Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Audit Wales, Review of Risk Management	**R1 To strengthen its risk management culture the Council should:** 1.1 agree its risk appetite and ensure that this and its tolerance levels are applied and understood by officers and Members 1.2 report in an integrated way on risk management, performance, and budget monitoring 1.3 ensure appropriate and timely training is available	Corporate Director Finance and Transformation	Sept 2026	External support is being sought to undertake this work, and the work will start in the first quarter of 2026/2027	Sept 2026	**GREEN**
	R2 To improve processes that enable it to identify, manage, monitor, and challenge its risks the Council should: 2.1 strengthen its horizon scanning arrangements to ensure it is taking a long-term and preventative approach to risk management 2.2 establish arrangements to demonstrate a clear consideration of risks to the delivery of its strategic/well-being objectives 2.3 clearly define risks, so it is clear what the risks are that the Council is seeking to address and why 2.4 differentiate between issues and risks to ensure that the actions it intends on taking reflect the difference 2.5 demonstrate its understanding of the interrelationship between its own risks and those of its partners to ensure that the control actions it is taking are appropriate.	Corporate Director Finance and Transformation	Sept 2026	As above	Sept 2026	**GREEN**
	R3 To evaluate the effectiveness of its arrangements the Council should: 3.1 regularly evaluate and report on the economy, efficiency, and effectiveness of its risk management arrangements including wider learning from other councils 3.2 routinely share lessons learnt to improve its risk management arrangements.	Corporate Director Finance and Transformation	Sept 2026	As above	Sept 2026	**GREEN**
Audit Wales, Planning and Development service (November 2025)	**R1 Resource management** The Council should demonstrate it understands the resource requirements of the Planning and Development service based on its demands and capacity to help inform resourcing decisions.	Group Manager Planning & Development Services	March 2026	Additional funding has been secured via an EMR. This will allow existing vacant posts within the structure as well as additional posts to be added as part of a restructure. These posts will include a validation officer position which was noted within the Audit Wales report as lacking within the current structure. Once the new structure has been confirmed and fully costed, work can begin with agreeing a future funding model for the Service for implementation in the financial year 2027/28. It has also been agreed that going forward, the Planning & Development Service will have an equalisation fund to ensure that planning fee income surplus will be retained and used to balance out years when fee income is less.	May 2027	**AMBER**

	R2 Risk management The Council should ensure the service identifies, manages, and monitors its risks to help the Council understand how service risks may impact delivery of the service's responsibilities and the Council's priorities set out in its Corporate Plan.	Group Manager Planning & Development Services	March 2026	The Service will set up and maintain a service risk register outlining current and predicted work streams together with resource requirements cross referend to the Council's wider aims.	October 2026	**AMBER**
	R3 Service planning arrangements The Council should comply with its Performance Management Framework and ensure the Planning and Development service has a service plan.	Group Manager Planning & Development Services	March 2026	A Service Plan will be developed outlining the functions, responsibilities, aims and targets for the Service as well as its achievements and contribution to. The plan will also incorporate the risk register and will be updated annually and reported to the Development Control Committee and Corporate Management Board to ensure that the risks are identified and shared with senior management, members and other services. The report will include statistical data as well as commentary and updates on the risk register and targets set in the Service Plan.	October 2026	**AMBER**
	R4 Performance monitoring and reporting The Council should ensure it manages, monitors, and reports the activity and performance of the Planning and Development Service. This should be supported with up-to-date performance information to help improve the Council's understanding of the service's performance.	Group Manager Planning & Development Services	Nov 2026	A new and updated suite of performance indicators will be developed and agreed that will include progress on service delivery, recruitment and achievements. The Service Plan will also include statistical and performance data as well as commentary and updates on the risk register and targets as well as other external ,statutory reporting mechanisms and will be reported to relevant committees and managements teams.	Nov 2026	**AMBER**
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	We have liaised with Audit Wales and they have not yet set a timetable for producing the National Report. Commissioning with 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.	March 2027	**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	March 2027	**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	March 2027	**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 Signs of Safety model continues to be fully embedded across the service with adaptions to the main model for our care experienced young people. The plan is reviewed regularly and is now within the realms of continuous improvement. QA supports the findings that SoS is sighted routinely in case recordings and the re-establishment of the consultant SW for SoS has further supported the workforce to embed the model of practice.	March 2027	**GREEN**
	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: *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	The Family Support Commissioning Strategy was presented to Corporate Management Board in July, with agreement to establish a multi-agency strategic board to oversee implementation. An initial meeting was convened with representation from key statutory partners and the third sector, supporting early discussions around shared ownership and system-wide alignment. Progress has since paused, reflecting changes to the proposed remit, which now require further review to ensure clarity of purpose and alignment with wider strategic priorities. Next steps will focus on refining the remit and confirming appropriate governance arrangements to support delivery of the action plan.	n/a	**YELLOW**
	Pr2 - Continue to implement plans in the local authority commissioning strategy, to support timely improvements: *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, which commenced February 2026. Work is underway to develop and mobilise 4 in-house residential homes (1 due to mobilise summer 26 and the other at the end of the calendar year) 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 2 of the invest-to-save proposals have been endorsed and are being progressed.	n/a	**YELLOW**
	Pr3 - Ensure that children are not placed in unregistered services and continue efforts to identify suitable, registered placements: *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	**YELLOW**

