

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2024-25	Current Delivery Date	BRAYG Q4 24-25
Care Inspectorate Wales (CIW) inspection of Sunny Bank (February 2025)	PAN – 21. The service provider has not adequately supported children and prepared them for moving on, ensuring they and care staff who know them best are consulted and involved in planning their transitions.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	This was regarding the transition of a young person out of the service, we appealed this decision, but it was rejected. Statement of Purpose amended to state all young people will have a minimum of a week transition (whilst still being person centred). A transition template has been created with help from Behaviour Clinic which will act as a default.	n/a	AMBER
CIW Inspection Report on Ty Ynysawdre (Residential) (January 2025)	AFI - Regulation 16 (Review of Personal Plan). Personal Plan / Care and Support Plans are not reflective of changes in need; it is a regulatory requirement to review every three months or when there has been changes in a person's needs	Group Manager – Direct Care Provider Services	March 2026	Each individual has had a monthly review of their care and support, measures have been put in place to ensure support plans are reflective of current risks and support needs. As a result, five individuals who have experienced changes in their care and support needs have had their documents updated to reflect these changes. Work has commenced in terms of standardised documentation and processes across older adults' accommodation services.	n/a	YELLOW
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 is included in the Council's draft self-assessment 2024/25 which will be presented to Governance and Audit committee in July and Cabinet / Council in September 2025	n/a	BLUE
	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	n/a	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	This information has been requested as part of the directorate business planning process.	n/a	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	Six-month FWP for Cabinet, Council and Scrutiny has been published. Work will be ongoing to ensure this is regularly kept up to date.	n/a	BLUE
	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	Completed	n/a	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	Training with Elected Members and Senior Officers has been undertaken including sessions on Roles, Responsibilities, LA Governance Arrangements and the importance of pre-decision Scrutiny. A scrutiny review and protocol was approved by Full Council in May 2025.	n/a	BLUE

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	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	Following a detailed Scrutiny Review, a report proposing new arrangements including the renaming of the Scrutiny Committees was agreed by Full Council in April and May 2025.	n/a	BLUE
	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	Completed	n/a	BLUE
CIW Inspection of Golygfa'r Dolydd (Sept 2024)	AFI 18 - The service provider has not reviewed the provider assessment when timescales for children's stays have been extended, to ensure the service remains suitable. Childrens views have not been considered as part of the provider assessment.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	Impact risk assessments and provider assessments have been updated moving forward to mitigate this area of improvement. Provider assessments being updated now for any change in the care and support the young person has. There are also better ways to capture and document the young person's voice. This is implemented as they have been witnessed during recent REG73 and Quality assurance visits. Responsible Individual to continue to oversee during coming visits.	n/a	GREEN
	AFI 21- Childrens views are not included in the planning and review of their care and support. Reviews of plans, do not consider the progress being made by children to achieve their personal outcomes.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	Child friendly personal plans were in development at the time of inspection which CIW were made aware of and are now in operation. Outcomes and progress are now better captured on the personal plan. There has been a drive to really capture the words of the child using speech marks as much as possible. These are now being reviewed and updated weekly. They are also fed by creation of a How's my week form. This is working well as far as at this point but will need continued oversight by RI during statutory and quality assurance visits.	n/a	GREEN
	AFI 43 - The service provider must ensure the premises, facilities and equipment are suitable for the service and meet children's needs.	Group Manager Placement and Provider Services	Sept 2025	An ongoing review of the internal environment has been made and will continue for the future linked to individual children's needs. Improvements in this area have already been made. This is continuing with light furnishings etc. Funding has recently been accessed through the original capital pot which will really help push this. This will be a co-produced with children and fully captured to demonstrate to CIW not only improvements but that children contributed. Skate ramp has also been repaired and can be used (risk assessment in place)	n/a	AMBER
	AFI 6- The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	A review of the Statement of Purpose has taking place which accurately reflects the workforce and expertise in the service Now. Vocational Outreach Worker removed temporarily as that was the issue. Statement of Purpose submitted to CIW.	n/a	GREEN
	AFI 58- The service provider must have arrangements in place to ensure medicines are stored and administered safely.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	Review of Medication audit process. The system now involves a weekly audit on Wednesdays. This has worked very well. Medication cabinet keys to be locked away when not in use. RI overseeing this providing oversight during quality assurance visits and Reg 73 visits. All staff trained in medication. All staff have competency assessments. Medication procedure reviewed and read by all staff.	n/a	GREEN

