

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
Audit Wales, Setting of Well-being Objectives (Oct 2024)	R1 The Council should ensure that it covers the full range of statutory requirements when developing its next well-being statement, including: • how it considers it has set well-being objectives in accordance with the sustainable development principle; and • how it proposes to ensure resources are allocated annually for the purpose of taking steps to meet its well-being objectives	Alex Rawlin	Jun-25	This will be included in the Council's self-assessment 2024/25 which will be presented to Governance and Audit Committee in July and Cabinet / Council in September 2025	GREEN
	R2 The Council should build on its current approach to engagement by considering ways to: • draw on citizens' views to inform the development of the Well-being objectives at an early stage; and • ensure that it is involving the full diversity of the population	Alex Rawlin	Mar-28	This will form part of the approach to the development of the next Corporate Plan and wellbeing objectives in 2028	GREEN
	R3 The Council should clearly set out in the corporate plan how it intends to work with partners to support the delivery of its well-being objectives	Alex Rawlin	Apr-25	The Council will include this in the development of the next Corporate Plan Delivery Plan	GREEN
Audit Wales, Review of Decision-Making Arrangements (Oct 2024)	R1 –The Council should ensure that its published forward work programme for committees is accessible, comprehensive, and covers a longer time frame than the current 4-month period to give more opportunity for robust pre-decision scrutiny and provide greater transparency around the decision-making process for both Members and the public	Kelly Watson	Dec-24	The forward work programme (FWP) will be extended to 6 months. Corporate Management Board will be encouraged to forward plan items for consideration over a longer period. The FWP for Cabinet, Council and Scrutiny will be published and updated. New delivery date March 2025.	YELLOW
	R2 – The Council should ensure that its scheme of delegation is updated, to mitigate the risk of decisions being taken without the proper authority.	Kelly Watson	Oct-24	The scheme is reviewed and updated regularly. Changes were made to reflect changes to Cabinet portfolios and reported to Cabinet on 24th September 2024 for approval. The updated scheme has been published.	BLUE
	R3 – The Council should ensure that there is clarity on the role of scrutiny in the decision-making process. The lack of clarity on the role of the O&S committees, particularly in relation to pre-decision scrutiny is limiting O&S committees' ability to contribute fully and effectively to the decision-making process.	Kelly Watson	Dec-24	Further training has begun with elected Members and senior officers to explain the importance of pre decision scrutiny. Training will be provided on the role and remit of the committees. A scrutiny protocol has been drafted and will be considered by Corporate Overview and Scrutiny Committee (COSC) before going to Council for approval at the AGM. New Delivery date May 2025.	YELLOW
	R4 – The Council should ensure that it provides greater transparency regarding the remit of the different O&S committees. Naming the O&S committees 1, 2 and 3 does not help with transparency of the remit of the committees, particularly from a public perspective. It is also a potential barrier to encouraging public involvement in the scrutiny process.	Kelly Watson	Dec-24	There is cross party support for changing the names of the committees. Proposals have been shared with Group Leaders and will be presented Corporate Overview and Scrutiny Committee in March 2025 before going to Council for approval at the AGM. The terms of reference will be updated if necessary. New Delivery date May 2025.	YELLOW

