

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q2 2025-26	Current Delivery Date	BRAYG Q2 25-26
Audit Wales, Arrangements for Commissioning Services (June 2025)	R1 Establish commissioning arrangements The Council should strengthen and formalise current practice, to assure itself that the decisions it makes to commission services are consistently shaped by: • an understanding of the service to be commissioned and its intended outcomes (para 17); • setting out how it will assess and monitor the value for money of commissioned services over the short to longer term (para 18); • an appraisal of all the options to deliver the service from the perspective of economy, efficiency and effectiveness over the short to longer term (para 19); • planning over an appropriate timescale (para 20); • an understanding of long-term resource implications (para 21); • ensuring that wider impacts of the service are maximised (para 22); • working with the right people and partners to design and deliver the service (para 23); and • sharing lessons across the organisation (para 25)	Chief Executive/CMB	Dec 2025	A report was presented to Corporate Overview & Scrutiny Committee (COSC) on 23 October 2025 which included the full Audit Wales report along with the Council's Management Response. We are awaiting the publication of the National Report before revised guidelines can be produced.	n/a	YELLOW
	R2 Strengthen compliance with its commissioning arrangements To ensure that the Council's corporate approach to commissioning is consistently used across service areas, the Council should introduce arrangements to monitor compliance with its corporate approach to commissioning (para 25).	Chief Executive/CMB	Dec 2025	As above	n/a	YELLOW
	R3 Introduce regular review of the Council's commissioning arrangements To ensure the Council identifies opportunities to improve value for money, it should routinely evaluate the effectiveness of its corporate commissioning arrangements across the organisation (para 25).	Chief Executive/CMB	March 2026	As above	n/a	YELLOW
CIW Improvement Check Children's Social Care Services (June 2025)	PE1 - Retain focus on implementing Signs of Safety model of practice, achieving consistent ways of working across all staff and teams: *Workforce Transformation workstream meets 6-weekly and governs SofS implementation including QA activity ensure that SofS is embedded across teams. *Consultant Social Worker will support specific teams to ensure SofS is embedded across all teams.(RIF funded). *SofS Champion event to be held to ensure full understanding of role and responsibility for each team *CIG to continue to be used as a practice forum to celebrate good practice and areas for development *Reflective Sessions involving partners to continue to be held.	Principal Officer Social Work Transformation	March 2026	The Principal Officer is developing a work programme to continue to enhance teams understanding of signs of safety. They are also working with external partners to raise awareness of the model. Ongoing quality assurance activity is being undertaken to monitor the implementation of the approach across all teams	n/a	GREEN

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	<p>Pr1 - Continue to develop services in line with the Family Support Commissioning Strategy; review the communication strategy to ensure staff and partners are clear about available services and referral pathways:</p> <p>*Implement the recommendations and actions contained within the Family Support Commissioning strategy.</p> <p>*Multi-Agency board to monitor implementation of the strategy</p>	PO Family Support	March 2027	The Family Support Commissioning strategy was taken to corporate management board in July. An action set was to convene a multi-agency strategic board to monitor the implementation of the recommendations. This board will meet for the first time at the beginning of November.	n/a	YELLOW
	<p>Pr2 - Continue to implement plans in the local authority commissioning strategy, to support timely improvements:</p> <p>*Implement the Eliminate Profit action plan to develop services to prevent children from becoming looked-after and those that need to exit care.</p>	Commissioning and Sufficiency Lead	March 2027	Work continues to progress in relation to the development of internal residential provision with one premises due to go live in February 2026. Children currently placed in out of county or high-cost placements are being identified for this provision. A further premises is being explored during this quarter.	n/a	RED
	<p>Pr3 - Ensure that children are not placed in unregistered services and continue efforts to identify suitable, registered placements:</p> <p>*To increase foster carer availability and capacity.</p> <p>*Increase internal residential provision capacity.</p> <p>*Ensure there are clear and timely plans for children's move on from care.</p> <p>*Use the re-modelling fostering board to monitor progress linked to the above actions</p>	Commissioning and Sufficiency Lead	June 2026	This continues to be an area of challenge due to placement sufficiency issues being experienced across Wales. During Q2 we have children placed in unregulated placements but are exploring regulated options for them on a weekly basis.	n/a	RED
	<p>Pr4- Ensure the fostering service and CECT retain priority focus, to ensure improvements are made in a timely way:</p> <p>*To continue to monitor performance, compliance, staff surveys, outcomes, staffing to prevent any impact on service delivery</p> <p>*IRO service to continue to monitor quality of care planning and escalate issues to TM's and GMs when required to do so.</p> <p>*PO Case Management and Transition to improve practice across CECT and Care leaving teams ensuring that SofS and care planning is evident in all teams</p>	Group Manager Placement and Provider Services	June 2026	The Group Managers for case management and transition and provider services continue to monitor the performance of teams and follow up on practice issues. Joint workshops have been held to ensure positive working relationships which appear to be having an impact. This will continue to be monitored in coming months given the scrutiny around foster placements and high-cost residential placements.	n/a	GREEN
	<p>W1 - Continue to embed consistent approaches to safeguarding children from exploitation. This should include continuing to explore opportunities for multi-agency training, reflection, and shared learning:</p> <p>*To implement the exploitation strategy and develop our exploitation service and then monitor the impact of the service on outcomes for children.</p> <p>*Multi-agency training to be delivered to teams via Regional Safeguarding board.</p> <p>*Exploitation Champions to continue to meet and promote the exploitation strategy and approaches to working with children and families.</p>	Group Manager Locality Hubs	June 2026	The regional exploitation strategy has been launched, and an exploitation team is being developed within Edge of Care services. Training has been delivered to teams on the strategy. Next steps will involve the recruitment to the exploitation team and development of the practice model once staff are in post.	n/a	YELLOW