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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	This have been completed and is now business as usual	n/a	BLUE
	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	This have been completed and is now business as usual	n/a	BLUE
CIW Inspection of Harwood (June 2024)	AFI 21- Young people have not received care and support in accordance with their personal plan.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	The Responsible Individual has put measures in place to review and monitor that care plans are delivered in line with identified need. This specifically draws on young person not being kept safe and incidents happening as a result of lack of support / supervision. These areas have been addressed by manager and reviewed / overseen during Reg73 visits and quality assurance audits. Continued oversight needed until inspection which is due by June 2025	n/a	GREEN
	AFI 35 - The service provider has not ensured agency staff have the same checks as permanently employed staff and have evidence to demonstrate checks have been undertaken. This may include confirmation and checklists supplied by any agency.	Group Manager Placement and Provider Services	Complete subject to CIW sign-off	The Responsible Individual has put in place checklists to ensure the relevant checks are in place and the agencies the service works with has also been advised of expectations. These checks are working and since this inspection, CIW haven't had raised any issues in regards this area. These same systems that have avoided sanctions are the same that Harwood now employs. These have been completed but will not be signed off as complete until the inspection.	n/a	GREEN
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: • 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	This is complete and these considerations were taken into account when developing the new Strategy	n/a	BLUE
	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	Once the new Digital Strategy is in place, this recommendation will be considered as part of the development of the delivery plan which will underpin the new strategy.	December 2025	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	Once the new Digital Strategy is in place, a review of the Terms of Reference of the Digital Board will be undertaken, as well as implementing an improved process to monitor progress and impact over the short, medium and long term	December 2025	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	We have continued our links with education, this is a wider corporate parenting responsibility. Education, Early Years and Young People Directorate have reported to Cabinet Corporate Parenting Committee on the role of the Education Engagement Team in supporting care experienced children. We have a complex needs policy in place for children not accessing education so that foster carers can receive enhanced payments to support children during school hours.	March 2026	YELLOW
	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	March 2024	The Fostering team manager has continued the link with our Local Authority Designated Officer LADO, Fostering Network have developed an allegation toolkit which will strengthen the processes around when an allegation is made against a foster carer.	n/a	BLUE
	R4 Foster care agreements and safer caring agreements are in place, but these are not completed thoroughly,	n/a	n/a	Complete	n/a	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	March 2024	The team manager continues to have oversight of the process and quality/consistency.	n/a	BLUE
	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	n/a	BLUE
	R7 Some children have experienced high numbers of moves, which impacts their stability and outcomes	Group Manager Placement and Provider Services	March 2025	8.71% have experienced 3 plus moves in 2024/25 so numbers remain low.	n/a	BLUE
	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	n/a	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	The team manager has put processes in place which means they sign off all of these documents, ensuring this is taking place consistently.	n/a	BLUE
	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	March 2025	The team manager has put processes in place which means they sign off all of these documents, ensuring this is taking place consistently.	n/a	BLUE
	R11 The service is reviewing how they can improve monitoring of children's personal outcomes.	n/a	n/a	Complete	n/a	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	June 2024	There is now a clear plan to embed the foster charter into practice across all of children's services, with a face-to-face implementation session planned.	n/a	BLUE
	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	n/a	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.	n/a	n/a	Complete	n/a	BLUE
	R15 The service has experienced a high turnover of staff in all areas.	Group Manager Placement and Provider Services	June 2024	There is a stable management team in place, with general fostering having a team manager and senior in place, although there are two vacancies in the general side this is being covered by a very experienced agency social worker. The kinship senior post has two internal candidates so we are confident this post will be filled by next quarter.	n/a	BLUE
	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	April 2024	There is a clear plan for the quality assurance (QA) framework to be implemented by July 2025. There have been observations of practice of Supervising Social Workers (SSW) and positive feedback received from foster carers about their SSW.	July 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	March 2024	Training plan is in place and training lead led our recent Information and Consultation Event (ICE), taking feedback from carers which will go into the training plans for the next year.	n/a	BLUE
	R20 Additional guides for children reflecting different ages and needs to be developed.	Group Manager Placement and Provider Services	Nov 2024	Children's guide to be launched in summer 2025. We have also developed more child friendly feedback forms as part of the annual review process (based on children's feedback).	Sept 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	April 2025	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 have been analysed.	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	April 2025	The revised Corporate Plan Delivery Plan (CPDP) was presented to Cabinet / Council in March 2025.	n/a	BLUE

