

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q3 2025-26	Current Delivery Date	BRAYG Q3 25-26
Audit Wales, Arrangements for Commissioning Services (June 2025)	<p>R1 Establish commissioning arrangements</p> <p>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)</p>	Chief Executive/CMB	Dec 2025	<p>We have liaised with Audit Wales and they have not yet set a timetable for producing the National Report.</p> <p>Commissioning will play a pivotal role in the Transformation agenda and therefore processes will be reviewed and adapted as the Transformation Strategy develops. This will be an iterative process.</p>	March 2027	YELLOW
	<p>R2 Strengthen compliance with its commissioning arrangements</p> <p>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).</p>	Chief Executive/CMB	Dec 2025	As above	March 2027	YELLOW
	<p>R3 Introduce regular review of the Council's commissioning arrangements</p> <p>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).</p>	Chief Executive/CMB	March 2026	As above	March 2027	YELLOW

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CIW Improvement Check Children's Social Care Services (June 2025)	<p>PE1 - Retain focus on implementing Signs of Safety model of practice, achieving consistent ways of working across all staff and teams:</p> <ul style="list-style-type: none"> *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 service plan for Signs of Safety embedding is fully underway. This plan is routinely reviewed with Group Managers and Principal Officers with each service area feeding into what is working well, any worries and the next steps.	n/a	GREEN
	<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> <ul style="list-style-type: none"> *Implement the recommendations and actions contained within the Family Support Commissioning strategy. *Multi-Agency board to monitor implementation of the strategy 	PO Family Support	March 2027	<p>The Family Support Commissioning Strategy was taken to Corporate Management Board in July, with an agreed action to establish a multi-agency strategic board to oversee implementation of the recommendations. The first meeting of this board has now taken place, with representation from key statutory partners and the third sector, and focused on strengthening shared ownership and system-wide buy-in.</p> <p>The board will monitor delivery of the agreed action plan and act as a platform for developing more coordinated and centralised commissioning approaches across partners and the third sector. The next meeting is scheduled for February.</p>	n/a	GREEN
	<p>Pr2 - Continue to implement plans in the local authority commissioning strategy, to support timely improvements:</p> <ul style="list-style-type: none"> *Implement the Eliminate Profit action plan to develop services to prevent children from becoming looked-after and those that need to exit care. 	Commissioning and Sufficiency Lead	March 2027	The directorate is actively implementing the Removal of Profit action plan to support timely improvements in line with the local authority commissioning strategy. This includes mobilising services funded by the removal of profit, such as the Adolescent Crisis Team and enhanced foster carer support, scheduled to commence at the end of February 2026. Work is underway to develop and mobilise in-house residential homes (2 of 4 currently in progress) to increase placement sufficiency, alongside strengthening market oversight and sufficiency support to identify provider risks early. Foster carer incentives have been reviewed and rolled out, and invest-to-save proposals are being progressed to improve recruitment, retention, and overall capacity in foster care and residential provision.	n/a	AMBER

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	<p>Pr3 - Ensure that children are not placed in unregistered services and continue efforts to identify suitable, registered placements:</p> <ul style="list-style-type: none"> *To increase foster carer availability and capacity. *Increase internal residential provision capacity. *Ensure there are clear and timely plans for children's move on from care. *Use the re-modelling fostering board to monitor progress linked to the above actions 	Commissioning and Sufficiency Lead	June 2026	Processes are in place to utilise the emergency bed more effectively and to increase internal residential care capacity, ensuring timely access to safe placements. The implementation of new services, including the Adolescent Crisis Team and enhanced foster carer support, is progressing as planned, and currently no children are placed in unregistered services. Sufficiency, particularly in fostering, remains challenging, and ongoing work is focused on recruitment and retention of foster carers and the development of different fostering models to increase capacity.	n/a	AMBER
	<p>Pr4- Ensure the fostering service and CECT retain priority focus, to ensure improvements are made in a timely way:</p> <ul style="list-style-type: none"> *To continue to monitor performance, compliance, staff surveys, outcomes, staffing to prevent any impact on service delivery *IRO service to continue to monitor quality of care planning and escalate issues to TM's and GMs when required to do so. *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 	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	YELLOW
	<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> <ul style="list-style-type: none"> *To implement the exploitation strategy and develop our exploitation service and then monitor the impact of the service on outcomes for children. *Multi-agency training to be delivered to teams via Regional Safeguarding board. *Exploitation Champions to continue to meet and promote the exploitation strategy and approaches to working with children and families. 	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	GREEN
	<p>W2 - Work with practitioners to develop and embed agreed standards for record keeping:</p> <ul style="list-style-type: none"> *Refresh record keeping guidance and ensure teams are implementing consistently via QA activity. *Training to be developed and delivered to teams to ensure consistency in recording. 	Principal Officer Social Work Transformation	June 2026	Understanding of the QA model has also supported managers to assess quality rather than just that of compliance. There is ongoing work to be done in relation to the reviewing of the recording guidance and policy. This will be in partnership with SCDWP and the Policy Officer.	n/a	YELLOW