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	R5 – The Council should ensure that Members receive, and are encouraged to access, a relevant training programme to ensure they are well equipped to understand and undertake their role. This should include focussed training for specific roles, e.g. chairing skills.	Kelly Watson	Dec-24	The Council has an Elected Member Learning and Development Strategy, and the Democratic Services Committee receive regular reports on training. Members will continue to be canvassed on training requirements and where appropriate these will be incorporated into the training programme to ensure it remains relevant. Standards Committee will monitor training completion and where appropriate will link in with Group Leaders to promote completion. Training has started to be delivered as per R3 above and further sessions are scheduled.	BLUE
Audit Wales, Financial Sustainability Review (Aug 2024)	R1 To strengthen the Council's approach to financial sustainability, the Council should develop a savings plan across the timescale of the MTFP, to clearly show how the funding gap will be addressed or clearly communicate the challenge where this is not possible	Carys Lord	Feb-25	The level of savings that the Council will have to make in the coming 3 years are significant. The MTFS presented to Council in February 2025 for approval was developed following completion of the following: <ul style="list-style-type: none"> • A detailed review of current year spend across all service areas • A more detailed review of some areas of spend to identify further efficiencies or a change in the operating model for that service. • A profile of anticipated savings over the life of the MTFP • Identification of areas requiring further review 	AMBER
	R2 The Council should strengthen its arrangements to ensure the impact of its financial position and MTFP on communities and on the delivery of its well-being objectives is reported to members to enable them to monitor and address any impacts.	Carys Lord	Mar-25	Budget briefings are now in place for elected members on a quarterly basis. Details on the budget proposals will be shared with all elected members to enable them to comment on issues and identify the implications.	AMBER
Audit Wales, Digital Strategy Review (April 2024)	Strengthening the evidence base R1 To help ensure that its next digital strategy is well informed and that its resources are effectively targeted, the Council should draw on evidence from a wide range of sources, both internally and externally including: <ul style="list-style-type: none"> • involving stakeholders with an interest in the digital strategy as well as drawing on the views of stakeholders from existing sources; and • aligning its strategic approach to digital both across the Council and with partners to help identify opportunities to share resources, avoid duplication of effort and deliver multiple benefits. 	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN
	Identifying resource implications R2 To help ensure that its next digital strategy is deliverable and achieving value for money the Council should identify the short, medium and long-term resource implications of delivering it together with any intended savings.	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN
	Arrangements for monitoring value for money R3 To help ensure that the Council can effectively monitor and evaluate value for money from its strategic approach to digital it should strengthen its arrangements for monitoring the progress and impact of its digital strategy over the short, medium and long term.	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN

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CIW Inspection Report on Foster Wales Bridgend (Jan 2024)	R1 Childrens views to be actively sought following placement endings.	n/a	n/a	Complete	BLUE
	R2 Some children are not accessing statutory education, impacting on outcomes and increasing pressure on foster carers.	Group Manager Placement and Provider Services	Quarterly	This issue has been highlighted across both fostering and residential, but we have created a link with education so that regular meetings can take place to discuss cases where children are not accessing education. We will also a develop a system for capturing and monitoring data in this respect. New delivery date - 31/03/2025	GREEN
	R3 Safeguarding procedures are not consistently followed. Information sharing between teams, consideration of risks and decision making is not robust.	Group Manager Placement and Provider Services	Mar-24	Joint team meetings have been used to discuss processes; the Local Authority Designated Officer (LADO) has observed more effective communication and responsiveness with the Fostering service as a marked culture shift, this was highlighted in the QA report. Further work needed to continue to embed which will be taking place in next quarter. New delivery date - 31/03/2025	YELLOW
	R4 Foster care agreements and safer caring agreements are in place, but these are not completed thoroughly,	n/a	n/a	Complete	BLUE
	R5 There are shortfalls in the service considering the needs of all household members and carers capacity (matching)	Group Manager Placement and Provider Services	Mar-24	The Quality Assurance (QA) Officer highlighted inconsistencies in their report around the use of the matching forms. The new team manager (TM) is now in post across general fostering and will ensure more consistency. New delivery date - 31/03/2025	AMBER
	R6 When foster carers have been subject to safeguarding concerns, delays have occurred in completing annual reviews and presenting these to foster panel.	n/a	n/a	Complete	BLUE
	R7 Some children have experienced high numbers of moves, which impacts their stability and outcomes	Group Manager Placement and Provider Services	Mar-25	4.47% have experienced 3 plus moves in last quarter, so numbers remain low. New delivery date - 31/03/2025	GREEN
	R8 Demand on the service is high and many foster carers are often asked to care for more children than they are approved for. Additional resources are provided to try to support these arrangements. However, these are routinely used with carers who look after children with complex needs, without robust consideration of the impact and risks involved.	n/a	n/a	Complete	BLUE
	R9 As part of the matching process key information is shared during planning meetings, however, these meetings are not completed consistently.	Group Manager Placement and Provider Services	Quarterly	Inconsistency has been highlighted in QA officer report. New TM has the report and will implement the recommendations in the next quarter. New delivery date - 31/03/2025	AMBER
	R10 Children who need long term care, are matched with carers, without a thorough assessment of their long-term needs, how these change over time, carers commitment and understanding of these needs.	Group Manager Placement and Provider Services	Mar-24	A matching process is now in place however consistency in this being followed is still an issue. In 2024 the permanent manger resigned, and interim management arrangements prevented the robust oversight this required. A permanent full time team manager is now in post who can drive this forward in the next quarter. New delivery date - 31/03/2025	AMBER
	R11 The service is reviewing how they can improve monitoring of children's personal outcomes.	n/a	n/a	Complete	BLUE