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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	Sept 2024	Complete	n/a	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	No change since last quarter. Agency use continues to be low, and recruitment and retention continues to be stable.	n/a	BLUE
	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	April 2023	Completion rates are increasing with Quality Assurance system flexibility through the Interim Framework 2024. MOSAIC will enable us to establish mandatory field to address this completely.	n/a	BLUE
	Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	HoS	Sept 2023	Tros Gynnal Plant (TGP) Cymru continue to support the LA In developing a Parents Charter and forum. Feedback from parents to TGP Cymru has highlighted areas that they feel would make their experience of child protection conference easier have been shared regionally. Positively, all the areas identified by parents are already being delivered in Bridgend.	March 2026	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	June 2023	Compliance across teams continues to be strong and where there are aspects of poor performance, these are recognised and plans in place to address preventing critical incidents occurring.	n/a	BLUE
	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	n/a	BLUE
	Pr8 - Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements	GM Commissioning	Continuous	We presently have 2 children placed in Operating Without Registration placements. There continues to be challenges within the placement market, however, improved care planning has reduced some of the issues seen historically. The Health and Social Care Act has received royal assent. The intention of which is to remove profit from children's social care. Funding from WG will be provided over the coming year although only a reduced amount is guaranteed which presents risks. Our Placement commissioning strategy highlights clearly the pressures we face and how we best can respond. Our new residential provision should be operational in September 2025.	March 2030	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	June 2023	The final version of the threshold document has been presented to the regional safeguarding sub-group. A final review is being undertaken by that group to ensure the document is fit for purpose. It will then progress to publication in July 2025.	Sept 2025	YELLOW
	W6 - Performance indicators in relation to timeliness of meeting statutory requirements - maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities	n/a	n/a	Complete	n/a	BLUE

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	W7 - Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency	n/a	n/a	Complete	n/a	BLUE
	W8 - Closely monitor contact arrangements for children and their families	GM Case Management and Transition	June 2023	The contact team is now in place with a contact manager in post. This will allow a clear oversight of the contact arrangements for families and ensure consistency across teams.	n/a	BLUE
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	n/a	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	Sept 2023	Revised workforce reporting is now in place and data is produced quarterly and shared with CMB and other key forums such as Directorate Management Teams, etc. This work will continue going forward, with focus on specific areas where needed.	n/a	BLUE
	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	June 2023	We have developed some of our own performance measures. Benchmarking with others is a challenge and is being explored at a national level.	Sept 2025	YELLOW
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	n/a	BLUE
	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	The regional Memorandum of Understanding, as a precursor to a binding Regional Partnership Agreement (RPA), has been agreed through each of the statutory organisations' governance fora. Development of a Regional Partnership (Section 33) Agreement is progressing and will be with Statutory organisation governance in July. This will provide the region with a shared accountability framework.	Sept 2025	GREEN

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	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	n/a	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	Multidisciplinary teams on a local footprint, and an integrated Navigation Hub, are key features of the ICCS model agreed. 'phase 1' will focus on aligning current community-based Health & Social Care teams by developing shared priorities and creating a team environment (Functional integration for Rhondda Cynon Taf and Merthyr Tydfil) Clinical Navigation Hub leads have been engaged and a project structure is being developed for Nav Hub/ Single Point of access alignment. Bridgend is at a different stage, and the next step is improving existing arrangement through the Regional Partnership Agreement (RPA). A paper highlighting issues for resolution prior to the agreement of the RPA is being developed for partners. A Delivery Subgroup has been established to drive these immediate priorities forwards. The intention is to move to a single regional model in Stage 2, with the above as steps towards that acknowledging the different starting points. Demand and Capacity work progressing. A paper proposing priorities and action for the Population Health Pathway will be presented to the Regional Commissioning Group on 4 April and to PLT on 25 April. A Business Case is being prepared to pull together all the above.	Sept 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	Complete	n/a	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 Regional 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.	Sept 2025	YELLOW