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	<p>W3 - Continue to review the quality of assessments and plans and share learning to support practice improvements:</p> <ul style="list-style-type: none"> *Continue to implement the QA framework, MSC and service based audits to identify good practice and areas for development. *Reflective sessions to continue to be held across teams and partners. *CIG to continue to be a forum to promote good practice *Action learning sets to continue to be held across teams 	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	BLUE
	<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> <ul style="list-style-type: none"> *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. *Implement SofS conferences for all CP conferences. *IRO team development to ensure child's story commences a CP conference 	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 Independent Reviewing Officer (IRO) service. This will also include partners promoting children's rights at their reviews from Tros Gynnal Plant.	n/a	GREEN
	<p>W5 - Ensure case conference record keeping is in line with the requirements of the WSP:</p> <ul style="list-style-type: none"> *To review the approach to minute taking and that notes are proportionate and reflect the strengths, risks and needs within families clearly. *Training to be provided to business support staff on expectations on minute taking. 	Group Manager Business Strategy, Performance and Improvement	June 2026	Training has been provided to Business Support to ensure minutes are of the expected standard and meet the requirements of the Wales Safeguarding procedures. Business Support staff have also received training on how to support the meetings via the Signs of Safety model. We have a process in place to ensure all minutes are authorised and agreed by the meeting chair to ensure they are an accurate record and any issues regarding the standard of minutes is fed back to the Business Support Team Manager by either the meeting chair or IRO Team Manager, so that additional training and support can be targeted as required.	n/a	BLUE
	<p>W6 - Continue to ensure improvements to the conference process are co-produced with people:</p> <ul style="list-style-type: none"> *To continue implement SofS conferences consistently and ensure that the voice of children and families are at the centre. *Increase the number of children participating in their CP conference through the child's social worker having early discussions with families regarding attendance. 	Group Manager IAA and Safeguarding	June 2026	The IRO Service has developed a feedback portal, and this will assist us in exploring the reasons why children and Young People aren't attending their conferences, we can then undertake targeted work to increase participation.	n/a	GREEN

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	<p>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</p>	Group Manager IAA and Safeguarding	June 2026	This work has continued and the next training for Signs of Safety for partner agencies is taking place in Q4.	n/a	GREEN
	<p>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.</p>	Group Manager IAA and Safeguarding	June 2026	The threshold guidance was agreed at Policy Procedures Group this quarter a go live date is yet to be agreed. No date at this stage but expect it to be presented in Q4.	n/a	YELLOW
	<p>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</p>	Deputy Head of Service	March 2026	We continue to meet regularly with partners via Joint Operational Group (JOG) and other interface meetings to discuss operational or strategic issues.	n/a	GREEN
	<p>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</p>	Workforce Development Manager	March 2026	Safeguarding Group B training is offered to partners. An annual regional safeguarding board training programme is available to Safeguarding board partners. Principal Officer Social Work Transformation delivers Signs of Safety statutory agency briefings. Signs of Safety training for Designated Safeguarding Persons (Education) is scheduled during Q4	n/a	GREEN
	<p>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.</p>	Group Manager Locality Hubs/ Group Manager IAA and Safeguarding	March 2026	Children's and Family services are represented at the Emergency Duty Team (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. The EDT management board is overseeing an improvement plan responding to the CIW finding (as referenced in Pa5).	n/a	YELLOW