	Pr4- Ensure the fostering service and CECT retain priority focus, to ensure improvements are made in a timely way: *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	Group Managers across case management, transition, and provider services have maintained oversight of team performance, with a continued focus on addressing practice issues. During this quarter, there have been clear examples of improved joint working between teams, enabling more timely interventions to support foster carers and respond to emerging placement pressures. This has strengthened coordination around foster placements and contributed to more proactive oversight of high-cost residential provision. These areas will remain under close review given ongoing scrutiny.	n/a	**YELLOW**
	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: *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	Further developments have been undertaken around the implementation of the strategy, including communication to key stakeholders and the mobilisation of the ACT service. Key performance indicators are to be agreed on 17th April 2026 to ensure the impact of the strategy is measurable across the whole region.	n/a	**GREEN**
	W2 - Work with practitioners to develop and embed agreed standards for record keeping: *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	Ongoing development of QA continues with visible improvements in QA quality and the impact this has on service delivery. As we move into 2026/27 the focus will be to develop robust QA forms for our new case management system to further support the improvements of QA. 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 - this work remains an area of development, however, SCDWP are offering support in recording guidance through their training offer.	n/a	**GREEN**
	W3 - Continue to review the quality of assessments and plans and share learning to support practice improvements: *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**

	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: *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	Care reviews have developed in Q4 to align with the Signs of Stability model for care experienced young people. The model adapts the Signs of Safety for children who live outside of their family home where the focus is on stability rather than safety. Attendance of young people at their reviews is a priority and is now being monitored by the Independent Reviewing Officer service with engagement via the IRO and surveys with young people to understand if the care review is meeting their needs and supporting positive outcomes. Tros Gynnal Plant remain the advocacy tender and we continue to work alongside the service in the development of opportunities to increase participation within meetings from children and young people.	n/a	**GREEN**
	W5 - Ensure case conference record keeping is in line with the requirements of the WSP: *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**
	W6 - Continue to ensure improvements to the conference process are co-produced with people: *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 portal is now live and feedback is being gathered. The Service also now involves young people in the recruitment process to strengthen their voice and input into decision making.	n/a	**GREEN**
	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	Engagement has been difficult with partners committing to dates. To support more accessibility, we are now offering virtual workshops open to all partners. These will take place in Q1. BAVO have also requested signs of safety intro workshops for voluntary groups. These will be arranged for Q1&2 of 2026/27.	March 2027	**YELLOW**
	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	The threshold document is now live and training sessions being developed to ensure all partners are aware of this guidance.	n/a	**YELLOW**