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	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	Detailed exercise being undertaken to generate granular detail on teams in scope for integrated model. Including: Geographical footprint of the team(s) if not already evident (i.e. neighbourhood/cluster/locality) Team establishment (FTEs and vacancies) Capacity and demand. Typical caseload level and waits. Management structure. Named individuals, contact details and reporting lines into organisations. Service responsiveness Access criteria. Referral processes. Pay scales and Terms & Conditions. ICT systems utilised. Main links with other services in the pathway.	Ongoing	AMBER
CIW, Performance Evaluation Inspection of Children's Services (May 2022)	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	n/a	n/a	Complete	n/a	BLUE
	PE2 - Limited Evidence of Direct Work	n/a	n/a	Complete	n/a	BLUE
	PE3 - Inconsistent use of chronologies and genograms	n/a	n/a	Complete	n/a	BLUE
	PE4 - Strengthen business support for practitioners	n/a	n/a	Complete	n/a	BLUE
	PE5 - Variable evidence of management oversight/Quality of supervision	n/a	n/a	Complete	n/a	BLUE
	PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Complete	n/a	BLUE
	PE7 - Review of direct payments scheme	n/a	n/a	Complete	n/a	BLUE
	PE8 - Consistent offer of a carers assessment	Dep HoS/GM Case Management and Transition/ Carers Development Officer	March 2023	Performance indicators show 100% carers are being offered a carers assessment	n/a	BLUE
	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	June 2023	The Family Support commissioning strategy has now been completed and a clear action plan is in place to respond to the identified areas within the strategy. This work will be taken into 2025/26.	March 2026	GREEN
	PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	n/a	n/a	Complete	n/a	BLUE

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	PR3 - Placement sufficiency and support	HoS/GM Placements and Provider Services	March 2023	<p>A Business Justification Case has been developed and approved by the relevant boards in respect of increasing capacity of provision of homes for children.</p> <p>A property has been identified for a multi-occupancy residential service and offer accepted. Search underway for the second home.</p> <p>We have continued to work closely with Foster Wales on recruiting and retaining foster carers. Our recruitment officer has supported national campaigns and led local activities such as information sessions and drop-ins. A new foster carer handbook and welcome pack for newly approved carers are nearly ready and awaiting final sign-off.</p> <p>We also held our latest Information and Communication Event (ICE), which was well attended and generated valuable ideas and feedback from carers and staff.</p> <p>A new front door process is now in place to strengthen the applicant journey—from the first enquiry right through to panel. This includes clearer communication with applicants, mid-point meetings to check progress and provide support, and a stronger quality assurance process of independent social worker assessments.</p> <p>We have also worked with regional groups to help shape national resources, including a Children's Guide that we will be adapting for our local area.</p>	March 2030	RED
	PR4 - Accessibility of information, advice and assistance	n/a	n/a	Complete	n/a	BLUE
	PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	Director/HoS/ Principal Officer Training	March 2023	The Principal Officer for Social Work Transformation commenced in post in March. This will assist the embedding of the framework and support teams in developing more emphasis on the quality of their work as compliance across teams is generally strong.	n/a	BLUE
	PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Complete	n/a	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	n/a	BLUE
	PI3 - Share learning from audits and reviews with staff and partners	n/a	n/a	Complete	n/a	BLUE
	W1 – Further work is required to improve the timeliness of meeting statutory responsibilities	n/a	n/a	Complete	n/a	BLUE
	W2 - Facilitation of supervised contact	GM Case Management & Transition/ GM Locality Hubs/Contact Monitoring MO	March 2023	The service is now centralised, and additional management support is also in place. It is already evident that the centralised nature of the service is providing more opportunities to maximise the service than when based in localities ensuring children and families are having quality family time together consistently.	n/a	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2024-25	Current Delivery Date	BRAYG Q4 24-25
	W3 - Consistent high quality written records	n/a	n/a	Complete	n/a	BLUE
	W4 - CSE and CCE – strengthen interventions and mapping	n/a	n/a	Complete	n/a	BLUE
	W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	Complete	n/a	BLUE
Audit Wales, Review of Arrangements to Become a 'Digital Council' (June 2021)	P1 The Council could improve its digital strategy	Martin Morgans	Dec 2024	Draft Strategy has been completed with the public consultation starting in June 2025 with the aim to submit final Strategy to Cabinet in October 2025.	October 2025	AMBER
	P2 The Council should strengthen some governance arrangements to deliver the strategy	n/a	n/a	Complete	n/a	BLUE
	P3 - The Council should consider improving communication with staff / members to evoke the culture necessary to change	n/a	n/a	Complete	n/a	BLUE