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	<p>W2 - Work with practitioners to develop and embed agreed standards for record keeping:</p> <p>*Refresh record keeping guidance and ensure teams are implementing consistently via QA activity.</p> <p>*Training to be developed and delivered to teams to ensure consistency in recording.</p>	Principal Officer Social Work Transformation	June 2026	AI developments will assist with this area of consistency. However, in the meantime Quality Assurance work is being undertaken to identify best practice in relation to this area.	n/a	RED
	<p>W3 - Continue to review the quality of assessments and plans and share learning to support practice improvements:</p> <p>*Continue to implement the QA framework, MSC and service based audits to identify good practice and areas for development.</p> <p>*Reflective sessions to continue to be held across teams and partners.</p> <p>*CIG to continue to be a forum to promote good practice</p> <p>*Action learning sets to continue to be held across teams</p>	Principal Officer Social Work Transformation	June 2026	The QA framework is now well embedded into the local authority. Themes being identified are being fed back to teams and via training on areas for improvement. The most significant change model will continue to support this area.	n/a	GREEN
	<p>W4 - Subject to their age and level of understanding, children must be invited and supported to take part in meetings held in line with the WSP; and all meetings held in line with child protection processes should start with the child's story:</p> <p>*To record and reflect that children are being invited to CP conferences and that SofS is being implemented consistently with the voice of the child evident throughout.</p> <p>*Implement SofS conferences for all CP conferences.</p> <p>*IRO team development to ensure child's story commences a CP conference</p>	Principal Officer Social Work Transformation	June 2026	Through the development of Signs of Safety Conferences, children are now always invited to meetings. However, up take on this from children is low at this moment. Ongoing work to encourage children's attendance will be undertaken via teams and the IRO service.	n/a	GREEN
	<p>W5 - Ensure case conference record keeping is in line with the requirements of the WSP:</p> <p>*To review the approach to minute taking and that notes are proportionate and reflect the strengths, risks and needs within families clearly.</p> <p>*Training to be provided to business support staff on expectations on minute taking.</p>	Group Manager Business Strategy, Performance and Improvement	June 2026	AI developments will assist with this area of consistency. However, in the meantime Quality Assurance work is being undertaken to identify best practice in relation to this area.	n/a	GREEN
	<p>W6 - Continue to ensure improvements to the conference process are co-produced with people:</p> <p>*To continue implement SofS conferences consistently and ensure that the voice of children and families are at the centre.</p> <p>*Increase the number of children participating in their CP conference through the child's social worker having early discussions with families regarding attendance.</p>	Group Manager IAA and Safeguarding	June 2026	Through the development of Signs of Safety Conferences, children are now always invited to meetings. However, up take on this from children is low at this moment. Ongoing work to encourage children's attendance will be undertaken via teams and the IRO service.	n/a	GREEN

