aims outlined in the document, 'A Healthier Wales: Our Plan for Health and Social Care', is to have a motivated and sustainable health and social care workforce that delivers a truly seamless system of health and care, and calls for a fundamental shift in our understanding of who constitutes the workforce, and how we support the contribution that each individual makes. Requiring not only 'greater parity of esteem' between health and social care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers. To support new models of care, health and social care services must strengthen the support, training, development and services available to the workforce, with a focus on building skills across a whole career and supporting their health and wellbeing. New seamless models of health and care that emerge, require a clear and coherent approach to developing and planning the whole workforce. To meet this need, WG commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy, in partnership with NHS and Local Government, the voluntary and independent sectors, as well as regulators, professional bodies, and education providers. The workforce strategy aims to address the Parliamentary Review's call for joint regional workforce planning. The workforce strategy also identifies dynamic leadership will be needed to instigate change, empower others and lead by example, as well as create conditions for continuous innovation and improvement, to drive up the quality and value of services	AMBER	Open
SSWB	SOSC2 8 Dec 2022	Jun-22	CIW 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.	n/a	n/a	Complete	BLUE	Closed
				Regulation 60 - The Service Provider must notify CIW of events specified under Part 1 Schedule 3	n/a	n/a	Complete	BLUE	Closed
				Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Provider Services & Policy Officer	Mar-23	Complete	BLUE	Closed
				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.	n/a	n/a	Complete	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	n/a	n/a	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
				Regulation 18 - The service has not ensured the provider assessments are routinely reviewed and updated.	n/a	n/a	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 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.	Group Manager, Placements & Provider Services	Mar-23	The Quality Assurance Framework has been reviewed throughout the services and a new system implemented.	BLUE	Closed
				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.	n/a	n/a	The Quality-of-Care Report has been completed. The Quality Assurance Framework across children's residential care homes to be reviewed and updated.	BLUE	Closed
				Regulation 36 - The service provider has not ensured care staff receive adequate training to be able to provide care and support for children.	Group Manager, Placements & Provider Services	Mar-23	The induction for care staff is in the process of being reviewed with SCDWP and will be implemented in time for the new service opening in the spring.	BLUE	Closed

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SSWB	SOSC2 FWP 19 Jan 2024	Jun-22	CIW Maple Tree House Children Residential Home Priority Action Notices	Regulation 35 - The service provider has not conducted a safe or robust recruitment process	Group Manager, Placements & Provider Services	Mar-23	The introduction of an independent Responsible Individual (RI) will ensure there is oversight into the recruitment process.	BLUE	Closed
				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.	Group Manager, Placements & Provider Services	Mar-23	Due to the issues highlighted under this regulation the service was placed into dormancy and will not re-open in its current environment.	BLUE	Closed
				Regulation 43 - The service provider does not ensure the premises and facilities are safe, suitable and well maintained.	Group Manager, Placements & Provider Services	Mar-23	Work was immediately undertaken while children were still residing at the premises. Further work was completed while dormant	BLUE	Closed
				Regulation 21 - The service provider does not ensure care and support is provided to promote and maintain the safety and wellbeing of children.	Group Manager, Placements & Provider Services	Mar-23	The RI is conducting monthly QA audits across all children's residential services to ensure that a high quality of care is being provided.	BLUE	Closed
				Regulation 6 - The service does not have clear arrangements for the oversight and governance of the service.	n/a	n/a	Additional Management Capacity has been established with the implementation of a new Responsible Individual role. The Postholder 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.	Group Manager, Placements & Provider Services	Mar-23	Service is now in dormancy and will not be reopening under the auspices of the statement of purpose referred to.	BLUE	Closed
				Regulation 26 - The service provider has failed to ensure children living in the home have been safeguarded from harm.	Group Manager, Placements & Provider Services	Mar-23	The QA framework enables the RI to have systems in place to ensure oversight across all residential services.	BLUE	Closed
				Regulation 14 - The service has not ensured provider assessments are regularly updated and reviewed and risks to others suitably mitigated.	n/a	n/a	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 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.	Group Manager, Placements & Provider Services	Mar-23	Children and Young People's personal plans are being reviewed and we are working with the young person's panel to redesign feedback and complaints forms to ensure they are child centered.	BLUE	Closed
EFS	SOSC1	Jun-22	HM Inspectorate of Probation, inspection of youth offending services in Bridgend	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	Mark Lewis	Mar-23	Board membership has been reviewed and confirmed. The Management Board has identified a new chair and Board members. Roles and responsibilities will be reinforced and a national performance indicator on Board attendance will be in place from April 2023.	BLUE	Closed
				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.	Mark Lewis	Mar-24	Bridgend Youth Justice Service has held a meeting with South Wales Police Partnership and agreed a revised Out of Court Disposal (OCD) guidance and an Enhanced Multi Agency Panel for all OCD cases. This panel will now be inclusive of victim care support, health and substance misuse, where deemed necessary, to best meet the holistic need of the child. This system has commenced May 2023.	AMBER	Open
				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.	Mark Lewis	May-23	Bridgend Youth Justice Service now has an effective partnership in place with the Bridgend Exploitation Team. Bridgend Youth Justice Service (BYJS) is now an integral to the newly formed exploitation panel where intelligence is shared to cause disruption and improve planning for children who are being exploited. Operationally, the BYJS hold regular meetings with the newly appointed senior practitioner within the Exploitation Team and an exploitation mapping exercise has been completed by operational staff involved with cases, to help inform the exploitation case load.	BLUE	Closed
				4. The YJS service manager should: improve the quality of planning and services to manage children's safety and wellbeing	n/a	n/a	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.	n/a	n/a	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