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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	The action plan following the June inspection continues to be implemented. Further progress has been made to strengthen matching processes, including more consistent management oversight of placement decisions and improved quality of risk documentation. The new recording tools are now being used more routinely, and early quality assurance activity is beginning to inform learning and consistency. Further time is required to evidence sustained impact across all placements. New Delivery Date - 30/06/2026	June 2026	YELLOW
	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	The plan to ensure all annual reviews are completed within required timescales continues to be implemented. The deputy manager role is now providing more regular oversight, with improved tracking and monitoring of review completion. There is evidence of improved grip on timeliness; however, further work is required to fully address historic delays and to demonstrate sustained compliance. New Delivery Date - 30/06/2026	June 2026	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	Progress has been made in finalising the refreshed training offer as part of the service remodelling. The framework linking core and advanced learning to carer development pathways is nearing completion, and planning is underway for phased implementation. Interim arrangements continue to ensure access to mandatory training while the new programme is embedded. New Delivery Date - 30/06/2026	June 2026	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 commissioned through Eliminate funding has commenced, with early delivery of both one-to-one and group sessions for carers. Initial feedback has been positive and supports the service's shift toward more reflective and therapeutic practice. Delivery will continue throughout Q4, and further evaluation is required to evidence impact on practice. New Delivery Date - 30/09/2026	Sept 2026	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	Reviewed processes for managing exemptions are now being applied more consistently in practice. The deputy manager role continues to strengthen oversight, with improved monitoring and more timely review of exemptions. Further assurance work is underway to confirm consistency and compliance across all cases. New Delivery Date - 30/06/2026	June 2026	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	Complete	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

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	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	Complete	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	Complete	n/a	BLUE
	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	Complete	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	This was identified as an area for improvement during the inspection carried out in November 2025. CIW provided clear guidance on the required improvements, which relate to the overall structure and layout of the building rather than safety or decorative matters. The key issue identified was the extent to which the environment feels like a home. While the building was designed for a specific purpose, the service now has clear direction on the changes required to meet this regulation, and work is progressing to address this. New delivery date 30/09/2026	Sept 2026	YELLOW
	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	This is no longer an area for improvement as it has been met at the inspection carried out on 03/11/2025	n/a	BLUE
	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	This is no longer an area for improvement as it has been met at the inspection carried out on 03/11/2025	n/a	BLUE
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

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	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	Development of the new Digital Strategy has paused whilst work is completed to determine the corporate vision and aspirations around transformation. This recommendation though will be picked up and considered at the future point when the delivery plan that will underpin the new Strategy is developed.	March 2027	AMBER
	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.	Head of Service	Aug-25	A complete review will need to be undertaken to establish robust governance arrangements around the transformation agenda. This will address this recommendation to ensure an improved process is in place to monitor progress and impact over the short, medium and long term	March 2027	AMBER
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 (MSC) model is assisting us in gaining feedback from families in regards to their experiences of working with us. TGP Cymru continue to develop advocacy work and there continues to be plans to develop a parent advocacy network. Most Significant Change is progressing well across teams and we will be holding our first MSC panel to look at themes from families in regards to their experience of working with us.	March 2026	GREEN
	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	We presently have no children placed in Operating Without Registration placements. This is a real success as there continues to be real challenges linked to placement sufficiency. We will be opening one of our new provisions in Spring 2027. This will assist in providing additional accommodation for our most vulnerable children.	March 2030	GREEN

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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	Complete	n/a	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)	<p>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:</p> <ul style="list-style-type: none"> 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
	<p>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</p>	Head of Regional Commissioning Unit	2023-24	Close - action complete. The Integrated Leadership Board is in place. The Partnership Leadership Team is also acting as the programme board for the Integrated Community Care Services Programme.	March 2026	BLUE

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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	A risk and impact assessment will be undertaken in early–mid 2026/27, which will consider both the service user and financial impacts any funding changes, alongside ongoing risks to the sustainability of commissioned services. It will also assess workforce and capacity impacts, supporting the identification of current and emerging gaps and inform targeted mitigation actions to support service continuity and resilience.	March 2026	YELLOW
	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	A Regional Partnership Agreement has been signed by the four statutory organisations in the region. It includes the pooled budgeting arrangement for the Community Resource Team in Bridgend and is the basis for explaining this approach to other services and geographical areas.	March 2026	YELLOW
	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	Workforce is an active consideration within each of the regional programme areas. For example there is a dedicated workforce group supporting the Children's Board and a demand and capacity model is being put in place to support workforce planning for services supporting older people and people living with frailty. There are separate workforce planning arrangements outside of the RPB structures.	March 2026	YELLOW
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. An authority wide review has since started to determine corporate vision and aspirations around transformation with a view of developing the new digital strategy	Dec 2026	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