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	Pa1 - Continue to work with education partners to develop a shared understanding of roles and responsibilities: *To continue with attendance at Team Bridgend, Primary Federation and BASSH. *Continue with interface with EEYP directorate *SofS multi-agency training to commence with Education services by end of 2025	Group Manager IAA and Safeguarding	June 2026	We continue to attend relevant forums with Education, Early Years and Young People Directorate (EEYYP) and continue to look at opportunities for joint working. Training has been provided to schools and EEYYP staff in regard to Signs of Safety.	n/a	GREEN
	Pa2 - Continue to work with partners to implement threshold guidance in a timely and robust way: *To launch local threshold guidance and hold raising awareness sessions of the guidance with relevant partners. *Reflective sessions continue to be held with partners to develop shared understanding of thresholds. *SofS multi-agency training to delivered to all partners.	Group Manager IAA and Safeguarding	June 2026	A regional threshold document continues to await sign off via the regional safeguarding board. It is anticipated that this will now be agreed by December 2025.	n/a	GREEN
	Pa3 - Continue to work with partners and seek feedback on specific areas of practice - exploitation, professional concerns, and the operational response to the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020 - to ensure improvements are made in a timely way: *To review with partners in our multi-agency forums such as JOG progress related to exploitation, professional concern and any other areas of multi-agency practice. *Reflective sessions continue to be held with partners to develop shared understanding of thresholds. *SofS multi-agency training to delivered to all partners	Deputy Head of Service	March 2026	The Joint Operational Group meets monthly where issues related to exploitation, professional concern and other areas are discussed regularly to ensure there is a full understanding from a partner agency perspective. These meetings will continue to address the issues identified by CIW.	n/a	GREEN
	Pa4 - Continue to work with partners to develop an agreed approach to multi-agency training and practice: *To review what multi-agency training is currently delivered and where opportunities present to enhance multi-agency sessions. *Develop joint training with Health, Education and SWP on best practice linked to children and family support	Workforce Development Manager	March 2026	There are already aspects of joint training undertaken. However, ongoing work will be explored by Social Care Workforce Development team to identify further partner training.	n/a	GREEN
	Pa5- Work with regional partners to review EDT arrangements and promote improvements in a timely way: *To attend EDT management board and feed into service development. *Create an interface with EDT with the GM IAA/Safeguarding to discuss any operational issues.	Group Manager Locality Hubs/ Group Manager IAA and Safeguarding	March 2026	Children's and Family services are now represented at the EDT management board and a monthly interface meeting has been created to discuss any potential working issues in a timely way. Additional investment has been agreed to provide more resilience into the service. Discussions are progressing with regional partners to agree the scope for a wider review of the service.	n/a	GREEN
CIW Inspection Report on Foster Wales Bridgend June 2025	R1 - Matching processes do not always fully assess risks to children's emotional well-being or placement stability: * Revise and embed updated matching documentation and guidance; include rationale, risk matrix, and voices of children and carers in matching decisions.	Group Manager Placement and Provider Services	Nov 2025	A clear action plan is in place following the June inspection. Work has begun to strengthen matching processes, including improved oversight of placement decisions and risk documentation. New recording tools are being embedded, with progress monitored through QA activity.	n/a	YELLOW

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	R2 -Inconsistent foster carer annual reviews — delays, missing feedback, lack of quality oversight: * Recruitment of deputy manager posts and other posts within both teams will enable more consistency of annual reviews. QA processes around annual reviews to be improved	Group Manager Placement and Provider Services	Nov 2025	A plan is in place to ensure all annual reviews are completed within required timescales. The introduction of the deputy manager role provides additional oversight and ensures consistent monitoring of review completion.	n/a	YELLOW
	R3 - Carers not consistently provided with accessible, timely or planned training opportunities: Develop and roll out learning and development plans for all foster carers; improve communication and confirmation of training dates	Group Manager Placement and Provider Services	Oct 2025	A refreshed training offer is being finalised as part of the service remodelling. The new framework will link core and advanced learning to carer development pathways. Interim measures are in place to ensure access to mandatory training while the new programme is launched.	n/a	YELLOW
	R4 - Training delivery does not promote reflection or relationship-building among carers: Ensure carer supervision and review templates prompt reflective discussion of learning, and embed opportunities to link training to real-life care experiences	Group Manager Placement and Provider Services	Oct 2025	Trauma-informed training has been commissioned through Eliminate funding, offering both one-to-one and group sessions for carers. This supports the shift toward more reflective and therapeutic practice, with delivery scheduled throughout Q3 and Q4.	n/a	YELLOW
	R5 - Exemptions not always meet legislative criteria or have clearly recorded rationale: Implement a revised exemptions decision-making template and embed a monthly audit of all exemptions to ensure compliance with legal criteria and robust rationale	Group Manager Placement and Provider Services	Oct 2025	Processes for managing exemptions have been reviewed to ensure compliance with regulations. The introduction of the deputy manager role has strengthened management oversight and ensures timely monitoring and review of all exemptions.	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	Corporate Policy and Performance Manager	Jun-25	This is included in the Council's draft self-assessment 2024/25 which was presented to Governance and Audit committee in July and will go to Cabinet / Council in October 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	Corporate Policy and Performance Manager	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	Corporate Policy and Performance Manager	Apr-25	This information was included as part of the directorate business planning process.	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.	n/a	n/a	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	BLUE