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				PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	Dep HoS/GM Case Management and Transition/Corporate Parenting Officer Principal Officer Training	Mar-23	<p>Number of consultation and engagement activities, events and focus groups have taken place with care experienced children and care leavers including what makes a good parent, what it is like to be 'in care' or 'a care leaver', and identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The outcome of the engagement is informing the priorities of the Bridgend Corporate Parenting Board.</p> <p>Young People Interview Panels are 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</p> <p>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</p> <p>The Directorate recording guidance has been reviewed. The review of this guidance contributes to embedding, in practice, a focus on identifying and supporting 'what matters' to individuals, their carers, children and families utilising their strengths, and hearing and capturing their voices in recording our involvement with them, in shaping their care and support arrangements. The guidance was produced in consultation with staff from across social work and direct care services. Guidance and accompanying documents are available on the intranet. Training on recording skills is available for direct care, social work and foster carers. Audit activity will take place 3 months after launch.</p>	BLUE	Closed
				PE2 - Limited Evidence of Direct Work	HoS/Principal Officer Training	Dec-22	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 strengthen further by the development of 'lived experience of the child' practice guidance.	BLUE	Closed
				PE3 - Inconsistent use of chronologies and genograms	n/a	n/a	Completed	BLUE	Closed
				PE4 - Strengthen business support for practitioners	GM Bus Support/Bus Change Prog Manager	Mar-23	<p>New SWSO implemented 1st December 2022 Training plan completed February 2023 Implementation and completion of MoU with Team Managers March 2023 Proposed changes to the fostering service business support team -consultation complete Feb 2023 and then advertisement of posts Full implementation and transfer of roles April/May 2023</p>	GREEN	Open
				PE5 - Variable evidence of management oversight/Quality of supervision	Director/HoS/Principal Officer Training	May-23	<p>Review completed and revised policy has received cabinet approval. An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards. Programme is underway and bi-annual audit of supervision will take place to monitor implementation/effectiveness. Training programme commenced Jan – May 2023 Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice. Our QA Framework promotes a learning culture that values critical reflection and access to both formal and informal learning and development opportunities that will enhance quality champion evidence-based practice and place an emphasis on development and improvement. Our revised supervision policy outlines the core functions of supervision including the requirement to support and attend to staff wellbeing. It also describes how peer support can be facilitated through group supervisions sessions. General and specialist wellbeing support continues to be available for all staff and managers and our approaches are under continuous review to ensure the offer is the best possible</p>	BLUE	Closed
				PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Completed	BLUE	Closed
				PE7 - Review of direct payments scheme	Dep HoS/GM Commissioning	Mar-23	<p>Draft policy and strategy document has been engaged on with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments was held on 2/3/23. The feedback from the event will now be reviewed by the project group to ensure that it is reflected in the draft strategy and policy. The Direct Payment Policy will be considered by Cabinet in May 2023</p>	GREEN	Open
				PE8 - Consistent offer of a carers assessment	Dep HoS/ GM Case Management and Transition/Cares Development Officer	Mar-23	<p>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. As an interim measure the manager 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</p>	GREEN	Open