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	R12 Feedback from foster carers has been mixed regarding the foster carer charter implementation, information sharing and decision-making needing to be improved.	Group Manager Placement and Provider Services	Jun-24	This has not been achieved due to a lack of implementation as with other aspects of the service. This is largely attributable to changes at both team manager and group manager level. Both posts have now been filled and work is underway to embed this into practice. New delivery date - 31/03/2025	AMBER
	R13 Several policies and procedures have been updated prior to inspection, to reflect the changes needed. The service is not currently operating in line with these policies and procedures which is impacting children's outcomes	n/a	n/a	Complete	BLUE
	R14 The current recording systems do not support effective oversight and smooth operation of the service. Some key information, including the DBS checks for foster carers support networks are not monitored effectively.	Group Manager Placement and Provider Services	Sep-24	Closed. Regular meetings in place to develop oversight. Business support arrangements in place to review DBS checks. Ongoing monitoring being provided by Group Manager Provider Services.	BLUE
	R15 The service has experienced a high turnover of staff in all areas.	Group Manager Placement and Provider Services	Jun-24	Although there are vacancies across the teams the new general TM starting in post has allowed the Kinship Manager to move back across into their role. Some recruitment challenges due to retirement, senior post not filled and is being re-advertised. New delivery date - 31/03/2025	YELLOW
	R16 Evidence of updated DBS checks for staff needs strengthening.	n/a	n/a	Complete	BLUE
	R17 Quality assurance and learning framework has not been implemented consistently.	Group Manager Placement and Provider Services	Apr-24	Quality Assurance Officer has presented their report, and recommendations are being worked through by the team. New team manager in place within general fostering and they are now implementing the QA framework, and this has been presented at team meetings. New delivery date - 31/03/2025	YELLOW
	R18 Not all prospective foster carers have received the information and training they require prior to their assessment	n/a	n/a	Complete	BLUE
	R19 Some foster carers report training does not meet their needs fully as they care for children with more complex needs.	Group Manager Placement and Provider Services	Mar-24	Training is part of the remodelling fostering board which will drive these changes in the next quarter. Next steps - Training Needs Analysis completion; Consultation with Foster Carers Spring/Summer 2025	AMBER
	R20 Additional guides for children reflecting different ages and needs to be developed.	Group Manager Placement and Provider Services	Nov-24	Foster Wales are developing a landing page for care experienced children which will include animations following feedback from the forum regarding our current guides. This piece of work is on-going. Due to be completed by April 2025. New delivery date - 31/03/2025	GREEN
Audit Wales, Use of Service User Perspective and Outcomes (Jan 2024)	R1 Information on the perspective of the service user • The Council should strengthen the information it provides to its senior leaders to enable them to understand how well services and policies are meeting the needs of service users.	Alex Rawlin	Apr-25	We are participating in the new Welsh Council's Performance Information Community of Practice aimed at enhancing the quality of performance information and providing opportunities to review performance management arrangements, share best practices, and collaborate on data development. The National Resident Survey (WLGA/Data Cymru) ran in the Autumn and findings will now be analysed. Revised delivery date April 2026	AMBER
	R2 Information on progress towards outcomes • The Council should strengthen the information provided to senior leaders to help them evaluate whether the Council is delivering its objectives and its intended outcomes.	Alex Rawlin	Apr-25	This is being considered in the review of the Corporate Plan Delivery Plan (CPDP) performance measures and improvement projects for 2025-26. The revised CPDP will be presented to Cabinet / Council in March 2025.	GREEN