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	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.	n/a	n/a	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 Responsible Individual during statutory and quality assurance visits.	n/a	BLUE
	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	Continued efforts have been to soften the environment of the service. No further improvements can be made unless there is significant spend on the layout and design of the service and as it is a brand-new building this would not be feasible. The service is due to be inspected before the end of the year where we feel these areas for improvement will be lifted.	n/a	GREEN
	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	Sept 2025	The emergency side of the provision is more able to transition children out of the service within the SOP and into more long-term provision as there is an improved understanding between teams what these beds are for. There are still occasions children stay longer than 28 days, but this is usually with a plan in place which can be clearly communicated when the service is inspected.	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	Sept 2025	Review of Medication audit process. The system now involves a weekly audit on Wednesdays. Medication cabinet keys to be locked away when not in use. Responsible Individual overseeing this providing oversight during QA visits and Reg73 visits. All staff trained in medication. All staff have competency assessments. Medication procedure reviewed and read by all staff	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.	n/a	n/a	Complete	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.	Head of Service	Aug-25	Work is underway in relation to the corporate vision and aspirations around transformation which will need to be reflected within the Digital Strategy. However, 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.	March 2026	AMBER
	Arrangements for monitoring value for money R3 To help ensure that the Council can effectively monitor and	Head of Service	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	March 2026	AMBER

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	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.			implementing an improved process to monitor progress and impact over the short, medium and long term		
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.	Corporate Policy and Performance Manager	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. Findings have been analysed and will be communicated soon.	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.	n/a	n/a	Complete	n/a	BLUE
	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.	n/a	n/a	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	n/a	n/a	Complete	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	n/a	n/a	Complete	n/a	BLUE
	Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	Head of Service	Sept 2023	Signs of Safety is becoming more embedded into practice and the adoption of the most significant change model is assisting us in gaining feedback from families about their experiences of working with us. TGP Cymru continue to develop advocacy work, and we have recently utilised some regional funding in relation to co-production work within early help. However, these are all relatively new developments so more work required to understand the themes coming from the activity.	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	n/a	n/a	Complete	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	Group Manager Commissioning	Continuous	This continues to be an area of challenge due to placement sufficiency issues being experienced across Wales. During Q2 we have children placed in unregulated placements but are exploring regulated options for them on a weekly basis.	March 2030	AMBER

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	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	n/a	n/a	Further actions for this recommendation will be recorded under recommendation Pa2 (Y3/404) CIW Improvement Check Children's Social Care Services (June 2025)	Sept 2025	BLUE
	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
	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	n/a	n/a	Complete	n/a	BLUE
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 Partnership Agreement (RPA) has been approved by CTMUHB and the three Local Authorities at respective Board and Cabinet meetings in July. The practical implementation of the RPA is being progressed, with resolution of a data sharing issue that is impacting negatively on hospital discharge as an example of a 'quick win'. The RPA was also reviewed at the Joint Overview Scrutiny Committee on 3rd October 2025.The Partnership Leadership Team (PLT) will receive a draft ICCS Business Case at the end of October. This will support future investment decisions including on the Regional Integration Fund (RIF)	March 2026	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	n/a	BLUE

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	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	The development of a demand and capacity model, to help shape services within the Integrated Community Care System, is being undertaken however, the creation of a pathway between the Clinical Navigation Hub (CNH) and local authorities' Single Point of Access is on pause due to competing priorities on the CNH. The objective to 'align' health and care community teams across RCT and Merthyr Tydfil by this Autumn will not now be met due to the ongoing organisational development process for the new Hospital@Home Service.	March 2026	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	Limited schedules agreed within the Partnership agreement. Further detail required to determine staffing models and resources.	March 2026	YELLOW
	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	Workforce planning is largely progressed in individual local authorities and within the NHS rather than on a regional footprint. Social services workforce planning has been a success in Bridgend with a considerable reduction in reliance on agency workers and improvement in retention and recruitment. There is a regional Strategic Social Care Workforce Board which shares information and looks for opportunities to work regionally.	March 2026	AMBER
Audit Wales, Review of Arrangements to Become a 'Digital Council' (June 2021)	P1 The Council could improve its digital strategy	Head of Service	Dec 2024	Draft Strategy was completed and the public consultation carried out during June/July 2025. Corporate vision and aspirations around digital transformation are currently being reflected within the Strategy.	December 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