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SSWB	SOSC2 3 Nov 2022	May-22	CIW, Report of Performance Evaluation Inspection of Children's Services	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	Director/Workforce Board	Mar-23	<p>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.</p> <p>4 social work trainees have been recruited and have commenced the BSc social work programme (as above). Trainees are super-numerary staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Childrens teams.</p> <p>Further funding has been agreed for 8 trainee/secondees in the 23/24 academic year.</p> <p>A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023.</p> <p>The social work charter is in draft, and workshops have taken place with practitioners and managers to finalise a draft for launch on world social work day 2023.</p>	GREEN	Open
					Head of Children's Social Care/ Head of Education & Family Support/GM Family Support	Jun-23	<p>Our improvement partner will undertake a whole system Childrens Services review</p> <p>The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance and performance directorates In addition the following areas have been progressed:-</p> <p>Edge of Care / IFSS</p> <p>Increase of posts to support increased demand and prevent escalation.</p> <p>Further work has been undertaken to understand specific needs within BCBC, including emotional regulation and tolerance programmes for parents, and Family Connections which focuses on conflict resolution skills for whole families</p> <p>A case tracker has been developed within edge of care services / IFSS to monitor timescales and reduce drift. This is used as a supervision tool</p> <p>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.</p> <p>Family Group Conferencing</p> <p>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</p> <p>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.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up A priority focus of the planning group is family support services and intervention</p>		
					GM Commissioning/Contract Monitoring Officer	Jun-23	A BCBC Strategic Commissioning Plan, is currently being drafted this will be presented to Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services.		
					n/a	n/a	Completed	BLUE	Closed
					PR3 - Placement sufficiency and support	HoS/GM Placeme	Mar-23	<p>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.</p> <p>Radical reform funding from WG has also been granted for us to commission a MYST for fostering and residential care.</p> <p>The regional children's programme board has established an accommodation workstream which is driving the development and bids for associated funding for specialist provision.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up. A priority focus of the planning group will be support services for children with disabilities and accommodation options for children and young people.</p> <p>There are several targeted recruitment activities for the year utilising online marketing combined with showcasing events that promote both retention and recruitment. These include, recognition awards, 3 days of scheduled events within the community to include visits to schools, leaflet drops and speaking with local businesses. Attendance at school summer fetes and delivering presentations to teaching staff.</p> <p>There has been success with online marketing - 6.9K views of the Christmas recruitment video.</p> <p>A range of other promotions including local advertising, linking with local radio and other targeted promotional aids are planned.</p> <p>We currently have 8 prospective carers being assessed and we have been approached by kinship carers, in accordance with our new financial policy – to be assessed under Form F with a view to providing respite placement</p>	AMBER
	PR4 - Accessibility of information, advice and assistance	Dep HoS/GM Safeguarding	Mar-23	<p>Draft review document produced for consideration and presented to CMB. Final report to be produced on options and resource implications by Dec 22.</p> <p>IPC are progressing with this review, their draft report due February 2023</p> <p>IAA focused improvement plan is in place and is updated 6 weekly and reviewed regularly in silver meetings.</p> <p>Workforce project being progressed by CSC workforce project</p> <p>IAA focused plan implemented and continues to be reviewed 6 weekly and shared in silver</p>	BLUE	Closed			

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				PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	Director/HoS/Principal Officer Training	Mar-23	Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board Review completed Q and A activity will be reported to the Directorate performance meeting chaired by the statutory Director Internal audit and review of the framework and its impact will be carried out 12 months after implementation. Team based facilitated briefing sessions have been rolled out across the Directorate. An implementation group has been established. Teams are testing out the new audit tools within WCCIS. A formal launch of the framework will take place in March 23. A Quality assurance officer post is being recruited to in order to coordinate this work	GREEN	Open
				PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Completed	BLUE	Closed
				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	Director/HoS	ongoing	Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A follow up summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. There is strong accountability and oversight exercised through the CTM Regional Safeguarding Board, its Executive Steering Group and its sub-groups.	GREEN	Open
				PI3 - Share learning from audits and reviews with staff and partners	GM Safeguarding & IAA/ Principal Officer Training	ongoing	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.	BLUE	Closed
				W1 - Furtherwork is required to improve the timeliness of meeting statutory responsibilities	GM Business Support	Mar-23	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 Performance management mechanisms have been improved and routine meetings in place with the Director to review progress against plans	BLUE	Closed
				W2 - Facilitation of supervised contact	GM Case Management & Transition/GM Locality Hubs/Contract Monitoring Officer	Mar-23	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 the group manager is monitoring the demands placed on staff to undertake supervision of contact and deploying resource to support the teams	GREEN	Open
				W3 - Consistent high quality written records	Policy Officer	Mar-23	The guidance on the use of chronologies has been included in the revised recording policy. Fostering Policy and procedures have been reviewed and updated, the PO will work with the Policy Officer to progress approval of the policy framework. Working groups have been set up and SCDWP officers will facilitate a review of foster carer training. Policy Officer appointed and has commenced a review of policies /guidance across Childrens Social Care	GREEN	Open
				W4 - CSE and CCE – strengthen interventions and mapping	GM Locality Hbs/GM Safeguarding	ongoing	The regional steering group is established, and the Group Manager for Development and Improvement is engaged in this area of work. A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway. A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training.	GREEN	Open
				W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	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.	BLUE	Closed

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SSWB	SOSC2 8th Dec 2022	Mar-22	Ty Llwynderw Residential Home and Extracare Priority Action Notice	Reg 36 – Care staff need to be up to date in mandatory training in order to provide the best possible care	Group Manager, Provider Services Manager & Registered Manager	Feb-23	Area of improvement achieved	BLUE	Closed
CEX	COSC	Jun-21	Audit Wales, Review of Arrangements to Become a 'Digital Council'	P1 The Council could improve its digital strategy	Martin Morgans	Dec-23	This is the final year of the existing Digital Strategy, we have committed available resources to developing a new and more relevant revised strategy, aligned to our business priorities	AMBER	Open
				P2 The Council should strengthen some governance arrangements to deliver the strategy	Carys Lord	n/a	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 Management Team meetings and to CMB on a quarterly basis.	BLUE	Closed
				P3 - The Council should consider improving communication with staff / members to evoke the culture necessary to change	Martin Morgans	Dec-23	A Peer assessment of our communications and marketing function was carried out during quarter 4, a part of that relates to improving communication with staff and members and will be picked up as part of the action plan	AMBER	Open