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	R3 Quality and accuracy of data • The Council needs to assure itself that it has robust arrangements to check the quality and accuracy of the service user perspective and outcomes data it provides to senior leaders.	Alex Rawlin	Sep-24	The Performance Team have worked with Directorate Performance Champions and collating officers to improve data validation and sign-off processes, the quality of supporting evidence provided, and are routinely testing performance data to ensure accuracy. PI audits will continue over the summer.	BLUE
CIW Improvement Check Children's Social Care Services (Nov 2022)	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	Continuous	We have seen positive recruitment across the majority of teams. We have reduced our reliance on agency staff with only 9% of the workforce being agency staff. We have 12 new qualified social workers commencing across Children and Adults in the summer. We have small pressures in some teams but this does not impact on our statutory duties. New delivery date - 31/03/2025	GREEN
	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	As indicated above the quality assurance officer has identified that there is positive progress in embedding signs of safety in social work practice. New delivery date - 31/03/2025	GREEN
	Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	HoS	Sep-23	Work with Tros Gynnal Plant is underway to understand best practice in developing Parents Charter in other LAs and identify parents who wish to be involved in co-producing the charter in Bridgend. New delivery date 30/09/2025	YELLOW
	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/Deputy HoS	Jun-23	There is continued scrutiny of performance across teams where in the main performance is good. Where there are issues, focussed improvement plans are put in place by Group Managers to address. New delivery date 31/03/2025	YELLOW
	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	n/a	n/a	Complete	BLUE
	PR8 - Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements	GM Commissioning	Continuous	This continues to be an area of pressure with the fragility in the market for placements for children. We continue to monitor high-cost placements on a monthly basis and plans are in place to assist move on when it is safe and possible to do so. Operating without Registration (OWRs) are only used when all other options have been explored and no alternative is available. New delivery date - 31/03/2025	AMBER
	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	Regional work has commenced on the development of multi-agency threshold guidance. This is intended to assist professionals identify where support for children and families is best placed and refer appropriately to these services. A final draft will be presented to Regional Safeguarding Board sign off. New delivery date 31/03/2025	YELLOW

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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	Continuous	Complete	BLUE
	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	Complete	BLUE
	W8 - Closely monitor contact arrangements for children and their families	GM Case management and transition	Jun-23	Contact Manager commenced in post on 3rd February 2025 and will review the operating model and implement any changes required. New delivery date - 31/03/2025	YELLOW
Audit Wales, Springing Forward – Strategic Workforce Management (Oct 2022)	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.	n/a	n/a	Complete	BLUE
	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	The current budget position has meant that all services have had to review how they deliver in the future, it is envisaged that this will be the immediate workforce priority. Whilst we have developed some revised data, we are continuing to grow this to support directorate requirements. Revised delivery date March 2025.	YELLOW
	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 underway developing our own performance measures. Benchmarking with others is a challenge, however improvements have been seen with the timing of certain data collected by the data unit. Revised delivery date March 2025.	GREEN
Transformational Leadership Programme Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board (Aug 2022)	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	Complete	BLUE

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	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	Director for Integration provided member briefings for Local Authority members. Additional Capacity identified to support completion of Memorandum of understanding and Section 33 agreement. Ongoing discussions regarding changes required to existing legal agreements across the region. New delivery date - 31/03/2025	GREEN
	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	Complete	BLUE
	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	Regional Integration Fund (RIF) is now entering 3rd year of 5 year funded program. Number of sustainability risks post RIF that need to be planned for in year. More work still being done to develop integrated pathways that will inform RIF priority investment. Housing with Care Funding (HCF) approved for 2025/26 at the same level as 2024/25. New delivery date - 31/03/2025	AMBER
	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 Commissioning Unit	2023-24	Action complete. Final post to be filled Feb 2025 (LD programme Manager)	BLUE
	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	Additional Capacity identified to support completion of memorandum of understanding and Section 33 agreement. Ongoing discussions regarding changes required to existing legal agreements across the region. New delivery date 31/03/2025	AMBER
	R7 Regional Workforce Planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TPLB 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	Detailed exercise identifying grant funded posts across the region currently being undertaken at part of Quarter 3 RIF monitoring. This will provide a detailed understanding of capacity and any capacity gaps in implementing integrated pathways. New delivery date 31/03/2025	AMBER
CIW, Performance Evaluation	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	n/a	n/a	Complete	BLUE