	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	No issues are being raised presently by partners in local and regional forums. There are regular interfaces with partners to discuss operational matters and areas for improvement. Communication between partners appears to be assisting any operational issues.	Sept 2026	**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	Multi-agency Group B safeguarding training has run monthly during this quarter. Topic specific safeguarding training for multi-agency staff delivered this quarter include Hording & self-neglect: law and best practice and Understanding men who sexually abuse children. From April 2026 SCWDP will be delivering the recently launched National Group C safeguarding training materials, these align to the national safeguarding training standards. Group C training is a multi-agency 2 day course, 1 day generic adults and children followed by 2 half days one with a focus on Children at risk, the second Adults at risk. Group B training will continue to be provided.	March 2027	**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	Ongoing developments around the Emergency Duty Team (EDT) service and ensuring the communication between our day services Senior Management Team and the Service manager of EDT. The management board continue to respond to the CIW finding in making improvements.	Dec 2026	**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	The action plan following the June inspection continues to be delivered, with further progress this quarter in embedding strengthened matching processes. Management oversight of placement decisions is now more consistent, and the quality of risk documentation has improved, with clearer analysis informing decision-making.	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 has progressed this quarter, with more consistent management oversight and strengthened tracking systems now in place. This has resulted in improved timeliness and a clearer line of sight on outstanding reviews, including historic delays. Work is underway to bring annual reviews in-house, reducing reliance on independent social workers. This is expected to improve both the quality and timeliness of reviews through greater management oversight and consistency of practice. While performance has improved, further work is required to fully eliminate backlog and demonstrate sustained compliance over time.	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 continued this quarter in finalising the refreshed training offer as part of the service remodelling. The framework linking core and advanced learning to carer development pathways is now largely in place, with phased implementation commencing. Alongside this, work is underway to train supervising social workers to deliver elements of the core training offer directly to carers. This is intended to strengthen engagement, improve consistency of delivery, and better link learning to day-to-day practice. Interim arrangements remain in place to ensure access to mandatory training, with a planned transition to the new programme over the coming months.	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 has continued this quarter, with delivery now established across both one-to-one and group sessions for carers. Feedback this quarter has been more mixed, and a formal review with the provider is scheduled for May to assess delivery, content, and impact. A new support group for kinship carers has also been introduced, with a focus on bringing carers together to share experiences and provide peer support. This is strengthening engagement and complementing the wider training offer. Delivery will continue over the coming months, with the outcome of the provider review informing any required changes to ensure the training is effective and aligned to practice needs.	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	Revised processes for managing exemptions are now embedded in practice, with increased consistency in how exemptions are considered and recorded. Management oversight has strengthened further this quarter, supported by improved monitoring arrangements and more timely review of exemptions. Quality assurance activity is now underway to test compliance and consistency across all cases, with early findings indicating improved practice. Further work will continue to ensure this is sustained.	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**
	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	Following the inspection findings, a programme of work is now underway to improve the environment, with a focus on creating a more homely and suitable living space for children. This is being progressed in partnership with the in-house maintenance team, with plans developed to address the structural and layout issues identified by CIW. Initial changes have begun, with a phased approach in place to deliver more significant improvements over time. While this is a longer-term piece of work, there is now clear direction and momentum to ensure the environment better reflects a home setting.	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**
	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. A new Head of Service for Transformation and Digital has been appointed who will be focusing on developing a corporate transformation strategy, which will be underpinned by a delivery plan.	Feb 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	Work is underway to refresh existing governance arrangements and escalation routes to ensure corporate oversight. 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. A governance paper in relation to transformation will be presented to Cabinet and scrutiny in September 2026.	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 continues to be embedded across the service. Our Quality Assurance work is consistently highlighting areas of good implementation and those for development. Compliments and complaints reflect improvements in this area also. Further plans to progress Parent Advocacy with PAN Cymru.	March 2027	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 continue to have no children placed in Operating Without Registration placements. Our new provisions will be opened in July 2026 and a further provision early in 2027, this will further assist our sufficiency challenge. We continue to have some children in out of county/high-cost placements. We are monitoring those through the Care Experienced Children's strategic board and complex case panel to identify any opportunities to ensure children are placed closer to home.	March 2030	GREEN
	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)	**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 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**
	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	Progress continues in line with planned activity, with key work ongoing to strengthen regional risk management arrangements and inform the development of a regional risk register. Actions remain on track and will continue into the next financial year to support delivery of a more robust and aligned regional approach.	March 2027	**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	Progress continues as planned, with actions on track to extend into the next financial year. In addition, RIF funding has been secured to commission a new regional SPACE Wellbeing Panel model across all three Local Authority areas. This will establish a coordinated, multi-agency approach to emotional wellbeing support for children and young people, including the recruitment of Wellbeing Coordinators and administrative support hosted by CTMUHB. The model will improve early intervention, reduce duplication, strengthen integration across services (including CAMHS, Local Authorities and the third sector) and support more timely and appropriate multi-agency responses.	March 2027	**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	Work is progressing as expected across regional workforce planning priorities, with continued development of supporting structures and models. Actions remain ongoing and will carry forward into the next financial year to ensure a sustained and strategic approach to workforce challenges. A new BCBC workforce strategy will be developed by the new Head of Performance & Workforce Culture Change.	March 2027	**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 that signal a more ambitious direction of travel led by a newly appointed Head of Digital and Transformation.	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**

Appendix 2 – Regulatory Tracker Q4 2025-26