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Inspection of Children's Services (May 2022)	PE2 - Limited Evidence of Direct Work	n/a	n/a	Complete	BLUE
	PE3 - Inconsistent use of chronologies and genograms	n/a	n/a	Complete	BLUE
	PE4 - Strengthen business support for practitioners	n/a	n/a	Complete	BLUE
	PE5 - Variable evidence of management oversight/Quality of supervision	n/a	n/a	Complete	BLUE
	PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Complete	BLUE
	PE7 - Review of direct payments scheme	n/a	n/a	Complete	BLUE
	PE8 - Consistent offer of a carers assessment	Dep HoS/GM Case Management and Transition/Carers Development Officer	Mar-23	Carers Action Plan currently being updated and to be completed and ready for implementation by March 25. New delivery date 31/03/2025	AMBER
	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, HoS Children's Social Care/ HoS Education & Family Support	Jun-23	The strategy will be completed in February and will provide clarity on how Early Help service should be delivered in the future. New delivery date 31/03/2025	YELLOW
	PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	n/a	n/a	Complete	BLUE

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	PR3 - Placement sufficiency and support	HoS/GM Placements and Provider Services	Mar-23	A Business Justification Case has been developed and approved by the relevant boards in respect of increasing capacity of provision in this area. Property has been identified for a multi-occupancy residential service and offer accepted pending minister approval and planning. Search continues for the second property. Revenue funding to be secured to continue to run our existing provision to full capacity and open new services. The regional children's board have also agreed an ambition to develop a regional residential accommodation facility for children and young people with complex emotional wellbeing needs. To support this, three Project Managers will work with partners to develop facilities across CTM; one will focus on children's residential accommodation, and the other two will be available to support the findings in the 10-year Regional Capital Strategy. In relation to fostering dedicated recruitment officer is in place to coordinate recruitment activities that are scheduled throughout the year with support from Foster Wales. Whilst there are increases in the number of assessments, we are not recruiting sufficient carers to achieve a net gain of placements. A Fostering Board is being established to enhance recruitment and retention of foster carers within BCBC alongside the ongoing work of foster Wales. A Regional Approach to the recruitment and support of parent and child carers has been drafted alongside 'Support Care', which aims to provide fostering support to children in the care of their family to prevent them from becoming care experienced. Both drafts will be subject to foster carer consultation prior to presentation to Cabinet for consideration. Additionally, we are seeking to enhance peer support to foster carers by adopting the Pioneer Carer Scheme. This will increase the support available to carers by having a more targeted approach that utilises the skill sets of specific carers. New delivery date - 31/03/2025	RED
	PR4 - Accessibility of information, advice and assistance	n/a	n/a	Complete	BLUE
	PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	Director/HoS/ Principal Officer Training	Mar-23	An interim framework has been developed and approved by Children and Families SMT. This is being rolled out across teams to ensure consistency in implementation. The Quality Assurance Officer continues to identify themes in respect of good practice and areas for development. This is showing good progress in embedding strength based, outcome focused model of practice. New delivery date - 31/03/2025	YELLOW
	PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Complete	BLUE
	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	n/a	n/a	Complete	BLUE
	PI3 - Share learning from audits and reviews with staff and partners	n/a	n/a	Complete	BLUE
	W1 – Further work is required to improve the timeliness of meeting statutory responsibilities	n/a	n/a	Complete	BLUE

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	W2 - Facilitation of supervised contact	GM Case Management & Transition/GM Locality Hubs/Contact Monitoring Officer	Mar-23	The contact service manager commences in post in February. A senior contact worker will be appointed in March to ensure there is sufficient capacity, venues and oversight to provide families with positive environments when having time together. New delivery date - 31/03/2025	AMBER
	W3 - Consistent high quality written records	n/a	n/a	Complete	BLUE
	W4 - CSE and CCE – strengthen interventions and mapping	n/a	n/a	Complete	BLUE
	W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	Complete	BLUE
Audit Wales, Review of Arrangements to Become a 'Digital Council' (June 2021)	P1 The Council could improve its digital strategy	Martin Morgans	Dec-24	We are in final stages for completing the strategy and looking to go to consultation in March 2025.	AMBER
	P2 The Council should strengthen some governance arrangements to deliver the strategy	n/a	n/a	Complete	BLUE
	P3 - The Council should consider improving communication with staff / members to evoke the culture necessary to change	Martin Morgans	Dec-23	The findings from the pilot outlined that the methodology to access was challenging due to variations of devices owned by participants i.e. varying types and ages. It had a significant impact with the deployment which led to inconsistencies and some participants could not install the necessary secure access (authentication application). Therefore, the pilot has been ceased. Currently reviewing an alternative methodology which we hope to pilot in June following updates to a supplier application which is outlined on their development programme once this is confirmed we will initiate a new pilot.	BLUE